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

Wednesday, March 19, 2014
Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802
8:00AM

1. Call to Order – Ms. Elaine Palencia, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
   A. Committee of the Whole Study Session, 3/19/14 at 4:30PM
   This afternoon's CCMHB meeting will begin with a presentation on Innovations in Services for People with Intellectual and Developmental Disabilities. Kim Zoeller, President and CEO of Ray Graham Association, will provide an overview of innovations in services and supports for people with ID/DD. She will also introduce the principles central to the work of the Council on Quality and Leadership and their accreditation process.
6. Approval of CCDDB Minutes
   A. 2/19/14 Board Meeting*
      Minutes are included in the packet. Board action is requested.
7. President's Comments – Ms. Elaine Palencia
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield
   Included in the Board packet.
10. Agency Information
11. Financial Report
    A. Approval of Claims*
       Included in the Board packet. Action is requested.
12. New Business
    A. Cultural and Linguistic Competence Planning Progress Report
       Shandra Summerville, Cultural and Linguistic Competence Coordinator for the ACCESS Initiative, will provide a report on the progress of CLC Plans. A briefing memorandum with timeline, National Standards for Culturally and Linguistically Appropriate Services (CLAS), and Ms. Summerville's presentation are included in the Packet for information only.
13. Old Business
    A. Alliance Event Update
       An oral report will be provided. A draft of our program ad is included in the packet.

B. CCDDB Retreat

Notes from the 1/25/14 Board Retreat are included in the packet for information only. These were compiled by Elizabeth Perrachione, facilitator, and Ryan Thomson, notetaker.

14. Board Announcements
15. Adjournment

**Board action requested*

6.A.

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

Minutes –February 19, 2014

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

8:00 a.m.

DRAFT

MEMBERS PRESENT:	Joyce Dill, Phil Krein, Elaine Palencia, Mike Smith
MEMBERS EXCUSED:	Sue Suter
STAFF PRESENT:	Peter Tracy, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo
STAFF EXCUSED:	Nancy Crawford
OTHERS PRESENT:	Patty Walters, Ron Bribriesco, Vicki Tolf, Laura Bennett, Danielle Matthews, Felicia Gooler, Dale Morrissey, Developmental Services Center (DSC) Vicki Niswander, IAMC; Jennifer Knapp, Linda Tortorelli, Community Choices (CC); Tracy Parsons, ACCESS Initiative (AI); Dennis Carpenter, Charleston Transition Facility (CTF); Barb Jewett, Parent; Frank Creighton, Parent; Sheila Krein, The Autism Project (TAP); Kathy Kessler, Community Elements (CE)

CALL TO ORDER:

Ms. Elaine Palencia called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Ms. Barb Jewett thanked the CCDDB for including the public in the recent Board retreat.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

None.

APPROVAL OF MINUTES:

Minutes from the December 18, 2013 Board meeting were included in the packet.

MOTION: Ms. Dill moved to approve the minutes from the December 18, 2013 Board meeting. Dr. Krein seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Ms. Palencia announced Mr. Dale Morrissey had been chosen to serve on Employment and Economic Opportunity for Persons with Disabilities Task Force.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy announced the EPSDT (Medicaid Early Diagnosis and Treatment) lawsuit had turned into a class action suit.

The "Champaign 11" have submitted a report that is included later in the meeting, Mr. Tracy announced the CCDDB is aware of the issues and possible solutions are being considered.

STAFF REPORT:

Ms. Canfield's staff report was included in the Board packet.

AGENCY INFORMATION:

Ms. Jennifer Knapp from Community Choices announced the agency has started the accreditation process.

Mr. Dale Morrissey from Developmental Services Center (DSC) encouraged the Board to support legislation House Bill 4486. Mr. Morrissey also distributed a written summary on Developmental Services Center's Residential program.

Ms. Vicki Niswander, Chairperson for the Illinois Association for Micro-Boards and Cooperatives (IAMC) announced there will be a housing summit held in March. In May, a PATH training will be held in Springfield, IL.

FINANCIAL INFORMATION:

Approval of Claims:
A copy of the claims report was included in the Board packet for action.

MOTION: Mr. Smith moved to accept the claims report as presented. Ms. Dill seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Champaign County Regional Planning Commission's Pre-Admission Screening/Independent Service Coordination Unit (PAS Agents/ISSAs):
Ms. Darlene Kloeppel, along with Ms. Babette Leek presented to the CCDDB regarding the role of PAS Agents/ISSAs in Champaign County's Intellectual Disabilities (ID) Developmental Disabilities (DD) System. This agency is one of 18 in the State of Illinois, covers 3 counties and serve approximately 230 people in Champaign County. Ms. Kloeppel discussed the responsibilities of the agency, barriers they have encountered, and plans for the future. Board members were given an opportunity to ask questions following the presentation.

PY 15 Funding Applications:
A list of applicants and amounts requested was distributed at the CCDDB meeting.

Person Centered Planning Contract Language:
A Briefing Memorandum and sample Contract Amendment with Person Centered Planning (PCP) special provisions was included in the Board packet for discussion and information. Feedback on the document is encouraged.

Statement from the "Champaign 11" regarding Capacity:
A brief statement prepared by family members of individuals who have Illinois Department of Human Services (IDHS) Community Integrated Living Arrangements (CILA) awards and are seeking services in Champaign County was included in the Board packet. Mr. Gary Maxwell, from the Champaign County Board, encouraged the Board to address the issues of the "Champaign 11".

Champaign County Anti-Stigma Alliance:
Ms. Lynn Canfield provided the Board with a verbal update on recent activities of the Alliance.

OLD BUSINESS:

Disability Resource Expo:
The Disability Resource Expo will be held on October 18, 2014.

1115 Draft Waiver:
A copy of Equip for Equality's response to the Draft 1115 Medicaid Waiver Proposal was included in the Board packet for information only.

CCDDB Retreat:
Copies of "Overarching Principles" and a Powerpoint presentation for the January 25, 2014 CCDDB Retreat was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:15 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo
**Minutes are in draft form and subject to approval by the CCDDB.*

Lynn Canfield, Associate Director for Developmental Disabilities
Staff Report – March 19, 2014

Board Documents: The Champaign County Mental Health Board Annual Report for Fiscal Year 2013 is included in the CCMHB packet. This is a staff collaboration coordinated by Mark Driscoll. Financial reports cover the period of the board's fiscal year 2013 (December 1, 2012-November 30, 2013), while reports of service activity, persons served, and sectors of service use the contract year 2013 (July 1, 2012 to June 30, 2013). The current Three Year Plan is also a component of the Annual Report.

Notes from the January 25 Champaign County Developmental Disabilities Board Retreat are included in the CCDDB packet. As mentioned in last month's staff report, some parking lot issues listed in the notes were similar to concerns raised by the board during the event: advocating for positive change at the state level (better rates, flexible service categories, e.g.); understanding who is being served and whether they have what they want and need; collaborating to address known system gaps (e.g., for those with autism but higher IQ). Other parking lot issues were outside the scope of the morning's discussion, some relating to ongoing efforts of the board and stakeholders, and others new: eligibility based on needs rather than IQ; person-centered planning and decision making processes which use input from family and other members of an individual's personal network; assurance of high quality services regardless of funding source, diagnosis, family support, or financial means; improved support for those with behavioral and/or physical health needs; establishing an advisory board for continued discussion of principles and their application; supporting the development of relationships between those receiving services and members of their communities beyond family and staff; transforming traditional day services (individualized and integrated); and what constitutes a desirable person centered approach.

FY2015 Applications: FY15 Program Summary Key and Template were developed, and review of applications for funding from the CCDDB and CCMHB has begun. Board members may access the online system using their unique login/password combinations; for technical support, contact me at lynn@ccmhb.org.

FY2014 Contracts and Program Monitoring Visits: Stephanie Howard-Gallo and I completed program monitoring visits of Developmental Services Center's Connections Transitional and Family Development Center programs. As part of the latter, we viewed "Highlights of P.L.A.Y. Project Sessions" video, an evidence-based therapy offered at no cost to the families of eligible children. Contract amendments related to CTF Illinois' name change and realignment of two DSC contracts were fully executed following last month's board meeting.

Anti-Stigma Alliance: There was more activity in this area than expected, due to a few changes of plan. The Alliance-sponsored film was chosen from two options, but when a third was presented, there was enough interest from the planning group to switch. Themes of the film will drive the selection of participants and topics in the panel discussion, which we have once again been invited to join. The film

will be shown on Thursday evening, April 24, and the panel discussion will either be held that morning or the following morning, depending on Ebertfest guests' travel arrangements, at the Illini Union. I have kept local school administrators informed about the film selection, in case a school screening is possible. Another important change is that the confirmed venue for the planned 'pop-up' art show may not be available, or a favorable arrangement for our artists, due to changes in management; when I discovered that the second venue was not available, I booked a date for a pop-up show there next year. When I spoke with a third potential venue, I learned that although they are booked for this year's festival and probably next, they have a strong interest in hosting an art event with us another time of year. A more traditional installation is planned for the festival VIP dining area at Springer Cultural Center and will feature art from some who have exhibited with us previously. Some of our promotional materials will use images of pieces on display there. Finally, the Alliance's identity itself is in transition, guided by a shift in similar campaigns across the country away from the negative language 'anti-stigma' toward positive identification, e.g., 'promoting acceptance,' and so a considerable amount of time has gone into renaming and redesigning materials.

Other Activity: I attended the February 18 Metropolitan Intergovernmental Council for updates and discussion focused on economic development and youth employment. At the February 25th meeting of Mental Health Agencies Council, Mark Driscoll summarized applications and explained the Quarter Cent fund; I requested information on upcoming events to include in Alliance promotions; the group discussed Concealed Carry's impact on agencies at length (much remains to be settled); and Regina Crider announced that SOAR has developed a family run organization called "Youth and Family Peer Support Alliance" and will be seeking board members.

Ligas, PUNS, and Unmet Need: Data sorted for Champaign County, from the DHS website's February 10 update, is added below. A large statewide draw (700) is anticipated in March, with a target of 500 awards by June 2015; everyone selected will be given the choice of CILA or HBS services.

2/1/11:	**194** with emergency need; of **269** in crisis, **116** recent or coming grads.
4/5/11:	**198** with emergency need; of **274** in crisis, **120** recent or coming grads.
5/12/11:	**195** with emergency need; of **272** in crisis, **121** recent or coming grads.
6/9/11:	**194** with emergency need; of **268** in crisis, **120** recent or coming grads
10/4/11:	**201** with emergency need; of **278** in crisis, **123** recent or coming grads.
12/5/11:	**196** with emergency need; of **274** in crisis, **122** recent or coming grads.
5/7/12:	**222** with emergency need; of **289** in crisis, **127** recent or coming grads.
9/10/12:	**224** with emergency need; of **288** in crisis, **131** recent or coming grads.
10/10/12:	**224** with emergency need; of **299** in crisis, **134** recent or coming grads.
1/7/13:	**225** with emergency need; of **304** in crisis, **140** recent or coming grads.
2/11/13:	**226** with emergency need; of **308** in crisis, **141** recent or coming grads.
6/10/13:	**238** with emergency need; of **345** in crisis, **156** recent or coming grads.
10/15/13:	**244**with emergency need; of **378** in crisis, **160** recent or coming grads.

11/8/13: **246** with emergency need; of **392** in crisis, **164** recent or coming grads.
1/9/14: **247** with emergency need; of **393** in crisis, **165** recent or coming grads.
2/10/14: **249** emergency; **395** in crisis, with **166** exiting school in the past 10 or the next 3 years.

Persons served through CCDDB and CCMHB funded programs may also be enrolled in PUNS, especially if they are likely to qualify as Ligas class members and receive a state award for Home and Community Based Services. Because eligibility determination is done after selection from PUNS, presence in the data does not mean that all individuals reported have a qualifying diagnosis.

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

County: Champaign

Reason for PUNS or PUNS Update	
New	156
Annual Update	94
Change of category (Emergency, Planning, or Critical)	16
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	20
Person is fully served or is not requesting any supports within the next five (5) years	130
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	84

EMERGENCY NEED(Person needs in-home or day supports immediately)	
1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	29
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	6
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	15

EMERGENCY NEED(Person needs out-of-home supports immediately)	
1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	32
2. Death of the care giver with no other supports available.	5
3. Person has been commited by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	5
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	10
6. Other crisis, Specify:	137

CRITICAL NEED(Person needs supports within one year)	
1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	40
2. Person has a care giver (age 60+) and will need supports within the next year.	29
3. Person has an ill care giver who will be unable to continue providing care within the next year.	6
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	43
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	7
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	28
8. Person or care giver needs an alternative living arrangement.	14
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	166
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	8
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital).	1
13. Person is losing eligibilty for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	2

20. Person wants to leave current setting within the next year.	6
21. Person needs services within the next year for some other reason, specify:	30

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

1. Person is not currently in need of services, but will need service if something happens to the care giver.	71
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	72
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	12

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	18
Respite Supports (<24 hour)	29
Behavioral Supports (includes behavioral intervention, therapy and counseling)	100
Physical Therapy	75
Occupational Therapy	132
Speech Therapy	158
Education	210
Assistive Technology	42
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	14
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	21

TRANPORTATION

Transportation (include trip/mileage reimbursement)	126
Other Transportation Service	64
Senior Adult Day Services	2
Developmental Training	81
"Regular Work"/Sheltered Employment	78
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	14
Other Day Supports (e.g. volunteering, community experience)	13

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	8
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	6

Child Care Institutions (Including Residential Schools)	6
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	246
Respite Supports (24 hours or greater)	82
Behavioral Supports (includes behavioral intervention, therapy and counseling)	142
Physical Therapy	98
Occupational Therapy	169
Speech Therapy	153
Assistive Technology	84
Adaptations to Home or Vehicle	32
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	49
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	255
Other Transportation Service	118
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	167
Support to engage in work/activities in a disability setting	177
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	94
Out-of-home residential services with 24-hour supports	120

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 DEVLMNTL DISABILITY BOARD												
90	CHAMPAIGN COUNTY TREASURER								MENT HLTH BD FND 090			
		2/07/14	02	VR 108-	23		501034	2/14/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE FEB	25,964.00
		3/03/14	02	VR 108-	30		502173	3/06/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE MAR	25,964.00
											VENDOR TOTAL	51,928.00 *
5352	AUTISM SOCIETY OF ILLINOIS								GRANTS			
		2/07/14	02	VR 108-	17		501055	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM FEB	1,000.00
		3/03/14	02	VR 108-	24		502193	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM MAR	1,000.00
											VENDOR TOTAL	2,000.00 *
18203	COMMUNITY CHOICE, INC											
		2/07/14	02	VR 108-	19		501082	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CUSTOM EMPLOY FEB	4,167.00
		2/07/14	02	VR 108-	19		501082	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY LIVING FE	4,583.00
		3/03/14	02	VR 108-	26		502219	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CUSTOM EMPLOY MAR	4,167.00
		3/03/14	02	VR 108-	26		502219	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY LIVING MA	4,583.00
											VENDOR TOTAL	17,500.00 *
18209	COMMUNITY ELEMENTS											
		2/07/14	02	VR 108-	20		501083	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS FEB	2,922.00
		3/03/14	02	VR 108-	27		502220	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS MAR	2,922.00
											VENDOR TOTAL	5,844.00 *
19900	CTF ILLINOIS											
		3/03/14	02	VR 108-	31		502227	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC NURSING SVCS	242.00
		3/03/14	02	VR 108-	31		502227	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN NURSING SVCS	1,430.00
		3/03/14	02	VR 108-	31		502227	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN RESIDENTIAL	3,042.00
											VENDOR TOTAL	4,714.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF								CHAMPAIGN COUNTY INC			
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS FEB	34,371.00

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												
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SRVC COORD FEB	33,109.00
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SRVC FEB	13,621.00
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECT TRANS FEB	7,083.00
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP FEB	29,500.00
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT/SITE DAY SVC FE	72,814.00
		2/07/14	02	VR 108-	21		501091	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY FE	9,846.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS MAR	34,371.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SRVC COORD MAR	33,109.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS MAR	13,621.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECT TRANS MAR	7,083.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP MAR	29,500.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT/SITE DAY SVC MA	72,814.00
		3/03/14	02	VR 108-	28		502230	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY MA	9,846.00
											VENDOR TOTAL	400,688.00 *
22816	DOWN SYNDROME NETWORK						C/O WENDY BARKER					
		2/07/14	02	VR 108-	18		501097	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME FEB	1,250.00
		3/03/14	02	VR 108-	25		502234	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME MAR	1,250.00
											VENDOR TOTAL	2,500.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR						ENVIROMENT, INC					
		2/07/14	02	VR 108-	22		501157	2/14/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND FEB	4,885.00
		3/03/14	02	VR 108-	29		502292	3/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND MAR	4,885.00
											VENDOR TOTAL	9,770.00 *
										DEVLMNTL DISABILITY BOARD	DEPARTMENT TOTAL	494,944.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	494,944.00 *

12.A.

ACCESS INITIATIVE
Youth Family Community

Briefing Memorandum

To: Champaign County Mental Health Board and Developmental Disabilities Board
From: Shandra Summerville, CLC Coordinator ACCESS Initiative-Prairie Center Health Systems
Date: March 19, 2014
Purpose: Provide an overview of Cultural and Linguistic Competence (CLC) for CCMHB/DDB

Background:

In 1999, The Surgeon General's Executive Summary: ***Mental Health: Culture, Race & Ethnicity*** discussed mental health utilization and the need for more mental health services to underrepresented groups. This report helped shape the vision to begin looking at disparities and disproportionality in Champaign County. Through consultation from Dr. Carl Bell, MD of Chicago, IL, the CCMHB/DDB began requiring applicants and funded agencies to develop a cultural competence/cultural sensitivity plans. The purpose was to ensure that funded agencies were infusing the value of cultural and linguistic competence, providing access to services in community based settings and non-traditional settings, and to persons in underrepresented groups.

Presentation Overview

Attached to this briefing memo is a "DRAFT" Timeline of the CLC Activities. The meeting presentation will share overview about how the funded agencies are progressing by infusing cultural and linguistic competence as a value. There will be data presented on the CLC quarterly reporting by funded agencies. In addition, there will also be an example of an organization that has demonstrated their process for infusing CLC as a value to the entire organization.

Follow-Up to CCMHB/DDB

- Full report on yearly progress for all funded agencies by June 2014
- Present recommendations on the sustainability plan for CLC monitoring and technical assistance
- Provide examples of community where CLC has sustained
- Continue to provide support for local agencies as they continue on their journey of CLC

ACCESS INITIATIVE
Youth Family Community

(Draft) TIMELINE

Cultural and Linguistic Competence for CCMHB/DDB

1. 1999— Report from US Department of Health Human Services
    a. Executive Summary: Mental Health: culture, Race, & Ethnicity
        i. shows MH disparities utilization of services, accessibility, appropriateness and outcomes of services, need for services
2. 2003— Dr. Carl Bell (from Chicago)
    a. Contracted by CCMHB to assess where Champaign county was related to CLC and providing recommendations how to improve CLC
    b. **groundwork of building a System of Care in Champaign County
3. 2004— First deliverable of CLC plans for CCMHB
    a. Funded CCMHB agencies were required to deliver plans they had for CLC to CCMHB
4. 2006— Consultant was hired to provide guidance on a Standardized Plan for all funded agencies of CCMHB; and to provide feedback and guidance on how to implement CLC
    a. DD board was included at this point along with CCMHB providers
    b. Assessment of each provider's plan; identifying missing components of each provider's plan = led to recommendation to create Standard Plan of CLC for all providers (funded agencies) of CCMHB
    c. Consultant: Multicultural Professional Consultants (Maryiam Ar-Raheem)
        i. Used New York State CC plan as a template
5. 2009— CCMHB funded CLC Position (full-time) was for Champaign County
6. 2010— CLC position was organizationally moved ("housed") from being outsourced from local agency in community to Administrative Team of ACCESS within Champaign County
7. 2010— All providers funded by CCMHB were required to distribute CLC plans to all staff within an organization.
    a. And CCMHB providers required to create a formal policy to communicate about the CLC plan for each organization
        i. E.g. each person / staff sign CLC plan annually
    b. This was not standardized plan
    c. Note: does not mean that everyone completed a CLC training; just became aware of a CLC plan
8. 2011 (FY 2012)— Cultural Competence Committee was developed
    a. Comprised of providers, youth and families
    b. Objective: providing recommendations on format of standard template for CLC plans, including guidelines such as:
        i. Annual CLC training
    c. Developed CLC Quarterly Monitoring Plan (see handout from Shandra)
        i. Governance & Policy Level
            1. Guidelines
            2. Timeline/Progress for Plan of Action
            3. Benchmark
        ii. Administrative/Management Level

1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

iii. Direct Services
1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

iv. Individuals and their Families (or identified support)
1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

9. 2012 (FY 2013)— Implemented Quarterly Monitoring Plan (Quarterly Reporting /Progress on CLC implementation – Note: prior to this CLC reports were annually FY2012) for all providers funded by CCMHB
10. 2012— CLC Coordinator position changed locations organizationally: now "housed" (organizationally) outside of County Government/outsourced in a community organization
11. 2013 (FY2013)— Annual CLC site visits started
    a. CLC coordinator met with agency leaders to provide individual recommendations on improvement (from annual / quarterly reports) as well as technical assistance
12. 2013— Has assisted with development of CLC organizational assessment with Prairie Center for staff
13. 2013— CLC Position has partnered and collaborated with non-funded (CCMHB) agencies seeking technical assistance on building CC values and training
    a. Faith-based organizations
    b. Rotary club international
    c. National Federation of Families
    d. State of Illinois Department of Mental Health-Statewide Family Run Organization

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
--- Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf

Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebaseculturallinguisticcomp_962.pdf

LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf

National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286

U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39

U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from http://minorityhealth.hhs.gov/npa

World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

National CLAS Standards: Fact Sheet

Purpose

The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services.

The enhanced Standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services.

History & Enhancement Initiative

The National CLAS Standards were first developed by the HHS Office of Minority Health in 2000. Following 10 years of successful implementation, the Office of Minority Health launched an initiative to update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency since 2000 and the increasing diversity of the nation.

The Enhancement Initiative lasted from 2010 to 2013, and it had three major components: a public comment period, a systematic literature review, and ongoing consultations with an advisory committee comprised of leaders and experts from a variety of settings in the public and private sectors.

The Case for the National CLAS Standards

The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements. With the Institute of Medicine's publication of *Unequal Treatment* in 2003, culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities. There have also been rapid changes in demographic trends in the U.S. in the last decade. Additionally, national accreditation standards for professional licensure in the fields of medicine and nursing, and health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.

The enhanced National CLAS Standards address these new developments and trends, and offer an even stronger framework to provide culturally and linguistically appropriate services. The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities.

Enhancements to the National CLAS Standards

The enhanced National CLAS Standards have a broader reach to address the importance of cultural and linguistic competency at every point of contact throughout the health care and health services continuum. Specifically, the Standards' conceptualization of culture, audience, health, and recipients were expanded:

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

Given this conceptual foundation, the enhanced National CLAS Standards are structured as follows:

- Principal Standard (Standard 1): Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Implementation Resource: *The Blueprint*

The Standards' implementation "on the ground" will vary from organization to organization. It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.

A Blueprint for Advancing and Sustaining CLAS Policy and Practice, or *The Blueprint*, is a new guidance document for the National CLAS Standards that discusses implementation strategies for each Standard. This resource and others relating to the National CLAS Standards are available at OMH's Think Cultural Health website: **www.ThinkCulturalHealth.hhs.gov**.

Next Steps

Successful implementation of the enhanced National CLAS Standards will depend on continued collaboration from the diverse stakeholders, as well as health care consumers. Please visit **www.ThinkCulturalHealth.hhs.gov** to learn more about promotion activities, collaboration opportunities, technical assistance, assessment and evaluation. Take action now by emailing your experiences related to CLAS to **AdvancingCLAS@ThinkCulturalHealth.hhs.gov**.

The Journey of Cultural and Linguistic Competence of the CCMHB/DDB

ACCESS Initiative of Champaign County/Prairie Center Health Systems

Presenter:
Shandra Summerville, BA
Cultural and Linguistic Competence Coordinator

Cultural competence and linguistic competence are a life's journey … not a destination

Safe travels!

T.D. Goode
Slide Source: National Center for Cultural Competence, 2010

ACCESS INITIATIVE

What will be covered today

- Overview of Process/Accomplishments
- Reporting Progress of Agencies
- Lessons Learned
- Updated Research/Reports on Disparities and Disproportionality
- Questions

Cultural and Linguistic Competence

- "The state of being capable of functioning effectively in the context of cultural differences."

  Cross, Bazron, Dennis, and Isaacs, 1989

- "the ability to provide information in a manner that can be understood by diverse audiences and groups....this includes language, literacy, and communication style."

Tawawra Goode, National Center for CLC

Disproportionality

"In general, disproportionate representation, or disproportionality, refers to the over- or under-representation of a given population group, often defined by racial and ethnic backgrounds, but also defined by socioeconomic status, national origin, English proficiency, gender, and sexual orientation, in a specific population category." Source: The Disproportionate Representation of Racial and Ethnic Minorities in Special Education

Disparities

- Condition or Fact of Being Unequal

Examples

Healthcare

No access healthy food in poor neighborhoods

Under diagnosis/over diagnosis

No equal access to mental health services

Support Provided for Agencies

- Standard Template/Reporting Form
  - -Actions
  - -Time Frame
  - -Person Responsible
  - -Benchmarks
- Consultation/Technical Assistance
- Offered Training on Reporting
- Face to Face CLC Coordinator Site Visit

ACCESS INITIATIVE

Standard Reporting Guidelines

Governance and Policy Level (Guidelines)
Develop and review Cultural and Linguistic Competence Plan bi-annually with feedback from management, staff, and individuals served by the organization.
Develop a policy for timely provision of interpretation services.
Conduct an annual organizational Cultural Competence Self-Assessment.
Begin to identify and recruit diverse membership on Board of Directors.
Complete annual Cultural Competence Training.

ACCESS INITIATIVE

Standard Reporting Guidelines

Administrative/Management Level (Guidelines)
Assess and modify the physical facility to ensure accessibility, to reflect the population of focus, and to be welcoming, clean, and attractive, by providing cultural art, magazines, toys, etc.
Provide services in community based settings.
Develop an advisory board that reflects the community's diversity and includes individuals and family to provide consistent feedback about services.
Develop a plan to recruit and retain a diverse workforce.
Establish a plan to support, or incentives for, supervisors and workers to prevent burn-out and compassion fatigue (e.g. Mental Health Days, Reflective Supervision, Employee Assistance Program, etc.)
Complete annual Cultural Competence Training.

ACCESS INITIATIVE

Standard Reporting Guidelines

Direct Service (Guidelines)
Read and Sign the CLC Plan.
Plan and implement outreach or engagement to promote behavioral health/disability awareness.
Individuals and their family or identified support system will have a primary decision-making role in the development of their service plan. Ensure that the family's preferences/needs are present in the plan.
At a minimum, complete Annual Cultural Competence Training.
Ensure that documentation of an individual's progress is strength based.
Collect and enter data on race, ethnicity, and primary language of individuals and families in file and within the management information system.
Plan appointments/meetings that are accessible for individuals and families and that will not conflict with their work.
Identify natural and informal supports for the individual and their family.

ACCESS INITIATIVE

Standard Reporting

Individuals and their Families (or identified support) (Guidelines)
Serve on Advisory Board/Committee to help with the construction of services provided by the organization.
Identify natural and informal support in the community as a resource for agencies.
Review information to ensure that it can be easily understood.
Partner with Direct Service Team to ensure that outreach events are planned with the population that is being served.

ACCESS INITIATIVE

Reporting Requirement

- 21 Agencies Funded by CCMHB
- 7 Agencies Funded by DDB

Reporting Requirement-

✓All applicants must submit a Cultural Competence Plan

✓All funded agencies are required to report quarterly on their progress.

ACCESS INITIATIVE

Progress on Agencies Reporting Quarterly FY13

Have Reported FY13

- CCMHB Funded Agencies
  16 of 21 = 76%
- DDB Funded Agencies
  6 of 7 org's = 85%

Total % of CCMHB / DD funded agencies - 22 of 28 org's = 78%

Have Not Reported FY13

- CCMHB Funded Agencies
  5 of 21 =21%
- DDB Funded Agencies
  1 of 7=14%

Total % of CCMHB/DD Funded Agencies- 6 of 28 orgs= 21%

1/15/2014

Examples of Implementation

Governance

- Youth Serving on Board
- Board Increased Diverse Membership by 35%
- 8 Hours of Paid Time for Diversity/Cultural Competence Training
- EAP/Mental Health Days Provided to reduce Burn out

Management

- Cultural Competence Committee Established
- Developed Implementation Plan on recruiting a diverse new hires
- Agency Wide Cultural Competence Assessment

Examples of Implementation

Direct Service

- CLC Plan reviewed and Signed
- Cultural Competence Training as a part of orientation
- Customer/Client Satisfactions provided for every client
- Children/Family Members were not used as interpreters

Individual/Client

- Families were able to present service satisfaction at annual board meetings
- Families'/Youth developed an advisory committee to the Board of Directors
- Youth/Families Developed an acronym/Glossary guide to ensure terms were easily understood.

ACCESS INITIATIVE

Lessons Learned

- Clear Communication about CLC and Clear Definition was needed to establish a baseline
- The process of Adaptive Change can be frustrating
- CLC is the responsibility of everyone
- Disproportionality in the Juvenile Justice System and Alternative Education/School Suspension is still at a high rate.

ACCESS INITIATIVE Youth Family Community

Lessons Learned

- Agencies are appreciative of the support of the CLC position for resources that are provided.
- Cultural Competence is about being self aware of personal bias that impact the quality of care that is provided.
- Without the implementation of funding requirements there may not be any progress.
- Demographic and data collection on ethnicity and race are not driving the decisions about services offered.

ACCESS INITIATIVE

What's New

- 2013 Enhanced National CLAS (Culturally and Linguistically Appropriate Services) Standards
- A Blueprint for Using Data to Reduce Disparities/Disproportionalities in Human Services and Behavioral Health Care
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities

ACCESS INITIATIVE

What's Next

- Full report on yearly progress for all funded agencies by June 2014 to CCMHB/DDB
- Present recommendations on the sustainability plan for CLC monitoring and technical assistance with collaboration from Cultural Competence Committee.
- Provide examples of community where CLC has sustained
- Continue to provide support for local agencies as they continue on their journey of CLC

ACCESS INITIATIVE

Contact Information & Resources

Contact Information

- Shandra A. Summerville

718 Kilarney Drive

Urbana, IL 61801

217-693-3093 (o)

ssummerville@access-initiative.org

sasummerville@gmail.com

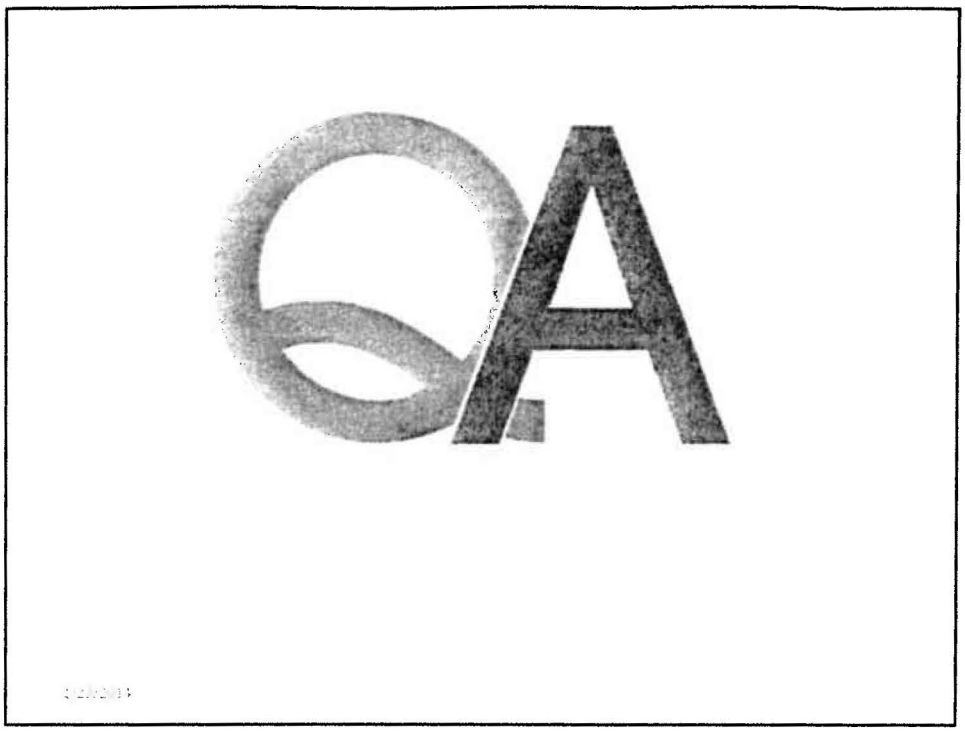
Resources

US Department of Health and Human Services- Office of Minority Health

www.ThinkCulturalHealth.hhs.gov

This website provides additional training materials, resources and support on how to implement culturally responsive practices at all levels in your health organization.

ACCESS INITIATIVE


QA

CHAMPAIGN COUNTY ALLIANCE FOR THE PROMOTION OF *Acceptance, Inclusion, & Respect*

Upcoming Events:

16th Annual Roger Ebert's Film Festival
April 23 - April 27, Virginia Theatre
Anti-Stigma Panel Discussion
Thursday, April 24, 10:30-11:45AM
Illini Union Pine Lounge

CU Autism Network's Annual Autism Walk
Sunday, April 27 11:30AM, Hessel Park in Champaign

Children's Mental Health Awareness Week
May 4 through May 10
National Children's Mental Health Day
Thursday, May 8

Down Syndrome Network's Annual "Buddy Walk"
Saturday, October 11, Champaign County Fairgrounds

Eighth Annual disAbility Resource Expo
Saturday, October 18, 9AM -2PM

Depression Screening Event
Wednesday, November 5, Noon
Parkland Room D244

2014 ALLIANCE MEMBERS:

ACCESS INITIATIVE

CHAMPAIGN COMMUNITY COALITION

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES AND MENTAL HEALTH BOARDS

COMMUNITY ELEMENTS

CROSSPOINT HUMAN SERVICES

CUNNINGHAM CHILDREN'S HOME

DEVELOPMENTAL SERVICES CENTER/ DISABLED CITIZENS FOUNDATION

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

PARKLAND COLLEGE
COUNSELING & ADVISING CENTER
DEAN OF STUDENTS OFFICE
FINE & APPLIED ARTS DEPARTMENT

THE PAVILION BEHAVIORAL HEALTH SYSTEM

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN SCHOOL OF SOCIAL WORK

We're All in This Together

The Champaign County ALLIANCE for the Promotion of Acceptance, Inclusion, and Respect (formerly The Champaign County Anti-Stigma Alliance) is a collaborative campaign to challenge discrimination and promote inclusive communities. The ALLIANCE has used the arts to initiate dialogue about acceptance and dignity and their effect on persons with disabilities, their loved ones, and the community itself.
www.facebook.com/allianceforAIR.com

13.B.

Champaign County Developmental Disabilities Board (CCDDB)
Notes from Board Retreat
Saturday January 25, 2014
DRAFT 2/18/14

Board Introductions:

Board members shared their inspiration for volunteering on the board, as well as what they would like to see the CCDDB achieve during their tenure:

Elaine Palencia:
Elaine had personal connections that compelled her to become an advocate and work to build and improve services for individuals with ID/DD. She spoke about the ongoing stigma faced by individuals with ID/DD, especially in the past. Her passion was to help move beyond the "No Service System," with isolated options, and build new and improved services and supports for all individuals with such needs. She is a published author whose books have told the story of working to improve the system from the ground up. Regarding her hopes for the CCDDB, she would like to help:

- Educate providers, families, and individuals about their choices and options in terms of services and assistance, while at the same time facilitating new and creative options within the system.
- Move PCP (Person Centered Planning) to the forefront in the framework on service facilitation and addressing support needs.
- Build collaboration between service providers to maximize support and assistance, and also to ensure that "no one is left behind".
- Find a balance for individuals between the risks and benefits of support frameworks, particularly those individuals who live technically independently, but in virtual isolation.
- Find and retain quality staff, stressing making careers in Human Services, but especially as DSPs (Direct Service Providers), both realistic and attractive.

Joyce Dill
Joyce also shared personal connections, specifically addressing the lack of any services and/or options for individuals with ID/DD in the past – an issue that continues into the present day. Recalling her lifelong role as an advocate, which led to her becoming a Special Education teacher, she shared the story of how she came to be on the CCDDB. Regarding her hopes for the CCDDB, she would like to help:

- Contribute realistic options for individuals with ID/DD, stressing the importance of striving for the ideal while remaining grounded. She posited the question "what can be achieved?"
- By reminding the board that while the goal is to change the current paradigm, "we do so within the constraints of both the state and federal government."

Philip Krein
Philip spoke of his dedication to develop constancy in services, remarking on the myriad resources available locally and his passion and inspiration to "do more" for individuals with ID/DD. Regarding his hopes for the CCDDB, he would like to help:

- Catalyze expansion through the use of creative solutions and opportunities available. He stressed community integration and finding alternative and novel methods of improving and adapting current services.

- By reminding the board of the danger of using an "us vs. them" mentality – sharing that it is really "just us".
- "Fill in the gaps" of the current service system via networking between providers and exchange of best practices and methodologies.
- Leverage resources from the wealth available locally.
- Find ways to expand the current service model within the constraints of the current system.

Michael Smith
Mike spoke of his personal connections as a motivation to volunteer his time for the board. He stressed the importance of the opportunity for individuals with ID/DD to live a normal life, with the same rights, ambitions, and connections enjoyed by those without ID/DD. Regarding his hopes for the CCDDB, he would like to help:

- Stress the importance of their stewardship regarding finances and responsible planning. He reminded the board of their obligation to not only use funds appropriately but also to maximize benefit for the individuals involved.
- Separate the individuals from the agency that serves them, stressing that he hoped he would assure that money for individuals with ID/DD would be used responsibly for their benefit and not for the benefit of the agency. He stressed the need to limit overhead and administrative costs and maximize financial resources with people in mind.

Susan Suter
Sue, who joined the retreat by phone, also spoke of personal reasons as a motivating influence in her decision to serve on the board and shared her career dedicated to advocacy and improvement within the service system. Regarding her hopes for CCDDB, she would like to help:

- Foster and encourage empowerment and choice for all folks with ID/DD.
- See innovation and creativity used to create new options and choice for folks with ID/DD.
- Utilize the resources available effectively to maximize benefit not only for the individuals but also for family members and the community at large.
- Become more active advocating at a statewide level and ensuring that all resources available are utilized wisely.
- By reminding the board that "it is okay to dream," and posited the questions "what are the implications?" and "what will be impacted?" because clearly the board's decisions have an enormous impact on local services and their immediate effect on the individuals.

CCDDB History & ID/DD Systems Evolution

Peter Tracy presented a brief overview of the history and evolution of the CCDDB as well as a brief overview of ID/DD systems evolution, including Medicaid expansion. Please see the print-out of The News-Gazette Guest Commentary: "Developmental Disabilities board has kept promises" and his PowerPoint presentation, both of which serve in lieu of notes.

Visioning

The purpose of the retreat was for the CCDDB to begin the process of achieving a shared vision that will ultimately help inform their navigation of the changes occurring in the broader system and support their funding allocations within Champaign County. To assist with this goal, CCDDB staff created a document

detailing six Overaching Principles (carefully crafted from a variety of position and policy statements from respected national ID/DD trade and advocacy organizations). In addition to the Overarching Principles, the document contained seven Service Areas. The board had the opportunity to review and approve this document prior to the retreat. Everyone agreed that the CCDDB staff had done an excellent job and that this document would be a good starting point for the retreat visioning process.

The board came up with a seventh Overarching Principle, Resource Stewardship. They then began to articulate Guiding Principles that, as consensus was achieved, would help inform the board in their service to the ID/DD population in Champaign County. Some members of the board also expressed interest in focusing on more action-oriented items, which were discussed during the retreat as Potential Policy Positions. These action-oriented items are bulleted under the Guiding Principles. Because no official business was conducted at the retreat, the board would have to officially adopt any of the guiding principles and potential policy positions at a future board meeting.

While it was noted by the board that each of the guiding principles could fall under multiple Overarching Principles, the notes place each Guiding Principle under the Overarching Principle that sparked its development. The bullets in bold reflect areas of consensus achieved by the board.

Comments and ideas directly related to the visioning process were elicited from observers who attended the meeting and are included in the notes below.

Overarching Principle: Human and Civil Rights

- Discussing PCP will help all other Guiding Principles fall into place.
- Opportunities for choice of where to live (this includes, but is not limited to, housing).
- Those who are being served also need to be able to live in Champaign County.

Overarching Principle: Protection

- **People have a right to a safe environment.**
- **And a right to quality services, with great direct service providers, all available locally.**
- There is a danger to independence: isolation. Yes its good for people to have their independence, but if that means that they are living on their own, not really interacting with or connecting with others – is that really what is best for them?
- Guardianship

Overarching Principle: Inclusion

- **Inclusion should include participation in the community.**
    - How do we achieve independence without isolation?
        - Funding for supports must be adequate to add new initiatives.
        - Long-term support structures need to be in place (e.g. employment).
    - We can ask applicants: what are you doing around inclusion and protection?
    - Inclusion also means the whole community – full diversity. It was noted that there were no African Americans present at the meeting. And African American youth are identified with autism 3-4 years later than their Anglo counterparts.
    - Social vs. employment – we can do more around employment and still meet the needs of individuals socially.
    - We need to create a culture of safety. This includes education that leads to individuals with ID/DD not being stigmatized – this will make services more accessible.

- **Re: maximizing our community resources, re: organizations:**
    - Sharing information among agencies – one suggestion being a study session re: PAS, to include:
        - What are the demographics?
        - Who is/isn't getting served?
        - Needs of aging population
        - Use of University of Illinois
        - Needs, concerns, barriers
        - What about kindergartners (use of PUNS, but not accurate)?
        - A database would be useful for advocacy. Does the county board have one? No...
    - Some children are ID'd with ID/DD in schools – but for the kids not in school, they don't get identified.
    - We are always talking about agencies we fund. What about the agencies we don't fund? How do we bring them into the mix? A list of agencies that could be useful to connect with was started (most organizations, including these listed, are represented in the annually updated Expo Resource Book):
        - DHS
        - CU Special Recreation
        - Housing Authority of Champaign County
        - YMCA
        - Regional Planning Commission and DSC – gives housing vouchers
        - Land of Lincoln Legal Aide
        - Department of Rehabilitation Services
        - Best Buddies (University of Illinois)
        - Office of State Guardian
- **Re: maximizing our community resources beyond organizations:**
    - We can utilize students who want to function as volunteers.
    - Establish/support existing parent groups to educate families
    - Educate families to self-advocate.
    - Convene the community – bring groups together to work on advocacy.
- It would be useful to have a 15-minute presentation from each org regarding best practices for PCP.

Overarching Principle: Advocacy

- One thing to advocate for is the allocation of funds and services (though also hands are tied somewhat by regulations and changes occurring in system).
- Board could take a leadership role in advocating, with Potential Policy Positions being:
    - **Advocacy at the state level is key.**
        - ACMHAI for statewide advocacy. This is best/strongest option for local funders.
        - There are 15 377 boards out of 102 counties in Illinois
            - Is there an umbrella organization for this group? ACMHAI is supposed to be.
            - Yet it seemed like there was a central oversight of them that enabled them to really know about each other and network with each other to share ideas, etc.

        - Develop more personal relationships with state reps and the executive branch.
        - It only takes 3,000 to 4,000 voters to elect a rep -- we need to work together and put aside other agendas and focus on electing a rep who makes funding/services for individuals with ID/DD a priority.
        - Board could collaborate with state to create additional resources.
    - An out of the box idea – related to expanding the home-based waiver (to the point of simply giving equal chunks out to individuals with ID/DD and letting them choose how to spend it).
    - Unify around common points to support/advocate
    - Offer assistance for legal support? Lawsuits seem to be one of the best ways to create change on a statewide level.
    - Seek outside funding? The board could write grants and/or charge others to do so.
- **When advocacy happens we need to make sure we're changing things for everyone. This prevents a tiered system. E.g. there is now a push to create 3-4 bed homes. Those in 6-8 bed homes, rather than having to stay there, should have a chance to move as well.**

Overarching Principle: Quality of Life

- And quality of service
- Good quality relationships
- Living and housing opportunities
- **CHOICE – the availability to live here in Champaign County**
- **Finding the right balance between current and more innovative services**
- **Casting the net to include new/innovative services in ways that don't allow anyone currently being served to fall out of the net**
    - **The two previous bullets (Finding the right balance and casting the net) came from concern expressed that people currently being served not lose their lifelines as interest in expansion and innovation of services grows. So this is a guiding principle that the board all felt strongly about.**
- Also inclusion: include DD and MH individuals and how they access services
- Team up and collaborate – share resources between agencies and entities
- Self determination and PCP
- To aid retention of direct services staff, elevate doing this work to the level of being a valuable career choice – one where those who choose it can live well.
- In talking about tapping into the community/utilizing volunteer/student resources, etc., a tension exists between professionals and tapping into the community. This tension has a negative impact on the quality of life.

Overarching Principle: Self Determination

- It is a "buyer's market" (i.e. the tide is increasingly moving to empower those receiving services to have more autonomy and choices).
- Training and education for the individuals receiving services and their families – to ensure that everyone is making informed decisions about their own support and is able to connect with the right resources.
-

Overarching Principle: Resource Stewardship

Guiding Principles

- **Retention of staff: not being able to attract and keep staff is a big problem.**
    - One idea: charge agencies with strategizing how to better retain staff.
    - This is a quality of life issue – poor staff retention/constant changing of staff impacts quality of services.
    - This is also a resource stewardship issue: while on the one hand paying staff more could be seen as moving money from the individuals to admin/staff costs, it costs money when you lose staff and have to replace them, provide required trainings, and offer them additional trainings to do the job well, etc.
    - Direct services staff turnover makes innovative services really risky.
    - Turnover limits choice.
    - It would be useful to have data on turnover (demographics, etc.) Is it possible that some of this is due to the transient nature of Champaign County's population (due to the university)?
    - How do we make direct services provision a more attractive career path?
    - Funds for capitol improvements are necessary but cannot be maximized unless there is high quality, consistent direct service staff.
    - This workforce shortage, finding the "right" people and training them so they are properly qualified, and their low salaries are challenges faced across the country, not just in the state of Illinois.
- **Collaboration between stakeholders.**
    - **Encourage them to exchange best practices.**
    - **Sharing best practices and information can maximize resources.**
    - **Cooperative Fact Finding/Data Collection with PAS agents to better understand current demographics and extrapolate service needs**

As evidenced by the bolded areas above, there were places where the board seemed to naturally reach consensus on guiding principles. Looking at what Overarching Principles generated conversation – and ultimately Guiding Principles and Potential Policy Statements - also illustrates board priorities (i.e. board members immediately focused on those areas they felt most important to speak about based on the needs within Champaign County).

Next Steps

CCDDB staff touched down with comments throughout the discussion, to answer questions, aid understanding, and offer ways the board is already focusing on some of the pieces brought up during the retreat. The facilitator offered that it could be useful for the board to have documentation that illustrates this comparison.

The board also asked the staff if they were compiling data regarding the current changes and how those changes will impact organizations currently being funded. The staff responded that they are compiling this data and it will be made available to the board.

During the course of the conversation regarding PCP, the staff shared that they've put together a draft contract amendment that offers clear guidelines for the utilization of PCP. The staff is currently discussing including this language in contracts with organizations providing ID/DD services.

To the degree that the board found the opportunity to meet, and the discussions and understanding achieved at this retreat, useful, there could be opportunities to deepen the work done today and/or move into more focused planning.

Parking Lot

Following are items put into the parking lot by observers of the meeting. These comments either reinforce ideas the board shared during the retreat, or articulated ideas/concerns that fell outside of the scope of the meeting. CCDDB staff offered feedback on those items they felt they could comment on, given the information received on the post-it note.

- Many adults (my child) will not be able to receive necessary funding due to a higher than 70 IQ. I would like this removed from the criteria.
- The DD board needs to insist the families are included in decision-making and PCP for their family member – as part of the contract with the provider – and with documentation of that (i.e. satisfaction surveys of those served and their personal network and/or family).
- Those falling through cracks – autism with higher IQ.
- Board to advocate to "change" state system – better rates, change in regs, etc.
- Falls under human/civil rights: Equality
    - For those funded by state and county
    - For those with different diagnoses
    - For those with or without families
    - For those with or without money
- How do we do a better job of supporting people with behavior and medical needs?
    - Those who are unable to communicate.
    - Those who need social supports.
- PCP is not effective as a one-shot deal. It has to be revisited and refocused continually – even for someone who is living a good life.
- If you use PC – one person at a time – you discuss all aspects of a persons life; hopes and dreams, what supports they need, relationships and friendships, and what defines a meaningful day for that individual. It forms a personal network that is the best "protection" that people have.
- Could we create an advisory board with representation (equal) from providers, parent groups (both DD and mental health) to have ongoing discussions about these principles and actions?
- Personal relationships that go beyond staff. Real Community connections. (Reducing Stigma.)
- If we truly believe in and use person-centered planning, all of the other areas are made more real. It has to be one person at a time. Need to move away from DT to an individualized day based on PCP.
- For Human & Civil Rights:
    - Rights to family and community participation for people with DD is limited if no local providers will serve them.
    - We need to provide services to all types of people in Champaign County.
- To have a community/county vision: Need information on needs & services in county:
    - Who (no names) is being served?

- How? Good? What they want?
- Anything missing? Need/want more?
- Who is not being served? Why not? What do they need/want?

Where are the gaps? How can we collaborate & best serve individuals?

Meeting Participants & Observers:

Participants:

CCDDB board members: Joyce Dill, Philip Krein, Elaine Palencia, Mike Smith, and Sue Suter (via phone).
CCDDB staff: Peter Tracy, Lynn Canfield, Stephanie Howard-Gallo, Nancy Crawford, and Mark Driscoll.

Observers:

Jennifer	Carlson	DSC
Jennifer	Knapp	Community Choices
Barb	Jewett	Parent
Patty	Walters	DSC
Danielle	Matthews	DSC
Laura	Bennett	DSC
Annette	Becherer	DSC
Mika	Nelson-Klaudt	CCRPC
Mike	Granse	CCRPC
Linda	Tortorelli	CC
Deb	Ruesch	Concerned Parent
Vicki	Niswander	IAMC & Community Choices
Sheila	Krein	Parent
Dennis	Carpenter	CTF Illinois
Felicia	Gooler	DSC
Pam	Klassert	PACE
Kathy	Kessler	Community Elements
Jeanne	Murray	Parent
Jamie	Lourash	Parent
Janice	McAteer	DSC/Parent
Ron	Bribriesco	DSC
Dale	Morrissey	DSC
Vickie	Tolf	DSC
Barb	Buoy	Community Choices