



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Tuesday, April 17, 2012

Brookens Administrative Building, Meeting Room 1
1776 E. Washington St., Urbana, IL 61802

8:00AM

1. Call to Order – Mr. Michael Smith, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDB Minutes
 - A. 2/22/12 Board Meeting*

Minutes are included in the packet. Board action is requested.
7. President's Comments – Mr. Michael Smith
8. Executive Director's Comments – Peter Tracy
9. Staff Report – *Please refer to Program Summaries.*
10. Agency Information
11. Financial Report
 - A. Approval of Claims*

Included in the Board packet. Action is requested.
12. New Business
 - A. FY13 Program Summaries

Discussion of agencies' requests for funding. A Briefing Memo, list of CCDDB applications received, and copies of the program summaries are included in the Board packet.
 - B. Cultural and Linguistic Competence Plans Review

Included in the Board packet for information only.
13. Old Business
 - A. Disability Resource Expo

A report from Barb Bressner is included in the Board packet.
 - B. Anti-Stigma Alliance Event Update

A report from Barb Bressner is included in the Board packet.
14. Board Announcements
15. Adjournment

**Board action requested*

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

Minutes –February 22, 2012

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

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, Elaine Palencia, Mike Smith

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

OTHERS PRESENT: Vicki Tolf, Jennifer Carlson, Annette Becherer, Felicia Gooler,
Danielle Matthews, Ron Bribiesco, Developmental Services Center
(DSC); Melissa McDaniel, Charleston Transitional Facility (CTF);
Sally Mustered, C-U Autism Network; Jennifer Knapp, Linda
Tortorelli, Community Choices; Lynn Watson, Head Start; Tracy
Parsons, ACCESS Initiative of Champaign County; Sue Suter,
Citizen; Paula Vanier, Citizen

CALL TO ORDER:

Mr. Michael Smith called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

Due to the lack of agenda items, the March 21st CCDDB meeting will be canceled.

CITIZEN INPUT:

None.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

The CCMHB will meet later in the day.

APPROVAL OF MINUTES:

Minutes from the January 18, 2012 Board meeting were included in the packet.

MOTION: Ms. Dill moved to approve the minutes from the January 18, 2011 Board meeting. Ms. Palencia seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy introduced Sue Sutter to the CCDDDB. Ms. Suter has been nominated to the Developmental Disabilities Council.

Mr. Tracy reported the Anti-Stigma Alliance has two potential new partners: The University of Illinois School of Social Work and Larkin's Place/YMCA.

STAFF REPORT:

A report from Ms. Canfield was included in the packet.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

Approval of Claims:

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

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

NEW BUSINESS:

April CCDDDB Meeting Schedule Change:

The April CCDDDB meeting will be moved from April 18th to April 17th.

PY2013 Funding Applications:

A Briefing Memorandum listing applicants and funding requested by agencies was distributed at the meeting.

Board Liaisons:

Board Liaison Guidelines were included in the Board packet for information only. Ms. Palencia expressed interest in visiting funded agencies and attending their Board meetings.

Communication with Provider Agency Boards:

A Briefing Memorandum regarding communication between CCDDDB/CCMHB staff and their funded agency board members was included in the packet.

Cultural and Linguistic Competence Plan:

A Briefing Memorandum on Cultural and Linguistic Competence and supplemental materials were included in the Board packet for information only.

Anti-Stigma Alliance:

An update on this year's post-Ebertfest event was included in the Board packet.

Rural Transit Advisory Group (RTAG):

Ms. Palencia discussed the work of the RTAG and routes that have been established. The service is available to anyone for a small fee.

OLD BUSINESS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:37 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/08/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR 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 DEVL MNTL DISABILITY BOARD												
90	CHAMPAIGN COUNTY TREASURER								MENT HLTH BD FND 090			
		3/07/12	04	VR	108-		33	465722	3/08/12 108-050-533.07-00	PROFESSIONAL SERVICES	MAR ADMIN FEE	24,367.00
											VENDOR TOTAL	24,367.00 *
104	CHAMPAIGN COUNTY TREASURER								HEAD START FUND 104			
		3/07/12	04	VR	108-		29	465723	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR EARLY HEADSTART	3,473.00
											VENDOR TOTAL	3,473.00 *
5352	AUTISM SOCIETY OF ILLINOIS								GRANTS			
		3/07/12	04	VR	108-		27	465741	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MARCH AUTISM SOCIET	1,000.00
											VENDOR TOTAL	1,000.00 *
16011	CHARLESTON TRANSITIONAL FACILITY											
		2/14/12	03	VR	108-		26	464805	2/16/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN RESIDENTIAL	3,167.00
											VENDOR TOTAL	3,167.00 *
18203	COMMUNITY CHOICE, INC											
		3/07/12	04	VR	108-		30	465774	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR CUSTOM EMPLOYMN	2,500.00
											VENDOR TOTAL	2,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF								CHAMPAIGN COUNTY INC			
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR APARTMENT SVCS	34,277.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR CLI & FAM SUPRT	33,018.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR CLINICAL SUPRT	14,831.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR DT/EMPLOY	98,559.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR FAM DEVELOPMENT	31,786.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR INDIV & FAM SUP	28,194.00
		3/07/12	04	VR	108-		31	465785	3/08/12 108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR RESIDENTIAL	12,833.00
											VENDOR TOTAL	253,498.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/08/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
22816	DOWN SYNDROME NETWORK								C/O WENDY BARKER		
		3/07/12	04 VR	108- 28		465790	3/08/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR DOWN SYNDROME	1,250.00
										VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC										
		3/07/12	04 VR	108- 32		465846	3/08/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR OPPORT FOR INDE	4,962.00
										VENDOR TOTAL	4,962.00 *
									DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	294,217.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	294,217.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/05/12

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
	4/02/12	02	VR	108-	41	467195	4/05/12	108-050-533.07-00	PROFESSIONAL SERVICES	APR ADMIN FEE	24,367.00
										VENDOR TOTAL	24,367.00 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
	4/02/12	02	VR	108-	37	467197	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APRIL EARLY HEADSTR	3,473.00
										VENDOR TOTAL	3,473.00 *
5352	AUTISM SOCIETY OF ILLINOIS							GRANTS			
	4/02/12	02	VR	108-	35	467212	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APRIL AUTISM SOCIET	1,000.00
										VENDOR TOTAL	1,000.00 *
16011	CHARLESTON TRANSITIONAL FACILITY										
	3/22/12	03	VR	108-	34	466514	3/23/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB RESIDENTIAL	3,167.00
										VENDOR TOTAL	3,167.00 *
18203	COMMUNITY CHOICE, INC										
	4/02/12	02	VR	108-	38	467241	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APRIL CUSTOM EMPLOY	2,500.00
										VENDOR TOTAL	2,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR APARTMENT SVCS	34,277.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CLIENT & FAM SU	33,018.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CLINICAL SUPPOR	14,831.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR DT/EMPLY	98,559.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR FAMILY DEVLV CT	31,786.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR INDIV & FAM SUP	28,194.00
	4/02/12	02	VR	108-	39	467253	4/05/12	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CILA RESIDENTIA	12,833.00
										VENDOR TOTAL	253,498.00 *

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4/05/12

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*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
22816	DOWN SYNDROME NETWORK	4/02/12	02	VR	108-	36	467257	4/05/12	108-050-533.92-00	C/O WENDY BARKER CONTRIBUTIONS & GRANTS	APRIL DOWN SYNDROME VENDOR TOTAL	1,250.00 1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR	4/02/12	02	VR	108-	40	467308	4/05/12	108-050-533.92-00	ENVIROMENT, INC CONTRIBUTIONS & GRANTS	APR OPPORT FOR INDE VENDOR TOTAL	4,962.00 4,962.00 *
										DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	294,217.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	294,217.00 *



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: April 17, 2012
MEMO TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY13 Allocation Cycle

Traditionally, our April meeting is used to fully vet all applications for funding with final decisions made at our May meeting. To facilitate this process staff have completed Program Summaries on all applications for funding. These summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria. In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Developmental Disabilities Board (CCDDB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCDDB members concerning their application. CCDDB members have full and direct access to all applications through our online application system and may at their discretion raise questions not addressed in the summaries.

All applicants for CCDDB funding have received a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY13 award process. Written comments from providers will be shared with CCDDB members and errors will be corrected. Differences of opinion concerning alignment with decision support criteria will not result in changes unless directly related to a corrected factual error. Final funding decision authority rests with the CCDDB.

CCDDB Agency Program Allocation Requested Amounts - PY13			
July 1, 2012 thru June 30, 2013			
Agency	Program Name	PY12 Funding	PY13 Request
Autism Society of Illinois	CU Autism Network	12,000	12,000
Champaign County Down Syndrome Network	Parent Support Group	15,000	15,000
Champaign County Head Start/Early Head Start	Social Emotional Disabilities Svcs	41,675	50,238
Charleston Transitional Facility	Nursing Services	20,204	13,500
	Residential Services	38,000	51,507
Charleston Transitional Facility Total		58,204	65,007
Community Choices	Customized Employment	30,000	30,000
	Community Living	-	45,000
		30,000	75,000
Community Elements, Inc.	Coordination of Services - DD/MI	-	62,045
Developmental Services Center	Family Development Center	381,435	392,878
	Apartment Services	411,328	423,668
	CILA	154,000	158,620
	Client/Family Support Services	396,212	408,098
	Clinical Services	177,966	183,305
	Developmental Training/Employment	1,182,706	1,218,187
	Individual & Fam Suppt	338,324	348,474
	Individual & Family Support - Expansion	-	60,000
DSC Total		3,041,971	3,193,230
PACE	Opportunities for People with DD	59,546	61,454
		TOTAL	3,258,396
			3,533,974

CCDDB PY13 Agency Requests nkc

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Autism Society of Illinois

Program Name: Champaign-Urbana Autism Network

Financial Information:

PY13 CCDDDB Funding Request: \$12,000

PY13 Total Program Budget: \$ 37,000

Current Year Funding – (PY12): \$12,000

Proposed Increase (Decrease) – PY12 vs. PY13: \$0

Program Staff – CCDDDB Funds: 0 FTE

Total Program Staff: 0.5 FTE

Budget Narrative: CCDDDB request supports 32% of total program, with 68% of program’s total **revenue** from fundraising. **Personnel** form shows that the part-time local coordinator and other Autism Society of Illinois professional staff are not charged to CCDDDB. CCDDDB **expenses** are each described in budget narrative and consist of: Conferences (42% of the total request) which include ASI national and state conferences, educational/awareness events, family events, and workshops (\$4900 of the program total \$5000); Professional fees/Consultants (21%) which includes childcare providers, yoga staff (for childcare during events), sibling support group facilitators, bookkeeping services, Spanish interpretive services; Consumables and General Occupancy (17% each) include food and supplies for events and childcare, office supplies, meeting room costs, cell phone, webhosting, liability insurance; and small amounts to Transportation (travel to conferences and rally, travel expenses for speakers at local meetings, and assistance for families to local meetings) and Membership Dues (Latino Partnership dues only).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived X

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Target Population: Residents of Champaign County who have an interest in Autism Spectrum (or related) Disorders, particularly families new to a diagnosis or new to area. Efforts to reach rural and underserved groups.

Service Location/Demographics: The network should be applauded for its outreach efforts with Spanish-speaking families. Meetings and events are staged in CU, but information is distributed county-wide. Zip code data collection process for large number of participants (primarily at Autism Walk) was not clear in FY11, less than 2% appear to be rural residents; in first half of FY12 (no Walk), 24% were rural residents. In FY11, data were not available on 560 of 1016 participants, but of those reporting: 1.3% of Hispanic/Latino origin, 25% were male, 94% were white, and 82% over age 19. For Q1 and Q2 of FY12, less than 1% of H/L origin, 12% are male, 94% white, and 98% over age 19.

Service Description/Type: Family Support: parent/professional support group offers meetings, phone consultations, networking and educational opportunities. Eight regular meetings per year typically feature a presentation followed by smaller networking groups. Meanwhile, three free childcare options are available: babysitting for birth to 6, yoga/movement activity for age 6 and up who have a diagnosis of Autism Spectrum Disorder, and a sibling group for age 6 and up, facilitated by a UI professor and a Speech/Language Pathologist. CUAN hosts at least three family events and two workshops on ASDs & related topics per year. The annual Autism Walk enjoys a strong turnout. Networking/advocacy supported by website, listserv, facebook page, email list of over 575 (family members and professionals), phone referrals to ASI for Information & Referral, and consultations with ASI's IEP specialist. CUAN members also provide training and information to other groups.

Access to Services for Rural Residents: some opportunities are online to connect beyond CU where events are staged, targeted email blasts go to rural residents; large rural contingent at Autism Walk event each year.

Program Performance Measures:

ACCESS: current access is described in good detail, but no measure appears to have been identified.

CONSUMER OUTCOMES: meeting evaluation forms, from which data are collected and trends identified; survey requesting feedback on several items (meeting location, topics, e.g.); informal feedback through listserv. 8 measurable goals are identified: 8 meetings, 3 childcare options per mtg, 2 workshops, contact with 1100 individuals and families and 100 professionals, 3 family events, Autism Walk, notices in Spanish.

UTILIZATION: target of head count at Community Service Events (workshops, meetings, registered participants at events, requests for I&R) is increased from 1100 to

1500 for FY13, following two consecutive years of exceeding 1100. Although duplicated to an unknown extent, this number does not include email announcements sent.

Service Fees? No

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: No

Consumer advocacy and family support organizations: YES

Efforts to reduce stigma and raise community awareness: YES

Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: N/A

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: No

Technical Criteria: Approach/Methods: No. Innovation: No. Staff Credentials: NA

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Champaign County Down Syndrome Network

Program Name: Champaign County Down Syndrome Network

Financial Information:

PY13 CCDDDB Funding Request: \$15,000

PY13 Total Program Budget: \$ 42,500

Current Year Funding – (PY12): \$15,000

Proposed Increase (Decrease) – PY12 vs. PY13: \$0

Program Staff – CCDDDB Funds: 0 FTE

Total Program Staff: 0 FTE

Budget Narrative: 35% of total **revenue** comes from this contract, 64% from fundraising/special events (Buddy Walk), and 1% from contributions. **Personnel** form not required, as this is a volunteer-run organization. Each category listed in **expense** form is described in the Budget Narrative: CCDDDB amount of \$1000 of total \$1500 expense for Professional Fees - CPA taxes and audit, but audit is not required for this contract; \$2000 of \$3000 total for Consumables (office supplies, food and craft supplies); \$5500 of \$6500 General Operating; \$4500 of \$7000 for Conferences; all of \$300 for Transportation for members in need; \$1200 of \$3200 for Specific Assistance (medical, financial, or equipment need); \$500 of \$1000 Equipment for office equipment and event supplies; no portion of Fundraising for Buddy Walk expenses, listed in Budget Narrative as \$19,000 and on Expense form as \$20,000 (appears to be an error).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: NA

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived X
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: individuals with Down syndrome, families, professionals, and other interested community members of Champaign County and surrounding areas

Service Location/Demographics: Organization maintains an office within DSC in Champaign. Zip code data for **FY11** was incomplete, the 469 of 771 participants who did provide residency information were: 46% from Champaign, 21% from Urbana, 3% Rantoul, and 30% Greater Champaign County. **FY12** Q2 data show 72 core members with 20 more out of county: 46% from C, 22% U, 3% R, and 29% other CC. Other FY11 and FY12 data were not reported.

Service Description/Type: Family Support. Volunteer-run organization: prepares and distributes current information on Down Syndrome; supports new parents through home and/or hospital visits; supports school personnel, parents, and students with Down Syndrome by attending meetings; supports the community and professionals by organizing/cohosting community events (monthly meetings, annual conferences, annual fundraising/awareness raising event, workshops, social events, presentations) and by producing monthly newsletters, updated website, and information booth at local events.

Access to Services for Rural Residents: County-wide access to monthly newsletter, emails, website, membership directory (to locate others nearby for support and carpool). Budget includes transportation assistance (\$300) for members with limited means and from rural areas.

Program Performance Measures:

ACCESS: includes good description of current and previous access, but no specific quantifiable measure appears to be identified; residency data will be collected and reported.

CONSUMER OUTCOMES: includes good description of current and previous outcomes of numerous outreach efforts, but no specific quantifiable measure appears to be identified.

UTILIZATION: Three events are detailed, and an FY13 target of 1050 head count at Community Service Events is set, lowered from FY12 of 1060. In FY11, the target of 1050 was exceeded with 1333 actual, and in FY12, the target of 1060 has already been exceeded with 1806 actual. These larger numbers result from Buddy Walk events, staged in October.

Service Fees? No.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: No

Consumer advocacy and family support organizations: YES
Efforts to reduce stigma and raise community awareness: YES
Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes
Consumer directed Services: NA
CCMHB/CCDDB MOU Compliance: Yes
Budget – Program Connectedness: Yes
Medicaid Participation: No.

Technical Criteria: Approach/Methods: No. Innovation: No. Staff Credentials: NA

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Champaign County RPC – Head Start/Early Head Start (CCHS)

Program Name: Social Emotional Disabilities Services

Financial Information:

PY13 CCDDDB Funding Request: \$50,238

PY13 Total Program Budget: \$85,108

Current Year Funding – (PY12): \$41,675

Proposed Increase (Decrease) – PY12 vs. PY13: \$8,563 (21%)

Program Staff – CCDDDB Funds: 0.7 FTE (74% of)

Total Program Staff: 0.95 FTE

Budget Narrative: CCDDDB request is for 59% of total program (Social Emotional Disabilities Services **revenue**, the other 41% being a portion of US Department of Health and Human Services funding to Head Start. The budget narrative clearly describes this and other federal and state grants supporting Head Start/Early Head Start; In-Kind Contributions are included in the budget, and federal guidance regarding these is on file in the CCDDDB office. **Personnel** form associates 70% of the full-time Social Emotional Development Specialist with this contract. Staff costs comprise 98% of **expenses**, with small amounts for Consumables and Conferences the other items. All expenses are described in sufficient detail in the Budget Narrative. The increase from FY12 contract represents an increased share of SED Specialist salary/benefits.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 33%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments: the agency is part of Champaign County government and is included in the Champaign County audit.

Target Population: Residents of Champaign County, aged six weeks through five years, with limited financial resources to meet the cost of care, who are enrolled in Champaign County Head Start/Early Head Start (or its child care partners) and referred for behavioral or social-emotional concerns or suspected of having, or identified with, a delay or disability.

Service Location/Demographics: County-wide. **Of 175 served in FY11:** 43% were from Champaign, 27% Urbana, 23% Rantoul, and 7% were from Other CC; 92% were aged 6 or younger, and 8% were 19-59; 27% were white, 45% black/AA, 18% other, and 9% no data; 11% were of Hispanic/Latino origin, 81% not, and 8% no data; 56% were male. **Of 86 served in the first half of FY12:** 47% are from Champaign, 16% Urbana, 23% Rantoul, and 14% Other CC; 98% are aged 6 or younger, and 2% between 19 and 59; 35% are white, 51% black/AA, and 14% Other; all are of H/L origin (this appears to be a reporting error); and 58% male.

Service Description/Type: Comprehensive Services for Young Children: Screening, Evaluation, Information & Referral, Support. All children newly enrolled and those moving from Early Head Start to Head Start are screened with Ages & Stages Questionnaire and the A&S Social-Emotional Questionnaire to identify those who may need additional support (program anticipates 775 in FY13). Classroom environments are assessed. Referrals also come from parents and teachers. Social Emotional Development Specialist assists in the development of SE goals (anticipate 42 in FY13) and behavior management plans (27 in FY13) with parents and teachers, provides play therapy (anticipate 6) and counseling for children, subject to parent permission, and counseling for families, collaborates on mass screening events in summer with CUPHD, conducts staff trainings, and provides families with information on topics such as health, mental health, specific disabilities, legal issues, case management, parenting, coping skills.

Access to Services for Rural Residents: Children of families in medically underserved townships receive priority points for selection. Home-based service option, 90 minutes per week with teacher, is offered to children living off the CCHS bus route. Rural families who work or attend school 30 hours per week may enroll in the full-day, center-based option.

Program Performance Measures:

ACCESS: Several mass screening events are staged in summer; at these, parents may complete all health and screening requirements for easier enrollment. During the first 45 days of school year, the CCHS Child Development Services Manager reports weekly on progress of screenings and health requirements for those children in program at first day of school; after 45 days, monthly for those enrolling during the year. As required by Federal Head Start standards, demographic and other data are collected for Community Assessment reports and annual Program Information Report, which are used to develop goals in operational plans.

CONSUMER OUTCOMES: In FY11, of 381 screened for developmental concerns, 51 Head Start and 12 Early Head Start students were identified with a delay/disability. Of these, 45 (compared with 40 in FY10) Head Start enrollees had center-based services, and 6 (8 in FY10) received therapy (pd by CCHS); 12 (20 in FY10) Early Head Start enrollees received therapy from EI providers. 68 (34 in FY10) were referred to program for observation: of these, 48 (previous year 28) then had behavior plans; into FY12, 19 of these (previous year 12) carried over with continuing plan, 3 no longer needed them, and 16 remained open with an active behavior plan. In FY11, 71 (previous year 73) had social emotional goals, 4 moved or were withdrawn, 18 no longer needed the goals, 14 went to Kindergarten, and 35 continued in FY12. 15 children had play therapy, and 14 parents counseling in FY11. Total program anticipates 90% of those enrolled and entering kindergarten, including those w/ disabilities, will leave the program ready for K; child progress assessment conducted 4x per year.

UTILIZATION: FY11 targets were exceeded: 49 actual vs 7 target continuing TPCs; 126 actual vs 70 target new TPCs; 166 actual vs 40 target NTPCs; 1060 actual vs. 730 target Service Contacts (screenings); 21 actual vs 20 target Community Service Events; and 15 actual vs target 12 Other (mass screenings, staff trainings, newsletter articles). **FY12 targets** are on track: 71 actual vs 30 target continuing TPCs; 80 actual vs 75 target new TPCs; 60 actual vs 55 target new NTPCs; 775 actual vs 730 target SCs; 15 actual vs 20 target CSEs; and 18 actual vs 18 target Other. **For FY13**, TPC target will be adjusted (from 105 to 100 for counseling, play therapy, SE goals, behavior plans), as will NTPC (from 55 to 60 behavioral planning mtgs, parent mtgs, parent trainings) and SC (730 to 775 screening); CSE target will be lowered from 20 to 15 events; Other will remain at 18. Total program served 1186 (unduplicated) in FY11, 855 estimated for FY12, and expects 850 in FY13 (Part One form says 865).

Service Fees? No.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes (family-directed)

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: No

Secondary/Technical Criteria:

Approach/Methods: Best practices as required by federal grant. Innovation: No. Staff

Credentials: Not described in plan narrative.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Charleston Transitional Facility

Program Name: Nursing Services

Financial Information:

PY13 CCDDDB Funding Request: \$13,500 **FEE FOR SERVICE**

PY13 Total Program Budget: \$13,500

Current Year Funding – (PY12): \$20,204

Proposed Increase (Decrease) – PY12 vs. PY13: (\$6,704)

Program Staff – CCDDDB Funds: 0.25 FTE

Total Program Staff: 0.32 FTE

Budget Narrative: Simple with clear explanations, though budget forms may not match.

Revenue form shows CCDDDB request as the sole source for both total Devonshire CILA program and CCDDDB contract; other sources of revenue for both total program and CCDDDB budget might include a portion of the DHS nursing reimbursement (\$6,648 in total agency budget), resident contribution, and Client Social Security (\$2400 total agency – low?), but none appears in revenue form. Budget Narrative states that the CCDDDB share is 66% of associated admin and nursing salaries for the CILA. **Personnel** form identifies Vice President of Community Services, with 7% of salary charged to total program budget but not to this contract, and RN Nurse Trainer, 25% of salary charged to total program and to CCDDDB portion (improved service and cost impact of full-time RN vs. contractors are noted in plan narrative.) **Expense** form associates salary and benefits *only* to this contract and to total program, and expenses exceed the total request by \$1,271, again suggesting that other sources of revenue are anticipated. State funding is 83% of total agency revenue; continued slow and non-payment places program and agency at risk.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 17%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance X
Auditor Finding _____

Comments: Audit does not meet expectations for presentation of Schedule of Operating Income by Program and Schedule of Operating Expenses by Program required by contract. The absence of schedules specifying revenue and expenses directly attributed to CCDDDB contracts is a significant issue. Clarification of audit requirements to be provided to the agency by CCDDDB.

Target Population: Seven residents of Devonshire CILA in Champaign, one supported by CCDDDB grant, six by DHS CILA funding; some have medical issues related to aging and require more intensive nursing services and observation.

Service Location/Demographics: Champaign. In PY12, total program is serving 7: 5 female; none of Hispanic/Latino origin; 6 white and 1 African-American; 6 aged 19-59 and 1 over 60.

Service Description/Type: Residential. A subset of CILA services, nursing duties include: medical care coordination, medication training for staff, quality assurance of medical concerns, input into medical forms and policies, formal monthly RN site visits, monthly medication checks and Physician Order Sheet review, annual Physical Status Review nursing packets, quarterly medication assessments, annual physical assessments, tardive dyskinesia screenings for those on psychotropic meds, Quality Assurance on med errors, annual recertification of staff authorization to administer meds, on call 24-7 for emergencies, and input into development of Individual Service Plans for each resident (all have a medication goal/objective). DHS does not reimburse at a level sufficient for the agency to meet the above DHS requirements and recommendations.

Access to Services for Rural Residents: CTF has sites outside of Champaign County and works with local Pre-Admission Screening agents to match applicants with vacancies as they occur. This program serves residents of Devonshire group home in Champaign exclusively; some originate from rural CC.

Program Performance Measures:

ACCESS: Access to the program is described, tied to CILA award and admission to CTF home, but a measurable outcome does not appear to have been identified.

CONSUMER OUTCOMES: Ample detail on feedback from residents, guardians, and PAS agent, and physical health and self-medication assessments completed regularly. Two measurable goals are identified, one for reduction of med errors and one for progress on consumer med goals.

UTILIZATION: Good detail on expected volume of contact hours (with measure identified), review of errors/reports and training, data on utilization of on-call nursing (which appears to decrease as staff expertise increases). Request is for FFS contract this year rather than Grant.

Service Fees? Yes. Residents contribute a portion of income toward inclusive CILA services, per standard DHS calculation.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: YES

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Revenue and Expense forms may be incomplete.

Medicaid Participation: Program is minimally supported by individual DHS CILA rates of 6 residents.

Secondary/Technical Criteria:

Approach/Methods: Established by DHS CILA and Nursing Rules. Innovation: Best practices. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Charleston Transitional Facility

Program Name: Residential and Day Training

Financial Information:

PY13 CCDDDB Funding Request: \$51,507 **FEE FOR SERVICE**

PY13 Total Program Budget: \$51,507 (deficit of \$3,366)

Current Year Funding – (PY12): \$38,000

Proposed Increase (Decrease) – PY12 vs. PY13: \$13,507

Program Staff – CCDDDB Funds: 1.54 FTE (20% of total for the house)

Total Program Staff: 7.42 FTE

Budget Narrative: CCDDDB request is sole **revenue** to support one of seven residents in 24 hour setting. Requested increase covers additional costs as the resident will graduate high school in June and pursue activities determined through person-centered planning and with his team: \$51.95 per day for Day Training. Revenue form does not appear to include resident contribution, collected per DHS standard CILA calculation, as noted in program plan narrative. Total request is comparable to lower DHS CILA rates. **Personnel** form lists 14% of 4 indirect staff positions – Site Supervisor, Case manager, Operations Administrator, and Community Services Administrator – and 7 Direct Support Personnel, and budget narrative explains the role of each to this contract; one-seventh of total Devonshire CILA staff.

Expenses are also explained: salaries/benefits (47% of total program expenses); Professional Fees/Consultants (27% of total) to include medical, admin, and DT provider fees; General Operating (17%); Consumables (6.7%); Occupancy (4.4%); Interest Expense (2% of program total); Depreciation (1.3%); and small amounts for Transportation and Conferences based on projected FY annual. State funding comprises 83% of total agency revenue, so that continued slow and non-payment practices place the program, the house, and the agency at risk.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 17%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____
Audit not in Compliance X
Auditor Finding _____

Comments: Audit does not meet expectations for presentation of Schedule of Operating Income by Program and Schedule of Operating Expenses by Program required by contract. The absence of schedules specifying revenue and expenses directly attributed to CCDDDB contracts is a significant issue. Clarification of audit requirements to be provided to the agency by CCDDDB.

Target Population: One bed in CTF's Devonshire CILA, serving individuals 18 and older who have developmental disabilities and need for an array of services and supervised living arrangement. CILA services are 24 hour and will include day training after the resident currently served by this contract graduates HS (June 2012). The home's six other residents receive CILA funding through IDHS.

Service Location/Demographics: Devonshire CILA located in Champaign; no detail on likely location(s) of day training services. Resident is a white, non-Hispanic male over 19.

Service Description/Type: 24 hour supervision, case management, programming determined by IDT and assessments through Individual Service Plan, nursing services, dietician services, access and linkage to community resources, transportation services, and services based on need. Per CILA rule, resident works on daily living skills, money management, community integration, vocational opportunities, etc., but the specifics of each are determined through a person-centered planning process. Occupational, physical, speech/language, and behavioral therapies also available. **Staff Comment:** need is verified through local PAS agent; DHS funding for day training services may be impossible to secure at this time; although enrolled in PUNS, the resident will not likely be deemed a "Ligas" class member and therefore will not likely be selected for state funding.

Access to Services for Rural Residents: With sites across the region, agency takes referrals from any part of Champaign County and beyond, working with PAS agents on placements; for this program, access is for one resident already placed.

Program Performance Measures:

ACCESS: Good detail on access to agency services and annual reviews agency benchmarks, of stakeholder input, and of grievance procedures. One measure identified can be specific to this program (individual consent for services prior to implementation).

CONSUMER OUTCOMES: Discussion of annual ISP review, opportunities for individual input in service planning/changes, annual review of outcomes benchmarks (for agency), review of program by DHS survey. Monthly summaries of individual resident progress. Two program specific measures are identified (satisfaction survey and progress in individual goals).

UTILIZATION: Staff schedules, timesheets, program records, medical records, progress notes are available for review; no program specific measure appears to have been identified, but the contract will serve one individual as in previous years.

Service Fees? Yes. Per standard DHS calculation, the resident contributes a portion of income toward 24 hour CILA services and supports.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: Yes

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Revenue form may be incomplete.

Medicaid Participation: No. (see Staff Comment above.)

Secondary/Technical Criteria:

Approach/Methods: DHS CILA rule, Person Centered Planning Process. Innovation: No.

Staff Credentials: DHS-approved and required trainings, diversity training, deaf services.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Community Choices, Inc.

Program Name: Customized Employment

Financial Information:

PY13 CCDDDB Funding Request: \$30,000

PY13 Total Program Budget: \$56,800

Current Year Funding – (PY12): \$30,000

Proposed Increase (Decrease) – PY12 vs. PY13: \$0

Program Staff – CCDDDB Funds: 0.6 FTE

Total Program Staff: 1.3 FTE

Budget Narrative: Clear, sufficient detail. In FY12, CCDDDB contract supported 100% of staff charge; for FY13, support is for a smaller share, but staff assigned to the program will increase, as will the target number of TPCs. Request for \$30,000 is 53% of total program **revenue**, with other sources being contributions (3%) and DRS contracts (44%). **Personnel** form assigns 12% of Executive Director and 50% of one Employment Specialist to this contract, and is consistent with expense form and budget narrative, where the responsibilities of each in relation to this contract are described. Salaries and Payroll Taxes/Benefits comprise 80% of total CCDDDB **expenses**. Other expenses include Professional Fees (portion of audit cost), General Operating (6%) including internet, phone, insurance; Occupancy (4.3%) a portion of total agency rent; Transportation (3.3%) for meetings with clients and employers.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 28%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Adults with disabilities seeking community customized employment or supported self-employment. Includes estimate that 90% of adults with DDs are unemployed or underemployed.

Service Location/Demographics: Community employment opportunities in rural areas may be limited by fewer local businesses. Plan for services county-wide includes self-employment development, transportation reimbursement for employment support staff. Of 14 served in FY11, 28% resided outside of CU and Rantoul, 100% were aged 19 and older, 100% were white, 93% were not of Hispanic/Latino origin, and 64% were male. Of 18 served in the first two quarters of FY12, 28% were greater CC residents, 94% aged 19 and older, 94% white, 94% not of Hispanic/Latino origin, and 67% male.

Service Description/Type: Vocational Training. Focus “on individualizing the employment relationship between employees and employers in ways that meet the needs of both.” Discovery – employment specialist supports identification of strengths, needs, desires of employment seeker; Job Skills Training - targets specific skills needed for the desired employment arrangement; Matching Job Seekers and Employers – tours, identification of potential employers, of employers' needs, and negotiation of employment contracts; Short-Term Employment Support - initial supports/strategies, single contact at CC, increasing natural supports; Long-Term Employment Support – support to maintain or expand community employment, to become a valued member of work team. Self-Employment support - for those interested in creating a home business, includes writing a business plan, setting up business account, creating PASS plan with Social Security, strategies for promotion.

Access to Services for Rural Residents: Office in Urbana. On behalf of rural residents desiring local employment, staff will develop relationships with employers in those areas.

Program Performance Measures:

ACCESS: Specific outreach methods are identified, primarily networking/collaboration and through community events, but not measurable. **Staff Comment:** On Cover Sheet, reference is made to the growing number of individuals included in PUNS and awaiting state services. Because RPC PAS/ISC has a direct role in PUNS enrollment and implementation of the Ligas Consent Decree, and because class membership could be critical to securing state services in the coming years, agency is encouraged to coordinate with PAS for best outcomes for these individuals.

CONSUMER OUTCOMES: Eight outcome measures are identified, an additional three supported by other funding, in the six primary service areas. 10 TPCs will complete Discovery, 4 Job Skills Training, 3 will acquire paid jobs and 1 volunteer position or internship, 8 will receive Short-Term Employment Support. 12 Continuing TPCs will receive Long-Term Employment support. 1 will develop a business idea, complete a business plan, and discover potential funding for their business.

UTILIZATION: Excellent detail on services to be provided to 22 Treatment Plan Clients in FY13, compared with 17 in FY12 (target exceeded at mid-year) and 14 in FY11 (target was 15). Each service area is described in Consumer Outcomes along with

TPCs served in each and Screening/Service Contact volumes estimated for each area, totaling 440 target for FY13 (for CCDDDB funded portion of program) compared with 426 target in FY12 (exceeded at mid-year with 700 actual). FY11 target and actual were 350. Community Service Event target of 4, as in FY12 (met) and FY11 (met).

Service Fees? No

CCDDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No, but associated with Coop.

Efforts to reduce stigma and raise community awareness: No.

Gaps in Core Services related to state cuts: No, but related to state waiting list.

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes.

Consumer directed Services: Yes

CCMHB/CCDDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes.

Medicaid Participation: Program and agency serve individuals with HBSS awards (Medicaid waiver), but these are not charged to CCDDDB or counted in utilization.

Secondary/Technical Criteria:

Approach/Methods: Yes. Innovation: Yes. Staff Credentials: Specialized training (Customized Employment process developed by Griffin and Hammis) was not mentioned as in FY12 application.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Community Choices, Inc.

Program Name: Community Living

Financial Information:

PY13 CCDDDB Funding Request: \$45,000

PY13 Total Program Budget: \$105,500

Current Year Funding – (PY12): \$0 **New Program Proposal for FY13**

Proposed Increase (Decrease) – PY12 vs. PY13: \$45,000

Program Staff – CCDDDB Funds: 1.12 FTE

Total Program Staff: 2.25 FTE

Budget Narrative: CCDDDB request is for 42.7% of total program **revenue**, with other sources United Way 19%, Contributions 13.3%, DHS Program Service Fees 9%, Private Pay Program Service Fees 16%. Detail on each is provided in the budget narrative. **Personnel** form shows 12% of Executive Director and 50% of Community Life Coordinator and Housing Support Specialist (to be hired, appears to be charged at 80%) associated with this contract, and the budget narrative describes each position’s responsibilities. Salaries and payroll taxes/benefits comprise 89% of CCDDDB **expenses**; General Operating is 4.2% of request; and smaller amounts are included for Local Transportation, Occupancy, Staff Development, Consumables, and Professional Fees (portion of agency audit). All expenses are described in the budget narrative, including one for Misc - Community Builder Rent Subsidy, for overnight support in housing, not charged to this contract. Comment is included regarding the heavy reliance on volunteer efforts of individuals, family, and community members.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 20.4%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Comments: New program proposal for FY13. If contract is awarded, this program would be included in audit of 2013 contracts. Most recent agency audit in compliance.

Target Population: Adults who have developmental disabilities and reside in Champaign County. Those no longer served by public schools are a focus.

Service Location/Demographics: Office in Urbana; some services to be delivered county-wide. No demographic data for new program.

Service Description/Type: Residential. Person-centered planning uses various models, including PATH (visual process) and Full Life Future Planning (develops eight life areas), staff and support network follow up on progress. Life Skills Training in small classes and one-on-one instruction: 8 week life skills sessions will focus on different topics; program focus on financial and household management, self-care, psychological well-being, social skills, community engagement; one-on-one offers practice in new skills. Housing Support will include house meetings, assistance with roommate matching, staff support for scheduling, meal planning, grocery shopping, relationships, etc.

Access to Services for Rural Residents: No detail on outreach, but over 25% of those involved with current Community Choices programs are rural residents.

Program Performance Measures:

ACCESS: Collaboration with The Autism Program, RPC Pre-Admission Screening/Independent Service Coordination (PAS/ISC), area high schools, and PACE to identify those potentially served, and with CU Autism Network and Down Syndrome Network to connect with parents. Information is distributed at community events and presentations. There is no waiting list, and intake process is described. A specific measure of access does not appear to be included. **Staff Comment:** On Cover Sheet, reference is made to the growing number of individuals included in PUNS and awaiting state services. Because RPC PAS/ISC has a direct role in PUNS enrollment and implementation of the Ligas Consent Decree, and because class membership could be critical to securing state services in the coming years, agency is encouraged to coordinate with PAS for best outcomes for these individuals.

CONSUMER OUTCOMES: Specific consumer outcome measures are identified. Person-Centered Planning: 20 individuals will complete assessment and PCP; 15 will engage in a new activity; and 15 will meet an individual goal. Housing Support: 5 individuals will live independently in the community.

UTILIZATION: FY13 targets: 20 Treatment Plan Clients (12 continuing from other program, 8 new) will receive 880 Service Contacts (240 in Person Centered Planning, 640 in Housing Support.) Community Service Events target of 5. Agency also provides planning services to HBSS participants; those numbers are not included here, as those services are charged to the state.

Service Fees? No, but private pay for program services is described in budget narrative.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: Yes

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: No (not directly)

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Possible error in budget form(s).

Medicaid Participation: bigger program serves individuals with Medicaid-waiver awards

Secondary/Technical Criteria:

Approach/Methods: Person-Centered Planning. Innovation: Yes. Staff Credentials: No.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Community Elements, Inc.

Program Name: Coordination of Services – DD/MI

Financial Information:

PY13 CCDDDB Funding Request: \$62,045

PY13 Total Program Budget: \$62,045

Current Year Funding – (PY12): \$0 **New Program Proposal for FY13**

Proposed Increase (Decrease) – PY12 vs. PY13: \$62,045

Program Staff – CCDDDB Funds: 1.13 FTE

Total Program Staff: 1.13 FTE

Budget Narrative: CCDDDB request supports 100% of **revenue** for new program. **Personnel** form associates portions of indirect staff (from less than 1% to 3% of 5 positions) and direct staff: 5% of Community Support Manager (supervisor with license) and 100% of a full-time Clinician II (to be hired) to this contract. The relationships of both direct staff positions to this program are described in the budget narrative; indirect are identified within Admin costs (Management & General). Salaries and Payroll Taxes/Benefits comprise 86% of total **expenses**, 4.5% in Consumables, 2.6% Transportation, 2.4% General Operating, and smaller amounts in other categories; budget narrative describes some expenses as allocated and some program-specific. Cost allocation plan is described in the budget narrative.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 22%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance _____
Auditor Finding _____

Comments: New program proposal for FY13. If contract is awarded, this program would be included in audit of 2013 contracts. Most recent agency audit in compliance.

Target Population: Of 64 adult residents of Residential Developers' Champaign County group homes, approximately 36 have co-occurring MI and DD diagnoses, and 7 were admitted directly from state operated facilities. Effective coordination across service providers is emphasized as it may reduce future admissions to state hospitals. Referrals will be accepted from mental health or developmental disabilities providers; priority to those with a history of hospitalization, current DD residential setting (Residential Developers), or other living arrangement plus risk of hospitalization or homelessness if adequate services/supports are not secured.

Service Location/Demographics: County-wide. Residential Developers facilities are situated throughout the region, including CU, Rantoul, St. Joseph, and Tolono. **Staff Comment:** implementation of the Ligas Consent Decree may have an impact on this population in the near future, with some moving into different settings; whether through RD or another provider, geographic distribution will be affected.

Service Description/Type: Coordinated Services Program Liaison (referred to as Clinician elsewhere in the plan narrative and personnel form), with experience w both MI and DD services, will provide case identification, MI screening, direct services to consumer and family, coordination of inter-disciplinary staffing, technical assistance to professionals, treatment planning, and advocacy for those in need of coordinated services. Specialized training for the Liaison and other key staff will include "Mental Wellness, A Critical Element in Developmental Disabilities Services," "Multi-Disciplinary Consultation for Patients with Intellectual Disabilities and Mental Health," "Community Networks of Specialized Care." (**Staff comment:** Qualified Intellectual Disability Professional status may also be desirable.) Clinician will provide direct mental health care, community education and technical assistance services (focus on community awareness and improving outcomes for this population), and ensure that individual service needs receive priority in both systems of care. Medicaid and other insurance will be billed instead if services are eligible and consumers enrolled, but some related services are no longer reimbursable through Medicaid. Liaison will also serve as information source, coordinating staffing, promoting strength-based strategies, and providing training. Community Choices will serve as a resource for identifying, understanding, and responding to the needs of families.

Access to Services for Rural Residents: Program service promotion through local advocacy organizations (NAMI, CU Autism Network, Parents of Adults with Disabilities, et al) in order to reach all eligible consumers and families. Linkage and services to 64 group home residents throughout Champaign County, some outside CU, as noted above. (**Staff Comment:** RPC PAS/ISC team is responsible for linkage and referral for the region, aware of the unmet needs of this population, included in implementation of Ligas Consent Decree, and would be a valuable partner.)

Program Performance Measures

ACCESS: Community Elements utilizes an intake database to track referrals and service requests, date of first service, and speed of access. As part of the development process for

Coordinated Services program, access data will be monitored as a measure of demand, efficient use of service capacity, and prioritizing consumers by need for service. A specific measure of access does not appear to be included. Demographics tracked on all who receive a service and on referrals when possible.

CONSUMER OUTCOMES: Program effectiveness will be monitored by: baseline monitoring of target behaviors by residential staff; comparison of residential stays with hospitalizations; annual survey of family members' and residential/day program staff's impressions of client's functioning and effectiveness of these services; consumer satisfaction survey; satisfaction questionnaires to primary staff/organizations collaborating to serve this population. Specific measures do not appear to have been identified, could be developed during pilot phase.

UTILIZATION: Medicaid-compliant records of all direct mental health services related to this program. Records of all referrals, technical assistance, interdisciplinary staffing, and community education contacts; data on numbers of Treatment Plan Clients with active service/treatment plans by DD and/or MH providers. Targets for 36 TPCs, 4 CSEs, and 50 SCs (not defined).

Service Fees? No.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: mentioned but not developed

Gaps in Core Services related to state cuts: No (indirect)

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: Yes, where possible

Secondary/Technical Criteria:

Approach/Methods: Yes. Innovation: Yes. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Family Development Center

Financial Information:

PY13 CCDDDB Funding Request: \$392,878 (CCMHB \$218,149)

PY13 Total Program Budget: \$786,632 projected surplus \$39,643

Current Year Funding – (PY12): \$381,435

Proposed Increase (Decrease) – PY12 vs. PY13: \$11,443 (3%)

Program Staff – CCDDDB Funds: 5.63 FTE

Total Program Staff: 10.54 FTE

Budget Narrative: Revenue Enhancement. CCDDDB funding request supports 50% of total program, CCMHB 28%. Other **revenue** sources include Early Intervention reimbursements (16.5%), United Way (4.6% of total program), DHS training reimbursements (0.5%), and small amounts of Interest Income, Third Party Payments, and Misc (allocated, based on projections, but not more fully described in the budget narrative.) **Personnel** form shows those portions of indirect staff (from 4% to 12% of 22 positions, 1 vacant) and 12 direct staff servicing this contract: 53% of 4 Child Development Specialists, a Screening Coordinator, Office Manager, and Program Director, 40% of a Speech/Language Pathologist, 8% of a Program Director, 5% of 2 RNs, and 16% of Vice President. Staff salaries and benefits comprise 75% of total request, and other **expenses** include: Professional Fees (6%), Consumables, General Operating, Occupancy (5.7%), Staff Development, Transportation (3%), Specific Assistance, Equipment Purchases, Lease/Rental (5.3%), Membership Dues, Interest Expense (per CCDDDB funding guidelines, not an allowable expense), Misc, and Depreciation. Budget Narrative describes each expense item thoroughly and relates changes from FY12 levels to 3% wage increase, 10% benefits cost increase, increase in interest expense. Allocation method included.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 24%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance X
Auditor Finding _____

Comments: audit does not provide breakout information for state and federal government funder categories.

Target Population: Children birth to 5, with or at risk of developmental disabilities/delays, and their families. Statewide 3.41% and regionally 3.11% of children 0-3 are enrolled in Early Intervention (those with a 30% delay in one or more areas or an identified disability or prematurity); estimates of underserved or unidentified children much higher. Program emphasizes early identification, family-directed intervention, and preserving the range of services and coordination across providers. Service enhancements of family support and education, child care consultation, and filling gaps for underserved populations.

Service Location/Demographics: County-wide. **Of 827 children served in FY11:** 22% were residents of Greater CC; all were 6 or younger; 52% were White, 26% Black/AA, 4% Asian/PI, and 18% Other; 8.3% were of H/L origin; 57% were male. **Of 630 children served in the first half of FY12:** 22% are residents of Greater CC; all are 6 or younger; 56% are White, 25% Black/AA, 3% Asian/PI, and 17% Other; 12% have H/L origin; and 60% are male.

Service Description/Type: Comprehensive Services for Young Children. Coordinated, home-based, family centered array of services, evidence-based/best practices. For children and families to experience uninterrupted, comprehensive services, the FDC maximizes state funds for comprehensive assessment services, developmental, occupational, and physical therapies, and parent-child developmental play groups. CCDDDB/CCMHB funding supports all of screening, child care consultation, PLAY (Play and Language for Autistic Youngsters) Project home consultation, and Family Resource Center (books, toys, and sensory materials lending libraries). Family-driven intervention plans build on strengths and resources of child, family, and community. Detail on education, specialized training, certification, and/or licensure of staff.

Access to Services for Rural Residents: Comprehensive screening and travel reimbursement for therapists, to whom geographic areas are assigned, permit service to over 20 rural communities. School and community screening events held with rural school coops, child care centers, and churches.

Program Performance Measures:

ACCESS: Initial assessments completed within 15 days of evaluation - actual outcomes of 97% in FY11 and 85.9% mid-year FY12 against targets of 90%. Referrals come from a variety of sources, are responded to immediately, assessment within two weeks. Natural supports (extended family, medical and faith-based community resources, and peer groups), culturally appropriate toys and materials, translation services, family input in service planning contribute to culturally appropriate services. All are informed of PUNS.

CONSUMER OUTCOMES: Consumer satisfaction target 90% was exceeded in FY11, no data mid-year FY12: satisfaction surveys are mailed to current families at random and to exiting families; feedback sought on child-centered, family-focused intervention, culturally responsive interactions. Developmental outcomes target 90% exceeded in FY11 (99%) and at mid-year FY12 (100%): child progress is evaluated using standardized tests, repeated at specific intervals, not more than six months. Each individual service plan includes goals and strategies for services plus outcome measures.

UTILIZATION: Description of decrease in participation in early intervention statewide, reduction in referrals from state system, decline in availability of independent therapy providers (due to state non-payment), and impact on this program (because the need for services has NOT decreased). In FY11, there were 830 total TPCs (850 in FY10, 879 in FY09, 927 in FY08), exceeding the target of 700; FY12 target of 700 against mid-year total of 633; FY13 target is increased to **750**. No targets established for NTPCs, but these are reported each year, described in plan narrative as children served in child care settings receiving consultations, total of 549 in FY11 and 286 by mid-year FY12. Service Contact target of 150 (developmental evaluations) was exceeded in FY11 (278 actual) and increased to 150 for FY12 (mid-year total is 121); FY13 target increased to 200. Community Service Event target of 120 (child care consultations) was exceeded in FY11 (actual 758), adjusted to 300 for FY12 (mid-year total is 405), continued at 300 for FY13.

Services to rural residents have increased, increasing therapists' travel time and decreasing the number of children seen daily; the need has grown due to fewer independent therapists serving rural areas. Staff Comment: CCDDDB funding should not be used for those eligible to participate in any such program conducted under Article 14 of the School Code.

Service Fees? No.

CCDDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness:

Gaps in Core Services related to state cuts: Yes

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: No

Secondary/Technical Criteria:

Approach/Methods: Best practices. Innovation: Yes. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Apartment Services

Financial Information:

PY13 CCDDDB Funding Request: \$423,668

PY13 Total Program Budget: \$537,601 (\$3,697 surplus)

Current Year Funding – (PY12): \$411,328

Proposed Increase (Decrease) – PY12 vs. PY13: \$12,340 (3%)

Program Staff – CCDDDB Funds: 9.0 FTE (79%)

Total Program Staff: 11.34 FTE

Budget Narrative: Revenue Enhancement. CCDDDB request comprises 79% of total program **revenue** along with 17.8% DHS FFS (consumers with individual awards), and allocations of 4.7% from United Way, 3.7% Miscellaneous, and small amounts of training reimbursement, program service fees, and interest income. **Personnel** form lists those portions of indirect staff (from 2% to 5% of 21 positions, 1 vacant) and 14 direct staff positions servicing the contract: 79% of 8 Apartment Services Case Managers and a Community Living Coordinator, 52% of Residential Program Director, 36% of RN Coordinator, 5% of 2 RNs, and 1% of a Maintenance Tech. The relationship of each to this contract is described in the budget narrative. Staff costs are 85% of program **expenses**, with others being: Transportation (5.8%), Professional fees/Consultants (1.8%), Occupancy (1.5%), and smaller shares in appropriate categories. All expenses are described in the budget narrative as they relate to the program; many are allocated; and increases include 3% in wages, 10% in benefits, and interest expense for accessing the line of credit.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance X

Auditor Finding _____

Comments: audit does not provide breakout information for state and federal government funder categories.

Target Population: Individuals with developmental disabilities who are open with the agency, desire support to maintain their independence in the community, and benefit from less supervision than in a group home. Two service settings: HUD-subsidized secured apartment building with 24 units; sites throughout the community. In existence for over 30 years, the program was supported by DHS grant until 2010.

Service Location/Demographics: Supported HUD facility in Urbana (24 tenants) or apartment/home of consumers' choice in the community. **Of 65 served in PY11:** 57% lived in Urbana, 35% in Champaign, 1.5% (1 person) in Rantoul, and 6% in Greater Champaign County; 88% were aged 19 to 59, and 12% over 60; 82% were white, 14% black/ African American, 3% Asian/PI, 2% Other; none were of Hispanic/Latino origin; and 57% were male. **Of 64 served so far in FY12:** 56.3% lived in Urbana, 37.5% in Champaign, 1.6% (1 person) in Rantoul, and 5% in Greater CC; 88% were between 19 and 59, and 12% were over 60; 83% were white, 12% black/African American, 3% Asian/Pacific Islander, and 2% Other; none were of Hispanic/Latino origin; and 58% male.

Service Description/Type: Residential. Specific activities are guided by consumer choice, detailed in individual service plans with formal goals reviewed monthly. Services are one-on-one, in consumer's home or in community, and may include: money management, grocery shopping, cooking, cleaning, self-administration of med and other medical/dental care, accessing community activities, riding MTD, and service linkage. HUD building has overnight staff, and qualified emergency response staff are available 24 hours a day. Person-Centered-Planning focuses on hopes, dreams, and desires rather than 'needs or deficits' of individuals. Program assists individuals in acquiring skills for independence in safe environments, provide ongoing support where needed, and increase support when skills may be compromised by a health condition. Staff training: 120 hours mandated by DHS plus Crisis Prevention and Intervention.

Access to Services for Rural Residents: Referrals accepted county-wide; access agency first. Many rural consumers seek to move to "larger community" for greater access to resources and employment.

Program Performance Measures:

ACCESS: Agency intake process and measures included, admissions process greatly impacted by limited capacities. Descriptions of: referral for PUNS enrollment, collaboration on community events, networking to improve service to culturally diverse populations. Program specific access measure had a 90%, met at FY12 mid-year (100%) and continued for FY13: "within 30 days of receipt of referral for Residential Services, an individual's case will be presented to the Admissions Committee for review."

CONSUMER OUTCOMES: Growing demand for community-based services is reflected in PUNS data. Movement into program is limited by no increased state investment and by increased support needs of current participants. Measure for those

participating in AS program to maintain/make progress in independent living skills: targets for FY09, FY10, FY11, and FY12 were 80% with actual outcomes 79%, 89%, 72%, and 90% (midyear). (FY13 target not specified: assume this measure continues.) FY12 measure for “opportunities to explore and/or participate in new activities or hobbies” is at 14 new opportunities by mid-year against annual target of 20; continue target 20 for FY13. Staff monitor progress monthly and revise Individual Service Plans as needed and as consumers’ preferences change; Person-Centered Planning model used.

UTILIZATION: Treatment Plan Clients are those opened in Apartment Services, Home Based Support (DHS individual award), or Intermittent CILA (DHS individual award). In FY10, there were 65 continuing TPCs and no new; in FY11, 65 and 4 (against targets of 67 and 3); FY12 projected actual of 63 and 1 against targets of 65 and 3. FY13 targets continue as 65 and 3. Commitment to maintain levels of service for those in the program is supported by a quarterly report of service hours in addition to TPCs. Service/Screening Contacts and Community Service Events are described, do occur, but not targeted.

Service Fees: Residents of C-U Independence Apartment building pay rent based on income, per HUD requirements. Rates adjusted semi-annually per income fluctuation.

“Unexpected or Unintended Results” section includes discussion of limitations on volunteer support (due to DHS mandated training), increasing needs of consumers with serious medical conditions (program has a long-term commitment to participants), impact of declining health (and death) of family members on program participants’ support needs, and challenges related to social media. Staff comment: the CCDDDB has an interest in the role of nutrition in long-term health and invites input from DSC staff regarding the increased medical needs of individuals receiving services; an exchange of information may be of benefit to these individuals.

CCDDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: YES (loss of DHS grant)

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: some consumers have individual DHS Medicaid waiver awards

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning. Innovation: No. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: CILA (Residential)

Financial Information:

PY13 CCDDDB Funding Request: \$158,620

PY13 Total Program Budget: \$2,173,554 (program deficit of \$394,448)

Current Year Funding – (PY12): \$154,000

Proposed Increase (Decrease) – PY12 vs. PY13: \$4,620 (3%)

Program Staff – CCDDDB Funds: 3.28 FTE (6% of)

Total Program Staff: 54.02 FTE

Budget Narrative: Revenue Enhancement. CCDDDB request is 7.3% of total program **revenue**. Other sources are DHS fee for service (individual awards) comprising 73%, client payments 18%, and smaller allocated amounts of training reimbursement, program service fees, interest income, and miscellaneous. The Personnel form lists those portions of indirect staff (from less than 1% to 2% of 21 positions, 1 vacant), and direct staff assigned to contract: 6% of 35 Residential Instructors (4 to be hired), 3 Consumer Appointment Facilitators (1 to be hired), 3 Residential Program Administrators, 7 CILA House Managers, and 1 Developmental Instructor (may be an error, as last year), 2% of 2 RNs and a Program Director, and 1% of a Vice President. The relationship of each position (except Dev Instructor) to this program is described in the Budget Narrative. Staff costs comprise 77% of the total CCDDDB **expenses**; other categories include Lease/Rental (6.1%), Consumables (4.7%), Professional Fees/Consultants (3.6%), and smaller amounts allocated, each explained in budget narrative; increases of 3% for wages, 10% for benefits, and interest expense. Although the large share of state revenue was converted to Medicaid-waiver fee for service awards for each resident, slow payment and non-payment by the state place this program at risk.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 34%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance X
Auditor Finding _____

Comment: audit does not provide breakout information for state and federal government funder categories.

Target Population: Adults who have developmental disabilities and who require 24-hour support for daily living. At capacity, DSC CILAs serve 47 residents, all of whom now receive FFS state funding.

Service Location/Demographics: CILA homes are located in Champaign, Urbana, and Rantoul, serving a total of 47 in FY12 (48 in FY11): 43 are aged 19 to 59, and 4 are over 60; 1 is Black/African American and 46 White; 1 of Hispanic/Latino origin; and 25 male.

Service Description/Type: Residential. Ongoing support, supervision, training in daily living, community integration, economic self-sufficiency, and social/interpersonal relationships. Includes coordination of medical, dental, and eye exams, medication reviews, self-medication assessment. Residents identify goals consistent with their preferences and interests. Direct support staff complete 120 hours of required training plus Crisis Prevention and Intervention training, instruction specific to medication and physician ordered diets. Residential Program Administrators and Director have Bachelor's degrees; medical personnel are RNs.

Access to Services for Rural Residents: Referrals accepted county-wide.

Program Performance Measures:

ACCESS: Agency intake process and measures included, targets met each year although admissions process has been impacted by limited capacities. PUNS referrals are made. The FY12 measure "Within 30 days of receipt of a referral for Residential Services, an individual's case will be presented to the Admissions Committee" is on track, with mid-year outcome of 100% versus target 90%; target continues for FY13. Includes detail on agency efforts to increase access to underserved populations and the role of PUNS for those requesting services.

CONSUMER OUTCOMES: Measure for CILA residents to maintain/make progress in independent living skills objectives has target of 70%; outcome 75% in FY11 and 75% mid-year FY12. FY13 target not listed. Person-Centered Planning model is described as focusing on consumers' hopes, dreams, and desires rather than on needs or deficits. Agency promotes self-advocacy and self-direction in service choices.

UTILIZATION: Treatment Plan Clients are DSC consumers who have been opened in the CILA program. FY11 target for 47 total TPC was exceeded with 48 actual. FY12 target of 47 is met. Total TPC target for FY13 will be 48.

Service Fees? Plan narrative says no, but residents contribute toward their housing based on an income means test/sliding scale formulation for DHS CILA. Resident contribution present in Revenue form.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: Yes

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: Yes – DHS FFS individual Medicaid-waiver awards (CILA)

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning. Innovation: No. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Client/Family Support Services

Financial Information:

PY13 CCDDDB Funding Request: \$408,098

PY13 Total Program Budget: \$530,854 (program deficit \$102,390)

Current Year Funding – (PY12): \$396,212

Proposed Increase (Decrease) – PY12 vs. PY13: \$11,886 (3%)

Program Staff – CCDDDB Funds: 7.84 FTE (64%)

Total Program Staff: 12.22 FTE

Budget Narrative: Revenue Enhancement. CCDDDB request is for 77% of total program **revenue**, with other sources DHS fee for service (from individual Medicaid-waiver awards) at 22%, training reimbursements at 0.6%, miscellaneous income at 0.8%, and smaller amounts for program service fees and interest income. Budget Narrative states that these items are based on current levels and projections but does not specify further (i.e., whether allocated). Total agency revenue includes \$25K grant from Ford County Mental Health Board, but no portion is assigned to total program or CCDDDB contract: total program may serve a small number of FC residents with this or other revenue. **Personnel** form shows portions of indirect staff (1% to 11% of 22 positions, 1 vacant) and direct staff assigned to program: 64% of 9 Case Coordinators, 35% of RN Coordinator, 32% of Clinical Coordinator and Program Director, and 6% of 2 RNs. The relationship of each to this contract is explained in the Budget Narrative. Of **expenses**, salaries and taxes/benefits comprise 87% of the total request, Occupancy 2.2%, Transportation 2.2%, Lease/Rental 1.9%, General Operating 1.5%, Miscellaneous 1.3%, and smaller amounts allocated in other lines. Each item is explained in the budget narrative; increases relate to 3% salary/wage, 10% benefits cost, and change in interest expense due to borrowing on line of credit.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 26%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance X
Auditor Finding _____

Comments: audit does not provide breakout information for state and federal government funder; reviewer notes that miscellaneous expenses 1.9% this program appear higher than agency average 1.47%.

Target Population: Individuals who have a developmental disability and related need for services to enhance or maintain their independence.

Service Location/Demographics: Agency office in Champaign, appointments county-wide. **Of 433** served by the program in **PY11**, 44% were from Champaign, 27% Urbana, 7.4% Rantoul, 22% Greater CC; 2.1% were aged 6 or younger, 15% were between 7 and 18, 75% between 19 and 59, and 7.6% were 60+; 81% were white, 14% Black/AA, 2.8% Asian/PI, and 1.6% Other; 1.4% Hisp/Latino; 59% were male. **Of 406** Champaign County residents served by the program in the first half of **PY12**, 43% were from Champaign, 27% Urbana, 7% Rantoul, 22% Greater CC; less than 1% were aged 6 or younger, 15% were between 7 and 18, 76% between 19 and 59, and 8% were 60+; 81% are white, 14% Black/AA, 3% Asian/PI, and 1.5% Other; 1.5% Hisp/Latino; 58% were male. (Total program may serve a small number of non-Champaign County residents, not included in data.)

Service Description/Type: Case Management. Intake screening, advocacy, assessment, Information & Referral, linkage and advocacy, 24 hr crisis intervention, intermittent direct services. Case Coordinators monitor treatment, planning, and implementation through individualized service plan development, assist with medical, legal, financial matters, serve as Social Security Rep Payees, work with interdisciplinary team members. Consumer strengths, preferences, and needs define the level and types of support; some components of ISP process are mandated by DHS. Person-Centered-Planning focuses on hopes, dreams, and desires rather than 'needs or deficits' of individuals; self-advocacy is emphasized. After 120 hours of mandated direct support training, Case Coordinators complete 40 hours of instruction and are approved by DHS as Qualified Intellectual Disability Providers; Program Director, Case Coordinators, and Clinical Coordinator maintain QIDP status with 12 hours/year CEUs.

Access to Services for Rural Residents: Through IEPs and MDCs county-wide and collaboration with provider groups. Information is also relayed by professionals/parents. **Staff Comment:** of interest to the CCDDDB is the provision of services described above, such that IEP support may be best coordinated with PAS/ISC, which has a formal role.

Program Performance Measures:

ACCESS: The measure and description of process are program-specific, as CFSS is the entry point to the agency and its other programs and facilitates intake/admissions. "Within 30 days of follow-up contact/interview and receipt of eligibility documentation, an individual's case is presented to Admissions Committee for review" exceeded FY10

and FY11 targets of 90% and is on track to exceed in FY12. FY13 target not identified. Discussion of: the impact of state budget and slow payment; waiting lists; referrals to PAS/ISC for PUNS enrollment; and efforts to improve access for underserved populations.

CONSUMER OUTCOMES: PUNS shows the growing demand, statewide and locally, for community services in spite of no increased investment from the state. Four consumer outcome measures are included, but FY13 targets not named. CFSS participants' satisfaction with program: FY11 actual outcome 95% against target 90%, no data mid-year FY12. ISPs filed within 14 days of annual review: FY11 actual outcome 92% against 80% target; 100% at mid-year FY12 against 85% target. Agency access (30 days to complete intake process): FY11 and FY12 targets of 90% exceeded. Filing of HBSS Facilitation Requests for Payment by end of 7th business day each month: FY11 and FY12 targets of 90% exceeded (100%).

UTILIZATION: Treatment Plan Clients are those formally open in DSC programs. FY11 actual outcomes of 457 continuing and 6 new TPCs (targets of 455 and 10) included non-Champaign County residents; FY12 and FY13 do not. FY12 actual outcomes of 404 continuing and 2 new are all CC residents (targets of 440 and 10). 440 and 10 continue as FY13 targets. Service/Screening Contacts include the number of intake referrals for services: at mid-year FY12, 97 actual are projected against target of 100; FY13 target is 125. Community Service Event target of 3 continues (mid-year is 1).

Continued report of service hours demonstrates program impact, no formal target. Supported by discussion of increase in intensity and duration of services related to increase in diagnosis of ASDs and complex impact of increased longevity of individuals with DDs (e.g., outliving their family caregivers).

Service Fees? No

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: Yes

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: portion of DHS FFS awards (Medicaid-waiver programs)

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning, DHS Rules (CILA, DT, HBSS).

Innovation: No. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Clinical Services

Financial Information:

PY13 CCDDDB Funding Request: \$183,305

PY13 Total Program Budget: \$184,635 (deficit of \$8,401)

Current Year Funding – (PY12): \$177,966

Proposed Increase (Decrease) – PY12 vs. PY13: \$5,339 (3%)

Program Staff – CCDDDB Funds: 1.37 FTE (95%)

Total Program Staff: 1.44 FTE

Budget Narrative: CCDDDB request is for 99% of total program **revenue**, with other sources small allocated amounts of training reimbursements, program service fees, interest income, and miscellaneous. **Personnel** form shows those portions of indirect staff (between less than 1% and less than 2% of 22 positions, 1 to be hired) and direct staff servicing this contract: 47% of a Clinical Coordinator, 43% of a Program Director, 9% of 2 Certified Occupational Therapy Assistants, 5% of a Vice President, and 1% of 2 RNs; the relationship of each position to this contract is described in the budget narrative. Staff costs comprise 44% of total CCDDDB program **expenses**, Professional Fees/Consultants 52% (the largest share, related to purchasing services per client’s plan, as described in program plan narrative). Expense items are explained in the budget narrative, some allocated, with 3% wage increase and 10% increase in benefits cost, and estimated increase in interest expense related to borrowing on line of credit.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 21.4%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance X _____
Auditor Finding _____

Comment: audit does not provide breakout information for state and federal government funder categories.

Target Population: Champaign County residents aged 4 and up who have a developmental disability, and are seeking a clinical support/service for which they have a demonstrated need.

Service Location/Demographics: **Of 145 served in FY11** (no data for 4): 26.5% lived in Urbana, 49.6% in Champaign, 13% in Rantoul, and 11% Greater Champaign County; 2 (1.4%) were under 18, 89% were between 19 and 59, and 6.9% were over 60; 82% were white, 12% black/African-American, 1.4% Asian/Pacific Islander, 1.4% Other; 1.4% of Hispanic/Latino origin; and 51% male. **Of 109 served in the first half of FY12:** 29% are residents of Urbana, 49% Champaign, 12.5% Rantoul, and 9% of Greater CC; 1% was under the age of 6; 90% between 19 and 59, and 9% over 60; 87% were white, 11% black/African-American, and 1.8% Asian/Pacific Islander; 1% of Hispanic/Latino origin, and 52% male.

Service Description/Type: Purchase of psychological and psychiatric assessments, medication review, counseling, crisis intervention, and interdisciplinary team consultation through current contracts with: 2 Licensed Clinical Psychologists, 1 Psychiatrist, 5 Licensed Clinical Social Workers, 2 Licensed Clinical Professional Counselors, a Speech Therapist, and an Occupational Therapist; portions of two FT agency COTAs are also assigned to this contract. Licensed clinicians work with consumers' support teams. Interventions include Cognitive Behavioral Therapy, Exposure/Response Prevention, Art Therapy, Social Skills training. Staff comment: care should be taken to avoid using CCDDDB funding for services eligible under Article 14 of the School Code.

Access to Services for Rural Residents: Primary outreach is through Client/Family Support and other staff attendance at IEPs and MDCs county-wide, secondarily through information sharing between parents and professionals and community events. Staff Comment: of interest to the CCDDDB is the provision of services as described above, so that IEP support may be best coordinated with PAS/ISC, which has a formal role.

Program Performance Measures:

ACCESS: Good detail on how the program responds to referrals, which can come from consumers, family members, or teams. For FY13, a program-specific goal (for monitoring participation of 120 individuals through billings and clinical notes) is identified but does not appear to have a quantifiable target or clear relation to access to the program, may be more valuable as a measure of utilization. Mid-year outcome for the similar FY12 target is not listed. Continued emphasis on documentation of disability, medical history, and preferences of individuals referred to agency, and how these support effective service initiation and planning.

CONSUMER OUTCOMES: FY12 measure of quarterly reviews of assessment, progress, and frequency of service is on track to meet target of 100%. FY12 measures of psychiatric patient progress review and completion of Annual Evals also have targets of 100%, with 100% and 52% mid-year outcomes. In FY11, consumer satisfaction target of 90% was met, with outcome 95%; FY12 data not yet available. Satisfaction survey

mailed randomly to consumers; their input is also requested at individualized annual planning meetings. Positive impact of individual/family preference on outcomes is noted. FY13 targets are not listed.

UTILIZATION: Treatment Plan Clients are individuals with case records and treatment plans. New and Continuing TPCs for FY11 totalled 152, exceeding the target of 130 (80 continuing and 50 new). FY12 target of 120 (90 continuing and 30 new) with mid-year outcome 109 (100 and 9). FY13 same target. Non Treatment Plan Clients are those receiving services but not open with agency: in FY11, there were 4 continuing and 2 new (targets of 1 and 3); in FY12, 2 continued and 1 new at mid-year (targets of 1 and 3); FY13 anticipates 3 continuing and 3 new NTPCs. Service/Screening Contacts include referrals, meetings with families, crisis consults, and assessments. FY11 target 100 against 65; FY12 target 50 against mid-year actual 13; FY13 target is adjusted to 25. Community Service Events target of 3 against actual outcome 2 in FY11, 0 at mid-year FY12, and continues for FY13.

Service Fees? No.

“Unexpected or Unintended Results” includes continuation of collaboration, initiated in 2010, with Community Elements to improve services for individuals with MI and DD.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness:

Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: No

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning, CBT, ERP, etc. Innovation: Yes. Staff

Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Developmental Training – Employment Services

Financial Information:

PY13 CCDDDB Funding Request: \$1,218,187 (CCMHB \$304,424)

PY13 Total Program Budget: \$6,250,283 (program deficit of \$278,140)

Current Year Funding – (PY12): \$1,182,706

Proposed Increase (Decrease) – PY12 vs. PY13: \$35,481 (3%)

Program Staff – CCDDDB Funds: 17.92 FTE (18.9% of total program)

Total Program Staff: 94.76 FTE

Budget Narrative: Revenue Enhancement. CCDDDB request is 19.5% of total program **revenue**, CCMHB 4.9%, Ford County MHB 0.4%, United Way 0.3%, Contributions 0.06%, DHS FFS and POS (individual awards) 36%, DHS DRS awards 13.6%, Sales of Goods & Services 29%, Other Program Service Fees 12%, and Interest, Rental, and Misc Income combined are 6.6% of total program revenue. Budget Narrative contains sufficient detail for each category. **Personnel** form shows those portions of indirect staff (from 2% to 9% of 22 positions, 1 vacant, total 1.47 FTE) and 93 direct staff positions servicing the contract: 19% of 36 Developmental Instructors, 4 DT Managers, 7 Drivers, a Transportation Coordinator, 3 Community Employment Specialists, 6 Employment Counselors (1 vacant), 2 Employment Specialists (1 vacant), 1 Operations Manager, 1 Employment Program Manager, 1 Supported Employment Supervisor, 11 Production Crew Leaders, 3 Production Workers, 3 Program Directors, 1 Account Manager, 1 Vocational Supervisor, 1 Vocational Evaluator, 17% of 2 Certified Occupational Therapy Assistants, 6% of 2 RNs, 9% of a Maintenance Tech (vacant), 7% of 2 Maintenance Techs, 6% of another Maintenance Tech, 4% of a Program Director, and 4% of 2 Vice Presidents; the relationship of each to this contract is described in budget narrative. **Expenses** consist of: staff costs, at 58% of total request; production cost at 13%; client wages/benefits at 6%; local transportation at 5.6%; occupancy at 5.2%; lease/rental 4.5%; and smaller amounts in other categories (no fundraising, no specific assistance). Each category is described in the budget narrative, with increases of 3% in salaries, 10% benefits costs, and interest expense.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 30%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance _____
Audit not in Compliance X
Auditor Finding _____

Comments: audit does not provide breakout information for state and federal government funder categories.

Target Population: Adults with developmental disabilities, with wide ranging abilities and support needs. Increase in health crises and issues related to aging among this population, along with greater prevalence of diagnosis of Autism Spectrum Disorder (ASD), has influenced the types of support offered, including staffing patterns and relationship between DT and vocational settings. Impact on families also noted.

Service Location/Demographics: Of 299 Champaign County residents served in FY11: 19% were from Greater CC; 90% were aged 19 to 59 and 8% over 60 (no demo data for the 6 NTPCs); 80% were White, 14% were Black/AA, 2.7% were Asian/PI, and less than 1% Other; 1% of Hispanic/Latino origin; and 55% were male. Of 266 Champaign County residents served in the first half of FY12: 21% are in Greater CC; 91% were aged 19 to 59, 9.4% were over 60; 82% were white, 14% black/African American, 3% Asian/Pacific Islander, and less than 1% Other; 1.5% of H/L origin, and 57% were male.

Service Description/Type: Adult Day Programming; Vocational. Low to High Intensity. Consumer preference determines location, type, schedule. Range of activities includes individualized exercise, computer lab, art room, Prompting Theater and Parkland Pops, community volunteering, and vocational training to self-advocacy groups, job skills development, autism/social skills support, sign language classes, vocational evaluation, and personalized job development and coaching. Staff training includes 120 hours mandated by DHS plus Crisis Prevention and Intervention, safe lifting, and inservices (e.g., Person-Centered-Planning, Total Communication, Occupational Therapy, Supported Employment, Community Employment, and Community Integration.) Certified Occupational Therapy Assistants fulfill continuing ed requirements. Job development staff certified in community-based employment strategies through Rehabilitation Continuing Education Programs.

Access to Services for Rural Residents: Staff attend IEPs county-wide, participate in transition workshops in these outlying areas, and provide tours of Champaign and Rantoul sites to members of the Rural CC Special Ed Coop and rural residents. Transportation services to Tolono, Philo, St. Joseph, Mahomet, Ludlow, and areas between. Staff Comment: of particular interest to the CCDDDB is the provision of services as described above, so that IEP support may be best coordinated with PAS/ISC, which has a formal role.

Program Performance Measures:

ACCESS: Intake process is described, with good detail on screenings and process for access to DT and ES. Performance measure is for presentation (of case of any individual seeking these program services) to Admissions Committee within 30 days of contact/interview and receipt of documentation establishing eligibility, at 90%.

CONSUMER OUTCOMES: Consumer satisfaction: FY11 target of 90% vs. outcome 100%. Target for FY12 is also 90%. DT consumer participation in independent community-based vocational or volunteer work setting: FY11 target of 45% was exceeded, at 54%; FY12 target same. DT consumer participation in monthly community-based activity: FY11 target of 90% exceeded at 95%; FY12 target same. In-house consumer promotion to Supported Employment for job development: FY12 target of 5 individuals, against mid-year actual 2. Development of new employer-paid job sites: FY12 target of 8 sites against mid-year actual 3. Emphasis on person-centered planning and consumers' strong interest in community based recreation and employment (reflected in planning interviews, satisfaction surveys, and through service contacts). In FY11, DT consumers volunteered with 9 organizations and worked in 4 (C-U and Rantoul) community settings, and some marketed their art/crafts. ES staff supported 77 individuals in community-based competitive and supported jobs throughout the county.

UTILIZATION: Plan to serve **306** unduplicated TPCs (now reporting Champaign County only). TPC includes those open with DT, Evaluation/Screening, Regular Work, or Supported Employment. FY11 target for Continuing TPCs was 320, with actual 306; FY12 target 310, actual ~260, and FY13 target adjusted to 300. New TPC target of 10 for FY11 was met; target of 10 for FY12 not expected to be met (6) and lowered to 6 for FY13. NTPC are students with school support in DSC site ("Vocational Experience") or individuals in 3-day voc screening or those referred through DRS for temporary support. FY11 target of 4 was exceeded (10) and FY12 target of 5 not expected to be met (3); NTPC target for FY13 also 5. Service Contact target of 10 and Community Service Events target of 5 were exceeded in FY11 (18 and 13) and were adjusted to 8 each for FY12 (on track), remain at 8 for FY13. Because the program responds to varying intensity of service/support needs, an additional utilization measure for total hours of service continues in the category "Other".

Unexpected or Unintended Results section contains detail on volunteer work done by program participants, including Salvation Army, Peace Meals, Transitions Resale Shop, Humane Society, church, nursing homes, grocery delivery to families in need. "If you were to ask why they volunteer, they will cheerfully tell you it's 'for the people.'"

Service Fees? No.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No
Efforts to reduce stigma and raise community awareness: self-advocacy groups
Gaps in Core Services related to state cuts: YES

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes
Consumer directed Services: Yes
CCMHB/CCDDB MOU Compliance: Yes
Budget – Program Connectedness: Yes
Medicaid Participation: some individuals have Medicaid-waiver awards (DHS).

Secondary/Technical Criteria:

Approach/Methods: Yes. Innovation: per CARF review. Staff Credentials: DSP training, additional trainings (person-centered planning, CPI, community-based employment strategies, etc.), COTAs.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Individual and Family Support

Financial Information:

PY13 CCDDDB Funding Request: \$348,474

PY13 Total Program Budget: \$409,266 (program has a deficit of \$35,343)

Current Year Funding – (PY12): \$338,324

Proposed Increase (Decrease) – PY12 vs. PY13: \$10.150 (3%)

Program Staff – CCDDDB Funds: 6.08 FTE (78% of total)

Total Program Staff: 7.77 FTE

Budget Narrative: CCDDDB request is 85% of program **revenue**, with other sources being DHS FFS (some individuals served have Home Based Support awards) 13%, and smaller allocated amounts of training reimbursement, Program Service Fees, Interest Income, and Miscellaneous, noted in budget narrative (allocation method described in attachment, submitted separately). **Personnel** form shows those portions of indirect staff (less than 1% to 3% of 22 positions, 1 to be hired) and direct staff charged to this contract: 78% of 6 Family Home Maintenance Technicians (2 to be hired) and a Family Home Maintenance Manager, 4% of a Program Director and Vice President, and 2% of 2 RNs; budget narrative describes the relationship of each to this program. Salaries and Payroll taxes/Benefits comprise 62% of the total CCDDDB **expenses**, with Professional Fees/Consultants at 20%, Specific Assistance 5.4%, Consumables 2.4%, Occupancy 2.2%, Transportation 2.1%, Lease/Rental 2%, Miscellaneous 1.5% and smaller amounts of other categories allocated; budget narrative contains explanations of each category, 3% salary increase, 10% benefits cost increase, and good detail on the use of Consultant services and Specific Assistance for individual requests (consistent with plan narrative).

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 36.7%

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____

Audit Requirement Waived _____

Audit in Compliance _____
Audit not in Compliance X
Auditor Finding _____

Comments: audit does not provide breakout information for state and federal government funder categories.

Target Population: Champaign County residents who have developmental disabilities; priority is given to those with significant behavioral, medical, training, or support needs. Serves some individuals/families not open with agency.

Service Location/Demographics: Of 58 CC residents served in FY11, 22% lived in Greater Champaign County; and 19 were NTPCs, so no demo data. Of 37 TPCs: 24% were 6 or younger, 3% between 7 and 12, 22% between 13 and 18, 46% between 19 and 59, and 3% over 60; 81% were White, 11% Black/AA, 3% Asian/PI, and 5% Other; 3% had H/L origin; and 68% were male. Of 39 served in the first half of FY12, 26% reside in Greater CC and 18 are NTPCs (so no demo data). Of the 21 TPCs: 5% (1 individual each) are 6 or younger, are between 7 and 12, and are over 60, 33% are 13 to 18, and 52% are 19 to 59; 71% are White, 14% Black/AA, 5% Asian/PI, and 10% Other; none have H/L origin; and 76% are male.

Service Description/Type: Family Support. Consumer and family driven, individualized activities in community, in-center, in-home, or school related. Assessment, planning, direct staff support (hired by family or through agency), social skills training, emergency respite, therapy/equipment, minor home modifications, enhanced independent living skills. Benefits of social skills training and social skills/play group are highlighted. Since 2005, the program has responded to increased consumer/family demand for ongoing direct support rather than short term finite direct grant awards to consumers for interventions and supports, though some of these are still made. Prevalence of individuals with Autism Spectrum Disorders or Sensory Processing Disorders continues to increase in this program. Detail on social skills training, particularly through the group started in 2007, referenced in a separate request for funding to expand the program. Staff Comment: care should be taken to avoid using CCDDDB funds for those eligible to participate in such programs conducted under Article 14 of the School Code.

Access to Services for Rural Residents: Communication among professionals & parents. Agency staff attend IEPs & MDCs countywide, the primary outreach to rural areas. Staff Comment: IEP support may be best coordinated with RPC's Pre-Admission Screening/Independent Service Coordination unit, which has a formal role.

Program Performance Measures:

ACCESS: Agency intake process and measures included, targets met each year although admissions process is changing in response to limited capacities. Program-specific measure "Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, the case of an individual requesting [IFSS or FHM] will be presented to the Admissions Committee for review" has FY12 target of 90% and mid-year outcome 100%. FY13 target not included. Discussion of the role of PUNS referrals and agency efforts to increase access to underserved populations.

CONSUMER OUTCOMES: FY12 program specific measures for FHM consumer outings (90% target) and for individuals and guardians' choice of IFS provider (100% target) both exceeded at mid-year. (FY13 targets not identified here.) IFS consumer satisfaction target of 90% with outcome not yet available. Satisfaction survey mailed randomly to consumers; their input is also requested at individualized annual planning and advocacy group meetings. Successful choice driven outcomes are noted, with good detail on the range of supports, professional consultants, and staff training as they relate to responding to consumer/family preferences; IFS supports are critical to independence for some, therefore cost-effective over long term. Increased demand for assistance with post-secondary education support for eligible young adults; other than emergency/critical cases, state is not investing in individual awards for community-based supports.

UTILIZATION: Treatment Plan Clients are those formally open with DSC. FY11 target of 31 not met, with actual 22; FY12 target of 24 not met, with actual 21; FY13 target stays at 24. Non-Treatment Plan Clients are those receiving IFS but not open with the agency. In FY11, there were 17 actual continuing and 6 new NTPCs vs. targets for 2 continuing and 4 new; in FY12 18 continuing and 0 new vs. targets 2 and 4; FY13 targets will be adjusted to 14 continuing and 5 new. Program anticipates serving 46 total in FY13. Service Contacts include family and individual inquiries about the program plus IEPs attended by staff: FY11 actual of 43 against target of 15; mid-year FY12 actual 4 against target of 15; FY13 target will be lowered to 10. Community Service Events were 2 in FY11 (target 2); 1 at mid-year FY12 (target 3); continue target of 3 in FY13.

“Unexpected or Unintended Results” comments include positive feedback from Social Skills participant’s parent and long-term friendship between two young IFS participants.

Service Fees? No.

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: Yes

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: No

Gaps in Core Services related to state cuts: No (indirect)

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Yes

Medicaid Participation: some individuals served have HBSS awards (Medicaid waiver)

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning. Innovation: Yes. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Developmental Services Center

Program Name: Individual and Family Support Expansion

Financial Information:

PY13 CCDDDB Funding Request: \$60,000

PY13 Total Program Budget: \$60,000 (base program \$409,266)

Current Year Funding – (PY12): \$0 **New Program Proposal for FY13**

Proposed Increase (Decrease) – PY12 vs. PY13: \$60,000

Program Staff – CCDDDB Funds: 0 FTE

Total Program Staff: 0 FTE

Budget Narrative: See IFS program summary for base program budget information. CCDDDB request is sole **revenue** source for expansion. **Personnel** form does not attribute any staff to this contract. **Expense** form associates the entire request to Professional Fees/Consultants, and the Budget Narrative explains that these *include* clinical psychologist, psychiatrist, licensed clinical social workers, and a licensed clinical professional counselor. Detail on specific fees is not provided.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: N/A

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Audit Requirement Waived _____

Audit in Compliance _____

Audit not in Compliance _____

Auditor Finding _____

Comments: New program proposal for FY13. If contract is awarded, this program would be included in audit of 2013 contracts.

Target Population: Champaign County residents with developmental disabilities, priority to those with significant behavioral, medical, or training/support needs.

Service Location/Demographics: County-wide. Consumer and family choice drive the location of services, as will availability of consultants. Demographic data for base program is provided in IFS program summary.

Service Description/Type: Family Support. Expansion would allow development of a second Social Skills/Play Group for children who have autism spectrum disorders, sensory processing disorders, or other DD. The existing group began in April 2007 and is supported by another CCDDDB contract (IFS base program). Service includes child screenings, family orientation and training, staff recruitment and development, and a regular group sessions for the children for a long-term to improve social skills and provide a safe environment in which to practice them. Expansion would also allow an increase in IFS services which may include: assessment, personally designed support for employment and community access, emergency respite, minor home modification, therapy equipment, relationship and sexuality training (certified staff), camp vouchers, legal support.

Access to Services for Rural Residents: Outreach through agency staff at IEP and MDC meetings at districts throughout the county and through word of mouth among parents and professionals (especially regarding a second Social Skills group.)

Program Performance Measures:

ACCESS: Agency intake process is described. Program access measure “Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, an individual’s case will be presented to the Admissions Committee for review” has FY13 target of 90%. Good detail on the role of PUNS and on the agency’s efforts to improve access for underserved populations.

CONSUMER OUTCOMES: A consumer satisfaction survey target of 90% is identified for FY13. Consumers give input through surveys (mailed) and the individual planning process. Detail is provided on consumer-driven planning within the IFS program, positive outcomes, collaborations with clinical consultants, and IFS staff training requirements.

UTILIZATION: Treatment Plan Clients are those formally open with the agency, and Non Treatment Plan Clients are those receiving IFS services but not open with the agency. Plan is to serve 15 New TPCs (although by definition, NTPCs would be included) and to do presentations on the program at 3 Community Service Events. Detail is not included on how many TPCs are to be Social Skills participants, a long-term service commitment, vs other IFS assistance (individual costs ranging from \$316 to \$15,116 in FY12.)

Service Fees? No.

CCDDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No
Efforts to reduce stigma and raise community awareness: No
Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes
Consumer directed Services: Yes
CCMHB/CCDDB MOU Compliance: Yes
Budget – Program Connectedness: Yes but low detail
Medicaid Participation: No

Secondary/Technical Criteria:

Approach/Methods: Person Centered Planning, Best Practices. Innovation: Yes, wrt
Social Skills group. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2013

AGENCY: Persons Assuming Control of their Environment, Inc.

Program Name: Opportunities for Independence

Financial Information:

PY13 CCDDDB Funding Request: \$61,454

PY13 Total Program Budget: \$ 61,454

Current Year Funding – (PY12): \$59,546

Proposed Increase (Decrease) – PY12 vs. PY13: \$1,908 (3%)

Program Staff – CCDDDB Funds: 1.5 FTE (1.45 by Budget Narrative)

Total Program Staff: 1.5 FTE (1.45 by Budget Narrative)

Budget Narrative: CCDDDB contract is the sole **revenue** for this program; budget narrative clearly describes each total agency revenue source, including vulnerable state grants. Although **Personnel** form does not assign portions of any staff salary to this contract, budget narrative description appears complete, with 95% full-time ILS salary and 100% half-time ILS. Small salary increases are included. 88% of total request supports staff costs. Other **expenses** include \$2,342 Local Transportation (3.8% of total), \$1,532 Lease/Rental (2.5%), \$1,117 Occupancy (1.8%), and small amounts for General Operating, Conferences/Staff Development, and Consumables; these are described in sufficient detail in budget narrative.

Reasonable Cost Standards:

“Reasonable costs” are those costs incurred by providers that are determined to be necessary and appropriate in accordance with CCMHB and CCDDDB funding guidelines and specific contractual requirements. Current internal analysis applies a “reasonable cost” limit on fringe benefits of 25% of salaries and administrative costs to 20% of all non-administrative costs. This application was reviewed to determine fringe benefit percentages.

Payroll Taxes/Benefits vs. Salaries/Wages: 48.6% for this program; 38.4% for total agency

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable _____
Audit Requirement Waived _____
Audit in Compliance X _____
Audit not in Compliance _____
Auditor Finding _____

Target Population: Champaign County residents with developmental disabilities.

Service Location/Demographics: Of 38 served in FY11: 47% were from Champaign, 39% from Urbana, none Rantoul, and 13% rural residents; 3% were between 7 and 12, 89% between 19 and 59, and 8% over 60; 87% were white, 11% black/African American, and 3%

Asian/PI; 3% were of H/L origin; and 37% were male. **Of 27 served in the first half of FY12:** 56% were from Champaign, 33% Urbana, none Rantoul, and 11% rural residents; 93% were between 19 and 59 and 7% over 60; 85% white, 11% black/AA, and 4% Asian/PI; none of Hispanic/Latino origin; and 48% male.

Service Description/Type: I&R, Employment Support, Independent Living Support. Consumer control over service planning and delivery is central to the Centers for Independent Living (CIL) model. CIL core services include I&R, skills training, peer counseling, advocacy, and transition. CCDDDB funded program offers single contact and linkage to PACE programs and community resources, personal assistance, housing and job search, pre-employment skills, budgeting, transportation, self-advocacy, equipment loan, MTD disability certification. Consumer driven service plan reviewed quarterly. Consumer advisory board is another forum for program development. Programs have focused on career interest, job etiquette, on-the-job conflict resolution, social skills, safety and boundaries, nutrition and fitness. Recreation planning and travel training are individualized. Consumers advocate for disability laws and civil rights, use person-first language, support advocacy, systems advocacy, and anti-stigma efforts. Good detail on current staff members' specialized training and experience.

Access to Services for Rural Residents: Outreach through mailings, newsletter, electronic newsletter, accessible website, presentations, participation in community events, PSAs, news releases, social media. Advisory Committee encourages rural participants. Collaboration with other organizations expands outreach. I&R by phone, toll-free number, home visits by staff as needed.

Program Performance Measures:

ACCESS: First come, first-served basis. Intake process with timelines is described: response to initial contact is made within 3 days. First contact includes demographic data collection, needs assessment, verification of DD. Each consumer receives agency appeals process at opening. Demographic data of participants is compared with that of service area periodically. Program staff offer presentations in exchange for other agencies' educating PACE staff/consumers. A quantifiable measure of access does not appear to be included.

CONSUMER OUTCOMES: Participating in National Council on Independent Living project for a comprehensive outcome system, for which logic model and areas of outcomes have been established. Because outcome measures are incomplete, agency uses tentative model to measure services to consumers: collected monthly, "attained" if consumer agrees they have achieved it, can include progress resulting from the service plan or informally (e.g. peer counseling). Program had 136 "outcomes" in FY11, including entering employment, using memory cue options, confronting infringement of rights. A defined measure for FY13 does not appear to be included.

UTILIZATION: While Program Plan indicates that 80 individuals are to receive services through this contract, utilization targets are for 30 Treatment Plan Clients (20 continuing and 10 new) and 10 new Non Treatment Plan Clients. From quarterly service

reports: at midyear FY12, there were 13 continuing TPCs and 1 new TPC (total 14 against target 30), and 13 new NTPCs (against target of 10); for FY11, there were 16 continuing and 5 new TPCs (total 21 against target of 30) and 22 new NTPCs (against target of 10). Narrative notes that a majority of NTPCs elect to become new TPCs as service preference are clarified. Service Contacts are reported as a count of hours; target of 750 is expected to be met for FY12 as in FY11, continues for FY13. Community Service Events is now a count of events, converted from hours reported in previous years, with current target of 25 exceeded (at mid-year) and continued for FY13. This section also details possible cuts in total agency grant funding.

Service Fees? No. (MTD collects a \$2 fee through the program.)

“Unexpected Results” section once again notes an increasing number of young adults in need of transition support; program duly refers individuals and families to RPC PAS/ISC and to Family Matters for IEP support. (Staff Comment: RPC PAS/ISC will play a key role in placement related to Ligas Implementation.) Also of interest is the pilot training program “14 weeks to a Healthier You,” cosponsored by IL Dept of Public Health and National Center of Physical Activity and Disability, and conducted early in FY12 with excellent attendance; feedback from PACE staff and participants caused the program’s developers “to re-examine their potential stereotypes of this population.”

CCDDB Priorities:

Primary Decision Support Criteria

Priority Populations: YES

Consumer advocacy and family support organizations: No

Efforts to reduce stigma and raise community awareness: Yes

Gaps in Core Services related to state cuts: No

Overarching Decision Support Considerations:

Access, Underserved populations/Cultural Competence: Yes

Consumer directed Services: Yes

CCMHB/CCDDB MOU Compliance: Yes

Budget – Program Connectedness: Personnel form incomplete, slight mismatch between budget narrative and plan narrative.

Medicaid Participation: No

Secondary/Technical Criteria:

Approach/Methods: Uses CIL model, association with diverse disability population, governance includes consumer(s). Innovation: Yes. Staff Credentials: Yes.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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Reaching Out For Answers: Disability Resource Expo
Board Report
April, 2012

The Steering Committee for the 6th annual Disability Resource Expo met for the first time this year on April 3 to begin planning for this year's event. I am extremely pleased to report that our original membership remains consistent, and all are back to take on another year of planning for this important event for our county. We welcomed one new member, Rob Pritt, who has been a PRIDE Room vendor for the past several years. Each member identified a sub-committee they plan to participate in, and a number of great ideas for the 2012 Expo were discussed. Watch for more information in the months to come!

Jon Dietrich and Barb Bressner attended the Business Expo at the Assembly Hall on March 14. This Expo is sponsored by the Chamber of Commerce, and has been found in past years to be a wonderful resource as our Marketing/Sponsorship Committee goes about its work of attaining sponsors for our event.

The Expo Steering will meet next on May 16 to continue its awesome task of planning for the 2012 Expo. We would invite any board members or others who might have an interest to come join us in this process.

Respectfully submitted

Barb Bressner
Consultant

ANTI-STIGMA ALLIANCE

Board Report

April, 2012

The Champaign County Anti-Stigma Alliance continues it's planning for the free community film they are sponsoring on Sunday, April 29, following the close of the Roger Ebert Film Festival. "Antwone Fisher" is this years' film, which depicts the life of a young man suffering from Post Traumatic Stress Disorder resulting from severe childhood abuse and neglect.

The Alliance met on February 14, and plans to meet again on April 16 to complete final details for this years' event, as well as to begin discussion on future goals for the group.

The event this year will include an art show and sale on Saturday, April 28 from 12:30-8:30 p.m. at Community Elements, directly across the street from the Virginia Theater. Local artists, many of whom were a part of the PRIDE Room at the 5th annual Disability Resource Expo will be on hand displaying and selling various forms of art, including paintings, photography, jewelry, ceramics, and more.

On Sunday, April 29th, we will be showing the film, "Antwone Fisher" at 4:30 p.m., and it is free to the public. A panel discussion will take place following the film. Panelists are still being confirmed at this point. Just prior to the film, at 3:30 p.m., we will enjoy music by Mo' Betta Music. This orchestra, directed by Nathaniel Banks, is an after school artistic enrichment program dedicated to enhancing the music arts skills of young musicians in a culturally sensitive manner so that they may actively participate with confidence in their music programs at their respective schools.

A small resource booklet is being developed to be distributed to movie-goers. It will define the mission of the Anti-Stigma Alliance, include some information on advocates and providers (Alliance members), list the local artists, and provide a listing of other films with anti-stigma themes. Many thanks go out to Lynn Canfield for her tedious hours with the development of this booklet.

We are currently in full swing with promotion of this event. Posters, flyers and billboards are presently being used to promote the event, as well as newsletters, facebook and e-mail lists. We will be taping 30 and 60 second spots with S. J. Broadcasting, and will do PSA's with all media outlets within the community.