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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—June 11, 2014*

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

*4:30 p.m.*

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

**MEMBERS EXCUSED:** Thom Moore

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

**OTHERS PRESENT:** Dale Morrissey, Patty Walters, Laura Bennett, Jennifer Carlson, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Joyce Dill, Champaign County Developmental Disabilities Board (CCDDB); Jeanne Murray, Sally Mustered, Cindy Creighton, Jamie Lourash, Parents, Tony Records, Court Monitor

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

None.

**CCDDB INFORMATION:**

None.

**APPROVAL OF MINUTES:**

Minutes from the May 21, 2014 Board meeting were included in the packet for review.

**MOTION: Dr. Townsend moved to approve the minutes from the April 30, 2014 Board meeting. Ms. Dannave seconded the motion. A vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

None.

**STAFF REPORTS:**

No Reports.

**BOARD TO BOARD:**

None.

**AGENCY INFORMATION:**

None.

**NEW BUSINESS:**

None.

**OLD BUSINESS:**

**FY15 Allocation Decisions for Deferred Applications:**

A Decision Memorandum was included in the Board packet. The staff recommendation is to allocate \$80,000 to the DSC Integrated/Site Based Services application. The result is to increase the CCMHB allocation to the DSC Integrated/Site Based Services application by \$80,000 from the \$276,313 approved on May 21, 2014 to \$356,313. The increased CCMHB allocation combined with the CCDDB allocation bring total investment between the two Boards in the Integrated/Site Based Services program to \$951,701.

**MOTION: Ms. Dannave moved to approve additional funding of \$80,000 for the Developmental Services Center Integrated/Site Based Services application. Mr. McClellan seconded the motion. A roll call vote was taken and all members voted aye. The motion passed unanimously.**

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The business meeting adjourned at 4:37 p.m.

**STUDY SESSION PRESENTATION: Implementation of the Ligas Consent Decree**

Tony Records is the Court Monitor for the Ligas Consent Decree and a nationally recognized expert on services and supports for people with intellectual disabilities and developmental disabilities (ID/DD). In addition to his work on Ligas, Mr. Records has also worked with the Department of Justice, and several other states which have issues similar to those in Illinois which precipitated the Ligas Consent Decree.

Mr. Records provided a comprehensive overview of the current status of the Ligas Consent Decree, as well as information concerning energy from the Federal Government which is “pushing the envelope” for services and supports for people with ID/DD.

Status Report on the Ligas Consent Decree:

There are 17,000 people who comprise the Ligas Class, and they are grouped in two distinct categories. The first category includes people in Intermediate Care Facilities for people with Developmental Disabilities (ICF-DD). At the initiation of the Consent Decree there were about 6,700 people in ICF-DD, and about 1,000 of these wanted to leave and transition to a smaller community based living arrangement. A total of 677 of these have moved to CILAs, but most (i.e., 63%) have moved to 7 or 8 person CILAs. There are not enough opportunities for people to move to four-person or less CILAs at this time. This is a statewide problem which is also clearly evident in Champaign County.

The second Ligas category includes eligible people who are living at home and requesting Home and Community Based Services (HCBS) under the Medicaid HCBS Waiver. In response, DHS-DDD has issued 4,306 “Ligas Letters” for people to apply for either CILA or Home Based services and supports. Of this cohort, 1,812 people have initiated services.

In terms of revenue, the implementation of the Ligas Consent Decree has resulted in \$268,000,000 in new revenue to meet the terms of the Consent Decree. For more detailed information, please refer to the Ligas Monitor’s Annual Report on the DHS website.

### National Perspective on ID/DD:

Mr. Records reported on Federal activities which are coming from several directions. The Department of Justice is pushing the enforcement activities related to the Civil Rights for Institutionalized Persons Act (CRIPA), and is also pushing hard to increase integration by requiring that services and supports are provided in the “most integrated setting.” In addition, settlement agreements in the states of Rhode Island and Oregon have been reached which will result in the closure or elimination of sheltered workshops. “The wave is coming” concerning day activities being required to take place in the most integrated setting.

The Center for Medicaid and Medicare Services (CMS) final rule (issued January 2014) for Home and Community Based Services waiver includes stronger language about the use of Person centered Planning, a person’s right to having their own bedroom, and having adequate opportunities to enhance relationships in their community. Illinois is currently in the process of modifying their waiver to comply with the new rule in the following areas: smaller (3-4 person CILAs) settings; person centered Planning; what people do during the day; segregated transportation options; employment; and making sure everyone has their own bedroom.

Mr. Records said that people with ID/DD pretty much want the same things: a boyfriend or girlfriend; a job; a place of their own; and freedom to make their own decisions. It is difficult to accomplish these tasks in a large setting (i.e., living arrangement). He emphasized that rates in Illinois are dangerously low, and this makes it problematic for providers to expand services. The problems experienced by the Champaign Eleven have been associated with these systems-issues in Illinois.

In summary, Illinois has come a long way, but has a long way to go. Other states are ahead of us concerning the development of smaller settings which are key to many of the other issues. Minnesota’s standard is a three person CILA, and in Pennsylvania all new CILAs are required not to exceed three persons. Illinois is far behind and the DHD-DDD is grossly understaffed which impact on the infrastructure of services and supports for people with ID/DD. On the positive side, the Ligas Consent Decree does not include a “legislative contingency” on resources which means the necessary money must be found regardless of the legislative appropriations.

### Questions:

Q. What is the percentage of the DD/ID population that can answer person-centered planning questions and what is going to happen to the people who can’t answer those questions?

Mr. Records: I work with persons with severe intellectual disabilities but nearly every one of them can exercise some choices. There are questions that can be asked to the person, to the staff and to their families through the proper person-centered planning process and these methods propose a plan of life for this person.

Q. There are 17,000 Ligas class members now. What does the future look like for the under-identified?

Mr. Records: Ligas is an “open class”. We have ten-year-olds that will become class records in 8 years. 22,000 people are on the waiting list and some are children and some are waiting for an immediate care facility. The state is going to have to plan for services.

Q. I understand to be on the PUNS list a person must meet certain qualifications?

Mr. Records: Currently, the qualifications are an IQ below 70 unless the person has deficits in adaptive behavior. The state sets the rules for eligibility.

Q. Could you give us data on Champaign County?

Mr. Records: In Champaign County, 73 letters went out; 27 persons have started services; 5 are about to be served; 11 people are going through eligibility screening; 2 screening has been initiated; 8 people were not able to be located; 9 people refused services; 3 people were found to be clinically ineligible; 1 person was in an ineligible setting; 2 people were already being served due to “crisis”.

Q. Do you have an idea of the capacity of services in Champaign County?

Mr. Records: Capacity is stretched. Employment supports and openings for smaller settings are needed in this County. And, I know there are people in this County who want smaller settings.

Q. The issue of “supplementation” is a concern for the CCMHB and the CCDDDB. Can you help explain the issue and help define what it is and how to move forward with funding decisions?

Mr. Records: There are some very strict Medicaid rules regarding supplementation. For example, you can’t charge two different people two different rates for the same service if you are providing Medicaid services and there are some very clear limits on supplementation. I am willing to work with your Boards on it, but there is no short answer to that question.

Q. What is the age range of the 73 people that are in Champaign County?

Mr. Records: The youngest would be 18, but most of them are 22-35 years of age. The oldest has been 72.

Q. Could you talk a little bit about the “Family CILA” option?

Mr. Records: Families want flexibility. With the “Family CILA” option, it provides support at home for a certain number of hours and a staff person must be hired from a licensed CILA provider. Later, the person may decide to move out of the family home and the person would already have CILA funding.

Q. You have clout when the decree is not met. Can you address the low rates?

Mr. Records: It’s been difficult for me to get the state to raise their rates because they have met their benchmark. I am putting additional pressure of them on the rates, but it is not because of

non-compliance. If I can find enough people who are not getting their reasonable needs met, then I can pressure the state for higher rates. The rates are a problem and I say that to every state, not just Illinois.

Q. Is it your experience that different types of staffing models help to open possibilities?

Mr. Records: It helps some. States utilize the sleep model more. In Connecticut, they are using a supported living model where the persons in the home control the real estate and the provider provides supports. Sometimes it's a sleep model and sometimes the family provides supports on the weekends.

Q. Is there anything we as a community should be doing to work together to raise the rates?

Mr. Records: Yes. Individuals have the power. What you can do is work with the families that get their letters and are selected. Work with them on being very prescriptive in their transition plan. The state must respond to reasonable requests.

Q. What can we do together to put pressure on the State of Illinois to increase rates, especially for our community?

Mr. Records: Individuals have the power through transition plans. Help the families with what they want, especially the smaller settings which do not exist right now.

The study session adjourned at 5:50 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

*\*Minutes were approved at the 7/23/14 CCMHB meeting.*

