



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, November 14, 2012

Developmental Services Center

Training Room

1307 West Bradley Avenue, Champaign, IL 61821

8:00AM

1. Call to Order – Mr. Mike Smith, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDB Minutes
 - A. 10/17/12 Board Meeting*

Minutes are included in the packet. Board action is requested.
7. President's Comments – Mr. Mike Smith
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield

Included in the Board packet.
10. Agency Information
11. New Business
 - A. CCDDB Funded Program Presentations

Developmental Services Center – Apartment Services, CILA, Client/Family Support Services, Clinical, Developmental Training/Employment Services, Family Development Center, and Individual and Family Support.
 - B. Mental Health First Aid Training

Information about this 12 hour course is included in the packet.
12. Old Business
 - A. Draft Three Year Plan 2013-2015 with FY 2013 Objectives*

A copy of the draft Plan is included in the packet, with comments attached. A Decision Memorandum is included in the packet. Action is requested.
 - B. CCDDB FY14 Allocation Criteria*

A Decision Memo is included in the packet. Action is requested. Included for information only are copies of all written feedback received.
 - C. CCMHB FY14 Allocation Criteria

A Decision Memo is included in the packet for information only. This is to be presented to the CCMHB later today for action.

D. Disability Resource Expo

A report from Ms. Bressner is included in the packet. Summaries of Evaluations by Exhibitors and Pride Room Vendors are also included.

E. Open Meetings Act Certification

Website to complete the certification process: <http://foia.ilattorneygeneral.net>

13. Board Announcements

14. Adjournment

**Board action requested*

G.A.

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

Minutes –October 17, 2012

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

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, Elaine Palencia, Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll

STAFF EXCUSED: Stephanie Howard-Gallo

OTHERS PRESENT: Dale Morrissey, Vicki Tolf, Laura Bennett, Jennifer Carlson, Mandi Isaac, Annette Becherer, Patty Walters, Danielle Matthews, Developmental Services Center (DSC); Melissa McDaniel, Dennis Carpenter, Charleston Transitional Facility (CTF); Jennifer Knapp, Jeanne Murray, Sheila Krein, Linda Tortorelli, Barbara Buoy, Community Choices (CC); Mark Scott, Down Syndrome Network (DSN); Sue Wittman, Judy Werckle, Kathy Kessler, Community Elements (CE); Barb Bressner, Consultant, Mark Scott, Down Syndrome Network (DSN); Sally Mustered, C-U Autism Network; Sue Suter, United Cerebral Palsy

CALL TO ORDER:

Mr. Michael Smith called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

None.

APPROVAL OF MINUTES:

Minutes from the July 18, 2012 Board meeting were included in the packet.

MOTION: Ms. Palencia moved to approve the minutes from the August 21, 2012 Board meeting. Ms. Dill seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy invited Board members to attend the *Speak Up and Speak Out Summit* scheduled for October 30-31, 2012 in Springfield, IL.

Mr. Tracy commented on the Developmental Disabilities Expo that was held last Saturday at Lincoln Square. He thanked staff members and Ms. Barb Bressner for all of their work regarding the event.

STAFF REPORT:

A report from Ms. Canfield was included in the Board packet.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

Approval of Claims:

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

MOTION: Ms. Dill moved to accept the claims report as presented. Ms. Palencia seconded and the motion passed unanimously.

NEW BUSINESS:

CCDDB Funded Program Presentations:

Charleston Transitional Facility—Nursing and Residential/Day Training: Mr. John Decker Garrett, CILA resident, spoke regarding his life in his house and how he spends his time. He discussed his house meetings and various trainings in which he has participated.

Community Choices—Customized Employment and Community Living: Ms. Jennifer Knapp provided an overview of the agency's two funded programs. Ms. Knapp distributed informational materials to the Board. Board members were given an opportunity to ask questions following the presentation.

Draft FY12 Program Performance Outcomes:

A summary of all funded agency utilization data and performance measure outcome reports for FY 12 was included in the Board packet for information only.

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

A Briefing Memorandum and draft Three-Year Plan with Objectives for FY13 were included in the Board packet for information and comment.

FY14 Allocations Criteria:

A Briefing Memorandum was included in the Board packet for information and comment. The Memorandum's intent is to provide criteria used as guidance by the Board in assessing applications for CCDDB funding. A final version of the criteria will be presented for action at the November Board meeting.

Draft Meeting Schedule and FY14 Allocation Schedule:

Draft meeting schedules for 2013 were included in the Board packet for review and reference.

OLD BUSINESS:

2013 Budget Documents:

Copies of the CCMHB, CCDDB, ACCESS Initiative, Quarter Cent and Specialty Court budget documents were included in the Board packet for information only.

Disability Resource Expo:

Ms. Bressner provided a verbal wrap-up the Disability Resource Expo.

BOARD ANNOUNCEMENTS:

The November 14th Board meeting will be held at Developmental Services Center at 8:00 a.m.

ADJOURNMENT:

The meeting adjourned at 9:05 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report –November 14, 2012

CCDDB Three Year Plan and FY14 Allocation Criteria: Included in the CCDDB packet are a revised version of a Three Year Plan for fiscal years 2013-2015 with Objectives for FY13 and a Decision Memorandum requesting board action. One suggestion emerged from distribution of this document to a wide variety of interested parties and has been included in the final version; this was to track the impact of managed care service delivery statewide and locally. Also included in the packet is the CCDDB FY14 Allocation Criteria Decision Memorandum. Very detailed feedback was provided by two funded agencies and a stakeholder, and a majority of their suggestions incorporated. Changes to the draft presented at the October 17th meeting can be found italicized in the present version.

FY13 Agency Contracts and Reports: I have reviewed first quarter FY13 reports submitted for DD programs, entered data into our tables, and engaged in discussion with several agencies regarding progress so far and/or clarification of reports as needed. Charleston Transitional Facility has shared a copy of their contract with DSC for day services and has shifted to monthly billings, as both of their contracts with the CCDDB are now Fee for Service. Shandra Summerville will be looking at the Cultural and Linguistic Competency Plan progress reports, a new requirement this fiscal year.

The Mental Health Agencies Council met on October 23. Mark Driscoll talked about October 26 deadline for quarterly reports, how to upload CLCP reports, variance reports for second and fourth quarters, and audit reports due at the end of October. We also touched on Expo wrap up. Tracy Parsons shared details of the November 8 and 9 Think Tank at Eastland Suites. Discussion of state payments, with updates from CSCNCC, Family Service, Prairie Center, Children’s Advocacy Center, and DSC. Announcements: Depression Screening at Parkland, with video focused on those of college age; Crisis Nursery’s fundraising event October 24.

Quarter Cent Administrative Team Meeting: We met on October 17 for discussion of PLL, the possibility of funding a truancy program, collaboration between PLL and ACCESS, and recidivism data from RPC’s Court Diversion program. An off-cycle meeting will be held, within one month, to continue discussion with stakeholders regarding new programming.

Other Activity: At a brunch in celebration of our most successful event yet, we not only explored remedies for the thornier issues but also acknowledged the outstanding efforts of several Steering Committee members. Peter Tracy and I are arranging a November meeting with Dr. Ordal and others who have an interest in nutrition and health/behavioral health; please contact me at lynn@ccmhb.org if you wish to be included. Stephanie Howard Gallo attended the Speak Up, Speak Out conference and passed along an intriguing online resource which focuses on “Autism and Aspergers and ADHD and life”: <http://www.wrongplanet.net>. I continue to attend meetings of the Community Response Group and the Metropolitan Intergovernmental Council. The October PUNS report on the DHS DDD website

appears to include updates and is summarized below. While increases are slight, a recent and relatively large PUNS draw holds the potential for up to 29 unserved/underserved County residents to receive Medicaid Home and Community Based-Services Waiver awards. Champaign County detail is attached and summarized below.

Unmet DD Service Needs in Champaign County:

2/1/11: **194** residents with emergency need; of **269** in crisis, **116** recent or coming HS graduates.
4/5/11: **198** with emergency need; of **274** in crisis, **120** recent or coming grads.
5/12/11: **195** with emergency need; of **272** in crisis, **121** recent or coming grads.
6/9/11: **194** with emergency need; of **268** in crisis, **120** recent or coming grads
10/4/11: **201** with emergency need; of **278** in crisis, **123** recent or coming grads.
12/5/11: **196** with emergency need; of **274** in crisis, **122** recent or coming grads.
1/9/12: **no change** from 12/5/11 report.
5/7/12: **222** with emergency need; of **289** in crisis, **127** recent or coming grads.
6/4/12: **no change** from 5/7/12 report.
9/10/12: **224** with emergency need; of **288** in crisis, **131** recent or coming grads.
10/10/12: **224** with emergency need; of **299** in crisis, **134** either graduated within the last ten years or are expected to graduate within the next three.

The majority of existing supports are in Education, Speech and Occupational Therapy, and Transportation. The most frequently identified desired supports are Personal Support, Transportation, Occupational Therapy, Support for in-center activities, Support to work in community, Speech Therapy, Behavioral Supports (includes behavioral intervention, therapy, and counseling), 24 hour Residential, Other Transportation, Respite, Physical Therapy, Intermittent Residential, and Assistive Technology.



PUNS Data By County and Selection Detail

October 10, 2012

County: Champaign

Reason for PUNS or PUNS Update

New	156
Annual Update	95
Change of category (Emergency, Planning, or Critical)	16
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	6
Person is fully served or is not requesting any supports within the next five (5) years	143
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	2
Other, close PUNS	32

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

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	20
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.	4
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.	10

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).	29
2. Death of the care giver with no other supports available.	4
3. Person has been committed by the court or is at risk of incarceration.	3
4. Person is living in a setting where there is suspicion of abuse or neglect.	4
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.).	7
6. Other crisis, Specify:	135

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.	31
2. Person has a care giver (age 60+) and will need supports within the next year.	7
3. Person has an ill care giver who will be unable to continue providing care within the next year.	3
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	27
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	5
6. There has been a death or other family crisis, requiring additional supports.	3
7. Person has a care giver who would be unable to work if services are not provided.	21
8. Person or care giver needs an alternative living arrangement.	10
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	134
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	8
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1
16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year.	1
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1



20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	31

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.	71
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
8. Person or care giver needs increased supports.	53
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
14. Other, Explain:	15

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	20
Respite Supports (<24 hour)	21
Behavioral Supports (includes behavioral intervention, therapy and counseling)	95
Physical Therapy	69
Occupational Therapy	119
Speech Therapy	148
Education	190
Assistive Technology	36
Homemaker/Chore Services	3
Adaptions to Home or Vehicle	5
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.)	6
Medical Equipment/Supplies	12
Nursing Services in the Home, Provided Intermittently	3
Other Individual Supports	20

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	124
Other Transportation Service	54
Senior Adult Day Services	2
Developmental Training	71
"Regular Work"/Sheltered Employment	79
Supported Employment	41
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	13
Other Day Supports (e.g. volunteering, community experience)	10

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	4
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	8
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	3
Supported Living Arrangement	2
Shelter Care/Board Home	1
Children's Residential Services	6



PUNS Data By County and Selection Detail

October 10, 2012

Child Care Institutions (Including Residential Schools)	5
Other Residential Support (including homeless shelters)	8
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	241
Respite Supports (24 hours or greater)	87
Behavioral Supports (includes behavioral intervention, therapy and counseling)	144
Physical Therapy	88
Occupational Therapy	170
Speech Therapy	147
Assistive Technology	73
Adaptations to Home or Vehicle	31
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	45
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	239
Other Transportation Service	99
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	167
Support to engage in work/activities in a disability setting	167
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	86
Out-of-home residential services with 24-hour supports	120

11.B



Mental Health First Aid 12-hour Course

Thursday, December 13, 2012 – 8:30am to 5:00pm AND
Friday, December 14, 2012 – 8:30am to 4:30pm

Community Elements
1801 Fox Drive
Champaign, Illinois 61820



REGISTRATION

See below for additional information. To register, please mail this completed form along with your registration fee of \$90.00 per participant to:

Community Elements, Inc.
Attn: Human Resources
1801 Fox Drive
Champaign, IL 61820

Questions? Call 217-398-8080, extension 1285.

Name _____

Address (street, city, state, zip) _____

Phone number, if any _____

E-mail address, if any _____

Occupation and employer name, if any _____

- LUNCH WILL BE PROVIDED EACH DAY. Please note any dietary restrictions on this form.
- Registration is limited to the first 30 participants.
- Cost is \$90 per participant and payment must be received with registration by Friday, December 7th. The registration fee is non-refundable unless the training is cancelled by Community Elements, Inc. If a registered participant is unable to attend, the registration is transferrable to an alternate participant by notifying Community Elements.
- PLEASE NOTE: Certification in Mental Health First Aid will be attained upon the successful completion of the 12-hour training course and evaluation. Participants must attend the entire training to receive certification.



ALGEE, the Mental Health First Aid Action Plan

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Questions? Call 217-398-8080, extension 1285.

Visit the **EVENTS** page at www.communityelements.org

Mental Health First Aid USA is coordinated by the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

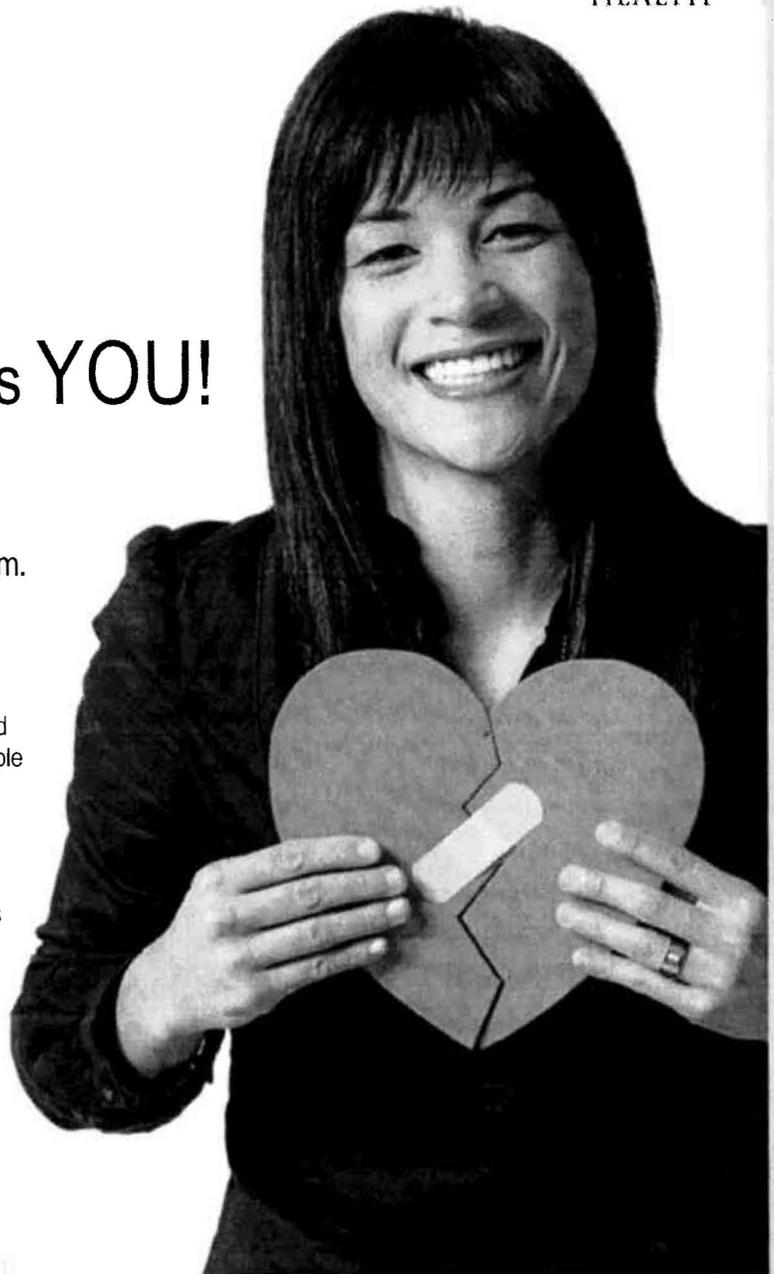


Sometimes, first aid isn't
a bandage,
or CPR,
or the Heimlich,
or calling 911.
Sometimes, first aid is **YOU!**

Someone you know could be experiencing a mental illness or crisis. You can help them.

You are more likely to encounter someone — friend, family member, coworker, neighbor, or member of the community — in an emotional or mental crisis than someone having a heart attack. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self help care. Anyone can take the 12-hour Mental Health First Aid course — first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens.

Sometimes, the best first aid is you.
Take the course, save a life, strengthen your community.



This program has been pre-approved for 12 (General) recertification credit hours toward PHR, SPHR and GPHR recertification through the HR Certification Institute. The use of this seal is not an endorsement by the HR Certification Institute of the quality of the program. It means that this program has met the HR Certification Institute's criteria to be pre-approved for recertification credit.



Mental Health First Aid Course – 12-hour public course.

8:30a-5:00p on Thursday, December 13, 2012 AND
8:30a-4:30p on Friday, December 14, 2012

Community Elements, 1801 Fox Drive
Champaign, Illinois, 61820

Cost is \$90 – includes lunch and all materials.

Visit the Events page at
www.communityelements.org for more
information.



DECISION MEMORANDUM

DATE: November 14, 2012
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Associate Director
SUBJECT: Draft Three Year Plan 2013-2015 with FY2013 Objectives

The Three Year Plan for fiscal years 2013-2015 with objectives for FY2013 has been finalized and is attached for the Board's consideration and action. An initial draft was presented at the October 17th meeting and subsequently distributed to a diverse set of stakeholders including agencies, family networks, and other interested parties. A brief report and opportunity for discussion occurred during the October board meeting. In the weeks that followed, CCDDB staff received and incorporated one suggestion, to modify Goal #4, Objective #7 slightly (see italics).

A final draft of the Three Year Plan is attached. Action is requested.

Decision Section

Motion: Approve the Three-Year Plan (2013 – 2015) with Fiscal Year 2013 Objectives as presented.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

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

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2013 - 2015
(12/1/12 – 11/30/15)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2013
(12/1/12 – 11/30/13)**

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. Planning for the developmental disabilities services system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based developmental disabilities services.
3. Coordination of affiliated providers of developmental disabilities to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the developmental disabilities service system. The CCDDB shall perform those duties and responsibilities as specified in Sections 104/4 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #1: Identify children at-risk of developmental delay and intellectual disability and support early intervention services and family supports.

Objective #1: Support use of evidence based/informed models for provider programs serving families with children age birth to five, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #3: Collaborate with the Champaign County Mental Health Board on issues of mutual interest associated with early intervention services and programs.

Objective #4: Prioritize children and families involved with the ACCESS Initiative to facilitate access to supportive or early intervention services, if appropriate.

Goal #2: Support adults' and families' access to services and programs, including evidence based practices to increase positive outcomes.

Objective #1: Support a continuum of services for persons with a developmental disability or intellectual disability in response to reduced state supported services.

Objective #2: Promote wellness for people with developmental or intellectual disabilities, to prevent and reduce early mortality, as embodied in the "10x10 Wellness Campaign."

Objective #3: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #3: Address the stigma associated with developmental and intellectual disabilities through broad based community education efforts/events designed to challenge discrimination and to promote acceptance, dignity, and social inclusion.

Objective #1: Continue support for and involvement in the signature anti-stigma and community education events, Reaching Out for Answers: Disabilities Expo and Roger Ebert's Film Festival.

Objective #2: Encourage consumer and advocacy groups' community education efforts to reduce stigma and promote inclusion.

Objective #3: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

Goal #4: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand

through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations. Participate with organizations such as the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and others to strengthen local systems of care.

Objective #2: Track state implementation of class action suit settlements involving persons with developmental and intellectual disabilities, including *Ligas vs. Hamos Consent Decree*, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet the needs of clients returning to home communities.

Objective #3: Through our association with NACBHDDD, follow developments at the state and federal levels of other Olmstead and Olmstead-related cases.

Objective #4: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based developmental disability services and to the broader human services network under contract with the State of Illinois.

Objective #5: Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.

Objective #6: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.

Objective #7: Assess impact, on local systems of care for persons with developmental and intellectual disabilities, of the State of Illinois' and provider networks' movement to a regional service/*managed care* delivery model.

Goal #5: Maintain an active needs assessment process, relying heavily on key informants and public testimony from stakeholders, to identify current issues affecting consumer access and treatment.

Objective #1: Continue to assess the impact of state funding reductions on consumer access to care and provider capacity.

Objective #2: Participate in other county-wide assessment activities to ensure CCDDDB target populations are represented.

Objective #3: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization of 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.

Objective #4: Using Child and Family Connections data for Champaign County, track the identification of developmental delay and disability among children, Birth to 6, and engagement in Early Intervention and Prevention services.

RESOURCE DEVELOPMENT & COLLABORATION

Goal #6: Increase investment in programs and services through promotion of collaborative and innovative approaches.

Objective #1: Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), seek input and feedback on innovative approaches for resource development or cost containment.

Objective #2: Partner with other local entities for a coordinated response to needs of at-risk populations.

Objective #3: Consider non-financial support to agencies to offset state funding reductions and control costs.

Objective #4: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #5: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.

Objective #6: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders, sharing information on services for those who also have intellectual disabilities in order to maintain adequate support for those with dual diagnoses.

Goal #7: Sustain the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: Implement the Intergovernmental Agreement between CCDDDB and CCMHB.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the developmental disability service continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to needed but underutilized services.

Objective #4: Continue to include person-centered planning as a component of the funding application.

ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #8: Implement policies and procedures to assure financial accountability for CCDDDB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the online application and reporting system to track all objectives pertaining to this goal.

Objective #1: Identify each CCDDDB funded contract that budgets state revenue as part of program revenue and develop mechanisms to track the level of state payments during the term of the contract.

Objective #2: Clarify how CCDDDB dollars are used in each co-funded contract. Enforce policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars without prior notice or negotiation.

Objective #3: All CCDDDB grant contracts that receive State of Illinois funding as part of the total program revenue shall be required to report all staffing changes to the CCDDDB. At the discretion of the CCDDDB, agencies shall provide a full listing of all full, part-time, and contractual employees on a quarterly basis.

Objective #4: Require all CCDDDB funded agencies to notify the CCDDDB of the termination or lay off of employees funded in full or in part with CCDDDB funds accompanied by an explanation of the projected impact on consumers' access to or utilization of services.

Objective #5: Evaluate risk for loss of co-supported services resulting from state funding reductions.

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core developmental and intellectual disability services by consumers.

Objective #1: Draft priorities based on current service needs and operating conditions including consideration of changes in state funding and payment practices and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective #2: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective #3: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

Goal #10: Maintain program and financial accountability of service providers and programs under contract with the Board.

Objective #1: Evaluate program performance on a quarterly and annual basis.

Objective #2: Implement the Audit and Financial Accountability policy.

Objective #3: Maintain the on-line application and reporting system and provide enhancements as necessary.

Objective #4: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

Goal #11: Respond to State funding reductions for developmental and intellectual disability services through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement the Board and the Champaign County Mental Health Board.



12.B.

DECISION MEMORANDUM

DATE: November 14, 2012
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY14 Allocation Decision Support Criteria for CCDDB Funding

Overview:

Against the backdrop of the ongoing State of Illinois budget crisis, it will be our job to determine again how best to use our local funding to address the needs of people with I/DD. But at what point does the immediacy of a crisis become the status quo? The onset of the budget crisis for disabilities services in Illinois was the FY09 contract year (July 1, 2008 through June 30, 2009). After six (6) years of “crisis”, perhaps it is time to acknowledge what we have been describing as a crisis is actually our new reality. Why pretend?

Our raison d’etre is to plan, fund, monitor, and evaluate disabilities systems of care in Champaign County. For the last six years we have been making funding decisions primarily in response to what has been characterized as a crisis. If we shift our thinking and redefine the State of Illinois funding and payment (or lack thereof) problems as our new reality rather than a temporary problem, would this result in a change in our priorities?

The challenge for the Champaign County Developmental Disabilities Board (CCDDB) will be to change the constructs of our thinking and refocus to address the realities of our new environment. This may well be a seminal year for disabilities programs and services in Illinois.

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY14 (July 1, 2013 through June 30, 2014) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

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

Expectations for Minimal Responsiveness

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

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

FY14 Decision Support and Priorities

Upon approval by the CCDDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY14 contract year (July 1, 2013 through June 30, 2014). These items are closely aligned with CCDDDB planning and needs assessment processes, intergovernmental agreements, memoranda of understanding, and the recommendations of consultants hired by the board.

1. The following **six categories of services and populations** of persons with intellectual/developmental disabilities (I/DD) represent the current priorities of the I/DD system of care. Person-centered planning efforts may be undertaken within all categories.

(a) **Vocational** services/supports for people with I/DD.

- assessment, exploration and enhancement of vocational interests and abilities
- support for the acquisition of job tasks and problem-solving skills
- assistance in establishing a vocational direction/objective *and developing work opportunities* consistent with *identified interests and preferences*
- access to supported and/or customized employment opportunities
- promotion of competitive employment outcomes
- blended and/or transitional programs incorporating increased community integration
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(b) Individualized **residential service options** for people with I/DD, particularly for those at risk of homelessness or displacement from home community and for those seeking return to their home community.

- emergency residential support for families
- assisted living for medically fragile individuals
- *behavioral support planning for successful outcomes for individuals*
- *levels of community residential support ranging from intermittent to 24 hour*
- in-home supports and respite services

- emphasis on transition from unnecessary segregation to full community integration, via a range of supports and services (e.g., live-in staff, emergency crisis response system *to address health and safety issues*) in most-integrated settings which may include home ownership, supportive and transitional housing, and *group and individual living arrangements and which are consistent with identified preferences*
- efforts to accommodate Ligas class members transitioning from ICFs/DD or family homes
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(c) **Flexible family support** for people with I/DD and their families to enhance their ability to live together.

- family respite, recreational activities, mutual support options, transportation assistance
- assistive technology, home modification/accessibility supports, information and education
- other diverse supports which allow consumers and their families to determine care and treatment
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(d) **Comprehensive services for young children** with developmental delays.

- an array of Early Intervention services addressing all areas of development
- coordinated, home-based, and taking into consideration the needs of the entire family
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered/family driven planning process*

(e) **Adult day programs** for people with I/DD who may also have behavioral support needs and/or significant physical limitations.

- speech therapy, occupational therapy, fitness training, personal care support
- support for the development of independent living skills, social skills, communication skills, and functional academics skills
- community integration and vocational training, per consumer preferences
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

(f) Supports for full **social and community integration** to strengthen personal networks.

- facilitation of social, friendship, and volunteering opportunities
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means
- *promotion of self-directed and culturally appropriate individualized services and supports via person-centered planning process*

2. Applications highlighting an improved understanding of I/DD through support of sustainable **consumer advocacy and family support organizations**, especially those comprising persons who have I/DD, their parents, and others in their networks of support. *Self-advocacy will play a critical role in person-centered service delivery and effective system change locally and statewide; fostering consumer and family networks and their collaborations with agency providers is key.*

3. Applications that support efforts to **reduce stigma** associated with I/DD may describe various approaches which share the goals of increasing community awareness and challenging negative attitudes and discriminatory practices.

4. **Gaps in Core Services for Unfunded Clients:** *Applications which identify and document specific cohorts of unfunded clients with substance use, mental illness, or developmental/intellectual disability service needs will be considered a high priority for CCDDDB FY14 funding. For the purposes of this memorandum, “unfunded” means people who are not eligible for Medicaid or Medicare, or any other third party payer.*

Overarching Decision Support Considerations

The FY14 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY14 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications must clearly explain the relationship between budgeted costs and program components. “What is the Board buying?” is the salient question to be answered in the proposal, and clarity is required.
4. **Innovation** - *Applications demonstrating creative and/or innovative approaches which respond to the defined individual and community need and difficult fiscal environment .*

Secondary Decision Support and Priority Criteria

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

Approach/Methods: Applications proposing evidence based or research based approaches and addressing fidelity to the model cited.

Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.

Staff Credentials: Applications highlighting staff credentials and specialized training.

Process Considerations

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

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

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.

- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCDDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

Decision Section:

Motion to approve the FY14 Allocation Decision Support Criteria as described in this memorandum.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Written comments received from interested parties regarding the Draft CCDDDB
FY14 Allocation Decision Support Criteria.

Lynn Canfield

From: Tortorelli, Linda [ltortore@illinois.edu]
Sent: Friday, October 26, 2012 2:03 PM
To: Jennifer Knapp (jen.advocacy@gmail.com); Peter Tracy <peter@ccmhb.org> (peter@ccmhb.org); Lynn Canfield
Cc: Linda Tortorelli (ltortore@uiuc.edu)
Subject: Input for FY 14 CCDDDB Priorities

Hi Peter and Lynn

I have read over the recommendations for FY14 funding priorities of the CCDDDB. I am in agreement with the overview that we need to consider the “new normal” and I support that we should consider a shift in our priorities which would allow us to meet the greater good of Champaign County individuals with I/DD. I have read the Blueprint for System Redesign Update May 2012 and noted that out of the 15 action steps listed, 3 of them have to do with issues of self-advocacy and self-determination as key components of the Blue Print for change. This is an area that is currently either minimally funded, or not funded at all – yet is seen as vital to offering individuals with I/DD a truly person-centered life. For this reason, I am suggesting that this is another possible area of consideration as a funding priority for FY14.

I believe the findings of the Blueprint below, hold true for our community:

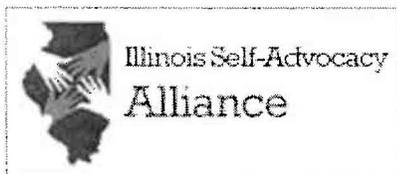
- ▶ **Finding in 2008:** Illinois has not configured its developmental disabilities system to embrace person-centered service delivery. Services and funding are tied to “programs” and service provider agencies.

Note that:

- ▶ There is a lack of funding for Person-Centered Planning (PCP) made available through the HCBS waiver.
- ▶ Case management is restricted to 25 hours per year per person, which limits the time available to effectively conduct the person-centered planning process.
- ▶ Individuals who receive HCBS waiver funding have the right to choose their service provider, however, in practice, changing providers can be difficult.
- ▶ Even with appropriate resources and accompanying person-centered planning practices, the current service array offers a limited and insufficiently funded menu of services and supports that inhibits delivery of customized services to achieve the very goals of a person-centered system.
- ▶

Below are the areas in the Blueprint that reference advocacy:

Action Step #2: Invest in Self-Advocacy



Self-advocates can be key partners in systems change by demanding preferred services and creating support for the state to change policy and practice towards a person-centered service system

Action Step #8: Promote mutual support and association among self-advocates and families

As in Illinois, service systems across the nation are challenged to accommodate increasing demands for services while enduring difficult fiscal times. One approach to addressing service demands efficiently

involves establishing sustainable networks of mutual support for individuals with I/DD and their families to complement existing public services. The Illinois Association of Microboards and Cooperatives (IAMC) (<http://www.iambc.org>) utilizes such a model to complement the Medicaid-funded services people receive by connecting individuals and families to each other (their peers) for mutual support. These peer connections add to people's lives greater access to their communities and additional sources of support.



Several types of agencies are capable of establishing peer connection or cooperative initiatives, including self-advocacy groups, local Arc Chapters, and other family or advocacy oriented organizations. What is needed, however, is a funding mechanism to pay for development and later for staffing to organize and maintain the effort. Toward these ends, the

Division should establish a service within its HCBS waiver to create a clear funding pathway for financing peer connection initiatives and formal cooperatives or federations where participants work together to manage the services they receive.

Action Step #10: Scale up the use of self-direction system-wide

Self-advocates all over the country demand to control or "be the boss of" their own lives and in many states they can through the use of self-directed service options. The demand for self-directed services is present in Illinois as well.

Sincerely,

Linda

Linda Tortorelli
Coordinator - The Autism Program - UIUC
ltortore@illinois.edu
217.244.0928

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Lynn Canfield

From: Morrissey, Dale [DMorrissey@dsc-illinois.org]
Sent: Tuesday, October 30, 2012 9:29 AM
To: Lynn Canfield (lynn@ccmhb.org)
Cc: Walters, Patty
Subject: Comments on Allocation Support Criteria and Draft 3 Year Plan

Lynn,

Our suggested changes below are in Red. Please call me if you have questions or need clarification,

Thanks,

Dale

FY 14 Allocation Decision Support Criteria Comments:

Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY14 (July 1, 2013 through June 30, 2014) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

FY14 Decision Support and Priorities

Upon approval by the CCDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY14 contract year (July 1, 2013 through June 30, 2014). These items are closely aligned with CCDDB planning and needs assessment processes, intergovernmental agreements, memoranda of understanding, and the recommendations of consultants hired by the board.

1. The following **six categories of services and populations** of persons with intellectual/developmental disabilities (I/DD) represent the current priorities of the I/DD system of care. Person-centered planning efforts, promoting self-directed and culturally appropriate individualized service plans, may be undertaken within any of the six categories.
 - (a) **Vocational** services/supports for people with I/DD.
 - assessment, exploration and enhancement of vocational interests and abilities

- support for the acquisition of job tasks and problem-solving skills
- assistance in establishing a vocational direction/objective consistent with preferences
- access to supported and/or customized employment opportunities
- promotion of competitive employment outcomes
- blended and/or transitional programs incorporating increased community integration

(b) Individualized **residential service options** for people with I/DD, particularly for those at risk of homelessness or displacement from home community and for those seeking return to their home community.

- emergency residential support for families
- assisted living for medically fragile individuals
- support for individuals with behavioral needs
- Variety/range of community residential options for levels of support ranging from 24 – hour to intermittent support
- in-home supports and respite services
- emphasis on transition from unnecessary segregation to full community integration, via a range of supports and services (e.g., live-in staff, emergency crisis response system, community integrated living arrangement, supported apartment, independent apartment) in most-integrated settings which may include home ownership and supportive and transitional housing
- efforts to accommodate Ligas class members transitioning from ICFs/DD or family homes

Draft Three Year Plan Comments:

Goal #4: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations. Participate with organizations such as the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and others to strengthen local systems of care.

Objective #2: Track state implementation of class action suit settlements involving persons with developmental and intellectual disabilities, including Ligas vs. Hamos Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet the needs of clients returning to home communities.

Objective #3: Through our association with NACBHDDD, follow developments at the state and federal levels of other Olmstead and Olmstead-related cases.

Objective #4: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based developmental disability services and to the broader human services network under contract with the State of Illinois.

Objective #5: Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.

Objective #6: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.

Objective #7: Assess impact, on local systems of care for persons with developmental and intellectual disabilities, of the State of Illinois' and provider networks' movement to a regional service/managed care delivery model.

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Community Choices Recommendations for CCDDB priorities

Community Choices serves 60 individuals with developmental disabilities and their families. Service areas include Community Living, Customized Employment, Social Opportunities, and Family Support. Based on our interactions, discussions, and experiences supporting individuals and their families, the following priorities were identified:

NOTE: In general, Community Choices supports the *Illinois at the Tipping Point - Blueprint for Redesign in Illinois Update* and appreciates the CCDDB aligning with the priorities identified in this report.

1. Vocational

- a. Employment in adulthood is a central focus for many families. It is a key emphasis in federal and state disability policy, and essential to promoting economic self-sufficiency for people with disabilities.
- b. Our recommendation is to keep this priority, and to continue to support practices that promote competitive employment outcomes where people with disabilities are paid a fair wage and are able to access job opportunities that are linked with their interests and preferences.

2. Residential service options

- a. Community living options are critically important to enable adults with disabilities to be integrated into their communities, to have choice and control over where and with whom they live, and represent best practice in the disability field.
- b. Our recommendation is to broaden this priority area to include more options for community living. We recommend supporting programs that facilitate flexible community living options, including:
 - i. Owning or renting an apartment, condo, or house with individualized supports provided in that environment
 - ii. Utilizing “community builders” who live rent free in a residence in exchange for providing overnight support
 - iii. Creating emergency crisis response systems that address health and safety issues in community living options
 - iv. Transitional housing options, similar to a dorm experience

3. Flexible family support

- a. Families greatly value this priority area.

- b. Our recommendation is to keep this priority and continue to support tangible assistance for families, mutual support options, and information and education for families.

4. Social and Community Integration

- a. Families greatly value creative supports that lead to a full life for their family member with a disability. Our recommendation is for CCDDDB to continue to include a priority area that focuses on supporting people with disabilities to become fully integrated into their communities through social support and community engagement. Programs that facilitate social and friendship opportunities, volunteering opportunities, access to community classes, access to fitness clubs and health promotion activities, mentoring opportunities, and all other activities that build social and community engagement should be encouraged. Having strong personal networks is a key predictor of success in adult life for people with disabilities and their families and is in line with CCDDDB's other priorities.

5. Innovation

- a. As the fiscal crisis shifts to a new reality, we must be willing to shift the supports that are offered. We recommend the secondary criteria of "innovation" be moved to a priority criteria. We believe the CCDDDB can encourage local agencies to create new options in response to the current financial challenges and changing expectations of the community.



12.C.

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

DECISION MEMORANDUM

DATE: November 14, 2012
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY14 Allocation Priorities and Decision Support Criteria

BACKGROUND

Against the backdrop of the ongoing State of Illinois budget crisis, it will be our job to again determine how best we can use our local funding to address the needs of people with mental illnesses, substance use disorders, and developmental/intellectual disabilities. But at what point does the immediacy of a crisis become the status quo? The onset of the budget crisis for disabilities services in Illinois was the FY09 contract year (July 1, 2008 through June 30, 2009). After six (6) years of "crisis", perhaps it is time to acknowledge what we have been describing as a crisis is actually our new reality. Why pretend?

Our raison d'être is to plan, fund, monitor, and evaluate disabilities systems of care in Champaign County. For the last six years we have been making funding decisions primarily in response to what has been characterized as a crisis. If we shift our thinking and redefine the State of Illinois funding and payment (or lack thereof) problems as our new reality rather than a temporary problem, would this result in a change in our priorities?

The challenge for the Champaign County Mental Health Board (CCMHB) will be to change the constructs of our thinking and refocus to address the realities of our new environment. This may well be a seminal year for disabilities programs and services in Illinois.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY14 (July 1, 2013 through June 30, 2014) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Expectations for Minimal Responsiveness

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

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

FY14 Decision Support and Priorities

The on-going state funding reductions for mental health, substance use disorders, and developmental and intellectual disabilities and regionalization proposals indicate the next funding cycle should be focused on retrenching and to the extent possible maintenance-of-effort. With this in mind, the following is suggested for consideration. **Mental Health and Substance Abuse Services for Youth with Serious Emotional Disturbance (SED) Involved in Juvenile Justice and other child serving systems –**

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to accomplish the following objectives:

- (a) Parenting with Love and Limits (PLL) – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.
- (b) ACCESS Initiative – Sustainability planning for the post-cooperative agreement phase of the project, in partnership with the Illinois Department of Human Services (IDHS), implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Initiative (by subcontract from the IDHS).
- (c) Quarter Cent for Public Safety – Full compliance with the MOU and support of development of a system of care which includes integrated planning with PLL and ACCESS Initiative.

Developmental Disabilities Programs and Services - Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB). This agreement defines the FY14 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

Specialty Courts – Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Board pertaining to the Champaign County Drug Court. Access to substance abuse programs, services, supports and incentives for Champaign County Drug Court clients shall be prioritized as an area of emphasis. Implementation of Champaign County Mental Health Court and access to appropriate programs and services for participants is also included under this section.

Integration of Physical and Behavioral Health Programs and Services – To the extent possible, support the activities of the Regional Integrated Behavioral Health Network process as delineated in PA 097-0381. While we agree with the philosophical concepts

of this legislation which includes facilitating the integration of behavioral healthcare with primary healthcare, the regionalization of the public behavioral health system may well present barriers for the CCMHB and other local funders limited by geographic boundary considerations. In addition, the CCMHB should continue to explore local (i.e., Champaign County) opportunities for behavioral health and primary care integration.

Support of Projects Consistent with the 10 X 10 Wellness Campaign - Encourage applications which promote wellness and improved physical health of people with serious and persistent mental illness and other disabilities.

Gaps in Core Services Related to Unfunded Clients – Applications which identify and document specific cohorts of unfunded clients with substance use, mental illness, or developmental / Intellectual disability service needs will be considered a high priority for CCMHB and CCDDDB FY14 funding. For the purposes of this memorandum, “unfunded” means people who are not eligible for Medicaid or Medicare, or any other third party payer.

Overarching Decision Support Considerations

The FY14 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY14 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
4. Budget and Program Connectedness - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

Process Considerations

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

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals

(RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB and CCDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.

- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or

amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.

- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCMHB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, availability of funds and equitable distribution of funds between disability areas.

Decision Section:

Motion: Move to approve the FY14 Allocation Decision Support Criteria as described in this memorandum.

_____Approved

_____Denied

_____Modified

_____Additional Information Needed

12.D.

**Reaching Out For Answers: Disability Resource Expo
Board Report-Expo Summary
November, 2012**

I am very pleased to report that the 6th annual “Reaching Out For Answers: Disability Resource Expo” held on Saturday, October 13, 2012 at Lincoln Square Village in Urbana, was another huge success! Attendance for the entire five-hour event was steady and strong.

The Steering Committee whose responsibility it is to plan this event has just been an amazing group of hard working, highly committed individuals, most of whom have been doing this since the inception of the Expo in 2007. As coordinator of this event, I am truly humbled by all that these exceptional individuals are doing to ensure a better quality of life for individuals with disabilities in our community. A HUGE Thanks from me to each of them for another phenomenal year!

Exhibitors – This years’ Expo brought the highest number of exhibitors to date. 77 exhibitors were on hand to share information and resources with attendees. 14 of these exhibitors were new to the Expo this year. 18 percent of the exhibitors this year were for-profit companies, four of whom were recruited from the Abilities Expo in Schaumburg last spring. These exhibitors were able to share some wonderful new technology, such as the Standing Wheelchair, the Action All-terrain Trackchair, and the Mobility Liftkar stair climber. We also welcomed a new equine therapy resource to our community, Healing Horse Stables, and the Parkinson’s Support Group, just to name a few.

Champaign County’s new Public Safety Awareness Association was on hand to register persons with disabilities in the Premise Alert Program. Representatives of the Champaign and Urbana PD’s, County Sheriff’s Dept., Fire Dept. and METCAD made attendees aware of the various emergency resources and how they can assist persons with disabilities in the county.

During the final week prior to the Expo, 11 additional exhibitors requested to be a part of the Expo. Due to the late date and space limitations, we were only able to accommodate four of these exhibitors. The remaining seven have been placed on our Exhibitor Contact List, and will be invited to participate in the 2013 Expo. This ever-growing number of potential exhibitors appears to be evidence that Reaching Out For Answers has made a name for itself not only in this community, but throughout the state. This being said, we may at some point, need to consider the potential for continued growth of this event, and the feasibility of remaining at our current location with the space limitations therein.

Please see the attached Exhibitor Evaluation Summary for further information.

PRIDE Room – Vickie Tolf from DSC did an amazing job in coordinating the PRIDE Room this year. Twenty vendors displayed and sold items such as paintings, photography, jewelry, cards, etc. We were pleased to have 14 year old author, Hollee Trent, in the Pride area selling and signing her book, “Broken”, which speaks to this young person’s perception of stigma and how it relates to individuals with disabilities.

Please see the attached Pride Room Vendor Evaluation Summary for further information.

Entertainment – As in years past, the mayors of Champaign and Urbana kicked off the Expo by reading a proclamation that October was Disability Awareness Month. Participants of the Expo seemed to really enjoy the wonderful array of entertainment this year, which included jazz music by talented pianist, Donnie Heitler; the wonderfully talented youth orchestra, Mo' Betta Music; and magnificent fashion show by Carlton Bruett Designs. Greater Champaign County AMBUCS presented an AMTRYKE to a youngster again this year. Attendees had the opportunity to purchase raffle tickets for two Ebert Film Festival tickets and a therapeutic weighted blanket. They also participated in a drawing for a Kindle Fire. We were pleased to learn that the winner of the Kindle Fire was a special education teacher with the Urbana School District, who plans to use the Kindle with her students.

We received a very generous donation of over \$1,000 worth of adaptive games from a mail order company called Flaghouse. These games were the focus of our exhibitor bingo this year, and allowed children to seek out and try out some of these wonderful games at various exhibitor booths. Several of the games became part of our Children's Activity Room, and some were given away as prizes.

Children's Activities – The Children's Activity Room, sponsored again this year by First Federal Savings Bank, was a popular place to be at the Expo. Children enjoyed the bounce houses, balloon animals, face painting, games, prizes and snacks.

Accessibility – Sign language interpreters, personal assistants, additional parking for disability access, and much more was available to assist attendees with accessibility accommodations. Exhibitor's handouts were available to attendees in large print and CD to enable all attendees to have equal access to the materials being distributed at the Expo.

Marketing/Sponsorship – The 2012 edition of the "Reaching Out For Answers: Disability Resource Expo" Resource Book was distributed to attendees of the Expo. A huge thank you to Lynn Canfield who worked diligently to make this book the wonderful resource that it is. Additional copies are still available, and will be distributed throughout the coming year.

We were fortunate this year to have WCIA, WAND and the Daily Illini come out and do stories during the Expo.

An event of this magnitude requires some very heavy-duty promotional efforts, which many were involved in. A big thank you goes out to Jim Mayer, Janice McAteer, Jon Deitrich and Vicki Niswander for their parts in the various interviews, tapings, etc. We are also very appreciative of Josh Laskowski with S. J. Broadcasting for their matching ads and loan of sound system for the event.

Volunteers – Of course, an event of this size could not happen without the strong support of volunteers. Jen Knapp did a magnificent job of coordinating just the right number of volunteers to help with various tasks at the Expo. Thank you, Jen!

Respectfully submitted

Barb Bressner
Consultant

Disability Resource Expo
EXHIBITOR EVALUATION
2012

Expo evaluation forms were given to 77 exhibitors. 52 completed forms (67%) were returned.

The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor

Items rated

1. Rate pre-event communication:

- 0 – Poor
- 0 – Fair
- 1 – Ok
- 8 – Good
- 40 – Excellent

Comments:

- Perhaps there could be a way to find out ahead of time what wing our table is on. That way we could park near our destination.
- AWESOME!
- We were shown and told what to do and where to be.
- Appreciate updates & specific info. on the location & expectations
- Great signage throughout town! Very visible
- Not sure-was not involved in pre-event communication
- Great
- Great. My sister tried to find out information through the mall & the newspaper & could not find anything on it.
- Sufficient
- Good publicity of event, too.
- Barb is very organized and helpful!
- Great e-mail and info.
- Very well organized. Good marketing to the community.
- Don't know, I was a last minute fill-in
- She was excellent about keeping in touch with me

2. Rate event-day check-in process:

0 – Poor
0 – Fair
1 – Ok
5 – Good
45 – Excellent

Comments:

- Very quick and easy
- Little confusing at first, but worked out well
- Easy
- Fast & easy
- Ran very smooth. I like how the tables were labeled.
- Went very smoothly
- Smooth, organized.
- Very easy & quick
- Good early
- I didn't know I was supposed to check-in (1st time) & someone came to find me to provide info.
☺
- Great, Friendly & Helpful.
- Sufficient
- Good organization
- Easy process
- Very smooth
- Easy to do, however, it would have been nice to know ahead of time which end of the building I would be in so I could park closer!
- Very easy

3. Rate "Find-the-Game Scavenger Hunt" activity:

0 – Poor
1 – Fair
12 – Ok
7 – Good
19 – Excellent

Comments:

- Not too many stopped by to ask.
- I don't know – didn't deal with it much.
- Didn't participate
- No input

- I think our booth could have benefitted from this activity, since we target families w/young children
- Fun!
- I didn't see it in progress but it is a great idea!
- Great idea to put people, esp. students to stop at booths & ask questions
- Not sure it helped generate traffic
- N/A – did not observe
- No one asked me about it, so not sure
- No contact with it.
- Fair enough
- We didn't get any☹
- N/A
- Not sure – People were confused
- Great idea but did not witness involvement
- We did not participate in this activity
- Didn't have a lot of requests
- Most people did Not seem interested.
- Good activity. Didn't see much traffic/questions re: the Hunt.
- Didn't play

4. Rate variety of exhibitors/activities:

0– Poor

1 – Fair

0 – Ok

6 – Good

44 – Excellent

Comments:

- Excellent! Not to be redundant!
- Great
- Almost overwhelming, but wouldn't suggest reducing
- 5***
- A lot of variety and something for everyone to benefit from
- Excellent!
- It's amazing how many resources there are in this community!
- Huge – great variety.
- Good
- Lots of useful exhibits for individuals, families & professionals
- Good variety

- Good.
- Excellent variety and number of exhibitors. Nice range.
- Great!
- Excellent
- Very well organized. Nice displays.
- I had no idea of how many organizations there were in Champaign-Urbana!

5. **Rate the entertainment you had an opportunity to view/hear:**

- 0 – Poor
- 0 – Fair
- 8 – Ok
- 7 – Good
- 31 – Excellent
- 1 – Excellent +

Comments:

- NA – Didn't see any
- Roving musicians were too loud and stayed in our area too long. We were unable to talk with guests while they were present.
- It's ok
- 5***
- Enjoyed fashion show, and the drum player. Music always helps.
- This year was the very best to date!!
- Love the music – Thanks!
- Booth was near stage. Loved the entertainment.
- The band could have played all day.
- Enjoyable
- Please keep noise away from booths so people can hear us & vice versa.
- N/A
- Outstanding. Loved the Jazz Band
- Awesome
- All music was excellent/Fashion Show Great
- Bands too loud!
- Awesome!
- Too loud for exhibitors
- The jazz band was good

6. Rate the physical setting for the event:

- 0 – Poor
- 0 – Fair
- 1 – Ok
- 12 – Good
- 40 – Excellent

Comments:

- Accessible and clean
- Little crowded
- Great layout
- Good layout
- Great open space
- Excellent!
- Easy to find, good accessibility
- Well organized; easy to locate booths
- Wonderful
- Got to see a great mix of people I normally don't get to see.
- Worked well for us.
- Excellent
- Easy to get around.
- It seemed to be spread out really well
- Great, but need powered entrance doors

7. Rate the Expo overall:

- 0– Poor
- 1 – Fair
- 0 – Ok
- 9 – Good
- 39 - Excellent
- 1 – Excellent +

Comments:

- Nice Event!
- Extremely helpful
- Love this event, always tons of info. and great networking opportunity
- I do a lot of expo's & this was the best by far. Very productive use of my time
- Thanks for letting us be a part of it!
- Improvement from last year. More people came through.
- This is my 3rd year and it has been the best so far.

- Great day!
- This event continues to grow in number and quality. This year the best so far
- Great Day!
- Excellent – Vendors/Exhibitors as well as attendees are well cared for!
- Worth the 2+ hr. trip from Chicago!
- Well done!
- Enjoyed very much ☺
- Nice turnout. Well done.
- Excellent
- Wonderful
- Saw a lot of people who were Happy to see this.

Narrative Questions

8. What did you like best about the Expo?

- The attendance – It is always well attended and the traffic is constant throughout the day.
- Fun
- The easy accommodations for exhibitors and participants
- Appreciate the customer service and support given to presenters
- Entertainment, booths, set-up, everything
- # of exhibitors
- The various exhibitors
- Number of agencies, entertainment
- Very organized! Great turn-out of Exhibitors!
- Variety of vendors. Increased flow of people came through
- The variety of Exhibitors. The Entertainment.
- So many great resources for people with disabilities. Very well organized. Fun for all w/the games & entertainment
- Layout of exhibitors well done. Plenty of room.
- Lots of great (as always) info!
- Busy
- Diverse attendees. Art gallery/PRIDE Room
- Well organized. A lot of great vendors
- Thanks for snacks. Loved/piano – Donnie Heitler
- Great resources for the community.
- Entertainment – Disability Pride Room – range of exhibits
- Flow of the event
- All the different resources
- Meeting all the people. Great variety

- Volunteers were attentive, and it was nice of them to give me a break.
- The variety of people – all ages, disabilities
- Being far from band
- All fine.
- We were more visible.
- Wide variety
- Variety of providers – Networking opportunities
- Information. Networking of agencies
- All the exhibits
- Meeting people with similar interests.
- Layout
- Great variety of representatives
- I enjoyed the music very much. I felt very supported & welcome by volunteers. I also thought there was an excellent variety of service providers present.
- Big turn-out
- Music
- We appreciated the opportunity to learn more about services for people with intellectual disabilities and telling people about our project.
- Great outreach, turnout and vendors.
- Meeting the people!
- Good Traffic, Good Networking, Good Responses
- Good attendance. Great location-easy to get to and find

9. What would you change to improve the Expo in the future?

- Move it up to September?
- No traveling music. Quiet area was by roving musicians!
- Doors need to be electronic to get in easier.
- None at this time
- Nothing
- Group exhibitors together in relation to which service they provide-provider agencies should be grouped together or near each other-funding sources should be near providers.
- Please no wooden chairs, extremely uncomfortable for 6 hrs.
- None
- Maybe expand "Scavenger Hunt" – It's a great idea!
- More engaging entertainment. More musical things/performances
- I would prefer chairs that the seat doesn't have a "scoop" (I don't know any other way to describe the seat.).
- Not a thing---
- Would love more comfortable chairs for vendors-but I can always bring a pillow.

- I can't think of anything.
- More entertainment.
- TOO LONG
- None
- For out of towners it was confusing to know where to park. My GPS took me to the Post Office.
- Automatic door
- Better organization. ASO treatment was ASO, et cetera
- Everything seemed fine.
- Move it to Parkland College.
- I would change the hours. Maybe 9-1 or a 10-2
- Maybe every other year
- More pre-Expo advertising
- It is great as it is.
- Better weather. HaHa
- Better intercom/mic system
- Nothing.
- Every-other-year
- Everything was great and well-organized! We have no complaints.
- Can't think of any.
- Not enough people
- Maybe have a few more wheelchair users coming thru.

10. What other exhibitors might you suggest we invite to future Expos?

- Food therapy – "Girls on the Run"
- I wasn't able to see all of them, but someone who is an interpreter or offers services would be great.
- Can't really think of anyone who isn't already here!
- N/A
- Someone that deals with Lung Diseases.
- The event may be near a maximal number for space available
- ITAC. Chittick Low Vision
- Food vendors
- School districts?
- I believe it was a nice balance.
- Not sure you missed anyone.
- None at this time.
- Not sure you have room for more.
- Don't know
- ?

- We are only learning about the various exhibitors ourselves, so we do not know anyone else who would be a good exhibitor.
- No idea!
- Maybe some outdoor sporting events designed towards people with disabilities (ex. Rowing, hunting, etc.)

11. What other entertainment options would you like to see us bring to the Expo, keeping in mind that we strive to have all entertainment performed by or geared toward persons with disabilities.

- Love the music
- Maybe a display of art or crafts made by those with disabilities.
- Entertainment was great!
- Parkland Pops. Anything musical brings a good atmosphere
- It would be hard to improve on today's entertainment.
- Music is great.
- Moving entertainment – visual – throughout the expo > the traveling musicians just came by. Thanks!
- Mime. Strolling magician
- Really enjoyed the middle school jazz band 😊
- Face painting for kids. Maybe clown. Wheelchair sports demo, i.e. Rugby, Basketball, etc.
- Salsa dancing
- Story teller
- None
- The entertainment was awesome for all levels of cultures. Great Event.
- What you had was great!
- I loved the music, however, it might have been nice to have more entertainment for the hearing impaired.
- Don't know
- ?
- Again, no idea.
- Nothing, you did a good job with this part of the expo.

Disability Resource Expo
DISABILITY PRIDE
EXHIBITOR EVALUATION
2012

Disability Pride evaluation forms were given to 20 exhibitors. 10 completed forms (50%) were returned.

The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor

Items rated

1. Rate pre-event communication:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 3 – Good
- 6 – Excellent

Comments:

- Everyone responded to phone calls and e-mails very quickly
- Vickie was very helpful w/my setting up and making sure I had everything I needed!
- Don't remember receiving info few days in advance about accommodations for exhibitors, except that we would get lunch vouchers.
- Good. Maybe a little more publicity. I heard about it on WILL Radio, which was a good venue.
- Great communication from Vickie in person and via e-mail.

2. Rate Setting up and support throughout the day:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 1 – Good
- 8 – Excellent

Comments:

- Everybody was very supportive, always willing to help.
- Excellent
- Everyone was so wonderful & helpful!

- Very good except volunteer directing attendees into Disability Pride room disappeared in early afternoon.
- I was so glad my table and backdrop were ready with my name on them. Also, there were snack bags and food available. Diet drinks were great. Volunteers were helpful.
- Thank you
- It was fine

3. **Rate variety of artists/entrepreneurs in the Disability Pride room:**

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 2 – Good
- 7 – Excellent

Comments:

- The printed silks blew my mind.
- Excellent choice and great variety.
- Fantastic selection.
- Great!

4. **Rate the entertainment if you had an opportunity to view any of it:**

- 0– Poor
- 0 – Fair
- 2 – Ok
- 0 – Good
- 6 – Excellent

Comments:

- The music was very pleasant.
- Too loud, hard to talk with customers or other workers.
- Very good except dark. Spotlights were offered but there was no place to plug them in.
- I was glad I was far down the hall from the music because the band was loud.
- Loved "Mo Betta Music"!
- I was glad there was more for kids.

5. Rate the physical setting for the Disability Pride room:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 0 – Good
- 2 – Excellent
- 6 – Excellent +

Comments:

- Everything was very well spaced out so you can maneuver around!
- I was really glad to be in the main hallway of the mall. I would not have wanted to be tucked away in the separate Pride Room.
- Doorway needs a ramp.

6. Rate the Disability Pride Room & Expo overall:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 2 – Good
- 3 – Excellent

Comments:

- A great experience. Met lots of amazing people.
- Great to come out Nov. only to present bus to meet everyone & network
- I like my spot

Narrative Questions

7. What did you like best about the Expo/Disability Pride room?

- The atmosphere was very welcoming
- A wide variety of things
- Table covers were beautiful, plenty of room between tables, lots of really good talent and goods.
- Pride Room was so organized with materials, etc.

8. What would you change to improve the Disability Pride room in the future?

- Marketing. I think we should make flyers, send e-mail blasts, get in the newspapers, offer food vendors maybe?

- Have it open for the exhibitors sooner.
- I would not change anything about the room or the set-up. You have just the right mixture of good, arts, etc.
- Point out-make a sign pointing to door open disability button at South Entrance.
- All should be out in the open instead of tucked away in the dark Pride Room.

9. Do you know of other Disability Pride exhibitors who you might suggest we invite to future Expos?

- No
- Sorry, but no!

Monday, December 10, 2012

4:30 to 6:30 p.m.



*The Champaign County Mental Health Board
Requests the Privilege of your Attendance To Honor:*

Jan Anderson and Mary Ann Midden

*For their commitment & dedication,
as their service to the Board comes to an end.*

Lincoln Square Food Court
Lincoln Square Mall
Urbana, IL
A cash bar will be available.

