

**CCDDB
Regular Meeting**

**December 14, 2016
8:00 a.m.**

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



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, December 14, 2016

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

8:00AM

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

1. Call to Order
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input/Public Participation
The CCDDDB reserves the authority to limit individual public participation to five minutes and limit the total time to 30 minutes.
5. CCMHB Input
6. Approval of CCDDDB Board Meeting Minutes **(pages 3-6)***
A. Minutes from 11/16/16 meeting are included. Board action is requested.
7. President's Comments – Ms. Deb Ruesch
8. Executive Director's Report – Lynn Canfield
9. Staff Report – Shandra Summerville **(pages 8 and 9)**
10. Agency Information
11. New Business
 - A. Transition Supports for Youth
Representatives of the Champaign County Transition Planning Committee will report on existing supports for young people transitioning from school to adult life.
 - B. Integration Transition Successes
Representatives of funded programs will report on transitions to community settings for home, work, and connection.

- C. Cancellation of Autism Society of Illinois contract (**pages 10 and 11**)*
A Decision Memorandum and supporting document are included in the board packet for discussion and action.
 - D. Organizational Assessment (**page 12**)*
A Decision Memo regarding external evaluation of operations is included in the packet. Approval is requested.
 - E. Application Evaluation and Program Summaries
Discussion of staff evaluations of applications for funding for FY2018.
12. Old Business
- A. Employment First Update
Representatives of the Champaign County partnership will provide an oral report on progress.
 - B. Draft FY2018 CCDDDB Allocation Criteria (**pages 13-20**)*
A Decision Memo is included in the packet. Approval is requested.
 - C. Draft FY2018 CCMHB Allocation Criteria (**pages 21-28**)
A Decision Memo is included in the packet for information only. The CCMHB will consider approval of these criteria at their 5:30PM meeting.
 - D. Draft Three Year Plan with FY2017 Objectives (**pages 29-36**)*
A Decision Memo and proposed final draft of the plan are included. Approval is requested.
 - E. Anti-Stigma Film for 2017 (**pages 37**)*
A Decision Memo is included in the packet. Approval is requested.
 - F. Meeting Schedules (**pages 38-40**)
Copies of CCDDDB meeting schedule and allocation process timeline are included in the packet for information.
 - G. Ligas Family Advocate Program Acronym Sheet (**pages 41 and 42**)
A list of useful acronyms, compiled and published by the Ligas Family Advocacy Program, is included for information.
13. Board Announcements
14. Adjournment

**Board action requested*

#6

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

Minutes –November 16, 2016

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

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, David Happ, Deb Ruesch, Mike Smith

MEMBERS EXCUSED: Cheryl Hanley-Maxwell

STAFF PRESENT: Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Dale Morrissey, Annette Becherer, Felicia Gooler, Danielle Matthews, Patty Walters, Jennifer Carlson, Developmental Services Center (DSC); Becca Obuchowski, Community Choices; Barb Bressner, Consultant; Kim Baudry, Regional Planning Commission (RPC); Ashley Hobbs, Brian Summers, Maggie Potter, Victoria Palmer, Brooke Garren, University of Illinois; Melissa McDaniel, Kyla Chantos, CTF Illinois; Susan Fowler, Champaign County Mental Health Board (CCMHB); Patti Petri, Champaign County Board

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President, called the meeting to order at 8:03 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

A Closed Session was added to the agenda earlier in the week.

CITIZEN INPUT:

Mr. Dale Morrissey reported there will be an override attempt on the Community Living Wage bill. He also announced Montgomery County was successful in establishing a 708 Board.

CCMHB INPUT:

None.

APPROVAL OF CCDDDB MINUTES:

Minutes from the meeting on October 19, 2016 were included in the Board packet.

MOTION: Mr. Happ moved to approve the minutes from the October 19, 2016 CCDDDB meeting as presented in the Board packet. Mr. Smith seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Ms. Ruesch had no comments.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Canfield had no comments.

STAFF REPORTS:

A staff report from Ms. Summerville was included in the packet. She added that she did a Cultural and Linguistic Competence (CLC) board training for Community Choices this week.

CONSULTANT'S REPORT:

Ms. Bressner's report was included in the Board packet. Evaluation results were distributed at the Board meeting.

AGENCY INFORMATION:

Ms. Annette Becherer from Developmental Services Center (DSC) announced a consultant spent a week at the agency and did a PATH training with them to help them with their transition to

Community-Based Services. DSC has identified a permanent art space for clients in collaboration with students at the U of I.

Ms. Becca Obachowski from Community Choices announced a new business, Scotty's Brewhouse has recently employed 4 or 5 clients and they are expected to hire more.

FINANCIAL REPORT:

The claims report was included in the Board packet.

MOTION: Ms. Ruesch moved to accept the claims reports as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed.

NEW BUSINESS:

UIUC Student Presentations:

Ashley Hobbs from the University of Illinois reported students from the School of Social Work will be conducting trainings on Ethical Communication and Effective Collaboration on November 29, 2016 and December 5, 2016 at Brookens Administrative Center.

Brian Summers from the University of Illinois and his partner Ashley have a draft of a Community Resource Guide that they intend to finalize and distribute. The draft document was distributed to Board members.

Maggie Potter, Brooke Garren, and Tori Palmer from the University of Illinois shared their research on anti-stigma efforts across the county. Copies of their Powerpoint were distributed to the CCDDDB.

Integration Transition Successes:

Ms. Annette Becherer from Developmental Services Center (DSC) provided an update. Self-advocates are included in DSC employment interviews and performance reviews. Self-advocates also did a presentation at the Speak Up and Speak Out Summit in early November. They have been asked to do their presentation for a number of organizations in the near future.

Letter to the Editor:

A copy of Joyce Dill's letter to the News Gazette on the issue of DSP wage increase legislation was included in the packet for information only.

First Quarter FY17 Agency Service Activity Reports:

Copies of an overview of all CCMHB and CCDDDB funded ID/DD programs and those programs' first quarter service activity reports were included in the Board packet for information and review.

OLD BUSINESS:

Draft FY18 Allocation Criteria:

A Briefing Memorandum was included in the Board packet. Board members should review and comment.

Draft Three-Year Plan with FY17 Objectives:

A Briefing Memorandum describing stakeholder comments on the Draft Plan was included in the packet for information.

Assessment of Needs:

A Briefing Memorandum summarizing various assessments was included in the packet for information only.

Multi-Year Contracting:

A Briefing Memorandum was included in the packet for review. Board members discussed multi-year contracts at length.

Employment First Update:

Annette Becherer from Developmental Services Center (DSC) has contracted with a firm on a three day presentation on Customized Employment.

CILA Update:

Ms. Canfield did not have an update at this time.

Meeting Schedules:

Copies of CCDDDB and CCMHB meeting schedules were included in the packet for information only.

Ligas Family Advocate Program Acronym Sheet:

A list of useful acronyms, compiled and published by the Ligas Family Advocacy Program was included for information only.

BOARD ANNOUNCEMENTS:

None.

CLOSED SESSION:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Ms. Ruesch moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County Developmental Disabilities Board. The Closed Session shall include

all members of the CCDDDB and Lynn Canfield. Mr. Smith seconded the motion. A roll call vote was taken and all members voted aye. The motion passed and the Board went into a Closed Session at 9:17 a.m.

The Board came out of closed session at 10:00 a.m.

MOTION: Ms. Ruesch moved to come out of closed session and return to open session. Mr. Smith seconded. A roll call vote was taken. All members were present and the vote was unanimous.

ADJOURNMENT:

The meeting adjourned at 10:01 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

December- Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

November was a full month of activities beginning with my first review of 2016 CLC Plans with providers..

I have attended the CU Collaborative Conversations about Race in CU. This is an opportunity to begin to build relationships and solutions about how to address discussion about race and how to move the conversation more intentional. The collaboration has expanded and it was recommended that additional stakeholders become involved that would like to build the bridge of CU Race Relations.

Cradle to Career- Will host their Community Report Card event January 12. I will provide updated information next month about the data received from that event.

Youth Mental Health First Aid has updated the instructor’s manual to include more up to date information and additional research. I provide instruction as a part of the Project Aware Grant in collaboration with Champaign Unit 4 School District. I also participated in a Webinar to discuss how to work with Veterans.

My first CLC Review was with Felicia Gooler from DSC. It was the first round of Self-Evaluation and looking how to strengthen the plan

The School of Social Work students – Hosted 2 Trainings

Ethical Communication- On Monday, November 28, 2016 1:30-3:30 – 2 people were in attendance. They received positive feedback about their presentation

Effective Collaboration- Monday, December 5, 2016 at 1:30-3:30 – 3 people were in attendance There was positive feedback.

The students have completed the resource Guide. And will provide copies at the January Meeting.

National Center for Cultural Competence: The National Center for Cultural Competence has developed a new leadership program for DD/IDD populations.

I had another conference call with the Director, Tawara Goode about work with DD/IDD populations and the Transitional Planning for Champaign County. I continued reviewing best practices and researching the disparities within the DD/IDD Populations. In addition, looking at Transition Planning in Illinois for Best Practices

“The Leadership Institute is a collaborative, multifaceted initiative with a goal to increase the number and capacity of leaders to advance and sustain cultural and linguistic competence (CLC) and respond to the growing cultural diversity among people with intellectual and developmental disabilities (I/DD) in the United States, its territories, and tribal communities.

The Institute is funded over a five-year period through a Cooperative Agreement from the Administration on Intellectual and Developmental Disabilities (AIDD), Administration for Community Living, U.S Department of Health and Human Services. The Institute's activities include:

five annual Leadership Academies

a series of web-based learning and reflection forums for the I/DD network

long-term, tailored mentoring to selected organizations to assist them to achieve their cultural diversity and CLC goals. “

(Source: National Center for Cultural Competence nccc.georgetown.edu/leadership/)

I conducted a presentation the Diversity Seminar at the University of Illinois Psychology Department. We had a discussion about talking to children about Race based on a video about a Cheerios Commercial.

I met with Linda Tortorelli and we are having are series of meetings to talk about Transition Planning and what is happening. The meetings will be held on December 5 and December 7. We are first meeting with schools and families. Providers will be included at a later time.



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Contract Amendment – Autism Society of Illinois

Issue: The CCDDDB has contracted with The Autism Society of Illinois (ASI) to support the activities of local parent-professional network, the CU Autism Network, which does not have non-profit status. On October 17, 2016, the CU Autism Network Coordinator informed CCDDDB staff of significant problems with their relationship to ASI, asking that we stop payments due to ASI's financial problems. The local group was exploring having Autism Society of America assume responsibility for their finances. They have also explored operating the program through another local organization.

On October 31, 2016, The Autism Society of America notified ASI's director of their intent to disaffiliate, effective December 31, 2016 (see attached.) On November 29, the CUAN Governing Advisory Committee met to discuss the program's future. At the time of this writing, an appropriate, eligible host organization has not been identified, so no recommendation is made for a new contract.

The amount of the contract award is \$12,000. Four monthly payments have been made to the organization, for a combined total of \$4,000. The local program was in operation during that period and has submitted utilization reports. A temporary hold was placed on further payment, pending action by the Board.

The Board has the authority to either terminate the contract or take other corrective under Section C. 8. Services, item a. That section of the contract reads in part "Failure to implement services as stipulated in the Program Plan may be cause for termination of the Contract. The Board may at its discretion require corrective action by the Provider including but not limited to repayment of funds."

Fiscal/Budget Impact: Reduces contract award to The Autism Society of Illinois by \$8,000.

Decision Section:

Motion: Move to authorize staff to issue an amendment to the Autism Society of Illinois contract (DD17-075) to reduce the contract maximum to \$4,000 with no further payment due.

- Approved
Denied
Modified
Additional Information Needed

RECEIVED
11/7/2016

4340 East West Highway, Suite 350
Bethesda, MD 20814
Phone: 301.657.0881
Fax: 301.657.0869
Email: info@autism-society.com
Web site: www.autism-society.com

October 31, 2016

Autism Society of Illinois
c/o Matt Ackerman, President/CEO
2200 South Main Street
Lombard, Illinois 60148

Dear Matt:

I am writing to inform you that the Autism Society of America's Executive Committee, acting on behalf of our board of directors, has voted to terminate your Affiliate status with the Autism Society of America. In accordance with the Affiliate agreement, this letter starts the 60 day notice provision that will terminate your Affiliate status as of December 31, 2016.

Our decision to terminate the Affiliate status of the Autism Society of Illinois was reached after completing a detailed review of the current financial situation of the Autism Society of Illinois. We concluded that your organization has continued to spend more per year than you have raised and that with your available very limited cash, we do not see your organization being able to operate and meet our required standards. Furthermore, we know that you have potential liabilities that might be owed and we can't allow our name to be used to raise money for payment of agreements your organization entered into which do not help you address the needs of those living with autism in Illinois.


Because your Affiliate status is terminating, we must also have you fully account for and provide us all remaining funds you have on hand that were raised by any of your chapters, because such funds were raised with a strong commitment to use such funds in the communities in which they were raised and/or such funds were provided to you via a contract. We will then use such funds for the expressed purpose for which they were raised.

As a result of the termination of your affiliate status, please note the following:

1. As of December 31, 2016, you will not be allowed to use or operate under the name "Autism Society" and use any Autism Society brands or logos, which are the either trademarked or copywritten.
2. We ask that any money you raise from now until December 31, 2016, you inform each donor that as of December 31, 2016, your organization will cease existing and operating as an Autism Society affiliate.
3. You may not raise funds as an Autism Society nor accept funds payable to the Autism Society after December 31, 2016.

Certainly, we understand that what is occurring now with the financial situation at the Autism Society of Illinois is not something that you or current board members caused.

Sincerely,


Scott B. Badesch
President/CEO



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Organizational Assessment

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to work with the Presidents of the CCDDB and the Champaign County Mental Health Board (CCMHB) on identifying a qualified external evaluator who has a wealth of knowledge of services and systems of the State of Illinois, for the purpose of conducting an assessment of allocation process, board and staff roles, staff operations, and collaborations with stakeholders.

Issue: The CCDDB and CCMHB share administrative services with new leadership. This transition offers an opportunity to improve the organization in deliberate ways. An outside consultant with relevant experience may be best able to integrate input from board members, staff, and stakeholders and recommend specific enhancements and guidance to the Director.

Decision Section: Motion to approve the Executive Director negotiating and executing a contract, with approval of the presidents of the CCDDB and CCMHB, for external evaluation of the organization and its operations.

- Approved
- Denied
- Modified
- Additional Information Needed



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) FY2018 allocation period, July 1, 2017 to June 30, 2018. The foundation of these recommendations is formed by board discussions and input from citizens, agency representatives, and other stakeholders during board meetings throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems.

From the September 18, 2013 Consolidated Statement of Priorities of Champaign County Stakeholders, the local service system was described as "*complicated*, even for its most expert users; *incomplete*, meeting some of the needs of many and none of the needs of others; and *fragmented*," and problems associated with inadequate investments were identified across the lifespan. The experiences reported by families, advocates, individuals, and providers do not sound very different three years later.

An initial draft of this document was shared with stakeholders and provider organizations. Observations made by board members and others have been incorporated as revisions.

Statutory Authority:

The CCDDB funding policies are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCDDB Funding Guidelines incorporated in standard operating procedures.

Medicaid Rates, Waivers, and Supplementation:

As the State of Illinois has shifted its investments from grant contracts to DD waiver programs to capture federal matching revenue, the limitations of the waivers and rates and

the changing requirements of Medicaid have impacted how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see their negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Such supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice. Item #6 of the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program: "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 and stakeholders to identify services and supports not included in the waivers but identified by individuals' person centered plans as important for achieving their ambitions and fullest inclusion in their communities. Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state, so their enrollment in the PUNS database not only positions them for selection but may justify the use of local funding to provide relief for those waiting. The CCDDDB may consider other investments which lead to the highest quality of life for Champaign County residents with I/DD.

Expectations for Minimal Responsiveness:

Applications that do not meet the expectations below are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCDDDB office.

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

Overarching Priorities:

Inclusion and Integration

All applications for CCDDDB funding shall be assessed for movement toward community integration and away from segregated services and settings. The emphasis on inclusion

aligns with changes in federal regulations and interpretation of the Olmstead Decision of the Americans with Disabilities Act.

The CCDDDB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact;
- people building connections to their community as they choose, for work, play, learning, and more, in places other community members use and when they use them;
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose;
- and people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value.

Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the aspirations of Employment First, and recent Olmstead decisions. Applications will be required to include measurable objectives, goals, and timelines.

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant organization, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency's Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services; outreach strategies should be identified.

Anti-Stigma Efforts

Applications should describe how the program contributes to reduction of the stigma associated with I/DD. The CCDDDB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications should clearly explain the relationship between budgeted costs and program components. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required. For example, programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Person Centered Planning (PCP)

Applications should reference a PCP process used to develop an individual's service and support plan, specific to CCDDDB funding, which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDDB funding will be associated with people rather than programs and will focus on PCP-driven supports and services.

Programs should promote self-directed and culturally appropriate, individualized service plans, with measurable desired outcomes striking a balance between what is "important to" and "important for" an individual. Planning processes should be outcome-based, focused on and directed by the individual, building on their gifts and strengths. Planning activities should include the participation of those chosen by the individual, such as family members, friends, or community partners in whom the person has indicated trust, especially where an individual may have difficulty expressing their preferences. Plans should be documented in a way that is meaningful and useful to the individual and those involved with plan implementation. Additional detail about the specific PCP process may be requested as an addendum to the program plan prior to execution of a contract for services.

Workforce Development and Stability

The board's investments in other priorities are contingent on a stable and qualified workforce. The challenges to attracting and retaining this workforce follow from Illinois' inadequate investment in community-based services, in particular through low Medicaid rates. The board seeks to emphasize efforts to reward this important work with competitive wages and advancement opportunities. Applications should propose creative solutions for recruitment and retention of direct support staff. Systemic problems associated with the workforce shortage include:

- Gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- Capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- Turnover has significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- Agencies and programs compete to keep direct support staff as the need for their services increases in other systems (e.g., care of older citizens.)

FY2018 CCDDDB Priorities:

Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have demonstrated value for people with I/DD as they define their own goals and how to achieve them. Applications proposing advocacy, linkage, and other service coordination activities, with minimal or no conflict of interest and emphasis on person-centered service planning, will be prioritized. In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority: Employment Services and Supports

Applications featuring job readiness training, job development and matching, job coaching, and innovative employment supports will be prioritized. These should incorporate evidence based practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated settings possible. Community employers who understand the benefits of employing people who have I/DD may be identified and cultivated as partners in the effort to maximize outcomes for all.

Priority: Non-Work Community Life and Flexible Support

Applications emphasizing flexible support for people with I/DD, to stabilize home life in person-centered, family-driven, and culturally appropriate ways, and those emphasizing social and community integration for people with I/DD and behavioral or physical support needs will be prioritized. Selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other opportunities; and development of networks of support for individuals and families.

Priority: Comprehensive Services and Supports for Young Children

Applications focusing on services and supports, not covered by Early Intervention or under the School Code, for young children with developmental delays will be prioritized. Examples include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks (including community partners); systematic identification and mobilization of individual gifts and capacities, to access community associations and learning spaces.

Priority: Self-Advocacy and Family Support Organizations

Applications highlighting sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies, will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and other.

Priority: Expansion of Integrated Residential Opportunities

Applications offering creative approaches to expanding the availability of smaller residential settings (e.g., CILA homes for up to four people) in Champaign County will be prioritized.

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-informed, evidence-based, or research-based approaches and addressing fidelity to the model

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

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDDB funding. However, they are not the sole 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 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 support areas, and decision-support match up.

The CCDDDB allocation of funding is a complex task predicated on multiple variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have developmental disabilities. In many respects our task is more difficult than 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. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

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 with 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 CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a

result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY2018, two-year applications will be considered as part of the award process.

Decision Section:

Motion to approve the CCDDDB FY2018 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- _____ Approve
- _____ Deny
- _____ Modify
- _____ Request Additional Information



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) FY2018 allocation period, July 1, 2017 to June 30, 2018. These recommendations emerge from board discussions and input from agency representatives and other stakeholders throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems. This document has been shared with stakeholders and provider organizations for their input, and a final draft now presented for approval by the board.

State of Illinois funding for community-based mental health, substance use disorder, and developmental disabilities services has steadily declined since 2008, driving the anxiety shared by people who desire services, by advocates and supporters of those people, and by providers of services. General revenue funds have been reduced as Medicaid has expanded to be the primary fund source, even with notoriously low reimbursement rates and siloed systems. Medicaid Managed Care has accompanied efforts to control costs with little regard for the impact on the community behavioral health system in Illinois. That community-based system is changing rapidly in response, with local providers exploring mergers and consortia in order to survive, and some not surviving. Each year we say that citizens of Illinois have endured a year of unprecedented change and challenge. Each year we may be unable to imagine a worse situation, and then one unfolds. With the diminishment of core services traditionally funded by the state, such as psychiatry, detox, counseling, and support services for victims of sexual assault, the CCMHB will again face difficult choices, possibly between shoring up these core services and preserving successful local responses to local needs. Our obligations to the citizens of Champaign County include protecting the interest of its most vulnerable members and doing so through wise investments.

Statutory Authority:

The CCMHB funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

Medicaid:

As the State of Illinois prepares an 1115 waiver proposal focused on behavioral health supports and system of care, maximizing federal matching revenue and taking advantage of CMS' current interest in innovative approaches, the limitations of the rules and rates and the changing requirements of Medicaid will continue to impact how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see the negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice.

In addition, the implementation of Medicaid Managed Care continues to present challenges for community-based providers and insured persons, and the CCMHB intends to be responsive as new problems call for new remedies.

The CCMHB will work with providers and stakeholders to identify services and supports not covered by Medicaid but which promise to improve behavioral health outcomes for individuals and promote a healthier, safer community.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service.

To preserve the CCMHB's emphasis on FY2018 allocation decision criteria, all applications proposing new services should align with one or more of the specific priorities. Proposals to renew contracts to continue existing services need not align with specific allocation decision criteria but may be subject to redirection or reduction in funding.

FY2018 CCMHB Priorities:

The focus established during a CCMHB retreat in October 2015 continues, with three primary priority areas identified for the fiscal year 2017, still relevant as State and Federal service delivery and payment systems evolve. A fourth priority area has been added, due to staff discussions and emerging opinion that, while Medicaid rules prohibit use of our funding for some important core services, there are innovations not currently billable to Medicaid which improve access to those core services. While the proposed 1115 waiver promises an integrated system of care, funding is not yet available from the State to cover supports such as intensive case management or peer mentoring. Local funding could provide an interim, short term source of support to establish this initial system of care.

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the FY18 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the ambitions of Employment First, and recent Olmstead decisions. Applications should include measurable objectives, goals, and timelines. The CCMHB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact
- people building connections to their community as they choose, for work, play, learning, and other, in places other community members use and when they use them
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose
- people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value

In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority #2 – System of Care for Youth and Families

The CCMHB has focused on youth with serious emotional disturbance (SED) and multi-system involvement since 2001. Continuing the commitment to a sustainable system of care will include these initiatives:

- The Champaign Community Coalition (System of Care) brings together representatives of key systems, including local government, public and private funders, secondary and higher education, child welfare, park districts, juvenile justice, mental health and substance use disorder treatment providers, neighborhood and community leaders, representatives of the faith community, and other stakeholders. CCMHB efforts should align with this manifestation of our system of care.
- Development of optimal Cultural and Linguistic Competence by providers of service and other child- and youth-serving systems.
- Maintaining investment in juvenile justice diversion services for young people with serious emotional disturbance and multiple system involvement, assuring clinical efficacy and the attainment of desired outcomes.
- Coordination with Choices Coordinated Care Solutions behavioral health managed care plan to assure enrollment of all youth who require Wraparound services and supports and are eligible.
- Support of family and youth organizations to assure that all services are “family-driven” and “youth guided,” acknowledging the critical role of peer support
- Reducing the negative impacts of trauma on youth and families, especially those exposed to gun violence.

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

The CCMHB continues its commitment to addressing the needs of adults with serious mental illnesses and/or substance use disorder who have involvement with the criminal justice system, at any intercept, and most particularly with the Champaign County Jail. Local government, law enforcement, community-based providers of service, and other stakeholders have invested much time and energy over the last two years to address shared and growing concerns, such as incarceration which could be prevented or shortened by improved access to treatments that work, redirecting those with complex conditions to effective supports and services, and keeping them engaged. Collaborations around these issues include the Crisis Intervention Training Steering Committee, Reentry Council, Champaign Community Coalition, and the Crisis Response Planning Committee. In FY18, the CCMHB will continue to support programs addressing the needs of this population.

- enhanced crisis response, through a co-responder system, intensive case management, or other diversion strategy
- expanded access to psychiatric services
- peer mentoring and support
- detoxification and psychiatric stabilization
- connections or ‘warm handoffs’ between jail and community and detox and community
- wellness programming
- specialty courts and related services

- support services at the jail
- Mental Health First Aid training for law enforcement and first responders

Priority #4 – Innovative Practices to Support Access to Core Services

Many of the services and supports listed in the above priorities will also support the broader population’s access to core services traditionally not funded by local behavioral health authorities. While not directly paying for treatment which can be billed to Medicaid or other payor, the CCMHB may invest in programs, supports, and services not currently billable, which help people locate and secure such services and advocate effectively for themselves. Examples are:

- Intensive or specialized case management associated with a core service or special population
- Peer supports and mentoring
- Benefits counseling and advocacy

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should 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, MD. A Cultural and Linguistic Competence Plan is required for the agency, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency’s Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services.

Inclusion and Anti-Stigma Efforts

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. The CCMHB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required. For example, programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Realignment of Existing FY17 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the four FY18 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies interested in applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire before receiving access to the online application forms.

1. Approach/Methods/Innovation: All applications are required to cite evidence-informed, evidence-based, research-based, or promising practices and address fidelity to the model under which services are to be delivered. In the absence of such models/approaches to meet defined community need, applications demonstrating creative, innovative approaches, including method of evaluation, will be considered.
2. Staff Credentials: Applications are required to highlight staff credentials and specialized training.
3. Resource Leveraging: Consideration will be given to applications that involve additional grant funding, community support, volunteer initiatives, and other creative approaches that amplify resources. If Board funds are to be used to meet a match requirement, the funder requiring said match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB 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 services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the 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 CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on many variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental illnesses, substance use disorders, or developmental disabilities. The nature and scope of applications will vary widely and will include treatment and early intervention models, and 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 CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCMHB 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 CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in 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 CCMHB 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 CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.

- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or 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.
- For FY18, two-year applications will be considered as part of the award process.

Decision Section:

Motion to approve the CCMHB FY2018 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- _____ Approve
- _____ Deny
- _____ Modify
- _____ Request Additional Information



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: CCDDDB Members
FROM: Lynn Canfield, Executive Director
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2017 Objectives

The Champaign County Developmental Disabilities Board (CCDDDB) Three-Year Plan 2016-2018 enters its second year of implementation. A Draft Plan with objectives for Fiscal Year 2017 is an extension of the prior fiscal year with proposed modifications. Most objectives reflect on-going commitments while those completed are removed and others added or revised in response to changes in the operating environment. The draft document is subject to change with community input, Board directive, and staff review.

An initial draft was presented to the CCDDDB at their September 21st meeting and subsequently shared with stakeholders, including representatives of funded organizations, special education directors of local public schools, family members of persons with ID/DD, and advocates. Stakeholder responses led to some revisions and a second draft, presented with description of that input at the November 16th board meeting.

Three-Year Plan for FY 2016 – 2018 with One-Year Objectives for 2017

The goals listed are for the period of 2016 through 2018. Objectives are for the 2017 fiscal year. A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while completed objectives are lined out.

Decision Section:

Motion to approve the final draft CCDDDB Three-Year Plan for FY 2016 – 2018 with One-Year Objectives for 2017, attached to this memorandum.

- _____ Approve
- _____ Deny
- _____ Modify
- _____ Request Additional Information

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

THREE-YEAR PLAN

FOR

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

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2017
(1/1/17 – 12/31/17)**

**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.

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.

Objective #2: Implement two-year contracts for select programs, extending term of the contract for one year stipulating updated program and financial plans are required prior to the start of the second year of the contract.

Objective #3: Expand use of evidence-informed, evidence-based, best practice, and promising practice models which align with new and anticipated federal and state requirements and are appropriate to the presenting need in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan.

Objective #4: 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 #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduces the numbers of uninsured, realign CCDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems such as workforce stabilization. Support benefits counseling and linkage and advocacy to all entitlements for eligible persons. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

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.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' 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 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 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: 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.

Objective #2: 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 #3: 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 #4: 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, and promising practices and associated outcome measurement.

Objective #2: Establish a formal process for the development of recommendations for optimal transition from school to adult services. Foster collaborations among schools, adult service providers, young people with I/DD, and other stakeholders.

Objective #3: 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 efforts to challenge stigma and discrimination, such as the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect's signature event at Roger Ebert's Film Festival and other community education events including disABILITY Resource Expo: Reaching Out for Answers. New approaches will be researched and considered this year.

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 or 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: Advocate for workforce development, stability, and retention, including supporting an increase in the state wage for entry level Direct Support Professionals.

Objective #2: 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 (ACMHA), 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 #3: 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 #4: 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 #5: 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 #6: 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. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #7: In addition to the monitoring and evaluation of funded programs, encourage organizational change strategies which not only align with new and anticipated federal and state requirements but also result in the highest quality personal outcomes for individuals with ID/DD, their families, and those most closely involved in their lives.



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Anti-Stigma Community Event – Roger Ebert’s Film Festival 2017

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to commit to working with the Alliance for Inclusion and Respect to sponsor an anti-stigma film at the 2017 Roger Ebert’s Film Festival and related concurrent anti-stigma activities.

Issue: The Roger Ebert’s Film Festival is the centerpiece of our anti-stigma efforts in Champaign County. Our status as a primary sponsor has grown over the years, reaping increased exposure and media coverage, special attention from Chaz Ebert and festival staff, high-profile concurrent art exhibits, and increased collaboration with alliance members, university students, and other community stakeholders in ongoing and future ‘pro-inclusion’ partnerships. Supports Mental Health, Developmental Disabilities, and Substance Use Disorder community awareness and education.

Fiscal/Budget Impact: The total cost for the event/sponsorship was initially anticipated to be \$30,000, divided between the CCMHB and CCDDB. The CCDDB share is charged as part of the administrative fee paid under the Intergovernmental Agreement. We continue to offset this total cost with contributions from Alliance members and ticket sales. In FY16, members contributed \$6,500.

Related Actions to Date: At the June 22, 2016 meeting of the CCMHB, a motion was made, seconded, and passed ‘to approve up to \$17,355 as the CCMHB share, contingent on approval of \$12,645 by the CCDDB, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert’s Film Festival.’ During the July 20, 2016 meeting of the CCDDB, a motion was made and seconded ‘to approve up to \$12,645 as the CCDDB share, with CCMHB approved share of up to \$17,355 to sponsor an anti-stigma film;’ the motion was tabled until new board members were seated and a new director hired. Since that time, a lower sponsorship cost has been negotiated, at \$15,000. Concurrent activities and promotional costs can be offset by contributions.

Decision Section: Motion to approve up to \$6,322.50 as the CCDDB share, with CCMHB approved share of up to \$8,677.50, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert’s Film Festival.

- Approved
Denied
Modified
Additional Information Needed



CCDDB 2016-2017 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building, Lyle Shields Room

1776 East Washington Street, Urbana, IL

September 21, 2016 – 8:00 AM

October 12, 2016—8:00 AM Special Meeting

October 19, 2016 – 3:30 PM

October 24, 2016 – 12:30-4:30PM - Joint Study Session with CCMHB,

on the topics of Trauma and Implicit Bias

November 16, 2016 – 8:00 AM

December 14, 2016 – 8:00 AM

January 18, 2017 – Noon

February 22, 2017 – 8:00 AM

March 22, 2017 – 8:00 AM

April 19, 2017 – Noon

May 17, 2017 – 8:00 AM

June 21, 2017 – 8:00 AM

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.

DRAFT

2016-2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Developmental Disabilities Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Mental Board meeting. Included with the meeting dates is a tentative schedule for the CCDDDB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

<u>Timeline</u>	<u>Tasks</u>
9/21/16	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY 2017 Objectives
10/19/16	Regular Board Meeting Release Draft CY18 Allocation Criteria
10/24/16	Trainings on Trauma and Implicit Bias Study Session of the CCDDDB and CCMHB, 12:30-4:30PM
11/16/16	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY 2018 Allocation Criteria
12/14/16	Public Notice published on or before this date, giving at least 21 day notice of the open application period.
12/14/16	Regular Board Meeting
(12/21/16)	(Optional Study Session)
1/4/17	CCMHB/CCDDDB Online System opens for CCDDDB CY 2018 application cycle.
1/18/17	Regular Board Meeting
(1/25/17)	(Optional Study Session)
2/10/17	Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCDDDB close of business).
2/22/17	Regular Board Meeting List of Funding Requests
(3/1/17)	(Optional Study Session)

3/22/17	Regular Board Meeting
(3/29/17)	(Optional Study Session)
4/12/17	Program summaries released to Board and copies posted online with the CCDDDB April 19, 2017 Board meeting agenda.
4/19/17	Regular Board Meeting Program Summaries Review and Discussion
(4/26/17)	(Optional Study Session)
5/10/17	Allocation recommendations released to Board and copies posted online with the CCDDDB May 17, 2017 Board meeting agenda.
5/17/17	Regular Board Meeting Allocation Decisions Authorize Contracts for CY 2018
(5/24/17)	(Optional Study Session)
6/21/17	Regular Board Meeting Approve FY 2018 Draft Budget
(6/28/17)	(Optional Study Session)
6/30/17	Contracts completed.

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDDB office to confirm all meetings and allocation process deadlines.*



ACRONYMS

ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ASD	Autism Spectrum Disorders
CART	Clinical Administrative Review Team
CILA	Community Integrated Living Arrangement
CMS	Center for Medicaid & Medicare Services
DCFS	Department of Children and Family Services
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities
DHS	Department of Human Services
DMH	Division of Mental Health
DPH	Department of Public Health
DRS	Division of Rehabilitation Services
DSCC	Division of Specialized Care for Children
DT	Developmental Training Day Program for adults
EI	Early Intervention (birth to 3)
HBS	Home Based Services
HFS	Department of Health Care and & Family Services (Public Aid)
HUD	Housing & Urban Development
ICAP	Inventory for Client and Agency Planning
ICF – DD	Intermediate Care Facility for Individuals with Developmental Disabilities
IDEA	Individual with Disabilities Education Act
IDPH	Illinois Department of Public Health
IEP	Individual Education Plan
ISBE	Illinois State Board of Education
ISC	Individual Service Coordination
ISP	Individual Support Plan
ISSA	Individual Service and Support Advocacy

OIG	Office of the Inspector General
PACKET	Information on paper going to Network Facilitator advocating your need for help
PAS	Pre-Admission Screening
PDD	Pervasive Developmental Disorder
POS	Purchase of Service funding method – fee for service
PUNS	Prioritization of Urgency of Need for Services (waiting list)
QA	Quality Assurance
QIDP	Qualified Intellectual Disabilities Professional
QSP	Qualified Support Professional
SEP	Supported Employment Program
SNAP	Supplemental Nutritional Assistance Program (food stamps)
SNT	Special Needs Trust
SODC	State Operated Developmental Center
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SST	Support Service Team
UCP	United Cerebral Palsy