



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

**Wednesday, October 22, 2014**

Brookens Administrative Building, Lyle Shields Room  
1776 E. Washington St., Urbana, IL 61802

**6:00PM**

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

1. Call to Order – Ms. Sue Suter, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
  - A. 9/17/14 Board Meeting  
*Minutes are included in the packet for information only.*
6. Approval of CCDDB Minutes
  - A. 9/17/14 Board Meeting\*  
*Minutes are included in the packet. Board action is requested.*
7. President's Comments – Ms. Sue Suter
8. Executive Director's Report – Peter Tracy
9. Staff Report – Lynn Canfield
10. Agency Information
11. Financial Report
  - A. Approval of Claims\*  
*Included in the Board packet. Action is requested.*
12. New Business
  - A. FY16 Allocation Criteria  
*A Briefing Memorandum is included in the packet.*
  - B. Draft Three Year Plan 2013-2015 with FY 2015 Objectives  
*Stakeholder comments on the Draft Three Year Plan with Objectives for FY2015 are included in the packet for information only. A final draft of the plan will be presented for approval at the November 19 meeting.*
  - C. Employment First Initiative  
*An oral report will be provided. A study session on the work of the local Employment First planning group is scheduled for November 19.*

D. FY14 Program Performance Outcome Reports and Data Summaries

*Copies of the Annual Performance Outcome Reports submitted per ID/DD program (including CCMHB funded ID/DD contracts) are included for information only, along with summaries of Demographic and Zip Code data reported throughout the year for each program. In addition, "Persons Served during FY2014" offers some detail on unduplicated numbers across agencies and services.*

13. Old Business

A. Disability Resource Expo

*An oral report will be provided.*

14. Board Announcements

15. Adjournment

*\*Board action requested*

5.A.

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—September 17, 2014*

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

*4:30 p.m.*

**DRAFT**

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**MEMBERS PRESENT:** Astrid Berkson, Aillinn Dannave, Susan Fowler, Bill Gleason, Deloris Henry, Mike McClellan, Thom Moore, Julian Rappaport, Deborah Townsend

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

**OTHERS PRESENT:** Gail Raney, Prairie Center Health Systems (PCHS); Dale Morrissey, Patty Walters, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Deb Ruesch, Phil Krein, Champaign County Developmental Disabilities Board (CCDDB); Barb Bressner, Consultant; Dr. Brenda Yarnell, United Cerebral Palsy (UCP); Maggie Thomas, UP Center; Debra Medlyn, National Alliance on Mental Illness (NAMI); David Happ, Cindy Creighton, Mark Doyle, Deb Curtin, CILA Evaluation Committee; Gary Maxwell, Champaign County Board; Dr. Charlene Bennett and Dr. David Brooks, Individual Advocacy Group (IAG); Mark Doyle, State of Illinois Governor's Office

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**DRAFT**

## **CITIZEN INPUT:**

Nancy Carter, president of the National Alliance on Mental Illness (NAMI) in Champaign, announced a six week program beginning September 23, 2014. NAMI Homefront is a free education program for family, friends and partners of military service members with mental health conditions.

## **CCDDB INFORMATION:**

None.

## **CILA Expansion RFP Evaluation Committee:**

The RFP Evaluation Committee met on August 13<sup>th</sup> and 22<sup>nd</sup>, 2014. Minutes from the meetings were included in the packet and approved unanimously by the Committee. At the request of the RFP Evaluation Committee, RFP applicants Individual Advocacy Group (IAG) and United Cerebral Palsy (UCP) were asked to make brief presentations and respond to questions. This decision was based on the composite scoring of proposals and vote of the Committee. A coin toss determined IAG would be the first presentation, followed by UCP. Both IAG and UCP made their presentations and responded to questions. Dr. David Brooks and Dr. Charlene Bennett represented IAG. Dr. Brenda Yarnell represented UCP.

Q: How many homes do you have operating?

IAG: In the Quad cities, Springfield, DeKalb area, South Chicago, we provide supports to over 230 people.

Q: Have you surveyed this community regarding options for customized employment? Time frame?

IAG: We have been in contact with local agencies in order to collaborate. We will start with the person-centered discovery process and then go from there. We would start with supports from the first day.

Q. What will the day program be like for people who are unable to work?

IAG: We have a professional hired for a customized day experience and we plan on utilizing some of the community resources that already exist in the community.

Q: Tell me about your plans for people with extreme behavioral challenges.

IAG: We have very experienced individual support staff and qualified professionals. We have 9 nurses on staff and it becomes a very intense, detailed, and integrated team. We look at their history and it's a very involved process that takes time.

Q: How many people have you supported through the ACT process? What are your thoughts about a person centered planning process with people on the PUNS list.

IAG: We support 12 or 13 people that were part of the closures. The ACT process as far as person-centered planning, is that we customize desires that are identified. There is a discovery component to the process and then a very detailed and specialized plan is created.

Q: If you are awarded this RFP, would you agree to the requirement that the Respondent would sign the lease?

IAG: IAG has never done that before. We are aware this is part of the requirement. It would be a different approach for us, but we would sign the lease.

Q: What sort of difficulties may happen?

IAG: When things don't work, we just keep trying.

*(The following are questions asked of Dr. Yarnell of UCP)*

Q: How big of an incentive is the \$1 per year lease?

UCP: It is an incentive. However, if we don't win the RFP, we aren't going to go away. We will continue to do the good work that we do in the community.

Q. Do you feel that you can serve people with behavior needs?

UCP. We have a behavioral screening process. It would be irresponsible to say we could provide services to everyone. We will due diligence and screen each person carefully.

Q: How many people have you supported through the ACT process? What are your thoughts about a person centered planning process with people on the PUNS list.

UCP: We've done person-centered planning for years and years. We've been a residential provider since 1980. We have taken people from a number of closures and we've been pretty successful, but it is a challenge.

Q: Tell me your plans for day programming.

UCP: It will be center-based but it won't all occur at the center. We intend to incorporate community integration.

Q: Are you doing day and residential services in Champaign County?

UCP: We are in Bloomington and Springfield right now. We are not yet in Champaign.

Q: If you have problem securing employment for your clients are you opposed to reaching out?

UCP: Yes, we would be willing to collaborate with other agencies.

**Evaluation Committee Recommendation for CILA Award:**

Evaluation Committee Members discussed the interviews. At the end of the discussion a vote was taken by paper ballot. The ballots were collected by Ms. Howard-Gallo and recorded. The vote was unanimous with Evaluation Committee Members, Peter Tracy, Mark Doyle, Lynn Canfield, Deborah Townsend, Deloris Henry, David Happ, Cynthia Creighton, Deb Curtin, and Sue Suter all voting in favor of awarding the CILA Award to IAG.

**MOTION: Dr. Townsend moved to approve the recommendation of the CILA Expansion Evaluation Committee, to enter into an agreement with Individual Advocacy Group (IAG) to expand CILA capacity in Champaign County in accordance with the specification of the Request for Proposals # 2014-001. Mr. McClellan seconded the motion. The following Board members voted aye: Dannave, Fowler, Henry, McClellan, Moore, Berkson, Townsend, Rappaport. The following member voted nay: Gleason. The motion passed.**

**APPROVAL OF MINUTES:**

Deferred.

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

None.

**STAFF REPORTS:**

Deferred.

**BOARD TO BOARD:**

Deferred.

**AGENCY INFORMATION:**

Deferred.

**FINANCIAL INFORMATION:**

Deferred.

**NEW BUSINESS:**

**CILA Expansion RFP Evaluation Committee Award:**

**Addendum to Intergovernmental Agreement:**

Deferred.

**Draft Three Year Plan 2013-2015 with FY 2015 Objectives:**

Deferred.

**OLD BUSINESS:**

**disAbility Resource Expo:**

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

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 5:57 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

L.A.

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

*Minutes –September 17, 2014*

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

*6:00 p.m.*

**DRAFT**

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**MEMBERS PRESENT:** Joyce Dill, Phil Krein, Deb Ruesch, Sue Suter

**MEMBERS EXCUSED:** Mike Smith

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

**OTHERS PRESENT:** Tracy Parsons, ACCESS Initiative (AI); Gary Maxwell,  
Champaign County Board; Dale Morrissey, Patty Walters,  
Danielle Mathews, Developmental Services Center (DSC);  
Jennifer Knapp, Community Choices; Barb Bressner, Consultant;  
Gary Maxwell, Champaign County Board; Glenna Tharp, Eric  
Trusner, PACE; Deborah Townsend, Deloris Henry, Susan Fowler,  
CCMHB; Mark Scott, Down Syndrome Network (DSN);

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**CALL TO ORDER:**

Ms. Sue Suter called the meeting to order at 6:12 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT:**

None.

**DRAFT**



**CCMHB INPUT:**

None.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from the July 23, 2014 CCDDDB meeting were included in the Board packet.

**MOTION: Ms. Ruesch moved to approve the minutes from the July 23, 2014 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

Ms. Suter thanked the CILA RFP Evaluation committee for all of their hard work.

**EXECUTIVE DIRECTOR'S REPORT:**

None.

**STAFF REPORT:**

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

**AGENCY INFORMATION:**

Mark Scott from the Down Syndrome Network announced they will hold their annual Buddy Walk on November 11, 2014 at the Champaign County Fairgrounds.

**FINANCIAL REPORT:**

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

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

**NEW BUSINESS:**

**CILA Expansion in Champaign County (RFP) Award:**

At the CCMHB held earlier in the evening, the vote was unanimous with Evaluation Committee Members, Peter Tracy, Mark Doyle, Lynn Canfield, Deborah Townsend, Deloris Henry, David Happ, Cynthia Creighton, Deb Curtin, and Sue Suter all voting in favor of awarding the CILA Award to Individual Advocacy Group (IAG).

**MOTION: Dr. Krein moved to approve the recommendation of the CILA Expansion Evaluation Committee, to enter into an agreement with Individual Advocacy Group (IAG) to expand CILA capacity in Champaign County in accordance with the specification of the Request for Proposals # 2014-001. Ms. Ruesch seconded the motion. A roll call vote was taken with all CCDDDB members voting aye. The motion passed.**

**Draft Three Year Plan 2013-2015 with FY 2015 Objectives:**

A Briefing Memorandum and Draft Three Year Plan with Objectives for 2015 was included in the packet for review. Board members discussed the document and several Board members suggested changes. Edits will be made to the document as suggested and it will be brought back to the Board for review at a future meeting.

**Priorities Pre-Planning Discussion:**

Ms. Suter led a discussion on priorities and pre-planning. Topics and issues of interest were discussed: transportation, stewardships, partnerships, leadership development, housing, long term care services, and staffing. Dr. Krein spoke regarding 4 broad areas he felt the CCDDDB to needed to address in order to support community employment: housing, transportation, long-term job supports and expectations. He expressed his support in addressing transportation in a future study session.

**Addendum to Intergovernmental Agreement:**

A Decision Memorandum with addendum to the Intergovernmental Agreement between the CCMHB and the CCDDDB was included in the packet for review and discussion.

**MOTION: Dr. Krein moved to approve the addendum to the Intergovernmental Agreement between the CCMHB and the CCDDDB. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**OLD BUSINESS:**

**disability Resource Expo:**

A report from Ms. Barb Bressner was included in the Board packet.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:00 p.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

## **Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – October 22, 2014**

**Board Documents:** A second draft of the CCDDDB Three Year Plan for Fiscal Years 2013-2015 with One Year Objectives for Fiscal Year 2015 incorporated Board members' changes and was distributed to stakeholders for input. All written feedback received to date is included in the CCDDDB packet for consideration, and a final draft of the Plan will be prepared for approval at the November meeting.

**FY2015 Contracts:** Nancy Crawford and I worked with Developmental Services Center on clarification of revisions of expense and revenue forms for the Integrated and Site Based Services contracts with each of the CCMHB and CCDDDB. With agency program directors, I developed a concurrent case review form and process for the Individual and Family Support program, where the service type and intensity varies greatly in response to individual need. Agency users at Community Choices and Developmental Services Center have entered claims for the Community Living and Service Coordination fee for service contracts, respectively, and are working with Proviso Township Mental Health Commission staff, who developed the Reimbursement Tracking System, on technical issues. I continue to address questions related to billable activities and timeframes.

**FY2014 Program Performance Outcome Reports and Other Data:** The final versions of FY14 Annual Performance Outcome Reports are presented in their entirety in the CCDDDB packet, rather than summarized, as in previous years. Each is followed by a summary of agency/program zip code and demographic data for the year. The final page of this section of the packet is my brief analysis of aggregate Persons Served data, a new agency reporting requirement in FY14.

**Alliance for the Promotion of Acceptance, Inclusion, and Respect:** Two walls of the downtown Champaign coffee shop Café Kopi are reserved for Alliance artists' work, with installations rotating according to the shop owner's schedule. These are supported by promotion through our facebook page and by word of mouth. An Ebertfest planning meeting will occur in early November to discuss what we've learned so far about the April 15-19, 2015 festival and to set a direction for our own activities. The festival director and coordinator are considering Down Syndrome Network's suggested film, "Produce," gallery spaces and tent are reserved for art shows, and a panel discussion is slated once again. Dr. Rappaport, who led the Alliance panel discussion in 2014, wrote a review of our sponsored film, which was published in PsycCRITIQUES and forwarded to festival staff. I have resumed dialogue with two of the local school administrators who previously expressed interest in collaboration, in case a school screening or other youth-focused activity is possible; I'll include the others when we have more information to share.

**Other Activity:** I attended a September 22 meeting of the Birth to Six Council of Families and Agencies and was present for discussion of August referrals in Champaign County (33), rankings of Child and Family Connections units, referral data for the six county area managed by CFC #16 (not broken down

by County but coded by provider), discussion of meeting location, relationship to the Cradle to Career project, rescheduled meeting with Carle Pediatrics, and budget. I have had many meetings and discussions related to expansion of ID/DD service capacity and infrastructure, including with Mark Doyle of the Governor's office, Chancellor Wise, Associate Chancellor Allston, Dean Wynn Korr, Dean Tanya Gallagher, Mayor Don Gerard, Drs. Brooks and Bennett and Melissa Rowe of IAG, the local PAS/ISC staff and supervisor, Regina Crider of the Youth and Family Alliance, Sheila Ferguson of Community Elements, members of local law enforcement, and family advocates.

During this period, I also attended meetings of the Metropolitan Intergovernmental Council, the Mental Health Agencies Council, the Quarter Cent Administrative Team, the CIT Steering Committee, and the Champaign Community Coalition.

I continue to chair ACMHAI's DD Subcommittee, which meets every other month (9/18), and participate in monthly NACBHDD I/DD Subcommittee calls (9/23). I had follow-up emails with Pete Moore of the Good Life Network (Ohio), who will be presenting at the NACBHDD conference I'm attending October 14 and 15. I listened to the 9/18 meeting of the Illinois Task Force on Employment and Economic Self-Sufficiency for Persons with Disabilities regarding implementation of the executive order on Employment First. This long meeting included an overview from Equip for Equality on their work on recommendations for the state; the full report/blueprint will be released on October 30 in Chicago. Melissa Picciola of EFE sent Mr. Tracy information on what they learned about the disability service system in Washington (state), where changes in policy from 1992 to 2004 led to positive outcomes by 2009. I 'attended' webinars/conference calls of the Governor's Office of Health Innovation and Transformation's Long-Term Services and Supports Subcommittee Breakthrough Groups on Service Definitions and Conflict-free Case Management/Person-Centered Planning, and the Services and Supports Work Group (with reports by all breakthrough groups); so many details of interest are covered in these meetings as the workgroups move toward definitions and recommendations needed for the 1115 waiver, but I am still processing what I learn and signing up for additional breakthrough group meetings (Behavioral Health, Access and Assessment, Developmental Disabilities). I also follow the Monthly Community of Practice webinars hosted by the Employment First State Leadership Mentoring program, which featured Utah's Pathways to Careers (9/10) and Washington's Initiative for Supported Employment (10/8). Here again, there is much to think about.

**Ligas, PUNS, and Unmet Need:** Data sorted for Champaign County, from the IDHS website's September 9 update, is added below; full report attached.

2/1/11:	<b>194</b> with emergency need; of <b>269</b> with critical need, <b>116</b> are recent or coming grads.
4/5/11:	<b>198</b> with emergency need; of <b>274</b> with critical need, <b>120</b> are recent or coming grads.
5/12/11:	<b>195</b> with emergency need; of <b>272</b> with critical need, <b>121</b> are recent or coming grads.
6/9/11:	<b>194</b> with emergency need; of <b>268</b> with critical need, <b>120</b> are recent or coming grads.
10/4/11:	<b>201</b> with emergency need; of <b>278</b> with critical need, <b>123</b> are recent or coming grads.
12/5/11:	<b>196</b> with emergency need; of <b>274</b> with critical need, <b>122</b> are recent or coming grads.
5/7/12:	<b>222</b> with emergency need; of <b>289</b> with critical need, <b>127</b> are recent or coming grads.

9/10/12: 224 with emergency need; of 288 with critical need, 131 are recent or coming grads.  
 10/10/12: 224 with emergency need; of 299 with critical need, 134 are recent or coming grads.  
 1/7/13: 225 with emergency need; of 304 with critical need, 140 are recent or coming grads.  
 2/11/13: 226 with emergency need; of 308 with critical need, 141 are recent or coming grads.  
 6/10/13: 238 with emergency need; of 345 with critical need, 156 are recent or coming grads.  
 10/15/13: 244 with emergency need; of 378 with critical need, 160 are recent or coming grads.  
 11/8/13: 246 with emergency need; of 392 with critical need, 164 are recent or coming grads.  
 1/9/14: 247 with emergency need; of 393 with critical need, 165 are recent or coming grads.  
 2/10/14: 249 with emergency need; of 395 with critical need, 166 are recent or coming grads.  
 6/10/14: 252 with emergency need; of 396 with critical need, 169 are recent or coming grads.  
 8/13/14: 261 with emergency need; of 425 with critical need, 180 are recent or coming grads.  
 9/9/14: 260 with emergency need; of 425 with critical need, 180 have exited school in the past 10 years or expect to in the next 3 years.

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

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

Because many have expressed interest in understanding what PUNS and selections look like across the state, I have attached the most recent "Total and Active PUNS by County and Township" and Summary by PAS/ISC of "Total PUNS Customers" reports for a first look as we seek information. Total PUNS includes closed records.

The work of the Life Choices groups wraps up on November 12<sup>th</sup>, when the sixth workgroup presents on costs and priorities; recommendations of this Case Management expansion project are posted to the DHS-DDD website. Darlene Kloepfel, CCRPC, will also keep us informed.



PUNS Data By County and Selection Detail

September 09, 2014

**County: Champaign**

**Reason for PUNS or PUNS Update**

New	175
Annual Update	105
Change of category (Emergency, Planning, or Critical)	20
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	25
Person is fully served or is not requesting any supports within the next five (5) years	127
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	83

**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.	30
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.	17

**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 committed 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 place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	10
6. Other crisis, Specify:	145

**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.	45
2. Person has a care giver (age 60+) and will need supports within the next year.	35
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	46
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	10
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	34
8. Person or care giver needs an alternative living arrangement.	12
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	180
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.	7
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 Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility 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
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	28



PUNS Data By County and Selection Detail

September 09, 2014

<b>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)</b>	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	80
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 dissatisfied 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
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	87
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	11
<b>EXISTING SUPPORTS AND SERVICES</b>	
Respite Supports (24 Hour)	17
Respite Supports (<24 hour)	32
Behavioral Supports (includes behavioral intervention, therapy and counseling)	103
Physical Therapy	78
Occupational Therapy	138
Speech Therapy	166
Education	225
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 Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	15
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	25
<b>TRANSPORTATION</b>	
Transportation (include trip/mileage reimbursement)	141
Other Transportation Service	73
Senior Adult Day Services	1
Developmental Training	93
"Regular Work"/Sheltered Employment	81
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	14
Other Day Supports (e.g. volunteering, community experience)	16
<b>RESIDENTIAL SUPPORTS</b>	
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	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	6



PUNS Data By County and Selection Detail

September 09, 2014

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





Illinois Department of Human Services

### Division of Developmental Disabilities

### Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS
<b>County: Adams</b>									
Not Defined	253	92	County: Cass	Not Defined	218	62	NORTHFIELD	270	198
BEVERLY	1	0	County Totals:	County Totals:	218	62	NORWOOD PAR	65	33
OTHER ADAMS (	1	0	BLUFF SPRINGS	Not Defined	218	62	OAK PARK	230	128
PAYSON	1	0	County Totals:	County: Coles	27	5	ORLAND	288	153
QUINCY	12	3	Not Defined	ASHMORE	4	2	PALATINE	429	272
County Totals:	268	95	County: Champaign	CHARLESTON	232	56	PALOS	232	122
<b>County: Alexander</b>									
Not Defined	39	9	Not Defined	EAST OAKLAND	4	3	PROVISO	916	541
County Totals:	39	9	AYERS	HUMBOLDT	6	3	RICH	840	358
<b>County: Bond</b>									
Not Defined	58	19	CHAMPAIGN	HUTTON	1	0	RIVER FOREST	33	24
County Totals:	58	19	CHAMPAIGN CIT	LAFAYETTE	1	1	RIVERSIDE	60	39
<b>County: Boone</b>									
Not Defined	80	45	CUNNINGHAM	MATON	90	28	SCHAUMBURG	560	436
County Totals:	80	45	KERR	MORGAN	1	1	STICKNEY	147	74
<b>County: Brown</b>									
Not Defined	7	2	MAHOMET	NORTH OKAW	3	1	THORNTON	973	441
County Totals:	7	2	RANTOUL	County Totals:	369	100	WHEELING	372	272
<b>County: Bureau</b>									
Not Defined	95	34	URBANA	County Totals:	369	100	WORTH	571	306
County Totals:	95	34	County Totals:	County: Cook	20	16	County Totals:#####	5,758	306
<b>County: Calhoun</b>									
Not Defined	18	6	CASEY	Not Defined	20	16	County: Cook/Chi	8	4
County Totals:	18	6	MARSHALL	BARRINGTON	41	30	Not Defined	8	4
<b>County: Carroll</b>									
Not Defined	48	13	MARTINSVILLE	BERWYN	203	121	Albany Park	109	81
County Totals:	48	13	PARKER	BLOOM	501	244	Archer Heights	24	17
<b>County: Cass</b>									
Not Defined	42	15	WESTFIELD	BREMEN	462	220	Armour Square	39	26
County Totals:	42	15	County Totals:	CALUMET	50	27	Ashburn	159	66
<b>County: Champaign</b>									
Not Defined	21	5	CASEY	CICERO	217	110	Auburn Gresham	221	116
County Totals:	21	5	MARSHALL	ELK GROVE	232	163	Austin	387	276
<b>County: Clark</b>									
Not Defined	1	1	MARTINSVILLE	EVANSTON	219	148	Avalon Park	49	23
County Totals:	1	1	PARKER	HANOVER	260	178	Avondale	89	61
<b>County: Clayton</b>									
Not Defined	127	13	WESTFIELD	LEMONT	48	33	Belmont Cragin	177	148
County Totals:	127	13	County Totals:	LEYDEN	244	147	Beverly	86	43
<b>County: Cook</b>									
Not Defined	127	13	LYONS	NEW TRIER	456	226	Bridgeport	44	18
County Totals:	127	13	MAINE	NILES	411	286	Brighton Park	83	55
<b>County: Cook/Chi</b>									
Not Defined	127	13	NEW TRIER	Not Defined	471	259	Burnside	17	8
County Totals:	127	13	NILES	Chicago Lawn	471	259	Calumet Height	57	30
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Not Defined	213	118	Clearing	66	36
County Totals:	127	13	Chicago Lawn	Albany Park	109	81	Douglas	58	28
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Archer Heights	24	17	Dunning	96	76
County Totals:	127	13	Chicago Lawn	Armour Square	39	26	E. Garfield Pk	130	76
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Ashburn	159	66	East Side	53	37
County Totals:	127	13	Chicago Lawn	Auburn Gresham	221	116	Edgewater	48	39
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Austin	387	276	Edison Park	26	19
County Totals:	127	13	Chicago Lawn	Avalon Park	49	23	Englewood	163	89
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Avondale	89	61	Forest Glen	53	33
County Totals:	127	13	Chicago Lawn	Belmont Cragin	177	148	Fuller Park	17	5
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Beverly	86	43	Gage Park	122	80
County Totals:	127	13	Chicago Lawn	Brighton Park	44	18	Garfield Ridge	93	58
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Burnside	17	8	Grand Boulevard	73	38
County Totals:	127	13	Chicago Lawn	Calumet Height	57	30	Gtr Grand Cros	145	76
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Chatham	141	53	Hegewisch	26	17
County Totals:	127	13	Chicago Lawn	Chicago Lawn	213	118	Hermosa	74	60
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Clearing	66	36	Humboldt Park	178	128
County Totals:	127	13	Chicago Lawn	Douglas	58	28	Hyde Park	39	21
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Dunning	96	76	Irving Park	116	87
County Totals:	127	13	Chicago Lawn	E. Garfield Pk	130	76	Jefferson Park	69	48
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	East Side	53	37	Kenwood	39	14
County Totals:	127	13	Chicago Lawn	Edgewater	48	39	Lakeview	51	38
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Edison Park	26	19	Lincoln Park	31	20
County Totals:	127	13	Chicago Lawn	Englewood	163	89	Lincoln Square	42	32
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Forest Glen	53	33	Logan Square	138	91
County Totals:	127	13	Chicago Lawn	Fuller Park	17	5	Loop	13	6
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Gage Park	122	80	Lower W. Side	77	42
County Totals:	127	13	Chicago Lawn	Garfield Ridge	93	58	Mckinley Park	33	17
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Grand Boulevard	73	38	Montclare	38	31
County Totals:	127	13	Chicago Lawn	Gtr Grand Cros	145	76	Morgan Park	47	26
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Hegewisch	26	17	Mount Greenwood	47	26
County Totals:	127	13	Chicago Lawn	Hermosa	74	60	Near N. Side	59	43
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Humboldt Park	178	128	Near S. Side	29	15
County Totals:	127	13	Chicago Lawn	Hyde Park	39	21	Near W Side/no	71	43
<b>County: Cook/Chi</b>									
Not Defined	127	13	Chicago Lawn	Irving Park	116	87	Near W Side/so	16	10
County Totals:	127	13	Chicago Lawn	Jefferson Park	69	48			



# Division of Developmental Disabilities

## Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS					
New City	117	GREENUP	10	1	YORK	447	271	County Totals:	84	26	County Totals:	47	6	
North Center	40	NEOGA	14	6	County Totals:	3,153	1,994	County: Fulton	117	41	County: Hancock	Not Defined	88	31
North Lawndale	111	County Totals:	33	10	County Totals:	3,153	1,994	County Totals:	117	41	County Totals:	88	31	
North Park	49	County: De Kalb	355	110	County: Edgar	17	9	County: Gallatin	6	2	County: Hardin	Not Defined	26	4
Norwood Park	103	Not Defined	355	110	EDGAR	3	3	County: Greene	54	27	County: Henderson	Not Defined	3	0
O Hare	19	County Totals:	355	110	KANSAS	7	2	County: Grundy	3	2	County Totals:	26	4	
Oakland	35	County: De Witt	3	0	PARIS	49	13	County: Hamilton	47	6	County: Henry	Not Defined	88	44
Portage Park	177	Not Defined	3	0	STRATTON	1	0	County: Hancock	119	79	ANDOVER	1	0	
Pullman	39	CLINTONIA	38	6	County Totals:	77	27	County: Harrison	47	6	ANNAWAN	1	0	
Riverdale	23	DEWITT	1	1	County: Edwards	15	8	County: Howard	47	6	ATKINSON	2	2	
Rogers Park	222	SANTA ANNA	1	0	County Totals:	15	8	County: Iroquois	3	2	COLONA	5	1	
Roseland	257	WAPPELLA	1	1	County: Effingham	138	36	County: Jackson	47	6	EDFORD	1	0	
South Chicago	135	WAYNESVILLE	2	0	Not Defined	15	0	County: Jefferson	47	6	GALVA	4	1	
South Deering	76	County Totals:	46	8	DOUGLAS	15	0	County: Johnson	47	6	GENESE	3	1	
South Lawndale	154	County: DuPage	10	2	MASON	3	0	County: Kane	47	6	KEMANEE	14	1	
South Shore	244	Not Defined	10	2	TEUTOPOLIS	15	5	County: Kendall	47	6	OXFORD	1	0	
Uptown	72	County Totals:	67	28	WATSON	6	4	County: Lake	47	6	WESTERN	4	0	
W. Garfield Pk	63	County: Fayette	63	30	County Totals:	177	45	County: Madison	47	6	County Totals:	124	50	
Washington Hei	143	Not Defined	63	30	County: Franklin	84	26	County: Marion	47	6	Not Defined	3	2	
Washington Par	52	County: Franklin	84	26	County: Morgan	47	6	County: Monroe	47	6	ARTESIA	1	1	
West Elsdon	29	County: DuPage	10	2	County: Perry	47	6	County: Newton	47	6	ASHKUM	1	1	
West Englewood	199	ADDISON	268	155	Not Defined	15	0	County: Randolph	47	6	Not Defined	3	2	
West Lawn	61	BLOOMINGDALE	343	190	County: Sangamon	47	6	County: Shelby	47	6	Not Defined	3	2	
West Pullman	141	DOWNERS GRO	337	216	County: St. Clair	47	6	County: Union	47	6	Not Defined	3	2	
West Ridge	323	LISLE	379	246	County: Van Buren	47	6	County: Warren	47	6	Not Defined	3	2	
West Town	111	MILTON	547	380	County: Wabash	47	6	County: Washington	47	6	Not Defined	3	2	
Woodlawn	107	NAPERVILLE	488	302	County: Wayne	47	6	County: Warrick	47	6	Not Defined	3	2	
County Totals:	7,447	WAYNE	122	80	County Totals:	3	0	County: Warrick	47	6	Not Defined	3	2	
County: Crawford	73	WINFIELD	212	152	County Totals:	3	0	County: Warrick	47	6	Not Defined	3	2	
Not Defined	73	County: De Witt	3	0	County: Warrick	47	6	County: Warrick	47	6	Not Defined	3	2	
County Totals:	73	County: De Witt	3	0	County: Warrick	47	6	County: Warrick	47	6	Not Defined	3	2	
County: Cumberland	9	County: De Witt	3	0	County: Warrick	47	6	County: Warrick	47	6	Not Defined	3	2	
Not Defined	9	County: De Witt	3	0	County: Warrick	47	6	County: Warrick	47	6	Not Defined	3	2	



# Division of Developmental Disabilities

## Total and Active PUNS By County and Township

Data current as of report print date and time

Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS
BEAVER	2	County: Jo Daviess	7	MANTENO	33	Not Defined	307	AMITY	1
BEAVERVILLE	1	Not Defined	69	MOMENCE	36	County Totals:	124	BELLE PRAIRIE	1
BELMONT	14	County Totals:	69	NORTON	2	County Totals:	307	BROUGHTON	1
CHEBANSE	12	County: Johnson	24	OTTO	2	County: Lake	124	CHATSWORTH	0
CONCORD	5	Not Defined	8	PEMBROKE	9	Not Defined	2	DWIGHT	11
CRESCENT	2	County Totals:	43	PILOT	3	ANTIOCH	49	ESMEN	63
DANFORTH	2	County: Kane	8	ROCKVILLE	3	AVON	40	FORREST	1
DOUGLAS	0	Not Defined	8	SAINT ANNE	1	BENTON	193	INDIAN GROVE	6
IROQUOIS	1	County Totals:	8	SALINA	13	CUBA	34	NEBRASKA	17
LOVEJOY	3	County: Kendall	8	SALINA	1	DEERFIELD	30	NEBRASKA	2
MIDDLEPART	1	Not Defined	1	YELLOWHEAD	1	ELA	144	NEWTON	2
MILFORD	1	AURORA	7	County Totals:	6	FREMONT	106	ODELL	2
ONARGA	16	BATAVIA	489	County Totals:	475	GRANT	76	PONTIAC	9
PIGEON GROVE	4	BIG ROCK	101	County: Knox	230	LAKE VILLA	64	READING	113
PRAIRIE GREEN	5	BLACKBERRY	81	Not Defined	36	LIBERTYVILLE	76	ROOKS CREEK	4
SHELDON	2	BURLINGTON	4	BIG GROVE	1	NEWPORT	43	ROUND GROVE	4
STOCKLAND	7	CAMPTON	21	BRISTOL	11	SHIELDS	28	SAUNEMIN	1
County Totals:	1	DUNDEE	3	FOX	6	VERNON	24	SULLIVAN	1
County: Jackson	41	ELGIN	6	KENDALL	2	WARREN	78	County Totals:	1
Not Defined	131	GENEVA	147	LITTLE ROCK	1	WAUCONDA	159	County: Logan	1
County Totals:	33	HAMPSHIRE	315	NAAUSAY	60	WAUKEGAN	120	Not Defined	42
County: Jasper	33	KANEVILLE	241	OSWEGO	45	WEST DEERFIELD	84	County Totals:	171
Not Defined	156	RUTLAND	90	SEWARD	29	ZION	102	County: Macon	42
County Totals:	33	ST CHARLES	71	County Totals:	235	County: Lawrence	84	Not Defined	171
County: Jasper	6	SUGAR GROVE	163	County: Kendall	297	County: Lee	140	BLUE MOUND	28
Not Defined	17	VIRGIL	132	County: Knox	323	Not Defined	62	DECATUR	1
County Totals:	6	County Totals:	29	County: Lawrence	62	County Totals:	30	HARRISTOWN	397
County: Jefferson	17	County: Kankakee	6	Not Defined	44	County: Livingston	51	HICKORY POINT	2
Not Defined	92	Not Defined	1,431	GALESBURG CIT	1	County Totals:	140	ILLINI	3
County Totals:	33	AROMA	1,107	KNOX	1	County: Livingston	51	LONG CREEK	2
County: Jefferson	92	BOURBONNAIS	4	TRURO	1	County: Livingston	140	MAROA	1
Not Defined	33	ESSEX	5	VICTORIA	3	County Totals:	51	MOUNT ZION	2
County Totals:	33	GANEER	3	County Totals:	42	County: Livingston	51	NIANTIC	1
County: Jersey	78	KANKAKEE	2	County: La Salle	375	Not Defined	0	OAKLEY	1
Not Defined	35	County Totals:	107	County: La Salle	42	Not Defined	0	County Totals:	2
County Totals:	35	County Totals:	35	County: La Salle	42	Not Defined	0	County Totals:	2



# Division of Developmental Disabilities

## Total and Active PUNS By County and Township

Illinois Department of Human Services

Data current as of report print date and time

Township		Total Active PUNS	Township		Total Active PUNS	Township		Total Active PUNS	Township		Total Active PUNS
SOUTH MACON		2	Not Defined		26	RICHMOND		30	Not Defined		61
County Totals:		452	County Totals:		26	County Totals:		141	County Totals:		75
County Totals:		140	County Totals:		117	County Totals:		17	County Totals:		34
County: Macoupin			County: Marshall			County: McLean			County: Morgan		
Not Defined		178	Not Defined		21	Not Defined		385	Not Defined		84
County Totals:		119	County Totals:		12	County Totals:		385	County Totals:		84
County Totals:		178	County Totals:		21	County Totals:		1,089	County Totals:		84
County: Madison			County: Mason			County: Mercer			County: Moultrie		
Not Defined		13	Not Defined		26	Not Defined		425	Not Defined		15
ALHAMBRA		9	Not Defined		26	Not Defined		2	EAST NELSON		4
ALTON		125	County Totals:		26	County Totals:		14	LOVINGTON		0
CHOUTEAU		19	County Totals:		77	County Totals:		1	SULLIVAN		1
COLLINSVILLE		49	County: Massac		26	County: Menard		2	County Totals:		21
EDWARDSVILLE		19	Not Defined		26	Not Defined		217	County: Ogle		26
FORT RUSSELL		5	County Totals:		14	County Totals:		453	County: Ogle		2
GODFREY		73	County: Mc Donough		14	Not Defined		5	Not Defined		2
GRANITE CITY		32	Not Defined		14	County Totals:		229	County Totals:		2
HAMEL		5	County Totals:		14	County: Monroe		2	County: Peoria		2
HELIVETIA		33	County: Mc Henry		20	Not Defined		5	Not Defined		2
JARVIS		33	Not Defined		20	County Totals:		32	County: Perry		13
LEEFE		36	County Totals:		20	County: Piatt		30	Not Defined		10
MARINE		1	County: Pike		18	Not Defined		7	CERRO GORDO		2
MORO		6	County Totals:		110	County: Piatt		30	MONTICELLO		20
NAMEOKI		6	County: Rock Island		152	County: Piatt		30	SANGAMON		0
NEW DOUGLAS		10	Not Defined		152	County: Piatt		30			
OLIVE		1	County Totals:		152	County: Piatt		30			
OMPHGHENT		3	County: Pope		5	County: Piatt		30			
PIN OAK		4	County Totals:		5	County: Piatt		30			
SALINE		1	County: Putnam		11	County: Piatt		30			
ST JACOB		9	County: Randolph		20	County: Piatt		30			
VENICE		5	County: Richland		47	County: Piatt		30			
WOOD RIVER		12	County Totals:		47	County: Piatt		30			
County Totals:		717	County Totals:		47	County: Piatt		30			
County Totals:		344	County: Saline		4	County: Piatt		30			
County: Marion			County Totals:		4	County: Piatt		30			
Not Defined		126	County Totals:		4	County: Piatt		30			
NUNDA		101	County Totals:		4	County: Piatt		30			



Division of Developmental Disabilities
Total and Active PUNS By County and Township

Illinois Department of Human Services

Data current as of report print date and time

Table with 6 main columns: Township, Total Active PUNS, County, Total Active PUNS, Township, Total Active PUNS, County, Total Active PUNS, Township, Total Active PUNS, County, Total Active PUNS, Township, Total Active PUNS, County, Total Active PUNS. Includes sub-totals for counties: Sangamon, Schuyler, Scott, Shelby, Stark, Stephenson, Tazewell, Union, Unknown, Vermillion, Warren, Wabash, Washington, Wayne, White, Whitehall, and Williamson.



**Division of Developmental Disabilities**

**Total and Active PUNS By County and Township**

Data current as of report print date and time

Township	Total Active PUNS		Township	Total Active PUNS		Township	Total Active PUNS	
	PUNS	PUNS		PUNS	PUNS		PUNS	PUNS
Not Defined	208	40						
<b>County Totals:</b>	<b>208</b>	<b>40</b>						
<b>County: Winnebago</b>								
Not Defined	884	372						
<b>County Totals:</b>	<b>884</b>	<b>372</b>						
<b>County: Woodford</b>								
Not Defined	68	39						
EL PASO	2	1						
METAMORA	4	2						
MONTGOMERY	1	0						
ROANOKE	1	0						
SPRING BAY	1	0						
WORTH	1	0						
<b>County Totals:</b>	<b>78</b>	<b>42</b>						

**Report Grand Totals**

Total PUNS                    43,121  
 Total Active PUNS            22,693



## Better Than a Documentary


A Review of

*Short Term 12* (2013)

by Destin Daniel Cretton (Director)

<http://dx.doi.org/10.1037/a0037871>

Reviewed by

Julian Rappaport 

Beginning in 1997, longtime *Chicago Tribune* critic Roger Ebert organized an annual film festival in his hometown of Champaign-Urbana, Illinois. Despite Ebert's death in 2012, "Ebertfest" continues in conjunction with Chaz Ebert (his widow), the University of Illinois College of Media, and many of Ebert's friends and associates in the film industry. Over four days, actors, directors, writers, producers, scholars, visitors, and local community residents fill a refurbished 1,400-seat public movie theater, first opened in 1921. In recent years, one of the films selected for the festival has been sponsored in conjunction with the Champaign County (Illinois) Alliance for the Promotion of Acceptance, Inclusion, and Respect, a coalition of the County Mental Health Board and local human service agencies, as a part of their "antistigma" campaign designed to facilitate public conversation about mental health issues typically ignored, except when there is some sort of crisis.

I recently chaired a panel discussion for the 2014 Ebertfest selection, *Short Term 12*. The panel included local human service professionals, movie critics, film editors, and actors who had appeared in the movie. The audience was almost entirely laypeople, including mental health service consumers. The quality of conversation was so good that I became convinced that this is a movie that should be seen by a wider audience and that educators should consider using it in appropriate classes or as a homework assignment for later class discussion.

Documentaries and Tony Soprano's psychiatrist aside, when films or TV episodes engage psychological themes, with actors portraying mental health workers, I usually find myself transformed from an easy-to-suspend-disbelief moviegoing self into a critic floating above the narrative. For me, the otherwise engaging and entertaining *Good Will Hunting* (Bender & Van Sant, 1997) was ruined by the "it's-not-your-fault" hug presented as allowing the troubled main character to "move on" with his life. Fortunately, as I was watching *Short Term 12* I had no such trouble just being an audience member, until near the end. The story is engaging, and the actors, portraying both clients and staff of a residential treatment center for youths, play their roles with a sense of realistic candidness. Only after it was over, and viewing it a second time, was I ready to see it from the perspective of a mental health professional.

Although not in wide release, *Short Term 12* has been shown at several film festivals and is now available for streaming on Netflix. It has been reviewed quite favorably. As one film critic observed:

It all could have been painfully mawkish, populated as it is with the kinds of kids who provide inspiration for after-school specials. Instead, *Short Term 12* comes from a place of delicate and truthful understatement, which allows the humanity and decency of its characters—and, yes, the lessons—to shine through naturally. (Lemire, 2013, para. 1)

*Short Term 12* mainly, but not exclusively, takes place in a residential treatment center for troubled youths. The children, with a variety of individual problems, are remarkably real. Destin Daniel Cretton, both writer and director of the film, has actually worked in such a facility, and his experience shows in his closely observed detailing of the setting. The incidents that occur present a glimpse of the range of problems that one might encounter in such facilities. Although the residents are primarily White, an African American youth (played powerfully by Keith Stanfield), about to be sent out on his own, is a central character who conveys both the joy and the difficulty of being ready to leave the residence.

The film gives viewers a good feel for some of the tensions and difficulties experienced by both youths and staff in residential treatment. However, the setting is background and context for a story that centers on two young staff members (played with just the right amount of genuineness by Brie Larson and John Gallagher) with their own youthful pasts that intrude on their present 20-something lives.

This film takes on two serious and controversial problems. One of the plotlines involves questions concerning a case of possible child sex abuse. Although not as nuanced or sophisticated as the Philip Seymour Hoffman/Meryl Streep tension portrayed in *Doubt* (Rudin & Shanley, 2008), there is enough ambiguity (before the plot is resolved) to carry the narrative forward. Given that child sexual abuse is a major problem with a significant lifetime prevalence as reported by late adolescents (Finkelhor, Shattuck, Turner, & Hamby, 2014; Pereda, Guilera, Forns, & Gómez-Benito, 2009), the film can serve as a good starting point for public discussion. It can also be used to stimulate discussions of the strengths and weaknesses of residential care, a sometimes-controversial approach to the treatment of children and youths (Brown, Barrett, Ireys, Allen, & Blau, 2011; Holstead, Dalton, Horne, & Lamond, 2010; Lindqvist, 2011).

Although *Short Term 12* does not directly take on the question of when a residential placement is appropriate, the film may be useful for undergraduates who are thinking about working in such settings, as well as for graduate students in psychology and social work. It has the advantage of being accessible regardless of the level of experience or the sophistication of the viewer, given an informed leader to guide the discussion. In the film, it is particularly interesting to see the differences in thinking between the young youth workers, from whose perspective the story is told, and the older professional mental health workers whose characters appear in only a few scenes but who are faced with the burden of knowing the seriousness and consequences of making a mistake.

The major weakness of the film does not show up until near the end, just before the film ultimately returns to reality. The solutions at the end of the movie to both of the major psychological problems presented, departure from the residence and child sexual abuse, are



emotionally satisfying but less realistic than the presentation of the problems. Nevertheless, these weaknesses do not detract from the film's quality, either as art or as public education, because there is no suggestion that the scars of childhood abuse somehow magically disappear.

In some ways *Short Term 12* may be better than a documentary for the purposes of public education. Even in limited release, it is likely going to be seen and thought about by more people than are most documentaries. For teachers of psychology at any level who like to use films in their classes, this one is definitely worth a look.

## References

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/09/14

PAGE 9

VENDOR NO	VENDOR NAME	TRN B	TR	CD	NO	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				86	512887	10/09/14	108-050-533.07-00	MENT HLTH BD FND 090	PROFESSIONAL SERVICES	ADMIN FEE OCT	25,964.00	
											VENDOR TOTAL	25,964.00 *	
5352	AUTISM SOCIETY OF ILLINOIS				79	512915	10/09/14	108-050-533.92-00	GRANTS	CONTRIBUTIONS & GRANTS	AUTISM OCT	833.00	
											VENDOR TOTAL	833.00 *	
18209	COMMUNITY ELEMENTS				82	512947	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	COORD OF SVCS OCT	2,922.00	
											VENDOR TOTAL	2,922.00 *	
19900	CTF ILLINOIS				81	512958	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	OCT NURSING	715.00	
					81	512958	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	OCT RESIDENTIAL	3,042.00	
											VENDOR TOTAL	3,757.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC				83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	APARTMENT SVCS OCT	33,765.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	CLINICAL SVCS OCT	14,481.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY OC	18,025.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	CONNECTIONS OCT	7,083.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	FAM DEV CENTER OCT	45,492.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	INT SITE SVC OCT	45,761.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	SVC COORD OCT	33,239.00	
					83	512960	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	INDIV/FAM SUP OCT	30,429.00	
											VENDOR TOTAL	228,275.00 *	
22816	DOWN SYNDROME NETWORK				80	512966	10/09/14	108-050-533.92-00		CONTRIBUTIONS & GRANTS	DOWN SYNDROME OCT	833.00	
											VENDOR TOTAL	833.00 *	



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/09/14

PAGE 10

VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT DESCRIPTION	ACCOUNT NUMBER	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
54930	PERSONS ASSUMING CONTROL OF THEIR							ENVIRONMENT, INC			
		10/08/14	01 VR 108-	84		513048	10/09/14	CONTRIBUTIONS & GRANTS	108-050-533.92-00	OP FOR INDEPEND OCT	2,443.00
										VENDOR TOTAL	2,443.00 *
76107	UNITED CEREBAL PALSY LAND OF LINCOLN										
		10/08/14	01 VR 108-	85		513097	10/09/14	CONTRIBUTIONS & GRANTS	108-050-533.92-00	VOCATIONAL SVCS OCT	7,206.00
										VENDOR TOTAL	7,206.00 *
										DEPARTMENT TOTAL	272,233.00 *
										FUND TOTAL	272,233.00 *



12.A.

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

**DATE:** October 22, 2014  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY16 Allocation Priorities and Decision Support Criteria

**Overview:**

The purpose of this memorandum is to provide preliminary recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Developmental Disabilities Board (CCDDB) allocation decision support criteria and funding priorities. Stakeholders are invited to review, comment, and identify additional priorities for the Board's consideration. The Decision Memorandum concerning priorities and decision support criteria will be present to the CCDDB on November 19, 2014.

**Statutory Authority**

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

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

**Expectations for Minimal Responsiveness**

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

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

### **FY16 Priorities and Decision Support Criteria**

There have been significant changes in law, rules, and regulations that have altered the nature of I/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act and subsequent Executive Order, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of I/DD managed care in Illinois.

### **CCDDB FY16 Decisions: A View Through the Lens of Inclusion and Integration**

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual disabilities and/or developmental disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person's access to the community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people who do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities listed below shall be evaluated using the "lens of inclusion and integration."

#### **Priority: Transition to Inclusion and Integration**

Applications which focus on the systematic transition of segregated programming to a fully integrated model consistent with statute and CMS rule changes will be prioritized, but the transition must be aggressive with timelines and measurable goals and objectives. This provision would apply to any existing contract which is obsolete or in line for significant change due to rule changes, court decisions, or statute changes (e.g., Employment First).

Priority: Person Centered Planning (PCP)

Applications shall provide detailed information about the PCP process used by the applicant to develop a cogent service and support plan predicated on and specific to CCDDDB funding and which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDDB dollars will follow individuals rather than programs and will focus on PCP-driven services and supports associated with the individual. In addition, the PCP process shall promote self-directed and culturally appropriate individualized service plans which include measurable desired outcomes that strike a balance between what is ‘important-to’ and what is ‘important-for’ the individual.

PCP processes should be outcome-based, directed by and continually focused on the individual (rather than on available services and supports), and building on their gifts and strengths. In addition, the planning process should address an individual's health and welfare needs and their need for information and guidance, and should rely on the participation of allies chosen by the individual. PCP documentation should be meaningful to the individual and useful to those involved with its implementation.

PCP processes must include the presence and participation of the person with a disability, including whatever supports the person needs to express his or her intentions and wishes. These supports may include participation and representation by one or more family members, friends, or community partners in whom the person with a disability has indicated trust, especially in cases where the individual may have significant difficulty expressing their intentions and wishes.

Individuals should have the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, exposure to integrated settings and individuals who work and live in them, and exploration of any concerns they may have about integrated settings.

Priority: Employment Services and Supports

Applications which focus on vocational services and supports which are predicated on efficacious PCP processes and which incorporate Employment First principles shall be prioritized, with an emphasis on full or part time work in integrated, community settings, consistent with industry standards, based on a person's interests and abilities, and, when indicated and chosen, supported by individually designed services. Applications consistent and aligned with the Equip For Equality Employment First implementation recommendations and applications which aggressively advance Employment First programming will receive additional consideration.

Priority: Expansion of Community Integrated Living Arrangements (CILA)

Applications which offer creative approaches to increasing the availability of smaller CILA (4-person, 3-person, 2-person or 1 person) homes in Champaign County shall be prioritized.

Priority: Workforce Development and Stability

Applications which propose creative solutions concerning recruitment and retention of front-line, direct service staff shall be prioritized. This workforce problem is especially critical for direct care staff in CILAs, which experience high levels of turnover and difficulty in recruitment due to the low salary levels as well as challenging work (e.g., use of bonuses paid to direct care staff as a way of supplementing low salaries). The following is a partial listing of systemic problems associated with this issue:

- High turnover rates of direct care staff in CILAs and developmental training settings
- An increasing need for more direct care staff to address the CILA capacity problems – likely to be more than double the current workforce based on Ligas and PUNS data.
- Significant vacancy rates in existing funded direct care positions.
- Increased costs associated with turnover including recruitment costs, overtime pay, and required training necessary for new staff.
- Significant negative effects on the quality of services and supports manifested by gaps in coverage, discontinuity of care, and interference with the development of positive relationships between workers and those they support.
- There is an increase in competition for direct care staff as the need for people increases in other areas (e.g., long term support for people with age related issues).

Priority: Comprehensive Services and Supports for Young Children

Applications with a focus on services and supports for young children with developmental delays not covered by the State's Early Intervention program(s) or under the School Code shall be prioritized. Examples of services and supports include:

- an array of Early Intervention services addressing all areas of development;
- coordinated, home-based, and taking into consideration the needs of the entire family;
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals;
- supports (including education, coaching, and facilitation) that focus on developing and strengthening personal and family support networks that include friends, family members, and community partners;
- supports that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

Priority: Flexible Family Support

Applications which focus on flexible, PCP-driven, family support for people with I/DD and their families, which are designed to enhance stability and their ability to live together, shall be prioritized. Examples of flexible family support include:

- family respite, recreational activities, mutual support options, transportation assistance;
- assistive technology, home modification/accessibility supports, information, and education;
- other diverse supports which allow individuals and their families to determine care and treatment;
- assistance to the family to develop and maintain active, engaged personal support networks for themselves and their son or daughter.

Priority: Adult Day Programming and Social and Community Integration

Applications for PCP-driven adult day programming for people with I/DD who may also have behavioral support needs and/or significant physical limitations shall be prioritized. Examples of services include:

- speech therapy, occupational therapy, fitness training, personal care support;
- support for the development of independent living skills, social skills, communication skills, and functional academics skills;
- community integration and vocational training, per consumer preferences
- facilitation of social, friendship, and volunteering opportunities;
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

Priority: Self Advocacy and Family Support Organizations

Applications highlighting an improved understanding of I/DD through support of sustainable self-advocacy and family support organizations, especially those comprising persons who have I/DD, their parents, and others in their networks of support, shall be prioritized.

Priority: Inclusion and Anti-Stigma Programs and Supports

Applications that support efforts to reduce stigma associated with I/DD may describe creative approaches toward the goals of increasing community awareness, promoting inclusion, and challenging negative attitudes and discriminatory practices.

**Overarching Decision Support Considerations**

The FY16 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. Medicaid Anti-Supplementation - Programs and services eligible for Medicaid reimbursement for eligible people with intellectual disabilities and developmental disabilities shall not receive CCDDDB funding.
4. Budget and Program Connectedness - Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. "What is the Board buying and for whom?" is the salient question to be answered in the proposal, and clarity is required.

**Secondary Decision Support and Priority Criteria**

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



1. Approach/Methods/Innovation: Applications proposing evidence-based or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Records Systems Reflecting CCDDDB Values and Priorities: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDDDB values and priorities. Such records systems can be used to provide rapid feedback to CCDDDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring / coaching.

### **Process Considerations**

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

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

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

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.

- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the county.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

#### Lobbying Restrictions

Except for contact with CCDDDB staff concerning technical aspects of the application process, all applicants are hereby placed on formal notice that no Champaign County Board Members, CCDDDB Members, or staff are to be lobbied either individually or collectively concerning this application process.

Lobbying consists of introduction, discussions related to the selection process, or any other discussions or actions that may be interpreted as attempting to influence the outcome of the selection process and awarding of funds. This includes holding meetings, engaging in the aforementioned prohibited lobbying and/or prohibited contact, which actions may immediately disqualify the applicant from further consideration by the CCDDDB.

By submitting an application for CCDDDB funding, the applicant certifies that it and all its affiliates and agents have not lobbied or attempted to lobby Champaign County Board Members, CCDDDB Members, or CCDDDB staff.

#### Final Decision Authority

The CCDDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

12.B.

Written comments received from interested parties regarding the Draft CCDDDB  
Three Year Plan 2013-2015 with FY 2015 Objectives.

## Lynn Canfield

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**From:** Shandra Summerville <sasummerville@gmail.com>  
**Sent:** Friday, October 10, 2014 3:18 PM  
**To:** Lynn Canfield  
**Subject:** CCMHB/DDB 3 Year Plan Change proposal (Changes in Red)

### Statement of Purposes

To promote family-friendly community support networks for the at-risk, under-served and general populations of Champaign County

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

Goal #2: Identify youth that are impacted by social, emotional, and/or behavioral health challenges and, using evidence based/informed culturally responsive services to engage in a process of healing and positive development.

Please change to:

2.To promote culturally responsive and family driven support networks for underrepresented populations, under-served and general populations of Champaign County.

--

Shandra Summerville  
Cultural Linguistic Competence Coordinator  
ACCESS Initiative of Champaign County  
Prairie Center Health Systems  
217-693-3093

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## Lynn Canfield

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**From:** Shandra Summerville <sasummerville@gmail.com>  
**Sent:** Friday, October 10, 2014 3:33 PM  
**To:** Lynn Canfield  
**Subject:** Changes in Red

### COMMUNITY ENGAGEMENT & ADVOCACY

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

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

Objective #2: Participate in other community based activities such as walks, forums, and presentations to raise awareness of cultural competence, acceptance, inclusion and respect

--

Shandra Summerville  
Cultural Linguistic Competence Coordinator  
ACCESS Initiative of Champaign County  
Prairie Center Health Systems  
217-693-3093

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## Lynn Canfield

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**From:** Vicki Niswander <[vniswander@gmail.com](mailto:vniswander@gmail.com)>  
**Sent:** Wednesday, September 24, 2014 1:08 PM  
**To:** 'Lynn Canfield'  
**Subject:** RE: Three Year Plan Draft for comment

Lynn –

That looks fine. I might change it a bit regarding the use of the word “consumer” to replace with the term “self-advocate”. It may occur elsewhere in addition to the places I noted, but a quick “find and replace” could take care of that in quick order.

Vicki

---

**From:** Lynn Canfield [<mailto:lynn@ccmhb.org>]  
**Sent:** Wednesday, September 24, 2014 10:18 AM  
**To:** 'Vicki Niswander'  
**Subject:** RE: Three Year Plan Draft for comment

Hello Vicki:

I've read through your edits and comments and wonder if this is an accurate summary, in order to share your input most clearly. Please let me know.

Goal #2 could use stronger language - “with a preference for evidence-based practices” rather than “including evidence-based practices.”

Goal #3, Objective #4 – consider an alternative to the word “consumer” in order to avoid the connotation that people with disabilities are consumers rather than contributors.

Goal #4 – replace the word “consumer”

Goal #4, Objective #6 – replace the word “consumer”

Goal #5, Objective #5 – broaden the category from “CILA homes” to “CILA and other creative housing options”

If you approve, I will simply include this summary in the board packet. Once again, thank you for your time and positive contribution to our process.

Lynn Canfield

**From:** Vicki Niswander [<mailto:vniswander@gmail.com>]  
**Sent:** Sunday, September 21, 2014 5:52 PM  
**To:** Lynn Canfield  
**Subject:** Re: Three Year Plan Draft for comment

I have attached the plan with a few comments added. Thanks for the great work you all do!

Vicki

On Thu, Sep 18, 2014 at 2:43 PM, Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)> wrote:

The Champaign County Developmental Disabilities Board is soliciting input on the draft Three Year Plan 2013 – 2015 with FY 2015 Objectives. The goals listed are for the period of 2013 through 2015. Objectives are focused on the 2015 fiscal year. Changes are highlighted; new language is italicized while language to be removed appears with strike outs through them. A copy of the draft Plan is attached for your review and comment.

All comments should be submitted in writing to:

Lynn Canfield

Champaign County Developmental Disabilities Board

Brookens Administrative Center

1776 E. Washington St.

Urbana, IL 61802

Or by e-mail to: [lynn@ccmhb.org](mailto:lynn@ccmhb.org)

Your input is appreciated. Thank you.

--

Vicki Niswander  
IAMC Executive director  
104 Woodcreek Ct.  
Mahomet, IL 61853  
office phone:217-586-4552  
cell: 217-778-1664

Visit the IAMC [website](#), join our [listserv](#) or join us on [facebook](#)!



## Lynn Canfield

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**Subject:**

FW: [EXTERNAL] Three Year Plan Draft for comment (UNCLASSIFIED)

-----Original Message-----

From: Curtin, Deborah R (Debbie) ERD-IL [mailto:Deborah.R.Curtin@usace.army.mil]

Sent: Wednesday, September 24, 2014 9:11 PM

To: Lynn Canfield

Subject: RE: [EXTERNAL] Three Year Plan Draft for comment (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: NONE

Input to the 3 year plan:

Goal 4, Obj2: The is written to focus on those transitioning from ICF-DD facilities. The goal should be broadened for those registered with PUNs, but not yet drawn and those who have chosen HBS services vs. CILA.

Goal 4, Obj 3: Shouldn't you focus on providing support to ensure Employment First is implemented in a way that supports both the employer and the consumer? Given the lack of forethought the State gave to the Ligas implementation plan, I have little faith in the State's ability to implement a program taking into account the broad spectrum of needs (physical, mental and/or emotional) in the DD community.

My perspective:

I understand the intent of Employment First and that it is being implemented across the country. I understand, that on the surface Employment First has been a success and that the program will most likely be the norm for IL. What disturbs me is that I've seen no implementation plan and no data that supports "buy-in" from a variety of potential Champaign County employers. There IS a point where, an individual's physical, mental or emotional disability will preclude employer paid employment. For these individuals, it's my understanding the intent is to develop person centered training/activities. The only details given about person centered is that it is home based and the plan is developed according to "whatever the consumer wants." The person centered approach is certainly germane to meeting consumer needs, but how do you do this in a home based setting and guarantee that it is not as isolating as an institutional like setting we're trying to move away from? How is this type of program going to give the consumer/client the feeling of accomplishment and success, and positive reinforcement from a variety of people including their peers? How do you explain why their friends or housemates are going to "work" when they aren't? What is concerning is that CCDDDB and CCMHB is focusing on employment First and person centered training/activities rather than other alternatives such as a sheltered workshop.

As a parent and a guardian it annoys me when I've heard sheltered workshops compared to a sweatshop when in reality it is a simulated work place. I have a son, a daughter, and a sister with the same disability but varying abilities. My son, who is fairly high functioning, advocated for himself an appointment with a DORs counselor and with their help secured a job in Champaign. It was not a good situation and he lasted less than 2 mos, quitting and refusing to return. Long story short he was accepted into DSC's sheltered workshop program even though on a functional level he was probably too advanced. It took well over a year, but in the workshop environment he was able to experience success and because he was high functioning able to assume a leadership role which led to regaining his confidence. He is transitioning from the workshop to an employer paid job in our home community and is happy. He currently works 2

days a week in his employer paid position and 1 day in a sheltered workshop - when the transition is complete he will be 100% employer paid.

My sister has been in the workshop environment for 30 years; given her physical and mental disabilities an employer paid job is not and will not be an option. At the workshop she works with a variety of people in various jobs and experiences a variety of activities in a single day at a single site. She's busy 5 days a week, about 6 hours a day and she's happy, not bored, and she's earning a paycheck which is something tangible. She has absolutely no concept of money, but it's a piece of paper and it excites her. I don't want her isolated or shuttled all over C-U trying to get her into activities to fill her time for which she has no interest.

My daughter is extremely attached to me and currently stays in the day care home of a friend while I'm at work. We are currently awaiting an opening in a sheltered workshop which is where she needs to start; even if an employer paid position would be available she would be terrified to be pushed so far outside her comfort zone. She needs to build her confidence in a setting where she feels safe and continue relationships with those she's already met through CUSR activities. The goal obviously is to transition her into an employee paid job, but she needs to be prepared for that and a sheltered workshop provides that support while simulating an employer paid environment that will ease the transition. Bottom line, up front - it's not always about the money! For a large percentage of the DD community you must remember your reality is not their reality; your world, is not theirs - the goal should be to make an effort to understand their reality, their world before making decisions that ultimately impact them.

My son and daughter have had their award letters since Oct 2012, both are still at home due to lack of suitable placement.

## Lynn Canfield

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**From:** Cynthia Creighton <cacreigh@gmail.com>  
**Sent:** Tuesday, September 30, 2014 5:05 PM  
**To:** Lynn Canfield  
**Subject:** Fwd: FW: Three Year Plan Draft for comment  
**Attachments:** DDB3yrPlanFY15obj.doc

Good afternoon Lynn.

I read over the draft of the Three Year Plan for the CCDD Board.

I found this very interesting to read. It was very informative.

I wanted to share that I was impressed with all of the document, but a few areas in particular. I love the idea of the Board's desire to participate in and promote community based activities to raise awareness regarding people with intellectual and developmental disabilities. I understand the Disability Expo is one method of pursuing this objective, but I think it would be great if more activities could be implemented.

What really "perked my interest" were some of the objectives under the "RESOURCE DEVELOPMENT & COLLABORATION". I strongly support the objectives to support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and to encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing outside of C/U.

In regard to the RFP, I could not help but feel many of the local providers were a bit defensive. I think it would be great if there could be some type of collaboration between agencies to serve the people. I have always felt that teamwork is best. I can only imagine what we could do to improve the lives of people with disabilities if everyone was willing to work together as a team, even service provider agencies. It would take some brainstorming, but I think it could be beneficial.

I like the idea of partnering with other local entities to seek feedback and input on approaches to develop more resources and have the ability to contain the costs.

It is very important there is a detailed tracking system of the money being spent by organizations being funded by the Board, especially those that are co-funded. I am happy to see included in the draft the objective which indicates a need to identify each CCDDDB funded contract that budgets state revenue as part of program revenue and develop mechanisms to track the level of state payments during the term of the contract.

Given the state of our economy, it is important to know the CCDDDB money is being spent wisely and is being utilized to truly improve the lives of those with disabilities. It is my belief that any organization who is blessed to receive a grant from the CCDDDB should be reaching out to the community to determine what the needs are for people with disabilities and how they can best put those funds to appropriate use based on those needs. Honesty is extremely important, and each organization should be mandated to provide detailed reports of how that money is being spent.

I believe following the PUNS list and Ligas, and developing relationships in reference to these topics, could be beneficial in the Board's endeavor to stay abreast of what is transpiring with these topics.

I could go on and on about this draft, but I won't. There are a few things I am not familiar with in the draft. I would love to set a time to come in and sit down with you so you could explain them to me to help me better understand how they relate to the CCDDDB.

Thank you for the opportunity to review this important document! :)

Have a great evening Lynn. I am finally getting better! I am so sorry it took me so long to review.

Cindy C.

----- Forwarded message -----

From: **Creighton, Cynthia A** <[cacreigh@illinois.edu](mailto:cacreigh@illinois.edu)>

Date: Tue, Sep 30, 2014 at 4:16 PM

Subject: FW: Three Year Plan Draft for comment

To: "[cacreigh@gmail.com](mailto:cacreigh@gmail.com)" <[cacreigh@gmail.com](mailto:cacreigh@gmail.com)>

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**From:** Lynn Canfield [<mailto:lynn@ccmhb.org>]

**Sent:** Thursday, September 18, 2014 2:44 PM

**To:** [betzm@autismillinois.org](mailto:betzm@autismillinois.org); Teresa OConnor; [musteredt@aol.com](mailto:musteredt@aol.com); [byarnell@ucpll.org](mailto:byarnell@ucpll.org); [melissa@equipforequality.org](mailto:melissa@equipforequality.org); Dennis Carpenter; [mikebrown@ctfillinois.org](mailto:mikebrown@ctfillinois.org);

[jen.advocacy@gmail.com](mailto:jen.advocacy@gmail.com); Tortorelli, Linda; Ferguson, Sheila; Sheila Krein; Dale Morrissey; Patty Walters; [mark.scott@mail.com](mailto:mark.scott@mail.com); Nancy McClellan - Hickey; Darlene Kloepfel; [kliffick@ccrpc.org](mailto:kliffick@ccrpc.org); B-J Jewett; Vicki Niswander; David Wetherow; David Happ; Creighton, Cynthia A;

[Deborah.R.Curtin@erdc.usace.army.mil](mailto:Deborah.R.Curtin@erdc.usace.army.mil); [mark.doyle@illinois.gov](mailto:mark.doyle@illinois.gov);

[cbennett@individualadvocacygroup.com](mailto:cbennett@individualadvocacygroup.com); [dbrooks@individualadvocacygroup.com](mailto:dbrooks@individualadvocacygroup.com)

**Cc:** [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)

**Subject:** Three Year Plan Draft for comment

The Champaign County Developmental Disabilities Board is soliciting input on the draft Three Year Plan 2013 – 2015 with FY 2015 Objectives. The goals listed are for the period of 2013 through 2015. Objectives are focused on the 2015 fiscal year. Changes are highlighted; new language is italicized while language to be removed appears with strike outs through them. A copy of the draft Plan is attached for your review and comment.

All comments should be submitted in writing to:

12.D.

FY2014 Annual Performance Outcome Reports and Data Summaries for ID/DD  
Programs Funded by the CCDDB or CCMHB.

Autism Society of Illinois-CUAN  
Performance Outcomes FY2014

**CCDDB Program Plan**

**C-U Autism Network, a project of the Autism Society of Illinois**

**Program Plan**

**7/01/13 to 6/30/14**

**Consumer Outcomes**

1. The project held eight regularly scheduled meetings.
2. The project offered two childcare options on-site during our eight regularly scheduled meetings to enable parents to attend; childcare for those under age six, and a yoga/activity option for those age six and above with an autism spectrum diagnosis. Our Sibling Group was suspended this year due to lack of attendance over the last two years.
3. The project sponsored two Autism Spectrum-related workshops.
4. The project reached at least 1200 individuals, family members and professionals.
5. The project distributed New Parent packets this year to newly diagnosed families.
6. The project held three family events.
7. The project held the Autism Walk & Safety Fair in April for Autism Awareness Month.
8. The project maintains a web-site, a list serv, as well as a local telephone. The Network is working to provide Spanish information about autism events.

PY2014 Demographic Data  
 Agency Autism Society of Illinois  
 Program CU Autism Network

Age	Total
0 to 6	21
7 to 12	29
13 to 18	14
19 to 59	158
60 to 75up	3
dna	
<b>Total</b>	<b>225</b>
Race	
White	191
Black/AA	12
Asian/PI	10
Other	0
dna	2
<b>Total</b>	<b>215</b>
Origin	
H/L	3
non H/L	212
dna	
<b>Total</b>	<b>215</b>
Gender	
Male	63
Female	158
dna	
<b>Total</b>	<b>221</b>

PY2014 Zip Code Data  
 Agency Autism Society of Illinois  
 Program CU Autism Network

Zip Code	City	Total
60949	Ludlow	0
61801	Urbana	21
61802	Urbana	7
61815	Bondville	1
61816	Broadlands	0
61820	Champaign	20
61821	Champaign	20
61822	Champaign	13
61840	Dewey	0
61843	Fisher	2
61845	Foosland	0
61847	Gifford	0
61849	Homer	0
61851	Ivesdale	0
61852	Longview	1
61853	Mahomet	6
61859	Ogden	1
61862	Penfield	0
61863	Pesotum	0
61864	Philo	0
61866	Rantoul	3
61871	Royal	0
61872	Sadorus	0
61873	St Joseph	2
61874	Savoy	2
61875	Seymour	0
61877	Sidney	0
61878	Thomasboro	0
61880	Tolono	0
Other	-----	

Totals 99

## FY14 Performance Outcomes Report

CTF ILLINOIS  
PROGRAM NAME: NURSING  
9/22/14

### **ACCESS OUTCOME MEASURE (from application)**

Nursing services are provided to our one group home 24 hours a day, 7 days a week. The nurse is required for on call services and to be able to respond immediately. Residents may request contact with the nurse, nurse trainer, or staff who have received training at any time. Training of staff regarding medication dispersal, potential side effects of medications, and staff rights and responsibilities regarding medications is a comfort to our residents as they know they will be cared for around the clock by competent staff. In reference to the nurse adapting to the diversity in the consumers we serve, CTF ILLINOIS staff collaborate with and provide information and tools to the nurse to use in communication with our resident who is deaf. CTF ILLINOIS will keep records of intake demographics through residents' zip codes prior to admission. This information will be submitted to CCDDDB upon request.

### **ACCESS OUTCOME MEASURE (results)**

The rationale for this application was to provide nursing funding for seven (7) individuals residing in Champaign County. Three hundred and twenty hours of nursing services have been provided in the past year.

Nursing services have been provided in accordance with the original application. CTFILLINOIS was previously contracting for nursing services and is now using internal nursing to provide even more efficient services. This nurse is a DHS-approved Nurse Trainer and has in the past year re-authorized all staff to administer medications per DHS Rule 116. The Nurse Trainer completes routine observations to ensure compliance. This is in addition to routine services related to consumer care. All individuals received annual health and physical checks, Self-Administration of Medication Assessments, lab work, nursing notes, and any other nursing services required/needed.

Nursing has been involved with the IDT process, monitoring of health related issues/services/medications, completed assessments/observations, and provided training to staff. This past year, nursing assisted with the assessment/evaluations of two new admissions to the residential home as well as training to staff on medication and health issues regarding those new residents.



### **CONSUMER OUTCOME MEASURE (from application)**

Our residents have opportunities in several different areas to express like and dislike of services provided. At annual meetings for their Individual Service Plans (ISP), they are asked about nursing services and if there is anything that they would like to change regarding the services they receive. They are also assessed in order to determine how well they are progressing in learning about their medication. This is reported through monthly notes (Q notes) and progress is shared with the Interdisciplinary Team (IDT) at the resident's annual ISP. The local PAS agent visits quarterly to ensure residents are receiving quality services. It is expected that our residents will be well cared for and our agency will continue to be in compliance with Illinois Department of Human Services (DHS) regulations. Each resident has a self-medication assessment that determines how much each individual knows about their medications and their abilities to administer their own medication. This assessment is to be done annually with their ISP by the RN Trainer. This assessment is approved by DHS and accurately reflects resident's skills and needs. These assessments are completed annually and compared to the previous year to rate progress and establish new goals for the resident for the next year. All goals are reviewed monthly. CTF ILLINOIS values the feedback we receive from our residents and we provide opportunity at regularly scheduled house meetings to ensure they are healthy and satisfied with the services they receive, including nursing services. Having consistent nursing makes our residents become more comfortable and willing to talk openly about issues of concern.

### **CONSUMER OUTCOME MEASURE (results)**

An annual Satisfaction Survey was completed by the individuals and/or guardians. The results showed a 98% level of satisfaction with CTF ILLINOIS services (including nursing.) The guardians expressed satisfaction with all 12 categories surveyed. The comments provided also reflected a high level of satisfaction.

The monthly Q notes indicate progress was made in all medication goals for all individuals. Self-Administration of Medication Assessments were completed for all individuals. This assessment is a reflection of the individuals' strengths and weaknesses in administering their own medication.

### **UTILIZATION OUTCOME MEASURE (from application)**

The aging population necessitates a high amount of nursing contact hours. CTF ILLINOIS will work to reduce nursing hours through staff training on medication administration policies and procedures. Nursing tasks to be completed by non-RN staff include, but are not limited to, data entry of medication error/incident reports, managing files on residents to provide the current data in the working binder/MAR on hand, and the previous information easily accessible by year in filing cabinets. Other tasks include contacting doctor offices for follow-up requests, scheduling appointments & procedures, typing new forms and photocopying forms to stock the RN Trainers supply of working documents.

Medication errors and incidents reports will be tracked monthly and reviewed quarterly by the Safety and Human Rights Committees. Our goal is to have no medication errors. Staff must be well trained initially, with on-going training to prevent errors and maintain resident safety.

We also keep data on the number and amount of time our on-call nurses are spending with out residents (Face-to-face and by phone). CTF ILLINOIS tracks the nursing contact hours quarterly. We have found that as staff competencies increase through training we have a decrease in the amount of contact time needed with our on-call nurse. We are still required by DHS to have an on-call nurse available for additional contact time as needed and the intentions are for costs for this service to decrease due to our staff training efforts; however, DHS does not reimburse us for these on-call nursing services.

Nursing services are currently providing quality care for our residents, and will continue to do so in conjunction with this proposal. All written documentation is accessible for review and is monitored by the Vice President of Community Services.

#### **UTILIZATION OUTCOME MEASURE (results)**

Nursing continues to review all medication errors and incident reports and these reports are reviewed monthly by the Risk Safety Committee. Any trends in injury/incidents are reviewed quarterly by the Human Rights Committee.

CTF ILLINOIS continues to track nursing hours and report hours quarterly. Hours of service include time spent completing assessments, managing files, reviews of medication errors and incident reports, communicating with physicians, providing staff training on medication or health services, etc.

CTF ILLINOIS was visited by DHS Bureau of Quality Management in September 2014 and received very high marks, especially related to Rule 116. The surveyors commented on the perfect human resources charts, great medication pass (with no errors), good PRN documentation, friendly staff, great person centered plans and loved our questionnaire prior to ISP, and great risk assessment reviews.

## FY14 Performance Outcome Report

CTF ILLINOIS

PROGRAM NAME: RESIDENTIAL & DAY TRAINING

9/22/14

### **ACCESS OUTCOME MEASURE (from application)**

Residential services are provided to each individual 24-hours a day, 7 days a week. Criteria for accessing services include: 1) the individual must be 18-years or older; 2) developmentally disabled; and 3) in need of an array of services in a supervised living arrangement. There is a CILA Supervisor for on-call services who is required to be able to respond immediately.

Residents may call or request contact with the CILA Supervisor at any time. Staff may have questions about how to best assist residents or there may be a maintenance or supply need. CTF ILLINOIS provides DHS-approved training of staff regarding the skills needed to work as a Direct Care Personnel. The On-the-Job activities are supervised by the CILA Supervisor and Residential Administrator. The residents are able to assist in this training so the staff have one-to-one experience, which is a comfort to residents as they know they will be cared for around the clock by competent staff. The staff are trained in diversity-related to the residents we serve. CTF ILLINOIS staff collaborate with and provide information tools for use by our resident who is deaf. CTF ILLINOIS will keep records of intake demographics through the funded resident's zip code prior to admission to CTF; this information will be submitted to CCDDDB upon request.

As part of CTF ILLINOIS' policy and procedures, individuals can access our program easily and quickly as supervised by the Vice President of Operations, Residential Administrator, and CILA Supervisor. Prospective residents are invited to tour the group home, meet the staff & residents, join in activities & outings of our individuals as deemed appropriate and finally invited to stay overnight in order to enable them to make an informed choice in concerning residency in the home.

Champaign County Regional Planning Commission is informed of when there is a vacancy as well as other community groups involved in serving adults with developmental disabilities so that CTF ILLINOIS can outreach to individuals who are seeking services but do not currently qualify for State funding otherwise.

### **ACCESS OUTCOME MEASURE (results)**

The rationale for this application was to provide residential funding for one individual residing in Champaign County. An individual was identified and determined to meet the eligibility criteria for entrance into a DHS-approved CILA site. This was coordinated with the PAS agent at Champaign County Regional Planning. He was admitted on July 30, 2010. He continues to provide consent annually for services and continues to meet the DHS-guidelines for entry into the program.

A person-centered service plan is revised annually and implemented in order to meet this person's needs. He has goals for money management, community involvement, self-medication skills, adaptive daily living skills, and adaptive behaviors. This individual has since participated in many community activities and maintained his local school placement until he

graduated. He now attends Developmental Services in Champaign for developmental day training services. He also holds a community job for a couple of hours one day a week.

Since this individual's admission, he has received 24-hour care, 7 days a week. He has supports from direct care staff who receive training on a DHS-approved curriculum. There remains on call a CILA supervisor, Administrator, Case Manager, Nurse and Vice President of Operations to provide any assistance or supports.

CTF ILLINOIS maintains a list of referrals for any vacancies that occur; however, CCDDDB funding, at this time, is limited to one person. If additional, appropriate referrals are received for individuals needing services, CTF ILLINOIS will first explore DHS funding and then apply for additional CCDDDB funding if necessary.

CTF ILLINOIS did apply for Medicaid funding this past year and the individual was approved for that funding. CTF ILLINOIS has worked with a PAS agent on applying to DHS for the individual to receive his funding through the Medicaid Waiver Program. We are waiting on the determination of that request.

#### **CONSUMER OUTCOME MEASURE (from application)**

CTF ILLINOIS values feedback from our residents and provides opportunities at regularly scheduled house meetings to ensure they are healthy and satisfied with the services they receive, including nursing services. Having access to staff members gives our residents the opportunity to share information with whomever they are most comfortable, which has increased their willingness to talk openly about issues of concern.

CTF ILLINOIS issues a Satisfaction Survey annually to residents, guardians, parents, other family if applicable, all employees and all stakeholders for feedback on our progress in serving these individuals.

Residents have opportunities in several different areas to express likes and dislikes of services provided. At annual staffings for their Individual Service Plans (ISP), they are asked about nursing, vocational and CILA services and if there is anything that they would like to change regarding the services they receive.

They are also assessed in order to determine how well they are progressing in learning about their individualized programs. This is reported through monthly notes provided by the Case Manager and progress is shared with the Interdisciplinary Team (IDT) at the resident's annual ISP. The local PAS agent visits quarterly to ensure residents are receiving quality services. We have a Human Rights Committee that reviews and ensures individual rights are maintained and quality services are provided to our residents. It is expected that our residents will be well cared for and our agency will continue to be in compliance with Illinois Department of Human Services (DHS) regulations. Annually, these assessments are completed and compared to the previous year to rate progress and establish new goals for the residents for the next year. All goals are reviewed every month or as needed.

### **CONSUMER OUTCOME MEASURE (results)**

An annual Satisfaction Survey was completed for all individuals. The guardians expressed satisfaction with all 12 categories surveyed. The comments provided also reflected a high level of satisfaction. The level of satisfaction was 98% for the survey.

This individual was admitted on July 30, 2010. A 30-day ISP was developed that solicited his and guardian input. Annual ISPs were held in July of 2011, 2012, 2013 and 2014. The individual and his guardian chose to continue to receive residential services from CTF ILLINOIS. He has continued to make progress on his self-directed goals.

A resident council meeting is held monthly at the Devonshire CILA and the individual's input has been sought, especially about community outings. As a result, individuals have attended multiple community (local and surrounding area), such as events/festivals, special outings such as dinner theatre, and a vacation to Cincinnati, OH. The individual receiving funding, chose to participate in a local karate group and has earned his first degree yellow belt this past year.

In July 2012, CTF ILLINOIS was surveyed by DHS for CILA services and received a score of 99%.

CTF ILLINOIS was surveyed by DHS Bureau of Quality Management in September 2014 and received a high score of 98% for CILA services! Additionally, DHS reviewed CTF ILLINOIS' compliance with Rule 116 and received high marks.

The DHS surveyors had many positive comments regarding services. They commented on The perfect human resources charts, great medication pass (with no errors), good PRN documentation, friendly staff, great person centered plans and loved our questionnaire prior to ISP, and great risk assessment reviews.

### **UTILIZATION OUTCOME MEASURE (from application)**

CTF ILLINOIS has an intended occupancy of seven (7) individuals, though CCDDDB funding only applies to one individual currently being served/funded. All written documentation is accessible for review taking into consideration confidentiality policies.

CTF ILLINOIS will contact with other agencies in the Champaign County Community notifying them of our opening for a male resident fitting the criteria for CILA services who is unable to receive funding at this time. There is one male individual who has proven an appropriate applicant and we are in the process still of searching for other applicants.

### **UTILIZATION OUTCOME MEASURE (results)**

CTF ILLINOIS worked with Champaign County Regional Planning and the Urbana School District and was able to identify a Champaign County resident who met the criteria for entrance and he was admitted on July 30, 2010. He continues to receive residential services, which have expanded to developmental training services due to his successful high school graduation and additional funding from CCDDDB!

## **CULTURAL COMPETENCY**

CTF ILLINOIS has implemented goals related to Cultural Competency.

CTF ILLINOIS currently has in place the following to promote cultural competency:

- Upon hire, all employees are trained on person centered planning, client choice, and communication during their classroom and orientation training.
- Case Managers use their training to develop programming to increase client voice and choice via communication boards, adaptive equipment acquisition, and goals.
- Supervisors and Case Managers assist the individuals in making choices about their homes, by having the client assist with all decorating within the home.
- A site QA is completed every other month by either an Administrator or VP of Operations, QA includes review of documentations, environmental and observation of individuals.

CTF ILLINOIS values client voice and choice, and promotes person centered programming. Below is a list of what is currently in place:

- Each site holds monthly consumer council meetings, in which the minutes are posted within the home.
- Complaint and grievance procedures and numbers are posted at all sites.
- DT Sites hold regular parent meetings for their input.
- Assessments are completed by Case Managers with the individual prior to every ISP called the Pre-ISP Interview. This form captures what the individual is capable of doing, what they would like to work on, and what they want. The answers from this assessment are summarized within the ISP and all the choices are addressed.
- All individuals decide where, what time, and who to invite to their annual ISP meetings.
- Upon admit, receive an individual handbook that is supplemented by pictures informing the individual of their rights. Individual rights are reviewed annually with the individuals receiving services and their guardians.
- All homes and bedrooms are decorated with client input to their likings.
- CTF ILLINOIS has and provides supports to each area to have a Self-Advocate Group. Many of these self-advocates are active within their local and state government. Training is provided to the self-advocates on various topics from outside sources, including benefits, work opportunities, and the annual self-advocate conference. The self-advocates use this training to make changes within our organization.

PY2014 Demographic Data  
 Agency CTF  
 (by program)

	Nursing	Residential
<b>Age</b>		
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	4	1
60 to 75up	3	0
dna		
<b>Total</b>	7	1
<b>Race</b>	0	0
White	6	1
Black/AA	1	0
Asian/PI	0	0
Other	0	0
dna		
<b>Total</b>	7	1
<b>Origin</b>		
H/L	0	0
non H/L	7	1
dna		
<b>Total</b>	7	1
<b>Gender</b>		
Male	2	1
Female	5	
dna		
<b>Total</b>	7	1

PY2014 Zip Code Data  
 Agency CTF Illinois  
 Program Nursing & Residential

Zip Code	City
60949	Ludlow
61801	Urbana
61802	Urbana
61815	Bondville
61816	Broadlands
61820	Champaign
61821	Champaign
61822	Champaign
61840	Dewey
61843	Fisher
61845	Foosland
61847	Gifford
61849	Homer
61851	Ivesdale
61852	Longview
61853	Mahomet
61859	Ogden
61862	Penfield
61863	Pesotum
61864	Philo
61866	Rantoul
61871	Royal
61872	Sadorus
61873	St Joseph
61874	Savoy
61875	Seymour
61877	Sidney
61878	Thomasboro
61880	Tolono
Other	-----

Total

7

Totals

7

# Champaign County Down Syndrome Network

## Performance Outcomes FY2014

### Performance Measures -

**Our board meets the first Tuesday of each month to discuss and vote on appropriate activities and financial decisions which affect the DSN. We follow our mission statement to help guide our decisions: "The Champaign County Down Syndrome Network operates as a not-for-profit organization serving families who have members with Down syndrome in Central Illinois. The DSN offers support to families by providing current information for parents, professionals, and the general public. We also reach out to new parents and try to raise awareness of Down syndrome in our community."**

**Our board is committed to continue to follow the DSN mission statement and act in the interests of our members. For this reason, we are in the process of developing a code of conduct for our board members. We continue to seek the best methods to better ourselves as a not-for-profit organization.**

**We have changed our meeting format to fit the needs of our group. The past year we have facilitated activities to target particular age groups as well as events for whole family participation. We have found our attendance at these community events has gone up. We continually strive to meet the needs of our members. Our meetings are open to the public. Childcare is provided during meetings. In December a holiday party is held, and an annual picnic is celebrated in June or July. The DSN facilitates social interaction through outings, book clubs, pool parties, as well as our "tween" group's monthly events.**

**DSN's largest awareness and fundraising campaign is the annual Buddy Walk. It is a free event open to the public held at the Champaign County Fairgrounds. This year, over 1400 people registered online as walkers. We estimate 1500 people attended the event. The Down Syndrome Network (DSN) provides support to families by distributing information about our parent support group at local hospitals, schools, places of employment, community agencies and any other business, organization, agencies or public entity. The DSN also has an up-to-date website and Facebook page with contact information for the group and other Down syndrome organizations. We belong to two national organizations, The National Down Syndrome Society (NDSS) and the National Down Syndrome Congress (NDSC), and our local contact information is listed on both national websites. In addition, the DSN sends a monthly newsletter which many professionals in the Champaign County area receive and then pass the information along to new families. The DSN has a book club activity to reach out to older teens/younger adults in the area. The DSN provides parents with *new parent packets* which contains valuable information. DSN parent volunteers have also visited the homes of new parents for in-person support. The DSN maintains an email list of parents and professionals in the area to keep up-to-date on matters that are timely or may have missed the newsletter. The DSN collaborates with other Down syndrome organizations such as Gigi's Playhouse, to provide other resources, workshops, and current information to help our members.**

**Is the program making an effort to identify demographics for persons served and/or not served as appropriate? *Yes. We do not discriminate.***

**Is there some accountability for the speed of consumer access? *We try to reach all consumers in a timely manner. Most emails or phone calls are answered that business day. We have a new parent coordinator who follows-up with new families.***



Is the program investigating and reacting to variances in the above? To the best of our ability. *Yes. Our change from monthly meetings to activities has shown a great improvement in attendance.*

For PY14 will the program track and report consumer residency by zip code?

Yes

-

### Consumer Outcomes

Our monthly newsletter is distributed to approximately 125 families. On average, fifteen families attend monthly meetings and speaker presentations. Our prenatal brochures and informational brochures are printed in both English and Spanish. They have been delivered to hospitals and clinics in Champaign-Urbana as well as distributed at the Disability Expo. The hospitals and clinics have referred several families to the DSN with a prenatal diagnosis of Down syndrome or a newborn baby diagnosed with Down syndrome. The DSN has referred families to appropriate community services such as early intervention, respite, pre-school, early childhood, daycare, vocational and recreation programs. Advocate family members have also assisted families who have children with Down syndrome with support at IEP meetings, vocational and recreational meetings, as well as guardianship assistance. The DSN provides the opportunity for both the community and people with Down syndrome to assist in fundraising opportunities through the Buddy Walk. We have developed a relationship with the University of Illinois through special education classes. Approximately 30 students have completed special projects for the DSN, provided childcare at our general meetings, or assisted with advocacy events in the community. Last year, the DSN participated in four local advocacy events.

### Utilization/Production Data Narrative (Reference the data contained in the Part II Utilization/Production Data Form attached)

Following a tradition started by the National Down Syndrome Society (NDSS), the DSN will continue to organize the annual Buddy Walk to raise awareness in the community about Down syndrome. The Buddy Walk has become an opportunity to involve the community both in terms of participation and volunteerism. Last year's event was a great success with 1400 walkers who registered online. It involved the community and people with disabilities participating together..

Last year we participated for the fourth year in a nation-wide advocacy event "Spread the Word to End the Word." The campaign was also extended with a "Chalk the Word to End the Word" contest. Several local schools participated in the campaign which consisted of positive chalk designs to educate students about the use of the "R" word. Winning entries were posted on our Facebook page and given awards.

We also will continue provide an annual conference for parents and the professional community of Champaign-Urbana on special-needs issues. This year's conference dealt with the issue of learning through technology. Over 30 teachers, parents, and professionals were in attendance.

Respectfully submitted,

Melissa Hoerner

PY2014 Demographic Data  
 Agency Champaign County Down Syndrome Network  
 Program Champaign County Down Syndrome Network

Age	Total
0 to 6	33
7 to 12	30
13 to 18	10
19 to 59	13
60 to 75up dna	0
<b>Total</b>	86
<b>Race</b>	
White	73
Black/AA	4
Asian/Pl	2
Other	2
dna	5
<b>Total</b>	86
<b>Origin</b>	
H/L	3
non H/L	79
dna	4
<b>Total</b>	86
<b>Gender</b>	
Male	36
Female	50
dna	
<b>Total</b>	86

Zip Code	City	Total
60949	Ludlow	0
61801	Urbana	110
61802	Urbana	134
61815	Bondville	5
61816	Broadlands	1
61820	Champaign	189
61821	Champaign	109
61822	Champaign	157
61840	Dewey	1
61843	Fisher	13
61845	Foosland	3
61847	Gifford	5
61849	Homer	5
61851	Ivesdale	5
61852	Longview	0
61853	Mahomet	92
61859	Ogden	5
61862	Penfield	0
61863	Pesotum	0
61864	Philo	27
61866	Rantoul	11
61871	Royal	19
61872	Sadorus	0
61873	St Joseph	14
61874	Savoy	19
61875	Seymour	20
61877	Sidney	19
61878	Thomasboro	1
61880	Tolono	11
Other	-----	
<b>Totals</b>		975

Champaign County Head Start/Early Head Start  
Social-Emotional Disabilities Services

Performance Measure Outcome Report July 2014  
for year 2013 – 2014

Champaign County Head Start has had another busy year of working with our children and families. Below is the cumulative data in each of the service categories:

	Target	Actual Data
Community Service Events	8	3
Service and Screening Contacts	625	886
Non-Treatment Plan clients	60	304
Continuing Treatment Plan clients	30	45
New Treatment Plan clients	70	145
Other	17	21

The Community Service Events target of 8 events was not reached. Counted in this category are community meetings I would attend for networking and educational purposes such as Birth to 6, Infant Mental Health, Mental Health Association, etc. Due to a high number of referrals, I was unable to attend as many of those meetings as I would have liked.

Service/Screening Contacts numbers are derived from the number of new kids I observe when I complete my Social Emotional Classroom observations. Every classroom and option is observed by me at least 2 times per year. Also included in these numbers are the number of ASQ SE screenings that are completed during a school year and the number of individual child observations I complete each year when children are referred for further service. The target number was surpassed by 261 more screenings this year.

New Non-Treatment clients include parent teacher team meetings to develop or review a child's Individual Success Plan (ISP) and the number of parent trainings I complete annually. ISP meetings are scheduled approximately every 2 months to review behavioral goals. Each site and option receives social emotional/mental health training at least 1 time per year by me. The target number for these events was 60 this year. We exceed that number by 244 in large part because of the large number of ISP plans that needed regular review.

Continuing Treatment Plan clients target number was 30. We had 45 carry over counseling clients or ISP plans from the 2011 – 2012 school year.

New Treatment Plan Clients are children that have new ISP's developed for them, new children who start counseling, or new children that have scored high on their ASQ SE screenings and the teacher and I write extra social emotional goals for them that are

placed on the classroom lesson plan. The target for new clients this year was 70. We exceed that number by 75 mostly due to high referrals for behavioral concerns.

The Other category includes mass screening days, staff training, Policy Council meetings, and when I submit social emotional or mental health topic new articles for the weekly news letters to parents. Our goal this year was 17 events and I concluded the year with 21.

PY2014 Demographic Data  
 Agency RPC Head Start/Early Head Start  
 Program Social Emotional Disabilities

Age	Total
0 to 6	182
7 to 12	1
13 to 18	1
19 to 59	4
60 to 75up	0
dna	
<b>Total</b>	188
<b>Race</b>	
White	34
Black/AA	114
Asian/PI	1
Other	39
dna	
<b>Total</b>	188
<b>Origin</b>	
H/L	13
non H/L	175
dna	
<b>Total</b>	188
<b>Gender</b>	
Male	130
Female	58
dna	
<b>Total</b>	188

PY2014 Zip Code Data  
 Agency RPC Head Start/Early Head Start  
 Program Social-Emotional Disabilities

Zip Code	City	Total
60949	Ludlow	0
61801	Urbana	24
61802	Urbana	20
61815	Bondville	0
61816	Broadlands	0
61820	Champaign	35
61821	Champaign	69
61822	Champaign	5
61840	Dewey	0
61843	Fisher	0
61845	Foosland	0
61847	Gifford	0
61849	Homer	0
61851	Ivesdale	0
61852	Longview	0
61853	Mahomet	3
61859	Ogden	0
61862	Penfield	0
61863	Pesotum	0
61864	Philo	0
61866	Rantoul	26
61871	Royal	0
61872	Sadorus	0
61873	St Joseph	2
61874	Savoy	1
61875	Seymour	0
61877	Sidney	0
61878	Thomasboro	1
61880	Tolono	2
Other	-----	

Totals 188



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## **Community Choices – Performance Measures, FY2014**

### **Customized Employment Program**

Discovery (Yearly goal: 9 individuals complete Discovery)

- # individuals starting Discovery: 11
- # individuals completing Discovery: 9
  - During Discovery, 2 individuals decided they did not want to pursue employment.

Job Skills Training (Yearly goal: 9 individual complete job skills training)

- # individuals completing job skills training: 9

Job Matching (Yearly goal: 6 individuals acquire paid jobs; 3 individuals acquire volunteer jobs or unpaid internships)

- # individuals acquiring jobs: 6
  - Participants acquired paid jobs at: FedEx, Urbana Park District, Challenge Unlimited (2 people), JC Penny, and ESS Cleaning Services
- # individuals acquiring volunteer jobs/unpaid internships (and location): 4
  - Participants acquired volunteer jobs at: Daily Bread, Meals on Wheels, Transitions, YMCA

Short-Term Employment Support (Yearly goal: 9 individuals receive short-term job coaching)

- # individuals receiving on-the-job support in 1<sup>st</sup> 3 months: 9
  - Short-term employment support includes training, providing accommodations, developing relationships with employers and co-workers, determining transportation, and providing fading job coaching.

Long-Term Employment Support (Yearly goal: 20 individuals receive ongoing support and job expansion)

- # individuals receiving long-term support: 28
- examples of support:
  - Helping participants advocate for an achieve promotions
  - Some participants were struggling and needed job coaching to maintain their positions (a few required extensive job coaching)
  - Adding tasks
  - Transferring within a company

- Requesting medical accommodations
- Adding more hours

**Accomplishments beyond our deliverables**

- # individuals acquiring jobs through DRS: 7
  - First School, WILL, FedEx (3 individuals), Personal Support, Microtech
- Provided consultation with another service provider to support a young man in Rantoul to find employment at Rural King, including an extensive list of recommendations for employment success.
- # individuals supported who do not have developmental disabilities: 3
- # individuals supported who live outside Champaign County: 1
- additional supports:
  - Assisted 1 person to get his drivers license
  - Helped 3 individuals monitor their SSI benefits and provided benefit analysis services
  - Assisted 2 individuals in going back to school and setting up services at Parkland





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## **Community Choices – Performance Measures, FY 2014**

### **Community Living Program**

Person-centered planning (Yearly Goal: 18 assessments and person centered plans; 10 individuals meet individual goal; 10 individuals engage in new activity of their choice)

- # of Planning meetings: 13
- # of Assessments Completed: 15
- # of Individual Goals met: 23
  - 2 participants developed criteria for apartments
  - 4 participants moved into a new home or apartment
  - 4 participants began cooking with limited support
  - Secured a new Personal Support Worker
  - Paid off old bills
  - Budgeting and saving weekly
  - Used a medication box to take meds at the scheduled time
  - Developed a weekly chore list
  - Became proficient with email
  - Secured LIHEAP funding to assist with utilities
  - Began investing in an IRA
  - 2 participants opened a savings account
  - Applied for a college scholarship
  - Applied for and received a scholarship for the YMCA
  - Learned how to resolve conflicts
- # of New activities: 12
  - Using a personal computer for shopping online and social media
  - Video game club (3 participants)
  - Church group
  - Sport team
  - Zumba
  - Aqua Aerobics class
  - Psychology Fraternity
  - Student Fellowship Organization
  - Movie club

- Martial arts class

Shared living (Yearly goal: 8 individuals living with roommate(s) and a Community Builder with the support they need)

- # Individuals in shared living: 8
- Individual support provided:
  - Assistance with meal planning, shopping, and food preparation
  - Support with budgeting, bill payment, and financial planning
  - Assistance with finding support for tutoring, scholarships, and entitlements
  - Instructing individuals on household chores and tasks
- House support provided: 9 House Meetings as well as multiple meetings with families and participants to plan logistics, solve problems, evaluate Community Builders, and make roommate changes

Ongoing support (Yearly goal: 10 individuals receive support in their own homes or apartments)

- # Individuals receiving ongoing support: 10
- examples of support:
  - Assistance with creating and maintaining schedules and routines
  - Support with finding, training, and ongoing oversight for Personal Support Workers
  - Provide coordination across agencies to advocate for benefits and entitlements, and improved placements and services
  - Assistance with increasing transportation options using Mass Transit
  - Nutrition and Wellness Education

#### **Accomplishments beyond our deliverables**

- Community Choices offered 8 life skills classes in FY2014, with a total of 32 participants. Classes offered were:
  - Cooking (2 classes)
  - Internet safety
  - Social Skills
  - Community Resource
  - Art
  - Photography
  - Exercise/Fitness
- Classes were taught by Community Choices staff, graduate students in Special Education, a professional photographer, and an art student.



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## **Community Choices – Performance Measures, FY2014**

### **Self-Determination Support Program**

Self-advocacy (Yearly goal: 8 self-advocacy meetings; 1 local project; 2 people participate in statewide event)

- # self-advocacy meetings: 8
  - Topics included: Welcome back, When Someone Passes On, Dreams, Holiday discussion, Crisis planning, Communication (2 sessions), Relationships
- local project: We did not complete a local project this year.
- statewide event: 2 events
  - 2 participants attended the Speak Up, Speak Out Summit
  - 4 participants attended the Going Home Rally
- Outcomes:
  - Individuals are “coming out of their shells” and getting more open about their life experiences

Social Events (Yearly goal: 36 events; 10 individuals have 2 new relationships)

- # events: 41
- type of events: Dinner, Lunch Club, Middlefork walk, Six Flags, bowling, swimming, putt-putt, Curtis Orchard, Illini Women’s basketball game, Miracle on 34<sup>th</sup> Street play, Jupiters event, movies, planetarium, Illini baseball game, art show, live band
- Outcomes:
  - Participants are working on social skills and learning how to be socially appropriate
  - Participants are becoming more independent and not relying on their parents as much
  - Participants are trying new activities
  - New friendships started
  - Participants are learning how to congratulate each other

Social Coaching for Individual Activities (Yearly goal: 8 individuals will organize their own activity with support)

- # individuals receiving social coaching: 11

- type of activities: gaming club, social lunches, home party, movie group, girls group, painting class

Community connections (Yearly goals: 6 individuals develop community connections with people who do not have disabilities)

- # individuals developing community connections: 6
- type of community connections: Latin Club (2 participants), AquaZumba, Springer Cultural Center, martial arts, Gaming Goat

Family Support (Yearly goal: 8 meetings, 4 family gatherings)

- # meetings: 8
  - Topics included: Overview of the year, Parkland disability services, Adult service system, Hiring Personal Support Workers, Medicaid changes, Membership meeting, State advocacy issues, Supportive housing
- # family gatherings: 4
  - Pool party, Bonfire (2 parties), Holiday party

**Accomplishments beyond our deliverables**

- Over the course of the year, Community Choices staff worked with families who had CILA funding to learn about their rights and advocate for providers. Through many meetings and conversations, a provider committed to coming to Champaign County and starting residential and day services.
- Community Choices staff also worked throughout the year with other service providers to develop an Employment First Plan for Champaign County. This plan will expand the options for individuals and the work will continue into the next fiscal year.

PY2014 Demographic Data  
 Agency Community Choices  
 (by program)

Age	Cust Emp	Comm Living	Self Det
0 to 6	0	0	0
7 to 12	0	0	0
13 to 18	0	0	1
19 to 59	32	16	127
60 to 75up	0	0	8
dna			
<b>Total</b>	32	16	136
<b>Race</b>			
White	28	14	117
Black/AA	4	1	10
Asian/PI	0	0	7
Other	0	1	2
dna			
<b>Total</b>	32	16	136
<b>Origin</b>			
H/L	0	0	7
non H/L	32	16	129
dna			
<b>Total</b>	32	16	136
<b>Gender</b>			
Male	23	14	67
Female	9	2	69
dna			
<b>Total</b>	32	16	136

PY2014 Zip Code Data  
 Agency Community Choices  
 (by program)

Zip Code	City	Cust Emp	Comm Liv	Self Det
60949	Ludlow	0	0	0
61801	Urbana	6	2	15
61802	Urbana	2	1	16
61815	Bondville	0	0	0
61816	Broadlands	0	0	0
61820	Champaign	6	6	17
61821	Champaign	4	4	29
61822	Champaign	3	2	28
61840	Dewey	1	0	0
61843	Fisher	1	0	3
61845	Foosland	0	0	0
61847	Gifford	0	0	0
61849	Homer	0	0	0
61851	Ivesdale	1	1	1
61852	Longview	0	0	0
61853	Mahomet	1	0	14
61859	Ogden	0	0	0
61862	Penfield	0	0	0
61863	Pesotum	1	0	0
61864	Philo	0	0	2
61866	Rantoul	4	0	1
61871	Royal	0	0	0
61872	Sadorus	0	0	0
61873	St Joseph	1	0	0
61874	Savoy	0	0	4
61875	Seymour	0	0	2
61877	Sidney	0	0	0
61878	Thomasboro	0	0	0
61880	Tolono	1	0	4
Other	-----			
Totals		32	16	136

## **COMMUNITY ELEMENTS, INC.**

### **Coordination of Services: DD/MI**

#### **Annual Performance Report – FY14**

##### **Consumer Access and Outcomes:**

The DD/MI Services Coordinator serves as the coordinator and clinician for this program. He is experienced in working with this population, with other agencies and with the schools in our community. He is able to educate and consult with community partners and individuals regarding the services offered through this program. The goal is to be a valuable resource in helping resolve issues or barriers for those individuals who are dealing with a developmental disability as well as a mental illness. We seek to be aware of where there are deficits in the system in working with this specific population and strive to make access for our services a simple and timely process. This often requires reaching out to others and participating in events or staff meetings with community providers to communicate what we are able to offer. It is truly part of a wider team effort in order to engage clients who can benefit from the services we are able to provide.

The flexibility of the Coordinator's schedule allows him to engage clients off site if this is needed. There is no waiting list for services for those being referred to us or for those with whom we may need to provide outreach services.

The Coordinator works not only directly with the client, but also with the client's family, when available, providing mental health services as well as referral, linkage and follow-up when additional resources are needed. A thorough mental health assessment is completed on each client, with a plan that addresses immediate and ongoing mental health concerns. The goal is also to provide assistance in helping the client build for his/her future and maintain stability in doing so. This most often involves addressing a variety of other needs such as academic, vocational, family relationships, leisure time activities, housing assistance, etc.

##### **Utilization:**

We have provided services to 26 individuals in FY14, with 12 continuing from the previous year and engaging 14 new clients since July 1, 2013. We have been particularly pleased with helping two clients who were admitted to our TIMES Center Transitional Living Center for homeless men. This DD/MI program allowed us to work effectively with helping them stabilize in regard to behavioral issues, receive training and become employable with one moving toward independent living at this time. There are other "success" stories but these two stand out because these men had been lost "in the system" somehow and without the individualized services

that could address their deficits along with their strengths, their potential could not have been realized.



PY2014 Demographic Data  
 Agency Community Elements  
 Program Coordinated Services DD/MI

Age	Total
0 to 6	0
7 to 12	0
13 to 18	1
19 to 59	25
60 to 75up	0
dna	0
<b>Total</b>	26
Race	
White	15
Black/AA	7
Asian/PI	1
Other	3
dna	0
<b>Total</b>	26
Origin	
H/L	3
non H/L	23
dna	0
<b>Total</b>	26
Gender	
Male	15
Female	11
dna	0
<b>Total</b>	26

PY2014 Zip Code Data  
 Agency Community Elements, Inc.  
 Program Coordinated Svs DDMI

Zip Code	City	Total
60949	Ludlow	0
61801	Urbana	2
61802	Urbana	5
61815	Bondville	0
61816	Broadlands	0
61820	Champaign	3
61821	Champaign	8
61822	Champaign	2
61840	Dewey	0
61843	Fisher	1
61845	Foosland	0
61847	Gifford	0
61849	Homer	0
61851	Ivesdale	0
61852	Longview	0
61853	Mahomet	1
61859	Ogden	0
61862	Penfield	0
61863	Pesotum	0
61864	Philo	0
61866	Rantoul	2
61871	Royal	0
61872	Sadorus	0
61873	St Joseph	1
61874	Savoy	1
61875	Seymour	0
61877	Sidney	0
61878	Thomasboro	0
61880	Tolono	0
Other	-----	
Totals		26

# Developmental Services Center

## CCDDB Performance Measurement Outcomes FY 14:

### Apartment Services:

1. Measure: Within 30 days of receipt of a Referral for Residential Services, an individual's case will be presented to the Admissions Committee for review.  
FY 14 Target: 90%  
FY 14 Outcome: This goal was met at 100%.
2. Measure: Consumers participating in the Apartment Services Program will maintain/make progress toward their independent living skills objectives.  
FY 14 Target: 80%  
FY 14 Outcome: This goal was met at 89% of a random sampling.
3. Measure: Consumers will be given opportunities to explore and/or participate in new activities or hobbies.  
FY 14 Target: 20  
FY 14 Outcome: 37 individuals explored/participated in a new activity or hobby this last fiscal year. Seeking leisure activities of interest to each person in the program continues to be a high priority. Some of the activities this year included: getting a hair makeover, moving into their first apartment, meeting the Illini men's basketball head coach, becoming a YMCA member, and buying a new bicycle.

### Augmented DT:

1. Measure: Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, an individual's request for services will be presented to the Admissions Committee for review.  
FY 14 Target: 90%  
FY 14 Outcome: This goal was met at 100%.
2. Measure: DT/ES consumers will be satisfied with services.  
FY 14 Target: 90%  
FY 14 Outcome: 100%
3. Measure: DT consumers will participate in independent community-based vocational and/or volunteer work settings.  
FY 14 Target: 55%  
FY 14 Outcome: 57%
4. Measure: Each DT consumer will participate in a community-based activity at least one time per month.  
FY 14 Target: 90%  
FY 14 Outcome: 96%

### Augmented ES:

1. Measure: Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, an individual's request for services will be presented to the Admissions Committee for review.  
FY 14 Target: 90%  
FY 14 Outcome: This goal was met at 100%.
2. Measure: Individuals in the program will be satisfied with services.  
FY 14 Target: 90%  
FY 14 Outcome: 95%
3. Measure: Regular Work consumers will make progress toward work-related goals.  
FY 14 Target: 75%  
FY 14 Outcome: 80%

**Clinical Services:**

1. Measure: Clinical Support will provide services to 84 individuals. Consumer attendance and participation will be monitored by consultants' detailed billing statements and clinical notes.  
FY 14 Target: 84 individuals  
FY 14 Outcome: 96 individuals received services in the FY
2. Measure: DSC's Clinical Coordinator will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all consumers receiving DSC/CCDDB funded counseling support.  
FY14 Target: 100%  
FY 14 Outcome: 100%
3. Measure: DSC's Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.  
FY 14 Target: 100%  
FY 14 Outcome: 100% reviewed
4. Measure: Consumers will be satisfied with services received:  
FY 14 Target: 90%  
FY 14 Outcome: 100%.

**Community Employment:**

1. 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.  
FY 14 Target: 90%  
FY 14 Outcome: 100%.
2. Measure: People in the Community Employment Program will be satisfied with services.  
FY 14 Target: 90%  
FY 14 Outcome: 90%
3. Measure: New community employers/job sites will be developed.  
FY 14 Target: 8 sites  
FY 14 Outcome: Five sites were developed during the fiscal year – four different Walgreens stores in different towns and the U of I Food Lab.

**Connections:**

1. Measure: Job Club activities will be planned for those pursuing community employment.  
FY 14 Target: Five activities throughout the fiscal year.  
FY 14 Outcome: 13 Job Club activities occurred.
2. Measure: A diverse array of social events/activities will be offered.  
FY 14 Target: Fifteen different types of events will be offered.  
FY 14 Outcome: 27 different types of activities were provided including trips to zoos and a musical, fundraisers, art shows, participation at the Summit in Springfield as well as Illinois Imagines meetings, CPR/First Aid class and Health Matters, and many self-advocacy events.

**Family Development Center:***(also funded by CCMHB)*

1. Measure: Children will have a completed assessment on file within 14 days of evaluation.  
FY 14 Target: 90%  
FY 14 Outcome: 98%
2. Measure: Consumers will be satisfied with services received.  
FY 14 Target: 90%  
FY 14 Outcome: 100%
3. Measure: Children will make progress toward developmental outcomes.  
FY 14 Target: 90%  
FY 14 Outcome: 100%

**Individual and Family Support:**

1. 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.  
FY 14 Target: 90%  
FY 14 Outcome: 100%.
2. Measure: Consumers will be satisfied with services received.  
FY 14 Target: 90%  
FY 14 Outcome: 100%
3. Measure: All consumers who request community outings will participate in a community outing a minimum of two times per month.  
FY14 Target: 90%  
FY 14 Outcome: 97.5%
4. Measure: Individuals/guardians will participate in the choice of their IFS Service Provider.  
FY 14 Target: 100%  
FY 14 Outcome: 100%

**Integrated and Site-based Services:**

1. Measure: Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, an individual's request for services will be presented to the Admissions Committee for review.  
FY 14 Target: 100%  
FY 14 Outcome: 100%
2. Measure: Individuals in the program will be satisfied with services.  
FY 14 Target: 90%  
FY 14 Outcome: 95%
3. Measure: Regular Work Consumers will make progress toward work-related goals.  
FY 14 Target: 75%  
FY 14 Outcome: 80%
4. Measure: DT consumers will participate in independent community-based vocational and/or volunteer work settings.  
FY 14 Target: 55%  
FY 14 Outcome: 57%
5. Measure: Each DT consumer will participate in a community-based activity at least one time per month.  
FY 14 Target: 90%  
FY 14 Outcome: 96%

**Service Coordination:**

1. 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.  
FY14 Target: 90%  
FY 14 Outcome: This goal was met at 100%.
2. Measure: Consumers participating in the Client/Family Support Program will be satisfied with services received.  
FY 14 Target: 90%  
FY 14 Outcome: This goal was met at 95% from sampled consumers who returned the satisfaction survey.
3. Measure: Given the timely submission of requisite documentation by DSC program staff, Case Coordinators will complete each consumer's Individualized Service Plans within 14 working days after the Annual Interdisciplinary Team Planning Meeting.  
FY 14 Target: 85%  
FY 14 Outcome: 73%

PY2014 Demographic Data  
 Agency DSC  
 (by program)

Age	Apt Svcs	Clinical	Comm Emp	Connections	Fam Dev Ctr	IFS	ISBS	Serv Coord
0 to 6	0	0	0	0	680	8	0	7
7 to 12	0	3	0	0	0	14	0	32
13 to 18	0	2	0	0	0	5	0	27
19 to 59	54	84	49	82	0	16	50	287
60 to 75up	11	7	1	4	0	3	5	41
dna	0	0	0	0	0	0		0
<b>Total</b>	65	96	50	86	680	46	55	394
<b>Race</b>								
White	54	81	36	68	432	33	42	311
Black/AA	8	13	11	18	115	4	11	61
Asian/PI	2	0	3	0	25	4	1	13
Other	1	2	0	0	108	5	1	9
dna	0		0	0	0			0
<b>Total</b>	65	96	50	86	680	46	55	394
<b>Origin</b>								
H/L	1	1	1	1	103	0	0	5
non H/L	64	95	49	85	577	46	55	389
dna	0	0	0		0	0		0
<b>Total</b>	65	96	50	86	680	46	55	394
<b>Gender</b>								
Male	39	56	29	43	415	34	35	229
Female	26	40	21	43	265	12	20	165
dna	0	0	0		0	0		0
<b>Total</b>	65	96	50	86	680	46	55	394

PY2014 Zip Code Data

Agency Developmental Services Center  
(by program)

Code	City	Apt Svcs	Clinical	Comm Emp	Connections	Fam Dev Ctr	IFS	ISBS	Serv Coord
60949	Ludlow	0	0	0	0	2	0	1	3
61801	Urbana	6	14	7	8	67	7	9	49
61802	Urbana	32	20	12	30	64	9	13	62
61815	Bondville	0	0	0	0	3	0	0	1
61816	Broadlands	0	0	0	0	0	0	0	0
61820	Champaign	5	8	7	7	67	7	5	40
61821	Champaign	16	29	12	25	156	7	12	94
61822	Champaign	3	11	2	6	66	7	2	28
61840	Dewey	0	0	0	0	1	0	0	0
61843	Fisher	0	1	1	0	10	1	1	6
61845	Foosland	0	0	0	0	0	0	0	0
61847	Gifford	0	0	0	0	4	0	0	0
61849	Homer	0	0	0	0	5	0	0	1
61851	Ivesdale	0	1	0	0	0	0	0	1
61852	Longview	0	0	0	0	0	0	0	0
61853	Mahomet	0	3	2	4	31	3	3	36
61859	Ogden	0	0	0	0	2	0	0	1
61862	Penfield	0	0	0	0	1	0	0	1
61863	Pesotum	0	0	0	0	1	0	1	2
61864	Philo	0	0	0	0	5	0	0	1
61866	Rantoul	1	6	3	3	103	0	2	20
61871	Royal	0	0	0	0	0	0	0	0
61872	Sadorus	0	0	1	0	4	1	0	2
61873	St Joseph	1	1	0	1	28	1	3	17
61874	Savoy	1	2	2	1	23	0	1	5
61875	Seymour	0	0	0	1	2	1	1	2
61877	Sidney	0	0	0	0	9	0	0	1
61878	Thomasboro	0	0	0	0	5	0	0	1
61880	Tolono	0	0	0	0	20	1	1	19
Other	-----			1	0	1	1		1
Totals		65	96	50	86	680	46	55	394

# PACE, Inc. - Opportunities for Independence FY14 Performance Outcomes Report

## TOTAL OUTCOMES

CCDDB JULY 1, 2013 - JUNE 30, 2014

### CIVIL RIGHTS AND THE LAW OUTCOMES

	CL 102 Knows Disability Law(s) _____
	CL 203 Recognize and confront infringement of rights
	CL 401 Change legal status
	CL 402 Filed Appeal (benefits/services, housing, agency decisions)
	CL 403 Filed Suit (discrimination, small claims, etc)

### COMMUNICATION OUTCOMES

	CM 138 Uses interpreter/ reader services
	CM 140 Uses relay services
1	CM 206 Communicates confidently
	CM 207 Increase speech/reading
	CM 240 Uses message relay
	CM 241 Increased sign language
	CM 242 Fluent in sign
	CM 243 Communicates in groups
	CM 244 Communicates in social situations
	CM 245 Communicates in writing
	CM 246 Writes English or ASL gloss
	CM 247 Increased ability to express needs effectively
	CM 248 Writes effective letters
	CM 249 Communicates more comfortably with family and friends (resolve issues)
1	CM 250 Communicates more comfortably on the phone
	CM 251 Communicates more comfortably with personal assistant
	CM 254 Reads written materials adequately through mechanical aids or Braille
	CM 255 Communicated using Assistive Technology
	CM 256 Writes legibly (signing checks, correspondence, etc)
	CM 257 Uses time telling device
	CM 320 Acquires interpreter or reader services

### EDUCATION AND TRAINING OUTCOMES

1	ET 207 Increase advocacy ability to improve educational status
	ET 404 Started pre-vocational training
	ET 406 Started vocational training
	ET 407 Acquired GED
1	ET 408 Acquired skill : _____
	ET 410 Entered DRS VR
	ET 411 Applied to college
	ET 412 Entered college



ET 415 Completed degree program

### EMPLOYMENT OUTCOMES

	EM 108 Knows work incentives
1	EM 241 Knows own job accommodation needs
	EM 244 Retains employment
	EM 416 Entered sheltered employment
	EM 417 Maintained sheltered employment schedule
	EM 418 Entered transitional employment program
	EM 420 Entered employment
	EM 421 Maintained employment
	EM 422 Acquired volunteer work
	EM 423 Achieve job readiness (interview skills, resume practice, realistic views of job market)

### EQUIPMENT/ASSISTIVE TECHNOLOGY OUTCOMES

	AT 101 uses Assistive Technology
	EQ 124 Knows personal adaptive equipment needs
	EQ 134 Uses adaptive equipment for maximum independence
	EQ 312 Acquired mobility aid
	EQ 313 Acquired visual aid
1	EQ 314 Acquired adaptive equipment
	EQ 315 Acquired equipment repair/maintenance
	EQ 317 Acquired equipment for work
	EQ 318 Acquired equipment for education
	EQ 319 Acquired TTY
	EQ 320 acquired free amplified phone through ITAC

### FINANCE AND BENEFITS OUTCOMES

	FB 109 Understands financial opportunities
	FB 110 Understands financial entitlements (tax abatements/waivers)
	FB 111 Knows earned and unearned income
	FB 112 Understands transfer benefits (food stamps/subsidy)
	FB 210 Manages personal funds
1	FB 215 Self advocates for benefits and financial assistance
	FB 303 Acquires SSI or SSDI
	FB 304 Acquires funds for equipment
	FB 305 Acquires rent subsidy
	FB 306 Acquired access grant funds
	FB 307 Acquired funds for TTY
	FB 308 Acquired funds for personal assistance
	FB 309 Acquired funds for vehicle modification
1	FB 310 Acquired funds for education/training
	FB 321 Acquired means of support (gen assist, energy, food stamps, etc)

### HEALTH CARE/MEDICAL OUTCOMES

<input type="checkbox"/>	HC 118 Knows basic health concept
<input type="checkbox"/>	HC 119 Knows own medications
<input type="checkbox"/>	HC 120 Knows own medical issues
<input type="checkbox"/>	HC 128 Knows health Diet
<input type="checkbox"/>	HC 129 Knows exercise needs
<input type="checkbox"/>	HC 217 Can cope with emergency situations
<input type="checkbox"/>	HC 218 Acquired appropriate medical assistance
<input type="checkbox"/>	HC 220 Knows severity of emergency situation
<input type="checkbox"/>	HC 223 Prevents health emergency
<input type="checkbox"/>	HC 227 Established Healthy Diet
<input type="checkbox"/>	HC 229 Established Exercise Routine

### HOUSING OUTCOMES

<input type="checkbox"/>	HG 322 Acquired subsidized housing
<input type="checkbox"/>	HG 423 Became more independent in current living situation
<input type="checkbox"/>	HG 424 Improved home accessibility
<input type="checkbox"/>	HG 425 Moved from facility to family home
<input type="checkbox"/>	HG 426 Moved from facility to supervised residence
<input type="checkbox"/>	HG 427 Moved from facility to subsidized home
<input type="checkbox"/>	HG 428 Moved from facility to unsubsidized home
<input type="checkbox"/>	HG 429 Moved from family home to supervised residence
<input type="checkbox"/>	HG 430 Moved from family home to subsidized home
<input type="checkbox"/>	HG 431 Moved from family home to unsubsidized home
<input type="checkbox"/>	HG 432 Moved from supervised residence to subsidized home
<input type="checkbox"/>	HG 433 Moved from supervised residence to unsubsidized home
<input type="checkbox"/>	HG 434 Moved from group home to subsidized home
<input type="checkbox"/>	HG 435 Moved from group home to unsubsidized home
<input type="checkbox"/>	HG 436 Moved from transitional housing to group home
<input type="checkbox"/>	HG 437 Moved from transitional housing to subsidized home
<input type="checkbox"/>	HG 438 Moved from transitional housing to unsubsidized home
<input type="checkbox"/>	HG 439 Moved from restrictive residence to accessible home
<input type="checkbox"/>	HG 449 Moved from supervised living situation to less restrictive situation
<input type="checkbox"/>	HG 450 Moved to desired housing situation:
<input type="checkbox"/>	HG 451 Acquired homeownership skills
<input type="checkbox"/>	HG 452 Became homeowner
<input type="checkbox"/>	HG 453 Maintained Current Housing – Rent
<input type="checkbox"/>	HG 454 Maintained Current Housing - Ownership

### PERSONAL ASSISTANCE OUTCOMES

<input type="checkbox"/>	PA 222 Able to manage personal assistance services effectively
<input type="checkbox"/>	PA 228 Established and follows personal care routines -with or without PA assistance
<input type="checkbox"/>	PA 311 Acquired and maintained personal assistant services effectively

DAILY LIVING/SELF CARE OUTCOMES

	DL 125 Knows personal safety
	DL 126 Knows how to arrange home for independence
	DL 130 Knows basic hygiene
	DL 131 Follows range of motion exercises
	DL 132 Acquired home support services for: _____
	DL 133 Knows community services: _____
	DL 134 Knows about Center for Independent Living Services.
	DL 136 Used memory cue options
	DL 224 Follows self care routines
	DL 226 Does household shopping chores
	DL 231 Does personal self care
	DL 232 Knows Home safety measures
	DL 258 Eats as independently as possible
	DL 259 Sorts and label objects
	DL 260 Uses vision to read daily
	DL 261 Uses vision for recreational reading
	DL 262 Uses vision at school
	DL 263 Uses vision for job
	DL 267 Uses visual aids and/or services
	DL 268 Uses residual vision for independent movement
	DL 269 Moves independently in home
	DL 270 Travels safely in familiar places
	DL 271 Travels to shop independently
	DL 274 Travels to school or training independently
	DL 275 Moves effectively in new location or area
	DL 276 Develops sensory and mobility to adapt to new location
	DL 277 Uses protective techniques to move safely
	DL 278 Uses sighted guide techniques
	DL 279 Able to negotiate street crossings
	DL 280 Able to compensate for memory impairment
	DL 334 Acquired and uses self care aids and equipment
	DL 335 Acquired/effectively uses home management aids equipment (e.g. cook, sew)

SELF HELP/PERSONAL OUTCOMES

	SH 114 Knows about own disability
	SH 116 Learned about other disabilities
	SH 117 Learned general parenting skills
	SH 501 Feels better about self
	SH 502 Copes with disabilities and attitudes
	SH 503 Develops problem solving and decision making skills
	SH 504 Applies problem solving and decision making skills
	SH 505 Developed goal setting skills

- SH 506 Comfortable with sexuality
- SH 507 Comfortable in public
- SH 508 Copes with own child's attitude towards parent's disability

SOCIAL RECREATION OUTCOMES

- SR 510 Increase social contact
- SR 511 Increase social recreation
- SR 512 Participates comfortably in social situations
- SR 513 Increases contact with other people with disabilities
- SR 515 Found friend to share activities with
- SR 516 Found a correspondent
- SR 517 Found satisfying hobby
- SR 518 Joined community group for social recreational activity
- SR 519 Participated in travels/recreational tours
- SR 520 Participated in sports/recreational activities with peers

TRANSPORTATION OUTCOMES

- TR 143 Determined vehicle modification needs (assessment/training)
- TR 213 Coped with emergency transportation situations
- TR 336 Acquired PWD license plate
- TR 338 Acquired drivers license
- TR 339 Acquired vehicle
- TR 340 Had vehicle modified
- TR 341 Acquired desired transportation
- TR 440 Used specialized transportation with assistance
- TR 441 Used specialized transportation without assistance
- TR 442 Used public transportation with assistance
- TR 443 Used public transportation without assistance

YOUTH AND FAMILY OUTCOMES

- YF 101 Acquired Youth/Education Advocacy skills
- YF 102 Increased Youth/Education Advocacy skills
- YF 103 Increased Family/Guardian Youth /Ed Advocacy skills in IEP process
- YF 104 Increased knowledge of support for Youth w/Disabilities educational advocacy
- YF 105 Increased knowledge of support for Youth with Disabilities Transition
- YF 106 Participated in Youth with Disabilities Group

other:

13

Total

Outcomes for FY 2014 were 13. The Part-time ILS was out on medical leave from mid November 2013 to June 16, 2014.

PY2014 Demographic Data  
 Agency PACE  
 Program Opportunities for Independence

Age	Total
0 to 6	0
7 to 12	0
13 to 18	0
19 to 59	9
60 to 75up	1
dna	
<b>Total</b>	10
Race	
White	8
Black/AA	1
Asian/PI	1
Other	0
dna	0
<b>Total</b>	10
Origin	
H/L	0
non H/L	10
dna	0
<b>Total</b>	10
Gender	
Male	5
Female	5
dna	0
<b>Total</b>	10

Notes on Data:

PY2014 Zip Code Data  
 Agency PACE  
 Program Opportunities for Independence

Zip Code	City	Total
60949	Ludlow	0
61801	Urbana	0
61802	Urbana	1
61815	Bondville	0
61816	Broadlands	0
61820	Champaign	2
61821	Champaign	5
61822	Champaign	1
61840	Dewey	0
61843	Fisher	0
61845	Foosland	0
61847	Gifford	0
61849	Homer	0
61851	Ivesdale	0
61852	Longview	0
61853	Mahomet	1
61859	Ogden	0
61862	Penfield	0
61863	Pesotum	0
61864	Philo	0
61866	Rantoul	0
61871	Royal	0
61872	Sadorus	0
61873	St Joseph	0
61874	Savoy	0
61875	Seymour	0
61877	Sidney	0
61878	Thomasboro	0
61880	Tolono	0
Other	-----	
<b>Totals</b>		10

## Persons Served during FY2014

(from Lynn Canfield, Associate Director for ID/DD)

Through all CCDDDB and CCMHB funded ID/DD programs during Contract Year 2014 (July 1, 2013 through June 30, 2014), unduplicated individuals total **1,690** (excluding parent support groups funded through Down Syndrome Network, CU Autism Network, and Community Choices, due to the substantially different intensity and type of service).

- Programs serving **young children** (birth to six) reported **1,172** unduplicated individuals. *These consist of Developmental Services Center's Family Development Center program, with 680 Treatment Plan Clients (TPC), and Head Start/Early Head Start's Social Emotional Disabilities Services, with 188 TPCs and 304 NTPCs.*
- Programs serving all others (typically adult programs, with some younger persons) reported **518** unduplicated individuals.

Of the **518**:

- 456 participated in programs at Developmental Services Center (DSC), *65 in Apartment Services, 74 in Augmented DT, 25 in Augmented ES, 96 in Clinical, 50 in Community Employment, 86 in Connections, 46 in Individual and Family Support, 52 (TPC, plus 3 NonTPC) in Integrated and Site-Based Services, and 390 (TPC and NonTPC plus 4 NonTPC) in Service Coordination*
- 81 participated in programs at Community Choices (CC), *16 in Community Living, 32 in Customized Employment, and 69 (self-advocates plus 67 family) in Self-Determination Support*
- 9 participated in programs at CTF Illinois, *9 in Nursing (not included in demographic and zip code data are 1 who passed away and 1 who moved out) and 1 in Residential & Day Training*
- 26 participated in Community Elements' Coordinated Services program
- 10 participated in PACE's Opportunities for Independence program
  
- 27 participated in programs at both Community Choices and Developmental Services Center
- 9 participated in programs at both CTF Illinois and Developmental Services Center
- 8 participated in programs at both Community Elements and Developmental Services Center
- 4 participated in programs at both Community Elements and Community Choices
- 3 participated in programs at both PACE and Developmental Services Center
- 1 participated in programs at both PACE and Community Choices
- 1 participated in programs at DSC, CC, and PACE
- 1 participated in programs at DSC, CC, and CE
  
- 8 people participated in all three funded programs at Community Choices (CC)
- 2 people participated in both CC's Community Living and Customized Employment programs (the two more intensive services)
- 5 people participated in both CC's Community Living and Self-Determination Support programs
- 12 people participated in both CC's Customized Employment and Self-Determination Support
  
- 158 people participated in any two of the nine funded DSC programs
- 69 people participated in any three of the nine funded DSC programs
- 29 people participated in any four funded DSC programs
- 13 people participated in any five funded DSC programs
- 1 person participated in six funded DSC programs, as a result of shifting from one set of services to another during the first quarter.