



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, October 21, 2015

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

6:00 PM

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

1. Call to Order – Dr. Phil Krein, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input/Public Participation
5. CCMHB Input
6. Approval of CCDDDB Minutes (**pages 3-6**)
 - A. 9/25/15 Board Meeting*

Minutes are included in the packet. Board action is requested.

7. President's Comments – Dr. Phil Krein
8. Staff Report – Lynn Canfield (**pages 7-9**)
9. Agency Information
10. Financial Report

- A. Approval of Claims* (**pages 10-11**)

Included in the Board packet. Action is requested.

11. New Business

- A. Cultural and Linguistic Competence Progress Report
 - B. FY17 Allocation Criteria (**pages 12-19**)

A Briefing Memorandum is included in the packet.

- C. Draft Three Year Plan 2016-2018 with FY 2016 Objectives **(pages 20-29)**
A Briefing Memorandum providing an environmental scan and a Draft Three Year Plan with Objectives for FY2016 are included in the packet for information only. A final draft of the plan will be presented for approval at the November 18 meeting.
- D. Planning for October 28, 2015 Strategic Planning Retreat **(page 30)**
An agenda for the retreat is included in the packet for information only.
- E. Integration Transition Successes
Representatives of funded programs will provide oral reports on successful transitions to community settings related to home, work, and connection.
- F. FY15 Program Performance Outcome Reports and Data Summaries **(pages 31-113)**
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.
- 12. Old Business
 - A. Disability Resource Expo
Ms. Bressner will provide an oral report about the October 17th event.
- 13. Board Announcements
- 14. Adjournment

****Board action requested***

6.A.

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

Minutes –September 25, 2015

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

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8:00 a.m.

- MEMBERS PRESENT:** Joyce Dill, Phil Krein, Mike Smith
- MEMBERS EXCUSED:** Deb Ruesch, Sue Suter
- STAFF PRESENT:** Peter Tracy, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo
- STAFF EXCUSED:** Nancy Crawford
- OTHERS PRESENT:** Dale Morrissey, Danielle Matthews, Patty Walters, Michelle Petty, Felicia Gooler, Jennifer Carlson, Annette Becherer, Laura Bennett, Ron Bribrisco, Developmental Services Center (DSC); Gary Maxwell, Pattsie Petrie, Champaign County Board; Susan Fowler, Champaign County Mental Health Board; Barb Jewett, Citizen; Barb Bressner, Consultant; Mark Scott, Down Syndrome Network, DSN
-

CALL TO ORDER:

Dr. Phil Krein called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

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ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Ms. Barb Jewett announced her son had moved into the CCDDDB/CCMHB CILA home on September 21st and she thanked the Board.

CCMHB INPUT:

A draft copy of the 6/24/15 CCMHB minutes was included in the Board packet for information only.

APPROVAL OF CCDDDB MINUTES:

Minutes from the July 22, 2015 CCDDDB meeting was included in the Board packet.

MOTION: Mr. Smith moved to approve the minutes from the July 22, 2015 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Krein acknowledged that agencies are struggling due to the State of Illinois budget and the CCDDDB will have significant challenges ahead.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy discussed the abysmal situation with the State of Illinois budget. The second CILA purchased by the CCMHB/CCDDDB is ready for occupants.

STAFF REPORT:

Ms. Canfield's written report was included in the Board packet. The most recent PUNS report for Champaign County was included as well. Ms. Canfield provided a verbal report on the Association of Community Mental Health Authorities of Illinois (ACMHAI) conference held in Bloomington, IL last week.

Ms. Dill would like to discuss an action plan regarding the State of Illinois budget and possible lobbying at the CCDDDB retreat scheduled for October 28, 2015. Mr. Smith would like to discuss priorities at the Board retreat.

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AGENCY INFORMATION:

Ms. Patty Walters from Developmental Services Center (DSC) thanked Ms. Canfield and Ms. Howard-Gallo for the extensive site visits that were recently conducted. She also discussed the respite crisis. DSC's new CILA home is nearly staffed and ready to open.

FINANCIAL REPORT:

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

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

NEW BUSINESS:

Overview of FY2016 Agency Contracts:

A summary of CCDDDB and CCMHB ID/DD funded programs was included in the packet for information only. Ms. Canfield briefly reviewed each contract verbally with Board members. Mr. Tracy stated available funds are 100% allocated.

Priorities Pre-Planning Discussion:

A Briefing Memorandum regarding funding criteria for 2017 contracts was distributed. Dr. Krein would like to add transportation and business development to the list of priorities. Ms. Dill discussed the challenges due to Medicaid restrictions. Dr. Krein is interested in exploring innovative programs.

Planning for October 28, 2015 Retreat:

Board members discussed topics for the October 28, 2015 retreat. Ms. Canfield gave a verbal review of the schedule. The retreat will be from 8:30 a.m. until 1 p.m. in the Lyle Shields Room at the Brookens Administrative Center.

Integration Transition Successes:

Ms. Annette Becherer, Director of Employment Services at DSC, reported on Employment First milestones. Partners for Employment is moving forward.

OLD BUSINESS:

disAbility Resource Expo:

A report from Ms. Bressner was included in the Board packet. Ms. Bressner was present to provide an update on Expo plans.

2015-2016 CCDDDB Meeting Schedule:

Drafts of a meeting schedule (September 2015 – July 2016) and a schedule with subjects and FY17 allocation timeline and process were included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

County Board member, Gary Maxwell encouraged CCDDDB members to revisit their budget and to hold staff pay increases to the same amount as the non-bargaining county employees and to keep Peter Tracy’s salary increase the same as Deb Busey’s proposed salary increase. He also encouraged Board members to revisit the CCDDDB budget line items in order to come up with additional funds to put out into the community for services.

ADJOURNMENT:

The meeting adjourned at 9:40 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

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**Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities
Staff Report – October 21, 2015**

FY2016 Board Documents and Activities: A first draft of a “Three Year Plan for Fiscal Years 2016-2018 with One Year Objectives for Fiscal Year 2016” is included in this board packet, prefaced by a briefing memorandum intended as an environmental scan. Each of the CCDDDB and the Champaign County Mental Health Board (CCMHB) will hold a strategic planning retreat in late October. A majority of staff activity since the last board meetings has been dedicated to these documents, planning of events, and agency performance reports for the previous contract year.

FY2015 Contracts: Ms. Howard-Gallo and I completed monitoring visits of all Community Choices CCMHB I/DD funded programs and will begin scheduling with other agencies. During FY15, due to the use of Proviso’s reimbursement tracking system and the additional reports for those programs still using the older online system, we experienced a sharp increase in desk reviews and follow-up requests. All agencies with CCDDDB and CCMHB FY2015 contracts for I/DD programs have submitted their required reports. This board packet contains each agency’s annual performance outcomes report in its entirety, along with my charts developed from demographic, zip code, and service activity data submitted throughout the year. Directly following those reports is a summary of numbers of unduplicated persons served, based on identifying information reported quarterly for most programs. This summary has been checked, cross-checked, double-checked, and modified by additional information from agencies, but it may still contain errors. For our improved understanding of utilization patterns and the impact of the boards’ investments, I hope there are only minor errors and that these can be forgiven.

Alliance for the Promotion of Acceptance, Inclusion, and Respect and disABILITY

Resource Expo: The next Roger Ebert’s Film Festival will be held on April 13-17, 2016. We have not begun coordinating or planning in earnest at this point, although there have been exchanges about films and some activity on behalf of Alliance artists selling their products in the community. At this writing, we have four days left until the 9th Annual disABILITY Resource Expo, for which I proofread the resource book and continued with promotional activities. Happily, even though the cities and villages can call me for prompt removal of inappropriately-placed yard signs, no one has.

Association Committee Calls and Miscellaneous Webinars:

I participated in an **Association of Community Mental Health Authorities of Illinois (ACMHAI)** Legislative committee conference call which included update on General Assembly activities. The total number of bills passed is 549, five on parliamentary hold, 2 awaiting action by the governor, 2 to be sent to him. He has so far signed 2 bills and used total veto on 44, item veto on 1, amendatory veto on 20. No amendatory vetoes have been accepted, one was overridden in

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both chambers, and no total vetoes overridden in both chambers. SB2046 contains funding for health and human services not appropriated for in FY16 (not court ordered): included are psychiatric leadership, addiction treatment services, uninsured, supportive (MI) housing and crisis services, and millions of dollars in fuel taxes to municipalities. It passed the senate and is on third reading in the house, which reconvenes October 20. An amended HB4150 would provide \$85 million (MI, not covered under consent decrees or federally funded) and has not passed yet. HB4096 would expand eligibility for the Individual Care Grant program and move oversight and rulemaking authority to HFS (added at the last minute). In January, the GA will only need a simple majority to pass bills, so perhaps things will start moving again. We also discussed implications of the continued budget impasse and MCO payment/billing issues and were encouraged to file witness slips and work with local legislators. The new Association Coordinator joined us for this call. The Executive Committee is to meet with her in Proviso on October 16th.

The **National Association of County Behavioral and Developmental Disabilities Directors (NACBHDD)** I/DD committee call on September 22 featured David Hoff from the Institute for Community Inclusion, on the topic of the impact the Workforce Innovation and Opportunity Act (WIOA) is having on our field. He was very frank and noted that the new provisions, while holding great promise for people with disabilities, place enormous new responsibilities on the Vocational Rehabilitation system. 'Integration' must be typical of the community, so enclave work settings might not pass. This rule applies to VRs, not DD divisions, but the standard is similar to DOJ Olmstead settlements and the new HCBS settings regulations, connected by a broader new movement; the language should be consistent and clear. The five mandated services also need to complement what schools do, and multi-agency cooperative agreements are required of each state.

A September 24th **Office of Disability Employment Policy (ODEP)** webinar concluded their four part series on the new law. "Section 188: Nondiscrimination Provisions of WIOA" covered provisions, promising practices, the overall act, and state and local perspectives. The promising practices include most integrated setting appropriate, effective communication supports, architectural/information/technology accessibility, reasonable accommodations, prohibiting discrimination, etc. One presentation was on successes at the St. Louis Agency on Training & Employment, with focus on continuous improvement to all customers and a focus on collaboration rather than compliance.

I attended the October 8, **NACo Stepping Up Initiative** webinar on "Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail." As in previous sessions, there was a review of prevalence and reminder about the importance of collaboration. The first presenter, Stefan LoBuglio of the Council of State Governments Justice Center, covered assessment of clinical and social needs/public safety risks by a universal assessment tool, development of individual service plans, support for cross-training among partners, data analysis to

evaluate programs and identify gaps, and new opportunities under ACA health reform. Mr. Koch, Director of Madera County Behavioral Health Services provided history of their “Mentally Ill Offender and Crime Reduction Project” in a community with higher poverty and unemployment than others in its region, 12% of population with MI, high meth use. Supported by rearrest data, the most effective reentry supports have been: help with medications, housing, food and programming, intense probation and case management, and Mental Health Court (very limited capacity.) An independent evaluator studies recidivism rate, recidivism risk, success linking to community resources, and changes in mental status, and the whole program has cost just under \$900k for three years. The final presenter was Russ Cunningham from the Merrimack, NH Department of Corrections; partnering with behavioral health in a very small, poor county to strengthen after care, and with the goals to “Sanction [offenders] and Move [the issue along]”, they developed four tracks, ranging in service intensity and based on national best practice model.

Another **web briefing**, hosted by the data analytics company CMT, “Beyond the EHR: Three Ways to Leverage and Extend Your EHR Capabilities to Manage P4P & Risk Contracts,” was directed at providers in population health management. (EHR = Electronic Health Records, P4P = Pay for Performance.) This was very dense, so here are a few relevant takeaways: rationale for shifting to coordinated care - 5% of the US population account for 1/2 of all health care spending, with average of 15 hospital visits, 50 prescription meds, six times the readmission rate, and high prevalence of mental health and substance use disorders; an emerging framework for integrated care coordination involves population health management at all levels; the entire system is shifting from “pay for volume” to “pay for value;” overview of data analytics tools for risk ratios for I/DD population, with rates of medical co-morbidities, specific disease management, data on costs associated with diagnoses and medications (overuse of psychotropic meds!), and a benchmarking chart; the high costs associated with care of persons with I/DD could be better managed in an agency which is also a health home; examples from states Missouri, North Carolina, and Maryland, examine quality of care issues, offer evidence of the value of physician extenders, indicators of rehospitalization risk, and much more.

Other Activity: I attended a regular meeting of the Mental Health Agencies Council with a presentation by Laura Huth and Sue Grey of The Institute for Nonprofit Leadership on cultivating the next generation. I spoke with “crisis cases” consultant Joe’L Farrar and received her preliminary recommendations on strengthening Champaign County’s supports for individuals with complex needs. I also attended a Program Evaluation meeting with other staff, two members of the CCMHB, and Mark Aber and Nicole Allen from UIUC, to prepare for the CCMHB retreat and further clarify what we want to accomplish with this project. I participated in meetings on the local jail diversion collaboration and the September 30th public dialogue event, which appeared well-attended and elicited a range of powerful testimony from citizens; kudos to Mark Driscoll for his major role in organizing this event and promoting such an important discussion.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/08/15

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NO	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	10/01/15 01 VR 108- 88	88		531386	10/08/15	108-050-533.07-00	PROFESSIONAL SERVICES	OCT ADMIN FEE	27,686.00
									VENDOR TOTAL	27,686.00 *
104	CHAMPAIGN COUNTY TREASURER	10/01/15 01 VR 108- 51	51		531387	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SOC/EMOT SVCS	4,569.00
		10/01/15 01 VR 108- 66	66		531387	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT SVCS	4,569.00
		10/01/15 01 VR 108- 72	72		531387	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT SVCS	4,569.00
		10/01/15 01 VR 108- 82	82		531387	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT SOC/EMOT SVCS	4,569.00
									VENDOR TOTAL	18,276.00 *
161	CHAMPAIGN COUNTY TREASURER	10/01/15 01 VR 108- 83	83		531389	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DECISION SUPPOR	4,000.00
									VENDOR TOTAL	4,000.00 *
5352	AUTISM SOCIETY OF ILLINOIS	10/01/15 01 VR 108- 79	79		531409	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT AUTISM NETWORK	833.00
									VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS	10/01/15 01 VR 108- 84	84		531434	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COORD OF SVCS	2,662.00
									VENDOR TOTAL	2,662.00 *
19900	CTF ILLINOIS	10/01/15 01 VR 108- 80	80		531442	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT NURSING	715.00
									VENDOR TOTAL	715.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	10/01/15 01 VR 108- 85	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT APARTMENT SVCS	33,765.00
		10/01/15 01 VR 108- 85	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CLINICAL SVCS	14,481.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/08/15

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY EMPLO	18,567.00
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CONNECTIONS	7,083.00
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT EMPLOYMENT 1ST	6,667.00
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEV CENTER	45,492.00
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INT SITE SVCS	75,453.00
		10/01/15 01 VR 108-	85		531446	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT SERVICE COORD	33,239.00
									VENDOR TOTAL	234,747.00 *
22816	DOWN SYNDROME NETWORK	10/01/15 01 VR 108-	81		531451	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DOWN SYNDROME	1,250.00
									VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR	10/01/15 01 VR 108-	86		531527	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT OP FOR INDEPEND	2,500.00
									VENDOR TOTAL	2,500.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	10/01/15 01 VR 108-	87		531576	10/08/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT VOCATIONAL SVCS	7,206.00
									VENDOR TOTAL	7,206.00 *
									DEPARTMENT TOTAL	299,875.00 *
									FUND TOTAL	299,875.00 *



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

DRAFT BRIEFING MEMORANDUM

DATE: October 21, 2015
TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy, Executive Director
SUBJECT: FY17 Allocation Priorities and Decision Support Criteria

The purpose of this memorandum is to provide recommendations pertaining to the FY17 (July 1, 2016 through June 30, 2017) Champaign County Developmental Disabilities Board (CCDDDB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment, and identify additional priorities for the Board's consideration.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDDB) 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. CCDDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

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

Medicaid Supplementation

The Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. The provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **"Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider's charges."**

The CCDDDB will work with Providers to identify services and supports which are not included as components of Medicaid rates and awards to people with disabilities. These items should be identified based on the individual's Person Centered Plan and deemed necessary to enhance the possibilities for full community inclusion and integration.

Expectations for Minimal Responsiveness

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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.

Overarching Priorities

Inclusion and Integration

All applications for CCDDDB shall be assessed to determine the extent to which there is evidence of movement toward community integration and away from segregated services and settings.. The emphasis on inclusion and integration is recognition of serious changes in law, rule, and regulations which prohibit segregated programs and services. Community integration of people with intellectual and developmental disabilities is a civil rights issue driven by law and court decisions.

The CCDDDB strongly believes in and will support programs, services and supports which manifest the following:

- Support and focus on the person’s control of his/her day and how they live.
- Support the person’s skills and abilities to build connections to the broader community.
- Support the person’s presence and participation in community settings.
- Support the person’s development and personal support networks which include friends, family, and people from the broader community.
- Systematically identify and mobilize the person’s capabilities and create access to community associations, workplaces, and learning spaces.
- Provide a detailed explanation of the Person Centered Planning process with measurable desired outcomes that strike a balance between what is “important to” and what is “important for” the person.
- Explains how the person has the opportunity to make informed choices based on access to complete information about services and financial supports available in integrated settings, as well as concerns they may have about integrated settings.
- Incorporation of Employment First principles.
- Acknowledge support and encouragement of self-advocacy.
- Address cultural competence and reach out to underserved populations.

All applications will be expected to explain how services/programs will systematically transition to fully integrated models consistent with statute and CMS rule changes. In addition, the applications will be required to include measurable objectives, goals, and timelines.

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. In addition, actions should align with the Culturally and Linguistic Appropriate Services (CLAS) standards outlined in “A Blueprint for Advancing and Sustaining CLAS Policy and Practice.”

Countywide Access

Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.

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.

FY17 CCDDDB Priorities

Priority: Planning for People with Challenging and Complex Service Needs

The CCDDDB shall set aside dollars to assure adequate planning and development of a Person Centered Plan (PCP) for people who cannot be appropriately served by community based service providers.

Priority: Advocacy for People with Intellectual and Developmental Disabilities (I/DD)

To the extent possible, the CCDDDB shall support advocacy efforts to assure appropriate state funding for people with I/DD.

Priority: Cultural and Linguistic Competence

All applications should focus on improved, earlier identification of intellectual and developmental disabilities in underrepresented populations and on reduction of racial and other service disparities in I/DD service/support participation. Cultural and Linguistic Competence plans shall be required of all service providers.

Priority: Employment Services and Supports

Applications which focus on vocational services and supports including long term job coaching and employment support. In addition, the CCDDDB shall support services and programs which incorporate Employment First principles, 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.

The CCDDDB also seeks to support the development and identification of employers who understand the benefits of employing people with disabilities and are willing to partner with service providers to maximize the possibility of mutually beneficial outcomes.

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 that Emphasizes 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, provided they seek effective methods leading to community integration. 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 by focusing on activities which promote acceptance, inclusion and respect for people with disabilities. The CCDDDB is looking for creative approaches toward the goals of increasing community awareness, promoting inclusion, and challenging negative attitudes and discriminatory practices.

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.
5. Resource Leveraging: Applications that involve additional grant funding, community support, “natural supports” in employment and community settings, volunteer initiatives, and other creative approaches that amplify resources.

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 considerations in finalizing funding decisions. Other considerations include the judgment of the Board and its staff, evidence 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 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 substantially more difficult than simply conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary widely 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 disallowance or 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 CCDDB 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 CCDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDB 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.



11.C.

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

BRIEFING MEMORANDUM

DATE: October 21, 2015
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Mark Driscoll and Lynn Canfield, Associate Directors
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2016 Objectives

An initial draft of the Three Year Plan for fiscal years 2016 through 2018, with objectives for FY 2016, has been completed for your review. Goals from the prior three year cycle which represent on-going commitments have been updated and have new or revised objectives related to recent and emerging developments impacting the system of supports and services for persons with intellectual and developmental disabilities in our community. Some proposed objectives are an extension of actions taken by the Board and of input received from the public. The broader context of state budget and legislative issues and federal policy impacting local systems of care are acknowledged.

Background

Three years ago this preface opened with "... the State of Illinois' never ending financial crisis continues to have a significant impact on consumers reliant on state supported community based services, on local agencies doing business with the state, and on the CCMHB as a local funder. ... However, the loss of state funding to local services far exceeds the Board's ability to fill these gaps."

The current, even more dire, crisis with the State of Illinois FY16 budget is unlike any before it. With no approved budget for the fiscal year that began on July 1, 2015, payments on the State of Illinois' obligations, including to providers of services, are issued under court order, many related to consent decrees. This spending does not include general revenue funding for higher education and human service programs, threatening Champaign County's economic health and abandoning established programs which were of value to individuals and their families here. The state is on track to spend \$38 billion, with projected revenue of \$33 billion. At the time of this writing, there are no signs of bridging the impasse.

Community based service provider agencies have experienced significant reductions in state funding over the last ten years. While state payments were sometimes delayed during the period the temporary state income tax was in effect, the state budget began to stabilize including funding for human services and payments to providers. However, the temporary income tax increase has expired reducing state revenue and contributing to the projected \$5 billion deficit. While reductions appeared to be less

drastic in I/DD services than in others, the conversion of many I/DD contracts from grant to FFS to capture federal Medicaid match, along with the transition of many people from institutional to community based settings, exacerbated the effect of lower than adequate reimbursement rates. There are very serious short-term effects, with demand outstripping provider capacity, and very serious long-term effects such as recruiting and retaining a stable and qualified workforce and implementing truly person-driven services. While some growth can be attributed to new state awards through the Ligas Consent Decree, no new awards have been made to children in over five years, and no new awards are anticipated for anyone during the current state fiscal year.

Contracts for most but not all services have been issued, but, absent an appropriation, authority to make payments on the contracts does not exist, the exception being Medicaid billable services or other federal pass through funds such as block grants. Under consent decrees, the timeliness of court ordered payments was initially an issue. Further intervention by the courts was required to ensure provider payment requests were being processed and funds disbursed. Contracted services relying on state general revenue cannot be paid until the budget crisis is resolved, although payments may not be issued until beyond passage of the budget. The state has indicated contracts funded with federal dollars will be paid. Unfortunately, there has been no action on some, including a \$200,000 award approved (but never begun) by the Division of Rehabilitation Services to two of Champaign County's I/DD provider agencies for Employment First. This was to be funded through the federal Balancing Incentive Program, for which the state received an extension to September 30, 2017. Other promising investments which would use BIP funds include improvements to the state's Independent Service Coordination system, particularly timely now that the federal regulations on Person Centered Planning and Conflict Free Case Management have been in effect for over a year. In addition to bringing the state into compliance, a fully functioning independent assessment and planning system statewide, with strong local presence, could have a very positive impact on services and, we would hope, the people for whom services exist.

Reductions in contract awards by the state may be coupled with tighter eligibility standards to control access and reduce costs. For example, the Rauner administration proposed to change the determination of need score for the home services program serving persons with a disability and the community care program serving the elderly. The Illinois General Assembly recently passed legislation rejecting changes. Tightening eligibility for state funded Early Intervention services for families with young children was also put forward as part of the Governor's budget. The administration proposed raising the eligibility criteria from a 30% delay in a child's development to a 50% delay, but this has not been acted upon by the General Assembly. These and other potential changes represent efforts by the state to reduce access to services and associated costs to various at risk populations including some of interest to the Board. Reduced eligibility and investment at the state level can result in shifting costs to the local level to maintain services and minimize harm.

Through strong fiscal and administrative policies, the CCDDDB is committed to timely payments to providers but has limited capacity to offset delays in state payments or changes to state funded programs. The prospect of reduced state funding and delayed payment practices place the Board in the position of having to react to and reassess priorities on an annual basis, if not constantly, in response to actions by the state.

Beyond the uncertainties associated with the unrelenting state fiscal crisis, are the on-going discussions and actions surrounding high profile issues that serve as the primary influences in the drafting of the Three Year Plan. Prominent among them is the matter of how to divert people with behavioral health conditions from the criminal justice system. A recent report from the Arc's National Center on Criminal Justice and Disability estimates that 65 to 70% of justice-involved youth have disabilities, a rate three times higher than their peers without disabilities, and discusses the inevitable impact on their adulthood. This population must not be neglected in local efforts to improve services and supports for those interacting with law enforcement, court services, and corrections in our community.

The need to keep abreast of emerging issues and actions at the federal and state level and their potential impact on consumers, providers, and systems of care are reflected in the plan. Membership and participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and the National Association of County Behavioral health and Developmental Disabilities Directors (NACBHDD) and other similar organizations provides the means to stay informed of proposed state and federal policies and budget issues and to take advantage of opportunities for public comment, filing legislative witness slips, and other political action.

An important area for advocacy, education, and planning related to the impact of Medicaid expansion and transformation of the healthcare system under the Affordable Care Act, with its movement toward integrated care. The anticipated benefit of increased enrollment in insurance or other benefit plans presents an opportunity currently overshadowed by the state budget crisis. Other important changes in federal policy and practice are accompanied by opportunities (for innovation grants, e.g.) that our state does not appear prepared to seize but which will have their inevitable impact on the I/DD service delivery system.

Similarly, several provisions in the new federal Workforce Innovation and Opportunity Act, federal CMS' aspirational regulations for integration of non-residential settings under Home and Community Based Services, and Department of Justice (Olmstead/ADA) employment-related settlement agreements in other states are all poised to have unprecedented impact on services and supports for individuals with I/DD, particularly those transitioning from public education to adult life. Developments which result from these new policies warrant our close attention in order to assure that system transformation results in real gains and positive outcomes for people with disabilities and their families.

Relatedly, cultural and linguistic competence remains an important focus of the board's partnership with service providers and advocacy networks. The on-going development of cultural and linguistic competence within these supports is associated with an increased ability to engage and benefit underrepresented and diverse populations in services. The importance of such work is acknowledged in the Three Year Plan.

Related to an increased awareness of emerging issues is advocacy and support for the acceptance, inclusion and respect for individuals with intellectual and/or developmental disabilities and other conditions, the Board has had a long standing commitment to community engagement and advocacy activities to address this need. In addition to a growing emphasis on cultivating a culture of integration and inclusion in the broader community, with connections to the same resources available to residents without disabilities, as required in the new HCBS regulations and Olmstead agreements, the reduction of stigma and promotion of inclusion and acceptance for the populations of interest continue as prominent efforts.

Other commitments are reflected in the executed Memoranda of Understanding (MOU) and Intergovernmental Agreements between the Board and the Champaign County Mental Health Board (CCMHB). The Board collaborates with the CCMHB on issues affecting the system of care for persons with developmental disabilities, including decisions affecting the allocation of resources.

The draft Three Year Plan is released during a period when the state financial crisis casts its darkest shadow yet over local entities' ability to deliver services in an already challenging operating environment. The draft Plan is an extension of existing commitments while pursuing new but limited initiatives, with the recognition that priorities may need to shift in order to respond to changes in the local systems of care.

Next Steps

Following today's release of the draft plan to the Board, the document will be disseminated for comment. Providers and other interested parties are encouraged to provide input on the proposed goals and objectives as well as identify additional activity not addressed in the draft plan. The second review by staff will include consideration of comments received on the proposed plan as well as proposed addition of goals and/or objectives. An updated Three Year Plan will be presented for approval at the November 18, 2015 Board meeting.

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

DRAFT
THREE-YEAR PLAN

FOR

FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2016
(1/1/16 – 12/31/16)

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

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

WHEREAS, while the Champaign County Developmental Disabilities Board is not required by state statute or other authority to prepare a one- and three-year plan for a program of supports and services for individuals with intellectual and developmental disabilities, open strategic planning with input from stakeholders and constituents is highly valued.

THEREFORE, the Champaign County Developmental Disabilities Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the intellectual and developmental disabilities supports and services plan for Champaign County:

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. Planning for the intellectual disability and developmental disability service and support system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual disability and developmental disability services and supports anchored in high-quality person-centered planning.
3. Coordination of affiliated providers of intellectual disability and developmental disability services and supports to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the intellectual disability and developmental disability service and support system. The CCDDB shall perform those duties and responsibilities as specified in Sections 105/01 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

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SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities, along with their families, residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board-defined priorities and associated criteria using a competitive application process. During the allocation decision-making process, consider a multi-year term for select contract awards.

Objective #2: Expand the use of evidence-informed and evidence-based/best practice models appropriate to the presenting need in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan.

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through support services including enrollment in benefit plans and coordinated access to primary care. Partner with key stakeholders toward improved outcomes for people.

Objective #4: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #5: As enrollment in health insurance and Medicaid managed care plans reduces the numbers of uninsured, realign CCDDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems such as workforce stabilization.

Goal #2: Sustain the commitment to addressing the need for underrepresented and diverse populations' access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require, as part of the providers' stated capacity to deliver services, evidence of cultural and linguistic competence to meet the needs of the population served with submission of a cultural and linguistic competence plan and report on same on a bi-annual basis.

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Goal #3: Improve access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, people with I/DD, and their families and other key supporters.

Objective #1: Encourage the development of collaborative agreements between providers to increase or maintain access and coordination of services for people with I/DD in Champaign County.

Objective #2: Participate in various collaborative bodies and intergovernmental councils, with missions aligned with that of the Board, toward strengthening

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coordination between providers in the delivery of services and creating or maximizing opportunities for people who have I/DD.

Objective #3: Engage other local funders and stakeholders and participate in coordinating bodies as appropriate, to develop new initiatives.

Objective #4: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion system.

Objective #5: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with local Pre-Admission Screening/Independent Service Coordination unit, representatives of the IDHS Division of Developmental Disabilities, and stakeholders regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for individuals served by agencies receiving funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Develop guidelines for structuring and assessing the quality of person-centered planning processes and outcomes.

Objective #2: Require that reports of program performance include examples of outcomes and measures of person-centered planning.

Objective #3: Collaborate with agency providers on the identification of performance measures consistent with valued outcomes such as connection to friends, community, meaningful work and non-work activities, etc.

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: In consultation with the CCMHB, review and revise as necessary the current CCMHB-CCDDDB Intergovernmental Agreement.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the service and support continuum for people with I/DD. Identify opportunities for connection to resources used by residents of Champaign County who do not have a disability.

Objective #3: Assess alternative service strategies that empower people and increase access to integrated settings as exemplified by the local collaborative approach to the Employment First Act.

Objective #4: Concurrent with the CCMHB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) and other community-based housing opportunities for people with ID/DD from Champaign County.

Objective #5: Foster communication between the CCDDB and the CCMHB by holding regular meetings between the Executive Director and the Officers of the two Boards, sharing information between the Boards, and co-sponsoring public hearings, trainings, and anti-stigma/pro-inclusion events.

Objective #6: Collaborate with the CCMHB on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with I/DD.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay and intellectual disability or developmental disability and support early intervention services and family supports.

Objective #1: Support the use of evidence based/informed models for provider programs serving families with young children not eligible for Early Intervention or under the School Code, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2: Participate in collaborative bodies such as Champaign Urbana Cradle 2 Career, whose mission includes a focus on serving young children and their families.

Objective #3: Emphasize cultural competence in services and supports for young children and early identification in minority/underserved youth with disabilities. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented populations, underserved, and general populations of Champaign County.

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence based practices to increase positive outcomes.

Objective #1: Support a continuum of evidence-based, quality services for persons with I/DD and encourage training of interested persons on the use of evidence-based/evidence-informed practice and associated outcome measurement.

Objective #2: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as possible.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #8: Address the importance of acceptance, inclusion, and respect of people with I/DD, through broad based community education efforts to increase community acceptance and positive self-image, to challenge discrimination, and to promote dignity and inclusion.

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers.

Objective #2: Participate in and promote other community education initiatives, such as walks, forums, and presentations to raise awareness, improve cultural competence, and cultivate acceptance, inclusion, and respect.

Objective #3: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents of and persons with the most prevalent developmental disabilities of intellectual disabilities. Encourage groups' community education efforts to reduce stigma/promote inclusion and collaboration with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: Encourage and support efforts to more fully integrate people with I/DD into community life in Champaign County. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

Objective #5: Encourage efforts to support people with I/DD in meaningful work and non-work experiences in their community, driven by their own interests. Investigate and develop strategies for engaging employers and other community partners.

Goal #9: Stay abreast of emerging issues affecting the local systems of care and access to services, and be proactive through concerted advocacy efforts.

Objective #1: Intensify advocacy efforts on behalf of people with developmental disabilities. Advocate for positive change in state funding, including increased Medicaid reimbursement rates, and policy decisions affecting the local system of care for persons with developmental disabilities. Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), and other appropriate organizations, support efforts to strengthen local systems of care.

Objective #2: Track state implementation of class action suit settlements involving people with I/DD and the closure of state DD facilities. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities. Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop 4-person (or fewer) residential options for people who are transitioning from large facilities and those selected from PUNS. For individuals not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, flexible options.

Objective #3: Follow developments at the state and federal levels of other Olmstead cases. Follow the implementation of the Workforce Innovation and Opportunity Act and new Home and Community Based Services regulations and their impact locally.

Objective #4: As the State of Illinois and provider networks move to a regional service/managed care delivery model, track the implementation of managed care for I/DD services and supports and evaluate local impact. Adjust funding priorities to address service gaps and unmet need. Monitor the implementation of health care reform and Medicaid expansion and advocate for increased service capacity sufficient to meet demand.

Objective #5: Continue broad based advocacy efforts at the state and local levels to respond to reductions in state funding, reimbursement rates below actual cost, and delayed payments for local community-based intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.



**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.

DRAFT

Champaign County Developmental Disabilities Board (CCDDDB)

Strategic Planning Retreat AGENDA

Wednesday, October 28, 2015, 8:30AM to 1:00PM

Brookens Administrative Building, Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

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

- 8:30 AM **Introduction and Opening Remarks** – Dr. Phil Krein, President
- 8:45AM **Local Employment First Update** – Jennifer Knapp, Community Choices, and Patty Walters, Developmental Services Center
- 9:15AM Public Participation, Board Discussion
- 9:45AM **State and Federal Impact and Trends in Intellectual and Developmental Disabilities Services and Supports** – Melissa Picciola, Equip for Equality
- 10:30AM Public Participation, Board Discussion
- 11:00AM Break
- 11:15AM **“Hard Cases” and Other Emerging Challenges in Champaign County** – Rebecca Woodard and Kim Bowdry, Champaign County Regional Planning Commission
- 11:45AM Public Participation, Board Discussion

Adjournment

11.F.

Summary of FY2015 Reports for Funded I/DD Programs

CTF Illinois FY2015 Performance Outcomes Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table (Nursing only).

Champaign County Down Syndrome Network FY2015 Performance Measures Outcomes Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table.

Champaign Urbana Autism Network FY2015 Performance Measures Outcomes Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table.

***Champaign County Head Start/Early Head Start** FY2015 Performance Measure Outcome Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table.

***Community Choices** FY2015 Performance Measures Reports, Demographic and Zip Code Data with comparisons to FY2014, and Service Activity Data Tables for three funded programs: Community Living, Customized Employment, and Self-Determination Support.

Community Elements FY2015 Performance Measures Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table.

Developmental Services Center FY2015 Performance Measurement Outcomes Reports, Demographic and Zip Code Data with comparisons to FY2014, and Service Activity Data Tables for eight funded programs: Apartment Services, Clinical Services, Community Employment, Connections, Family Development Center, Individual and Family Support, **Integrated and Site Based Services – Community First, and Service Coordination.

PACE FY2015 Outcomes Report, Demographic and Zip Code Data with comparison to FY2014, and Service Activity Data Table.

UCP Land of Lincoln FY2015 Performance Outcome Report, Demographic and Zip Code Data, and Service Activity Data Table.

**= funded by CCMHB*

*** = funded by both CCDDDB and CCMHB*

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FY15 Performance Outcomes Report

CTF ILLINOIS
PROGRAM NAME: NURSING
8/26/15

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 Executive Vice President.

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.

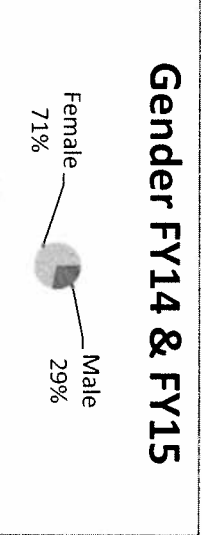
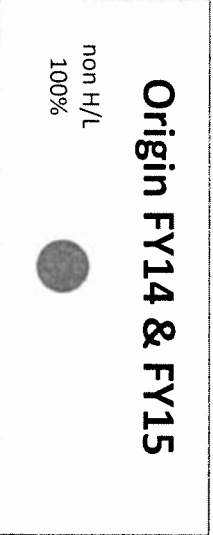
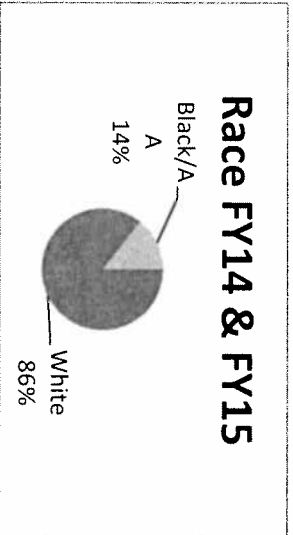
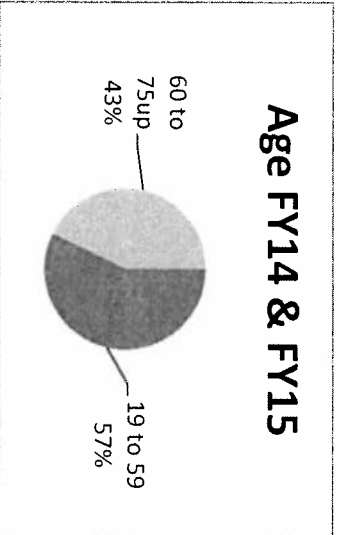
CTF ILLINOIS continues to track nursing hours and report hours quarterly. Hours of service include time spent completing assessments, managing files, reviews of medication errors and incident reports, communicating with physicians, providing staff training on medication or health services, etc.

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.

CTF Illinois - Nursing Services and Residential & Day Training (part year) combined

PY2014, 2015 Demographic Data

Age	Nurs FY14	Nurs FY15	Res FY14	Res FY15
0 to 6	0	0	0	0
7 to 12	0	0	0	0
13 to 18	0	0	0	0
19 to 59	4	4	1	1
60 to 75sup	3	3	0	0
dna				
Total	7	7	1	1
Race				
White	6	6	1	1
Black/AA	1	1	0	0
Asian/PI	0	0	0	0
Other	0	0	0	0
dna				
Total	7	7	1	1
Origin				
H/L	0	0	0	0
non H/L	7	7	1	1
dna				
Total	7	7	1	1
Gender				
Male	2	2	1	1
Female	5	5		
dna				
Total	7	7	1	1



CTF Illinois - Nursing Services and Residential & Day Training (part year) combined

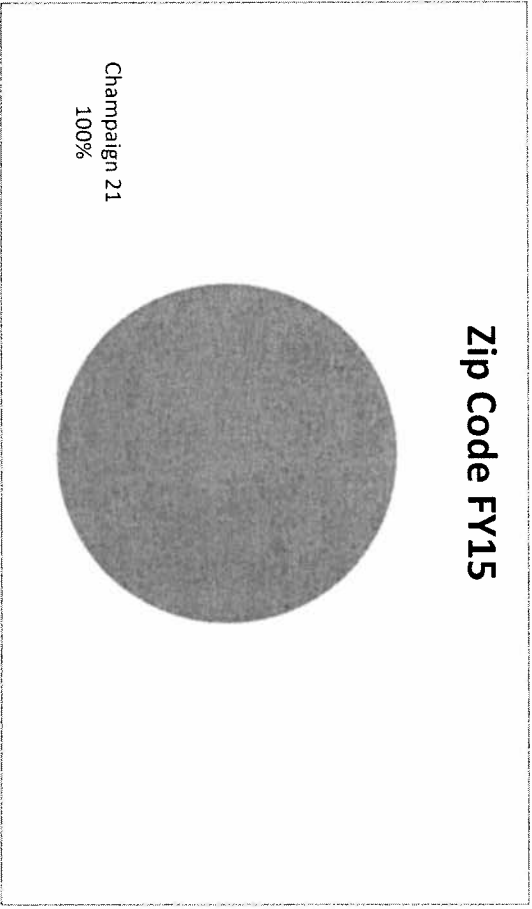
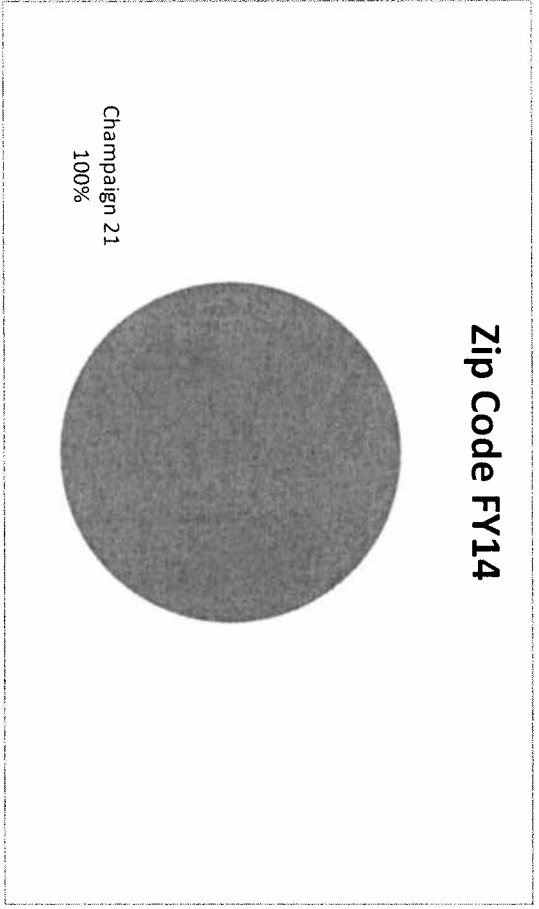
PY2014, 2015 Zip Code Data

Zip Code	City	FY14	FY15
60949	Ludlow		
61801	Urbana		
61802	Urbana		
61815	Bondville		
61816	Broadlands		
61820	Champaign		
61821	Champaign	7	7
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	-----		

Totals

7

7



36

CTF

FY2015								
Begin 7/1/14		\$8,580						
			TPC	TPC	Total	NTPC	NTPC	NTPC
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total
1		47	7	0	7	0	0	0
2		34						
3		85						
4		43						
Total		209						
Targets	0	0	7	0	7			

(37)

CTF

Down Syndrome Network – 2015 Performance Measures Outcomes

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. We continue to seek the best methods to better ourselves as a not-for-profit organization.

We have found the most success by mixing up monthly membership meetings with community events & activities. 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. 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 1700 people registered online as walkers. We estimate 2000 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 an email newsletter to our members & professionals in the Champaign County area receive and then pass the information along to new families.

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 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 PY15 will the program track and report consumer residency by zip code?

Yes

-

Consumer Outcomes

Our newsletter is distributed to approximately 150 families. On average, fifteen families attend meetings & activities. Our prenatal brochures and informational brochures are printed in both English and Spanish. 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. Students have completed special projects for the DSN, provided childcare at our general meetings, or assisted with advocacy events in the community.

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 1700 walkers who registered online. It involved the community and people with disabilities participating together. □□ Last year we participated for the fifth 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 help parents advocate for their children within the school system. The conference was sold out with over 150 parents & special needs professionals in attendance.

Respectfully submitted,

Mark Scott
CCDSN President

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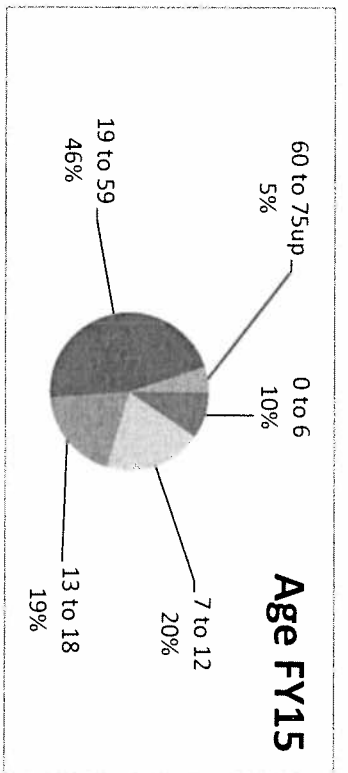
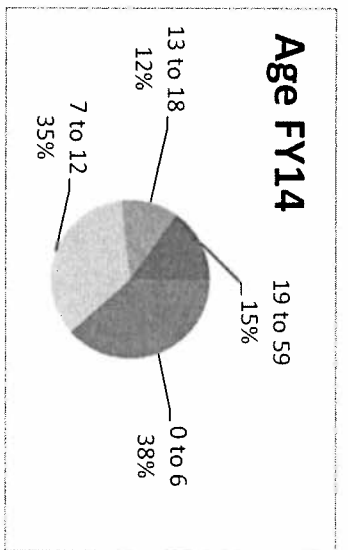
CCDSN

Champaign County Down Syndrome Network

PY2014, 2015 Demographic Data

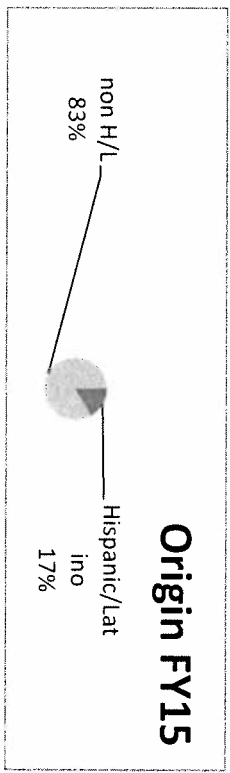
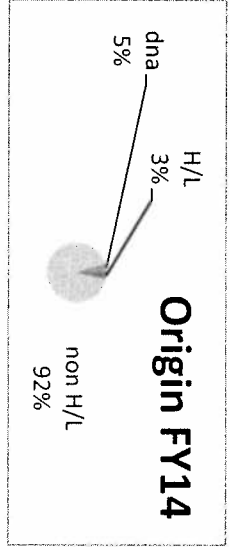
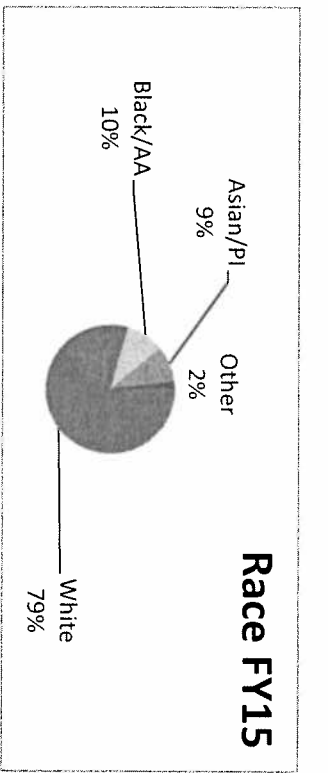
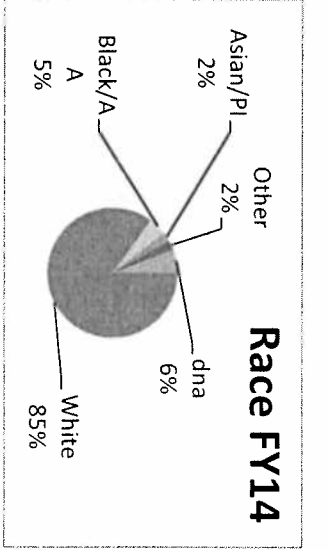
Age	FY14	FY15
0 to 6	33	33
7 to 12	30	69
13 to 18	10	66
19 to 59	13	158
60 to 75sup	0	18
dna	0	0
Total	86	344

Race	FY14	FY15
White	73	273
Black/AA	4	33
Asian/PI	2	31
Other	2	7
dna	5	0
Total	86	344



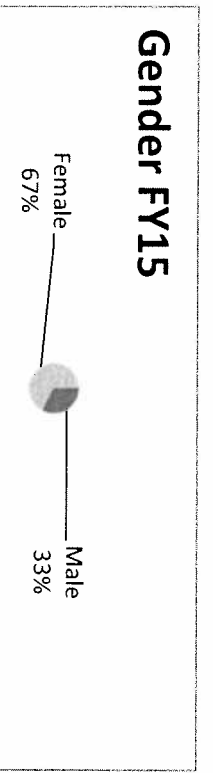
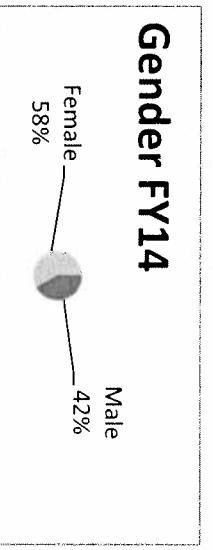
Origin	FY14	FY15
H/L	3	57
non H/L	79	287
dna	4	0
Total	86	344

Gender	FY14	FY15
Male	36	112
Female	50	232
dna	0	0
Total	86	344



Gender	FY14	FY15
Male	36	112
Female	50	232
dna	0	0
Total	86	344

Gender	FY14	FY15
Male	36	112
Female	50	232
dna	0	0
Total	86	344



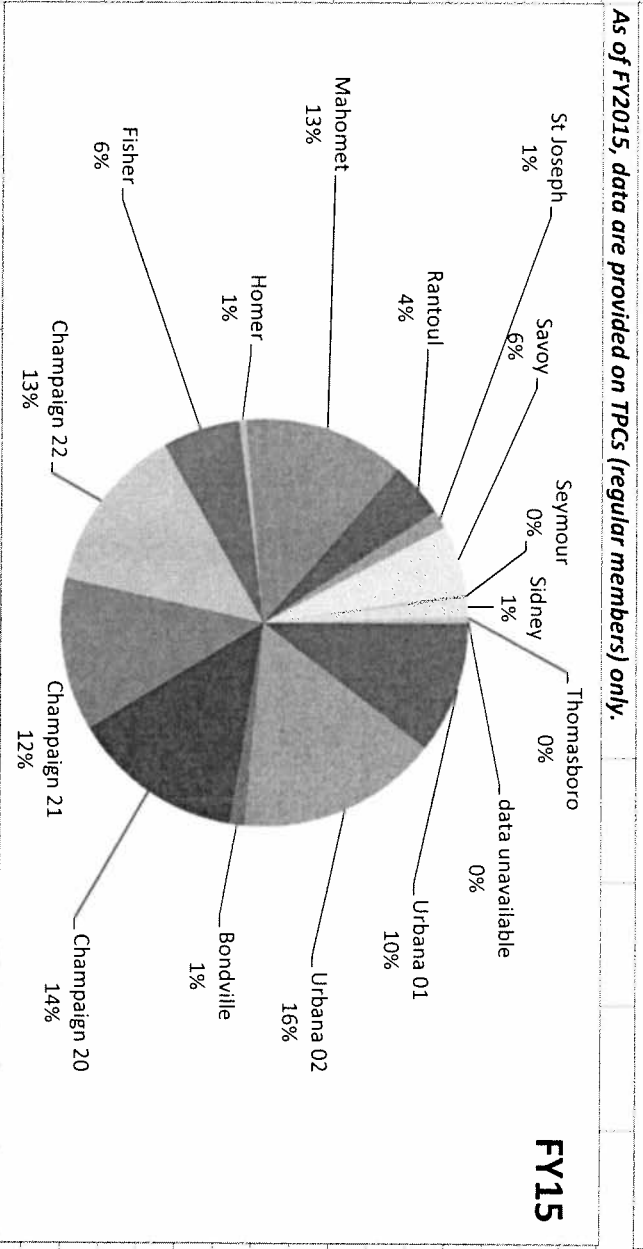
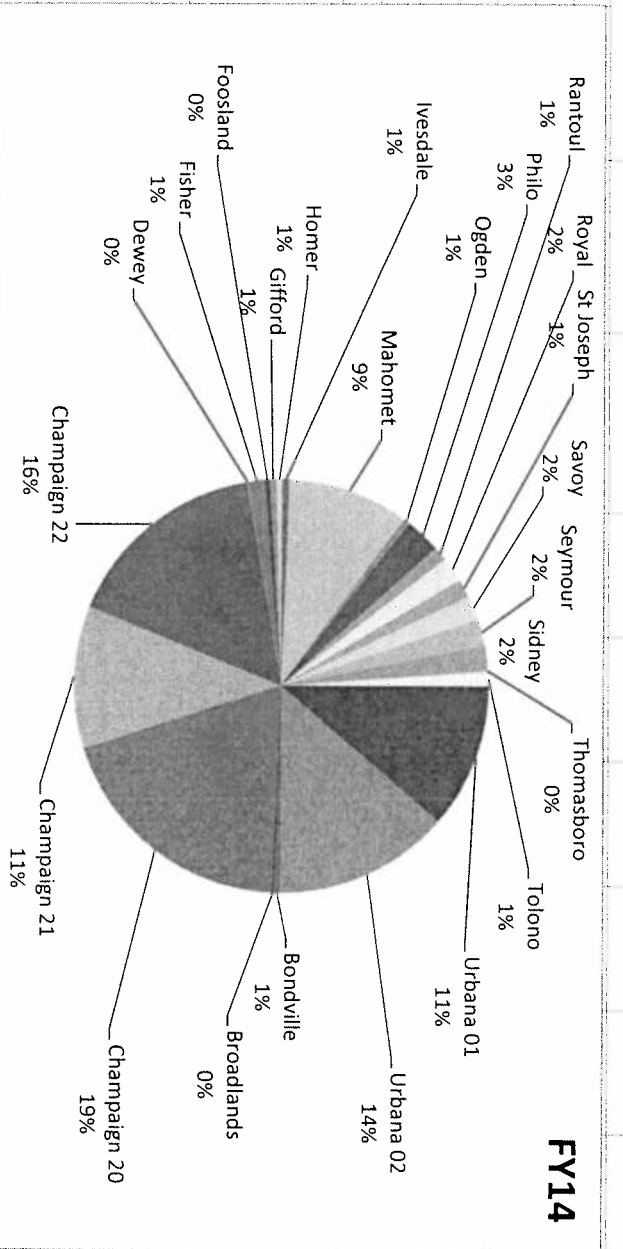
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CCDSN

Champaign County Down Syndrome Network

PY2014, 2015 Zip Code Data

Zip Code	City	FY14	FY15
60949	Ludlow	0	
61801	Urbana 01	110	36
61802	Urbana 02	134	55
61815	Bondville	5	4
61816	Broadlands	1	
61820	Champaign 20	189	47
61821	Champaign 21	109	42
61822	Champaign 22	157	46
61840	Dewey	1	
61843	Fisher	13	21
61845	Foosland	3	
61847	Gifford	5	
61849	Homer	5	2
61851	Ivesdale	5	
61852	Longview	0	
61853	Mahomet	92	44
61859	Ogden	5	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	27	
61866	Rantoul	11	15
61871	Royal	19	
61872	Sadorus	0	
61873	St Joseph	14	5
61874	Savoy	19	19
61875	Seymour	20	1
61877	Sidney	19	5
61878	Thomasboro	1	1
61880	Tolono	11	
Other	data unavailable		1
Totals		975	344



42

CCDSN

Begin 7/1/14		\$10,000		TPC	TPC	Total	NTPC	NTPC	NTPC	Other
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total		
1	10		0	69	69	0	43	43		
2	8			97	97		76	76		
3	5			4	4		53	53		
4	6			121	121		62	62		
Total	29	0	0	291	291	0	234	234		
Targets	15		100	20	120					
	193.33%	0.00%	0.00%	1455.00%	242.50%					

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CCDSN

CCDDB Program Plan

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

Program Plan

7/01/14 to 6/30/15

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 (prior to February). Starting in February we began meeting at the Stephen's Family YMCA and offered two options, Childwatch for children under 9 and a swim option for those over 9.
3. The project co-sponsored one Autism Spectrum-related workshop.
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 two 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 listserv, as well as a local telephone. The Network is working to provide Spanish information about autism events.

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CUAN

Autism Society of Illinois - CU Autism Network

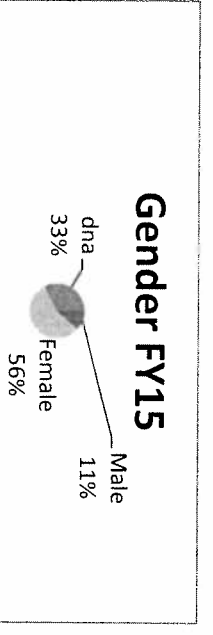
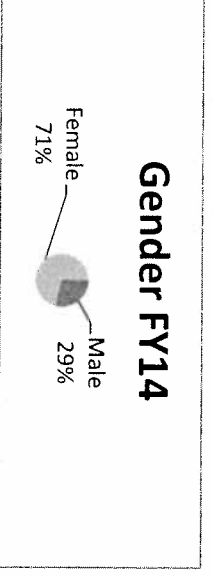
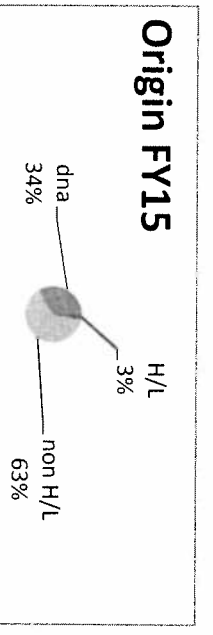
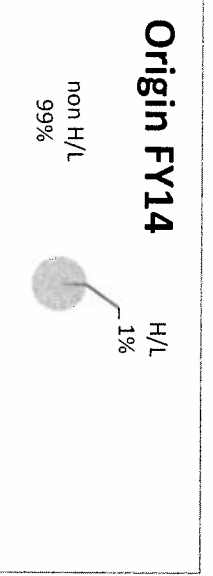
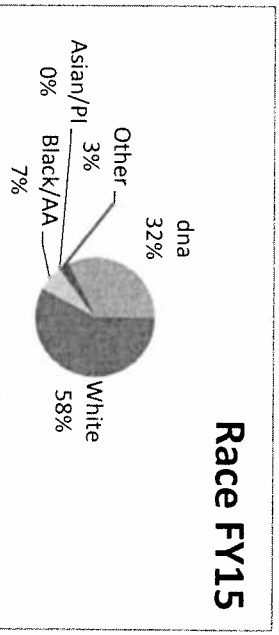
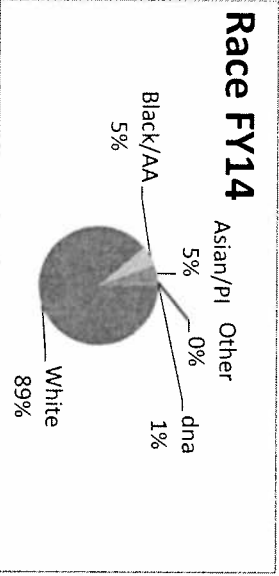
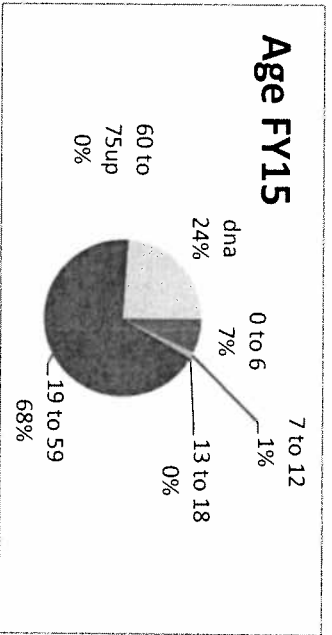
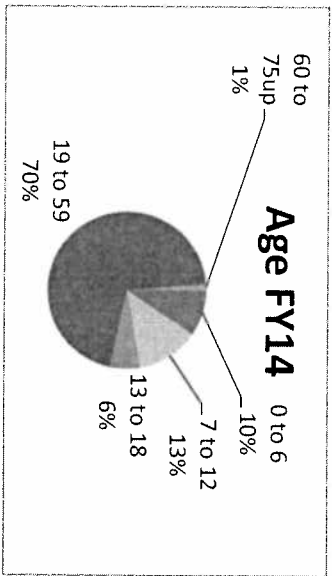
PY2014, 2015 Demographic Data

Age	FY14	FY15
0 to 6	21	5
7 to 12	29	1
13 to 18	14	0
19 to 59	158	48
60 to 75up	3	0
dna	3	17
Total	225	71

Race	FY14	FY15
White	191	41
Black/AA	12	5
Asian/Pl	10	0
Other	0	2
dna	2	23
Total	215	71

Origin	FY14	FY15
H/L	3	2
non H/L	212	45
dna	24	24
Total	215	71

Gender	FY14	FY15
Male	63	8
Female	158	40
dna	23	23
Total	221	71



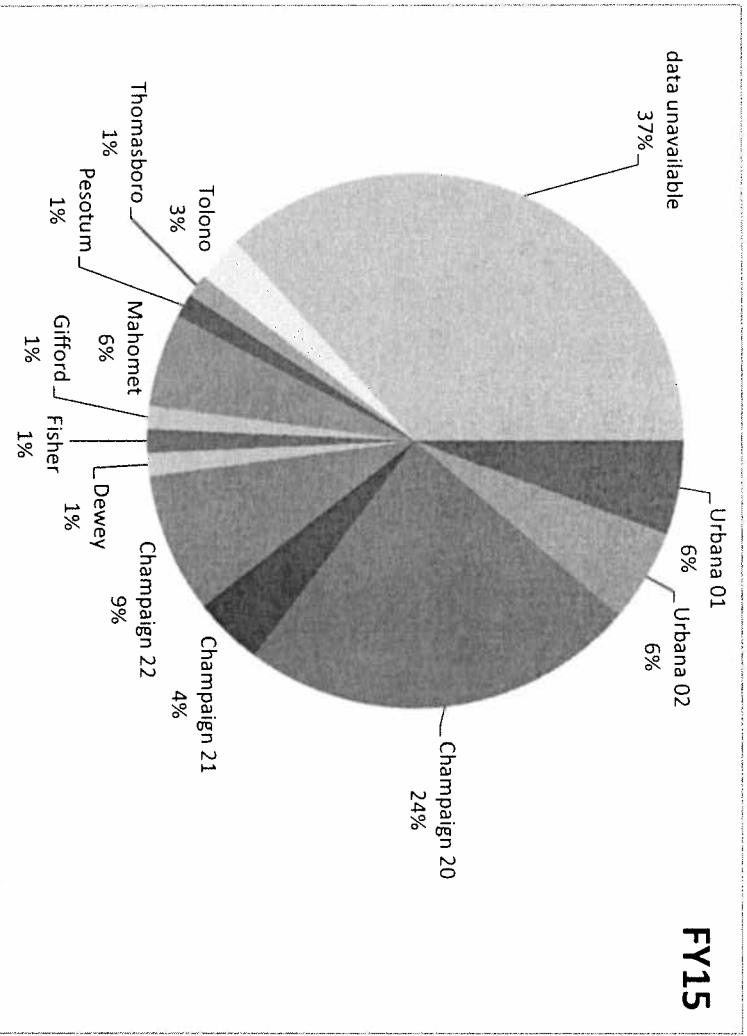
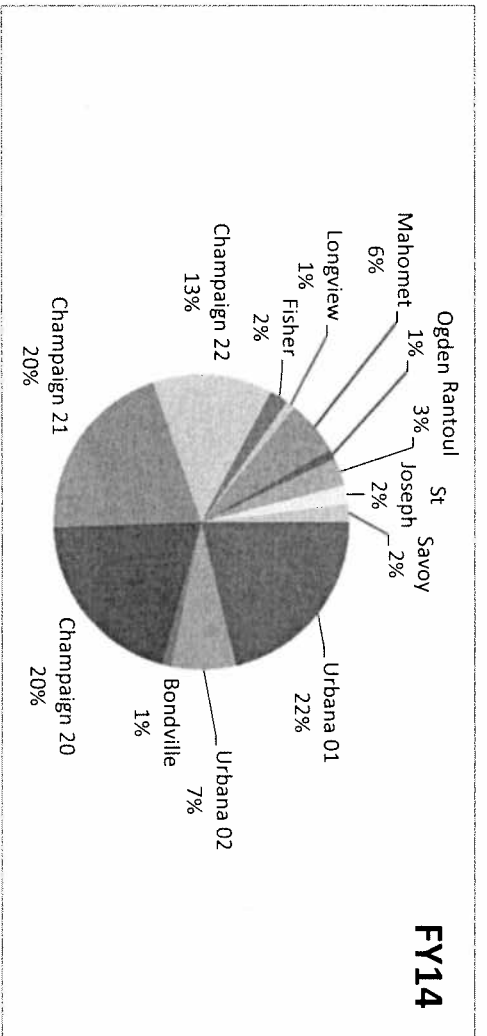
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CUAN

Autism Society of Illinois - CU Autism Network

PY2014, 2015 Zip Code Data

Code	City	Total FY14	Total FY15
60949	Ludlow	0	0
61801	Urbana 01	21	4
61802	Urbana 02	7	4
61815	Bondville	1	0
61816	Broadlands	0	0
61820	Champaign 20	20	17
61821	Champaign 21	20	3
61822	Champaign 22	13	6
61840	Dewey	0	1
61843	Fisher	2	1
61845	Foosland	0	0
61847	Gifford	0	1
61849	Homer	0	0
61851	Ivesdale	0	0
61852	Longview	1	0
61853	Mahomet	6	4
61859	Ogden	1	0
61862	Penfield	0	0
61863	Pesotum	0	1
61864	Philo	0	0
61866	Rantoul	3	0
61871	Royal	0	0
61872	Sadorus	0	0
61873	St Joseph	2	0
61874	Savoy	2	0
61875	Seymour	0	0
61877	Sidney	0	0
61878	Thomasboro	0	1
61880	Tolono	0	2
Other	data unavailable	0	26
Totals		99	71



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CUAN

Autism Society of Illinois - CU autism Network Chapter								
Begin 7/1/14		\$ 10,000						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total
1					39	39		0
2	842				10	10	19	19
3	217				14	14	96	96
4	1434				8	8	24	24
Total	2493	0	0		71	71	0	139
Targets	1200		75	20	95	1850	75	1925
	207.75%							

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CUANT

Performance Measure Outcome Report July 2015 for year 2014 – 2015

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	1	3
Service and Screening Contacts	625	843
Non-Treatment Plan clients	55	232
Continuing Treatment Plan clients	30	47
New Treatment Plan clients	60	144
Other	8	42

The Community Service Events target of 1 event was 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.

Service/Screening Contacts numbers are derived from the number of new children I observe when I complete my Social Emotional Classroom observations. Last year the program decided that I would only complete 1 set of observations during the school year. Every classroom and option is observed by me at least 1 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 and support. The target number was surpassed by 218 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 - 3 months to review behavioral goals. This year, children are categorized into level A or B. Children needing more support are on level A and children needing less support but still need care are on level B. Level A children have a parent team meeting every 2 months and level B children have a team meeting every 3 months. Each site and option receives social emotional/mental health training at least 1 time per year by myself. The target number for these events was 55 this year. We exceed that number by 177. I presented training to parents 6 times this school year and attended 226 parent team meetings.

Continuing Treatment Plan clients target number was 30. We had 47 carry over counseling clients or ISP plans from the 2013 – 2014 school year.

(48)

CCHS

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 60. We exceed that number by 84 due to high numbers of behavioral concerns.

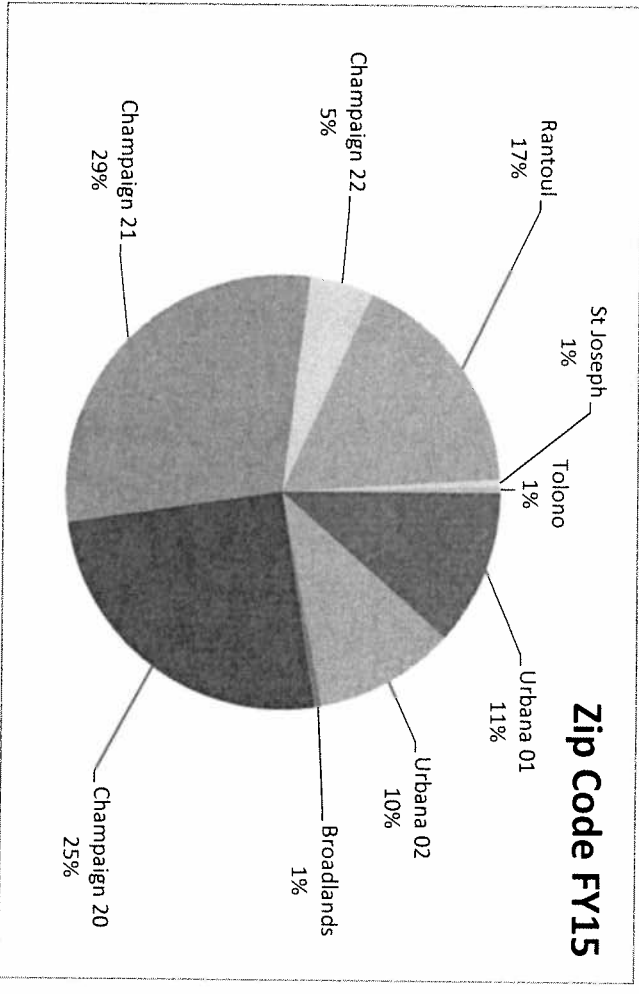
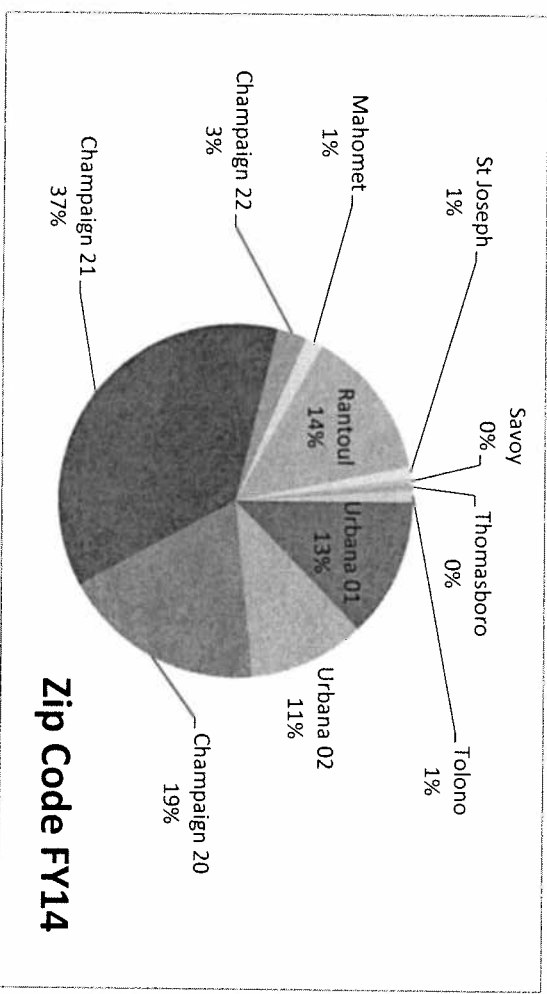
The Other category includes staff training, Policy Council meetings, and when I submit social emotional or mental health topic new articles for the weekly news letters to parents. Our goal this year was 8 events and I concluded the year with 42 other events.

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

PY2014, 2015 Zip Code Data

(CCHHS - Funded)

Code	City	FY14	FY15
60949	Ludlow	0	
61801	Urbana 01	24	22
61802	Urbana 02	20	20
61815	Bondville	0	
61816	Broadlands	0	1
61820	Champaign 20	35	48
61821	Champaign 21	69	56
61822	Champaign 22	5	9
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	33
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	2	1
61874	Savoy	1	
61875	Seymour	0	
61877	Sidney	0	
61878	Thomashboro	1	
61880	Tolono	2	1
Other	-----		
Totals		188	191



50

CCHS

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

PY2014, 2015 Demographic Data

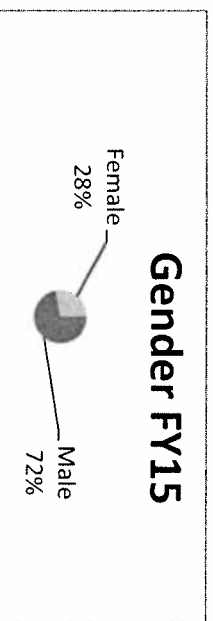
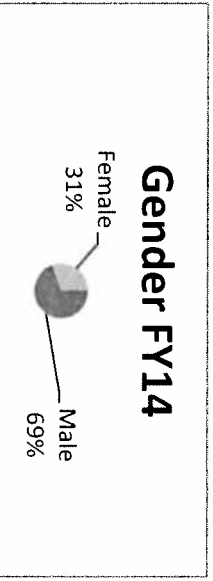
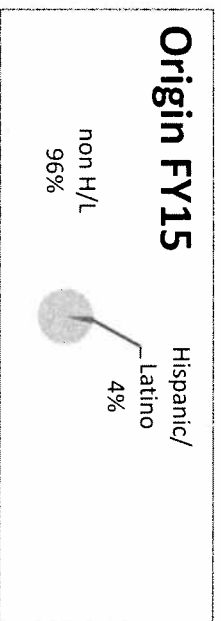
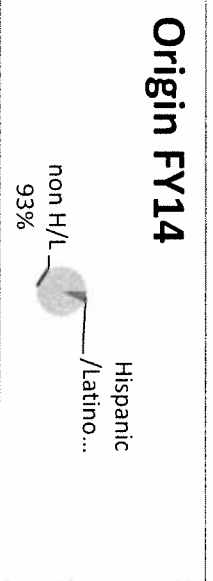
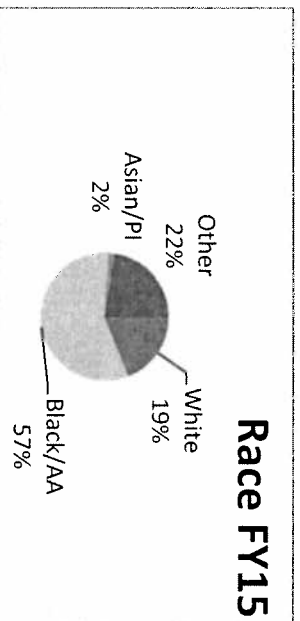
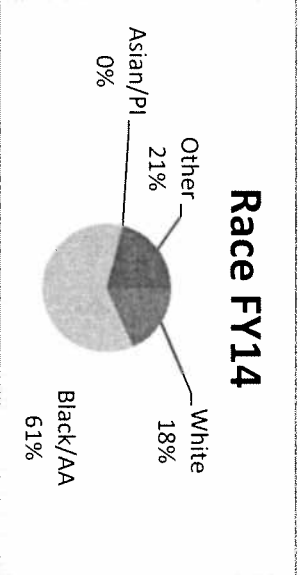
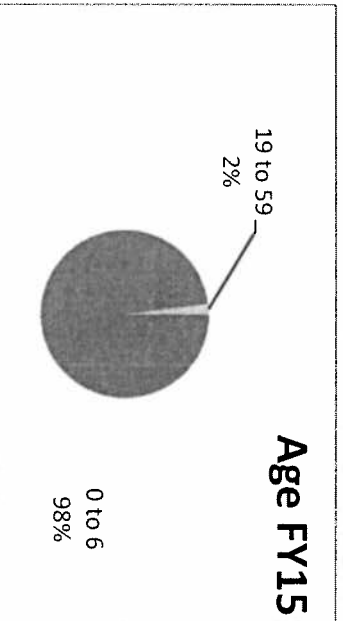
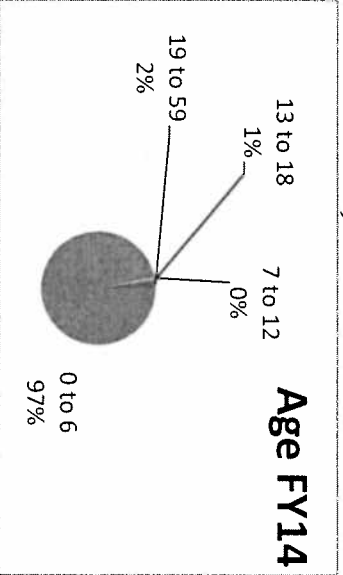
(CCHHS - tracked)

Age	FY14	FY15
0 to 6	182	187
7 to 12	1	0
13 to 18	1	0
19 to 59	4	4
60 to 75sup	0	0
dna		
Total	188	191

Race	FY14	FY15
White	34	36
Black/AA	114	109
Asian/PI	1	3
Other	39	43
dna		
Total	188	191

Origin	FY14	FY15
Hispanic/Latino	13	8
non H/L	175	183
dna		
Total	188	191

Gender	FY14	FY15
Male	130	137
Female	58	54
dna		
Total	188	191



Begin 7/1/14		\$41,029	<i>CCMHB funded</i>						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other (New)
1	0	510	47	20	67	0	25	25	4
2	0	166		39	39		79	79	11
3	0	123		69	69		96	96	17
4	3	44		16	16		32	32	10
Total		3 843		144	191	0	232	232	42
Targets		1 625	30	60	90	0	5	55	8
	300.00%	134.88%	0.00%	240.00%	212.22%		4640.00%	421.82%	525%

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CCHS



44 E Main, Suite 419, Champaign, IL 61820
(217) 621-1090
www.communitychoicesinc.org

Performance Measures, FY 2015: Community Living Program

Community Transitional Support (Yearly goal: 15 individuals)

- # individuals served: 17
- # individuals living independently: 15
- Assessments
 - # Personal Outcome Measures completed: 15
 - # Life Skills Inventories completed: 16
 - # Circle of Support forms completed: 15
- # plans created: 13
- # individual goals met: 23
 - 2 individuals moved out of their family home for the first time; 3 individuals moved to more preferred living arrangements
 - 4 individuals learned how to address home maintenance and repairs
 - 5 individuals met a variety of goals related to finances, such as applying for community resources, paying off debt, and seeking credit counseling
 - 1 individual started taking classes at Parkland
 - 1 individual started cooking healthy meals
 - 2 individuals formed a fishing group
- # new resources/support networks: 8
 - 3 individuals began a movie club
 - 2 individuals started bowling with each other
 - 2 individuals connected with AARP volunteer tax services
 - 1 individual organized a video game club
 - 1 individual started volunteering at Habitat for Humanity Restore
- # schedules completed: 6
- # skills taught: 18
 - 6 individuals developed their own schedule
 - 2 individuals learned how to use online tools for bill payments
 - 1 individual began using a ledger to track bills and payments
 - 3 individuals learned home skills, such as replacing fuses, using a charcoal grill safely, pumping up a basketball, cleaning the bathroom with appropriate materials, and washing bedding
 - 1 individual learned how to complete online employment applications

- 1 individual mastered 20 signs in American Sign Language
- 1 individual began studying Rules of the Road
- 1 individual mastered Facebook privacy and safety

Accomplishments beyond our deliverables

- Life skills classes:
 - Cooking (4 participants): Participants begin preparing several entrees and side dishes using ground beef and potatoes as the foundation of meals. Participants will work on refining cooking techniques such as browning, baking, sautéing, cutting, proper food storage, and washing and preparing vegetables.
 - Budgeting (5 participants): Participants learned basic banking terms and how to apply them to a monthly budget. Participants worked out identifying wants versus needs and understanding what appropriate budget items included. Participants learned what bills looked like and how to pay them.
 - Be Safe (4 participants): Participants learned how to be safe interacting with various emergency personnel based on curriculum developed by Emily Iland. Participants developed skills surrounding home safety, social safety and internet safety.
 - Hobby Discovery (7 participants): Participants were introduced to a variety of hobbies and how to pursue them. Participants learned skills regarding transportation, finances, and planning for different hobby options. Community resources were also explored.
 - Prepared for Women’s Group and Men’s Group to start in FY2016
- Supportive Housing Institute – Staff and co-op members completed the Supportive Housing Institute, a collaborative training process with DSC and D&O Properties, a developer from Decatur who is interested in working in Champaign.
 - Following the Institute, Community Choices met with the City of Champaign and began working with individuals who were receiving Housing Choices vouchers to advocate for roommates
- Home-based Service Facilitation: Community Choices serves 32 individuals in state-funded Home-based Services.



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Performance Measures, FY 2015: Customized Employment Program

Discovery

- # individuals completing Discovery: 7

Job Matching

- # individuals acquiring paid jobs: 8
- Locations: Goodwill, Fed Ex Ground, JDN (personal transportation business), Panera, Schnucks, Rural King, YMCA, Presence Hospital
- # individuals acquiring volunteer jobs/unpaid internships: 6
- Locations: Humane Society, Crisis Nursery, Champaign Public Library, Clark Lindsay Village, YMCA, Stevie J Radio (internship)

Short-Term Employment Support

- # individuals receiving initial support on-the-job: 14
- Initial support was provided to all the individuals cited in Job Matching above

Long-Term Employment Support

- # individuals receiving long-term employment support: 25
- 94% of individuals kept their job for one year
- Examples of support: assisted in requesting accommodations, resolving problems, assisted with leaving a job well, retraining, training on new tasks, fielded questions and concerns from family members, helped resolve vacation pay issues, assisted in requesting time off, assisted in helping people understand their SSI benefits

Accomplishments beyond our deliverables

- # individuals acquiring jobs through DRS: 8
- Additional supports offered:
 - Individual with visual impairment – assisted in creating a resume and cover letter . Also did some brainstorming on possible accommodations to use in the community
 - Individual with learning disability and Mental health disability – assisted in securing a full time job with benefits.
- # individuals receiving additional volunteer support: 5

- Collaborated on Employment First pilot project with DSC
- Professional participation:
 - Jamie Stevens is Vice President of Illinois APSE (Association of Providers of Supported Employment)
 - Employment staff serve on Transition Planning Committee, Illinois Imagines, Disability Expo Steering Committee



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Performance Measures, FY 2015: Self-Determination Support Program

Building Community Capacity

- Employment First: 19 meetings with DSC to establish the Champaign County Employment First Plan and begin implementation
- Provider meetings: 3 meetings with families and IAG to help establish services
- State leaders: 5 meetings with state leaders including the housing representative from the Governor's office, DRS director, DDD director, and CSH representatives

Self-advocacy

- # self-advocacy meetings: 14 meetings held throughout the year
- local project: Leadership Course Development Group
- statewide event: 3 self-advocates attended the Going Home rally in Springfield
- Outcomes:
 - In Spring 2015, 5 individuals with developmental disabilities were part of a small group (joined by four students from the University of Illinois and one Community Choices staff member) who met weekly to develop a leadership course that will be offered by Community Choices in FY2016. In addition to gaining and/or strengthening leadership skills to use in daily life, participants will also have the opportunity to start a self-advocacy group at the completion of the course, with support provided by Community Choices.

Social Events

- # events: 58
- type of events: Rodeo, Pottery Place, Pool Party, Six Flags, Taste of Champaign, lunch club, First Thursday Dinner, Costume Bowling, "Holiday Inn" Film, Thanksgiving Potluck, Open Gym, Holiday Shopping, Krannert Tour, Make-Up Party, Art Party, Women's Gymnastics Meet, "Into The Woods" play, Cornbelters Baseball Game, "Jurassic World" movie, presentations on the Bahamas and Disney World
- Outcomes:
 - 24 new participants attended social events
 - 3 participants showed significant progress in engaging with the group

Social Coaching - individuals will organize their own activity with support

- # individuals receiving social coaching: 1

CONNECT! - individuals develop connections with community groups and activities

- # individuals developing community connections: 6
- type of community connections: Farmers Market, Uncorked, Stone Creek Church, Hays Recreation Center, Meetup Groups, Common Ground Co-op Cooking Classes

Family Support

- # meetings: 8 (topics included "Letting Go", housing options, benefits planning, community involvement, and annual membership meeting)
- # family gatherings: 3

Accomplishments beyond our deliverables:

- Provided training on Personal Outcome Measures for Macon Resources in Decatur
- Additional social event suggestions have been added to each monthly calendar. This is our effort at encouraging individuals to attend local community events, without support staff from Community Choices.

Community Choices, Inc. - Community Living (Fee for Service)

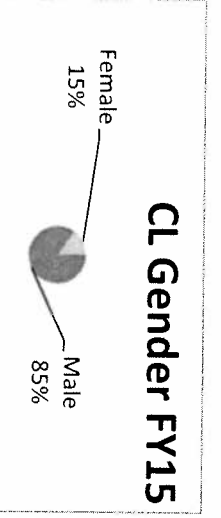
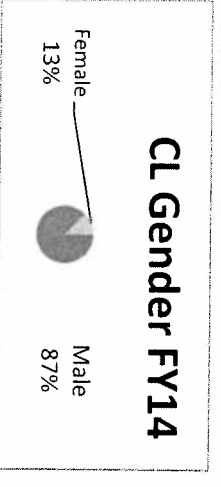
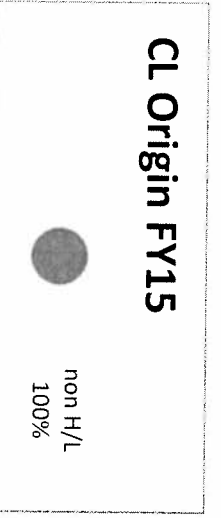
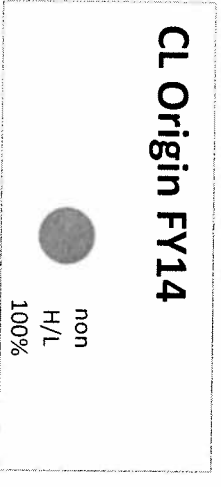
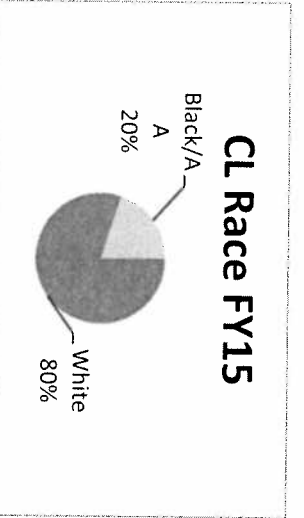
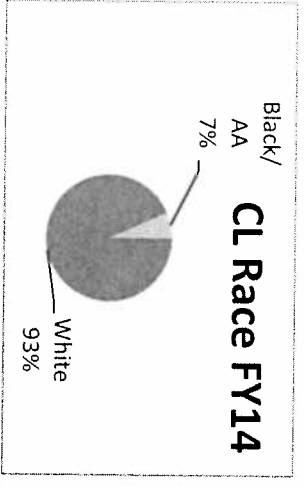
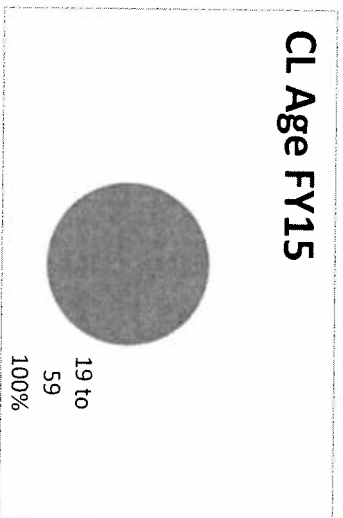
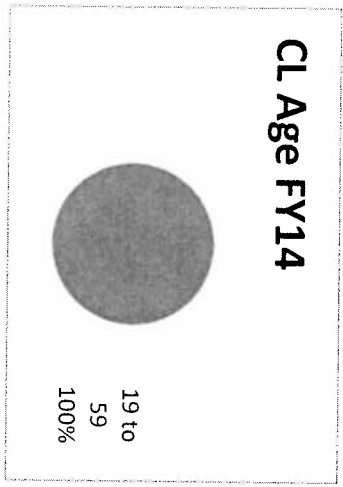
PY2014, 2015 Demographic Data (all CCMHB funded programs)

Age	CL FY14	CL FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	16	20
60 to 75up	0	0
dna		
Total	16	20

Race	CL FY14	CL FY15
White	14	16
Black/AA	1	4
Asian/PI	0	0
Other	1	0
dna		
Total	16	20

Origin	CL FY14	CL FY15
H/L	0	0
non H/L	16	20
dna		
Total	16	20

Gender	CL FY14	CL FY15
Male	14	17
Female	2	3
dna		
Total	16	20



In FY15, 3 Community Living participants were involved w/ Customized Employment, 6 w/ Self-Determination, and 9 in all 3 programs.

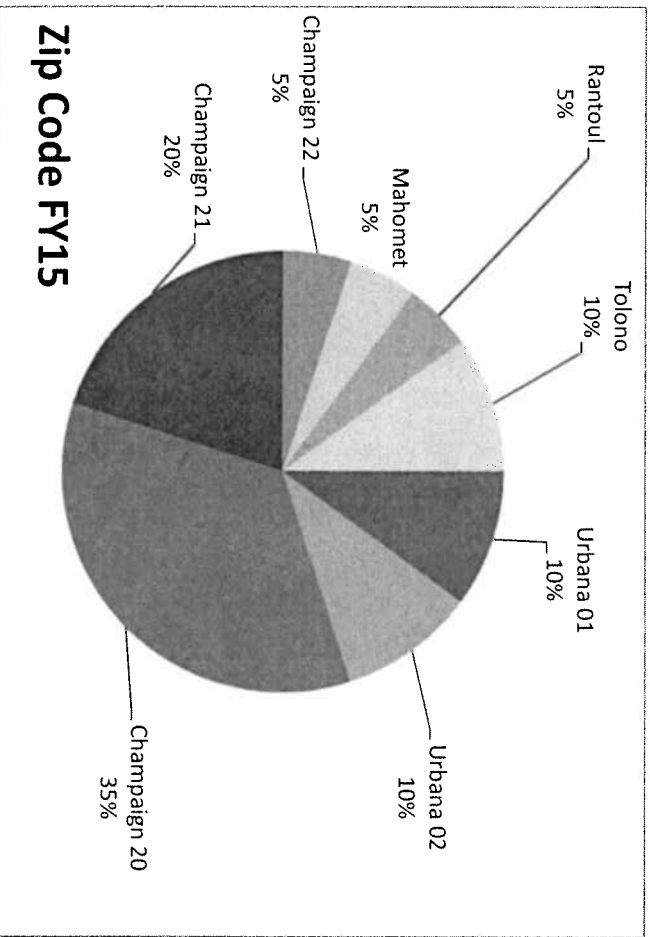
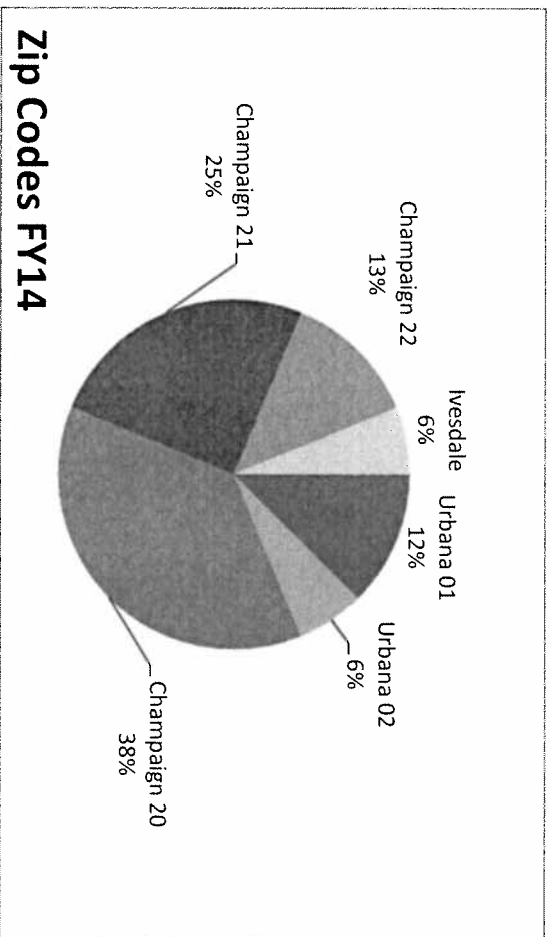
59

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Community Choices - Community Living (Fee for Service)

PY2014, 2015 Zip Code Data (all CCMHB funded programs)

Zip Code	City	CL FY14	CL FY15
60949	Ludlow		
61801	Urbana 01	2	2
61802	Urbana 02	1	2
61815	Bondville		
61816	Broadlands		
61820	Champaign 20	6	7
61821	Champaign 21	4	4
61822	Champaign 22	2	1
61840	Dewey		
61843	Fisher		
61845	Foosland		
61847	Gifford		
61849	Homer		
61851	Ivesdale	1	
61852	Longview		
61853	Mahomet		1
61859	Ogden		
61862	Penfield		
61863	Pesotum		
61864	Philo		
61866	Rantoul		1
61871	Royal		
61872	Sadorus		
61873	St Joseph		
61874	Savoy		
61875	Seymour		
61877	Sidney		
61878	Thomashboro		
61880	Tolono		2
Totals		16	20



20

3

Community Choices, Inc. - Customized Employment

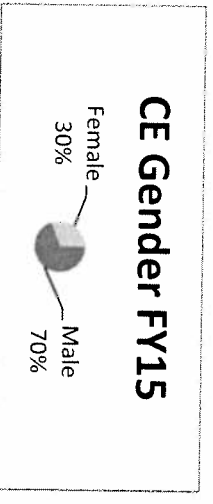
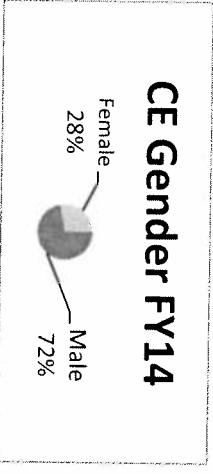
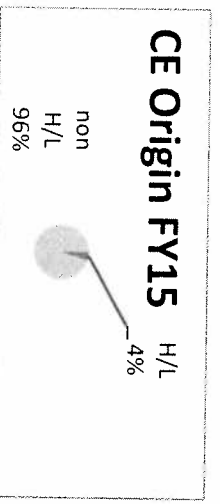
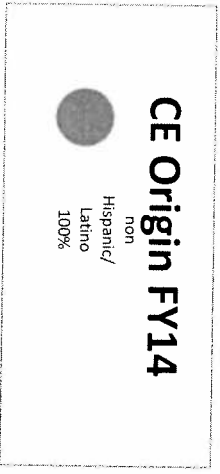
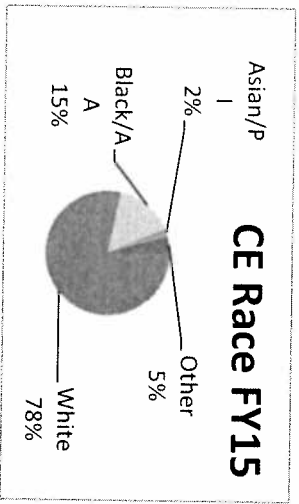
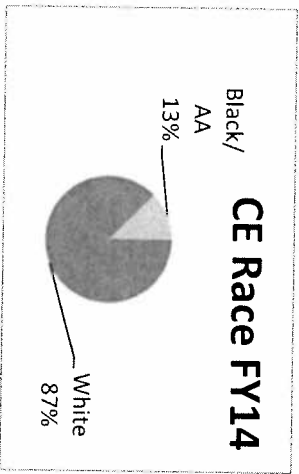
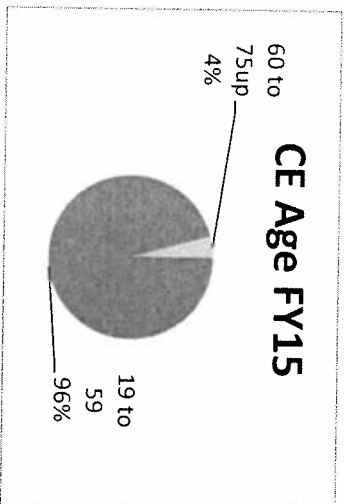
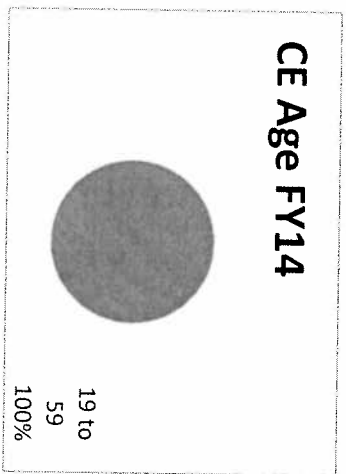
PY2014, 2015 Demographic Data (all CCMHB funded programs)

Age	CE FY14	CE FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	32	44
60 to 75up	0	2
dna		
Total	32	46

Race	CE FY14	CE FY15
White	28	36
Black/AA	4	7
Asian/PI	0	1
Other	0	2
dna		
Total	32	46

Origin	CE FY14	CE FY15
H/L	0	2
non H/L	32	44
dna		
Total	32	46

Gender	CE FY14	CE FY15
Male	23	32
Female	9	14
dna		
Total	32	46



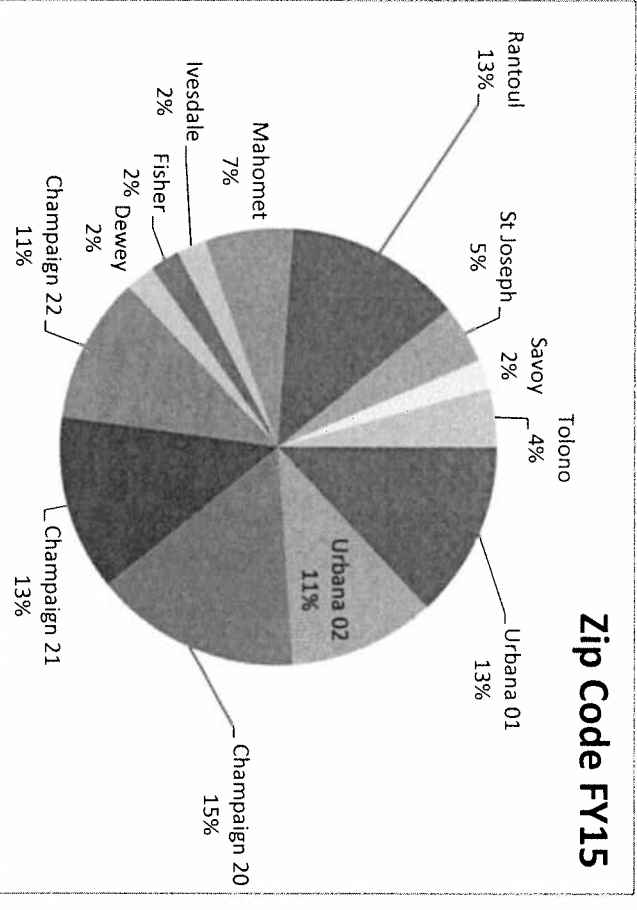
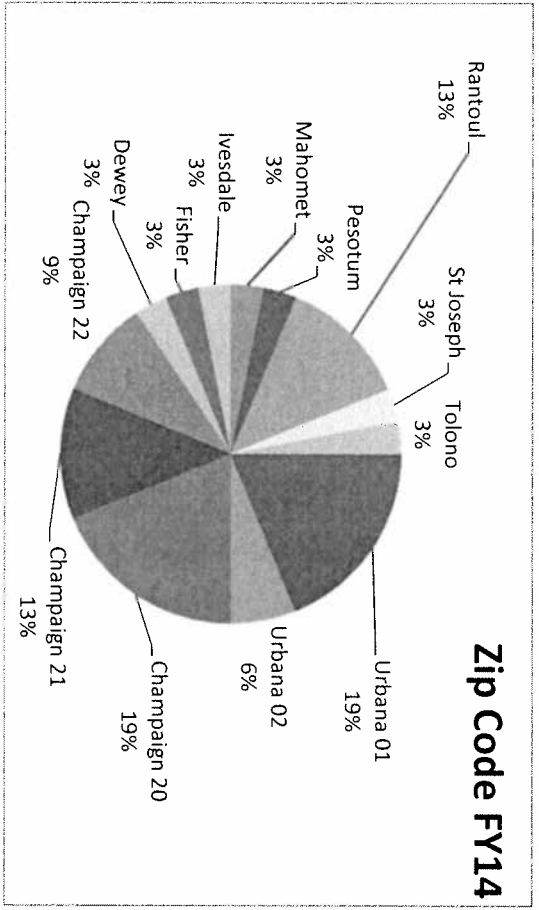
In FY15, 3 Customized Employment participants were involved in Community Living, 19 in Self-Determination, and 9 in all 3 programs.

17

3

Community Choices - Customized Employment
 PY2014, 2015 Zip Code Data (all CCMHB funded programs)

Zip Code	City	CE FY14	CE FY15
60949	Ludlow		
61801	Urbana 01	6	6
61802	Urbana 02	2	5
61815	Bondville		
61816	Broadlands		
61820	Champaign 20	6	7
61821	Champaign 21	4	6
61822	Champaign 22	3	5
61840	Dewey	1	1
61843	Fisher	1	1
61845	Foosland		
61847	Gifford		
61849	Homer		
61851	Ivesdale	1	1
61852	Longview		
61853	Mahomet	1	3
61859	Ogden		
61862	Perfield		
61863	Pesotum	1	
61864	Philo		
61866	Rantoul	4	6
61871	Royal		
61872	Sadorus		
61873	St Joseph	1	2
61874	Savoy		1
61875	Seymour		
61877	Sidney		
61878	Thomasboro		
61880	Tolono	1	2
Totals		32	46



62

3

Community Choices, Inc. - Self-Determination Support

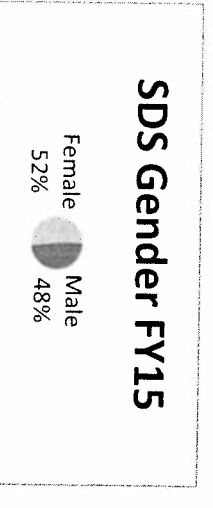
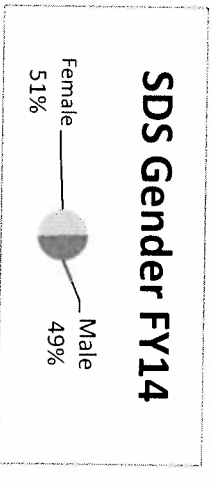
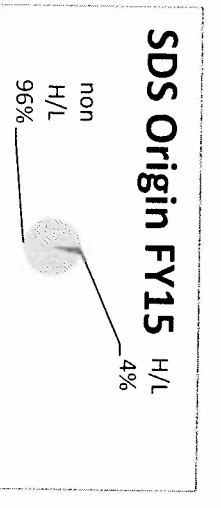
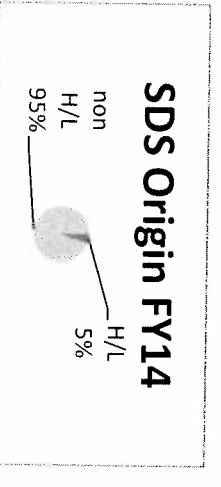
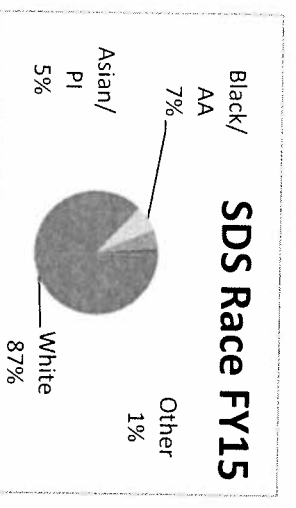
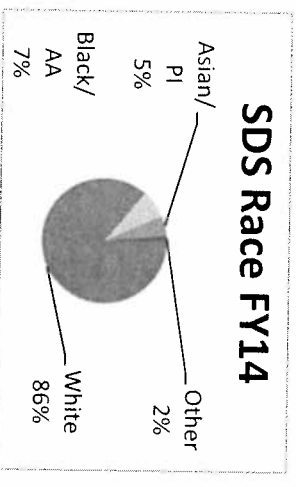
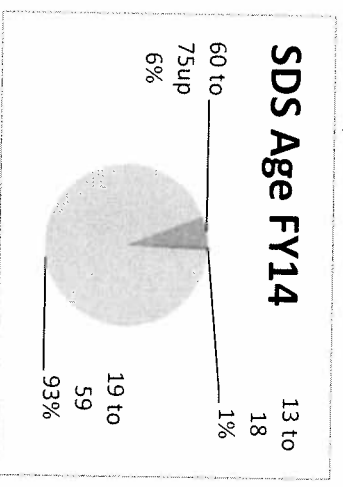
PY2014, 2015 Demographic Data (all CCMHB funded programs)

Age	SDS FY14	SDS FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	1	1
19 to 59	127	152
60 to 75up	8	10
dna		
Total	136	162

Race	SDS FY14	SDS FY15
White	117	141
Black/AA	10	11
Asian/PI	7	8
Other	2	2
dna		
Total	136	162

Origin	SDS FY14	SDS FY15
H/L	7	7
non H/L	129	155
dna		
Total	136	162

Gender	SDS FY14	SDS FY15
Male	67	78
Female	69	84
dna		
Total	136	162



In FY15, 15 of 20 Community Living and 28 of 46 Customized Employment participants were also involved in SDS.

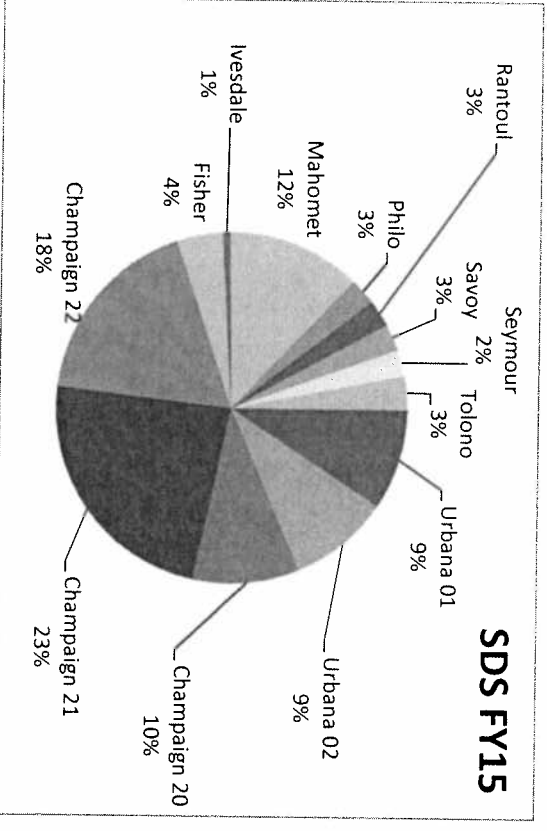
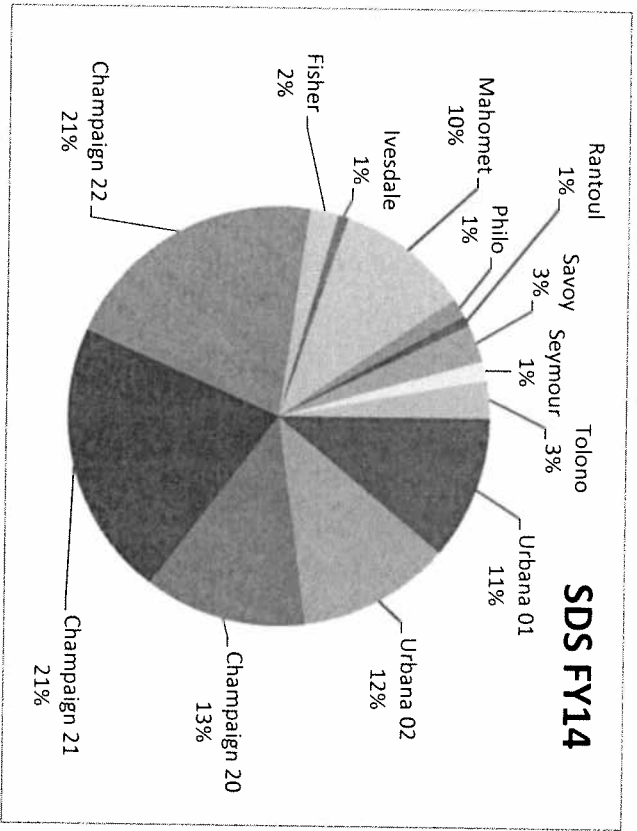
63

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Community Choices - Self-Determination Support

PY2014, 2015 Zip Code Data

Zip Code	City	SDS FY14	SDS FY15
60949	Ludlow	0	
61801	Urbana 01	15	15
61802	Urbana 02	16	15
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	17	16
61821	Champaign 21	29	38
61822	Champaign 22	28	29
61840	Dewey	0	
61843	Fisher	3	7
61845	Footsland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	1	1
61852	Longview	0	
61853	Mahomet	14	20
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	2	4
61866	Rantoul	1	4
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	0	
61874	Savoy	4	4
61875	Seymour	2	4
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	4	5
Totals		136	162



In FY15, 15 of 20 Community Living & 28 of 46 Customized Employment participants were also involved in SDS.

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3

Customized Employment

Begin 7/1/14

\$50,000

Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Hours
1	0	229	31	4	35	0	0	0	345
2	2	299		1	1			0	395
3	1	353		4	4			0	333
4	1	193		6	6			0	350
Total	4	1074	31	15	46	0	0	0	1423
Targets	4	890	22	7	29	0	0	0	1405
		121%	140.91%	214.29%	158.62%				

Community Living - fee for service contract

Begin 7/1/14

\$55,000

Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Hours
1	0				15	0	0	0	377
2	1			2	2			0	357.5
3	1			3	3			0	381
4	0				0			0	373.5
Total	2	0	0	5	20	0	0	0	1489
Targets	2	780	12	3	15	0	0	0	1487
	100%		0.00%	166.67%	133.33%				

Self-Determination Support										
Begin 7/1/14										
\$45,000										
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other DS Hours	
1	2	204	0	0	0	125	9	134	211	
2	1	302		0	0		14	14	220	
3	2	262		0	0		7	7	271	
4	0	268		0	0		7	7	219	
Total	5	1036	0	0	0	125	37	162	921	
Targets	4	822	0	0	0	110	16	126	912	
	125%	126%				114%	231%	129%		

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CC

COMMUNITY ELEMENTS, INC.

Coordination of Services: DD/MI

Annual Performance Report – FY 15

Consumer Access and Outcomes:

This program is designed to assist Champaign County individuals 18 years of age or older who have a developmental and mental health disorder. We seek to provide the needed intervention and clinical expertise to help with the disorders and prevent hospitalization, working toward long term stabilization in the community.

Prompt engagement of clients is a priority in this program. The DD/MI Clinician, Dan Beagles, is available to meet with referring parties/potential clients within a 2week period. If he is not available his supervisor works on arranging contact within this timeframe and to provide linkage and/or direction if we cannot provide the needed service. There is a capacity limit, due to the intensity of engaged clients requiring frequent contact, as well as a lengthy time of engagement in order to maintain stability. Mr. Beagles' monthly client contact hours exceeds the industry standard and averages over 100 hours/month. In addition to providing intense case management and counseling, he provides advocacy, linkage to auxiliary services and coordination and consultation with other service providers.

The program accepts referrals from multiple sources, including Community Choices, Developmental Services Center, PACE, Regional Planning Commission, Champaign County Probation Department, local high schools, parents or family members, and other local service providers. Referrals also are made internally from other departments at Community Elements, including Access and TIMES Center.

We have seen an increase in the number of referrals from area high schools in regard to aging out high school students. The DD/MI Clinician, Dan Beagles, a Licensed Social Worker, has increased his time in working with the Transitional Planning Committee and with families who have concerns regarding their son/daughter and are seeking assistance in planning for their child's future. He has been asked to be a part of Individualized Educational Plan meetings and assists with realistic future planning for his clients.

Mr. Beagles is a strong advocate for this target population and is effective in working with community partners and families, as well as with his individual clients. He participated in 8 Community Service Events in FY 15 and participates in the planning committee for the annual Disability Fair.

666

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Utilization:

Twenty-seven clients have received services in FY15.

67

CE

Community Elements - Coordinated Services DD/MI

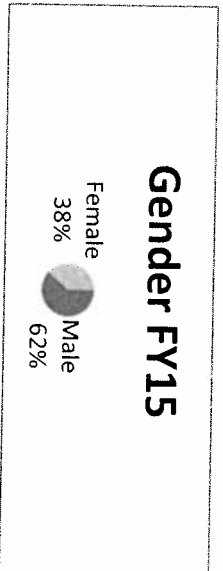
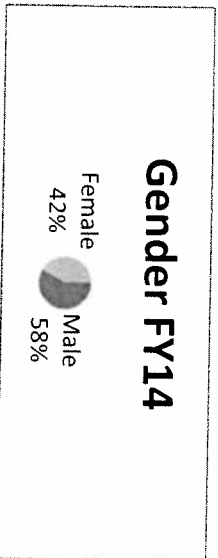
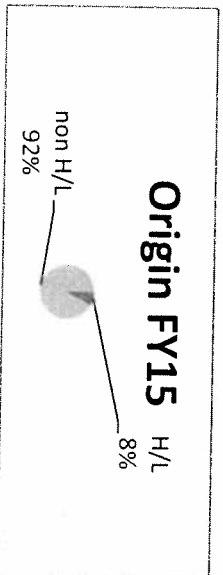
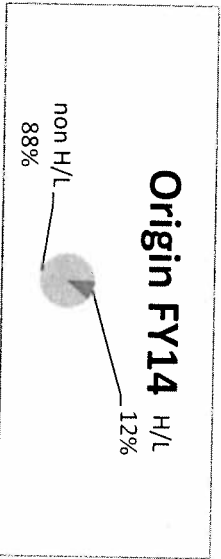
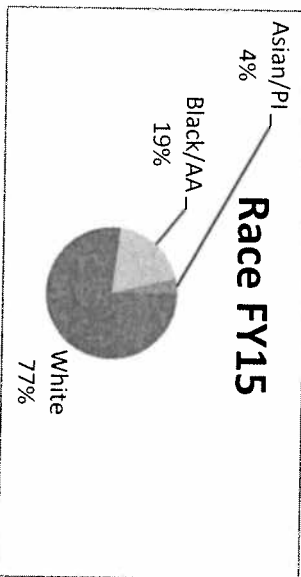
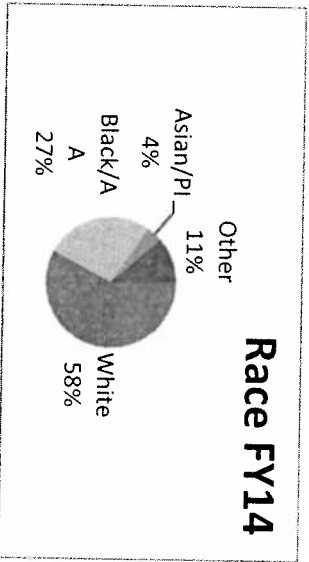
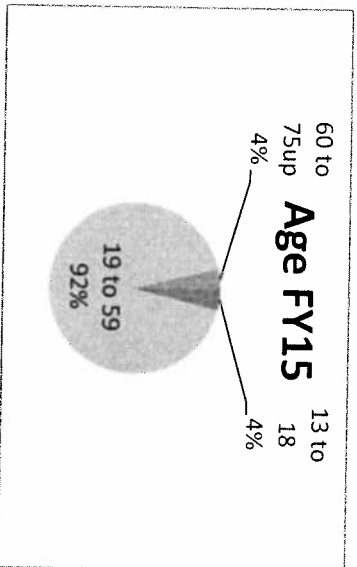
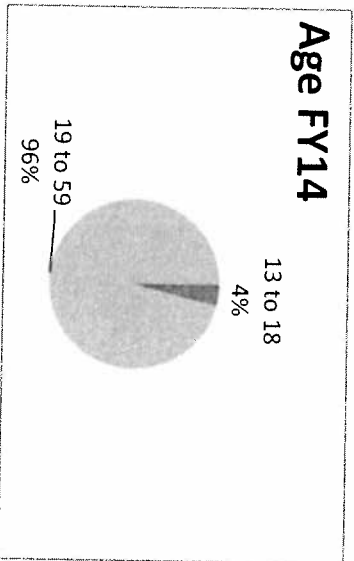
PY2014, 2015 Demographic Data

Age	FY14	FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	1	1
19 to 59	25	24
60 to 75up	0	1
dna	0	0
Total	26	26

Race	FY14	FY15
White	15	20
Black/AA	7	5
Asian/Pi	1	1
Other	3	0
dna	0	0
Total	26	26

Origin	FY14	FY15
H/L	3	2
non H/L	23	24
dna	0	0
Total	26	26

Gender	FY14	FY15
Male	15	16
Female	11	10
dna	0	0
Total	26	26



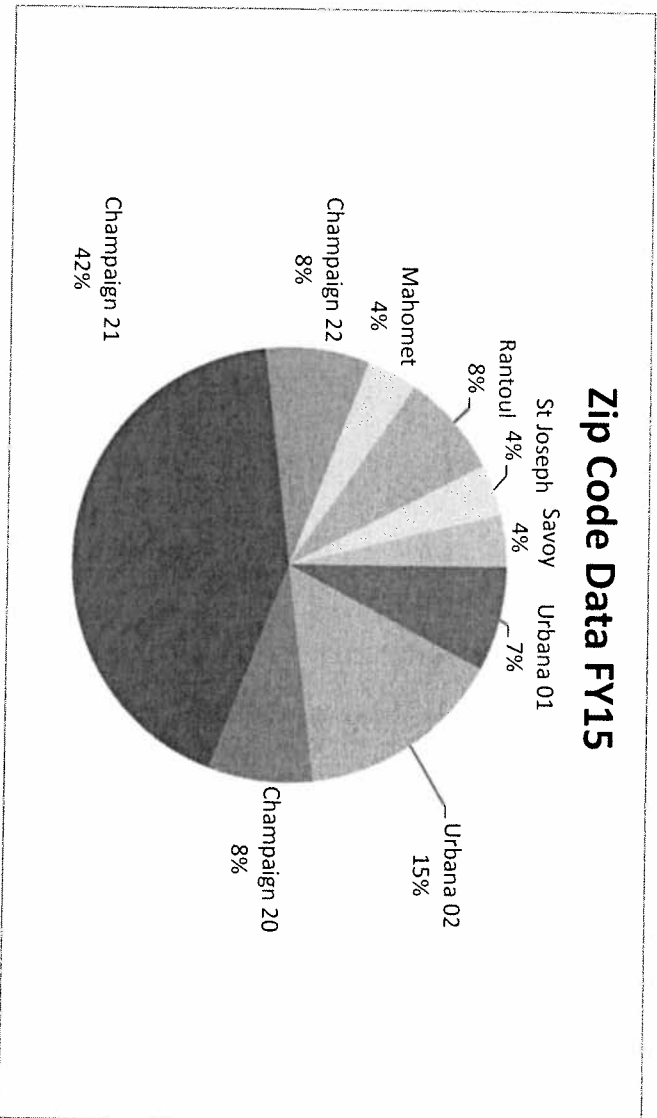
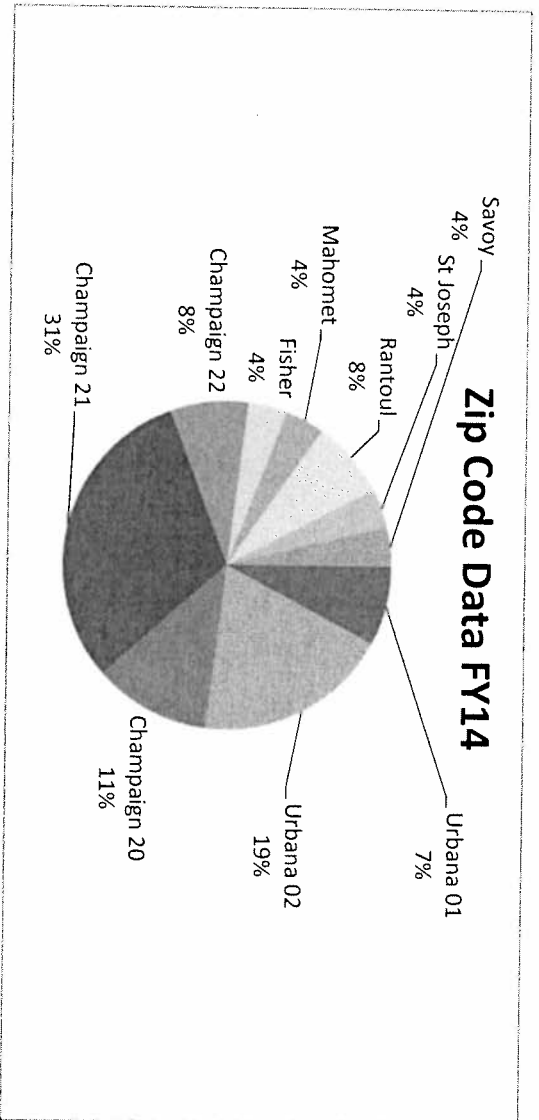
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Community Elements - Coordinated Services DD/MI

PY2014, 2015 Zip Code Data

Zip	City	FY14	FY15
60949	Ludlow	0	0
61801	Urbana 01	2	2
61802	Urbana 02	5	4
61815	Bondville	0	0
61816	Broadlands	0	0
61820	Champaign 20	3	2
61821	Champaign 21	8	11
61822	Champaign 22	2	2
61840	Dewey	0	0
61843	Fisher	1	0
61845	Foosland	0	0
61847	Gifford	0	0
61849	Homer	0	0
61851	Ivesdale	0	0
61852	Longview	0	0
61853	Mahomet	1	1
61859	Ogden	0	0
61862	Penfield	0	0
61863	Pesotum	0	0
61864	Philo	0	0
61866	Rantoul	2	2
61871	Royal	0	0
61872	Sadorus	0	0
61873	St Joseph	1	1
61874	Savoy	1	1
61875	Seymour	0	0
61877	Sidney	0	0
61878	Thomasboro	0	0
61880	Tolono	0	0
Totals		26	26



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CE

Begin 7/1/14											
\$35,060											
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	hours		
1	3	1	20	1	21	0	0	0	327		
2	4	2			2			0	268.1		
3	1	2			0			0	107		
4	0	5			3			1	332.25		
Total	8	10	20	6	26	0	1	1	1034.35		
Targets	12	18	15	15	30	0	3	3			
	67%	56.00%	133.33%	40.00%	86.67%						

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CE

CCDDB Performance Measurement Outcomes FY 15:

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 15 Target: 90%
FY 15 Outcome: This goal was met at 98%.
2. Measure: Consumers participating in the Apartment Services Program will maintain/make progress toward their independent living skills objectives.
FY 15 Target: 80%
FY 15 Outcome: This goal was met at 92% of a random sampling.
3. Measure: Consumers will be given opportunities to explore and/or participate in new activities or hobbies.
FY 15 Target: 35
FY 15 Outcome: 40 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 ears pierced and enjoying first manicure; getting first smart phone; buying Illinois Football season tickets; buying first computer; taking a child care class at U of I; getting two new pet birds; getting a bus pass and riding the MTD independently.
4. Target to support 63 people in Apartment Services during the fiscal year and 64 people received services. A total of 10,658 service hours were reported.

Clinical Services:

1. Measure: Clinical Support will provide services to 90 individuals. Consumer attendance and participation will be monitored by consultants' detailed billing statements and clinical notes.
FY 15 Target: 90 individuals
FY 15 Outcome: 78 individuals received services in the FY. More individuals continued services throughout the year than in past years so not as many new people were able to be granted monies for requested services.
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.
FY 15 Target: 100%
FY 15 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 15 Target: 100%
FY 15 Outcome: 100% reviewed
4. Measure: Consumers will be satisfied with services received:
FY 15 Target: 90%
FY 15 Outcome: 100%.
5. Target to have 25 service contacts and 21 were reported.
6. Target to complete two community service events and three were completed.

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DSC

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 15 Target: 90%
FY 15 Outcome: 100%.
2. Measure: New employers will be approached per quarter.
FY 15 Target: 10 employers
FY 15 Outcome: Over 14 employers were contacted with jobs secured in ten businesses.
3. Measure: People in the Community Employment Program will be satisfied with services.
FY 15 Target: 90%
FY 15 Outcome: 100%
4. Measure: Job placement activity will include consumers currently participating in DSC Business Operations or people entering DSC Employment for the first time.
FY 15 Target: Five
FY Outcome: Five
5. DSC will participate in planning meetings to develop the Employment First Plan for Champaign County.
FY 15 Target: Six meetings
FY 15 Outcome: DSC staff participated in six meetings this past year.
6. Target to support 50 people in the Community Employment Program and outcome is 50 were provided services during FY 15 with DDB dollars. Service hours provided totaled 3111.25.
7. Target to conduct two Service Contacts was met with two meetings with prospective clients being conducted.
8. Target to attend two Community Service Events was not met with attendance at one event.

Connections:

1. Measure: Job Club activities will be planned for those pursuing community employment.
FY 15 Target: Five activities throughout the fiscal year.
FY 15 Outcome: Three Job Club activities occurred.
2. Measure: A diverse array of social events/activities will be offered.
FY 15 Target: Fifteen different types of events will be offered.
FY 15 Outcome: 30 different types of activities were provided including art shows, classes, participating in the Buddy Walk, attending the Speak Up Speak Out Summit in Springfield, roller skating, enjoying plays, and participating in a Track and Field Event for the first time.
3. Target to have at least 40 different activities/events.
FY 15 Target: 40
FY 15 Outcome: 56 total activities/events were enjoyed over the fiscal year. One of the highlights was a trip to St. Paul, MN to attend an advocacy conference.
4. Target to provide support to 70 TPCs and 10 NTPCs for a total of 80 people. In FY 15 program provided support to 65 TPCs and 22 NTPCs for a total of 87 people. Service hours totaled over 394.

Family Development Center:

1. Measure: Children will have a completed assessment on file within 14 days of evaluation.
FY 15 Target: 90%
FY 15 Outcome: 96%
2. Measure: Consumers will be satisfied with services received.
FY 15 Target: 90%
FY 15 Outcome: 100%
3. Measure: Children will make progress toward developmental outcomes.
FY 15 Target: 90%
FY 15 Outcome: 100%
4. Target to provide services to 653 children during the fiscal year.
FY 15 Outcome: Services were provided to a total of 700 children funded by county dollars. Service hours provided equaled 6781.5.
5. Target to complete 200 service/screening contacts was met at 252.
6. Target to attend 300 community service events was met at 370 with staff participating in day care settings, UIUC Social Work Field Day and other UIUC events, the Buddy Walk, disability Expo, Ready Set Grow, kindergarten registration events, and the Autism Walk.

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 15 Target: 90%
FY 15 Outcome: 98%.
2. Measure: Consumers will be satisfied with services received.
FY 15 Target: 90%
FY 15 Outcome: 100%
3. Measure: All consumers who request community outings will participate in a community outing a minimum of two times per month.
FY15 Target: 90%
FY 15 Outcome: 98%
4. Measure: Individuals/guardians will participate in the choice of their IFS Service Provider.
FY 15 Target: 100%
FY 15 Outcome: 100%
5. Target to support 50 individuals during the fiscal year.
FY 15 Target: Services and supports were provided to 45 individuals. Needed support for a couple of individuals was more intense than predicted so fewer people were able to be offered services. A total of 10,280 service hours were provided.
6. Target to conduct five service/screening contacts. A total of nine service/screening contacts were conducted over the fiscal year.
7. Target to attend two Community Service Events was met with attendance at three events during the fiscal year.

Integrated and Site-based Services – Community First:

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 15 Target: 90%

FY 15 Outcome: 90%

2. Community First Project members will achieve 40% participation in the community. Data will be tracked via attendance forms specifying hours spent in the community versus hours spent in site-based activity.

FY 15 Target: Eight people

FY 15 Outcome: Seven people spent 40% of their time in the community; four people spent 30-39% of their time doing community activities; and four people reached 20-30%. One of the challenges faced in supporting people is trying new things. While everyone is eager and often suggest bowling or going out to eat as an activity of choice, they were also eventually open to experiencing places they were unfamiliar with. Excluding going out for lunch, consumers participated in over 30 different activities in the community. While some were one time only events, such as selling art at Ebertfest, participating in Spread the Word on campus, visiting museums such as Krannert, Museum of the Grand Prairie, or Spurlock, and the mid-west tractor show; many of the activities developed into regular events that have helped forge friendships through regular participation. These have included movies and time for discussion afterward, regular coffee groups at various restaurants, cooking classes, gardening, board games, fitness groups, practicing random acts of kindness, and chair exercises for seniors through the local park district.

3. Supported sites and/or Customized Employment opportunities will be developed with Community First Project members.

FY 15 Target: Two sites

FY 15 Outcome: Program was unable to develop these opportunities this fiscal year.

4. Volunteer opportunities will be developed with Community First members.

FY 15 Target: Three opportunities will be developed.

FY Outcome: Four opportunities were developed. Community First members have enjoyed giving back to their community by assisting weekly at the Champaign County Nursing Home, Orphans Treasure Box, Salt and Light Resale Store, and Adopt a Highway.

5. Target of 50 people to be provided Community First services was met with the program providing services to 56 people this fiscal year with a total of 35,088.25 service hours.

6. Target of 20 Non-Treatment Plan Clients to receive services was met for the fiscal year with a total of 138.

7. Target of eight Service Contacts was not met with seven being performed.

8. Target of eight Community Service Events was met with a total of 15.

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.

FY 15 Target: 90%

FY 15 Outcome: This goal was met at 89%. During fourth quarter the Admissions Committee did not have time to review all requests so goal was not met for the fiscal year.

2. Measure: DSC will initiate annual communication regarding status of those on waiting lists for all programs by 9-30-2014.

FY 15 Target: 100%

FY 15 Outcome: Goal met at 100% in first quarter with letters written on 9-24, 25, and 29 to 129 people on DSC wait lists.

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DSC

3. Measure: Consumers participating in the Client/Family Support Program will be satisfied with services received.
FY 15 Target: 90%
FY 15 Outcome: This goal was met at 100% from sampled consumers who returned the satisfaction survey.
4. 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 15 Target: 85%
FY 15 Outcome: 84% Goal not met but percentage of completion increased by 11% over last fiscal year's outcome.
5. Target to support 370 Treatment Plan Clients during the fiscal year.
FY 15 Outcome: Target was not met, but with a continuing number of 352 people and 13 opening throughout the fiscal year, 365 people received services as Treatment Plan Clients.
6. Target to support eight Non-treatment Plan Clients during the fiscal year.
FY 15 Outcome: Target met as 31 NTPCs were provided services this fiscal year.
7. Target of 125 service/screening contacts defined as intake screenings/assessments.
FY 15 Outcome: Target met with 209 service/screening contacts in fiscal year.

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DSC

DSC

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Developmental Services Center - Apartment Services, Clinical, Community Employment, Connections,																	Family Development Center, Individual and Family Support, Integrated and Site Based Services, and Service Coordination	
PY2014, 2015	Demographic Data																	
Age	AS FY14	AS FY15	Clin FY14	Clin FY15	CE FY14	ComEmp FY14	Conn FY14	Conn FY15	FDC FY14	FDC FY15	IFS FY14	IFS FY15	ISBS FY14	ISBS FY15	SC FY14	SC FY15		
0 to 6	0	0	0	0	0	0	0	0	680	700	8	3	0	0	7	2		
7 to 12	0	0	3	2	0	0	0	0	0	0	14	14	0	0	32	0		
13 to 18	0	0	2	1	0	0	0	0	0	0	5	8	0	0	27	8		
19 to 59	54	53	84	69	49	50	82	57	0	0	16	17	50	51	287	286		
60 to 75sup	11	11	7	5	1	0	4	9	0	0	3	3	5	5	41	18		
dna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total	65	64	96	77	50	50	86	66	680	700	46	45	55	56	394	314		
Race																		
White	54	53	81	64	36	35	68	53	432	435	33	34	42	42	311	245		
Black/AA	8	8	13	12	11	12	18	11	115	125	4	4	11	13	61	50		
Asian/PI	2	2	0	1	3	2	0	2	25	33	4	3	1	0	13	10		
Other	1	1	2	0	0	1	0	0	108	107	5	4	1	1	9	7		
dna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
Total	65	64	96	77	50	50	86	66	680	700	46	45	55	56	394	314		
Origin																		
H/L	1	1	1	1	1	1	1	1	103	119	0	1	0	0	5	6		
non H/L	64	63	95	76	49	49	85	65	577	581	46	44	55	56	389	308		
dna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Total	65	64	96	77	50	50	86	66	680	700	46	45	55	56	394	314		
Gender																		
Male	39	36	56	46	29	28	43	33	415	421	34	37	35	33	229	178		
Female	26	28	40	31	21	22	43	33	265	279	12	8	20	23	165	135		
dna	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
Total	65	64	96	77	50	50	86	66	680	700	46	45	55	56	394	314		

Developmental Services Center, All Funded Programs

PY2014, 2015 Zip Code Data

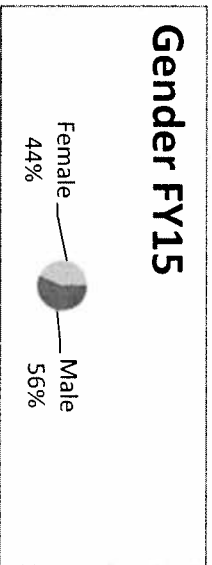
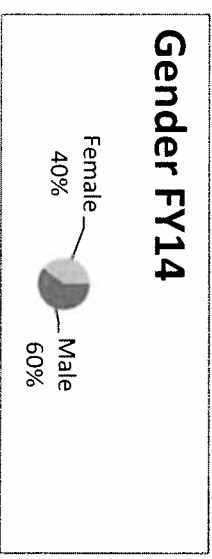
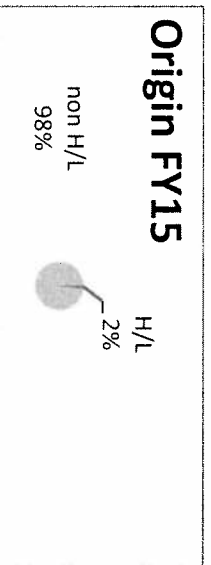
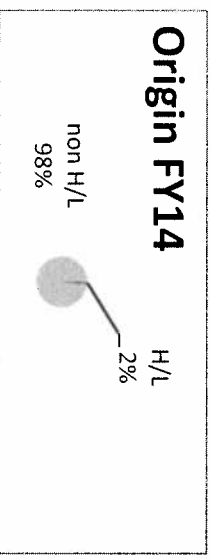
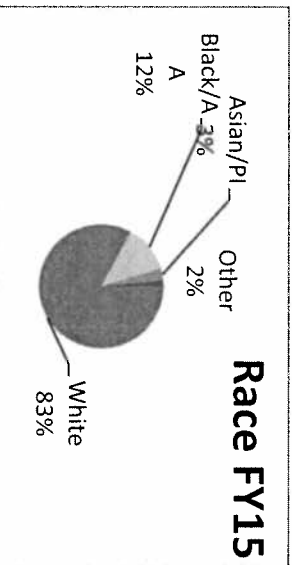
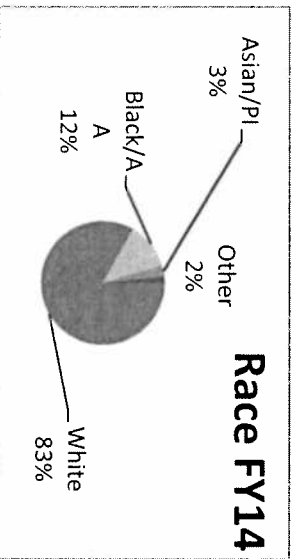
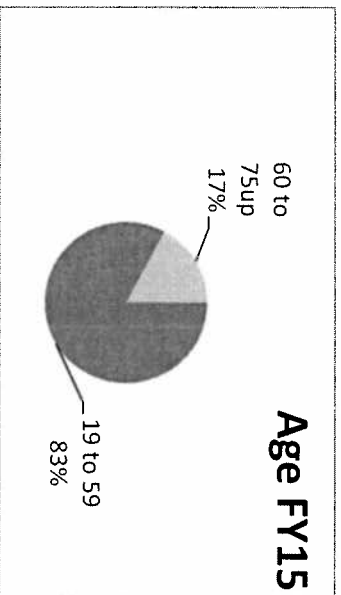
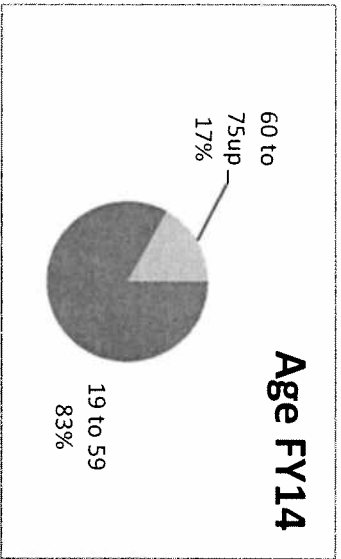
Code	City	AS FY14	AS FY15	Clin FY14	Clin FY15	CE FY14	CE FY15	Comm FY14	Comm FY15	FDC FY14	FDC FY15	IFS FY14	IFS FY15	ISBS FY14	ISBS FY15	SC FY14	SC FY15
60949	Ludlow	0		0		0		0		2	4	0		1		3	2
61801	Urbana	6	7	14	9	7	7	8	7	67	63	7	7	9	6	49	53
61802	Urbana	32	29	20	17	12	13	30	24	64	70	9	8	13	12	62	47
61815	Bondville	0		0		0		0		3	2	0		0		1	
61816	Broadlands	0		0		0		0		0		0		0		0	
61820	Champaign	5	7	8	12	7	7	7	7	67	73	7	4	5	10	40	32
61821	Champaign	16	15	29	21	12	11	25	19	156	148	7	6	12	10	94	73
61822	Champaign	3	3	11	9	2	4	6	2	66	66	7	6	2	3	28	23
61840	Dewey	0		0		0		0		1	2	0		0		0	
61843	Fisher	0		1	2	1		0	1	10	7	1	1	1	2	6	6
61845	Foosland	0		0		0		0		0		0		0		0	
61847	Gifford	0		0		0		0		4	3	0		0		0	
61849	Homer	0		0		0		0		5	1	0		0		1	1
61851	Ivesdale	0		1	1	0		0		0		0		0		1	
61852	Longview	0		0		0		0		0		0		0		0	
61853	Mahomet	0		3	1	2	2	4	2	31	28	3	7	3	3	36	21
61859	Ogden	0		0		0		0		2	2	0		0		1	
61862	Penfield	0		0		0		0		1		0		0		1	1
61863	Pesotum	0		0		0		0		1		0		1	1	2	2
61864	Philo	0		0		0		0		5	4	0		0		1	8
61866	Rantoul	1	1	6	4	3	3	3	2	103	138	0	1	2	4	20	20
61871	Royal	0		0		0		0		0	1	0		0		0	
61872	Sadorus	0		0		1	1	0		4	2	1	1	0		2	2
61873	St Joseph	1	1	1	1	0		1	1	28	30	1	1	3	2	17	13
61874	Savoy	1	1	2		2	1	1	1	23	25	0	1	1	1	5	5
61875	Seymour	0		0		0		1	1	2	1	1	1	1	1	2	1
61877	Sidney	0		0		0		0		9	8	0	1	0		1	1
61878	Thomasboro	0		0		0		0		5	4	0		0		1	1
61880	Tolono	0		0		0		0		20	17	1	1	1	1	19	3
Other						1	1	0		1	1	1		1		1	
Totals		65	64	96	77	50	50	86	66	680	700	46	45	55	56	394	314

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DSC

Developmental Services Center - Apartment Services

PY2014, 2015		Demographic Data	
Age	AS FY14	AS FY15	
0 to 6	0	0	
7 to 12	0	0	
13 to 18	0	0	
19 to 59	54	53	
60 to 75sup	11	11	
dna	0	0	
Total	65	64	
Race			
White	54	53	
Black/AA	8	8	
Asian/PI	2	2	
Other	1	1	
dna	0	0	
Total	65	64	
Origin			
H/L	1	1	
non H/L	64	63	
dna	0	0	
Total	65	64	
Gender			
Male	39	36	
Female	26	28	
dna	0	0	
Total	65	64	



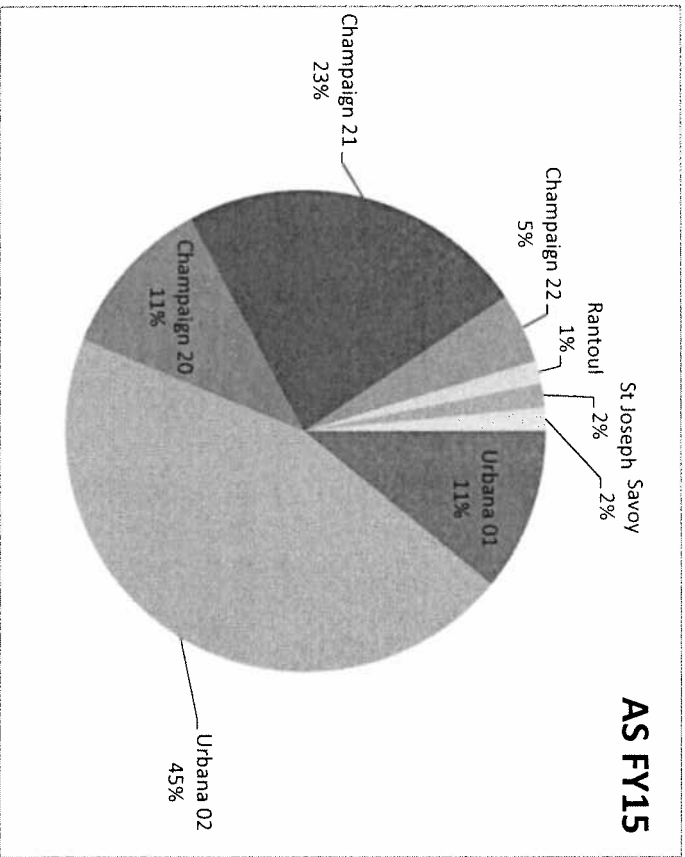
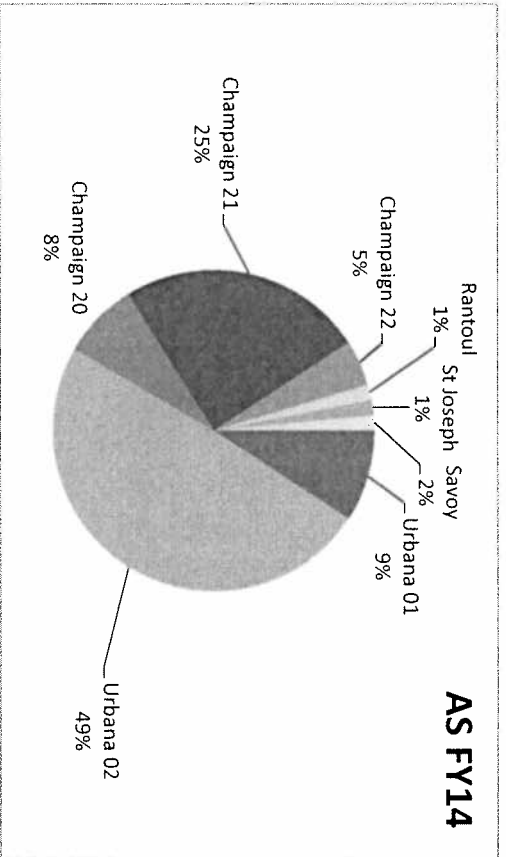
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DSC

Developmental Services Center - Apartment Services

PY2014, 2015 Zip Code Data

Code	City	AS FY14	AS FY15
60949	Ludlow	0	
61801	Urbana 01	6	7
61802	Urbana 02	32	29
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	5	7
61821	Champaign 21	16	15
61822	Champaign 22	3	3
61840	Dewey	0	
61843	Fisher	0	
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	0	
61852	Longview	0	
61853	Mahomet	0	
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	0	
61866	Rantoul	1	1
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	1	1
61874	Savoy	1	1
61875	Seymour	0	
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	0	
Other	-----		
Totals		65	64



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DSC

Developmental Services Center - Clinical

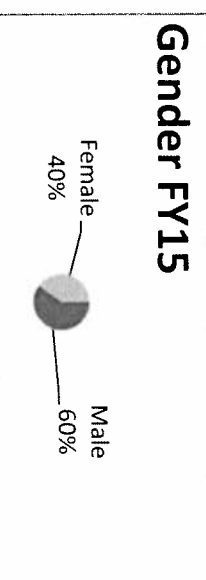
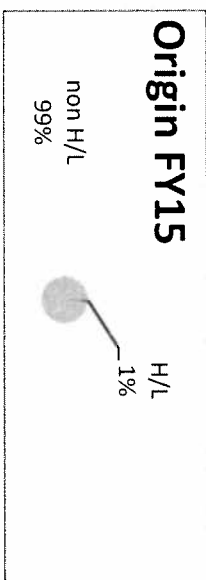
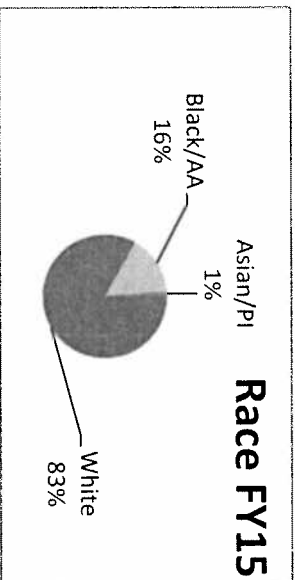
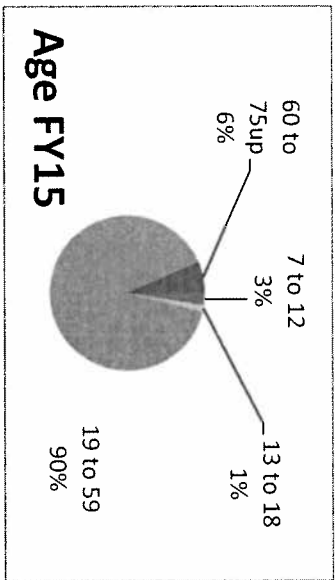
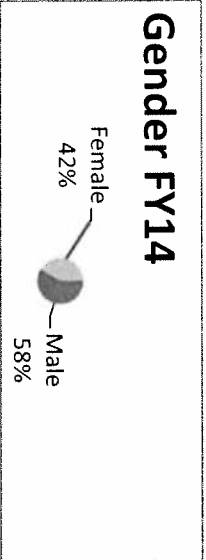
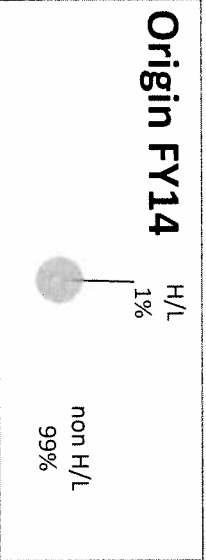
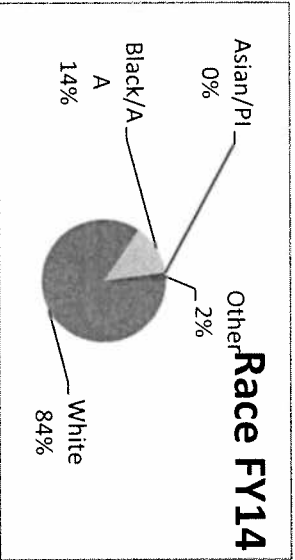
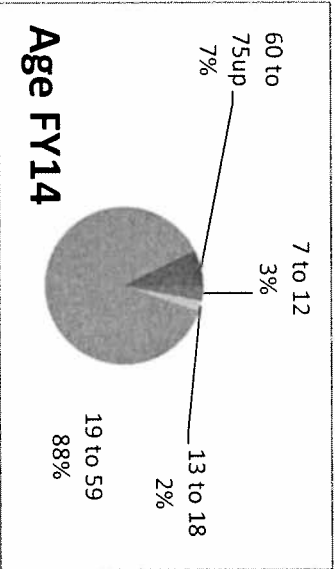
PY2014, 2015 Demographic Data

Age	Clin FY14	Clin FY15
0 to 6	0	0
7 to 12	3	2
13 to 18	2	1
19 to 59	84	69
60 to 75sup	7	5
dna	0	0
Total	96	77

Race	Clin FY14	Clin FY15
White	81	64
Black/AA	13	12
Asian/PI	0	1
Other	2	0
dna	0	0
Total	96	77

Origin	Clin FY14	Clin FY15
H/L	1	1
non H/L	95	76
dna	0	0
Total	96	77

Gender	Clin FY14	Clin FY15
Male	56	46
Female	40	31
dna	0	0
Total	96	77



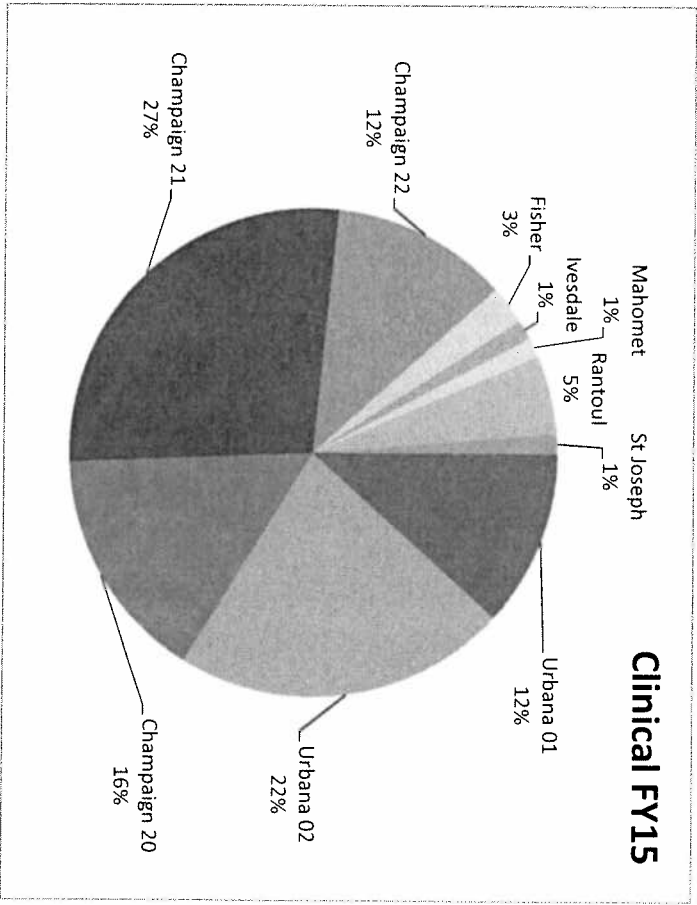
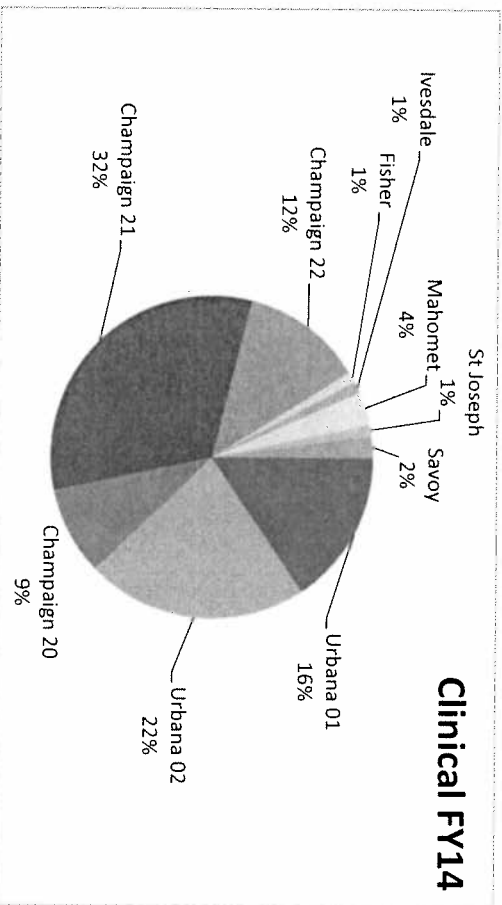
80

DSC

Developmental Services Center - Clinical

PY2014, 2015 Zip Code Data

Code	City	Clin FY14	Clin FY15
60949	Ludlow	0	
61801	Urbana 01	14	9
61802	Urbana 02	20	17
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	8	12
61821	Champaign 21	29	21
61822	Champaign 22	11	9
61840	Dewey	0	
61843	Fisher	1	2
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	1	1
61852	Longview	0	
61853	Mahomet	3	1
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	0	
61866	Rantoul	6	4
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	1	1
61874	Savoy	2	
61875	Seymour	0	
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	0	
Other	-----		
Totals		96	77



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DSC

Developmental Services Center - Community Employment

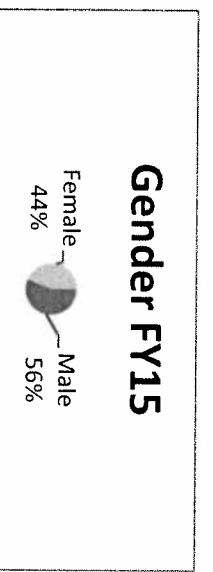
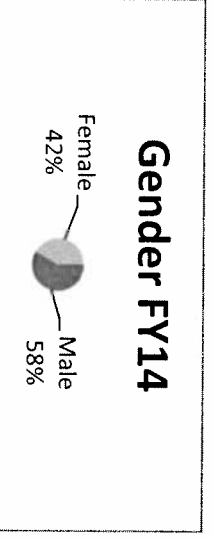
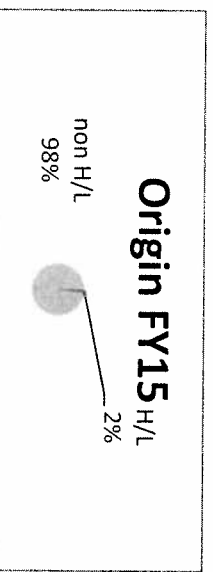
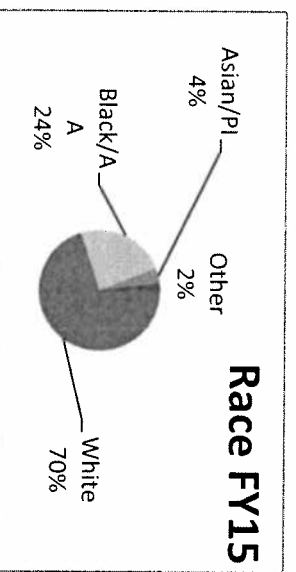
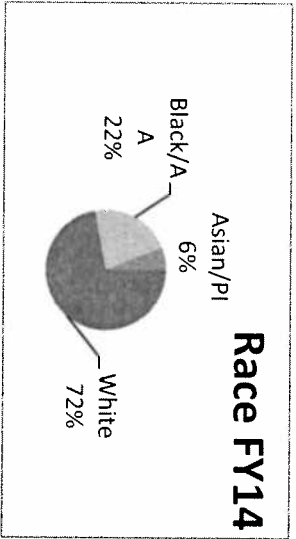
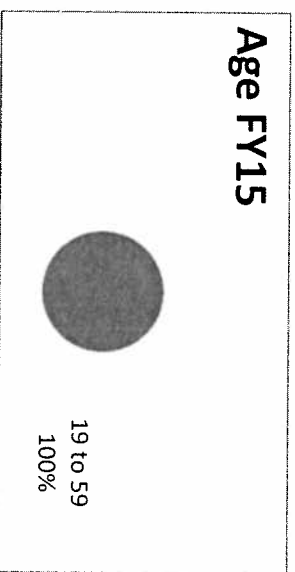
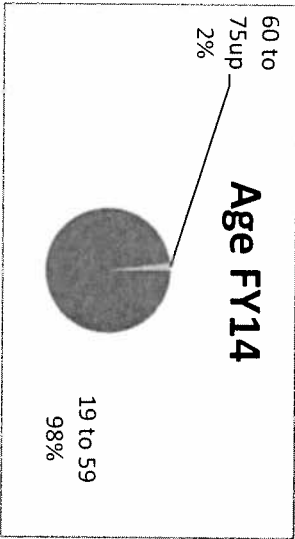
PY2014, 2015 Demographic Data

Age	CE FY14	ComEmp FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	49	50
60 to 75sup	1	0
dna	0	0
Total	50	50

Race	CE FY14	ComEmp FY15
White	36	35
Black/AA	11	12
Asian/PI	3	2
Other	0	1
dna	0	0
Total	50	50

Origin	CE FY14	ComEmp FY15
H/L	1	1
non H/L	49	49
dna	0	0
Total	50	50

Gender	CE FY14	ComEmp FY15
Male	29	28
Female	21	22
dna	0	0
Total	50	50



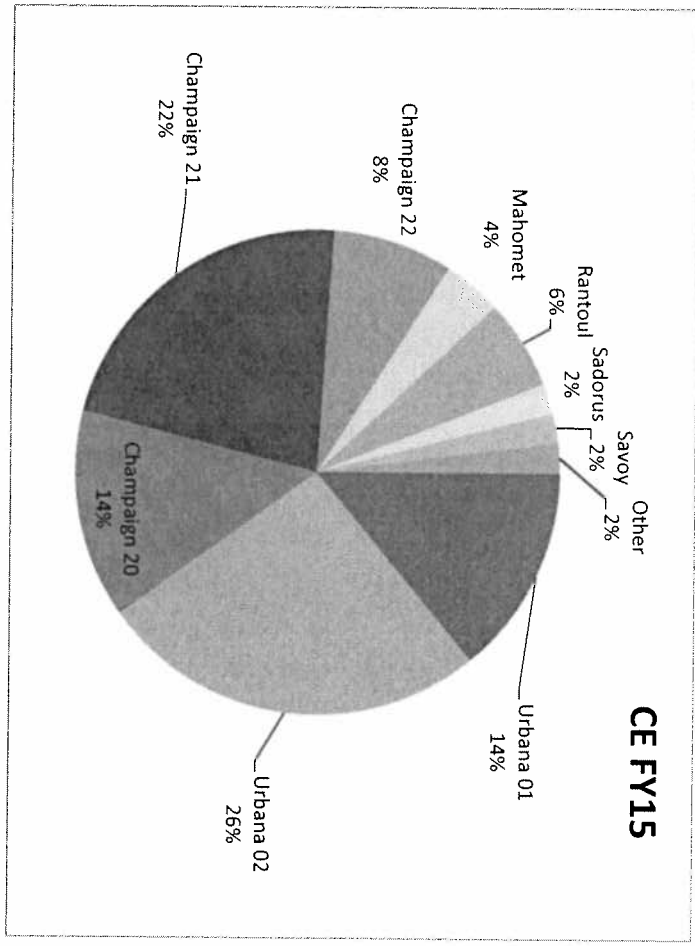
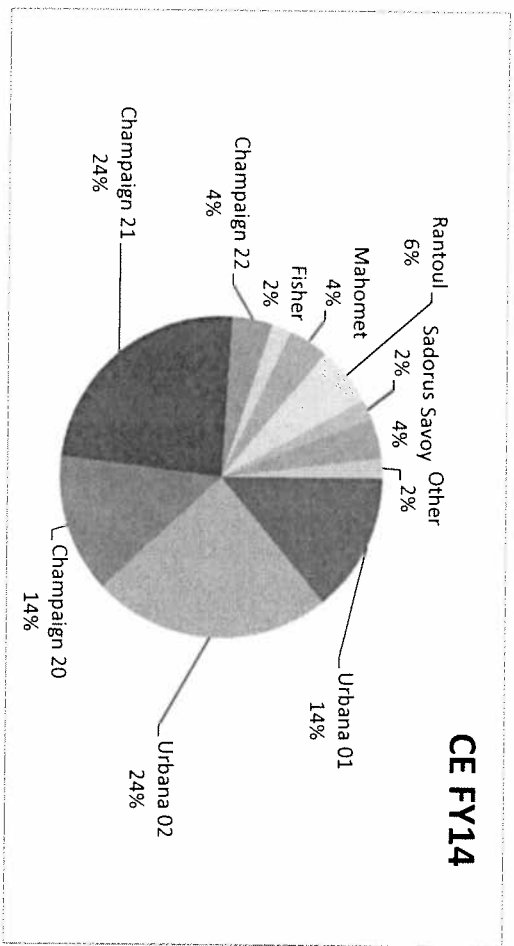
82

DSC

Developmental Services Center - Community Employment

PY2014, 2015 Zip Code Data

Code	City	CE FY14	CE FY15
60949	Ludlow	0	
61801	Urbana 01	7	7
61802	Urbana 02	12	13
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	7	7
61821	Champaign 21	12	11
61822	Champaign 22	2	4
61840	Dewey	0	
61843	Fisher	1	
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	0	
61852	Longview	0	
61853	Mahomet	2	2
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	0	
61866	Rantoul	3	3
61871	Royal	0	
61872	Sadorus	1	1
61873	St Joseph	0	
61874	Savoy	2	1
61875	Seymour	0	
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	0	
61824	Other	1	1
Totals		50	50



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DSC

Developmental Services Center - Connections

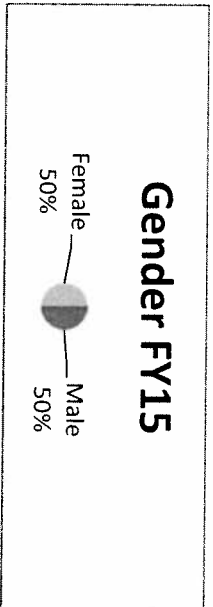
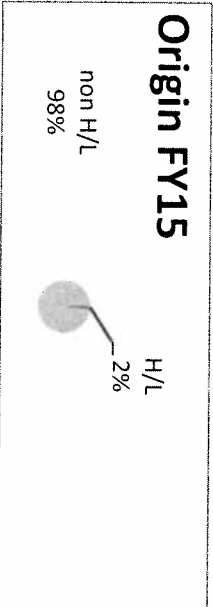
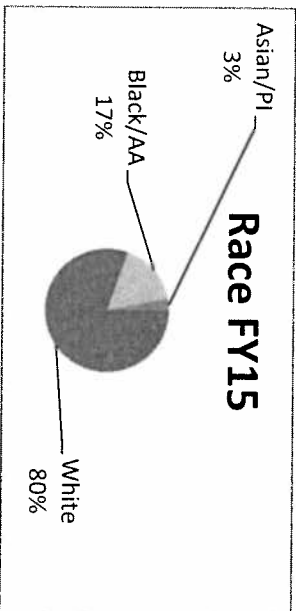
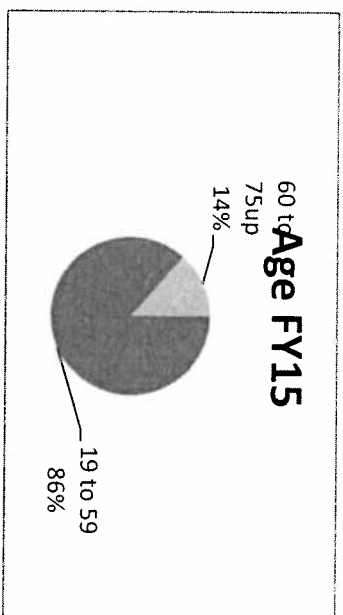
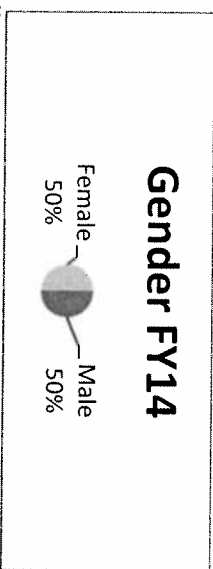
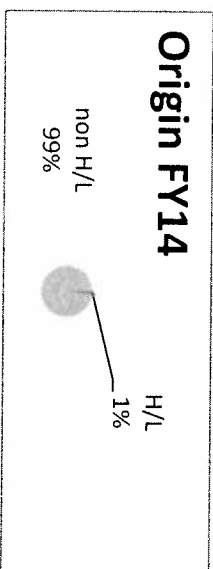
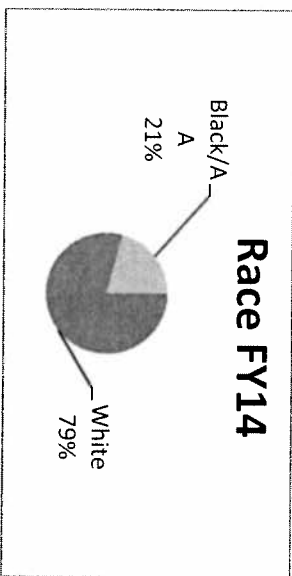
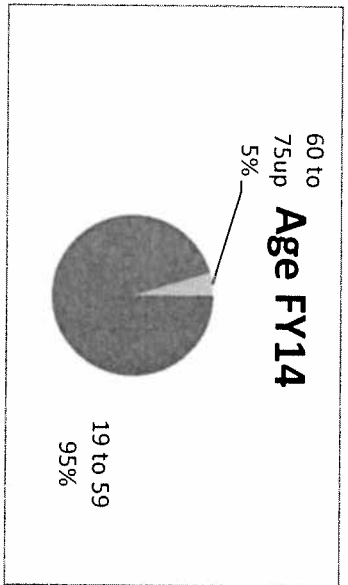
PY2014, 2015 Demographic Data

Age	Conn FY14	Conn FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	82	57
60 to 75sup	4	9
dna	0	0
Total	86	66

Race	Conn FY14	Conn FY15
White	68	53
Black/AA	18	11
Asian/PI	0	2
Other	0	0
dna	0	0
Total	86	66

Origin	Conn FY14	Conn FY15
H/L	1	1
non H/L	85	65
dna	0	0
Total	86	66

Gender	Conn FY14	Conn FY15
Male	43	33
Female	43	33
dna	0	0
Total	86	66



In FY15, in addition to 66 treatment plan clients, total program served 22 non-TPCs (with state funding for Developmental Training.)

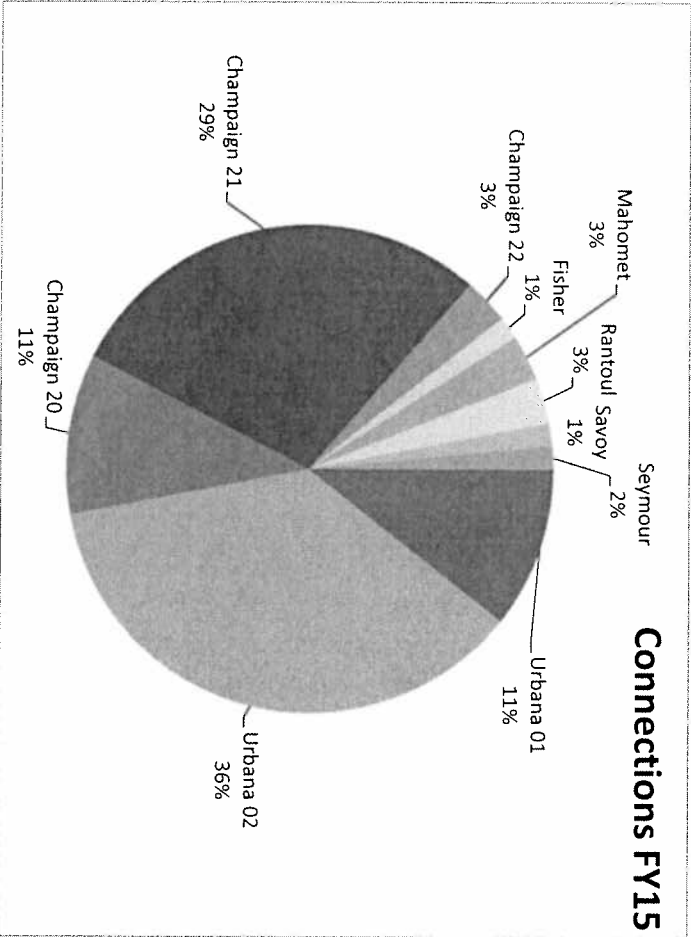
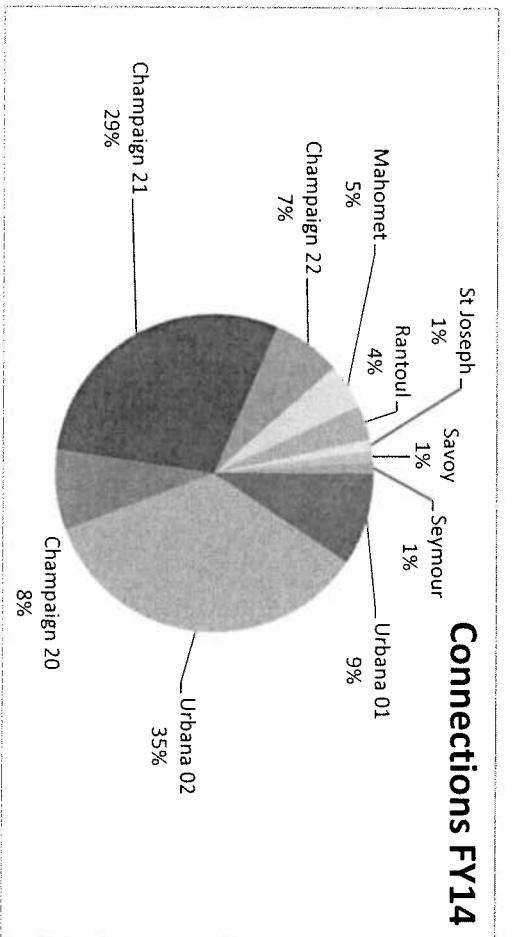
48

DSC

Developmental Services Center - Connections

PY2014, 2015 Zip Code Data

Code	City	Conn FY14	Conn FY15
60949	Ludlow	0	
61801	Urbana 01	8	7
61802	Urbana 02	30	24
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	7	7
61821	Champaign 21	25	19
61822	Champaign 22	6	2
61840	Dewey	0	
61843	Fisher	0	1
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	0	
61852	Longview	0	
61853	Mahomet	4	2
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	0	
61866	Rantoul	3	2
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	1	
61874	Savoy	1	1
61875	Seymour	1	1
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	0	
Other	-----	0	
Totals		86	66



In addition to 66 treatment plan clients, total program served 22 non-TPCs (those with state funding for Developmental Training.)

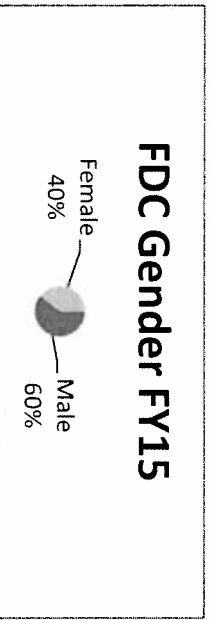
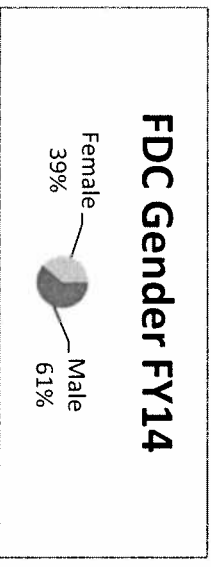
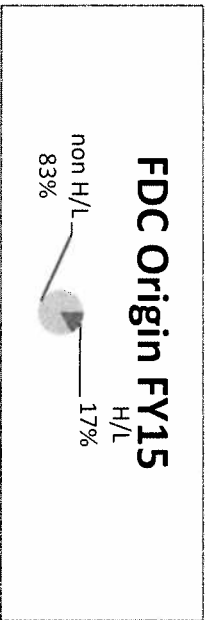
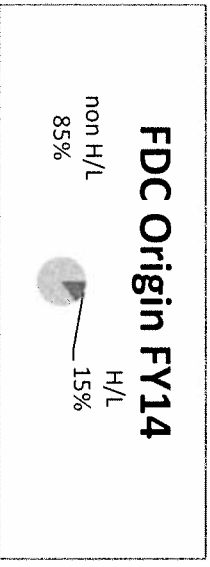
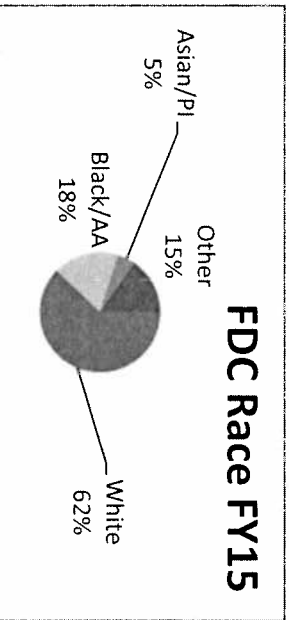
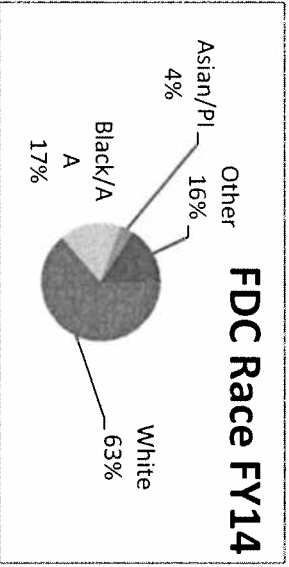
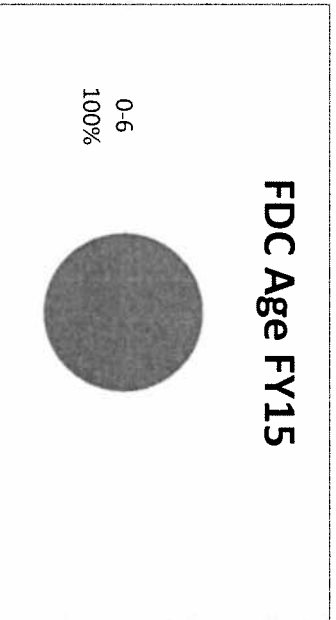
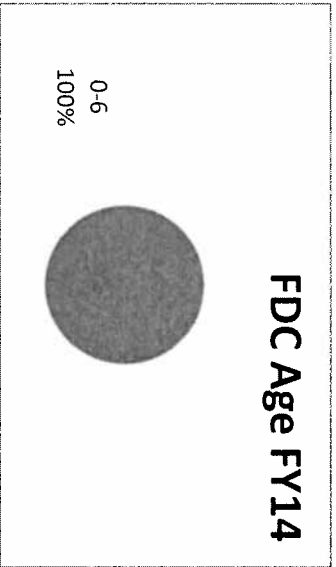
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DSC

Developmental Services Center - Family Development Center

PY2014, 2015 Demographic Data

Age	FDC FY14	FDC FY15
0 to 6	680	700
7 to 12	0	0
13 to 18	0	0
19 to 59	0	0
60 to 75up	0	0
dna	0	0
Total	680	700
Race		
White	432	435
Black/AA	115	125
Asian/PI	25	33
Other	108	107
dna	0	0
Total	680	700
Origin		
H/L	103	119
non H/L	577	581
dna	0	0
Total	680	700
Gender		
Male	415	421
Female	265	279
dna	0	0
Total	680	700



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DSC

Developmental Services Center - Individual and Family Support

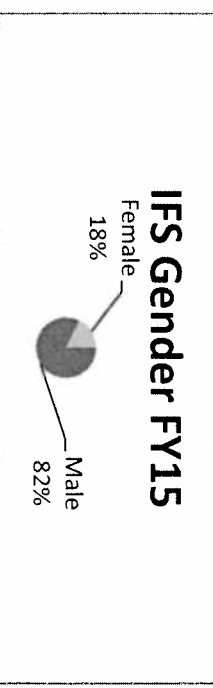
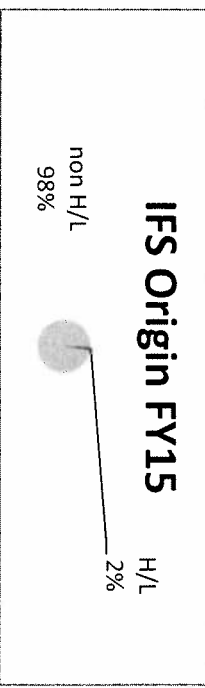
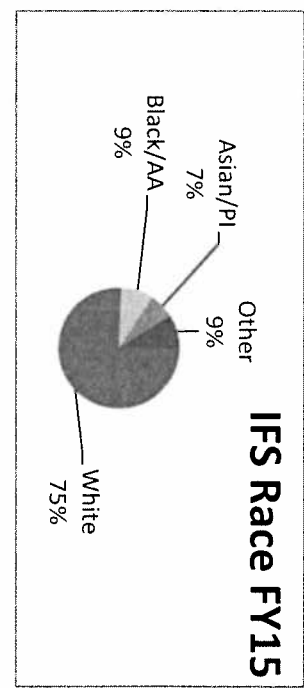
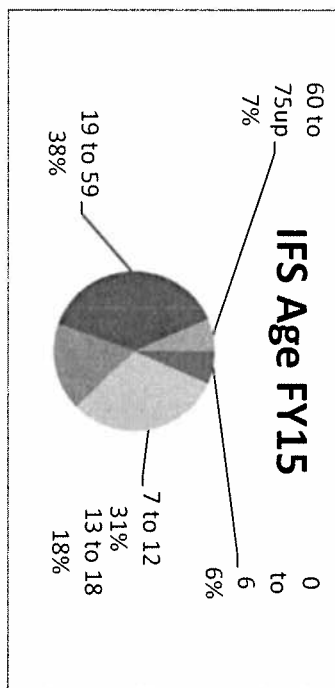
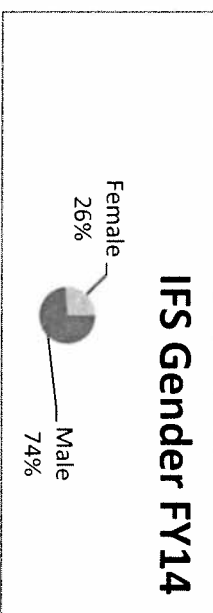
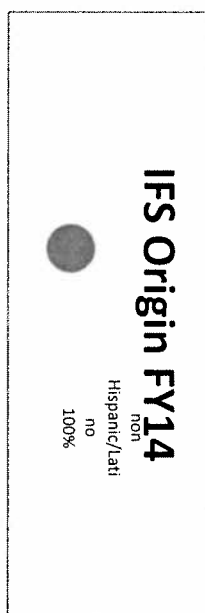
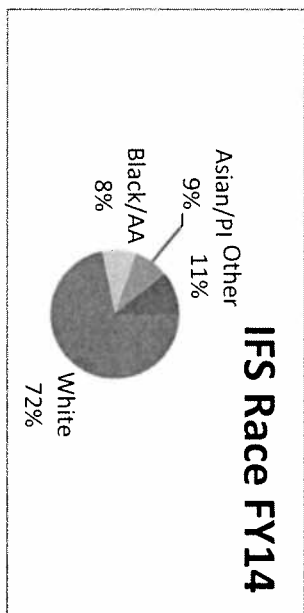
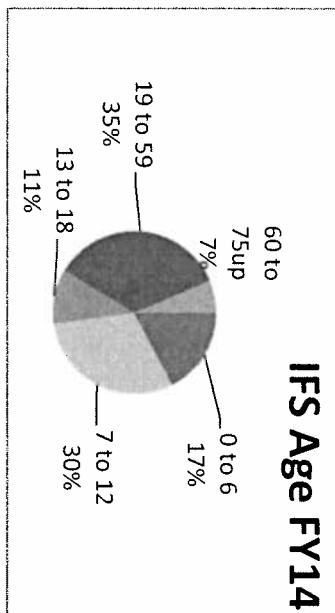
PY2014, 2015 Demographic Data

Age	IFS FY14	IFS FY15
0 to 6	8	3
7 to 12	14	14
13 to 18	5	8
19 to 59	16	17
60 to 75sup	3	3
dna	0	0
Total	46	45

Race	IFS FY14	IFS FY15
White	33	34
Black/AA	4	4
Asian/PI	4	3
Other	5	4
dna		0
Total	46	45

Origin	IFS FY14	IFS FY15
H/L	0	1
non H/L	46	44
dna	0	
Total	46	45

Gender	IFS FY14	IFS FY15
Male	34	37
Female	12	8
dna	0	
Total	46	45



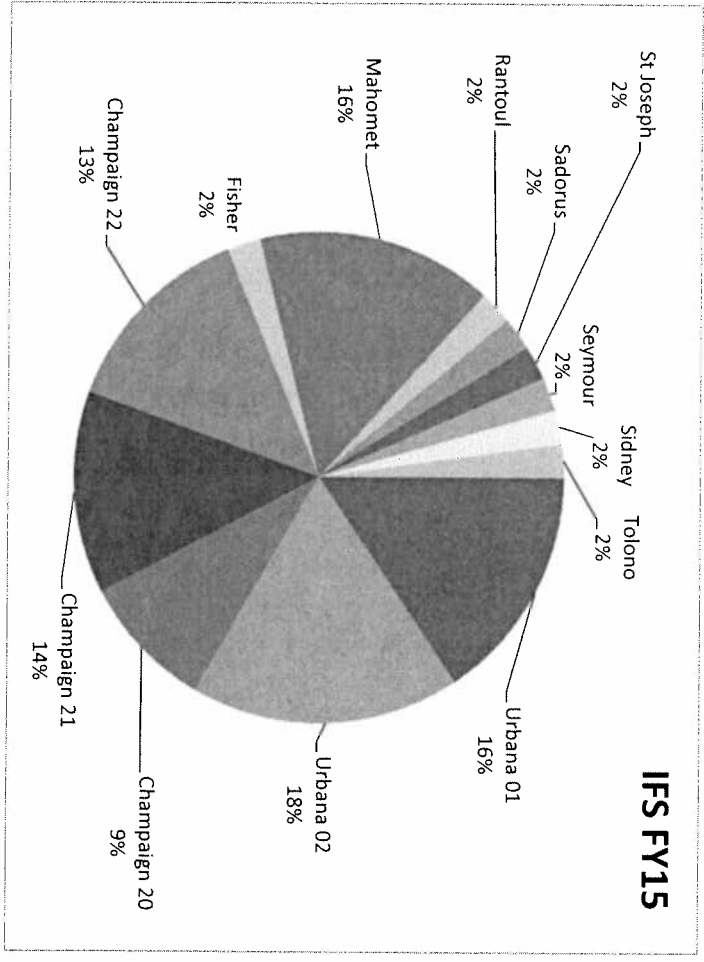
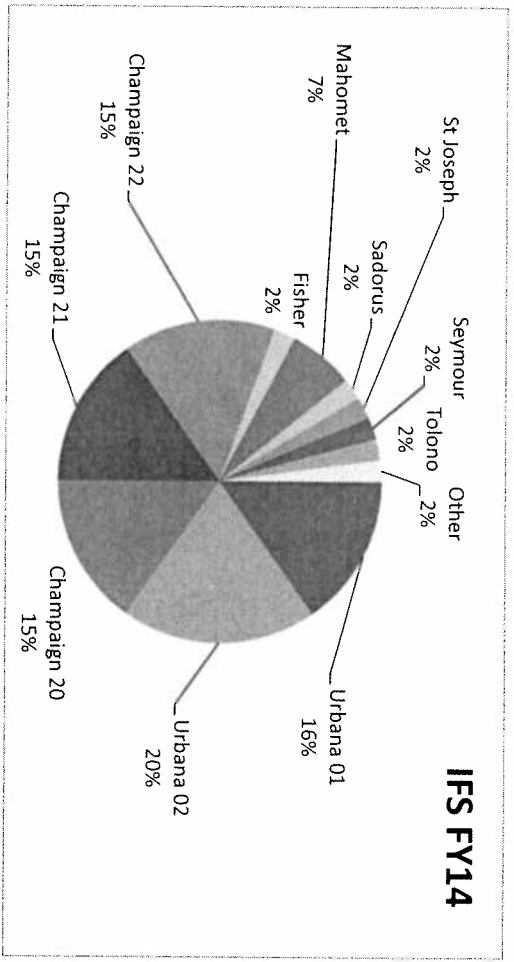
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DSC

Developmental Services Center - Individual and Family Support

PY2014, 2015 Zip Code Data

Code	City	IFS FY14	IFS FY15
60949	Ludlow	0	
61801	Urbana 01	7	7
61802	Urbana 02	9	8
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	7	4
61821	Champaign 21	7	6
61822	Champaign 22	7	6
61840	Dewey	0	
61843	Fisher	1	1
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	0	
61852	Longview	0	
61853	Mahomet	3	7
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	0	
61864	Philo	0	
61866	Rantoul	0	1
61871	Royal	0	
61872	Sadorus	1	1
61873	St Joseph	1	1
61874	Savoy	0	
61875	Seymour	1	1
61877	Sidney	0	1
61878	Thomasboro	0	
61880	Tolono	1	1
Other	-----	1	
Totals		46	45



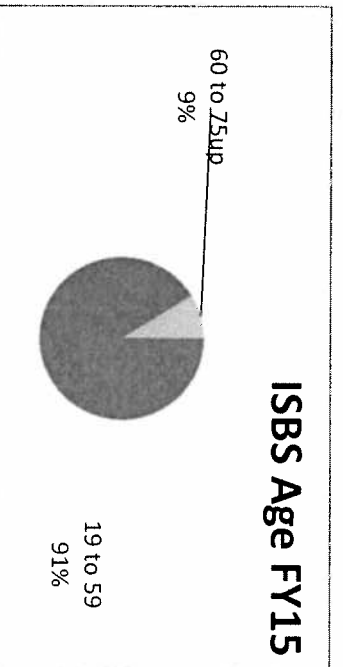
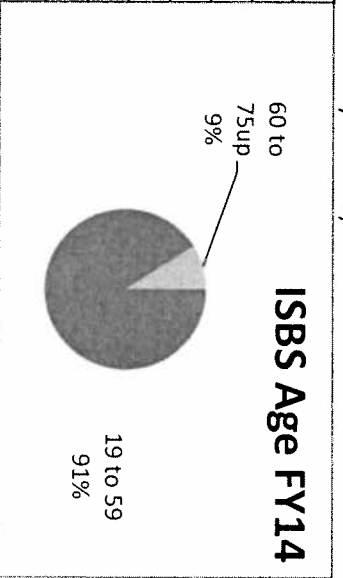
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DSC

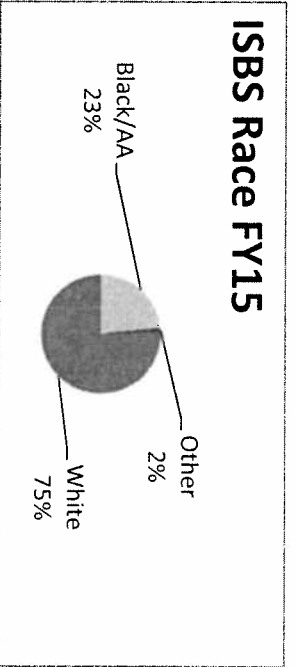
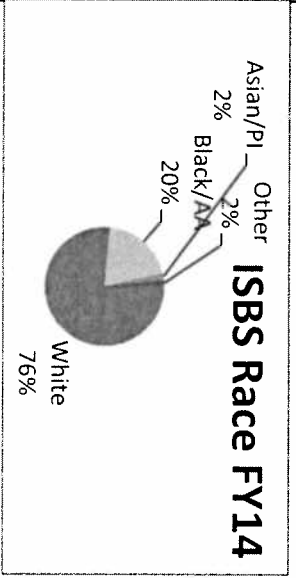
Developmental Services Center - Integrated and Site Based Services

PY2014, 2015 Demographic Data (co-funded by CCMHB)

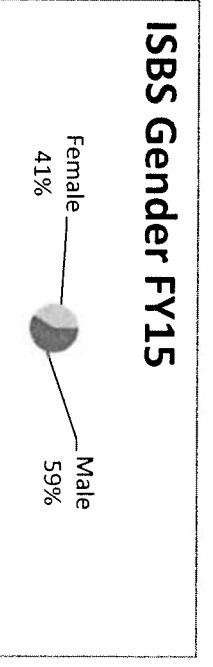
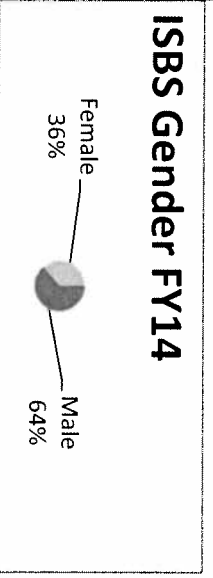
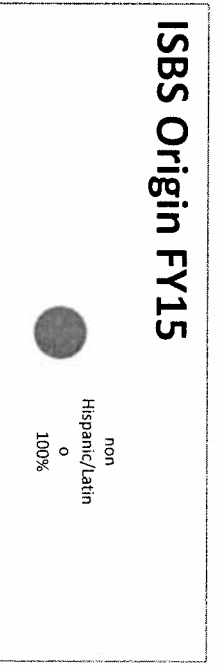
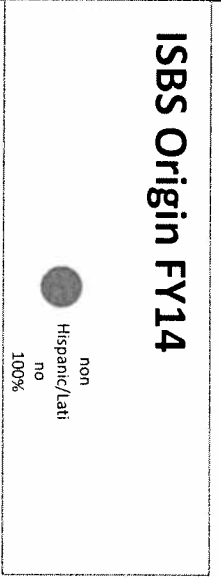
Age	ISBS FY14	ISBS FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	0
19 to 59	50	51
60 to 75up	5	5
dna		0
Total	55	56



Race	ISBS FY14	ISBS FY15
White	42	42
Black/AA	11	13
Asian/PI	1	0
Other	1	1
dna		0
Total	55	56



Origin	ISBS FY14	ISBS FY15
H/L	0	
non H/L	55	56
dna		
Total	55	56



In FY15, in addition to 56 treatment plan clients, program benefited 138 non-TPCs (those with state funding.)

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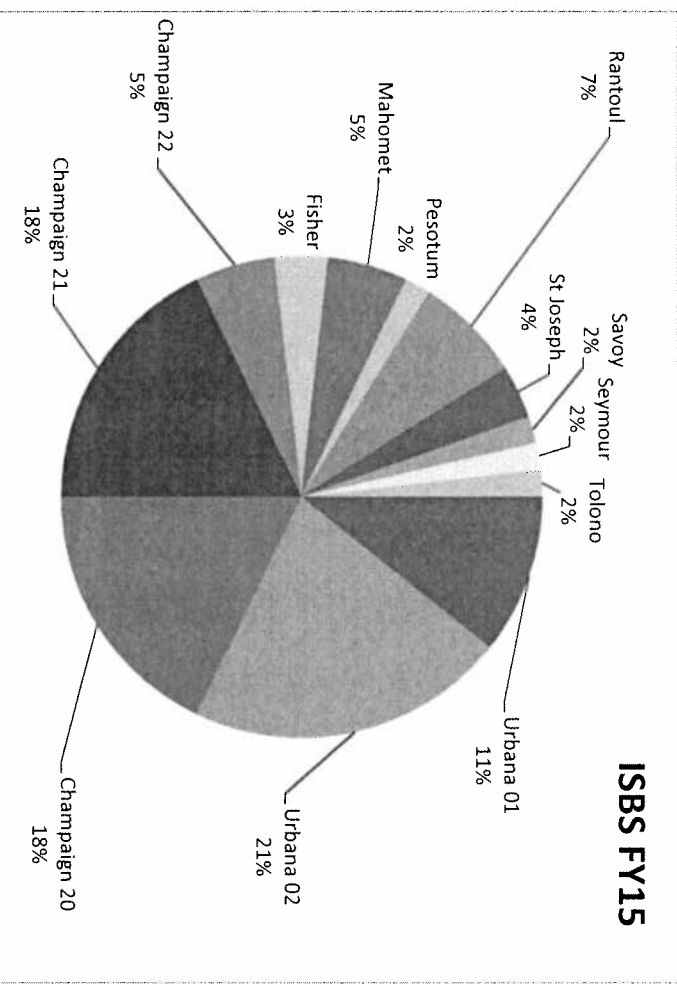
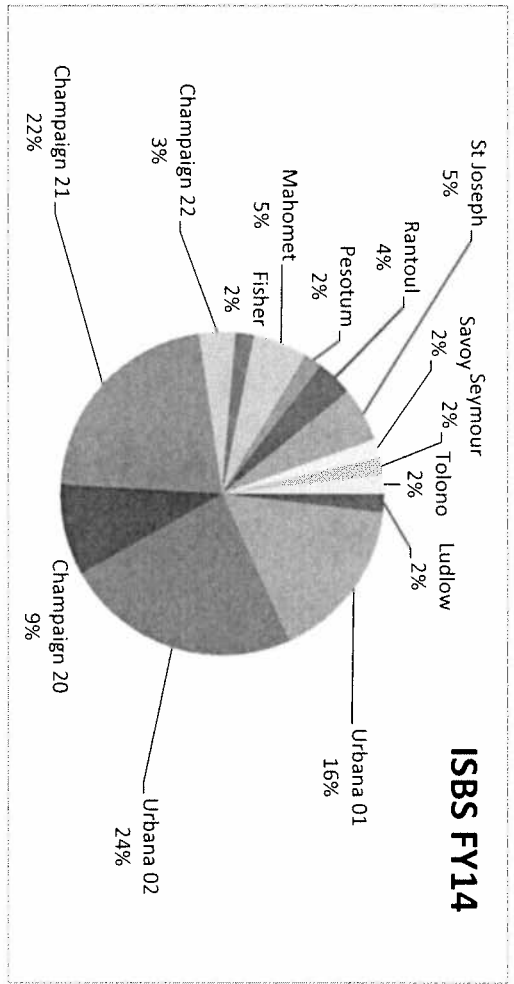
DSC

Developmental Services Center - Integrated and Site Based Services

PY2014, 2015 Zip Code Data (co-funded by CCMHB)

Code	City	ISBS FY14	ISBS FY15
60949	Ludlow	1	
61801	Urbana 01	9	6
61802	Urbana 02	13	12
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	5	10
61821	Champaign 21	12	10
61822	Champaign 22	2	3
61840	Dewey	0	
61843	Fisher	1	2
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	0	
61851	Ivesdale	0	
61852	Longview	0	
61853	Mahomet	3	3
61859	Ogden	0	
61862	Penfield	0	
61863	Pesotum	1	1
61864	Philo	0	
61866	Rantoul	2	4
61871	Royal	0	
61872	Sadorus	0	
61873	St Joseph	3	2
61874	Savoy	1	1
61875	Seymour	1	1
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	1	1
Other	-----		
Totals		55	56

In addition to 56 treatment plan clients, program benefited 138 non-TPCs (those with state funding.)



19

DSC

Developmental Services Center - Service Coordination (Fee for Service)

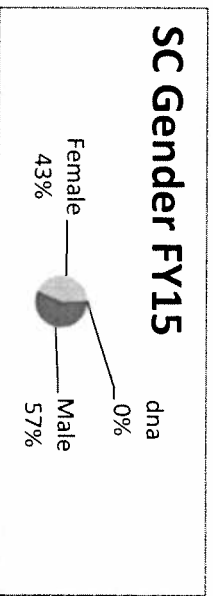
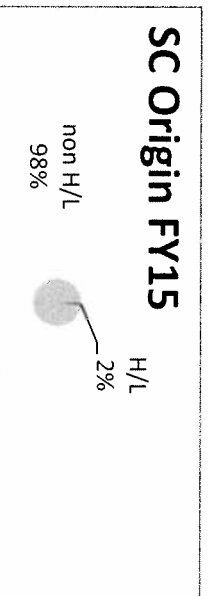
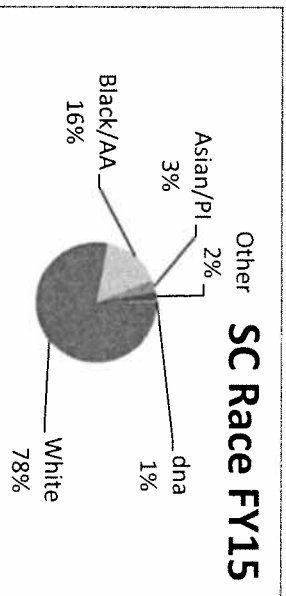
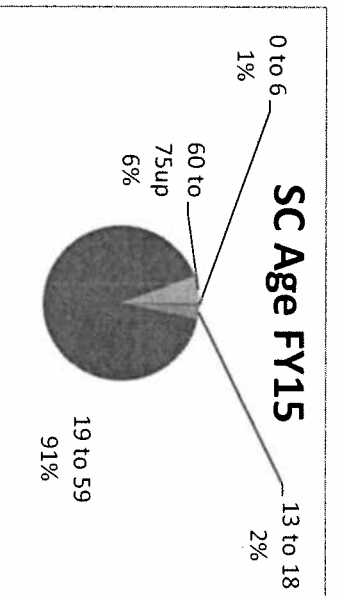
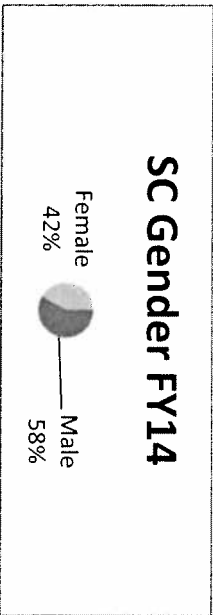
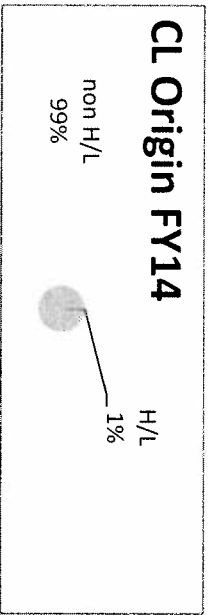
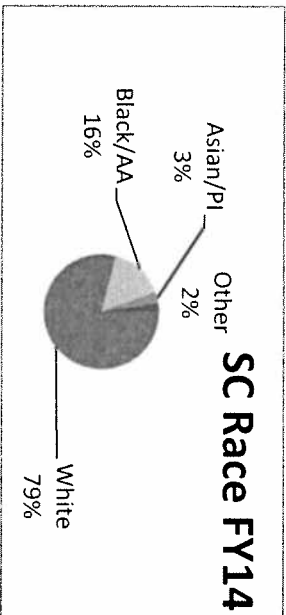
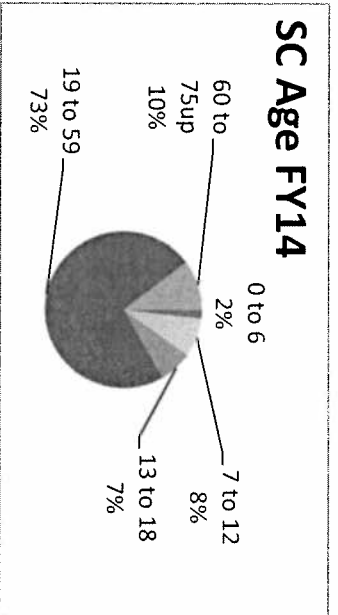
PY2014, 2015 Demographic Data

Age	SC FY14	SC FY15
0 to 6	7	2
7 to 12	32	0
13 to 18	27	8
19 to 59	287	286
60 to 75up	41	18
dna	0	0
Total	394	314

Race	SC FY14	SC FY15
White	311	245
Black/AA	61	50
Asian/PI	13	10
Other	9	7
dna	0	2
Total	394	314

Origin	SC FY14	SC FY15
H/L	5	6
non H/L	389	308
dna	0	
Total	394	314

Gender	SC FY14	SC FY15
Male	229	178
Female	165	135
dna	0	1
Total	394	314



In FY14, 394 was the number of unduplicated persons served in total program. FY15 total includes only those supported by CCDDB.

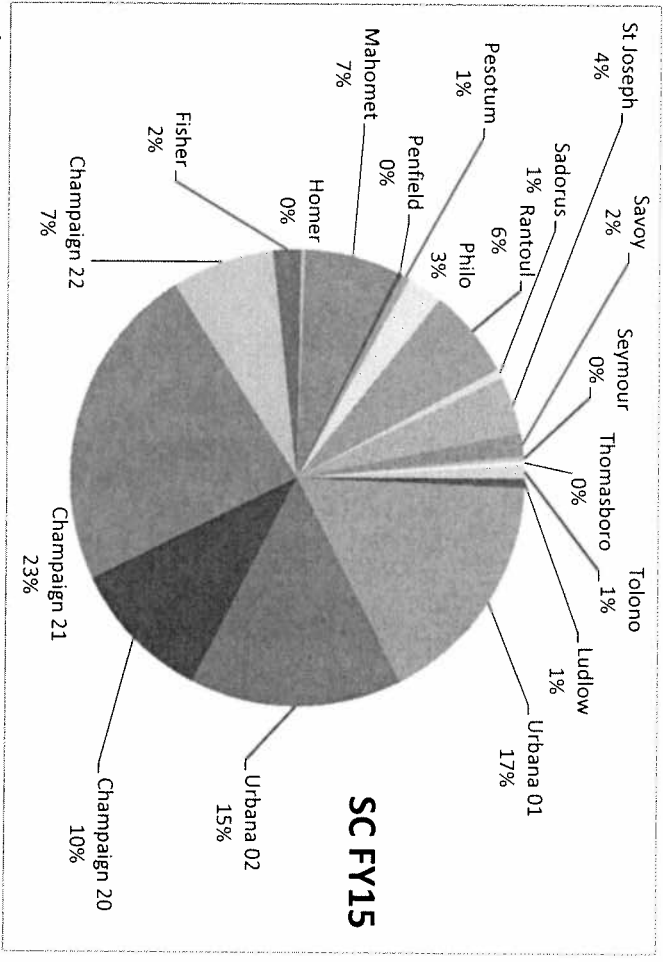
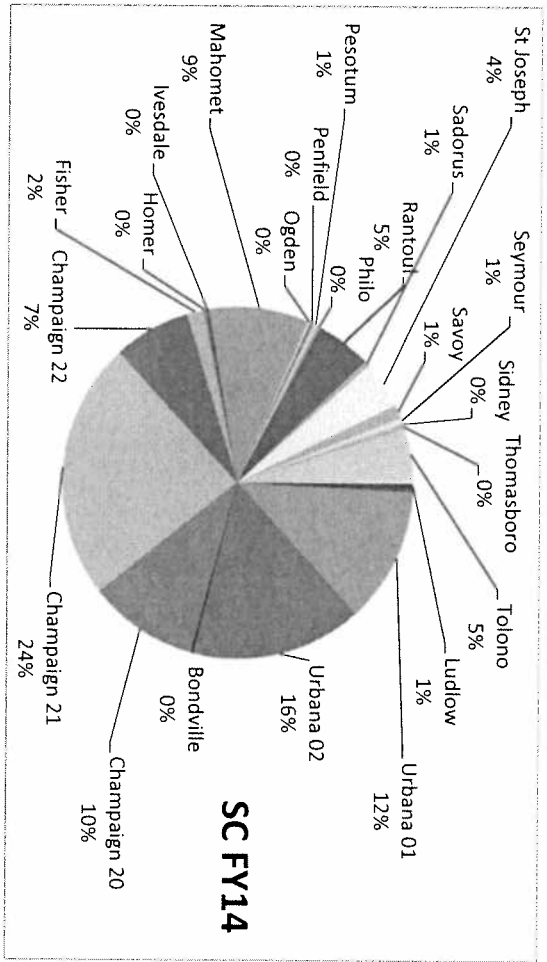
92

USA

Developmental Services Center - Service Coordination (Fee for Service)

PY2014, 2015 Zip Code Data

Code	City	SC FY14	SC FY15
60949	Ludlow	3	2
61801	Urbana 01	49	53
61802	Urbana 02	62	47
61815	Bondville	1	
61816	Broadlands	0	
61820	Champaign 20	40	32
61821	Champaign 21	94	73
61822	Champaign 22	28	23
61840	Dewey	0	
61843	Fisher	6	6
61845	Foosland	0	
61847	Gifford	0	
61849	Homer	1	1
61851	Ivesdale	1	
61852	Longview	0	
61853	Mahomet	36	21
61859	Ogden	1	
61862	Penfield	1	1
61863	Pesotum	2	2
61864	Philo	1	8
61866	Rantoul	20	20
61871	Royal	0	
61872	Sadorus	2	2
61873	St Joseph	17	13
61874	Savoy	5	5
61875	Seymour	2	1
61877	Sidney	1	
61878	Thomasboro	1	1
61880	Tolono	19	3
Other	-----	1	
Totals		394	314



FY14 unduplicated count of persons includes total program. FY15 total includes only those supported by CCDB.

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DSC

Developmental Services Center - Apartment Services

Begin 7/1/13

\$413,052

Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total		
1			12	57	1	58	0	0	0	1950.5
2	0		8		3	3		0	0	1889.75
3	0		0		4	4		0	0	1854.25
4	0		2			0			0	1741.25
Total	0	0	22	57	8	65	0	0	0	7435.75
Targets				57	6	63				
			100.00%	133.33%	103.17%					

Developmental Services Center - Clinical

Begin 7/1/14

\$173,773

Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	
1	0		5	63	2	65	3	0	3
2	1		7		1	1		1	1
3	2		4		6	6		0	0
4	0		5		1	1		1	1
Total		3	21	63	10	73	3	2	5
Targets		2	25	65	21	86	2	2	4
	150%	84%	96.92%	47.62%	84.88%	150%	100%	125%	

Begin 7/1/14		\$216,300		Community Employment (was combined with DT until FY14)						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other (hour)	
1	0	1	47		0	47		0	971.5	
2	1				1	1		0	694	
3	1				1	1		0	896.25	
4	0	1			1	1		0	541.5	
Total	2	2	47		3	50	0	0	3103.25	
Targets	2	2	44		6	50				
	100%	100%	106.82%	50.00%	100.00%					

Begin 7/1/14 \$85,000 Connections Transitional

Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other (hou)	
1	0	0	0	0	25	25	0	4	4	33.25
2					5	5		7	7	
3					9	9		10	10	109
4					27	27		0	0	105
Total	0	0	0	0	66	66	0	21	21	
Targets	50	20	0	0	70	70		10	10	247.25
					94.29%	94.29%				

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DSC

Developmental Services Center - Family Development Center										
Begin 7/1/14		\$545,903								
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	hours	
1	95	71	434	63	497	0		0	1687	
2	76	58		58	58		0	0	1530.5	
3	104	58		69	69			0	1803.25	
4	95	65		76	76		0	0	1760.75	
Total	370	252	434	266	700	0	0	0	6781.5	
Targets	300	200	433	220	653					
			100.23%	120.91%	107.20%					

Developmental Services Center - Individual and Family Support										
Begin 7/1/14		\$365,144								
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other (hours)	
1	0	0	14	2	16	18	0	18	3004.25	
2	1	1			0			0	2357.5	
3	2	2			3		2	2	2073.25	
4	0	6			0		6	6	2823	
Total	3	9	14	2	19	18	8	26	10258	
Targets	2	5	16	5	21	17	12	29		
			87.50%	40.00%	90.48%					

Begin 7/1/14 Integrated and Site-Based Day Services (was DT/ES) \$549,128											
		<i>CCDDDB 7356,313 <CMHB</i>									
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Waitlist		
1	4	1	41	2	43	0	75	75	2	6	8,643.25
2	4	2		3	3		20	20		1	8,024.25
3	3	2		5	5		25	25			8,563.00
4	4	2		5	5		18	18			9,857.75
Total	15	7	41	15	56		138	138			35,088.25
Targets	8	8	41	9	50	0	20	20			
			100.00%	166.67%	112.00%						

Developmental Services Center - Service Coordination										
Begin 7/1/14		\$397,872 FFS								
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other	
1						294			2540.5	
2						6	6		2259	
3						6	6		2,346	
4						7	7		2,668.25	
Total		0	0	0	19	313	0	0	9813.75	
Targets						360				
						86.94%				

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DSC

OUTCOMES

PACE, Inc.
DATE: July 1, 2014 - June 30, 2015
STAFF: Eric Trusner, Dylan Boot
FUNDING SOURCE FOR <i>THESE OUTCOMES</i> : CCDDb

CIVIL RIGHTS AND THE LAW OUTCOMES

<input type="checkbox"/>	CL 102 Knows Disability Law(s) _____
<input type="checkbox"/>	CL 203 Recognize and confront infringement of rights
<input checked="" type="checkbox"/>	CL 302 Acquire advocacy
<input type="checkbox"/>	CL 401 Change legal status
<input type="checkbox"/>	CL 402 Filed Appeal (benefits/services, housing, agency decisions)
<input type="checkbox"/>	CL 403 Filed Suit (discrimination, small claims, etc)

COMMUNICATION OUTCOMES

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

EDUCATION AND TRAINING OUTCOMES

<input type="checkbox"/>	ET 207 Increase advocacy ability to improve educational status
<input type="checkbox"/>	ET 404 Started pre-vocational training
<input type="checkbox"/>	ET 406 Started vocational training
<input type="checkbox"/>	ET 407 Acquired GED
<input type="checkbox"/>	ET 408 acquired skill
<input type="checkbox"/>	ET 410 Entered DRS VR

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- ET 411 Applied to college
- ET 412 Entered college
- ET 415 Completed degree program

EMPLOYMENT OUTCOMES

- 1 EM 107 Knows employment options
- EM 108 Knows work incentives
- 1 EM 210 Ident skills acquired that can be trans to another job
- 1 EM 235 IDEN & CNTC Poten. Employers
- 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 view of job market)

EQUIPMENT/ASSISTIVE TECHNOLOGY OUTCOMES

- 1 AT 101 uses Assistive Technology
- 1 EQ 124 Knows personal adaptive equipment needs
- EQ 134 Uses adaptive equipment for maximum independence
- EQ 312 Acquired mobility aid
- 1 EQ 313 Acquired visual aid
- 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
- 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

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- FB 309 Acquired funds for vehicle modification
- FB 310 Acquired funds for education/training
- FB 321 Acquired means of support (gen assist, energy, food stamps, etc)

HEALTH CARE/MEDICAL OUTCOMES

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

HOUSING OUTCOMES

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

PERSONAL ASSISTANCE OUTCOMES

- PA 222 Able to manage personal assistance services effectively
- PA 228 Established and follows personal care routines -with or without PA assistance

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- 1 PA 300 Acquire referrals from PACE
- 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

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- 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
- 1 SR 514 Participate in support group for PWD's
- 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
- 3 TR 214 :Learn how to get desired transportation
- TR 336 Acquired PWD license plate
- TR 338 Acquired drivers license
- TR 339 Acquired vehicle
- TR 340 Had vehicle modified
- 4 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

17 Total Outcomes for FY2015 were 17. Due to medical leave numbers were down.

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PACE, Inc. Opportunities for Independence

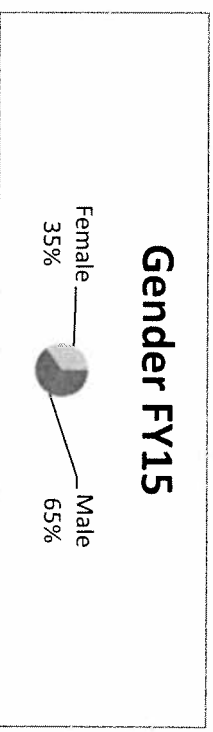
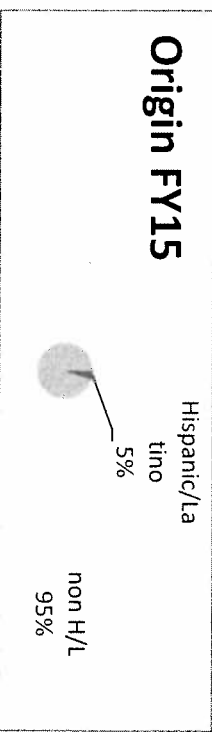
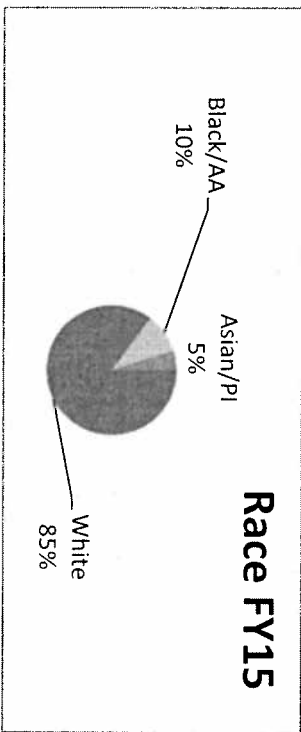
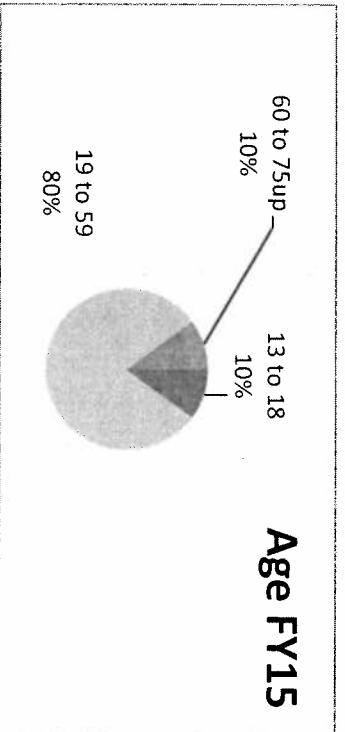
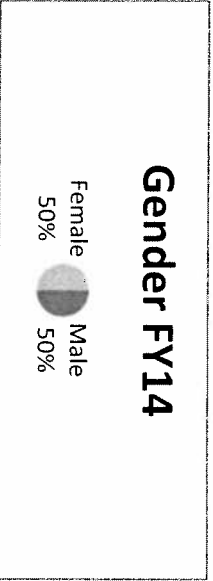
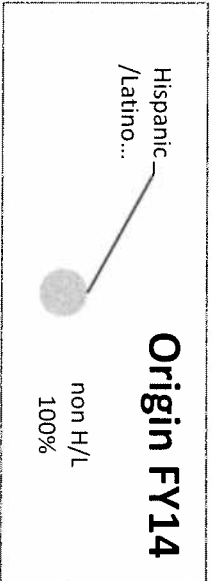
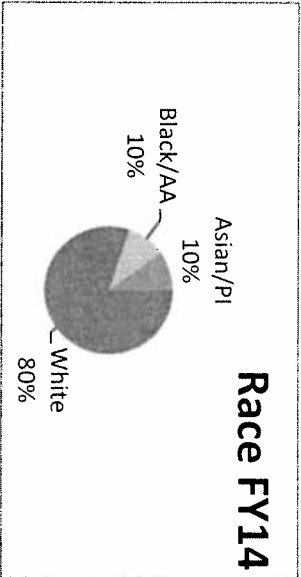
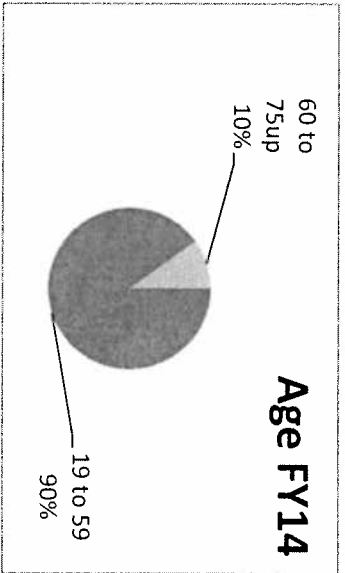
PY2014, 2015 Demographic Data

Age	FY14	FY15
0 to 6	0	0
7 to 12	0	0
13 to 18	0	2
19 to 59	9	16
60 to 75up	1	2
dna		
Total	10	20

Race	FY14	FY15
White	8	17
Black/AA	1	2
Asian/PI	1	1
Other	0	0
dna	0	0
Total	10	20

Origin	FY14	FY15
Hispanic/Latino	0	1
non H/L	10	19
dna	0	0
Total	10	20

Gender	FY14	FY15
Male	5	13
Female	5	7
dna	0	0
Total	10	20



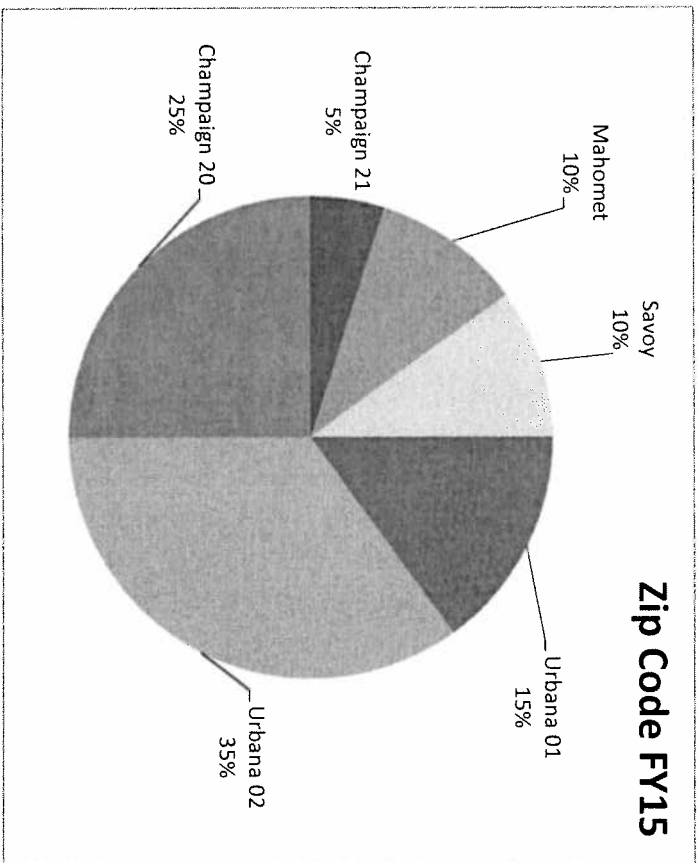
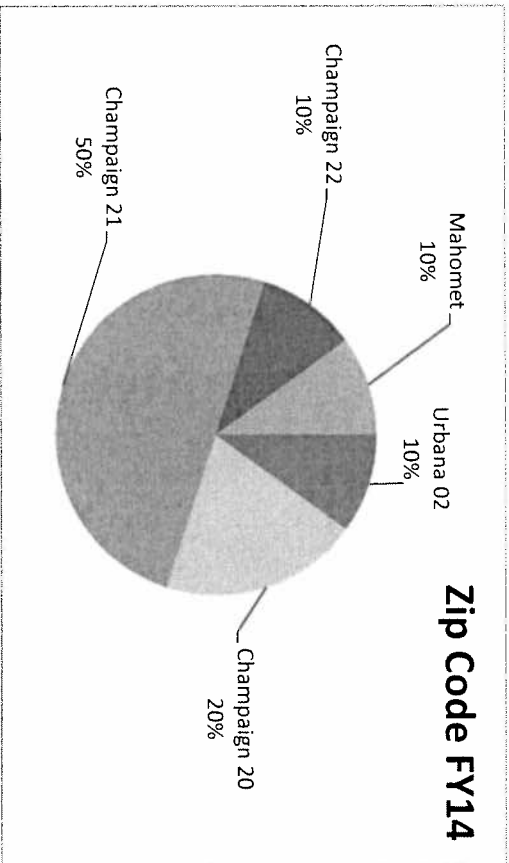
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PACE, Inc. Opportunities for Independence

PY2014, 2015 Zip Code Data

Code	City	FY14	FY15
60949	Ludlow	0	
61801	Urbana 01	0	3
61802	Urbana 02	1	7
61815	Bondville	0	
61816	Broadlands	0	
61820	Champaign 20	2	5
61821	Champaign 21	5	1
61822	Champaign 22	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	2
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	2
61875	Seymour	0	
61877	Sidney	0	
61878	Thomasboro	0	
61880	Tolono	0	
Other	-----	10	20
Totals		10	20



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PAGE

7/1/2014		\$29,311		TPC	TPC	Total	NTPC	NTPC	NTPC
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total	
1	9	83	6	0	6	0	4	4	
2	2	86.5			5		4	4	
3	2	69.5			0		4	4	
4	2	70.75			1		1	1	
Total	15	309.75	6	6	12	0	13	13	
Targets	15	375	10	10	20		10	10	
	100%	82.60%	60%	60%	60.00%		130%	130%	

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PERFORMANCE OUTCOME REPORT

UCP LAND OF LINCOLN

VOCATIONAL SERVICES

August 21, 2015

CONSUMER ACCESS MEASURES

Referrals to UCP's Employment Program will come from the Division of Rehabilitation Services (DRS), CCRPC, schools and other agencies serving adults with developmental disabilities. UCP staff will provide referral agencies with ongoing in-service trainings on the program and how to identify potential customers for the program. UCP receives no state or medicaid funding for extended support services or vocational training services in Champaign. UCP works with approximately 35 individuals with disabilities on job placement services in Champaign/Urbana area. Some of these individuals have been identified as needing long-term job support services in order to maintain successful employment in their communities.

100% of the referrals will be assessed for eligibility into the program. Program candidates will be contacted by UCP staff within 7 days of receipt of referral and they will set up a schedule for candidates to be assessed. UCP staff utilize a vocational questionnaire, the O-Net assessment, the Barriers to Employment Success Inventory and the Transition to Work Inventory to determine whether the candidate is accepted into the program. Individuals are also rated on their attendance and their willingness to participate. Although every assessment is scored, the individuals' acceptance into the program is based on the collective score of all the inventories, their attendance and participation during the evaluation process. Within 30 days, all assessments and inventories will be completed, the individual will be notified whether he/she has been accepted into the program and a schedule for program services will be set in place.

UCP Vocational staff will provide in-service trainings to DRS, CCRPC, schools and other organizations serving people with developmental disabilities about job coaching and case management services available to people who need long-term services in order to maintain successful employment.

UCP will develop a case file that will include the following information:

- Multi-Disciplinary Conference (Psychological Evaluation, Social History, IQ Testing, Speech and Language)
- UCP Individual Service Plan (goals and objectives, family information, future planning,

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UCP

education and work history, financial information, supports needed, rights/releases)

- Monthly Progress Reports

FY 2015 CONSUMER ACCESS OUTCOMES

Most referrals did come from the Division of Rehabilitation Services (DRS), however there were several individuals that were “self referrals” – individuals who came into the office asking about services on their own. 100% of referrals were assessed for the program and questionnaires and inventories were used to determine whether the candidate was accepted into the program.

Vocational staff did develop case files that contained progress notes, ISP’s, staffings, work histories, etc., however, UCP did experience some turnover in Job Coaches and the organization of the paperwork needed improvement at times. UCP did experience some issues with getting the appropriate disability documentation from DRS and/or the individuals.

CONSUMER OUTCOMES MEASURES

1. UCP will provide extended job supports/job coaching to 20 individuals with disabilities.
2. UCP will provide vocational training (janitorial training included) to 10 individuals with disabilities.

Objective #1: UCP currently provides job placement services to approximately 35 people with disabilities in the community. Some of these individuals will need extended job supports in the coming year in order to maintain their jobs. New referrals are consistently coming into the program from a variety of sources – some who are employed and have had a change in their workstation and need job support services to help them with the transition. All staff have goals that are directly connected to the agency’s strategic plan and objectives. All vocational staff have goals tied to maximizing utilization of services by making monthly employer contacts to help individuals with finding employment.

Objective #2: Some of the referrals are individuals who are looking for employment, but need vocational training to help prepare them to become job ready. UCP can provide vocational training and help individuals to increase their employability skills. Vocational training includes learning appropriate work habits; interactions with supervisors and co-workers; identifying strengths and weaknesses; Employment etiquette; Social skills; Appropriate Dress and Personal hygiene; Interviewing and Resume development. If individuals are interested in the janitorial field, UCP will provide an 8-week janitorial

training to program participants. Once they complete the vocational and/or janitorial training, UCP will help participants find a job in the community and provide the job supports necessary for them to be successful. UCP staff track participants' attendance and require their participation in training/finding employment at least three times a week.

FY 2015 OUTCOMES

1. UCP provided extended job supports/job coaching to 13 individuals with disabilities.
2. UCP provided vocational training to 10 individuals with disabilities.

Thirteen out of twenty-three individuals obtained jobs in the community where they received job support services and/or job coaching. Ten individuals received vocational training and job development services. UCP provided janitorial training to 3 of the individuals. The sessions consisted of one-on-one training focusing on increasing employability skills, identifying strengths and weaknesses and interviewing techniques as well as group training that addressed resume-development and appropriate work behavior.

During the last quarter there was a shortage of staff working with the individuals, and the number of new clients coming into the program decreased. During the last month of the fourth quarter, new staff were hired and trained and they became acclimated to the program by bringing existing clients into the office to meet them and discussing the clients' service wants and needs.

CONSUMER UTILIZATION MEASURES

Treatment Plan Clients (TPC'S) – 30

Community Service Events (CSE's) – 70

Service/Screening Contacts (SC's) – 120

Contact Hours – 9200

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FY 2015 CONSUMER UTILIZATION OUTCOMES

Treatment Plan Clients (TPC's) – 23

Community Service Events (CSE's) – 59

Service/Screening Contacts (SC's) – 97

Other (Contact Hours) – 1398

Fourth quarter numbers were low for TPC's, CSE's and SC's due to shortage of staff during that period. UCP hired and trained all new staff during the last month of the 4th quarter. Contact hours were extremely low for the year – most likely there are several variables for this happening. The program is largely individual-based and contact hours vary from each individual. Some of the training was group training so hours were divided up between participants. Other issues were more human resources-related - turnover of job coaches throughout the year and organization skills of staff. Contact hours did increase during the 4th quarter because new staff reorganized the program and brought clients in the office to discuss service wants and needs.

Although numbers were lower than projected, UCP sees the program as a success as 13 individuals with disabilities obtained community employment. The shortage of strong staff during the last few months had a direct effect on the numbers, but the program has a fresh start going into the new fiscal year with new staff engaging clients and assisting them with finding and keeping employment in the community.

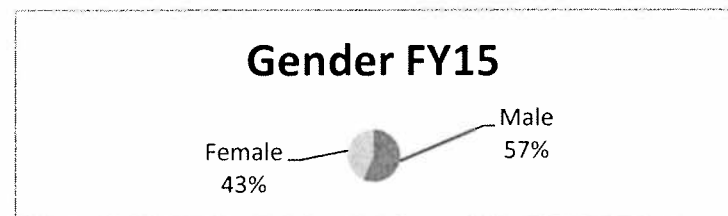
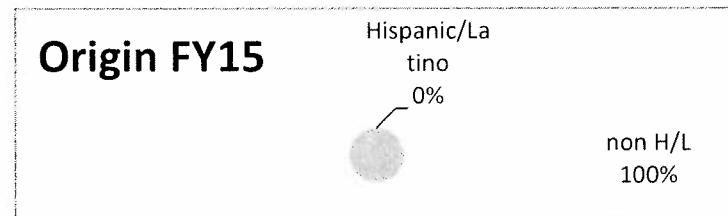
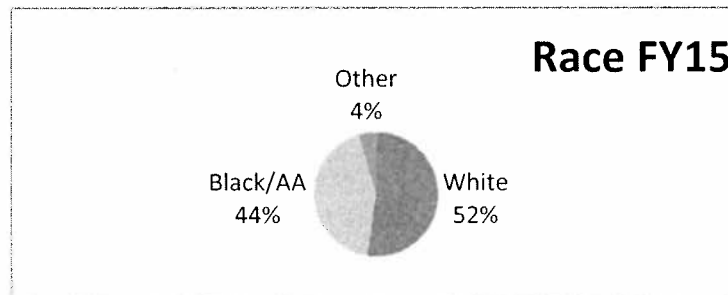
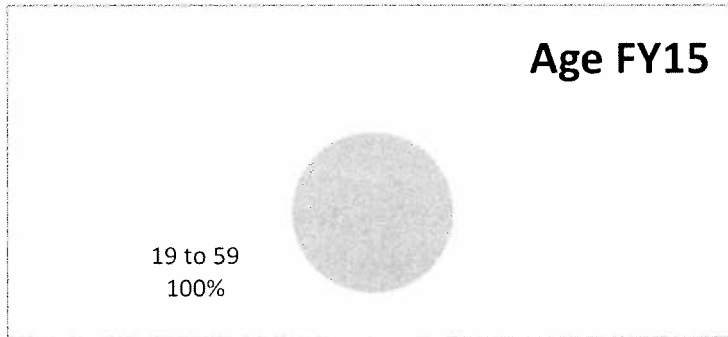
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United Cerebral Palsy Land of Lincoln - Vocational Services

PY2015 Demographic Data

Age	FY15
0 to 6	0
7 to 12	0
13 to 18	0
19 to 59	23
60 to 75up	0
dna	
Total	23
Race	FY15
White	12
Black/AA	10
Asian/PI	0
Other	1
dna	
Total	23
Origin	FY15
Hispanic/Latino	0
non H/L	23
dna	
Total	23
Gender	FY15
Male	13
Female	10
dna	
Total	23



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United Cerebral Palsy Land of Lincoln - Vocational Services

PY2015 Zip Code Data

Zip Code	City
60949	Ludlow
61801	Urbana 01
61802	Urbana 02
61815	Bondville
61816	Broadlands
61820	Champaign 20
61821	Champaign 21
61822	Champaign 22
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	-----

FY15

1

5

6

2

3

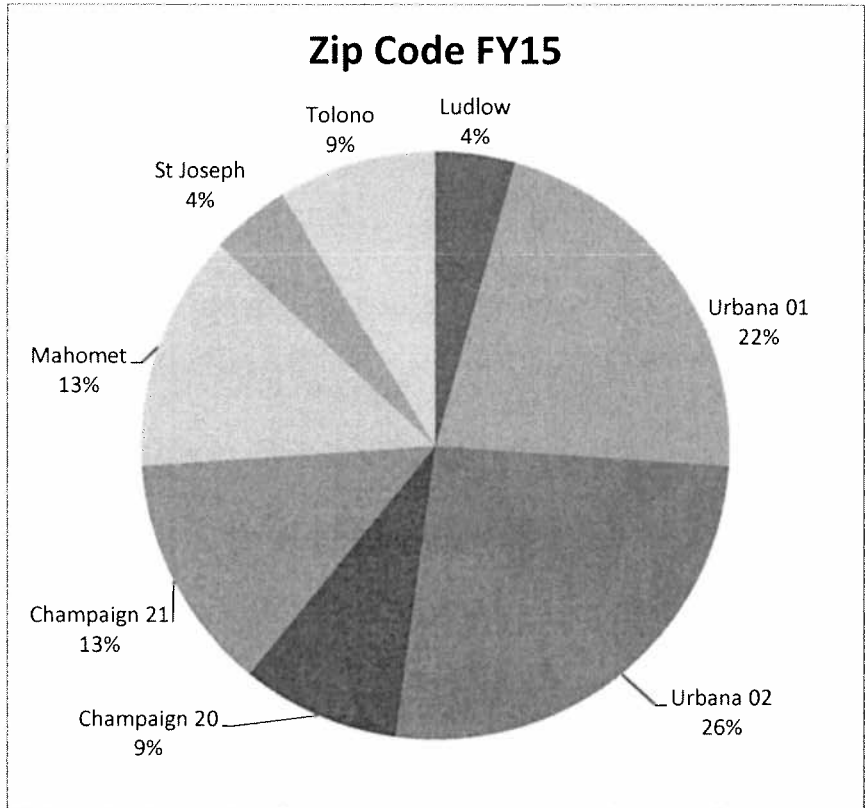
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1

2

23

Totals



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United Cerebral Palsy Land of Lincoln

377 Board Program

Vocational Services

7/1/2014		\$86,475		TPC	TPC	Total	NTPC	NTPC	NTPC	Other
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total	(hours)	
1	10	24	0	7	7	0	0	0	335	
2	21	39		3	3			0	236	
3	10	26		13	13			0	293	
4	18	8		0	0			0	534	
Total	59	97	0	23	23	0	0	0	1398	
Targets	70	120		30	30			0	9200	
	84.30%	80.80%		76.67%	76.67%					

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Notes on People utilizing I/DD programs funded by CCDDDB and CCMHB in FY15

Family Members:

The parent networks run by **CU Autism Network**, **CC Down Syndrome Network**, and **Community Choices** report total numbers of people actively participating during the year. Identifying information is not collected for analysis of possible overlap.

891 Young Children with qualifying delays or risk:

Champaign County Head Start/Early Head Start's Social Emotional Disabilities program served 191 young children, and **Developmental Services Center's Family Development Center** served 700. Although identifying information is not collected, possible overlap is expected to be very small.

493 People with I/DD:

People in **Community Choices** programs and no other funded agencies' programs:

- 14 people participated in Customized Employment only.
- 27 in Self-Determination Support only.
- 2 in Community Living only.
- 12 in Customized Employment and Self-Determination.
- 3 in Community Living and Self-Determination.
- 3 in Community Living and Customized Employment.
- 9 in all three of the organizations' funded programs.

People in **Community Choices** and **Developmental Services Center** programs:

- 1 in Customized Employment and DSC's Service Coordination.
- 2 in Customized Employment and Self-Determination and DSC's Individual and Family Support.
- 1 in Customized Employment and Self-Determination and DSC's Service Coordination and Individual and Family Support.
- 1 in Community Living and Self-Determination and DSC's Service Coordination.
- 1 in Community Living and Self-Determination and DSC's Individual and Family Support.
- 1 in Community Living and Self-Determination and DSC's Service Coordination and Apartment Services.
- 2 in Self-Determination and DSC's Community Employment and Service Coordination.
- 2 in Self-Determination and DSC's Clinical, Community Employment, and Service Coordination.
- 1 in Self-Determination and DSC's Clinical, Connections, and Service Coordination.
- 3 in Self-Determination and DSC's Connections and Service Coordination.
- 3 in Self-Determination and DSC's Connections, Integrated & Site Based, and Service Coordination.
- 1 in Self-Determination and DSC's Individual & Family Support, Integrated & Site Based, and Service Coordination.
- 5 in Self-Determination and DSC's Integrated & Site Based and Service Coordination.
- 2 in Self-Determination and DSC's Service Coordination.

People in **Community Choices** and **Community Elements** programs:

- 1 in Self-Determination and CE's Coordinated Services.
- 1 in Customized Employment and Self-Determination and CE's Coordinated Services.

People in **Community Choices** and **PACE** programs:

- 1 in Customized Employment and Self-Determination and PACE's Opportunities.

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NOTES - ALL

People in **Community Choices, Community Elements, Developmental Services Center, and PACE** programs:
1 in Self-Determination, CE's Coordinated Services, DSC's Service Coordination, and PACE's Opportunities.

People in **Community Elements Coordinated MI/DD Services** program and no other funded agency's programs:
10 people participated in the Coordinated Services program only.

*See above for detail on those who participated in **Coordinated Services** and any **Community Choices** program (includes 1 in both plus **Developmental Services Center** and **PACE** programs.)*

People in **Community Elements Coordinated Services** and **Developmental Services Center** programs:
2 in Coordinated Services and DSC's Clinical.
4 in Coordinated Services and DSC's Service Coordination.
1 in Coordinated Services and DSC's Service Coordination and Individual & Family Support.
1 in Coordinated Services and DSC's Service Coordination and Apartment Services.
1 in Coordinated Services and DSC's Service Coordination, Apartment Services, and Connections.
1 in Coordinated Services and DSC's Service Coordination, Apartment Services, Clinical, and Community Employment.

People in **Community Elements Coordinated Services** and **PACE** programs:
2 in Coordinated Services and PACE's Opportunities.

People in **CTF Illinois** and **Developmental Services Center** programs:
1 in Nursing, Residential, and DSC's Service Coordination.
5 in Nursing and DSC's Service Coordination.
1 in Nursing and DSC's Service Coordination and Community Employment.

People in **Developmental Services Center** programs and no other funded agency's programs:
1 in Community Employment only.
27 in Clinical Services only.
1 in Connections only.
23 in Individual and Family Support only.
1 in Integrated and Site-Based Services only.
132 in Service Coordination only.
11 in Apartment Services and Service Coordination.
4 in Apartment Services and Clinical and Service Coordination.
4 in Apartment Services and Community Employment and Service Coordination.
6 in Apartment Services and Connections and Service Coordination.
1 in Apartment Services and Individual & Family Support and Service Coordination.
2 in Apartment Services and Integrated & Site Based and Service Coordination.
1 in Apartment Services and Clinical and Community Employment and Service Coordination.
1 in Apartment Services and Clinical and Community Employment and Connections and Service Coordination.
1 in Apartment Services and Clinical and Community Employment and Integrated & Site Based and Service Coordination.
2 in Apartment Services and Clinical and Community Employment and Connections and Integrated & Site Based and Service Coordination.

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NOTES-
ALL

6 in Apartment Services and Clinical and Connections and Service Coordination.
2 in Apartment Services and Clinical and Integrated & Site Based and Service Coordination.
3 in Apartment Services and Clinical and Connections and Integrated & Site Based and Service Coordination.
2 in Apartment Services and Community Employment and Connections and Service Coordination.
1 in Apartment Services and Community Employment and Individual & Family Support and Service Coordination.
1 in Apartment Services and Community Employment and Connections and Integrated & Site Based and Service Coordination.
2 in Apartment Services and Connections and Individual & Family Support and Service Coordination.
6 in Apartment Services and Connections and Integrated & Site Based and Service Coordination.
1 in Clinical and Community Employment.
1 in Clinical and Individual & Family Service.
8 in Clinical and Service Coordination.
3 in Clinical and Community Employment and Service Coordination.
6 in Clinical and Connections and Service Coordination.
2 in Clinical and Individual & Family Support and Service Coordination.
2 in Clinical and Integrated & Site Based and Service Coordination.
1 in Clinical and Connections and Integrated & Site Based and Service Coordination.
17 in Community Employment and Service Coordination.
3 in Community Employment and Connections and Service Coordination.
1 in Community Employment and Connections and Integrated & Site Based and Service Coordination.
1 in Community Employment and Individual & Family Support and Service Coordination.
3 in Community Employment and Integrated & Site Based and Service Coordination.
7 in Connections and Service Coordination.
6 in Connections and Integrated & Site Based and Service Coordination.
6 in Individual & Family Support and Service Coordination.
2 in Individual & Family Support and Integrated & Site Based and Service Coordination.
13 in Integrated & Site Based and Service Coordination.

People in **Developmental Services Center** and **PACE** programs:

1 in Apartment Services, Clinical, Connections, Individual & Family Support, Integrated & Site Based, Service Coordination, and PACE's Opportunities.
1 in Apartment Services, Community Employment, Connections, Service Coordination, and PACE's Opportunities.
1 in Apartment Services, Connections, Integrated & Site Based, Service Coordination, and PACE's Opportunities.

*See above for detail on those participating in combinations of **DSC** and **Community Choices**, **Community Elements**, and **CTF Illinois** programs.*

People in **PACE's Opportunities for Independence** program:

14 in Opportunities and no other agency's funded program.

*See above for detail on those participating in combinations of **PACE** and **Community Choices**, **Community Elements**, and **Developmental Services Center** programs.*

People in **United Cerebral Palsy Land of Lincoln Vocational Services** program:

23 in Vocational Services only.

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ALL