



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, September 26, 2018

Brookens Administrative Building, John Dimit Conference Room
1776 E. Washington St., Urbana, IL 61802

8AM

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

1. Call to Order
2. Roll Call
3. Approval of Agenda*
4. Citizen Input/Public Participation
At the chairperson's discretion, public participation may be limited to five minutes per person.
5. President's Comments – Ms. Deb Ruesch
6. Approval of CCDDDB Board Meeting Minutes* **(pages 3-6)**
Minutes from 07/25/18 are included. Board action is requested.
7. Financial Information* **(pages 7-10)**
A copy of the claims report is included in the packet. Action is requested.
8. New Business
 - A. Revised 2019 CCDDDB and 2019 CILA Fund Budgets **(pages – 11-19)***
A Decision Memorandum on the CCDDDB and CILA Fiscal Year 2019 Budgets is included in the packet. Board action is requested.
 - B. Fund Balances, Tax Liabilities, and Unanticipated Revenues **(pages -20-22)**
Included in the packet, for information only, is a memorandum reviewing issues raised in the current budget process along with possible next steps.
 - C. Board Direction
This item supports board discussion of planning and funding. No action is requested.
 - D. Successes and Other Agency Information

Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.

E. Needs Assessment (pages – 23-63)

A Briefing Memorandum on the results of the Needs Assessment has been included for informational purposes.

F. DRAFT CCDDDB Three Year Plan with FY2019 Objectives (pages – 64-71)

Included for information and discussion are a Briefing Memorandum and DRAFT Three Year Plan for FY19-21 with objectives for FY2019.

9. Old Business

A. Utilization Summaries for FY2018 CCDDDB and CCMHB I/DD Programs (pages 72-76)

B. Meeting Schedules (pages 77-80)

Copies of CCDDDB and CCMHB meeting schedules and CCDDDB allocation process timeline are included in the packet for information.

C. Acronyms (pages 81-88)

A list of useful acronyms is included for information.

10. CCMHB Input

11. Executive Director's Report – Lynn Canfield

12. Staff/Consultant Reports

Reports from Kim Bowdry (pages 89-96), Stephanie Howard-Gallo (page 97), Shandra Summerville (pages 98-100), and Barb Bressner (page 101) are included for information.

13. Board Announcements

14. Adjournment

**Board action requested*

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

Minutes – July 25, 2018

DRAFT

*Brookens Administrative Center
John Dimit Room
1776 E. Washington St.
Urbana, IL*

DRAFT

8 a.m.

MEMBERS PRESENT: William Gingold, Cheryl Hanley-Maxwell, David Happ, Gail Kennedy, Deb Ruesch

STAFF PRESENT: Kim Bowdry, Lynn Canfield, Shandra Summerville

OTHERS PRESENT: Patty Walters, Vickie Tolf, Dale Morrissey, Danielle Matthews, Developmental Services Center (DSC); Angela Yost, Regional Planning Commission (RPC); Linda Tortorelli, TAP; Amy Slagell, CU Able; Becca Obuchowski, Community Choices

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

INTRODUCTIONS:

Newly appointed CCDDB members, Drs. Gail Kennedy and William Gingold were introduced at the meeting.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved.

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CITIZEN INPUT:

Linda Tortorelli from The Autism Project (TAP) announced “The Place for Children with Autism” will be opening at Lincoln Square Mall. She provided a brief background on the services.

PRESIDENT’S COMMENTS:

Deb Ruesch provided an update on the new interim director with the Division of Developmental Disabilities, Melissa Wright. She will hold the position until December 2018.

APPROVAL OF CCDDDB MINUTES:

Minutes from the May 23, 2018 and the June 27, 2018 meetings were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the meeting minutes from May 23, 2018 and June 27, 2018. Mr. Happ seconded the motion. The motion passed unanimously.

FINANCIAL INFORMATION:

The claims report was included in the Board packet.

MOTION: Dr. Hanley-Maxwell moved to approve the claims report. Ms. Ruesch seconded. The motion passed unanimously.

NEW BUSINESS:

Election of Officers:

MOTION: Dr. Hanley-Maxwell moved to re-elect Ms. Deb Ruesch as CCDDDB President and Mr. David Happ as continuing Secretary of the CCDDDB. Dr. Gingold seconded the motion. The motion passed unanimously.

CCDDDB FY2019 Draft Budget:

A Decision Memorandum and the draft FY 2019 budget was included in the Board packet. Ms. Canfield spent some time reviewing the documents for CCDDDB members. Mr. Morrissey from DSC reviewed the history of the 377 Board and the administration sharing with the CCMHB.

MOTION: Dr. Hanley-Maxwell moved to approve the draft 2019 CCDDDB Budget with anticipated revenues and expenditures of \$4,059,813. Dr. Kennedy seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

MOTION: Ms. Ruesch moved to approve the draft 2019 CILA Fund Budget, with anticipated revenue of \$118,100 and expenditures of \$94,194. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and the CCMHB. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion was passed.

Board Direction:

Dr. Gingold commented that he would like to hear comments and ideas from service providers. Dr. Hanley-Maxwell remarked the “Board Direction” item should remain on the agenda.

Alternative Housing Resource Guide:

Elizabeth Moscoso Anderson and Becca Obuchoski did a presentation on alternative housing options for people without waiver funding. A copy of the presentation was included in the Board packet. Board members were given an opportunity to ask questions following the presentation.

Agency Letters:

The Illinois Association of Microboards and Cooperatives provided a letter documenting what worked, what did not work well, and the challenges of starting new program options in Champaign County. Individual Advocacy Group provided their CCDDDB Annual Report for FY17-FY18.

Successes and Agency Information:

Becca Obuchowski from Community Choices described recent client successes. Patty Walters from DSC announced the new Employment First/LEAP Coordinator, Jamika Smit. DSC Program Director, Vickie Tolf was one of seven local philanthropists honored by the Community Foundation of East Central Illinois at the Hearts of Gold Gala in May. Success stories are shared on DSC’s facebook page each Monday.

OLD BUSINESS:

Meeting Schedules:

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

Acronym Sheet:

A list of useful acronyms was included for information only.

CCMHB Input:

The CCMHB did not meet in July.

EXECUTIVE DIRECTOR’S REPORT:

Ms. Canfield and Kim Bowdry, Associate Director both attended conferences in July. Materials from the conferences will be distributed to Board members at a later date.

STAFF REPORTS:

Staff reports from Financial Manager, Chris Wilson and Consultants-- Barbara Bressner, and Jim Mayer were included in the packet for review.

BOARD ANNOUNCEMENTS:

The next CCDDDB meeting will be September 26, 2018 in the John Dimit Conference Room at 8 a.m.

ADJOURNMENT:

The meeting adjourned at 9:31 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

DRAFT

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/09/18

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*** FUND NO. 108 DEVELPMNTL DISABILITY FUND

*** DEPT NO. 050 DEVELMNTL DISABILITY BOARD

90	CHAMPAIGN COUNTY TREASURER										
		7/10/18	05 VR 108-	65		578356	7/12/18	108-050-533.07-00	PROFESSIONAL SERVICES	JUL ADMIN FEE	28,210.00
		8/06/18	01 VR 108-	74		579328	8/09/18	108-050-533.07-00	PROFESSIONAL SERVICES	AUG ADMIN FEE	28,210.00
										VENDOR TOTAL	56,420.00 *

161	CHAMPAIGN COUNTY TREASURER										
		8/06/18	01 VR 108-	66		579332	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG DECISION SUPPOR	9,969.00
										VENDOR TOTAL	9,969.00 *

11587	CU ABLE										
		8/06/18	01 VR 108-	68		579370	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMM OUTREACH	1,273.00
										VENDOR TOTAL	1,273.00 *

18203	COMMUNITY CHOICE, INC										
		8/06/18	05 VR 108-	69		579390	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY LIVIN	6,041.00
		8/06/18	05 VR 108-	69		579390	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CUSTOM EMPLOY	7,250.00
		8/06/18	05 VR 108-	69		579390	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF DETERMINAT	9,666.00
										VENDOR TOTAL	22,957.00 *

22300	DEVELOPMENTAL SERVICES CENTER OF										
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG APARTMENT SVCS	35,821.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CLINICAL SVCS	14,500.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY EMPLO	30,114.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY FIRST	66,583.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CONNECTIONS	7,083.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG EMPLOYMENT FIRS	6,667.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG INDIV/FAMILY SU	33,702.00
		8/06/18	01 VR 108-	70		579411	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SERVICE COORD	34,237.00
										VENDOR TOTAL	228,707.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
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*** FUND NO. 108 DEVLPMNTL DISABILITY FUND

22816	DOWN SYNDROME NETWORK	7/24/18	02	VR	108-	58	579044	7/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL DOWN SYNDROME	1,250.00
		8/06/18	01	VR	108-	67	579414	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG DOWN SYNDROME	1,250.00
											VENDOR TOTAL	2,500.00 *

54930	PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT, INC	8/06/18	01	VR	108-	71	579498	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CONSUMER CONTROL	1,750.00
		8/06/18	01	VR	108-	71	579498	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG OP FOR INDEPEND	4,083.00
											VENDOR TOTAL	5,833.00 *

61780	ROSEGRANCE, INC.	8/06/18	01	VR	108-	72	579516	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *

76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	8/06/18	01	VR	108-	73	579545	8/09/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG VOCATIONAL SVCS	2,883.00
											VENDOR TOTAL	2,883.00 *

	DEVLPMNTL DISABILITY BOARD										DEPARTMENT TOTAL	333,471.00 *
	DEVLPMNTL DISABILITY FUND										FUND TOTAL	333,471.00 *

REPORT TOTAL ***** 730,022.51 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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*** FUND NO. 108 DEVLPMNTL DISABILITY FUND

*** DEPT NO. 050 DEVLMTL DISABILITY BOARD

90	CHAMPAIGN COUNTY TREASURER							580796	9/07/18	108-050-533.07-00	PROFESSIONAL SERVICES	SEP ADMIN FEE	28,210.00
												VENDOR TOTAL	28,210.00 *

161	CHAMPAIGN COUNTY TREASURER							580799	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DECISION SUPPOR	9,969.00
												VENDOR TOTAL	9,969.00 *

11587	CU ABLE							580816	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM OUTREACH	1,273.00
												VENDOR TOTAL	1,273.00 *

18203	COMMUNITY CHOICE, INC							580825	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	6,041.00
								580825	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	7,250.00
								580825	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF DETERMINAT	9,666.00
												VENDOR TOTAL	22,957.00 *

22300	DEVELOPMENTAL SERVICES CENTER OF							580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP APARTMENT SVCS	35,821.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CLINICAL SVCS	14,500.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY EMPLO	30,114.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY FIRST	66,583.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONNECTIONS	7,083.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP EMPLOYMENT FIRS	6,667.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV/FAMILY SU	33,702.00
								580838	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SERVICE COORD	34,237.00
												VENDOR TOTAL	228,707.00 *

22816	DOWN SYNDROME NETWORK							580840	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DOWN SYNDROME	1,250.00
												VENDOR TOTAL	1,250.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/07/18

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
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*** FUND NO. 108 DEVLPMNTL DISABILITY FUND

54930	PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT, INC	9/06/18	05	VR 108-	80	580884	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONSUMER CONTRO	1,750.00
		9/06/18	05	VR 108-	80	580884	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP OP FOR INDEPEND	4,083.00
										VENDOR TOTAL	5,833.00 *

61780	ROSEGRANCE, INC.	9/06/18	05	VR 108-	81	580895	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COORD SVC DD/MI	2,929.00
										VENDOR TOTAL	2,929.00 *

76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	9/06/18	05	VR 108-	82	580910	9/07/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP VOCATIONAL SVCS	2,883.00
										VENDOR TOTAL	2,883.00 *
										DEPARTMENT TOTAL	304,011.00 *
										FUND TOTAL	304,011.00 *

REPORT TOTAL ***** 662,551.70 *

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

DECISION MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2019 Champaign County CCDDB and CILA Budget Submissions

Overview: The purpose of this memorandum is to seek approval of second drafts of the Champaign County Developmental Disabilities Board (CCDDB) Budget and CILA Fund Budget, for County Fiscal Year 2019 (January 1, 2019 through December 31, 2019.) Earlier approved versions were revised on advice from County Administration, incorporating increased revenue estimates and refining personnel cost estimates, and submitted for information to the Champaign County Board in August. Final budgets will be presented as part of their appropriations process in November. Further changes in revenue projections, personnel costs, or other planned expenditures, may occur before November, requiring your approval.

The CILA Fund Budget, under joint authority of the CCDDB and Champaign County Mental Health Board (CCMHB), incorporates previous and current year actuals. The projected fund balance may protect against larger liabilities or, at the direction and agreement of the Boards, be used to purchase additional homes or pay the bank loan ahead of schedule.

Attached are a revised 2019 CCDDB Budget and a revised 2019 CILA Fund Budget. The draft 2019 CCMHB Budget is included for information only, along with four pages of background details. Changes made to earlier versions are italicized in the attachments and include:

- Higher projected property tax revenues (both boards)
- Property tax revenue associated with the hospital; court hearing scheduled for January; a subsequent finding will determine whether this revenue will be used or repaid. In addition, a finding favorable to the hospital will result in repayment of earlier revenue deposits, reducing the fund balance (both boards)
- Increased investment interest (both boards and CILA)
- Small adjustments of personnel costs (CCMHB budget)
- Increased estimate of costs for non-employee trainings (to host workshops for local service providers) and decreased estimate of bank charges (CCMHB budget)
- Increased contributions and grants line (both boards)
- Increased rent revenue (CILA)
- Increase in equipment expense (CILA)
- Decrease in mortgage interest expense (CILA)

Decision Section:

Motion to approve the attached 2019 CCDDDB Budget, with anticipated revenues and expenditures of \$4,197,033.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2019 CILA Fund Budget, with anticipated revenue and expenditures of \$123,300. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft 2019 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	\$4,167,033
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$13,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$2,000
	<i>*includes hospital property tax revenue of \$118,919</i>	
	TOTAL REVENUE *	\$4,197,033

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$337,554
533.92	Contributions & Grants*	\$3,809,479
571.11	Payment to CILA Fund	\$50,000
	<i>*includes appropriation equal to hospital property tax revenue of \$118,919</i>	
	TOTAL EXPENSES*	\$4,197,033

Draft 2019 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$1,300
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	\$50,000
362.15	Rents	\$22,000
	TOTAL REVENUE	\$123,300

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift of \$16,881 to one individual, accessed at family request)	\$47,956
533.07	Professional Services (property management services)	\$10,000
581.07	Mortgage Principal Payments	\$49,751
582.07	Interest on Mortgage	\$15,262
534.37	Finance Charges (bank fees per statement)	\$36
533.93	Dues & Licenses	\$295
	TOTAL EXPENSES	\$123,300

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Draft 2019 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current*	\$4,994,438
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$2,500
336.23	CCDDB Revenue	\$337,555
361.10	Investment Interest	\$25,000
363.10	Gifts & Donations	\$20,000
369.90	Other Miscellaneous Revenue	\$20,000
	<i>*includes hospital property tax revenue of \$142,532</i>	
	TOTAL REVENUE*	\$5,404,493

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$101,000
511.03	Regular FTE	\$312,457
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,500
513.01	FICA	\$32,130
513.02	IMRF	\$24,864
513.04	W-Comp	\$2,730
513.05	Unemployment	\$1,736
513.06	Health/Life Insurance	\$60,495
513.20	Employee Development/Recognition	\$300
	Personnel Total	\$542,252
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$500
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$1,000
522.44	Equipment Under \$1000	\$10,000
	Commodities Total	\$17,600
533.01	Audit & Accounting Services	\$10,000
533.07	Professional Services	\$235,000
533.12	Travel	\$5,000
533.18	Non-employee training	\$3,750
533.20	Insurance	\$12,000
533.29	Computer Services	\$7,500
533.33	Telephone	\$2,500
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$30,000
533.92	Contributions & Grants*	\$4,347,815
533.93	Dues & Licenses	\$23,500
533.95	Conferences/Training	\$17,000
533.98	disAbility Resource Expo	\$60,000
534.37	Finance Charges/Bank Fees	\$26
534.70	Brookens Repair	\$200
	<i>*includes appropriation equal to hospital property tax revenue of \$142,532</i>	
	Services Total*	\$4,786,641
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	\$50,000
	Interfund Expenditures TOTAL	\$58,000
	TOTAL EXPENSES*	\$5,404,493

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Background for 2019 CCMHB Budget, with 2018 Projections and Earlier Actuals

2019 BUDGETED REVENUE	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current (includes hospital property tax amount = \$142,532)	\$4,994,438	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$2,500	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$337,555	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$25,000	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations	\$20,000	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$20,000	\$117,195	\$21,340	\$67,599	\$85,719
TOTAL REVENUE (WITH HOSP TAX)	\$5,404,493	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

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2019 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$538,373	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$20,983	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$442,440	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants (includes amount equal to hospital tax, \$142,532)	\$4,347,815	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$58,000	\$57,288	\$60,673	\$0	\$0
TOTAL EXPENSES (WITH HOSP TAX)	\$5,014,180	\$4,539,017	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Services

Approval of 2019 Budgets does not obligate the Boards to all expenditures described; many are estimates based on previous years.

SERVICES	2019	2018
Professional Services*	\$235,000	\$263,467
Public Relations**	\$30,000	>\$50,000
disability Resource Expo**	\$60,000	\$23,333
Contributions & Grants	\$4,347,815	\$3,954,384
Dues/Licenses	\$23,500	\$23,600
Conferences/ Training	\$17,000	\$17,000
Unexpected		
	\$129,500 Savannah Family Institute (PLL), not shared with CCDDDB. \$53,335 UI Evaluation, not shared with CCDDDB. \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$12,000 online application/reporting systems (EMK). \$1200 maintenance of online resource directory and AIR site. \$550 graphic design. \$1000 shredding services. \$3,000 CPA consult. \$5,000 legal. (Note that Expo/Special Projects consultants will not be charged to this line for 2019 but will instead be split between Public Relations and new disABILITY Resource Expo line, according to projects.)	\$130,700 Savannah Family Institute (PLL), not shared with CCDDDB. \$52,976 UI Evaluation, not shared with CCDDDB. Half of the \$40,000 Expo Coordinators (Mayer/Bressner). \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 organizational assessment (Smith/Campbell). \$1,500 website accessibility testing (Falling Leaf). \$11,000 online application/reporting systems (EMK). \$936 maintenance of online resource directory and AIR site (ChrispMedia). \$450 graphic design. \$1000 shredding services. \$3,000 CPA consult (Brusveen). \$4,000 legal (Meyer/Capel, Weiner). \$5,000 online community needs assessment (EMK).
	\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. A portion of Expo/Special Projects Coordinators will be charged to this line for work on non-Expo events and projects, and the amount allowed for may be higher than needed (\$11,000).	\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. \$1,000 sponsorship of CU Autism Network event. All other items charged here support the Expo, including venue, supplies, food, interpreters, advertising, t-shirts for volunteers and staff. Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year).
	Support for the 2019 and 2020 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, etc. Majority of Expo Coordinators' contracts are here (had been in Professional Fees in 2018.) Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year).	Expenses associated with 2019 Expo but paid in 2018 will be charged here instead of in Public Relations line. Coordinator time associated with 2019 will be charged here instead of Professional Fees.
	Estimated payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2019.	Actual payments to agencies from January 1 to June 30, 2018, as authorized in May 2017, plus payments authorized in May 2018, to be made from June through December 2018.
	\$900 national trade association (NACBHDD) dues. \$2000 portion of membership in NACO. \$16,000 state trade association (ACMHA) dues. \$250 Rotary membership dues. \$25 Human Services Council membership dues. \$? for any new membership, e.g., Arc of IL, NCBH, NADD.	\$925 national trade association (NACBHDD) dues (\$900 in 2019). \$2000 portion of membership in NACO. \$16,000 state trade association (ACMHA) dues. \$260 Rotary membership dues. \$25 Human Services Council membership dues. \$? for any new membership, e.g., Arc of IL, NCBH, NADD.
	\$1000 registration for NACO and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACO Annual Meeting. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACO meetings. Costs of travel (plus lodging and food) for 2-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. MHFA trainer certification.	\$510 registration for NACO Conference, \$335 Annual Meeting. (NACBHDD Legislative and Policy Conference registration paid by ACMHA). Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACO meetings. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. \$500 Georgetown U program.
	Budget transfers if: staff offices move to a different location or are modified; legal expenses are greater; local trainings are staged; etc. Budget amendment in the event of hospital tax settlement or employee retirement/resignation. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.	Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; local trainings are staged; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.

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Calculation of the CCDDB Administrative Share ("Professional Fees")

	2019	2018	2019	2018
Adjustments:				
CCMHB Contributions & Grants	\$4,347,815	\$3,954,384	CCDDB Share	CCDDB Share
Savannah Family Institute - PLL	\$129,500	\$130,700	800,843	\$803,120.00
UI Evaluation Capacity Project	53,335	\$52,976	\$337,555	\$338,515
Eberfest anti-stigma film and events	\$15,000	\$15,000	\$28,130	\$28,210
Payment to CILA fund	\$50,000	\$50,000		
CCDDB Share of Donations & Misc Rev	\$8,000	\$8,000		
Adjustments Total:	\$4,603,650	\$4,211,060		
CCMHB Total Expenditures:	\$5,404,493	\$5,014,180		
Total Expenditures less Adjustments:	\$800,843	\$803,120		

Total Expenditures less Adjustments
Adjusted Expenditures x 42.15%
Monthly Total for CCDDB Admin

At the end of each Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2019 CCDDB Budget, with 2018 Projections and Earlier Actuals

	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2019 BUDGETED REVENUE					
Property Taxes, Current (includes hospital property tax amount = \$118,919)	\$4,167,033	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$13,000	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$8,000	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$2,000	\$14,432	\$0	\$0	\$11,825
TOTAL REVENUE (WITH HOSP TAX)	\$4,197,033	\$3,724,703	\$3,616,081	\$3,555,220	\$3,521,224
2019 BUDGETED EXPENDITURES					
Professional Fees (42.15% of some CCMHB expenses, as above)	\$337,554	\$287,697	\$379,405	\$330,637	\$337,536
Contributions & Grants (includes amount equal to hospital tax, \$118,919)	\$3,809,479	\$3,297,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$0
TOTAL EXPENSES (WITH HOSP TAX)	\$4,197,033	\$3,625,608	\$3,635,794	\$3,449,759	\$3,561,708



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

8.B.

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDB) and
Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Fund Balances, Tax Liabilities, Unanticipated Revenues

Purpose

In this packet, revised 2019 budgets are presented for your consideration. Additional revenues and associated revisions are explained in a Decision Memorandum accompanying the budget documents. The purpose of this Briefing Memorandum is to offer context for possible Board actions in response to tax liabilities, miscellaneous revenues, and fund balances.

Background

Fund Balances: The recommended fund balance goal is to cover six months of operating costs, including contracts for services and supports provided by community-based organizations.

At the end of the Boards' fiscal year, December 31, fund balances appear to be higher than this goal because this is not the point in the year used for planning. For our purposes, the projected balances in May are most critical, as this is when the funds reach their lowest amount, just before the first distribution of property tax revenues each year. The majority of Board funding is spent on agency contracts, which use a term coinciding with the state fiscal year of July 1 through June 30. Accurately predicting property tax revenues in order to allocate in this way is a challenge, but overestimating the available revenue can put the agency programs, and the people they serve, at risk.

Analysis of the Board funds at their lowest point, in May 2018, showed that the CCDDB did not have sufficient funds to cover even three months of operating costs and that the CCMHB had more than enough. The Treasurer invests these funds and anticipates increased interest income; although earning more on the funds is better than not, it may be desirable to plan bringing the fund balances closer to goal. The causes of the higher balance are: liabilities; return of excess revenue from agencies; unanticipated changes in revenues and expenditures.

The CILA fund relates to a mortgage and to the maintenance of properties, and its revenues are largely interfund expenditures from the Boards.

Tax and Other Liabilities: Application of the fund balance goal is complicated by substantial liabilities in each Board's fund:

- CCMHB tax liability of \$430,716, hospital property tax revenues previously distributed.
- CCDDB tax liability of \$359,364, hospital property tax revenues previously distributed.
- The Boards share small liabilities associated with staff benefits which would be paid upon resignation, termination, or retirement.

In the event of an unfavorable decision in the hospital property tax case, repayments from each fund would have the result of leaving the CCDDB with very low reserve, though the CCMHB would still

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have a small amount of reserve beyond the fund balance goal. Hospital tax revenues anticipated for 2019 would simply not be spent. Although the case is scheduled to be heard in January 2019, a decision might not be made in time for allocation of agency contracts next year.

Unanticipated Revenues: Reserves build through return of excess revenue from agency contracts along with other unplanned revenues and savings. Fortunate examples of unplanned revenue are a \$64,000 refund from a vendor in 2017 and refunds for 2018 national conference registrations.

The 2019 budgets were adjusted to receive higher estimated additional revenues - repayments from agencies, increased interest income, increased donations related to anti-stigma and Expo - and to spend them as Contributions & Grants, funding service providers through an established annual, competitive allocation process, with public review and decisions made in late Spring. The CILA budget uses additional revenue for improvements and repairs of the homes and appliances.

It is important to note that the return of excess revenue associated with agency contracts results directly from some persistent problems. It is unfortunate that we now plan for these in our budgeting process.

As early as August, agencies return unused funds from the contract year ending on June 30. This continues as independent audits are performed and reviewed, often into the following calendar year. A short-term problem emerges because we lack a process for reallocation. The longer-term issue is that these repayments relate to underperformance on contracts, whether due to low referrals, insufficient staffing, loss of other funding, or other barriers encountered by community-based providers. These issues are not expected to resolve during 2018 or 2019. The Boards and staff track local, state, and federal changes. To invest less in the local systems of support would not align with mission, but we might consider other ways to support these systems.

Supports Other than through Agency Contracts

These additional program supports exist and could be expanded, with the purpose of strengthening agency supports and services. They are not charged to the Contributions & Grants lines of Board Fund budgets and include:

- training workshops for case managers and others providing service directly to eligible people (may also improve coordination across providers);
- service-level data collection and analysis of programs used by adults with I/DD;
- outcome evaluation support through UIUC researchers; and
- technical assistance for cultural and linguistic competence strategies.

Additional supports for persons with MI, SUD or I/DD are being explored or in progress, also not charged to Contributions & Grants:

- March 2019 disABILITY Resource Expo and updated comprehensive resource guide;
- anti-stigma events;
- Mental Health First Aid trainings for interested groups, especially in northern Champaign County and rural areas;
- low cost, web-based or text-based mental health supports available Countywide;
- collaboration with those entities most likely to encounter people in crisis, to improve crisis response; and

- Parkland Foundation scholarship fund, through which people eligible for board-funded services would access to post-secondary educational opportunities.

The CILA budget allows for repairs to the current homes. The Boards might also consider:

- purchasing one or two more homes (with consideration for workforce shortage and appropriate referrals of Champaign County residents);
- selling the current homes to a private investor or non-profit service provider;
- paying off the mortgage ahead of schedule.

Possible Actions

As stated above, the amounts associated with previous hospital tax revenues are quite large, \$430,716 in the CCMHB fund and \$359,364 in the CCDDDB fund, the majority of each board's reserve. If there is a ruling favorable to the County, these amounts will no longer need to be available to pay off the liabilities. The CCDDDB could leave this amount in the fund account to build toward the recommended reserve; the CCMHB is in a good position to spend at least this amount.

In addition to these earlier revenues, the CCMHB's 2019 budget has anticipated hospital property tax revenue of \$142,532, and the CCDDDB \$118,919, pending favorable ruling. There is a mechanism in the budgets to spend these amounts during 2019, though not prior to a ruling.

The Boards might consider new strategies to further their missions:

- a student loan debt repayment program for people committing to work in Champaign County for a period of time, in the areas of service most harmed by the current and growing workforce shortage, from psychiatrists to direct support professionals, as there is no question that the shortage of each has deeply damaged our service systems;
- a scholarship fund, for recipients making a similar commitment to Champaign County, also for the purpose of strengthening the workforce;
- capital/infrastructure projects for eligible community-based service providers, through the existing competitive allocation process;
- housing, paid internships, or scholarships for people with I/DD or MI/SUD;
- other capital projects identified as of value to one or both Boards.



J.E.

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Kim Bowdry, Mark Driscoll, Lynn Canfield
SUBJECT: Needs Assessment

Background: As part of their strategic planning process, the CCDDDB sought the input of four broad audiences through an online survey, to learn about experiences navigating the intellectual and developmental disability service systems in Champaign County. Responses to the online surveys are the centerpiece of the 2018 needs assessment. Additional supporting content is derived from local community assessments, statewide data, and national reports.

Primary Sources referenced in the 2018 Needs Assessment Summary:

- CCDDDB Online Needs Assessment Survey
- Champaign County Regional Planning Commission Independent Service Coordination – “ISC Preference Assessment”
- Division of Developmental Disabilities’ Prioritization of Urgency of Needs for Services (PUNS) Summary, by County and Selection Detail
- United Cerebral Palsy 2016 Case for Inclusion Report

CCDDDB Online Needs Assessment Survey Overview: In the course of any given year, the Board is committed to remaining cognizant of issues in the Intellectual and Developmental Disabilities service system. This effort includes presentations by outside entities and people receiving services during Board meetings, topics addressed during study sessions, distribution of research or other professional articles, materials prepared by staff, and input from members of the public. The on-line survey developed in the fall of 2017 attempted to engage the broader community as an extension of these efforts.

In collaboration with EMK Consulting, staff developed surveys for consumers, caregivers, providers, and stakeholders. Respondents were asked to self-select from the eight surveys the one most appropriate to their circumstance. One set was specific to mental health and substance use services and the other focused on intellectual and developmental disability services. The surveys within each set solicit responses on that person’s experience with the service system, access to services, and gaps in services. All responses were anonymous although some demographic data were requested. For three months, the surveys were available online, with paper copies upon request, and promoted broadly throughout the community.

The surveys featured similar questions but targeted eight different audiences. While a few questions were open-ended, most included numerous choices so that the data can be aggregated and analyzed. Due to the surveys’ length and complexity, respondents could treat all answers as optional.

Survey Category/Types

I/DD:

- **CONSUMER:** A person with an intellectual or developmental disability (29 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with an intellectual or developmental disability (31 questions)
- **PROVIDER:** of services for persons with an intellectual or developmental disability (14 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with an intellectual or developmental disability (7 questions)

MH/SUD:

- **CONSUMER:** A person who has a mental health and/or substance use disorder (25 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with a mental health and/or substance use disorder. (25 questions)
- **PROVIDER:** of services or supports to people who have mental health and/or substance use disorders (18 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with a mental health and/or substance use disorder (10 questions)

Summary Statistics:

Category	Type	# of Questions	# of Surveys				
			Completed				Incomplete
			Total	On-Line	Paper	Ave Time*	
MH/SA	Consumer	25	25	20	5	10	25
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	16	30
DD/ID	Consumer	29	9	7	2	16	21
	Caregiver	31	42	37	5	17	29
	Provider	14	28	27	1	15	10
	Stakeholder	7	8	8	0	12	14

*Minutes

The survey results included in the Needs Assessment are presented in two forms: an “Individual Survey Write-up” and a “Survey Data Analysis Write-up.” The “Individual Survey Write-up” highlights key statistics from each survey type/question and is summary in format. However, each write-up does contain the full text of all comments made by respondents. The “Survey Data Analysis Write-up” highlights aggregated responses across comparable questions in the consumer and caregiver responses. Data are presented for: services received; services needed but not received; barriers; comments; and demographics. The “barriers” section includes a sidebar note on Provider and Stakeholder responses.

For most respondent groups, there were enough responses to conduct an analysis and report on findings. We had hoped that, by making the survey tools anonymous, available

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for three months, promoted broadly, and with all responses optional, we would learn from people outside of our immediate scope, including those who are not aware of funders, those who have limited time, and those who experience stigma. While this appears to be the case for most groups, the responses from people who have I/DD were still very low. To mitigate this low response rate and supplement the results reported from that survey, we have included results from the “ISC Preference Assessment” of people with intellectual and developmental disabilities served by Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC). Excerpts of the “ISC – Preference Assessment” are included in the body of the needs assessment and discussed briefly below.

On June 27, 2018, the CCMHB and CCDDDB were presented with summaries of the individual survey results and an addendum with complete copies of each survey and results. The Survey Data Analysis is a new addition to compiled results. Included in the attached 2018 Needs Assessment are the Survey Data Analysis and the Individual Survey results summaries for each of the eight surveys.

Intellectual/Developmental Disability Survey Data

Aggregated consumer and caregiver responses reflect the breadth of services respondents had received. The CCDDDB supports, to varying degrees, most of the Intellectual/Developmental Disability services listed.

“Services needed but not received” also reflect areas the CCDDDB funds and, in a few instances, these overlap with “services received” responses. As expected, Respite was identified as a needed service. Recreation supports and transportation were the most frequent choices for services needed. Although the Board funds a rather significant amount (\$647,960) for Employment Supports and Services, it was the third most frequent choice for “services needed but not received.”

Barriers identified most often in Consumer & Caregivers surveys:

- Transportation
- Financial issues
- Stigma/embarrassment/fear
- Waiting list

Barriers identified most often in Provider surveys:

- Transportation
- Don't know how to access services
- Unaware of services availability
- Eligibility of services
- Financial Issues

Stakeholders identified three of the same barriers as the Providers:

- Unaware of service availability
- Transportation
- Financial Issues

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Common themes among the comments made by Caregivers were the desire that loved ones lead a happy, healthy, and safe life, and that they be respected, independent, and part of their community.

“ISC Preference Assessment”

Independent Service Coordination Unit at the Champaign County Regional Planning Commission (CCRPC)

The Preference Assessment, completed by the CCRPC Independent Service Coordination Team, has been completed for the last three funding cycles and has consistently revealed that *people with I/DD want to go out to eat and to the movies or to recreation/sporting events*. Each year, people have also revealed that they need *supports with Independent Living Skills*, and for the past two years, people stated that they needed *transportation and vocational supports* as well.

DHS Division of Developmental Disabilities Prioritization of Urgency of Needs for Services

According to DHS-DDD’s Prioritization of Urgency of Needs for Services (PUNS) data, Champaign County has 417 active PUNS cases and a total of 870 PUNS, which includes those who have been closed, are deceased, no longer need services, or were clinically ineligible. According to DHS PUNS data, people requested *Personal Support (includes habilitation, personal care, and intermittent respite services)*, *Behavioral Supports (includes behavioral intervention, therapy, and counseling)*, *Speech Therapy*, *Transportation supports*, and *Support to work in the community*.

www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandTownship060412.pdf

[http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS by county and selection detail110916.pdf](http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS%20by%20county%20and%20selection%20detail110916.pdf)

Developmental Disabilities State Plans

In 2010, Illinois Department of Human Services - Division of Developmental Disabilities presented its strategic plan for State of Illinois Fiscal Years 2011–2017. The plan was developed using information gathered from self-advocates, family members, providers, union representatives, and other stakeholders. A consensus was reached on the Strategic Priorities addressed in the plan. In 2010, the Division shared the following as its Vision:

“All children and adults with developmental disabilities living in Illinois receive high quality services guided by a person-centered plan that maximizes individual choice and flexibility in the most integrated setting possible. All areas of the State have available a full array of services that meet the needs of children and adults with developmental disabilities living in their local communities regardless of intensity or severity of need. There is no waiting list for services.”

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Through a special edition of his newsletter (attached), Ed McManus, who worked for the Division of Developmental Disabilities for 17 years, shared his thoughts (below) on how the Division performed on the five Strategic Priorities they had identified eight years ago. In summary:

Priority 1 - Person-Centered Plans and Services:

- Through the hard work and commitment of the current 17 ISC agencies, 100% of people served do have person-centered plans.
- No new models have been developed for service delivery. However, the current Director of the Division has shared that she is creating a work group to develop a “Supports Waiver” to allow more flexibility.
- Illinois is ranked lowest in the nation for the percentage of people living in homes of 3 people or less. Illinois saw a dramatic increase in 4-person CILAs. Illinois also saw an increase in the number of people living in CILAs over the past six years, although there’s still a shortage.
- More than \$430 million is being spent per year to operate the seven SODCs— money that could be so much better used in the community. Not to mention that the SODC residents deserve to live in the community.

Priority 2 - Restructure Financing and Rates:

- No CILA or ICFDD rate increases all these years with the exception of a 75-cent raise earmarked for DSPs last year and another 50 cents this year. DHS says the rate it pays providers for DSPs in CILAs is only \$11.96 (it was \$10.71 until last year’s 75-cent raise, followed by a 50-cent raise this year).

Priority 3 - Shrink the Waiting List:

- More than 19,000 people remain on the PUNS waiting list.

Priority 4 - Build a Better Work Force:

- DSPs “are in short supply, underpaid and over-worked,” the Division said. “Action must be taken to attract and retain highly qualified workers to the field.” SODC workers make more than \$18 an hour. DHS says the rate it pays providers for DSPs in CILAs is only \$11.96. It was \$10.71 until last year, when the legislature OK’d a 75-cent raise, followed by a 50-cent raise this year. Clearly, we need to persuade the legislature and the governor to appropriate much more.

Priority 5 - Improve Quality

- The success indicator for Priority 5 was that a better data management system would be developed to analyze service processes and outcomes. Not much progress has been made on this goal.

Mr. McManus goes on to say, “The lack of a decent reimbursement rate for providers has left Illinois firmly in 47th place in the nation in support for DD services. There is a severe work staff shortage. And in the national trend to shut down institutions, Illinois is still very much a ‘laggard outlier,’ as Judge Richard Posner of the federal appeals court labeled them in 2015.”

Pair the above with the September 2018 Notice of Funding Opportunity for the Independent Service Coordination (ISC) Program and the almost sure guarantee of no new funds, and the future of intellectual and developmental disability services in Illinois still looks murky at best.

United Cerebral Palsy - The Case for Inclusion

Each year since 2006, the United Cerebral Palsy releases “The Case for Inclusion,” the preeminent annual ranking of how well state Medicaid programs serve Americans with intellectual and developmental disabilities (I/DD) and their families. In the United Cerebral Palsy report, “The Case for Inclusion 2016,” Illinois ranks 47th overall and continues to be on the “Worst Performing States” list. Sub-rankings show Illinois 49th at “Promoting Independence,” 42nd at “Keeping Families Together,” 46th at “Promoting Productivity,” 36th at “Reaching Those in Need,” and 15th at “Tracking Health, Safety, and Quality of Life.”

<http://cfi.ucp.org/wp-content/uploads/2014/03/Case-for-Inclusion-2016-FINAL.pdf>

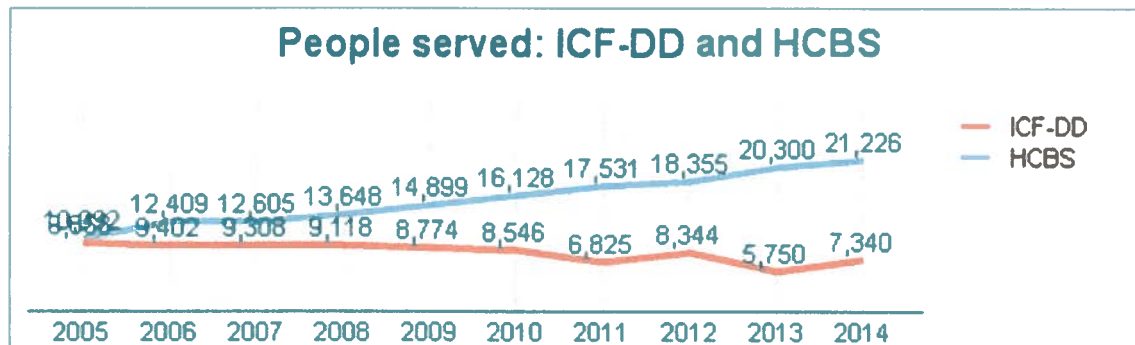
United Cerebral Palsy’s State Scorecards:

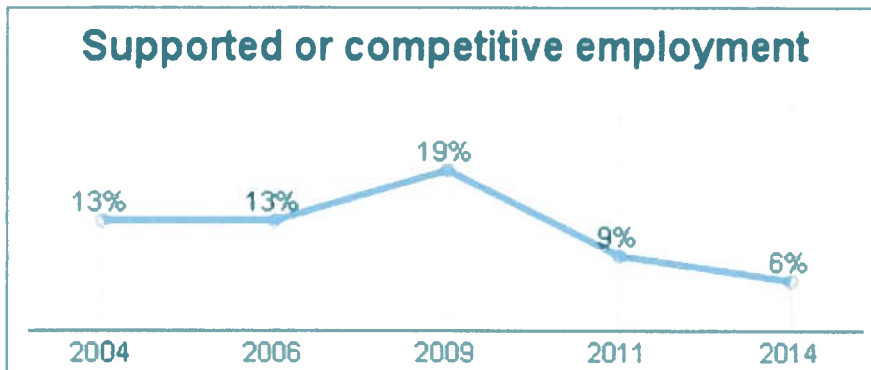
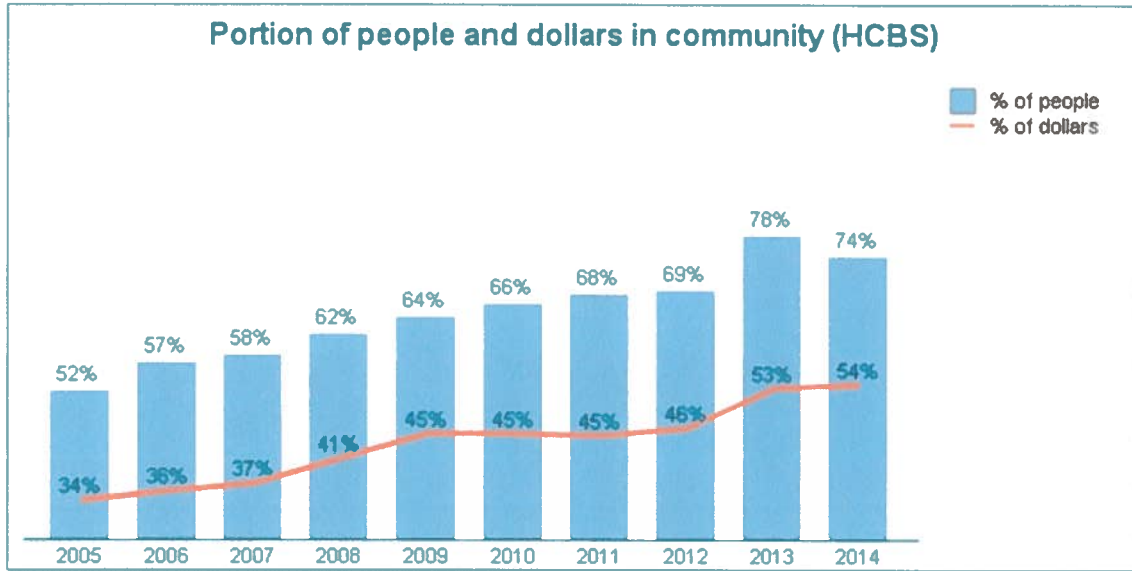
Additional Highlights

Illinois has 7 large state facilities housing 1761 Americans at a cost of \$155855 per person per year.

Illinois participates in the National Core Indicators, the premier quality assurance program, and reported their 2015 NCI survey data.

Illinois has a waiting list that would require the program to grow by 101% on average to accommodate the need.





<http://cfi.ucp.org/state-scorecards/>

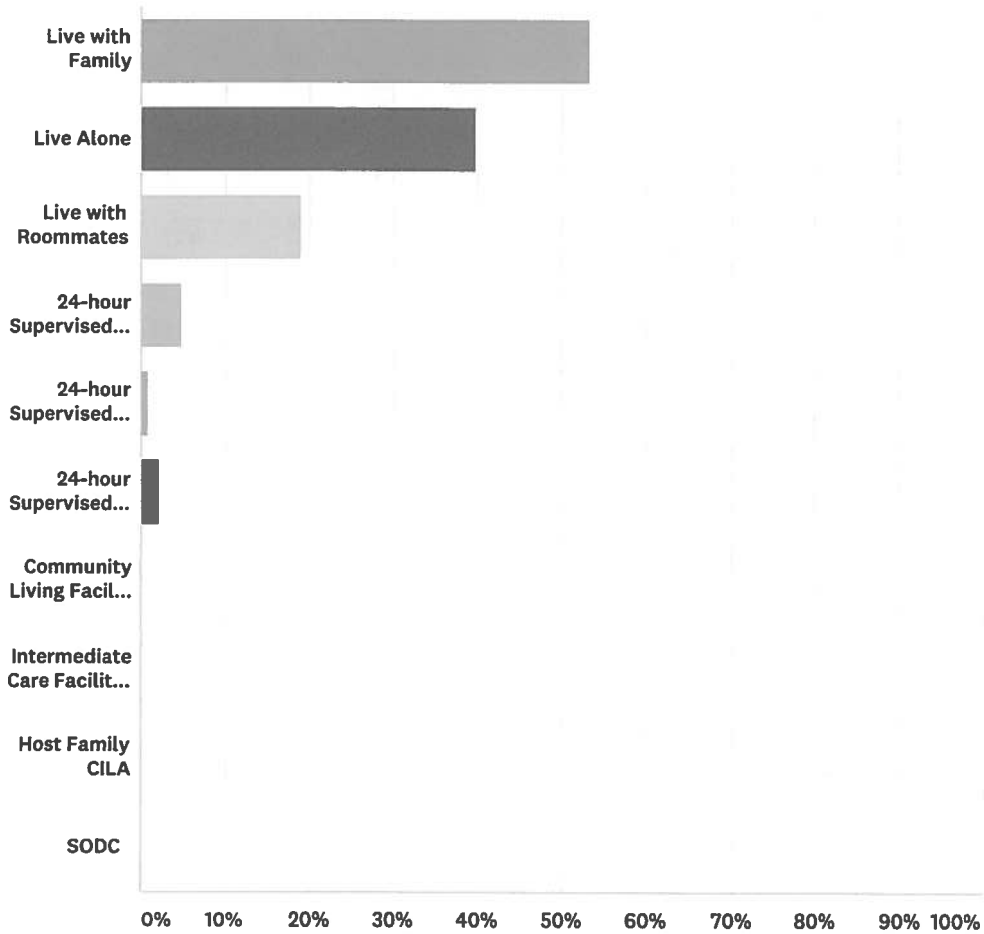
Q1 Personal Background and Social Summary (Provide a one-paragraph overview of the individual including a brief summary of the person's background, skills, and abilities, personal likes and dislikes current and future vision/hopes, relationships with family members and support staff) - Answers documented and on file.

Answered: 244 Skipped: 2

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Q2 What is your preferred living arrangement?

Answered: 246 Skipped: 0



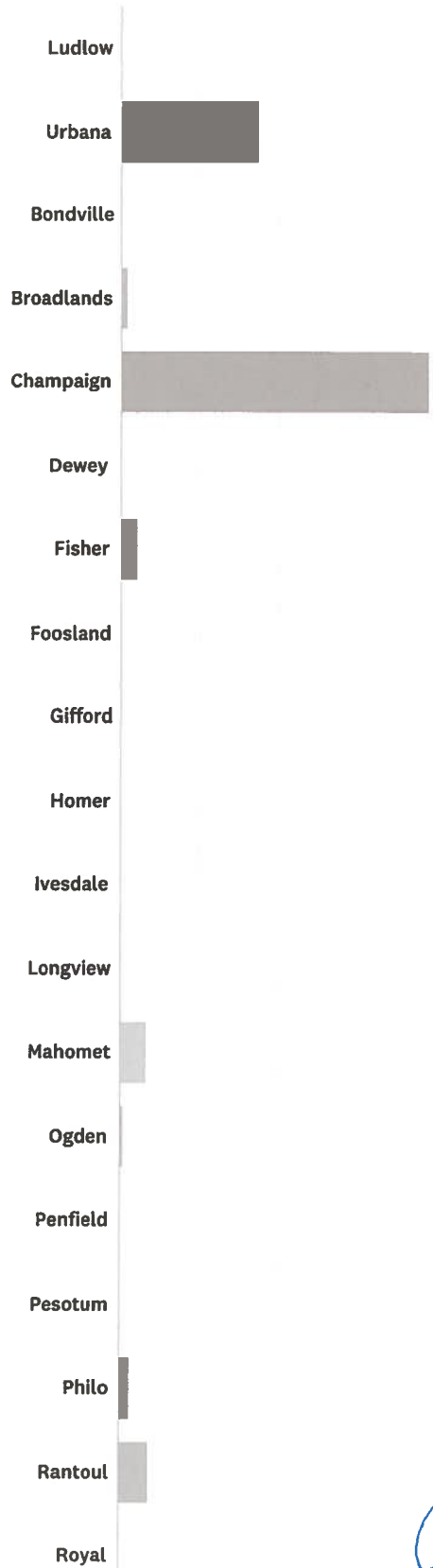
ANSWER CHOICES	RESPONSES	
Live with Family	53.25%	131
Live Alone	39.84%	98
Live with Roommates	19.11%	47
24-hour Supervised Group Home (CILA) - Single Bedroom	4.88%	12
24-hour Supervised Group Home (CILA) - Shared Bedroom	0.81%	2
24-hour Supervised Group Home (CILA)	2.03%	5
Community Living Facility (CLF)	0.00%	0
Intermediate Care Facility (ICF/DD)	0.00%	0
Host Family CILA	0.00%	0
SODC	0.00%	0

Total Respondents: 246

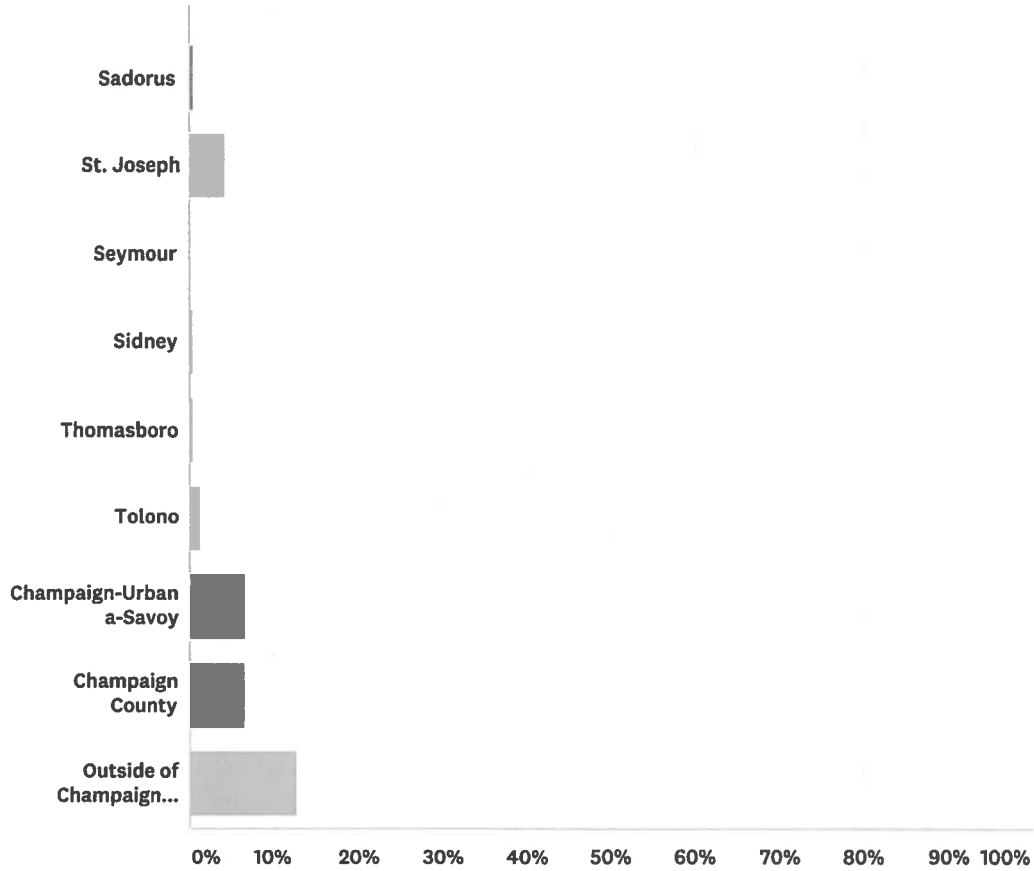
31
2/23

Q3 Where do you want to live? (City, county, or geographic region)

Answered: 243 Skipped: 3



32



ANSWER CHOICES	RESPONSES	
Ludlow	0.00%	0
Urbana	17.28%	42
Bondville	0.00%	0
Broadlands	0.82%	2
Champaign	38.68%	94
Dewey	0.00%	0
Fisher	2.06%	5
Foosland	0.00%	0
Gifford	0.00%	0
Homer	0.00%	0
Ivesdale	0.00%	0
Longview	0.00%	0
Mahomet	3.29%	8
Ogden	0.41%	1
Penfield	0.00%	0
Pesotum	0.00%	0

33
4/23

ISC - Preference Assessment

SurveyMonkey

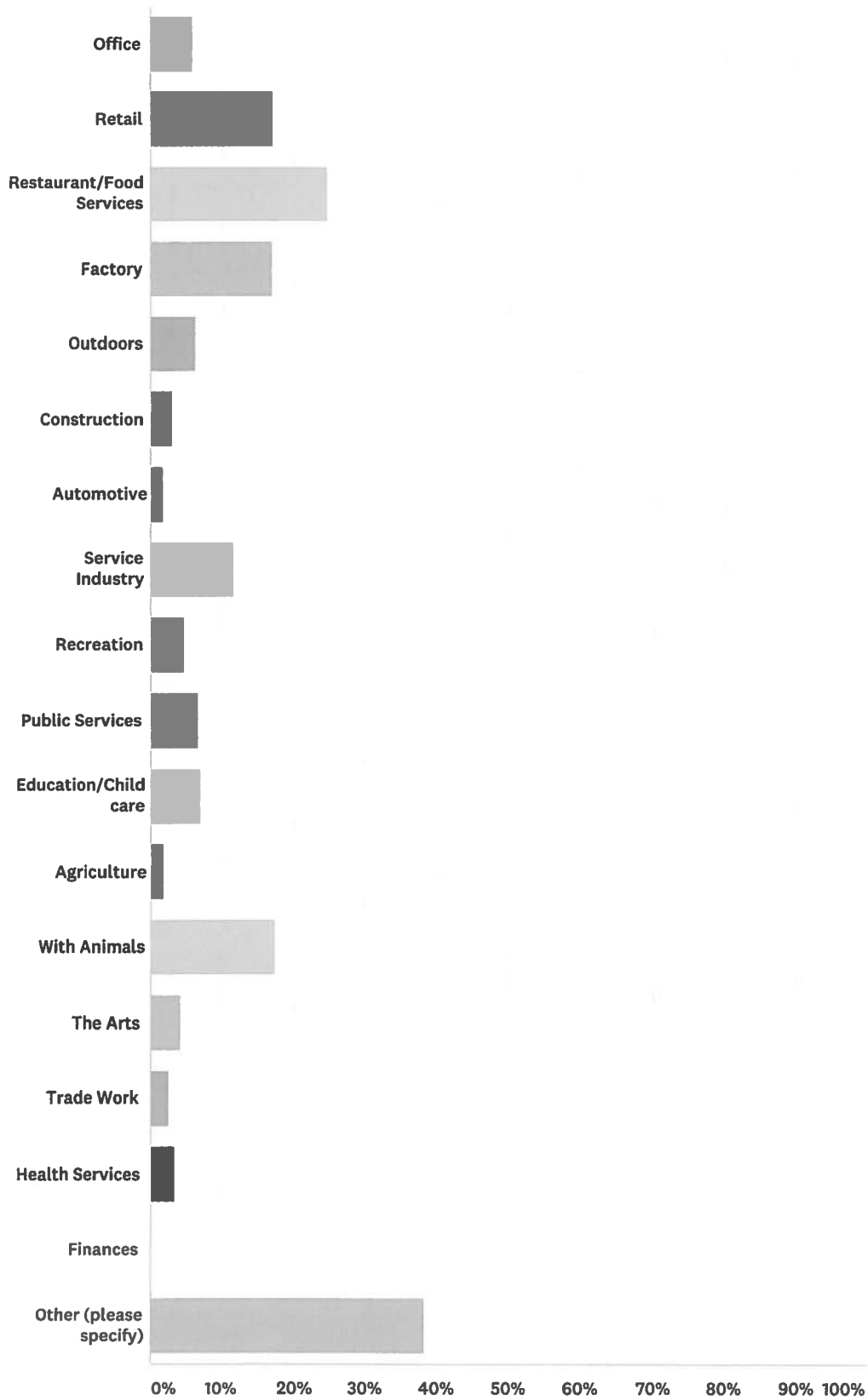
Philo	1.23%	3
Rantoul	3.70%	9
Royal	0.00%	0
Sadorus	0.41%	1
St. Joseph	4.12%	10
Seymour	0.00%	0
Sidney	0.41%	1
Thomasboro	0.41%	1
Tolono	1.23%	3
Champaign-Urbana-Savoy	6.58%	16
Champaign County	6.58%	16
Outside of Champaign County	12.76%	31
TOTAL		243

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Q4 Employment or Volunteer

Answered: 243 Skipped: 3

35



ANSWER CHOICES

RESPONSES

Office

5.76%

14

36
7/23

ISC - Preference Assessment

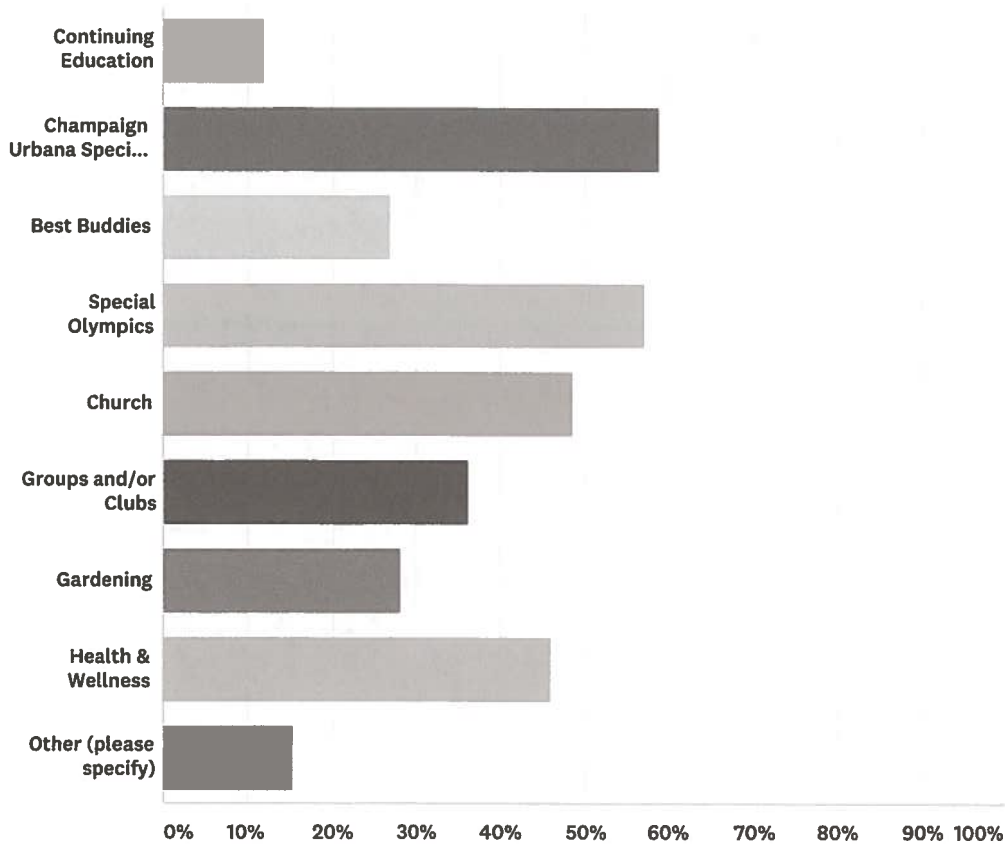
SurveyMonkey

Retail	16.87%	41
Restaurant/Food Services	24.69%	60
Factory	16.87%	41
Outdoors	6.17%	15
Construction	2.88%	7
Automotive	1.65%	4
Service Industry	11.52%	28
Recreation	4.53%	11
Public Services	6.58%	16
Education/Childcare	7.00%	17
Agriculture	1.65%	4
With Animals	17.28%	42
The Arts	4.12%	10
Trade Work	2.47%	6
Health Services	3.29%	8
Finances	0.00%	0
Other (please specify)	38.27%	93
Total Respondents: 243		

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Q5 Community Opportunities

Answered: 243 Skipped: 3

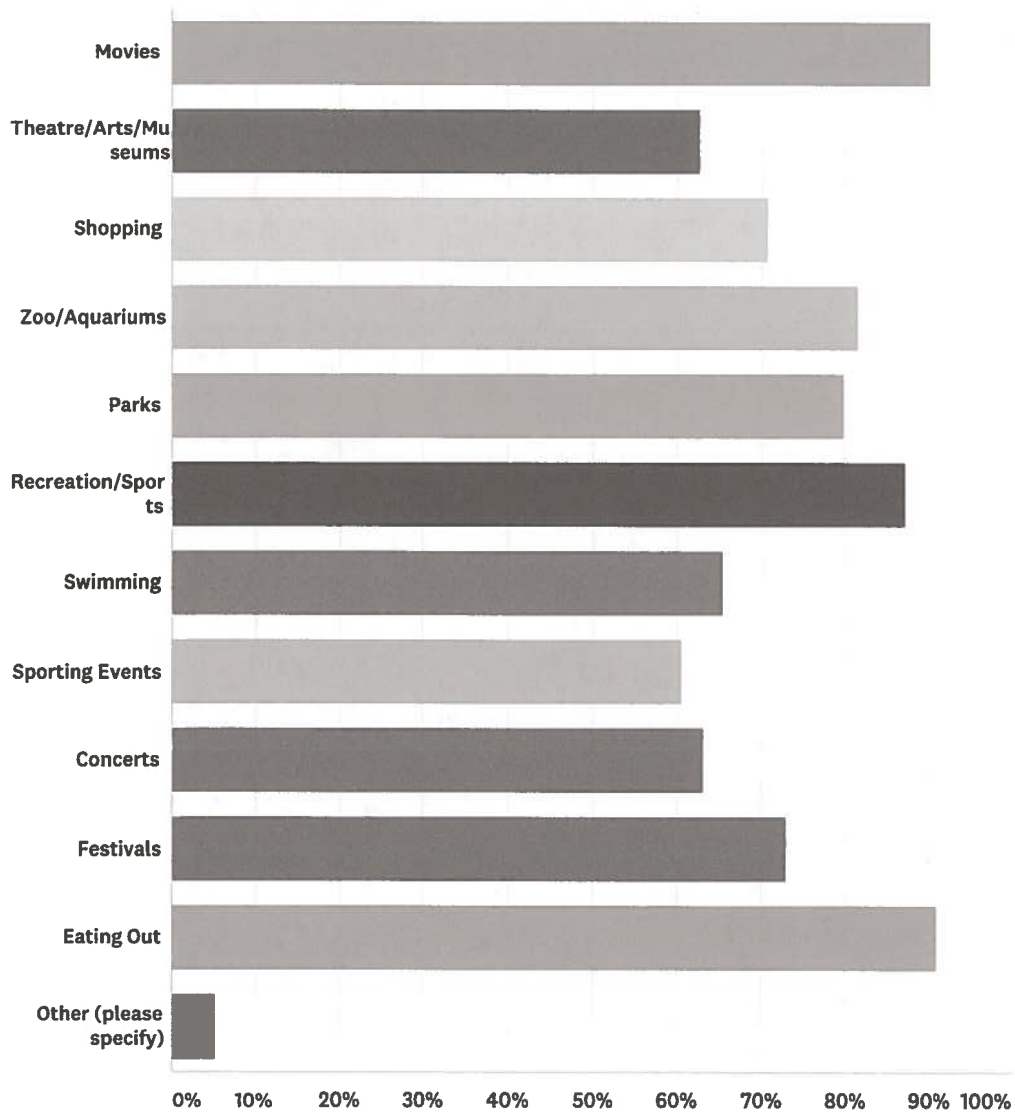


ANSWER CHOICES	RESPONSES
Continuing Education	11.93% 29
Champaign Urbana Special Recreation (CURSR)	58.85% 143
Best Buddies	26.75% 65
Special Olympics	57.20% 139
Church	48.56% 118
Groups and/or Clubs	36.21% 88
Gardening	27.98% 68
Health & Wellness	46.09% 112
Other (please specify)	15.23% 37
Total Respondents: 243	

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Q6 Leisure

Answered: 244 Skipped: 2



ANSWER CHOICES	RESPONSES	
Movies	90.16%	220
Theatre/Arts/Museums	62.70%	153
Shopping	70.90%	173
Zoo/Aquariums	81.56%	199
Parks	79.92%	195
Recreation/Sports	87.30%	213
Swimming	65.57%	160
Sporting Events	60.66%	148

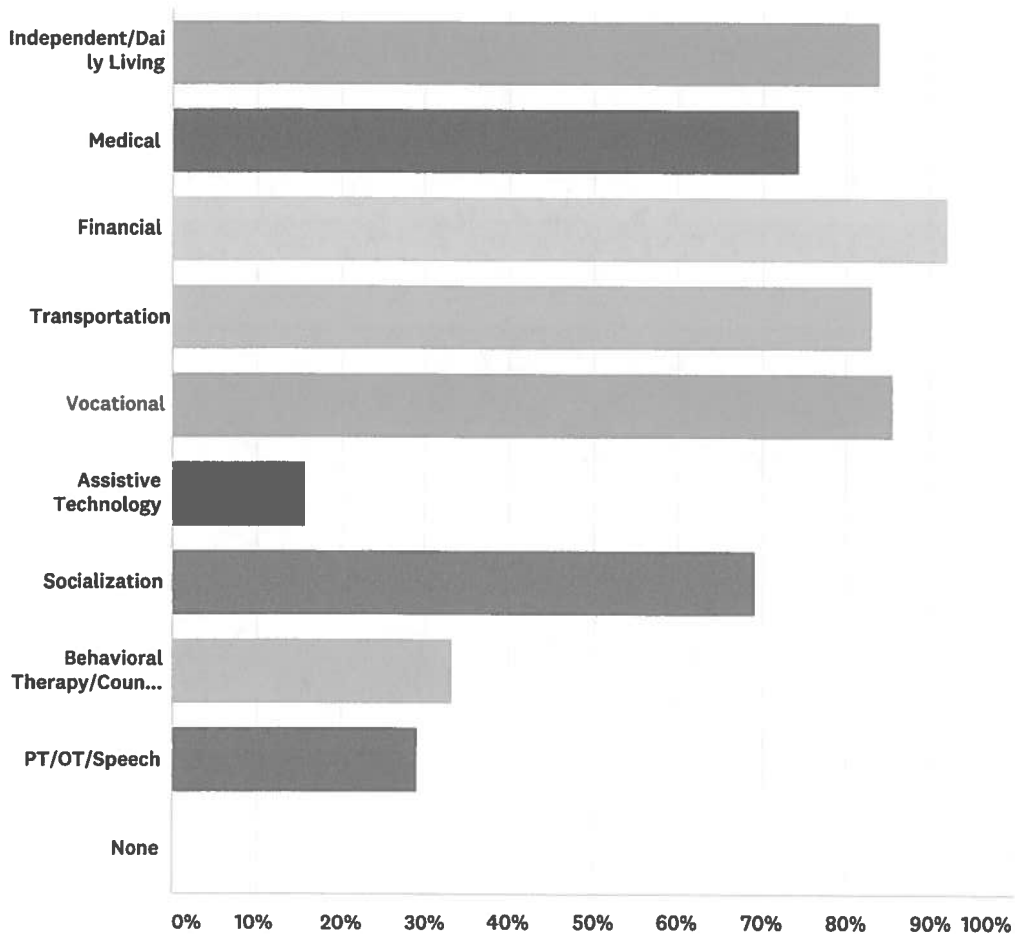
39
10 / 23

Concerts	63.11%	154
Festivals	72.95%	178
Eating Out	90.98%	222
Other (please specify)	5.33%	13
Total Respondents: 244		

40

Q7 What kind of supports do you need?

Answered: 241 Skipped: 5



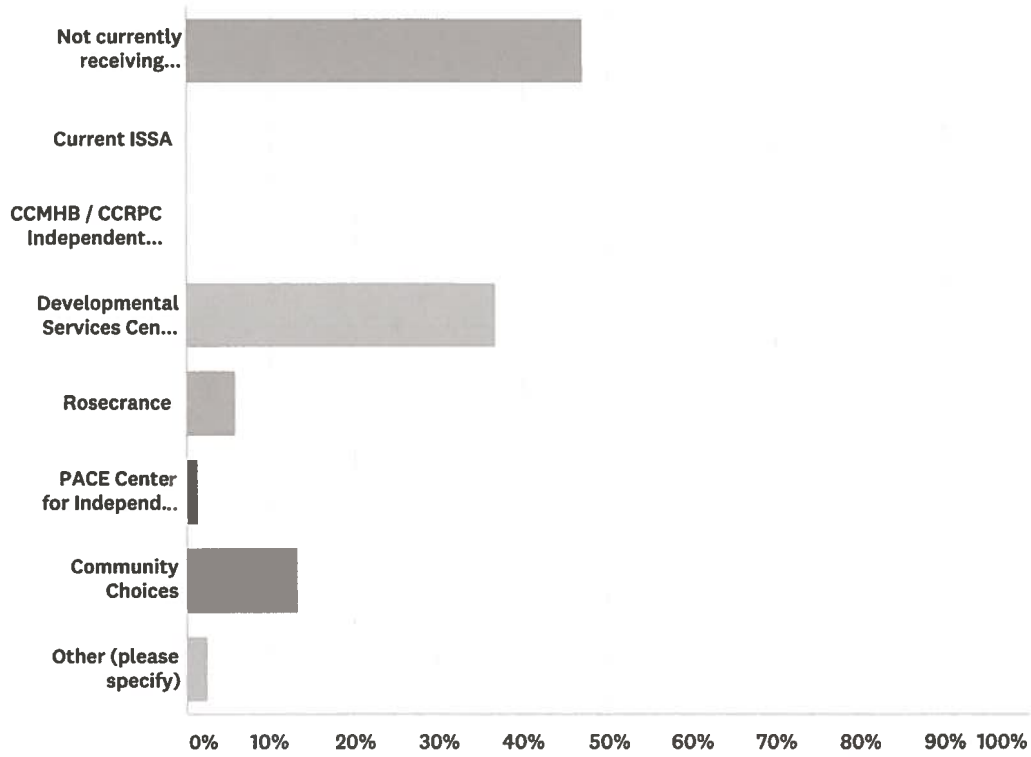
ANSWER CHOICES	RESPONSES	
Independent/Daily Living	83.82%	202
Medical	74.27%	179
Financial	92.12%	222
Transportation	82.99%	200
Vocational	85.48%	206
Assistive Technology	15.77%	38
Socialization	69.29%	167
Behavioral Therapy/Counseling	33.20%	80
PT/OT/Speech	29.05%	70
None	0.00%	0

Total Respondents: 241

41

Q8 Are you currently receiving case management services? If so, where?

Answered: 242 Skipped: 4



ANSWER CHOICES	RESPONSES	
Not currently receiving services	47.11%	114
Current ISSA	0.00%	0
CCMHB / CCRPC Independent Service Coordination	0.00%	0
Developmental Services Center (DSC)	36.78%	89
Rosecrance	5.79%	14
PACE Center for Independent Living	1.24%	3
Community Choices	13.22%	32
Other (please specify)	2.48%	6
Total Respondents: 242		

42

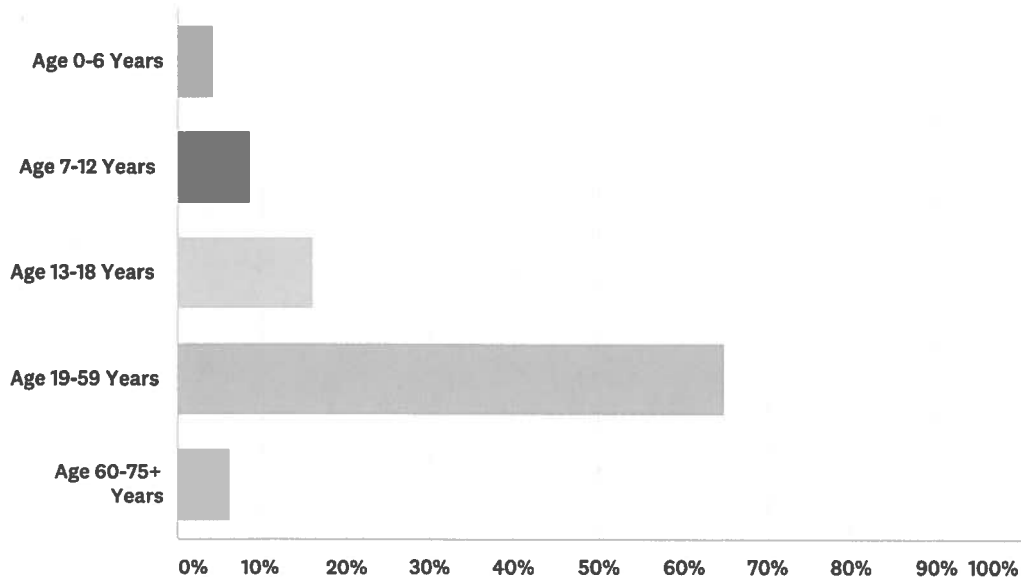
Q9 Client's Full Name

Answered: 242 Skipped: 4

43

Q10 Age Group

Answered: 242 Skipped: 4

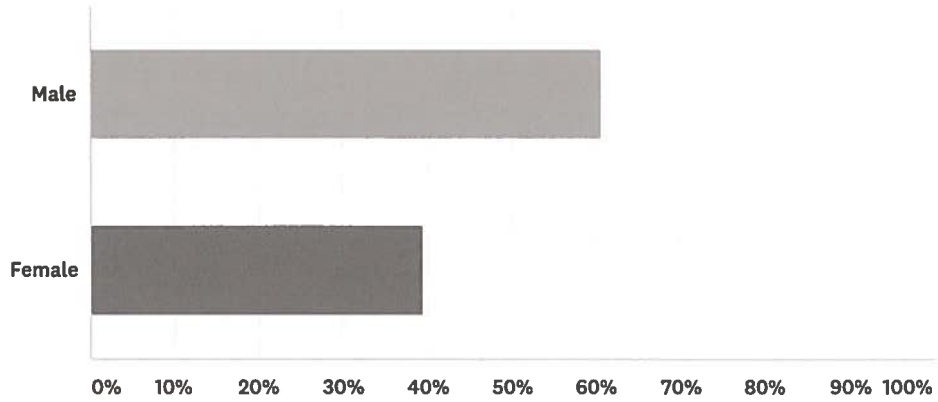


ANSWER CHOICES	RESPONSES	
Age 0-6 Years	4.13%	10
Age 7-12 Years	8.68%	21
Age 13-18 Years	16.12%	39
Age 19-59 Years	64.88%	157
Age 60-75+ Years	6.20%	15
TOTAL		242

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Q11 Gender

Answered: 242 Skipped: 4

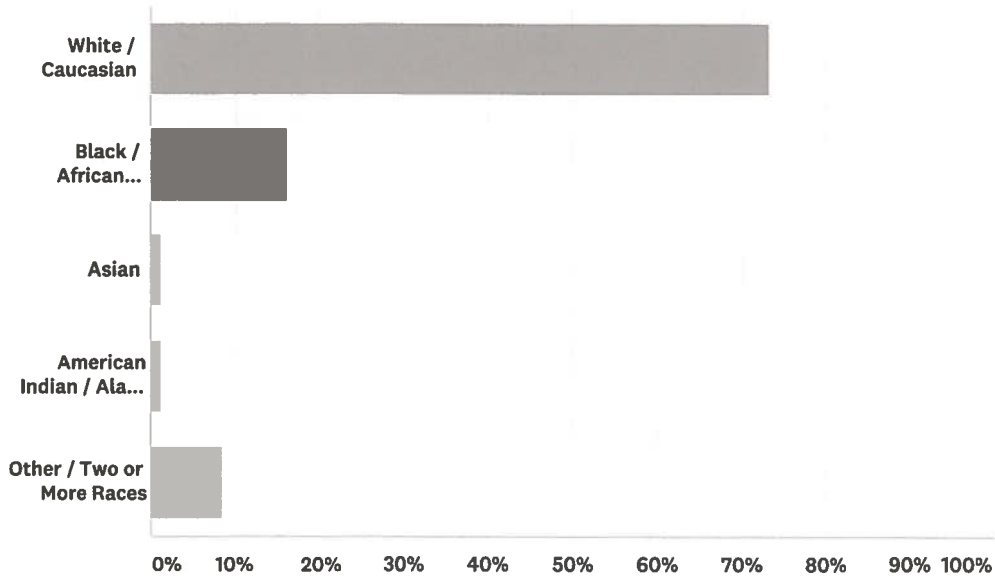


ANSWER CHOICES	RESPONSES	
Male	60.74%	147
Female	39.26%	95
TOTAL		242

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Q12 Race

Answered: 242 Skipped: 4

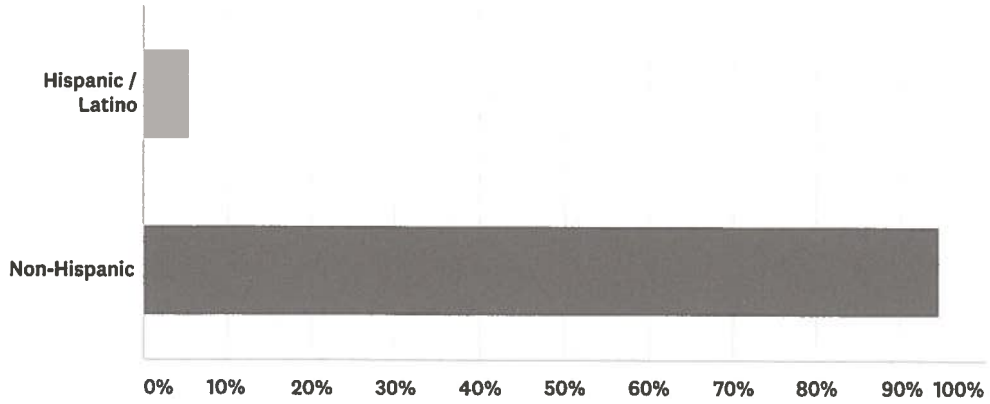


ANSWER CHOICES	RESPONSES	
White / Caucasian	73.14%	177
Black / African American	16.12%	39
Asian	1.24%	3
American Indian / Alaska Native	1.24%	3
Other / Two or More Races	8.26%	20
TOTAL		242

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Q13 Ethnicity

Answered: 242 Skipped: 4

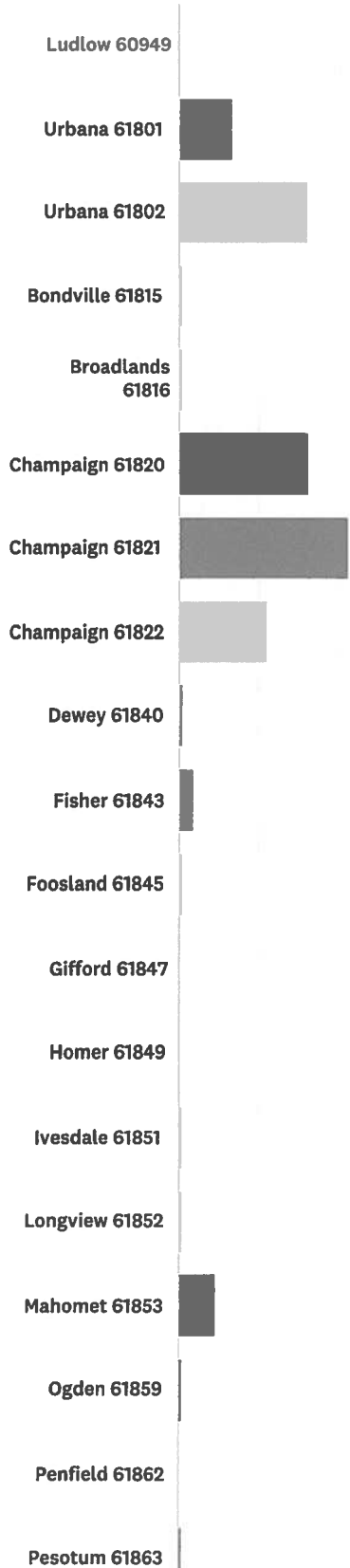


ANSWER CHOICES	RESPONSES
Hispanic / Latino	5.37% 13
Non-Hispanic	94.63% 229
TOTAL	242

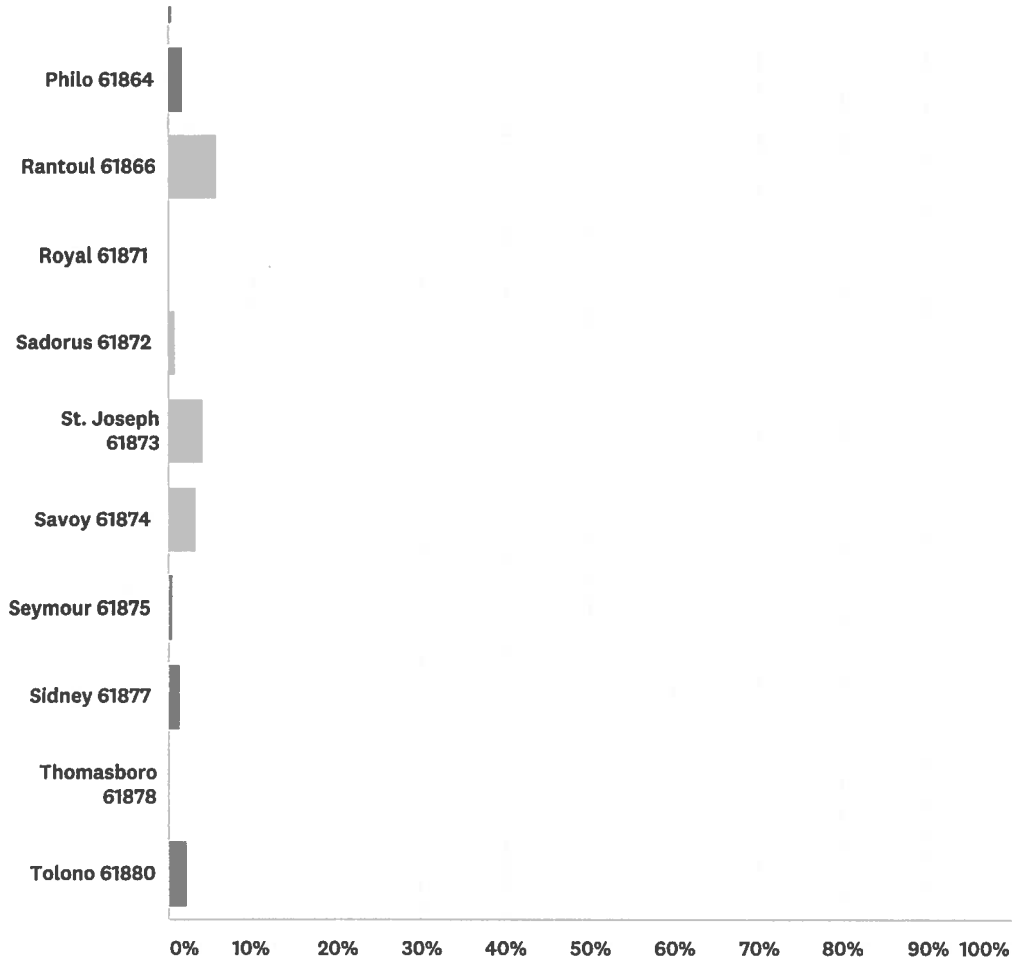
47

Q14 Zip Code

Answered: 242 Skipped: 4



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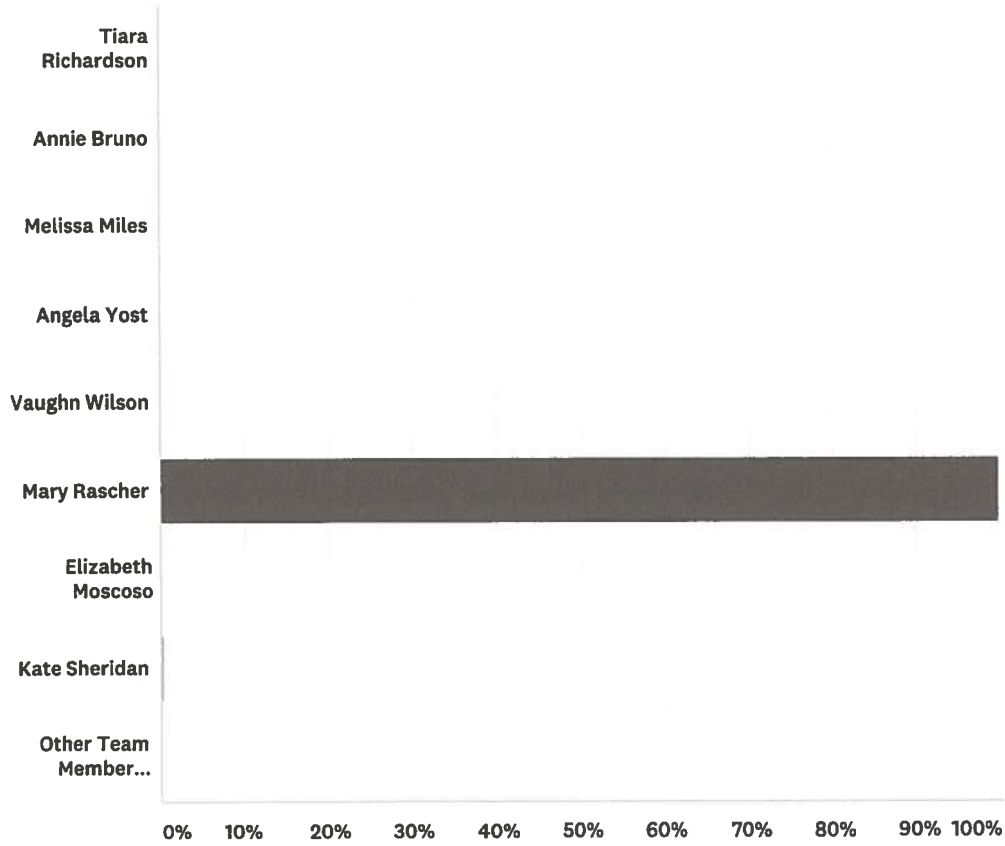
ANSWER CHOICES	RESPONSES	
Ludlow 60949	0.00%	0
Urbana 61801	6.61%	16
Urbana 61802	16.12%	39
Bondville 61815	0.41%	1
Broadlands 61816	0.41%	1
Champaign 61820	16.12%	39
Champaign 61821	21.07%	51
Champaign 61822	11.16%	27
Dewey 61840	0.41%	1
Fisher 61843	1.65%	4
Foosland 61845	0.41%	1
Gifford 61847	0.00%	0
Homer 61849	0.00%	0
Ivesdale 61851	0.41%	1

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Longview 61852	0.41%	1
Mahomet 61853	4.55%	11
Ogden 61859	0.41%	1
Penfield 61862	0.00%	0
Pesotum 61863	0.41%	1
Philo 61864	1.65%	4
Rantoul 61866	5.79%	14
Royal 61871	0.00%	0
Sadorus 61872	0.83%	2
St. Joseph 61873	4.13%	10
Savoy 61874	3.31%	8
Seymour 61875	0.41%	1
Sidney 61877	1.24%	3
Thomasboro 61878	0.00%	0
Tolono 61880	2.07%	5
TOTAL		242

Q15 ISC Coordinator/Surveyor

Answered: 242 Skipped: 4

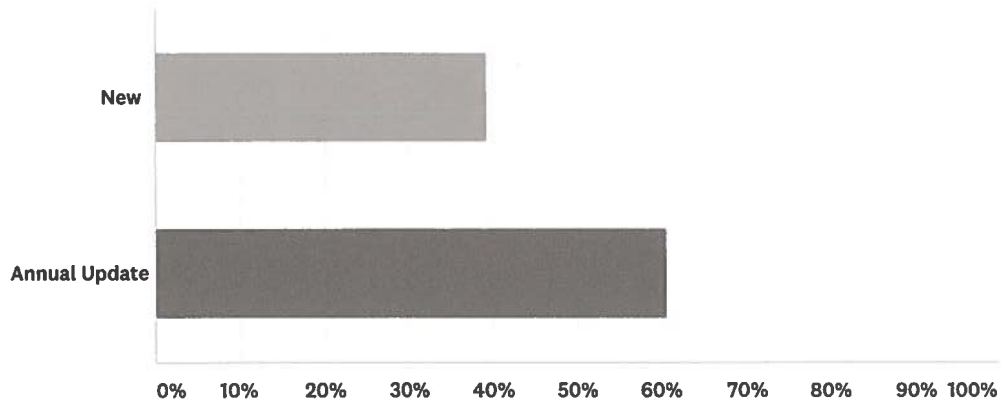


ANSWER CHOICES	RESPONSES	
Tiara Richardson	0.00%	0
Annie Bruno	0.00%	0
Melissa Miles	0.00%	0
Angela Yost	0.00%	0
Vaughn Wilson	0.00%	0
Mary Rascher	99.59%	241
Elizabeth Moscoso	0.00%	0
Kate Sheridan	0.41%	1
Other Team Member Completing Survey:	0.00%	0
TOTAL		242

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Q16 Client's Current Preference Assessment Status

Answered: 242 Skipped: 4



ANSWER CHOICES

RESPONSES

New	39.26%	95
Annual Update	60.74%	147
TOTAL		242

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A LOOK BACK AT DDD's STRATEGIC PLAN . . .

ED's NEWSLETTER

No. 107 – Sept. 4, 2018

Special Edition

PDF version attached

McMANUS CONSULTING

DISABILITY SERVICES

Contact: 847.256.0456, mcmanus06@comcast.net, or Facebook

This is the first of a series of special editions of the newsletter examining the Illinois developmental disabilities service system. We intend to share them with the candidates for governor in the upcoming election. We are hopeful that they will serve as a blueprint for what needs to be done to correct the inadequacies of the system.

8 YEARS LATER: HOW STRATEGIC WAS IT? . . .

In 2010, Director Lilia Teninty enlisted a wide range of stakeholders to participate in the drafting of a Strategic Plan for the Division of Developmental Disabilities. Division staff met with self-advocates, family members, providers, union representatives and others, and they reached a consensus on priorities to be addressed over the next seven years. Teninty stepped down as director the following year, and Directors Kevin Casey and Greg Fenton were responsible for carrying out the plan for the remaining six years, concluding in 2017.

The purpose of this special edition of the newsletter is to take a look at how they did.

The Division described the plan as “bold” and said it “aims to substantively re-orient Division priorities and resources to support a truly person-centered system of services for which there is a popular mandate.” But they cautioned that the plan “cannot be implemented with current funding and service structures and declining funding for services.” The allocation of resources, they said, “must accurately reflect service demand and be a priority at all levels of government.”

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The vision of the Division, as stated in the plan, is that there will no longer be a waiting list for services and that all children and adults with I/DD will “receive high quality services guided by a person-centered plan.” You can find the Strategic Plan at <http://www.dhs.state.il.us/page.aspx?item=45085>.

PRIORITIES . . .

The following Strategic Priorities were adopted:

- 1--Create person-centered services aligned and strengthened across the developmental disabilities system, such that they are provided in the most integrated setting appropriate to the needs of the individual throughout the lifespan, regardless of intensity or severity of need.
- 2--Restructure financing and rates to encourage high quality person-centered services.
- 3--Expand system capacity to accommodate increasing demand.
- 4--Actively build a strong, compassionate, and professionally trained work force.
- 5--Continue our commitment to measure system performance and engage in continuous quality improvement.

The plan lays out “critical success indicators” for each priority.

PRIORITY 1: CREATE PERSON-CENTERED SERVICES . . .

“Individuals with developmental disabilities and their families are more often than not frustrated by the current system of care and its philosophical underpinnings which seem to favor a rigid, bureaucratic approach to service delivery that puts the interests of rules and regulations ahead of the individual’s,” the Division said in 2010.

The success indicators for Priority 1 were that:

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--100% of people served will have services that are driven by a person-centered plan.

--Illinois will implement at least one new, outcome-based model for service delivery that improves the coordination and integration of habilitation, social and clinical care.

--The number of individuals living in the most integrated settings will achieve parity with national utilization rates. Illinois will need to:

--increase the number of individuals living in settings of 6 or less by 5.5% annually to achieve parity by 2017.

--reduce the number of individuals living in ICFDDs by 2.7% per year.

--reduce the number of individuals living in state institutions by 8.9% per year.

--increase the number of individuals receiving integrated employment services by 20.5% per year.

(The Plan called for adoption of policies that would encourage downsizing of both SODCs and ICFDDs and would support transition of ICFDD residents “to the most integrated settings”. However, the Division went out of its way to clarify that it wasn’t referring to Misericordia, stating that it was “important to note that Misericordia, a high quality, large private campus with historical importance and broad-based community support, will maintain significance in our system.”)

-0-

PERSON-CENTERED PLANS AND SERVICES: The good news is that 100% of people served do finally have a person-centered plan. The really bad news is that we are a long way from actually having services driven by the plan.

The state’s 17 ISC agencies deserve credit for putting together personal plans in the past year for all those they serve, at the direction of the Division. It is far from

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a perfect system; many provider agencies were critical of the way it was done, and there are still plenty of flaws. But at least it was done.

The big problem is that carrying out the plans takes money, and the legislature and governor have failed to provide it. If individuals in 8-bed CILAs want their own room, it's unlikely they will get it any time soon, regardless of what their plan says. If they want to go out into the community more, it is unlikely that their provider has the funds to do much about that.

SERVICE DELIVERY: No new models for service delivery have been developed. Other states have been much more creative. However, Director Melissa Wright said recently she is creating a work group to develop a "Supports Waiver" which would be more flexible than the current CILA/Home-Based waiver, giving individuals more opportunity to choose the supports they need.

CILA SIZE: The Strategic Plan proposed that CILAs with 6 or fewer persons become much more common, but it didn't happen. The system still relies predominantly on 8-person CILAs. In 2009, according to DDD's annual CILA Rates Update, 40.9% of CILAs were 8-person homes; nine years later, it has hardly changed—39.0% are 8-person homes. An additional 8.1% of CILA residents live in 7-person homes. In other words, approximately 47% of the CILAs are either 7- or 8-person homes. The other 53% are homes of 1-6 persons. (In 2009, 6-and-under made up 48% of the homes.)

Nationally, in 2016 (the most recent year reported), there were four times as many persons in homes of 6 and under as there were in larger homes, according to a report by the University of Minnesota's Institute on Community Integration. The most troubling statistic from that report: Illinois ranked lowest in the nation in the percentage of people living in homes of 3 or less. Only 7% of Illinois residents were in that setting. Montana and Mississippi were next in the ranking, both at 17%. Nationally, 56% of people not living with a family member lived in 3-or-less homes.

Some other comparisons:

--The number of 4-person CILAs in Illinois increased dramatically. In 2009, only 752 CILAs (9.7%) were 4-person; as of this year, 1,890 (18.4%) are 4-

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person. Some of that was due to an increase in the rate for 4-person homes a few years ago.

--The average annual rate paid to providers for persons in shift-staff CILAs in 2009 was \$49,597. This year, it is \$58,145. Part of the increase was the result of DSP wage legislation over the past two years, and part was due to a boost in the fringe-benefits reimbursement rate from 20% to 25%.

--In 2009 there were 7,733 individuals living in CILAs. As of this year, the number has increased by an impressive 33%--to 10,297. Much of the increase was the result of funding granted to individuals in crisis, as well as selections from PUNS, mandated by the Ligas Consent Decree.

ICFDDs: The Plan called for less reliance on Intermediate Care Facilities, and the goal has been achieved. The number of persons in ICFDDs dropped 26%--from 6,268 in 2010 to 4,611 in 2017. This was due to several factors: ICFDD providers "downsizing" (creating CILAs for some or all of their residents); ICFDD providers going out of business; and individuals choosing to move to CILAs as a result of Ligas.

Although the numbers dropped, Illinois still had more ICFDD residents than most states. Only two states had more than Illinois as of 2016, according to the U. of Minnesota report.

SODCs: The Plan called for a dramatic decrease in the number of people served in State-Operated Developmental Centers, but the decrease wasn't very dramatic. The SODC census dropped 21%--from 2,111 in 2010 to 1,659 in 2017--but Illinois remains third among the 50 states in the number of persons in institutions. Fifteen states have no institutions at all.

Former Gov. Pat Quinn's Rebalancing Initiative resulted in the closure of Jacksonville Developmental Center in 2012, opening the door for 181 persons to move to CILAs or ICFDDs. But his attempt to shut down Murray Center in Centralia was thwarted by a lawsuit filed by parents of residents. After 17 months of litigation, the U.S. District Court upheld the State's right to close the facility, but Quinn was defeated for re-election a few months later, and Gov. Rauner has made no move to close Murray or any of the other six remaining SODCs.

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More than \$430 million is being spent per year to operate the seven SODCs— money that could be so much better used in the community. Not to mention that the SODC residents deserve to live in the community.

INTEGRATED EMPLOYMENT: The Plan envisioned a huge increase in the number of individuals in Supported Employment, but virtually nothing has happened. Less than 4% of our participants in the Home & Community-Based Services Waiver (CILA and the Home-Based program) are receiving individual job coaching services. Our reimbursement rate for individual supported employment is only \$13.56 an hour—49th in the nation. Compare that to the Illinois Waiver program for persons with traumatic brain injury; their rate is \$39.37 per hour.

PRIORITY 2: RESTRUCTURE FINANCING AND RATES . . .

The Plan said services should be “realigned across the system such that there is adequate reimbursement, and there is a strong correlation between level of need and level of funding.”

“Residential care for people with developmental disabilities is disproportionately delivered through a system of State-Operated Development Centers and large congregate care facilities rather than in small, integrated community settings . . . ,” the Division said. “Our current funding models are based on beds and ‘slots’ and not truly person-centered.”

The success indicator for Priority 2 was that DD funding would be realigned to reflect the Plan. As we all know, there have been no CILA or ICFDD rate increases all these years with the exception of a 75-cent raise earmarked for DSPs last year and another 50 cents this year. While we appreciated those increases, they did not come near what is needed to adequately support provider agencies and stem the staff shortage. Illinois is still 47th in the country in funding DD services.

PRIORITY 3: SHRINK THE WAITING LIST . . .

“Illinois has not kept up with demand for developmental disabilities . . . ,” the Division said in 2010. “Our ability to meet demand and eliminate the waiting list

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is dependent on increased flexibility and realignment of current funding structures, and adequate funding for outcome-driven services and supports.”

The success indicator for Priority 3 was that Illinois would serve an average of 14% more individuals per year to achieve parity with the national average by 2017. We didn’t come close to that goal, but the State has taken a very significant step by selecting thousands of people from PUNS, as mandated by the Ligas Consent Decree. Since the decree went into effect in 2011, 3,563 new persons selected from PUNS have begun receiving Waiver services, according to billing data detailed in the June 30 Ligas Data Report.

More than 19,000 people remain on the PUNS waiting list.

PRIORITY 4: BUILD A BETTER WORK FORCE . . .

DSPs “are in short supply, underpaid and over-worked,” the Division said. “. . . Action must be taken to attract and retain highly qualified workers to the field.”

The success indicator for Priority 4 was that the disparity between SODC workers and community DSPs “will be reduced”.

The disparity is still very much there. SODC workers make more than \$18 an hour. DHS says the rate it pays providers for DSPs in CILAs is only \$11.96. It was \$10.71 until last year, when the legislature OK’d a 75-cent raise, followed by a 50-cent raise this year. Clearly, we need to persuade the legislature and the governor to appropriate much more.

PRIORITY 5: IMPROVE QUALITY . . .

“. . . Information management systems are disparate and aging,” the Division said in 2010. “It is becoming difficult to track quality assurance data in a manner that produces useful information to guide policy and quality of care decisions.”

The success indicator for Priority 5 was that a better data management system would be developed to analyze service processes and outcomes. Not much progress has been made on this goal.

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MY THOUGHTS . . .

I have no doubt that Lilia Teninty was sincere in initiating the drafting of the Strategic Plan, which had some very ambitious goals. But she was in her third year running the Illinois system, and I'm sure she was well aware by then how difficult it would be. She left Illinois the following year and now is director of the Oregon Office of DD Services.

And yes, it has been difficult. The lack of a decent reimbursement rate for providers has left Illinois firmly in 47th place in the nation in support for DD services. There is a severe work staff shortage. And in the national trend to shut down institutions, Illinois is still very much a "laggard outlier," as Judge Richard Posner of the federal appeals court labeled them in 2015.

SOME SUCCESSES . . .

But you may have noticed some bright lights in the narrative above. The biggest development, of course, was the adoption of the Ligas Consent Decree in 2011. The State agreed to enroll at least 3,000 new individuals in services and to allow ICFDD residents to move into the community if they wished to. As of June 30, 3,563 persons have been selected from PUNS. Of course, it would have been better if the state government had decided on its own to expand services instead of being forced to do so by a lawsuit.

Of the 3,563 new enrollees, 851 persons (24%) signed up for CILA and 2,707 persons (76%) enrolled in the Home-Based program. Those statistics reveal one major disappointment: The Ligas implementation plan called for 50% of selections to be persons seeking CILA and 50% seeking Home-Based, but a large number of those who wanted CILA opted for Home-Based instead because the CILA program did not meet their expectations: Most of the homes are too big; it is hard to find one anywhere near your home; and the day services offered to CILA residents are very restrictive.

Some other positive developments:

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--The closure of Jacksonville Developmental Center.

--The development of person-centered plans for all those served.

--The creation of 4-person CILAs. In 2009, they were uncommon. As of this year, they make up 18% of all CILAs; only 8-person homes are more prevalent (39% of the total). The Division adjusted the rate for 4-person homes a few years ago, making them more attractive to providers.

--A reduction in the number of people in ICFDDs. Roughly 75% of those who moved to CILAs did so because their ICFDD, at the encouragement of DDD, decided to downsize. The other 25%--about 350 individuals--chose to move, as permitted by Ligas.

It is ironic that so few chose to move. That was the prime focus of the original lawsuit against the State—that people like Stanley Ligas should have the right to move out of ICFDDs and into smaller settings. (And Stanley did; he is now in a CILA operated by Individual Advocacy Group in Oswego.) There appear to be two main reasons why more people have not taken advantage of the offer to leave the ICFDD. One is the problems with the CILA program, mentioned above. The other is that ICFDD residents don't appear to have been adequately informed of the option available to them. Lawyers for Equip for Equality have indicated they intend to press for more outreach to residents.

FAILURES . . .

Unfortunately, the successes of the Strategic Plan are far outweighed by the failures:

--No increase in funding to implement individuals' service plans and to adequately support provider agencies.

--No new models for service delivery.

--The most common CILA size by far is still 8-person.

--No SODC closures since 2012.

Lol

--No new funding for Supported Employment.

--A severe shortage of DSPs because wages are so low.

One other matter of urgency is reform of the PUNS system so that individuals are selected for services truly based on need.

YOUR COMMENTS . . .

What do YOU think? Let me know your reaction to this report. If I run your letter, I'll keep your name out of it unless you give your OK.

And please consider forwarding this newsletter to the candidates for governor; to your state senator and representative; to the candidates for the legislature in your area; and to DDD Director Wright and DHS Secretary Dimas. And share it with your relatives and friends. Providers are encouraged to share it with staff members and families.

The only way we can get improvements in the system is by speaking out to the policymakers--loud and clear!

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McManus Consulting was founded in 2011 by Ed McManus, who worked for the Division of Developmental Disabilities for 17 years--as an attorney in the Office of Inspector General, state coordinator of the Home-Based Program, and facilitator of the North Suburban Network, and before that as a reporter/editor for the Chicago Tribune in Chicago and Springfield. We have provided services to a total of 60 agencies, including staff training on how the system works and phone consultation on a retainer basis when issues arise. We also can arrange for consultations with families or provide pro bono assistance to them over the phone.

Ed's Newsletter is published approximately once a month. Its publication is made possible by the support of the following affiliates who are on retainer: Active Visions - A New Age Human Services - A+ Autism Solutions - Assn. for Individual Development - At Home Mission - Avenues to Independence - Center for Independent Futures - Clearbrook - Community Alternatives Unlimited - Douglas Center - Encompass - Gateway Services - Glenkirk - Helping Hand Center - Individual Advocacy Group - KCCDD/Knox County - Lambs Farm - Leeda Services - Little City - Mulford Homes/Diane Home Care - NorthPointe Resources - Orchard Village - Pioneer Center for Human Services - Progressive Careers & Housing - Ray Graham Assn. - Rimland - Riverside

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Foundation – St. Coletta of WI - Sertoma Centre - Shore Community Services - Trinity Services - UCP Seguin - The Workshop/Galena.

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J.F.

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

BRIEFING MEMORANDUM

DATE: September 26, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield and Kim Bowdry
SUBJECT: DRAFT Three Year Plan

Background: While not required by statute, the CCDDB has used a strategic planning process similar to that of the Champaign County Mental Health Board (CCMHB), with which it shares authority for a system of supports and services for Champaign County residents who have intellectual/developmental disabilities. The strategic planning process begins with a community needs assessment, described in a separate memorandum in this Board packet.

The community needs assessment included surveys inviting individuals to inform us about their experiences with the local system. An environmental scan, primarily of the state of the State's I/DD system, is a partial explanation for the limitations people identified. While community-based providers and other supportive organizations continue to respond to threats posed by a rapidly changing state and federal funding and policy context, people seeking services have difficulty finding and making use of local resources which may be of value to them.

Typical barriers are: lack of transportation; financial issues; eligibility; stigma, embarrassment, or fear; waiting lists; and not knowing how to access services or what is available. We learned that caregivers want their loved ones to be respected, independent, and included in their communities, and to lead happy, healthy, safe lives. They look for personal support/respite, speech therapy, transportation, and other support services. People with I/DD are interested in those aspects of community life which happen to be abundant in Champaign County, such as movies, restaurants, recreation, and sporting events. Many want support for independent living, work, and transportation.

The Board's role in the planning, funding, and evaluation of a system remains as complex as ever, but we can increase efforts to connect people, coordinate across providers, and make the best possible information available to the public.

Action to Consider: Provided that the CCDDB chooses to continue with this approach to strategic planning, a DRAFT Three Year Plan is presented for the period of 2019 to 2021, with revised goals and proposed objectives for 2019. Suggestions for improvement are welcomed. Service providers and stakeholders will have an opportunity to provide input as well, and a revised draft will be presented for approval at a later meeting of the Board.

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

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/21)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2019
(1/1/19 – 12/31/19)**

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**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 was~~ 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 persons with intellectual or developmental disabilities 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~~ ~~people~~ 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~~ ~~aligned with~~ 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
A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES**

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: Explore the use of evidence-based, evidence informed, promising, recommended, and innovative practices which align with new and anticipated federal and state requirements and are appropriate to the presenting need each person's needs and preferences, in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan. Recommended practices are supported by an evidence base, cultural context, and sound clinical judgement.

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through support services including which may include enrollment in benefit plans, linkage and advocacy, and coordinated access to primary care. Partner with key stakeholders toward improved outcomes for people. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective #4: Identify outcomes of value to those who use services and supports. Partner with key stakeholders toward improved outcomes for people.

Objective #4 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 #5 6: In response to changes in Medicaid and Medicaid-waiver services, 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 recruitment and retention, 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 improving outcomes for members of underrepresented and diverse underserved populations. Access to and engagement in services.

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

Objective #2: Provide technical assistance in support of for continuous improvement of funded agency providers' cultural and linguistic competence plans, to meet the needs of the population all people served.

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide for training, seek technical assistance, and pursue

~~other~~ professional development activities for *direct support* 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.

Objective #5: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

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

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

Objective #2: ~~Sponsor or co-sponsor educational and networking opportunities for service providers. 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 and intergovernmental councils as appropriate, to develop new initiatives, strengthen services, and maximize opportunities for people who have I/DD.

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/deflection system.

Objective #5: Use public, family, self-advocate, provider, and stakeholder input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDDB.

Objective #6: 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 ~~the local~~ Independent Service Coordination team 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 people 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. Support conflict free case management for all treatment plan clients. Develop

guidelines for structuring and assessing the quality of person-centered planning processes and outcomes;

Objective #2: Develop guidelines for connecting all services and supports to the person-centered plan, and 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.

Objective #4: Track the utilization of funded services, driven by self-directed service plans, through an integrated online data collection and tracking system. This may clarify how people select and use available programs.

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 the financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) and other community-based housing opportunities for people with I/DD from Champaign County. Review the Community Integrated Living Arrangement (CILA) fund and recommend any changes.

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, on promoting inclusion and respect for people with I/DD.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

Objective #1: Support the use of evidence-based/informed models by 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 avoid duplication of effort.

Objective #2: Participate in collaborative bodies such as CU Cradle2Career, whose mission includes a focus on serving young children and their families.

Objective #3 2: Emphasize cultural competence in services and supports for young children and early identification of disabilities among in minority/underserved and underrepresented children 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, high quality services for persons with I/DD and encourage training of interested persons providers on the use of evidence-based, evidence-informed, and promising practices, and associated outcome measurement.~~

Objective #2 1: ~~Establish a formal process for the development of recommendations for~~ To improve the ~~optimal~~ transition from school to adult services, foster collaborations among schools, adult service providers, young people with I/DD, and other stakeholders.

Objective #3 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, Promote 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 Alliance for Inclusion and Respect's ~~art shows and other community education events, including and~~ disABILITY Resource Expo: Reaching Out for Answers. Continue to engage with student groups on related research projects and discussions.

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 and persons with the most prevalent ~~developmental disabilities or intellectual/developmental~~ 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: ~~Continue to a~~ Advocate for workforce development and stability ~~and retention.~~

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 (ACMFLAI), the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), and other~~ appropriate associations and organizations, support efforts to strengthen ~~local~~ the 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 ~~from state DD facilities.~~ Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop and preserve ~~4-person (or fewer) the least restrictive~~ residential options for people who are transitioning from large facilities and those selected from PUNS. For ~~individuals~~ people not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, flexible options, ~~including unbundled services.~~

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: Monitor ~~the implementation of health care reform and Medicaid expansion~~ changes in the Medicaid waivers and Medicaid/Managed Care 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~~ people with I/DD, their families, and those most closely involved in their lives.

9.A.

Utilization Summaries for FY2018 CCDDDB and CCMHB ID/DD Programs

Priority: Comprehensive Services for Young Children

Champaign County Regional Planning Commission Head Start/Early Head Start

Social Emotional Disabilities Services \$55,645 (CCMHB)

Services: Program seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child’s ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person. **Utilization targets:** 60 TPC, 55 NTPC, 1 CSE, 600 SC, 8 Other (newsletter articles, staff training). **Utilization actual:** 56 TPC, 39 NTPC, 21 CSE, 2142 SC, 7 Other (newsletter articles, staff training).

Developmental Services Center Family Development Center \$562,280

Services: Serves children birth to five years, with or at risk of developmental disabilities and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. **Utilization targets:** 655 TPC, 200 SC, 300 CSE. **Utilization actual:** 669 TPC, 203 SC, 574 CSE.

Priority: Parent and Self-Advocacy Support

CU Able CU Able Community Outreach \$13,802

Services: Networking, education and social opportunities for families of people with disabilities, regardless of disability type. Monthly meetings for caregivers of people with disabilities, professionals and students from the University of Illinois and Parkland. Online community is an extremely important part of community allowing for quick feedback and provide support at all hours of the day. Annual Moms Retreat provides opportunity for respite for female caregivers to come together for networking, relaxation and educational opportunities. **Utilization targets:** 42 TPC, 15 NTPC, 150 SC, 4 CSE. **Utilization actual:** 53 TPC, 53 NTPC, 169 SC, 17 CSE.

Champaign County Down Syndrome Network CC Down Syndrome Network \$15,000

Services: Support to families and people with Down Syndrome. New parent packets, books, DVD’s, home and hospital visits, are ways they offer support. The DSN offers support at Individualized Education Program (IEP) meetings. Monthly meetings, annual conferences, workshops, social events, presentations, and the annual Buddy Walk are held. The DSN sponsors a newsletter and a website. **Utilization targets:** 145 TPC, 50 NTPC, 20 CSE. **Utilization actual:** 193 TPC, 251 NTPC, 27 CSE.

Community Choices Self Determination Support \$96,000 (CCMHB)

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Services: Leadership & Self-Advocacy: a two-tiered Leadership Class, co-developed by self-advocates, focusing on fostering leadership skills and putting leadership into action. Family Support & Education: a public monthly meeting, to learn best practices and options, community family, and a family specific support group. Building Community: options for adults with disabilities to become engaged with others. **Utilization targets:** 135 NTPC, 1762 SC, 4 CSE. **Utilization actual:** 166 NTPC, 1968 SC, 5 CSE.

Priority: Planning and Case Management

Champaign County Regional Planning Commission Community Services, Decision Support Person for CCDDDB \$86,460

Services: Targets people with developmental disabilities (DD) transitioning from an ISBE setting, in need of adult services. ISC staff continue to assess persons transitioning from other counties that are eligible for and may or may not be receiving DHS waiver funding, that have not yet been assessed for service preferences will be targeted. Transition Consultants assist people/families in conflict free transition planning. Conflict free transition planning allows for better matching of individualized services. **Utilization targets:** 48 TPC, 100 NTPC, 100 SC, 40 CSE. **Utilization actual:** 58 TPC, 298 NTPC, 476 SC, 73 CSE.

Developmental Services Center Service Coordination \$410,838

Services: Serves children and adults with I/DD who request support to enhance or maintain their highest level of independence in the community, at work, and in their home. Focusing on the hopes, dreams, and aspirations, serve as the basis of planning and outcomes for that person. With each person as the center of their team, Case Coordinators work closely with all members of each person's team assuring the most person-centered and effective coordination. **Utilization targets:** 296 TPC, 20 NTPC, 160 SC, 2 CSE. **Utilization actual:** 279 TPC, 47 NTPC, 152 SC, 1 CSE.

Illinois Association of Microboards and Cooperatives Building Inclusive Communities \$52,750

Services: Services include a person-centered plan using PATH (Planning Alternative Tomorrows with Hope) with a group that includes family and one or more non-family members with strong community connections. Once the person's hopes, dreams, needs and interests have been identified, the team develops concrete steps leading to positive outcomes. Teams meet regularly to maintain the plan, celebrate accomplishments, discuss barriers and ways to address them, assign next steps and set the next meeting date. **Utilization targets:** 23 TPC, 200 SC, 3 CSE. **Utilization actual:** 15 TPC, 251 SC, 6 CSE.

PACE, Inc. Opportunities for Independence \$40,546

Services: Serves people with I/DD in an Independent Living Philosophy based program to grow and/or maintain independence. Provides core services: Information and Referral, Individual and Systemic Advocacy, Independent Living Skills Training, Peer Support and Transition services. Services extend beyond Person-Centered Planning and represent Consumer Control. Consumer Control contains person-centered planning and goes beyond that to persons with disabilities directing program development, center administration and providing services. **Utilization targets:** 20 TPC, 30 NTPC, 500 SC, 25 CSE. **Utilization actual:** 33 TPC, 14 NTPC, 855.5 SC, 26 CSE.

Rosecrance Champaign/Urbana Coordination of Services – DD/MI \$34,126

Services: Emphasis is placed on serving people who are presently in residential settings for persons with I/DD, are living in other settings (families, friends, or self) but are struggling in caring for self in these environments or are at-risk of hospitalization or homelessness due to inadequate supports for their co-occurring conditions. Focus is to ensure that services are coordinated effectively, that consistent

messages and language are used by service providers; and that service needs receive appropriate priority in both systems of care. **Utilization targets:** 36 TPC, 15 SC, 12 CSE. **Utilization actual:** 24 TPC, 18 SC, 15 CSE.

Priority: Employment, Social

CTF Illinois Advocacy Center \$60,000

Services: The mission of CTF ILLINOIS Advocacy Center of Champaign is to empower each individual we support to live the life they want to live. As advocates, we develop the tools and experiences we need to take greater control over our lives. We help speak up for people in the community who feel they have no voice, lobby local and state government to bring about change and work in the community. We also contribute to our community by organizing community events, joining social clubs and volunteering at local businesses and organizations. **Utilization targets:** 15 TPC, 0 SC, 12 CSE. **Utilization actual:** 3 TPC, 18 SC, 4 CSE.

Community Choices Customized Employment \$74,103

Services: focus on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. **Utilization targets:** 36 TPC, 1001 SC, 4 CSE. **Utilization actual:** 36 TPC, 989 SC, 4 CSE.

Developmental Services Center Community Employment \$361,370

Services: Assists people to obtain and keep jobs. Including a person-centered job discovery; business exploration, online research and speaking/listening to others' regarding job experiences; resume/portfolio development; interview prep and meetings with potential employers; identifying niches in local businesses that emphasize the job seeker's strengths; advocating for accommodations; self-advocacy support; provision of benefits information; discussion/experiential opportunities for soft skills; develop and maintain long-term business relationships. **Utilization targets:** 55 TPC, 2 CSE, 2 SC. **Utilization actual:** 70 TPC, 0 CSE, 1 SC.

Developmental Services Center Connections \$85,000

Services: Focused on building connection, companionship and contribution in the broader community and pursues creative employment possibilities. People have expressed a desire to expand on interest in art nurturing their creative self, fostering community engagement and pursuing a desire for employment opportunities. Individual and small group activities will occur during the day. Services are driven by each person. **Utilization targets:** 15 TPC, 15 NTPC, 4 CSE, 2 SC **Utilization actual:** 19 TPC, 11 NTPC, 2 CSE, 4 SC.

Developmental Services Center Employment First (with Community Choices) \$80,000

Services: Emphasis and priorities include: individual and family education events; ongoing staff development to facilitate DSC's shift in culture to more community and employment focused outcomes; continued business/employer outreach to provide education and certification for disability awareness for employers; establishing and maintaining relationships with all newly certified businesses; engaging in communication and advocacy with various state agencies/representatives around Employment First implementation. **Utilization targets:** 50 NTPC, 2 CSE. **Utilization actual:** 67 NTPC, 17 CSE.

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Developmental Services Center Integrated/Site-Based Services – Community 1st \$799,090

Services: Serves those receiving community and site-based services, transitioning from a center-based model to community connection and involvement. Efforts to support people in strengthening connections with friends, family and community through volunteering, civic duty, citizenship and self-advocacy opportunities; enhancing quality of life through recreational activities, social events, educational and other areas of interest; access to new acquaintances; and job exploration in interest area and detection of support for employment goals. **Utilization targets:** 53 TPC, 25 NTPC, 4 SC, 4 CSE. **Utilization actual:** 49 TPC, 114 NTPC, 4 SC, 4 CSE.

United Cerebral Palsy - Land of Lincoln Vocational Services \$34,590

Services: Vocational support services to people with I/DD, ages 18-55, in Champaign County. Services include extended job coaching and case management to employed people and vocational training and job development to people seeking employment or improvement of skills. Job coaching/support services allow people to continue working in their community, receive promotions, and have the opportunity to increase hours. People looking for employment receive vocational training to help prepare them for the workforce and to increase employability skills. **Utilization targets:** 20 TPC, 60 SC, 25 CSE. **Utilization actual:** 17 TPC, 33 SC, 23 CSE.

Priority: Flexible Family Support

Developmental Services Center Clinical Services \$174,000

Services: Provides clinical supports and services to children and adults with ID/DD. Consultants under contract include one Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, one Licensed Professional Counselor and one Psychiatrist. Consultants meet with people at their private practice, at the person's home or DSC locations. People schedule their appointments or receive support from family and/or DSC staff members for scheduling and transportation. **Utilization targets:** 63 TPC, 3 NTPC, 15 SC, 2 CSE. **Utilization actual:** 67 TPC, 6 NTPC, 11 SC, 1 CSE.

Developmental Services Center Individual & Family Support \$392,649 (CCMHB)

Services: Program serves children and adults with ID/DD with priority consideration given to individuals with severe behavioral, medical or support needs. Program is a flexible and effective type of choice-driven service to people and families. People may choose to purchase services from an agency or an independent contractor/vendor. Program continues to provide creative planning, intervention and home/community support, collaborating with families, teachers and other members of the person's support circle. **Utilization targets:** 17 TPC, 26 NTPC, 5 SC, 2 CSE. **Utilization actual:** 19 TPC, 41 NTPC, 6 SC, 1 CSE.

Priority: Independent Living

CTF Illinois Nursing Services \$6,000

Services: 24 hr. residential services for seven people in Champaign. Some are aging and have developed related medical issues. Nursing services include, but are not limited to: coordination of medical nursing

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care, medication training for staff, quality assurance of medical concerns and medication errors, regular site visits, medication checks and physician order sheet review, quarterly medication, annual assessments, on call 24/7 for emergencies and providing information to ISC for the development of the person centered plans. **Utilization targets:** 7 TPC, 228 SC. **Utilization actual:** 7 TPC, 407 SC.

Community Choices Community Living \$63,000 (CCMHB)

Services: COMMUNITY TRANSITIONAL SUPPORT – A four-phase model for supporting individuals with developmental disabilities to move into the community. PERSONAL DEVELOPMENT TRAINING includes small classes and 1-on-1 instruction. Eight sessions of hands-on, interactive instruction are held throughout the year. Each class focuses on different topics and people can take multiple sessions to build skills and confidence so they can continue their lifelong learning in integrated settings in the community. **Utilization targets:** 15 TPC, 12 NTPCs, 2 CSE, 1370 SC. **Utilization actual:** 18 TPC, 20 NTPC, 3 CSE, 1807 SC.

Developmental Services Center Apartment Services \$417,341

Services: Supports people with ID/DD who reside in their own home in the community. The program has three primary goals: promote independence by learning/maintaining skills within a safe environment; provide long-term/on-going support in areas that cannot be mastered; provide increased support as needed due to aging, deteriorating health or other chronic conditions that jeopardize their ability to maintain their independence. Emergency Response is available to support for those needing assistance after hours and on the weekends. **Utilization targets:** 60 TPC. **Utilization actual:** 59 TPC.

Individual Advocacy Group, CILA Expansion \$100,000 (CCMHB and CCDDDB)

This annual investment pays for mortgage and property management costs of two of the three local small group homes run by Individual Advocacy Group, which was selected in 2014 through an RFP process to provide services to people with ID/DD living in 2-4 MHB/DDB owned-homes. **Utilization:** 7 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and community day programs run by other local providers.

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9.B.

CCDDB 2018 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

September 26, 2018 – Dimit Conference Room (8AM)

October 24, 2018 – Dimit Conference Room (7:30AM)

November 14, 2018 – Lyle Shields Room (8AM)

November 28, 2018 – tentative study session, Lyle Shields Room (5:30PM)

December 19, 2018 – Dimit Conference Room (7:30AM)

This schedule is subject to change due to unforeseen circumstances.

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

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CCMHB 2018 Meeting Schedule

**First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)**

September 12, 2018 – study session

September 26, 2018

October 17, 2018

October 24, 2018 – study session

November 14, 2018

November 28, 2018 – joint study session with the CCDDDB

December 19, 2018 – tentative

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

DRAFT

July 2018 to June 2019 Meeting Schedule with Subject and Allocation Timeline

The schedule provides the dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through June 2019. 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; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Mental Health Board. Regular meetings of the CCDDDB are usually at 8AM; study sessions at 5:30PM. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

07/25/18	Regular Board Meeting (Dimit Conference Room) Election of Officers
08/31/18	<i>Agency PY2018 Fourth Quarter and Year End Reports Due</i>
09/26/18 – 8AM	Regular Board Meeting (Dimit Conference Room)
10/24/18 – 7:30AM	Regular Board Meeting (Dimit Conference Room) Draft Three Year Plan 2019-2021 with FY19 Objectives Release Draft Program Year 2020 Allocation Criteria
10/26/18	<i>Agency PY2019 First Quarter Reports Due</i>
10/31/18	<i>Agency Independent Audits Due</i>
11/14/18 – 8AM	Regular Board Meeting (Lyle Shields Room)
11/28/18	Study Session – tentative (Lyle Shields Room)
12/12/18	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/19/18 – 7:30AM	Regular Board Meeting (Dimit Conference Room) Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
01/04/19	<i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i>
01/23/19	Regular Board Meeting
1/25/19	<i>Agency PY2019 Second Quarter Reports Due</i>
02/08/19	<i>Agency deadline for submission of applications for PY2020 funding. Online system will not accept forms after 4:30PM.</i>

02/20/19	Regular Board Meeting List of Requests for PY20 Funding
03/20/19	Regular Board Meeting
04/17/19	<i>Program summaries released to Board, copies posted online with the CCDDDB April 24, 2019 Board meeting agenda</i>
04/24/19	Regular Board Meeting Program Summaries Review and Discussion
04/26/19	<i>Agency PY2019 Third Quarter Reports Due</i>
05/15/19	<i>Allocation recommendations released to Board, copies posted online with the CCDDDB May 22, 2019 Board meeting agenda.</i>
05/22/19	Regular Board Meeting Allocation Decisions Authorize Contracts for PY2020
05/23/19-06/05/19	<i>Contract Negotiations</i>
06/26/19	Regular Board Meeting Approve FY2020 Draft Budget
06/27/19	<i>PY20 Contracts completed/First Payment Authorized</i>



Agency and Program acronyms

- CC – Community Choices
- CCDDDB – Champaign County Developmental Disabilities Board
- CCHS – Champaign County Head Start, a program of the Regional Planning Commission
- CCMHB – Champaign County Mental Health Board
- CCRPC – Champaign County Regional Planning Commission
- DSC - Developmental Services Center
- DSN – Down Syndrome Network
- FDC – Family Development Center
- PACE – Persons Assuming Control of their Environment, Inc.
- RCI – Rosecrance Central Illinois
- RPC – Champaign County Regional Planning Commission
- UCP – United Cerebral Palsy

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child’s developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal

Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

HBS – Home Based Services, also referred to as HBSS or HBSP

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under

Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHP - Mental Health Professional, a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

NTPC -- NON - Treatment Plan Clients. Persons engaged in a given quarter with case records but no treatment plan. May include: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts, or cases assessed for another agency. It is a category of service measurement, providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form. The actual activity to be performed should also be described in the Part I Program Form, Utilization section. Similar to TPCs, they may be divided into two groups: New TPCS – first contact within any quarter of the plan year; Continuing NTPCs - those served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which Continuing NTPCs are reported.

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

PASS – Plan for Achieving Self Support (Social Security Administration)

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PRN – when necessary, as needed (i.e., medication)

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individual's classification of need may be emergency, critical, or planning.

PY – Program Year, runs from July to following June. For example, PY18 is July 1, 2017 to June 30, 2018. May also be referred to as Contract Year (CY) and is often the Agency Fiscal Year (FY).

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional, a Master’s level clinician with field experience who has been licensed.

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. The number of phone and face-to-face contacts with eligible persons who may or may not have open cases in the program. Can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II form, and the activity to be performed should be described in the Part I Program Plan form-Utilization section.

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SF – Service Facilitation, now called “Self-Direction Assistance”

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs - Treatment Plan Clients - service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II Utilization form, and the actual activity to be performed should also be described in the Part I Program Plan form -Utilization section. Treatment Plan Clients may be divided into two groups: Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year (the first quarter of the program year is the only quarter in which this data is reported); New NTPCs are those newly served, with treatment plans, in any quarter of the program year.

VI – Visual Impairment

VR – Vocational Rehabilitation

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

NACBHDD: I traveled to the NACBHDD Summer Board Meeting in Nashville, TN. I attended the NACBHDD ID/DD Summit and the Board Meeting. For more information on this please refer to the NACBHDD Summer Meeting and I/DD Summit and NACo Annual Conference Briefing Memo from Lynn. Lynn sent this as an email attachment on Wednesday, September 12, 2018. The biggest take away from this was how terrible it will be for Illinois to move the I/DD population into Medicaid Managed Care.

I also participated in monthly NACBHDD I/DD committee calls.

Site Visits: I accompanied Mark Driscoll, Associate Director for MH/SUD on site visits at the Community Service Center of Northern Champaign County and the Children’s Advocacy Center. I completed a site visit with the CCRPC Decision Support Person Program in August.

Trauma Informed Care: I attended a “Trauma and Crisis Response Workshop” at the University Of Illinois School Of Social Work in July. In August, I attended a “Trauma in the Community” workshop, presented by Karen Simms with the CU Trauma and Resilience Initiative.

Provider Trainings: In early August, I began coordinating the “Trauma Informed Care for Persons with Intellectual/Developmental Disabilities Training.” I have attached the flier for this training. It will be held at the Champaign Public Library on October 4, 2018 and Raul Almazar, RN, MS is the presenter. The University Of Illinois School Of Social Work is cosponsoring this training, so in addition to QIDP CEUs, LSW, LCSW, and LCPC CEUs will also be available.

Other scheduled trainings include “211” on November 1, 2018 and “Law Enforcement Rules and Regulations in Response to Crisis Situations” on December 6, 2018. Each of these scheduled trainings will be held at the Champaign Public Library.

CCDDB Reporting: We will begin our second year using the online reporting system. I am looking forward to having a full year’s worth of data to begin looking at and tracking trends in the services provided.

ACMHAI: I participated in the I/DD committee call in May. I attended the quarterly meeting in Bloomington in September. The focus of the presentations was on Managed Care.

MHDDAC: I participated in monthly meetings of the Mental Health & Developmental Disabilities Agencies Council Meeting.

Webinars & Chats: I participated in a “Working Memory” chat. I participated in the Doors to Wellbeing Peer Specialist Monthly Webinar Series. I participated in an nTIDE Lunch and Learn webinar. I attended a Reentry Council Meeting. I listened to two “Sex Talk for Self-Advocates” webinars. I participated in an “ISBE: Parent Guide” webinar. I participated in a Managed Care webinar. I participated in two Employment First State Leadership Mentoring Program webinars. I participated in a chat on “Executive Functioning.” I participated in a webinar titled, “Direct Support Professionals and Quality of Life of People with IDD,” which focused on the relationship between DSPs and people with IDD’s quality of life. I participated in a webinar titled, “DRS - What is it? How Can it Help?”

School of Social Work – Community Learning Lab: Lynn and I attended a Case Management class at the University Of Illinois School Of Social Work. This semester those students are working on mapping out local resources. This class is also gathering data on barriers people/families face when trying to access services in Champaign County through an online survey.

Racial Taboo Planning Committee: I attended a meeting of the Racial Taboo Planning Committee. The group decided to pursue three main lines of action from now through June 2019. The lines of action include:

1. Naming resources (films or short audio/video clips to discuss; books; etc.) to be used throughout the year.
2. Plan a conference.
3. Use Parkland’s Race Talks model of planned conversations with youth in community settings.

Alliance for Inclusion & Respect: I participated in three planning meetings for the Alliance for Inclusion and Respect. The AIR artists will be selling their books and artwork at the Market Place Shopping Center Family Fun Fest on October 6, 2018 from 10am – 2 pm. The event organizers have asked that AIR provide a children’s art activity, we will have a foam pumpkin craft available to attendees.

DisABILITY Resource Expo: I participated in planning meeting for the DisABILITY Resource Expo Steering Committee. The 12th Annual DisABILITY Resource Expo is scheduled for March 30, 2019 at the Vineyard Church.

Transition Planning Committee: The TPC held its first meeting of the school year on Friday, September 21, 2018. Jermaine Raymer and Kharis Gordon of PACE presented a new PACE program, “Fast Track.” The TPC is planning events throughout the school year.

Illinois Department of Human Services-Division of Developmental Disabilities Updates: On Tuesday, September 11, 2018 the DDD released the Notice of Funding Opportunity for the Independent Service Coordination Program. The state currently has 17 ISCs, with each ISC serving a different region. Effective July 1, 2019 there will be 12 regions. Of these 12 regions, seven of the current regions were unchanged. Existing ISC agencies and new providers can apply to cover one or more of the 12 regions. Applications are due by November 12, 2018.

For more information: <http://www.dhs.state.il.us/page.aspx?item=112848>

The DDD updated the Self-Direction Assistance guidelines for the Home-Based Services program, which were previously significantly changed in May 2018.

For more information: <http://www.dhs.state.il.us/page.aspx?item=93863>

As of August 1, 2018 the PUNS categories will no longer include the “Emergency” and “Critical” categories. People will instead be categorized as “seeking services” and those who are not in need of services at this time will be categorized as “planning for services.”

For more information: <http://www.dhs.state.il.us/page.aspx?item=109266>

PUNS Selection & Reports: DHS-DDD selected fifteen Champaign County people from the PUNS database in June 2018. New PUNS Selection 2018. Three of those 15 people have already received award letters - two for Home Based Services (HBS) and one for CILA. The remaining ten people are working with a CCRPC ISC to complete the pre-admission screening (PAS) process (one person is no longer interested in Medicaid waiver services and one person is currently incarcerated). Of the 10 individuals actively pursuing services, two are interested in CILA and the remaining eight are interested in HBS.

I have attached updated (September 11, 2018) PUNS Summary by County and Selection Detail for Champaign County.

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

September 10, 2018

County: Champaign

Reason for PUNS or PUNS Update

New	85
Annual Update	247
Change of category (Emergency, Planning, or Critical)	50
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	44
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	19
Person withdraws, close PUNS	22
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	37
Submitted in error	1
Other, close PUNS	162

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	6
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	22
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	10
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis, Specify:	74

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	142
2. Person has a care giver (age 60+) and will need supports within the next year.	87
3. Person has an ill care giver who will be unable to continue providing care within the next year.	26
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	83
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	31
6. There has been a death or other family crisis, requiring additional supports.	8
7. Person has a care giver who would be unable to work if services are not provided.	60
8. Person or care giver needs an alternative living arrangement.	26
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	191
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	10
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

September 10, 2018

17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	26

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

1. Person is not currently in need of services, but will need service if something happens to the care giver.	155
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	42
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	6

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	145
Physical Therapy	39
Occupational Therapy	99
Speech Therapy	126
Education	183
Assistive Technology	47
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	8
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	62
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	137

TRANSPORTATION

Transportation (include trp/mileage reimbursement)	139
Other Transportation Service	308
Senior Adult Day Services	1
Developmental Training	89
"Regular Work"/Sheltered Employment	81
Supported Employment	94
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	67
Other Day Supports (e.g. volunteering, community experience)	27

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	8

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

September 10, 2018

Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	6
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	2
Other Residential Support (including homeless shelters)	11
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	351
Respite Supports (24 hours or greater)	22
Behavioral Supports (includes behavioral intervention, therapy and counseling)	136
Physical Therapy	47
Occupational Therapy	81
Speech Therapy	102
Assistive Technology	60
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	87
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	352
Other Transportation Service	354
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	9
Support to work in the community	272
Support to engage in work/activities in a disability setting	143
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	93
Out-of-home residential services with 24-hour supports	86

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS By Zip Code**

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactives05102016.pdf>

Zip Code	Active PUNS	Total PUNS	
60949 Ludlow	2	4	
61801 Urbana	49	88	
61802 Urbana	56	106	
61815 Bondville (PO Box)	1	1	
61816 Broadlands	3	3	
61820 Champaign	43	80	
61821 Champaign	86	176	
61822 Champaign	51	98	
61840 Dewey	0	2	
61843 Fisher	10	12	
61845 Foosland	1	1	
61847 Gifford	1	1	
61849 Homer	0	5	
61851 Ivesdale	1	1	
61852 Longview	1	1	
61853 Mahomet	34	61	
61859 Ogden	5	11	
61862 Penfield	1	2	
61863 Pesotum	1	2	
61864 Philo	5	10	
61866 Rantoul	26	76	
61871 Royal (PO Box)	--	--	no data on website
61872 Sadorus	2	2	
61873 St. Joseph	14	25	
61874 Savoy	5	10	
61875 Seymour	2	3	
61877 Sidney	4	9	
61878 Thomasboro	0	3	
61880 Tolono	9	29	
Total	413	822	

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Updated 09/10/18

ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*		1002**	1.86%	244,880	1.90%
ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*		451**	2.33%	244,880	1.90%

*Totals include Ford & Iroquois Counties

**Increase

DHS Definition of Closed PUNS Records	Death	Fully Served	Withdrawn	Moved out of state	Other Closed

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TRAUMA INFORMED CARE FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES
Raul Almazar, RN, MA

What is Trauma: Understanding the Impact of Trauma in Our Lives

Traumatic experiences can be dehumanizing, shocking and terrifying. Often a traumatic experience includes the betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence, abuse, neglect or disasters that induce powerlessness, fear and recurring hopelessness. Trauma impacts one's spirituality and relationships often resulting in ongoing feelings of shame, guilt, rage and isolation. Despite all of this, healing is possible. This session will address the very high prevalence of trauma in the population we serve and will use the ACE study to help explain the symptoms and behaviors we see every day. With a better collective understanding of trauma, more people will find their path to healing and wellness. And with a greater public commitment to trauma- informed programs and systems for survivors, we lessen and prevent a wide range of health, behavioral health and social problems for generations to come.



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

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October 4, 2018

9am – 12:30 pm

3.0 CEUs

Champaign Public Library
200 W. Green Street
Champaign, IL 61820
Robeson Pavilion C

Learning objectives:

1. The attendee will understand the prevalence of trauma and the effect of trauma in our lives and the lives of those we serve.
2. Attendees will learn of the importance and implications of the ACE study, not only in terms of symptom development but also as a way to integrate physical and behavioral health.
3. Attendees will learn to view symptoms as adaptations and shift practice from stabilization and symptom reduction to providing new tools for self-regulation.

<https://www.eventbrite.com/e/trauma-informed-care-for-persons-with-intellectualdevelopmental-disabilities-tickets-50178118102>

Cosponsor
University of Illinois
School of Social Work

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

September 2018 Board Meeting

SUMMARY OF ACTIVITY:

Contracts:

A few 2019 contracts for our funded programs were returned after the June 29th deadline, which resulted in delayed payments.

Certificates of Liability Insurance:

Certificates of Liability Insurance were requested on July 6th with a due date of August 1st. A reminder was sent the last week of July. Three agencies did not meet the deadline, which resulted letters of non-compliance being sent to them and their payment being held. I have received the three agency's proof of liability insurance and payments have been released.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 31st at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Quite a few of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld.

Anti-Stigma Efforts:

I attended Alliance for Inclusion and Respect (AIR) planning meetings on August 1st, August 29th, and September 17th. Our artists have been invited to participate in the October 6, 2018 "Family Fun Fest" at Market Place Mall from 10 am - 2 pm. They will have an area to sell their artwork, books, and other goods called "Artist Avenue".

A possible booth at the Urbana Farmer's Market is being explored as well. We discussed having two artists share the space each Saturday or as many Saturdays that we have an interest from the artists.

2019 DisABILITY Expo:

I attended an Expo planning meeting on September 11th. The Expo will take place on March 30, 2019 at the Vineyard. We discussed last year's event and ways to improve the Expo this year.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- I attended the County Department Heads meeting in Lynn Canfield's place on September 12th.

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September 2018 Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Organizations have submitted 4th Quarter Reports. I will provide information about the progress and required benchmarks by the Boards. There are a few organizations that received an extension until September 28, 2018

CLC Coordinator Direct Service Activities:

The CLC Site visit protocol was updated to ensure that monitoring and evaluation are documented about the agencies progress.

Mental Health First Aid- The instructor certification for Mental Health First Aid is up for renewal. I began the recertification process for renewal to ensure that it is up to date.

CLC Training Series: I met with Community Choices about the IN Project. This is an opportunity for self-advocates to provide training on effective ways of learning how to serve people with a developmental disability and intellectual disability. I will begin a collaboration with Community Choices to ensure that other organizations are able to take advantage of this training. The IN-Project Training will be able to fulfill the Annual Training Requirement for one year.

Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities:

The individual coaching calls with Professor Tawara Goode, Director of National Center for Cultural Competence will be in October.

ACHMHAI- I participated in the Children's Behavioral Health Committee Call on August 23. I also attended the meeting on September 7th & 8th in Bloomington, IL. This was in partnership with the Illinois Public Health Association.

Anti-Stigma Activites/Community Collaborations and Partnerships

University of Illinois African-American Community Healing Storytelling Project-

The Voices of Community Healing Storytelling event was held on September 8th. There were four stories that were featured from people that live in the community. They defined community healing and how to heal from trauma that impacted their community.

Background and Framework about the project:

As members of **C-HeART (Community Healing and Resistance Through Storytelling)**, we are interested in creating healing spaces. Each member came to our collaboration with knowledge about individual healing. We believe it is important to go beyond personal healing strategies to include a community in the healing process. We also wanted to create a framework that focused on cultural strengths, specifically storytelling and resistance. Over the course of several meetings we shared our ideas about storytelling and healing then we reviewed the research literature to identify how others talked about storytelling as a form of healing. At varying times, for example 4 months after an initial draft, we invited colleagues to review the framework. We received their feedback and made further changes to the framework. We also shared the framework informally with community members in order to get feedback. We engaged in this process for over a year. Ultimately, we created the Community Healing and Resistance Through Storytelling.

The 3 major components to the C-HeARTS framework are: (a) justice, (b) storytelling and resistance, and (c) three psychological dimensions: connectedness, collective memory, and critical consciousness.

Justice is a moral ideal and a guiding principle that communities aim for to realize optimal well-being within three spheres of life: personal, interpersonal and organizational. In the personal sphere, wellbeing involves (e.g., feeling safe and accepted and includes increased social bonding and commitment to each other and more smiling and less crying), in the interpersonal sphere wellbeing is enhanced when individuals build trust and resist interpersonal distrust and resist denigrating dominant cultural narratives and disprove stereotypes, and in the organizational sphere, systems are in place to promote fairness, develop new community narratives and where you have control over resources and are able to meet demands.

Storytelling and resistance are cultural behaviors that enable psychological dimensions. Storytelling is a rich oral tradition among African-descended people that is an effective healing intervention. Resistance reflects the fact that even in the face of oppression, African-descended people defy systems of injustice and pursue acts of self-determination.

- Storytelling and resistance through public testifying opportunities or facilitated group processes can be used to understand, validate, and nurture relationships to promote **Connectedness**
- Storytelling and resistance through co-creating and sharing products and critical community reflection can be used to increase trust, remember traumas and triumphs, and decolonize minds to promote **Collective Memory**

(Source: Dr. Carla Hunter/Dr. Sharde Smith)

Alliance for Inclusion and Respect-

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There have been 3 meetings with the Artists that have been productive and helpful as we provide additional opportunities to promote artists and authors that are living with different abilities and mental health challenges. (August 1, August 29, September 17) We have created an opportunity hear feedback from the artists about ways they their artwork and books can promoted. There is an interest to have more opportunities to sell their products. There will be additional opportunitites for the AIR artists to be at the following activities:

1. Winter Famer's Market at Lincoln Square (Dates will be based on the artists' availability and actual booth space.
2. October 6 Family Day at Market Place Mall-10:00- 2:00pm
3. Ebert Festival Art Show April 20, 2019- 9:00am-2:00pm

Ebert Festival 2019

The planning for Ebert Festival has begun with an initial contact with Andrew Hall, Ebertfest Coordinator. There is an interest to have more student engagment this year from high school students. I met the new principal from Urbana High School about the student screening during the Ebert Festival. Ebertfest will be April 10-14, 2019.

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disABILITY Resource Expo: Reaching Out For Answers
Board Report
September, 2018

The 12th annual Expo will be held on Saturday, March 30th at The Vineyard Church in Urbana.

The first Steering Committee of the new planning year was held on September 11 with 18 members present. We were pleased to welcome 3 new members to our group, Michelle Clayton-disability advocate, Dianne Husby-Gordon-CU Able, and Shawn Johnson-U. of I. Police Dept. The group reviewed responsibilities of the Expo Subcommittees, and spent some time discussing evaluation summaries from the 2018 Expo. Ideas for a theme for the 12th annual Expo were given to the Exhibitor Committee to discuss further. Subcommittees will begin to meet soon. Our next Steering Committee will be Oct. 23 at 1:00 pm at the IL Worknet Center in Champaign.

There are multiple opportunities in Sept. and Oct. to distribute Expo Save-The-Date magnets and posters promoting the 2018 Expo. We will have an Expo booth at two events, Family Day by Dr. G's Brainworks and Carle's Wellness, Fun & Medicare 101 on Oct. 6. We hope to have the above-noted materials distributed at all of the following events:

*PACE Open House for new Access Alley	Sept. 20 (3:00-7:00 pm)
*Penguin Project Play – "High School Musical, Jr." Urbana High School	Sept. 21 & 22 (7:00 pm) Sept. 23 (2:00 pm)
*Out of the Darkness Walk/American Foundation Crystal Lake Park	Sept. 22 (11:00am-1:00 pm)
*Low Vision Fair, Danville Library	Sept. 24 (Time?)
*Family Day presented by Dr. G's Brainworks AIR Artist's exhibit and sale, Market Place Mall	Oct. 6 (10:00am-2:00 pm)
*Wellness, Fun & Medicare 101 Carle at the Fields	Oct. 6 (9am-Noon)
*Octoberfest (Benefits DSC) Downtown Champaign	Oct. 6 (3:00 pm-Midnight)
*Down Syndrome Network Buddy Walk Champaign County Fairgrounds	Oct. 6 (9:00 am-2:00 pm)
*disABILITY Awareness Month, Champaign City Bldg. display	Month of October

Respectfully submitted,

Barb Bressner & Jim Mayer

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