



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Developmental Disabilities Board (CCDDB)

SPECIAL MEETING AGENDA

Tuesday, June 3, 2014

Brookens Administrative Building, Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

8:00 AM

1. Call to Order – Ms. Elaine Palencia, President
2. Roll Call – Stephanie Howard-Gallo
3. Citizen Input
4. Agency Information
5. Old Business
 - A. Request for Proposals for CILA Expansion in Champaign County*
*A Decision Memo is included in the packet. Action is requested.
The RFP issued on May 21, 2014 by the CCMHB is included for information.*
 - B. FY 2015 Allocation Decisions*
*A Decision Memo is included in the Board packet. Action is requested.
A DRAFT of minutes of the May 21, 2014 meeting of the CCDDB and an article entitled "The Direct Support Workforce Crisis: Can Unions Help Resolve This?" are included for information.*
6. Adjournment

**Board action requested*



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

E.A.

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

DECISION MEMORANDUM

DATE: June 3, 2014
TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy, Executive Director
SUBJECT: **Community Integrated Living Arrangement (CILA) Request for Proposals (RFP)**

Status Update

On May 21, 2014, the Champaign County Developmental Disabilities Board (CCDDB) voted to defer on the decision memorandum concerning the following motion:

Motion to authorize issuance of the Request for Proposals for Community Integrated Living Arrangement Services in Champaign County, to be issued on May 22, 2014, and amending the Intergovernmental Agreement with the Champaign County Mental Health Board to share equally in all costs associated with borrowing \$800,000 subject to the terms and conditions delineated in the loan agreement authorized by the Champaign County Mental Health Board. The anticipated cost for the first year shall not exceed \$50,000.

Subsequent to this deferral, the Champaign County Mental Health Board (CCMHB) passed the following motion at their May 21, 2014 meeting at 4:30pm:

Motion to authorize issuance of the Request For Proposals for Community Integrated Living Arrangement Services in Champaign County, to be issued on May 22, 2014, and authorize borrowing up to \$800,000 over a ten-year term, subject to the terms and conditions of the loan agreement. The cost of the loan for the first year shall not exceed \$100,000.

At such time as the Champaign County Developmental Disabilities Board (CCDDB) takes action to participate in the Request For Proposals, the following shall take place: (1) an addendum to the Intergovernmental Agreement will be completed to reflect CCDDB status as partners in the RFP process, and (2) the RFP will also be amended to reflect the CCDDB participation.

Background

The purpose of the Request for Proposals (RFP) is to increase the availability in Champaign County of CILA homes with a capacity of four people, three people, two people, or one person with intellectual and developmental disabilities (ID/DD). For all practical purposes, a CILA is essentially a house in almost any neighborhood which meets state CILA licensing requirements. For a variety of reasons, local CILA service providers have not been able or willing to assume the capital risk associated with the development of additional CILA capacity in Champaign County.

Currently, there are twelve (12) people with CILA funding who are stymied by the absence of appropriate placements in their home community (aka, the Champaign Eleven). Because there are no appropriate options in Champaign County, many of these people will be forced to accept a CILA placement in a location far from their families in Champaign County. To further complicate matters, a recent Prioritization for Urgency of Need for Services (PUNS) draw has the potential to result in CILA awards for an additional 18 people for whom no CILA vacancies exist in Champaign County. This situation does not provide people with CILA awards adequate choice concerning where, how, and with whom they live.

In addition to the current identified need, a variety of factors including the Prioritization for Urgency of Need for Services (PUNS) and the Ligas Consent Decree make it crystal clear that the need for additional CILA homes (with a capacity of four people, three people, two people, or one person) will continue to increase, and more CILA services in Champaign County will be needed. Without this RFP, it is highly unlikely that adequate CILA capacity located in Champaign County will be developed to meet the service needs of Champaign County residents.

For these reasons it is important to develop more CILA homes in our community as soon as possible. Another component of this RFP is to look at the short and long term CILA needs for Champaign County and propose solutions to address the CILA need as well as a plan for implementation.

The CCMHB and CCDDDB will be seeking proposals from licensed CILA service providers willing to provide CILA services consistent with the specifications detailed in this RFP in community integrated houses owned by the CCMHB/CCDDDB and leased to the most appropriate CILA service provider in accordance with the terms and conditions specified by contract.

Statutory Authority

The Champaign County Mental Health Board (CCMHB) is a nine-member body appointed by the Champaign County Board and has statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et.seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County.

The Champaign County Developmental Disabilities Board (CCDDDB) is a five-member body also appointed by the Champaign County Board and has statutory authority (County Care for Persons

with Developmental Disabilities Act, 55 ILCS 105 / Section 0.01 et. seq.) to fund services and facilities for the care and treatment of persons with a developmental disability.

Both the CCMHB and CCDDDB have the authority to own property for use consistent with the statute.

RFP Parameters

See the attached Request for Proposals.

Decision Section

Motion to fully participate with the Request for Proposals for Community Integrated Living Arrangement Services in Champaign County issued on May 22, 2014, and to amend the Intergovernmental Agreement with the Champaign County Mental Health Board to share equally in all costs associated with borrowing \$800,000 subject to the terms and conditions delineated in the loan agreement, and to share equally in the equity associated with the real estate purchased. The anticipated cost to the CCDDDB for the first year shall not exceed \$50,000.

- Approved
- Denied
- Modified
- Additional Information Needed

Persons Served, Unduplicated *(from Lynn Canfield, Associate Director for ID/DD)*

Through all CCDDDB and CCMHB funded ID/DD programs during
Quarters 1-3 of Contract Year 2014 (July 1, 2013 through March 31, 2014):

Programs serving young children (birth to six) reported **1,001** unduplicated individuals.

Programs serving all others (typically adult programs, with some younger persons) reported **489*** unduplicated individuals.

Of the 489*:

- 419* participated in programs at Developmental Services Center (DSC)
- 75 participated in programs at Community Choices (CC)
- 9 participated in programs at CTF Illinois
- 22 participated in Community Elements' Coordinated Services program
- 10 participated in PACE's Opportunities for Independence program
(Persons participating in CU Autism and CC Down Syndrome Network programs were not included due to the substantially different intensity and type of service)

- 26 participated in programs at both Community Choices and Developmental Services Center
- 9 participated in programs at both CTF Illinois and Developmental Services Center
- 4 participated in programs at both Community Elements and Developmental Services Center
- 3 participated in programs at both Community Elements and Community Choices
- 3 participated in programs at both PACE and Developmental Services Center
- 1 participated in programs at both PACE and Community Choices

- 8 people participated in all three funded programs at Community Choices (CC)
- 2 people participated in both CC's Community Living and Customized Employment programs
(the two more intensive services)
- 4 people participated in both CC's Community Living and Self-Determination Support programs
- 11 people participated in both CC's Customized Employment and Self-Determination Support programs

- 102 people participated in any two of the nine funded DSC programs
- 49 people participated in any three of the nine funded DSC programs
- 22 people participated in any four of the nine funded DSC programs
- 8 people participated in any five of the nine funded DSC programs
(Multiple program involvement at DSC is more complex due to many more funded programs, but additional detail is available.)
(Two of the nine funded DSC programs will begin billing in the fourth quarter.)

*An additional 22 could not be identified due to HIPAA compliance rules, so we know that the actual number is higher but cannot account for duplication. This could increase any total related to numbers of those participating in Developmental Services Center programs or in combination with other agency programs.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

REQUEST FOR PROPOSAL

COMMUNITY INTEGRATED LIVING ARRANGEMENT SERVICES

FOR THE COUNTY OF CHAMPAIGN

RFP Number 2014-001

ISSUE DATE:

May 22, 2014

CLOSING LOCATION:

Champaign County Mental Health Board
Champaign County Developmental Disabilities Board
ATTN: Peter Tracy, Executive Director
1776 East Washington Street
Urbana, IL 61802

CLOSING DATE AND TIME:

Wednesday, July 30, 2014, 3:00 PM

Ten (10) copies of the proposal must be presented by 3:00 p.m. on Wednesday, July 30, 2014. At 3:30 p.m. on that date, the names of the respondents will be read aloud and recorded. (Please show RFP #2014-001 on the lower left corner of package.) An electronic version of the proposal shall also be submitted on a USB drive (preferred) or CD-ROM.

NOTICE: If downloading this solicitation from www.co.champaign.il.us/bids, it is the responsibility of the respondent to e-mail our office at stephanie@ccmhb.org to be registered as a potential respondent in order to receive any clarifications or addenda.

REQUEST FOR PROPOSAL
COMMUNITY INTEGRATED LIVING ARRANGEMENT SERVICES
FOR THE COUNTY OF CHAMPAIGN
RFP Number 2014-001

Table of Contents

Section 1 – General Information.....	4
1-1 Purpose of the Request for Proposal	4
1-2 Internet Access to this RFP	5
1-3 Inquiries and Lobbying Restrictions	5
1-4 Pre-Proposal Conference.....	6
1-5 Addenda	6
1-6 Proposal Submission and Opening.....	6
1-7 Proposal Withdrawal.....	7
1-8 Proposal Disclosure.....	7
1-9 Oral Presentations and/or Interviews	8
1-10 Proposal Timetable	8
1-11 Acceptance or Rejection of Proposals.....	9
1-12 Development Costs.....	9
1-13 Conflicts of Interest	9
1-14 Non-Collusion	9
1-15 Notice of Award	10
Section 2 – Scope of Services.....	10
2-1 Description of Services	10
2-2 Term of Contract	10
2-3 Non-Appropriation	10
Section 3 – Preparing Proposals: Required Information.....	11
3-1 Format of Proposals	11
3-2 Required Content of Proposals.....	11
Section 4 – Evaluation of Proposals	15
4-1 Phase I - Preliminary Proposal Assessment	16
4-2 Phase II - Proposal Evaluation	16

Section 5 – Selection Process	18
5-1 Phase III - Oral Presentations and/or Site Visit.....	18
Section 6 - Additional Details of the Process	18
6-1 Addenda	18
6-2 County's Rights to Reject Proposals	19
6-3 No Liability for Costs.....	19
EXHIBIT 1.....	20
E1-1 Description of the Champaign County CILA Services Project	20
E1-2 Specifications for CILA Homes.....	20
E1-3 Specifications for Selection of People in Need of CILA Services.....	21
E1-4 Specifications for Provision of CILA Services.....	21
E1-5 Implementation Time Line.....	21
E1-6 Strategies for Meeting Ongoing CILA and Residential Needs in Champaign County.....	22
EXHIBIT 2	22
Respondent Profile Information.....	22
EXHIBIT 3.....	23
Lease Agreement	23

Section 1 – General Information

1-1 Purpose of the Request for Proposal

The purpose of the Request for Proposals (RFP) is to increase the availability in Champaign County of Community Integrated Living Arrangements (CILA) homes with capacity for four people, three people, two people, or one person with intellectual and/or developmental disabilities (ID/DD). Even though a significant number of people with intellectual and developmental disabilities originating from Champaign County have received notification of award from the Illinois Department of Human Services, Division of Developmental Disabilities (IDHS/DDD) to fund CILA services, no vacancies exist in appropriate CILAs in Champaign County. In addition, for a variety of reasons, local CILA service providers have not been able or willing to assume the capital risk associated with the development of additional CILA capacity in Champaign County.

In addition to the current identified need, a variety of factors including the Prioritization for Urgency of Needs for Service (PUNS) and the Ligas Consent Decree make it crystal clear that the need for additional CILAs with smaller capacity will continue to increase, and more CILA services in Champaign County will be needed. Without this RFP, it is highly unlikely that adequate CILA capacity located in Champaign County will be developed to meet the service needs of Champaign County residents.

The Champaign County Mental Health Board (CCMHB) is a nine-member body appointed by the Champaign County Board and has statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et. seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County.

The Champaign County Developmental Disabilities Board (CCDDB) is a five-member body also appointed by the Champaign County Board and has statutory authority (County Care for Persons with Developmental Disabilities Act, 55 ILCS 105 / Section 0.01 et. seq.) to fund services and facilities for the care and treatment of persons with a developmental disability.

The CCMHB is seeking proposals from licensed CILA service providers willing to provide CILA services consistent with the specifications detailed in this RFP in community integrated houses owned by the CCMHB and leased to the most appropriate CILA service provider in accordance with the terms and conditions specified by contract.

Champaign County is located in east central Illinois, approximately 135 miles south of downtown Chicago, Illinois. The County operates under the township form of government. The County's 30 townships lie in eleven County Board districts. The two largest cities in the County are Champaign and Urbana, with 2010 census populations of 81,055 and 41,250, respectively. The County seat is the City of Urbana. As reported in the 2010 census, the population of the County is 201,081, which represented growth of 11.9% over the 2000 census, and placed Champaign County as the 10th largest county in the State of Illinois.

1-2 Internet Access to this RFP

All materials related to the RFP will be available online at www.co.champaign.il.us/bids. In the event that a potential Respondent does not have download capability, all materials may be obtained from the Champaign County Mental Health Board, 1776 East Washington Street, Urbana, IL 61802. Prior to submittal, Respondents shall be responsible for ensuring they have obtained all RFP materials.

All Respondents who download an RFP solicitation from www.co.champaign.il.us/bids have the responsibility to e-mail our office stephanie@ccmhb.org referencing RFP 2014-001 to be registered as a potential Respondent in order to be notified of any clarifications or addenda. Failure to register to receive clarifications and/or addenda shall not relieve the Respondent from being bound by any additional terms and conditions in the clarifications and/or addenda, or from the responsibility of considering additional information contained therein in preparing Respondent's proposal. Any harm to the Respondent resulting from the failure to register and/or ensuring they have obtained all RFP materials shall not be valid grounds for a protest against award(s) made under this solicitation.

1-3 Inquiries and Lobbying Restrictions

Respondents will carefully examine all documents included in this RFP and make a written request to the CCMHB for interpretation or correction of any ambiguity, inconsistency, or error herein. Any written interpretation or correction will be issued as an Addendum by the CCMHB. Only a written interpretation or correction by addendum shall be binding. **Respondents are cautioned against relying upon any interpretation or correction given by any other method.**

All Requests for Interpretation (RFI), correction, or other inquiries concerning the RFP process and/or the subject of this RFP must be directed to:

Peter Tracy, Executive Director
Champaign County Mental Health Board
Champaign County Developmental Disabilities Board
1776 East Washington Street
Urbana, Illinois 61802
PH: 217-367-5703
FAX: 217-367-5741
e-mail: peter@ccmhb.org

Except for contact with the designated County official for this RFP, all interested individuals, firms, and their agents who intend to submit or have submitted a proposal or other response to the County are hereby placed on formal notice that no Champaign County Board Members, CCMHB or CCDDDB Board Members or staff, or RFP Committee Members are to be lobbied, either individually or collectively, concerning this RFP.

Lobbying consists of introduction, discussions related to the selection process, or any other discussions or actions that may be interpreted as attempting to influence the outcome of the selection process. This includes holding meetings, engaging in the aforementioned prohibited lobbying and/or prohibited contact, which actions may immediately disqualify Respondent from further consideration by the CCMHB for this RFP.

By submitting a proposal, qualifications, or other response for this RFP, the Respondent certifies that it and all of its affiliates and agents have not lobbied or attempted to lobby Champaign County Board Members, CCMHB or CCDDDB Board Members or staff, or RFP Committee Members.

1-4 Pre-Proposal Conference

The CCMHB will hold a Pre-Proposal Conference in the Lyle Shields Meeting Room of the Brookens Administrative Center, 1776 East Washington, Urbana, Illinois, 61802, at 1:30pm on Wednesday, June 11, 2014. All interested parties are invited to attend. The CCMHB requests that all parties planning on attending the Pre-Proposal Conference notify Stephanie Howard Gallo (stephanie@ccmhb.org) prior to the Pre-Proposal Conference. The e-mail communication shall include the name, title, e-mail address, and phone number of each attendee. The CCMHB will answer questions, clarify the terms of the RFP at the Pre-Proposal Conference, and may respond both to questions posed on the day of the conference and to questions faxed or mailed prior to the deadline for receipt of questions per Section 1-3 above.

1-5 Addenda

If revisions or clarifications to the RFP become necessary, the CCMHB will post written Addenda on the county website. All Addenda issued by the CCMHB will include a receipt form, which must be signed and included with any proposals submitted for consideration. In the event that multiple Addenda are issued, a separate receipt for each Addendum must be included with the proposal at the time it is submitted. **However, it is the responsibility of Respondents to closely monitor postings on the County's website (www.co.champaign.il.us/bids).**

The CCMHB will not issue Addenda less than five (5) days prior to the scheduled deadline date and time for receiving proposals, unless said date is to be postponed.

1-6 Proposal Submission and Opening

A proposal shall be made in the official name of the agency under which business is conducted (showing the official organization address) and must be signed in ink by a person duly authorized to legally bind the corporation or not-for-profit entity submitting the proposal. **In addition, only proposals from agencies licensed as CILA providers by the Illinois Department of Human Services will be considered for award.**

The CCMHB shall not be responsible for unidentified proposals. Respondents are to include all applicable requested information and are expected to expand on the scope of services requested by incorporating their expertise and proposed methods or approaches. Respondents should

clearly identify the expanded scope of services being offered and the value and cost of those services.

To be considered, proposals shall include one (1) unbound original proposal (clearly marked as such), one (1) electronic version in pdf format or Microsoft Word (Version 2010 or newer) on a USB drive (preferred) or CD-ROM, and nine (9) additional copies of the RFP Proposal (which must be identical to the original Proposal, including any supplemental information), which clearly identifies the RFP number/title as well as the Respondent's name and return address. Proposals may be hand delivered or mailed to:

Champaign County Mental Health Board
Champaign County Developmental Disabilities Board
RFP for CILA Services (RFP 2014-001)
ATTN: Peter Tracy
Executive Director
1776 East Washington Street
Urbana, IL 61802

The CCMHB will not accept nor consider proposals submitted by facsimile or e-mail transmission. Respondents mailing their proposal must allow a sufficient mail delivery period to ensure timely receipt of their proposal. The CCMHB is not responsible for proposals delayed by mail and/or delivery services of any nature.

Proposals and proposal amendments shall be accepted until 3:00 p.m. local time on July 30, 2014. Proposals received after 3:00 p.m. on July 30, 2014, will not be considered and will be returned to the Respondent unopened. At 3:30 p.m. on that date, the proposals will be opened in the Lyle Shields Meeting Room of the Brookens Administrative Center, 1776 East Washington, Urbana, Illinois, and recorded.

1-7 Proposal Withdrawal

Respondents may withdraw their proposals by notifying the CCMHB, in writing, at any time prior to the proposal response time deadline. Respondents may withdraw their proposals in person or through an authorized representative. Respondents and authorized representatives must disclose their identity and provide receipt for the proposal. Any proposal not so withdrawn shall constitute an irrevocable offer for a period of ninety (90) days. Proposals, once opened, become the property of the CCMHB and will not be returned to the Respondents.

1-8 Proposal Disclosure

All proposals submitted to the CCMHB are subject to the Illinois Compiled Statutes Chapter 5, Section 140 (5 ILCS 140/Freedom of Information Act). With regard to any information submitted in a proposal which the Respondent considers to be proprietary or otherwise exempt from disclosure, the Respondent must invoke, in writing, the exemption(s) to disclosure provided by 5 ILCS 140/Freedom of Information Act in its proposal by providing the specific statutory authority for claimed exemptions, identifying the data or other materials to be protected, and

stating the reasons why such exclusion from public disclosure is necessary. Furthermore, to designate portions of the bid as confidential, the Respondent must:

1. Mark the cover page as follows: "This proposal includes trade secrets or other proprietary data."
2. Mark each sheet or data to be restricted with the following legend: "Confidential: Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal."
3. Provide a USB drive (preferred) or CD-ROM with a redacted copy of the entire bid or submission in pdf format for posting on the County's website for public inspection. Respondent is responsible for properly and adequately redacting any proprietary information or data which Respondent desires remain confidential. If entire pages or sections are removed, they must be represented by a page indicating that the page or section has been redacted. Failure to provide a USB drive (preferred) or CD-ROM with a redacted copy may result in the posting of an un-redacted copy.

Indiscriminate labeling of material as "Confidential" may be grounds for deeming a bid as non-responsive.

The CCMHB will make the final determination as to whether information, even if marked "confidential," will be disclosed pursuant to a request under the Freedom of Information Act or valid subpoena. Respondent agrees not to pursue any cause of action against Champaign County, the CCMHB, the CCDDb, or their agents for its determination in this regard and disclosure of information.

At some point after proposal opening, all opened proposals will be made available for public inspection consistent with 5 ILCS 140/Freedom of Information Act.

If a contract is awarded as a result of this RFP, the awarded contract will also become a public record consistent with 5 ILCS 140/Freedom of Information Act. The CCMHB has the right to use any or all information/material submitted.

The CCMHB reserves the right to make an award to the Respondent offering a proposal in the best interests of Champaign County and meeting all the requirements of this RFP.

1-9 Oral Presentations and/or Interviews

The CCMHB reserves the right to interview any, all, or none of the respondents and to select who they feel is the most responsive. At its sole discretion, the CCMHB may invite short-listed Respondents to conduct oral presentations or interviews. Presentations or interviews provide an opportunity for Respondents to clarify their proposals for the CCMHB. Any such presentations or interviews will be scheduled as indicated in the timetable below.

1-10 Proposal Timetable

The CCMHB will use the timetable below which is expected to result in the selection of a service provider on September 17, 2014, and contract issued on or by October 1, 2014.

Date	Event
May 22, 2014	Request for Proposal Posted & Advertised
June 11, 2014 – 1:30 p.m.	Pre-Proposal Conference
July 25, 2014	Final Date to Issue Addenda
July 30, 2014 – 3:00 p.m.	Proposals Due
July 30, 2014 – 3:30 p.m.	Proposals Opened – Lyle Shields Meeting Room, Brookens Administrative Center, 1776 East Washington, Urbana, IL 61802
September 17, 2014	Confirmation of the Evaluation Committee’s Recommendation of Top-Ranked Respondents and authorization to Contract for Services with the Selected Provider.
October 1, 2014	Contract issued.

The CCMHB may delay or modify scheduled event dates if it is to the advantage of the CCMHB to do so. The CCMHB will notify Respondents of all changes in scheduled due dates by posting any change in the form of an Addendum on the County’s website at www.co.champaign.il.us/bids.

1-11 Acceptance or Rejection of Proposals

Each qualified Respondent will be evaluated on its overall strategy, methodology, experience, qualifications, timetable, cost proposal, and approach to service delivery and meeting the needs of people from Champaign County waiting for CILA services.

Qualified Respondent means Licensed as a CILA Provider by the Illinois Department of Human Services.

1-12 Development Costs

Neither the County nor its representatives shall be liable for any expenses incurred in connection with the preparation, submission, or presentation of a proposal in response to this RFP.

1-13 Conflicts of Interest

All Respondents must disclose with their proposal the name of any officer, director, or agent who is an elected official, appointed official, or employee of the County. Furthermore, all Respondents must disclose the name of any elected official, appointed official, or employee of the County who owns directly, or indirectly, any interest in the Respondent’s firm or any of its affiliates or branches. Lastly, all Respondents must disclose CCMHB Members or Staff related to people for whom the Respondent is a service provider.

1-14 Non-Collusion

By submitting and signing a proposal response, the Respondent certifies that its proposal is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted, either with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in contract cancellation, return of materials, or discontinuation of services.

1-15 Notice of Award

Notice of Award is expected to be posted on County website www.co.champaign.il.us/bids on September 18, 2014.

Section 2 – Scope of Services

2-1 Description of Services

The scope of services and specifications that the CCMHB seeks to acquire is described in Exhibit 1 of this RFP. The respondent is expected to expand on this scope in the submitted proposal by incorporating their expertise and proposed methods and approaches.

2-2 Term of Contract

Any contract awarded pursuant to this RFP solicitation is expected to commence on October 1, 2014, and shall be for a base contract period of three (3) years with an option for CCMHB to renew for a second three (3) year period. The contract may extend thereafter on an annual basis by mutual agreement of the parties.

2-3 Non-Appropriation

The contract for Community Integrated Living Arrangement Services shall include a rider that allows cancellation of contract if funds are not appropriated or otherwise made available to support continuation of performance in any fiscal year. Any contract approved by the CCMHB shall be conditioned by a “non-appropriation” clause containing the following or similar language:

This contract is approved and funded contingent upon annual appropriations being established by the local governing body of Champaign County to provide funding necessary to meet the requirements of the contract. Such funding is approved on a fiscal year basis with the fiscal year commencing January 1st and terminating December 31st of that year. In order for the contract to remain in effect, such appropriation must be approved on an annual basis throughout the term of the contract scheme. In the event that an annual appropriation is not approved, the CCMHB shall not be held responsible for any liabilities beyond the remaining annual term prior to the new budget year.

Section 3 – Preparing Proposals: Required Information

Each Proposal must contain all of the following documents and must conform to the following requirements:

3-1 Format of Proposals

Proposals must be prepared on 8 ½" x 11" letter size paper (preferably recycled), printed double-sided, and bound on the long side. The County encourages using reusable, recycled, recyclable, and/or chlorine free printed materials for proposals, reports, and other documents prepared in connection with this solicitation. Expensive papers and bindings are discouraged, as no materials will be returned. Submit one (1) unbound original proposal (clearly marked as such), nine (9) additional copies, and one (1) electronic version in pdf format or Microsoft Word (Version 2010 or newer) on a USB drive (preferred) or CD-ROM of the RFP Proposal (which must be identical to the original Proposal, including any supplemental information).

Sections should be separated by labeled tabs and organized in accordance with subject matter sequence as set forth below. Each page of the Proposal must be numbered in a manner so as to be uniquely identified. Proposals must be clear, concise, and well organized.

3-2 Required Content of Proposals

Respondents are advised to adhere to the submittal requirements of the RFP. Failure to comply with the instructions of this RFP may be cause for rejection of the non-compliant Proposal. Respondent must provide information in the appropriate areas throughout the RFP. By submitting a response to this RFP, you are acknowledging that if your Proposal is accepted by the CCMHB, Respondent's Proposal and related submittals may become the Program Plan component of the contract.

At a minimum, the Proposal must include the following items:

1. Cover Letter

Respondent(s) must submit a cover letter signed by an authorized representative of the entity committing Respondent to provide the Services as described in this RFP in accordance with the terms and conditions of any contract awarded pursuant to the RFP process. The cover letter must:

(i) Indicate the number of years the entity has been in business and provide an overview of the experience and background of the entity and its key personnel committed to the Champaign County CILA Services contract.

(ii) Identify the legal name of the entity, its headquarters address, its principal place of business, its legal form (i.e., corporation, joint venture, limited partnership, not-for-profit, etc.), and the names of its principals or partners and authority to do business in Illinois.

(iii) Indicate the name and telephone number(s) of the principal contact for oral presentation or negotiations.

(iv) Acknowledge receipt of Addendum/Addenda issued by the CCMHB, if any.

2. Executive Summary

Respondent must provide an executive summary which explains its understanding of the CCMHB's intent and objectives and how their Proposal would achieve those objectives. The summary must discuss Respondent's strategy and methodology for successfully implementing and monitoring CILA Services; approach to project management; strategies, tools, and safeguards for ensuring performance of all required Services; equipment, software, and firmware considerations; training and on-going support; and any additional factors for the CCMHB's consideration.

3. Professional Qualifications and Specialized Experience of Respondent and Key Personnel Committed to the Champaign County Account

Respondent must supply the information as described below. If Respondent proposes that major portions of the work will be performed by subcontractors, Respondent must provide the required information as described below for each such subcontractor.

A. Respondent Profile Information (see Exhibit 2)

Submit a completed Respondent profile information sheet (Exhibit 2) for each subcontractor, as applicable. If Respondent has a prime consultant/subcontractor relationship, the information regarding role, involvement, and experience is also required for any subcontractor that is proposed to provide a significant portion of the work.

B. Business License/Authority to do Business in Illinois

Respondent must provide copies of appropriate licenses or certifications required of any entity performing the CILA Services described in this RFP in Champaign County and the State of Illinois, for itself, its partners, and its subcontractors. IDHS CILA Licensure is mandatory for consideration.

C. Profiles of and Local Availability of Committed Key Personnel

Respondent must provide a summary identifying who will be dedicated to the CILA Services described in this RFP. For each person identified, describe and/or provide the following information:

- Title and reporting responsibility,

- Proposed role in this program, including the functions and tasks for which they will have prime responsibility (also indicate areas of secondary responsibility, if appropriate),
- Pertinent areas of expertise and past experience,
- Resumes which describe their overall experience and expertise, and
- Copies of all licenses required by law for the positions to be filled.

4. Capacity to Perform

Respondent must provide a summary of current and future projects and commitments and include projected completion dates. Describe how any pending and/or ongoing contractual commitments to other clients will affect your ability to deliver CILA Services, capacity to perform within the CCMHB timeline, and affect dedicated resources committed to the CILA Services program. Identify what percentage of the Services will be performed utilizing your own workforce, equipment, and facilities. Identify the percentage of the work to be subcontracted.

5. Implementation Plan

Respondent must provide a comprehensive and detailed plan for implementing Services as outlined in Exhibit 1, Scope of Services in this RFP.

The implementation plan must include, but not be limited to, the following:

A. Approach to Implementing Services

Respondent must address an approach to implementing and managing the Services described in this RFP, policies and procedures for implementing services for clients, quality control checks, adherence to compliance programs, and project management; program support and reporting/recommendation services, including an approach to overcoming obstacles, if any, and troubleshooting to resolve problems. Also, describe respondent's approach to providing positive, in-house management in the CILAs on a regular basis.

B. Organization Chart

Submit an organization chart which clearly illustrates all individuals and subcontractors; their relationship in terms of proposed Services; and key personnel involved and the following information:

- A chart which identifies not only the proposed organizational structure, but also key personnel by name and title. Staffing levels of each CILA unit should be estimated.
- The specific role of each subcontractor (if any) for each task/work activity must be described.

C. Dedicated Resources

- Describe facilities, equipment, personnel, communication technologies, and other resources available for implementing the proposed CILA Services.
- Staffing requirements. Provide an assessment of staffing needs for each CILA location by job title and function. The assessment should include full-time equivalents for professional staff and supervisors committed to CILA Services in Champaign County. Specify if the assigned personnel will be on a full or part-time basis. Specify how each employee turnover will be handled (i.e., Sick, vacation, leave of absence, etc.).

6. Cost Proposal for Existing CILA Services

The CCMHB is requesting information regarding the costs of operating the Respondent's existing smaller CILAs (with capacity for four or fewer persons) and services associated with individual client awards from IDHS. If the Respondent does not currently operate a CILA for four people, three people, two people, and/or one person, a proposed budget shall be provided for operation in Champaign County of CILA(s) with the capacity to serve four people, three people, two people, and/or one person.

The Respondent is responsible for disclosing any charges or fees that the CCMHB would incur with the Respondent, before, during, and after the implementation of the Champaign County CILA Services project. Respondents should clearly identify the cost of any expanded scope of services (i.e., Services beyond the scope of Exhibit 1 that are being recommended by incorporating the Respondent's expertise and proposed methods or approaches).

Proposals that fail to include complete cost information for existing CILAs will be rejected as incomplete and deemed non-responsive.

7. Financial Statements

Respondent must provide a copy of the last three (3) years audited financial statements (i.e., income statement, balance sheet, and annual report). Respondents that are comprised of more than one entity must include financial statements for each entity. The CCMHB reserves the right to accept or reject any financial documentation other than the financial statements requested by this section.

8. Legal Actions

Respondent must provide a listing and a brief description of all material legal actions, together with any fines and penalties (i) Respondent or any division, subsidiary or parent entity of Respondent, or (ii) any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation, has been:

- A. A debtor in bankruptcy; or
- B. A plaintiff or defendant in a legal action for deficient performance under a contract or violation of a statute or related to service reliability; or

- C. A respondent in an administrative action for deficient performance on a project or in violation of a statute or related to service reliability; or
- D. A defendant in any criminal action; or
- E. A named insured of an insurance policy for which the insured has paid a claim related to deficient performance under a contract or in violation of a statute or related to service reliability; or
- F. A principal of a bond for which a surety has provided contract performance or compensation to an obligee of the bond due to deficient performance under a contract or in violation of a statute or related to service reliability; or
- G. A defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents.

The CCMHB reserves the right to request similar legal action information from Respondent's key personnel members during the evaluation process.

9. Insurance

The Respondent (i.e., CILA Service Provider) shall describe the types and limits of insurance coverage needed for this project, and will be required to submit evidence of insurance coverage prior to award of the contract.

Section 4 – Evaluation of Proposals

The members of the CCMHB's Evaluation Committee (EC) for this RFP will include:

CCMHB Executive Committee: CCDDDB President and Secretary; CCMHB President and Vice President

Three (3) representative Champaign County Family Members, Guardians, or Advocates of persons in need of CILA services, and/or Persons in need of CILA services.

Mark Doyle, Transition of Supports/Care, Project Manager, Office of the Governor
Associate Director for ID/DD
Executive Director

The EC will evaluate the proposals in order to prepare a recommendation to the CCMHB for award of the proposal. The CCMHB, in their sole discretion, reserves the right to waive all technicalities or irregularities, to reject any or all proposals, including any portion thereof, to award to a single Respondent or to divide the award between Respondents, and to reject all proposals and/or re-solicit in whole or in part. The CCMHB further reserves the right, in its sole discretion, to award a contract to the Respondent (or Respondents) whose proposal best serves the interests of people needing CILA services in Champaign County.

When an offer appears to contain an obvious error or otherwise where an error is suspected, the circumstances may be investigated and then be considered and acted upon. Any action taken shall not prejudice the rights of the public or other offering entities. Where offers are submitted substantially in accordance with the procurement document but are not entirely clear as to intent or to some particular fact or where there are other ambiguities, clarification may be sought and

accepted provided that, in doing so, no change is permitted in pricing. The purpose of seeking clarification is to clarify existing information, not to allow additional information to be added.

4-1 Phase I - Preliminary Proposal Assessment

Phase I will involve an assessment of the Respondent's compliance with, and adherence to, all submittal requirements requested in Section 3-2 Required Content of the Proposal. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of the EC, be rejected from further consideration due to "non-responsiveness" and rated Non-Responsive. Proposals providing responses to all sections will be eligible for detailed analysis in Phase II, Proposal Evaluation.

4-2 Phase II - Proposal Evaluation

In Phase II, the EC will evaluate the extent to which a Respondent's Proposal meets the program objectives set forth in the RFP. Phase II will include a detailed analysis of the Respondent's qualifications, experience, proposed implementation plan, cost proposal, and other factors based on the evaluation criteria outlined in Section V - Evaluating Proposals.

As part of the evaluation process, the EC will review the information required by Section 3, for each Proposal received. The EC may also review other information gained by checking references and by investigating the Respondent's financial condition.

The CCMHB reserves the right to seek clarification of any information that is submitted by any Respondent in any portion of its Proposal or to request additional information at any time during the evaluation process. Any material misrepresentation made by a Respondent may void the Proposal and eliminate the Respondent from further consideration.

The CCMHB reserves the right to enlist independent consulting services to assist with the evaluation of all or any portion of the Proposal responses as it deems necessary.

In addition, the EC will review the Respondent's Proposal to determine overall responsiveness and completeness of the Proposal with respect to the components outlined in the RFP using the following criteria (not necessarily listed in order of importance):

A. Professional Competence: Ability to provide the Services described in the RFP, including capacity to achieve the project goals, objectives, and scope of services described in this RFP.

B. Professional Qualifications and Specialized Experience of Respondent and Team with emphasis on specific experience on projects of similar scope and magnitude as outlined in Exhibit 1 - Scope of Services of this RFP.

C. Past and Current Performance of the Respondent on IDHS contracts and awards for CILA Services, in terms of quality of services and compliance with budgets and performance schedules. The Committee may solicit from IDHS and/or the Illinois

Department of Healthcare and Family Services (IHFS), or any available sources, relevant information concerning the Respondent's record of performance.

D. Professional Qualifications and Specialized Experience of Respondent's Key Personnel and Local Availability of Key Personnel with emphasis on specific experience on CILA Services projects of similar scope and magnitude as outlined in Exhibit 1 - Scope of Services of the RFP.

E. Quality, Comprehensiveness, and Adequacy of the proposed Implementation Plan including its responsiveness and understanding of the needs of people requiring CILA Services in Champaign County.

F. Participation in the Active Community Care Transitions (ACCT) process by: supporting at least one individual in the ACCT process prior to submitting the proposal; or agreeing to be an ACCT provider, having filled out the RFI/RFI and signed the ACCT pledge prior to submitting the proposal.

The EC will review each Proposal for the Respondent's understanding of the objectives of the Services and how these objectives may be best accomplished. Each Respondent will be evaluated on their overall strategy, methodology, and approach to meeting the CCMHB program objectives.

G. Schedule of Professional Fees and Expenses relative to information provided in Exhibit 2.

H. Legal Actions - The EC will consider legal actions, if any, against Respondent and/or any division, subsidiary, or parent company of Respondent, or against any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation.

I. Financial Stability – The EC will consider the financial condition of Respondent. Respondent must be financially stable to ensure performance over the duration of the contract.

J. Compliance with Laws, Ordinances, and Statutes. The EC will consider Respondent's compliance with all laws, ordinances, and statutes governing the contract.

K. Conflict of Interest – The EC will consider any information regarding Respondent, including information contained in Respondent's Proposal, that may indicate any conflicts, or potential conflicts, of interest which might compromise Respondent's ability to satisfactorily perform the proposed Services or undermine the integrity of the competitive procurement process. If any Respondent has provided any services for the County in researching, consulting, advising, drafting, or reviewing of this RFP or any services related to this RFP, such Respondent may be disqualified from further consideration.

Section 5 – Selection Process

After the Evaluation Committee (EC) completes its review of Proposals in Phase II, it may identify a recommended short list of Respondents (Phase III), or the EC may forego Phase III and submit a recommendation to select one Respondent, or a recommendation to reject any or all Proposals.

5-1 Phase III - Oral Presentations and/or Site Visit

If the EC identifies a short list of Respondents for further review, then those short-listed Respondents will be invited to appear before the CCMHB and EC for an oral presentation. The purpose of the oral presentation is to clarify in more detail the information that was submitted in Respondent's Proposal and to allow the CCMHB and EC to ask Respondent to respond to additional questions. Afterwards, the EC will make a final evaluation, including a final ranking of the Respondents, and will submit a recommendation for one Respondent to the CCMHB.

If the CCMHB makes a CILA service-provider selection, the selection will be forwarded to the Executive Director as authorization to enter into contract negotiations with the selected Respondent.

The CCMHB will require the selected Respondent to participate in contract negotiations. The CCMHB requirement that the selected Respondent negotiate is not a commitment to award a contract. If the Executive Director determines that it is unable to reach an acceptable contract with the selected Respondent, including failure to agree on a fair and reasonable cost proposal for the Services or any other terms or conditions, the Executive Director is authorized to terminate negotiations with the selected Respondent.

The CCMHB reserves the right to terminate this RFP solicitation at any stage if the EC determines this action to be in the best interests of people in need of CILA Services. The receipt of Proposals or other documents will in no way obligate the CCMHB to enter into any contract of any kind with any party.

Section 6 - Additional Details of the Process

6-1 Addenda

If it becomes necessary to revise or expand upon any part of this RFP, an addendum will be sent to all of the prospective Respondents registered with the CCMHB prior to the Proposal due date. Prospective Respondents are automatically listed when they e-mail as documented in Section 1-2 upon download of the RFP package. Each addendum is incorporated as part of the RFP documents, and the prospective Respondent must acknowledge receipt.

The addendum may include, but will not be limited to, the following:

1. Responses to questions and requests for clarification sent to the CCMHB Executive Director according to the provisions of Section 1-3 herein; or

2. Responses to questions and requests for clarification posed at the Pre-Proposal Conference or by the deadline for submission of questions.

6-2 CCMHB Rights to Reject Proposals

If no Respondent is selected through this RFP process, then the Executive Director may utilize any other procurement method available to CCMHB, to obtain the Services described herein.

In soliciting proposals, any and all proposals received may be rejected in whole or in part. Basis for rejections shall include, but not be limited to the following:

- The proposal being deemed unsatisfactory as to quantity, quality, delivery, price, or service offered.
- The proposal not complying with conditions of the solicitation document or with the intent of the proposed contract.
- Lack of competitiveness by reason of collusion or knowledge that reasonably available competition was not received.
- Error in specifications or indication that revision would be to the County's advantage.
- Cancellation or changes in the intended project or other determination that the proposed requirement is no longer needed.
- Regulatory changes.
- Circumstances which prevent determination of the most advantageous proposal.
- Any determination that rejection would be in the best interest of the County.

The CCMHB reserves the right to reject any and all proposals. The CCMHB also reserves the right to cancel this RFP at any time and/or to solicit and re-advertise for other proposals.

6-3 No Liability for Costs

The County and CCMHB are not responsible for costs or damages incurred by Respondents, member(s), partners, subcontractors, or other interested parties in connection with the RFP process, including but not limited to costs associated with preparing the Proposal and/or participating in any conferences, site visits, product/system demonstrations, oral presentations, or negotiations.

EXHIBIT 1

SCOPE OF SERVICES

E1-1 DESCRIPTION OF THE CHAMPAIGN COUNTY CILA SERVICES PROJECT

The purpose and goal of this Request for Proposals is to expand the availability of appropriate Community Integrated Living Arrangement (CILA) placement capacity for people with IDHS CILA awards, in particular those currently residing in Champaign County and/or those with families/guardians residing in Champaign County. Currently, there are twelve (12) people with CILA funding stymied by the absence of appropriate placements in their home community and another eighteen (18) Champaign County residents selected from PUNS for consideration for CILA awards. Another large PUNS draw is anticipated in January 2015. Because there are no appropriate options in Champaign County, many of these people will be forced to accept a CILA placement in a location far from their families in Champaign County. This situation does not provide people with CILA awards adequate choice concerning where, how, and with whom they live.

A significant number of people from Champaign County are listed on the PUNS database or are members of the Ligas Class and in need of CILA placement in the near future. For this reason it is important to develop more CILA homes in our community as soon as possible. Another component of this RFP is to look at the short and long term CILA needs for Champaign County and propose solutions to address this need as well as a plan for implementation.

In order to jumpstart the development of CILAs in Champaign County, the CCMHB intends to incentivize CILA capacity expansion by purchasing four (4) homes. These houses will be used as Community Integrated Living Arrangements (CILA) for as many of the individuals referenced above as is appropriate and possible. If it is in the best interest of CILA award recipients who call Champaign County home to have added to the cohort any individual(s) transitioning from a State Operated Developmental Center, consideration will be given to proposals identifying such a blend. Selection of the homes will be done jointly by CCMHB staff and the selected Respondent.

E1-2 SPECIFICATIONS FOR CILA HOMES

In consultation with the selected Respondent, the CCMHB will purchase four (4) houses located in Champaign County which are adequate and appropriate for use as a CILA for four (4) persons or fewer. Prior to closing on each property, the selected Respondent will warrant that the home is suitable for use as a CILA and will meet all requirements for CILA as promulgated by IDHS, as well as all other applicable statutes, rules, and regulations.

The CILA homes owned by the CCMHB shall be leased (i.e., triple net lease) to the selected Respondent for \$1 per year subject to the terms and conditions outlined in this RFP and ultimately in the contract between the CCMHB and the selected Respondent. The lease of the

CILA homes to the selected Respondent is the total contribution of the CCMHB under the terms and conditions of the contract.

The maximum amount to be spent for the purchase of the four CILA homes should average no more than \$200,000 per house. With the exception of the purchase of the CILA houses, which is the responsibility and obligation of the CCMHB, the Respondent shall be fully responsible for all costs associated with the provision of CILA Services as specified in each individual's IDHS CILA award and Person Centered Plan. All people served in these houses must have parents or guardians residing in Champaign County or must have originated from Champaign County themselves, with the exception of any individual transitioning out of a State Operated Developmental Center through the ACCT.

The Respondent's proposal shall identify the specifications of homes which are necessary to meet the CILA service needs of individuals with CILA awards described above. To the extent possible, the Respondent should describe how the home will address the needs of people who comprise the population of interest for this project.

E1-3 SPECIFICATIONS FOR SELECTION OF PEOPLE IN NEED OF CILA SERVICES

The Respondent shall include a detailed plan for inclusion of people needing and awaiting CILA Services in Champaign County. Information about individuals and families will not be provided as part of this RFP. It will be up to each respondent to contact and make arrangements to talk with and assess the needs of individuals and their families. Many families have been open to meeting with potential CILA service providers in the past, but it will be up to each respondent to make contact with and assess the needs of the population of interest. We anticipate many of the families will be attending the Pre-Proposal Conference, and this could offer the opportunity to establish contact.

As a condition of the award, the proposal must explain in detail the process by which as many of the individuals who currently have CILA funding or will likely be approved for it within the coming months as possible will receive CILA services in Champaign County consistent with a comprehensive person centered planning process.

E1-4 SPECIFICATIONS FOR PROVISION OF CILA SERVICES

The Respondent shall describe in detail the administration and management of the four CILA houses including the following for each house:

1. Person Centered Planning methodology
2. Cultural and Linguistic Competence Plan
3. Day and vocational programming predicated by Person Centered Planning
4. Supervision, staffing patterns, and coverage minimums
5. Job descriptions
6. Staff training
7. Staff recruitment and retention strategies

8. Service mix and programming schedule(s)
9. Transportation of people in the CILA
10. Nursing coverage and medication management
11. Behavior management plan
12. Emergency procedures
13. Free time and social life
14. Meals and nutrition
15. Wellness strategies
16. Process for maintenance and repair of the house
17. Process for replacement of furnishings and equipment
18. Other creative ideas to enhance the lives of the people living in the CILAs which also facilitate full community participation and inclusion.

E1-5 IMPLEMENTATION TIME LINE

The Respondent shall include a very specific and detailed timeline which includes all milestones from award to placement of people in the CILAs.

E1-6 STRATEGIES FOR MEETING ONGOING CILA AND RESIDENTIAL NEEDS IN CHAMPAIGN COUNTY

The Respondent shall outline strategies for continued incremental CILA expansion in Champaign County including a needs assessment of probable CILA utilization needs based on PUNS and Ligas Class Members originating from Champaign County.

In addition, the Respondent shall describe their ideas for the future innovative living arrangement options for people with ID/DD (e.g., Home Based, Family Consortium, etc.)

EXHIBIT 2

RESPONDENT PROFILE INFORMATION

Submit a completed profile information sheet for the Respondent and subcontractors if applicable which includes:

- (1) Legal Name of Business Entity:
- (2) Doing Business under Other Name(s)?
If Yes, Name(s):
- (3) Headquarters Address:
- (4) City, State, Zip Code
- (5) Web Site Address
- (6) Number of Years in Business
- (7) Total Number of Employees

- (8) Total Annual Revenues separated by last 3 full fiscal years:
- (9) License(s) and Services offered:
- (10) Total number of individuals residing in CILAs with capacity for four people, three people, two people, or one person:

EXHIBIT 3

LEASE AGREEMENT

THIS LEASE AGREEMENT made this _____ day of _____ between Champaign County Mental Health Board, herein referred to as “Lessor”, and _____, herein referred to as “Lessee”.

RECITALS

- A. Lessor is the owner of the real estate commonly known as _____, herein referred to as “Premises”.

- B. Lessee desires to lease the Premises from Lessor, and Lessor is willing to lease the same to Lessee, all upon the following terms and conditions.

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and agreements herein contained, the receipt and sufficiency of which is hereby acknowledged, IT IS HEREBY AGREED AS FOLLOWS:

ARTICLE ONE – LEASE PREMISES

Lessor leases to Lessee, and Lessee hereby accepts from Lessor, the Premises.

ARTICLE TWO – LEASE TERM AND COMMENCEMENT

- 2.1 The primary lease term shall be ten (10) years.

- 2.2 The lease shall commence on _____.

ARTICLE THREE – LEASE RATE

Rent shall be equal to \$1 for the primary terms and shall be paid upon execution of this Lease. In addition, to the extent that the Premises are not tax exempt, Lessee shall pay all real estate taxes assessed against the Premises as the same become due and payable.

ARTICLE FOUR – LEASE RENEWAL

This Lease shall automatically renew for successive one (1) year periods unless either party sends written notice of termination to the other party at least ninety (90) days prior to the then expiration of the Lease.

ARTICLE FIVE – LESSEE’S UTILITIES AND ADDITIONAL SERVICES

5.1 Lessee shall be responsible for the cost of all utilities serving the Premises, including but not limited to Urbana Champaign Sanitary District Tax (UCSD), electric/gas, telephone, water and cable.

5.2 Lessee shall be responsible for the cost of all trash removal services, lawn maintenance services or such other services that Lessee may contract for with respect to the Premises.

5.3 Lessee shall be required to maintain a fire and extended coverage insurance policy on the Premises and shall name Lessor as an insured.

ARTICLE SIX – LESSEE’S USE

The Premises shall be used by Lessee for a Community Integrated Living Arrangement (“CILA”) home and no other purpose without Lessor’s prior written consent. Lessee shall take all steps necessary to insure the Premises qualify as CILA home. Lessee shall be solely responsible for contracting for all services that may be required to assist the residents of the CILA home.

ARTICLE SEVEN – LESSOR/LESSEE MAINTENANCE RESPONSIBILITY

7.1 Lessee shall, at Lessee’s expense, keep in good order, condition and repair the Premises, and shall promptly and adequately repair all damage to the Premises; PROVIDED, HOWEVER, that the same shall be under supervision and approval of Lessor. Lessee is solely responsible for all maintenance/repair/replacement/improvements expenses to be incurred with respect to the Premises during the term of the Lease.

7.2 Lessee shall be responsible for entering into an inspection/routine maintenance service contract with a contractor approved by Lessor for semi-annual inspections/routine maintenance of the HVAC system.

7.3 Lessor shall open a bank account at _____ and Lessee agrees to deposit \$ _____ per month in the account to cover Lessee’s maintenance/repair/replacement/improvement obligations (“Maintenance Obligations”). Lessee specifically agrees that upon termination of this Lease, any amounts deposited in said account shall remain the sole property of Lessor. In the event that the Lease is terminated and the Premises are sold, the amount in such account shall be divided among accounts for other CILA homes owned by Lessor or, if none, used by Lessor for its general operating purposes. Lessor and Lessee agree that the funds in this account shall be made available to Lessee to perform Maintenance Obligations on the Premises; provided however Lessor shall have sole control over

such account. Lessor agrees to pay to Lessee such amounts for Maintenance Obligations upon presentment by Lessee of paid receipts for the Maintenance Obligations performed or, with Lessor's approval, Lessee may submit invoices directly to Lessor from the contractor to have such expenses paid. Lessee specifically agrees that Lessee shall be solely responsible for any and all Maintenance Obligation expenses which exceed any amounts in the account. In addition, Lessee shall not be entitled to a credit against the monthly deposit amount for Maintenance Obligation expenses incurred by Lessee that are in excess of the then current account balance.

ARTICLE EIGHT – BUILDOUT

Lessee shall be solely responsible for any and all costs associated with Lessee's buildout of the Lease Premises. All Lessee's plans with respect to the Lease Premises shall be subject to Lessor's written approval, said approval not to be unreasonably withheld.

ARTICLE NINE – CONDITIONS OF PREMISES

Lessee's taking possession at the commencement of the lease term shall be conclusive evidence that the Premises were then in good order and satisfactory condition. No promise of Lessor to alter, remodel, improve, redecorate or clean or any part thereof, and no representation respecting the condition of the Premises has been made to Lessee by Lessor other than as set forth herein.

ARTICLE TEN – INSURANCE AND UNTENANTABILITY

10.1 Lessee shall maintain, at Lessee's sole cost and expense, fire and casualty insurance on the Premises.

10.2 Lessee shall maintain, at Lessee's sole cost and expense, insurance on Lessee's personal property located in the Lease Premises and liability insurance coverage insuring the Premises in an amount not less than \$2,000,000 naming Lessor as an insured in the event of claims resulting from Lessee's use of the Premises.

10.3 In the event that the Premises shall be damaged or destroyed by fire or other casualty ("Casualty"), Lessee shall repair, restore and rehabilitate the Premises, in accordance with plans approved by Lessor, so damaged or destroyed thereby.

ARTICLE ELEVEN – INDEMNIFICATION

Lessee hereby agree to indemnify, defend and hold Lessor harmless from and against any claim of liability or loss from personal injury or damage to the property of others in connection with the Premises or resulting from or arising out of the use and occupancy of the Premises by Lessee or its agents, invitees, subtenants, clients.

ARTICLE TWELVE – PROHIBITED ACTS AND CONDUCT

12.1 Lessee shall not make or permit any use of the Premises which directly or indirectly is forbidden by law, ordinance or governmental or municipal regulation or order which may be dangerous to life, limb or property.

12.2 Lessee shall not use or permit to be brought into or kept in the Premises any flammable oils or fluids, or any explosive or other articles deemed hazardous to person or property, or do or permit any act or thing which will invalidate or be in conflict with fire or other insurance policies covering Lease Premises, nor shall Lessee do or permit to be done anything in or upon the Premises which shall not comply with all rules, order, regulations or requirements of the Board of Fire Underwriters, or any similar organization (and Lessee shall at all times comply with all such rules, orders, regulations or requirements), or which shall increase the rate of insurance on its appurtenances or contents.

12.3 Lessee shall not do anything in Lease Premises tending to establish or maintain a nuisance.

12.4 Lessee shall not make installations, alterations or additions in or to the Premises without submitting plans and specifications to Lessor therefore, and securing Lessor's prior written consent in each instance. Such work shall be performed at Lessee's expense.

ARTICLE THIRTEEN – LEASE TERMINATION

At the termination of this Lease, by lapse of time or otherwise:

- a. Lessee shall surrender all keys to the Premises to Lessor and shall make known to Lessor the explanation of all combination locks remaining on the Premises.
- b. Lessee shall return the Premises and all equipment and fixtures to Lessor in as good condition as when Lessee originally took possession thereof, subject to the provisions of sub-paragraph c following, ordinary wear and loss of damage by fire or other casualty excepted, and in the event that Lessor is required to restore Lease Premises, or such equipment and fixtures to such condition, Lessee shall pay costs of such restoration.
- c. All installations, additions, hardware, non-trade fixtures and improvements, temporary or permanent, except movable furniture and equipment belonging to Lessee in or upon the Premises, whether placed in the Premises by Lessee or Lessor, shall be and remain the sole and exclusive property of Lessor and shall remain upon the Premises without compensation, allowance, or credit to Lessee; PROVIDED HOWEVER, if, prior to such termination or within ten (10) days thereafter, Lessor so directs by notice, Lessee shall promptly remove such installations, additions, hardware, non-trade fixtures and improvements placed in the Premises by Lessee and designated in Lessor's notice, and in the event of the failure by Lessee to so remove, Lessor may remove the same and Lessee shall pay to Lessor the costs of such removal and all costs incurred by reason of necessary restoration of the Premises.

Upon any termination of this Lease, whether by lapse of time or otherwise, or upon any termination of Lessee's right to possession without termination of this Lease, Lessee shall surrender possession and vacate the Premises immediately, and deliver possession thereof to Lessor. Lessee hereby grants to Lessor full and free license to enter into and upon the Premises in any such event, with or without process of law, and to repossess the Premises and remove Lessee and any other person, firm, or corporation who or which may be occupying the Premises, and to remove any and all property therefrom, without being deemed guilty of trespass, eviction or forcible entry and detainer, and without relinquishing Lessor's right to the payment of rent or any other right given to Lessor hereunder or by operation of law.

ARTICLE FOURTEEN – ASSIGNMENT AND SUBLETTING

Without the prior written consent of Lessor in each instance, Lessee shall not assign this Lease or any interest of Lessee hereunder. Notwithstanding anything to the contrary, Lessor acknowledges and agrees that Lessee shall be renting rooms in the Premises to individuals with intellectual and/or developmental disabilities.

ARTICLE FIFTEEN – DEFAULT/REMEDIES

Lessee shall be in default of this Lease upon the occurrence of the following events:

- a. Lessee shall, by any Court of competent jurisdiction, be adjudged bankrupt or insolvent, or upon Lessee's making an assignment for the benefit of creditors. Upon the occurrence of any such event, Lessor may, if Lessor so elects, and with or without notice of such election, and with or without entry or other action by Lessor, forthwith terminate this lease, and notwithstanding any other provision hereof, Lessor shall forthwith, upon such termination, be entitled to recover damages in an amount equal to the then present value of rent reserved pursuant to the provisions hereof for the remainder of the stated term hereof, less the fair rental value of the Premises actually realized by Lessor during the remainder of the term of this Lease; and
- b. Lessee shall default in the payment of rent or in the performance of any other covenant, condition or agreement required of Lessee pursuant hereto, for more than ten (10) days (in the event of default in the payment of rent) or thirty (30) days (in the event of default in the performance of any covenant, condition, or agreement required of Lessee other than payment of rent) after written notice of such default from Lessor to Lessee, Lessor may, at its election but not otherwise, and upon further written notice to Lessee of such election, terminate this Lease and Lessee's right to possession of the Premises.
- c. If the leasehold interest of Lessee be levied upon under execution or be attached by process of law, or if Lessee abandons the Premises, then and in any such event Lessor may, at its election but not otherwise, and with or without any demand whatsoever, forthwith terminate this Lease and Lessee's right to possession of the Premises.

d. If Lessee fails to maintain a license with the State of Illinois as a CILA service provider.

All rights and remedies of Lessor herein enumerated shall be cumulative, and none shall exclude any other right or remedy permitted by law. Upon any such default by Lessee, Lessee shall reimburse Lessor for all costs associated with Lessee's default, including but not limited to reasonable attorneys' fees and court costs.

ARTICLE SIXTEEN – WAIVER OF DEFAULT

No waiver of default of Lessee shall be implied, and no express waiver shall affect any default other than the default specified in such waiver, and then only for the time and to the extent herein stated. The invalidity or unenforceability of any provision of this Lease shall not affect or impair any other provision hereof.

ARTICLE SEVENTEEN – NOTICE

In every instance where it shall be necessary or desirable to Lessee to serve any notice or demand upon Lessor, such notice or demand shall be sent by United States Certified or Registered mail, postage prepaid, addressed to Lessor at the place where rent is then being paid, and to Lessee at the address of Lease Premises or at such other address as may appear on the books and records of Lessor. Notice mailed as aforesaid shall be deemed to have been received three (3) days following the postmark date thereof.

ARTICLE EIGHTEEN – HEADINGS

The Article and paragraph headings of this Lease are for convenience only and in no way limit or enlarge the scope or meaning hereof. Whenever the word "Section" is used in this Lease, the same shall be deemed to include "Article".

ARTICLE NINETEEN – PRONOUNS

All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identity of the person or persons may require.

ARTICLE TWENTY – BENEFIT

This Lease Agreement shall be binding upon and shall inure to the benefit of Lessor and Lessee, their respective successors, assigns, grantees and legal representatives, if any.

IN WITNESS WHEREOF Lessor and Lessee have executed or caused this Lease Agreement to be executed as of the day and year first above written.

LESSOR

LESSEE

By: _____

By: _____

By: _____



5.B.

DECISION MEMORANDUM

DATE: June 3, 2014
TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy
SUBJECT: STAFF RECOMMENDATIONS FOR DEFERRED APPLICATIONS -
FY15 FUNDING

Status Update

On May 21, 2014, the Champaign County Developmental Disabilities Board (CCDDB) approved FY15 funding for all applications except for (1) the Developmental Services Center Augmented Day Services application and (2) the Developmental Services Center's Individual and Family Support application.

In addition, the CCDDB requested the Executive Director to recommend/ask the Champaign County Mental Health Board (CCMHB) to defer on the Developmental Services Center Respite application which was submitted to the CCMHB. The CCMHB agreed to defer as requested.

The original May 21, 2014 CCDDB Decision Memorandum of Staff Recommendations for FY15 Funding is attached as a reference document and to provide context for this memorandum. All terms and conditions cited in May 21, 2014 memorandum apply to funding decisions made based on this memorandum.

Background

The following is a summary of the amounts recommended in the May 21, 2014 Decision Memorandum for the three Developmental Services Center applications in question:

- Augmented Day Services - \$267,360
- Individual and Family Support - \$274,776
- Respite - \$30,000

In addition to the dollars earmarked (\$572,136) for these three applications (i.e., subject to the agreement of the CCMHB for allocation of the \$30,000 for the Respite application), another \$50,000 set aside for the CILA Expansion RFP is available contingent on action taken by the CCDDB. This means that if the CCDDB chooses not to participate in the RFP the available pool of funds would be \$622,136.

Analysis

Regarding the Augmented Day Program: The application proposes to serve ninety (90) people currently receiving day programming funded by Medicaid. The “augmented” pertains to funding hours of service which exceed the Medicaid limitation of 1,100 hours per year. The following are some factors the CCDDDB should consider:

1. All people included in the application receive roughly five (5) hours of day treatment per day funded by Medicaid/DHS.
2. Regardless of any action taken by the CCDDDB, these ninety people will continue to receive day treatment funded by Medicaid/DHS.
3. The FY14 contract is fee for service. Client service thresholds allowing for Augmented Day Services to be billed to the contract are only now being reached. The result is that we do not have utilization data sufficient to make assumptions about FY15 utilization.
4. The application is requesting an hourly rate higher than the rate paid by Medicaid/DHS.
5. Recent information received from the Proviso Mental Health Commission (708 Board) interprets funding additional hours over the 1,100 hour cap as Medicaid supplementation. Other 708 boards have taken the same position.

Regarding Individual and Family Support: The additional information shared by Developmental Services Center staff about this application during the May 21, 2014 CCDDDB meeting provides a rationale for changing the CCDDDB staff recommendation. The following are some factors the CCDDDB should consider:

1. There is a variance in the average cost per person served. Some people who are “continuing” use a disproportionately high share of the revenue.
2. All people served by this program are on the PUNS list and are awaiting access to Medicaid/DHS awards. Without this application, they would not be receiving services/supports, and many would be in crisis.
3. This application does not present any risk of Medicaid supplementation.

Regarding Respite: The following are some factors the CCDDDB should consider:

1. During Developmental Services Center’s recent accreditation process, respite was identified by families and staff alike as an opportunity for connection.
2. Feedback from community members reinforces the value of respite.

Other Considerations: Workforce Barriers

During the course of the discussion at the May 21, 2014 CCDDDB meeting and other recent meetings, the problems associated with recruiting and retaining frontline direct care staff have been highlighted. This workforce problem is especially critical for direct care staff in CILAs, which experience high levels of turnover and difficulty in recruitment due to the low salary levels as well as challenging work. The following is a partial listing of systemic problems associated with this issue:

- High turnover rates of direct care staff in CILAs and developmental training settings
- An increasing need for more direct care staff to address the CILA capacity problems – likely to be more than double the current workforce based on Ligas and PUNS data.
- Significant vacancy rates in existing funded direct care positions.
- Increased costs associated with turnover including recruitment costs, overtime pay, and required training necessary for new staff.

- Significant negative effects on the quality of services and supports manifested by gaps in coverage, discontinuity of care, and interference with the development of positive relationships between workers and those they support.
- There is an increase in competition for direct care staff as the need for people increases in other areas (e.g., long term support for people with age related issues).

Decision Section

The staff recommendations are based on our analysis of the three applications in question using the earmarked \$572,136 available. An additional \$50,000 will become available if the CCDDDB chooses not to participate in the CILA Expansion RFP. For additional information about the specific applications, please refer to the application Program Summaries presented at the April 2014 CCDDDB Meeting.

Staff Recommendations: Individual Applications

Developmental Services Center – Augmented Day Services

Original FY15 request was for \$337,500. Motion: DENY funding this application because (1) funding this application may constitute Medicaid Supplementation, and (2) all persons to be served by this application receive about five (5) hours per day of day treatment services and will continue to receive these services/supports regardless of action taken by the CCDDDB.

By this action, the CCDDDB will err on the side of caution, and to allocate the previously recommended \$267,360 to serve people not funded by Medicaid/DHS and to the extent possible to address workforce problems cited in this memorandum.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Developmental Services Center – Individual and Family Support

Original FY15 request was for \$365,144. Motion: Approve funding of \$442,136 to expand the availability of Individual and Family Support to meet the needs of more people on the PUNS list who are currently awaiting awards from Medicaid/DHS.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Option 1 - Workforce Enhancement and Stabilization

Motion: Set aside \$100,000 for the purpose of infusing dollars directly to CILA and/or DT service providers funded by the CCDDDB or CCMHB.

These dollars could be used to pay cash holiday bonuses to direct care front line CILA and/or DT staff only. Payments could be made to these Direct Support Professionals in December 2014. For example, if we identify 40 front line direct care staff, each would receive \$2,500 as a one-time bonus which would not change their base salary. The terms and conditions of these contracts would include provisions for partial payment of the bonus if the employee began employment subsequent to January 1, 2014. These employees would receive a proportionate share based on their actual time employed.

Other examples of investing in workforce stabilization include: trainings of immediate relevance to the staff and the work being performed; trainings which enhance skills and long-term employment and professionalize the field (ABA, e.g.)

In order to focus these dollars toward the greatest impact, we look forward to a dialogue which includes community input.

For this program to have a positive impact, the CCDDDB would need to plan to set aside these dollars on an annual basis.

- Approved
- Denied
- Modified
- Additional Information Needed

SPECIAL NOTE regarding Action to be requested of the CCMHB:

At the 5/21/14 meeting of the CCMHB, a motion was passed, deferring approval of funding for **Developmental Services Center – Respite**. A recommendation will be made to the CCMHB to approve funding of \$30,000 for this program.

- Approved
- Denied
- Modified
- Additional Information Needed

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

DRAFT

Minutes –May 21, 2014

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

8:00 a.m.

MEMBERS PRESENT: Joyce Dill, Phil Krein, Elaine Palencia, Sue Suter

MEMBERS EXCUSED: Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,
Stephanie Howard-Gallo

OTHERS PRESENT: Patty Walters, Janice McAteer, Ron Bribriesco, Jennifer Carlson, Annette Becherer, Vicki Tolf, Laura Bennett, Danielle Matthews, Felicia Gooler, Dale Morrissey, Developmental Services Center (DSC) Tracy Parsons, ACCESS Initiative (AI); Dennis Carpenter, CTF Illinois (CTF); Cindy Creighton, Parent; Kathy Kessler, Sue Wittman, Community Elements (CE); Sally Mustered, Teresa O'Connor, C-U Autism Network (CUAN); Darlene Kloepfel, Lynn Watson, Regional Planning Commission (RPC); Brenda Yarnell, United Cerebral Palsy (UCP); Jennifer Knapp, Vicki Niswander, Paula Vanier, Community Choices (CC); Gary Maxwell, Al Kurtz, Patsie Petrie, Champaign County Board; Sheila Krein, Citizen; Barb Bressner, Consultant; Linda Tortorelli, The Autism Project (TAP); Jeanne Murray, Parent; Mark Scott, Down Syndrome Network (DSN)

CALL TO ORDER:

Ms. Elaine Palencia called the meeting to order at 8:00 a.m.

DRAFT

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

Ms. Suter requested that the CCDDDB By-Laws be reviewed at a future meeting. Ms. Suter would like consideration be given to adding language to the by-laws permitting Board member attendance to meeting by telephone or other electronic communications under certain circumstances.

CITIZEN INPUT:

None.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

The CCMHB will meet later in the day and make funding decisions.

APPROVAL OF MINUTES:

Minutes from the April 30, 2014 Board meeting were included in the packet.

MOTION: Ms. Suter moved to approve the minutes from the April 30, 2014 Board meeting. Ms. Dill seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Ms. Palencia thanked staff and the agencies for their involvement and work in the allocation process.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy explained why a request for proposals (RFP) for CILA expansion is being proposed to the CCDDDB for consideration.

STAFF REPORT:

Ms. Canfield reported on "Persons Served" per Mike Smith's request. Mr. Maxwell from the Champaign County Board requested a written copy of the information so he could distribute the information to the County Board.

AGENCY INFORMATION:

Ms. Patty Walters spoke regarding the negative impact of the proposed funding amounts to Developmental Services Center (DSC).

DRAFT

FINANCIAL INFORMATION:

Approval of Claims:

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

MOTION: Dr. Krein moved to accept the claims report as presented. Ms. Dill seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Request for Proposals for CILA Expansion in Champaign County:

A Decision Memorandum was included in the packet. The purpose of the Request for Proposals (RFP) is to increase the availability in Champaign County of CILA homes with a capacity of four people, three people, two people, or one person with intellectual and developmental disabilities (ID/DD). For all practical purposes, a CILA is essentially a house in almost any neighborhood which meets state CILA licensing requirements. For a variety of reasons, local CILA service providers have not been able or willing to assume the capital risk associated with the development of additional CILA capacity in Champaign County.

Currently, there are twelve (12) people with CILA funding who are stymied by the absence of appropriate placements in their home community (aka, the Champaign Eleven). Because there are no appropriate options in Champaign County, many of these people will be forced to accept a CILA placement in a location far from their families in Champaign County. To further complicate matters, a recent Prioritization for Urgency of Need for Services (PUNS) draw has the potential to result in CILA awards for an additional 18 people for whom no CILA vacancies exist in Champaign County. This situation does not provide people with CILA awards adequate choice concerning where, how, and with whom they live.

In addition to the current identified need, a variety of factors including the Prioritization for Urgency of Need for Services (PUNS) and the Ligas Consent Decree make it crystal clear that the need for additional CILA homes (with a capacity of four people, three people, two people, or one person) will continue to increase, and more CILA services in Champaign County will be needed. Without this RFP, it is highly unlikely that adequate CILA capacity located in Champaign County will be developed to meet the service needs of Champaign County residents.

For these reasons it is important to develop more CILA homes in our community as soon as possible. Another component of this RFP is to look at the short and long term CILA needs for Champaign County and propose solutions to address the CILA need as well as a plan for implementation.

DRAFT

The CCMHB and CCDDDB will be seeking proposals from licensed CILA service providers willing to provide CILA services consistent with the specifications detailed in this RFP in community integrated houses owned by the CCMHB/CCDDDB and leased to the most appropriate CILA service provider in accordance with the terms and conditions specified by contract.

In consultation with the selected Respondent, the CCDDDB/CCMHB will purchase four (4) houses located in Champaign County which are adequate and appropriate for use as a CILA for four (4) or fewer persons. Prior to closing on the properties, the selected Respondent will warrant that each home is suitable for use as a CILA and will meet all requirements for CILA as promulgated by IDHS, as well as all other applicable statutes, rules, and regulations.

The CILA homes owned by the CCDDDB/CCMHB shall be leased to the selected Respondent for \$1 per year subject to the terms and conditions outlined in this RFP and ultimately in the contract between the CCDDDB/CCMHB and the selected Respondent. The lease of the CILA homes to the selected Respondent is the total contribution of the CCDDDB/CCMHB under the terms and conditions of the contract.

If it is in the best interest of CILA award recipients who call Champaign County home to have added to the cohort any individual(s) transitioning from a State Operated Developmental Center, consideration will be given to proposals identifying such a blend and to any provider who is already part of the Active Community Care Transitions (ACCT) process and currently providing services in Champaign County, or has supported at least one individual in the ACCT process prior to submitting the proposal, or has agreed to be an ACCT provider, having filled out the RFI/RFI and signed the ACCT pledge prior to submitting the proposal.

The maximum amount to be spent for the purchase of the four CILA homes should average no more than \$200,000 per house. With the exception of the purchase of the CILA houses, which is the responsibility and obligation of the CCDDDB/CCMHB, the Respondent shall be fully responsible for all costs associated with the provision of CILA Services as specified in each individual's IDHS CILA award and Person Centered Plan. All people served in these houses must have parents or guardians residing in Champaign County or, must have originated from Champaign County themselves, with the possible exception noted above.

The Respondent's proposal shall identify the specifications of homes which are necessary to meet the CILA service needs of individuals with CILA awards described above. To the extent possible, the Respondent should describe how the home will address the needs of each of these people. The Respondent shall include a detailed plan for inclusion of those needing and awaiting CILA Services in Champaign County. Information about individuals and families will not be provided as part of this RFP. It will be up to each respondent to contact and make arrangements to talk with and assess the needs of the families and their person with ID/DD. As an example, the "Champaign 11" families have been open to meeting with potential CILA service providers in the past, but it will be up to each respondent to make contact with and assess the needs of the populations of interest. We anticipate many families will be attending the Pre-Proposal Conference, and this could offer the opportunity to establish contact.

As a condition of the award, the proposal must explain in detail the process by which as many individuals currently waiting as possible will receive CILA services in Champaign County consistent with a comprehensive person centered planning process.

The Respondent shall describe in detail the administration and management of the four CILA houses including the following for each house: The Respondent shall include a very specific and detailed time line which includes all milestones from award to placement of people in the CILAs. The Respondent shall outline strategies for continued incremental CILA expansion in Champaign County including a needs assessment of probable CILA utilization needs based on PUNS and Ligas Class Members originating from Champaign County. In addition, the Respondent shall describe their ideas for the future innovative living arrangement options for people with ID/DD (e.g., Home Based, Family Consortium, etc.).

MOTION: Ms. Dill moved to authorize issuance of the Request for Proposals for Community Integrated Living Arrangement Service in Champaign County to be issued on May 22, 2014, and amending the Intergovernmental Agreement with the Champaign County Mental Health Board to share equally in all costs associated with borrowing \$800,000 subject to the terms and conditions delineated in the loan agreement authorized by the Champaign County Mental Health Board. The anticipated cost for the first year shall not exceed \$50,000. Ms. Suter seconded the motion.

In general, Board members agreed more Board discussion and more Board ideas were needed. CCDDDB members discussed the proposal at length.

Ms. Dill moved to amend the motion and defer on action for the Request for Proposals (RFP) for CILA expansion until a Special Meeting is called during the first week of June 2014. Ms. Suter seconded the motion. A roll call vote was taken. Palencia, Dill and Krein voted aye. Suter voted nay. The motion passed.

FY 2015 Allocation Decisions:

A Decision Memorandum was included in the Board packet. This memorandum is to delineate staff recommendations for FY15 (July 1, 2014 through June 30, 2015) funding allocations for consideration by the Champaign County Developmental Disabilities Board (CCDDDB). These recommendations are predicated on a thorough evaluation of applications using decision support criteria approved by the CCDDDB in November 2013. Decision authority rests with the CCDDDB and their sole discretion and judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability and reasonable distribution of funds across disability areas.

The staff recommendations are based on decision support criteria match up and a variety of other factors outlined in this memorandum. For additional information, please refer to the application Program Summaries presented at the April 2014 CCDDDB Meeting.

The Champaign County Mental Health Board (CCMHB) will allocate \$597,342 for ID/DD services as delineated in the Intergovernmental Agreement. Decisions will be made by the CCMHB at its May 21, 2014 meeting.

Autism Society of Illinois - C-U Autism Network

Request is for \$12,000. **MOTION: Dr. Krein moved to approve partial funding of \$10,000 as recommended for The Autism Society of Illinois – Champaign-Urbana Autism Network as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Champaign County Down Syndrome Network – Down Syndrome Network

Request is for \$15,000. **MOTION: Dr. Krein moved to approve partial funding of \$10,000 as recommended for Champaign County Down Syndrome Network- Down Syndrome Network as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Champaign County Head Start/Early Head Start – Social Emotional Disabilities Services

Request is for \$45,727. **MOTION: Ms. Suter moved to DENY funding as recommended for Champaign County Head Start/Early Head Start as presented in this memorandum. By agreement, the Champaign County Mental Health Board will provide funding support for this program (\$41,029). Dr. Krein seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Champaign County Regional Planning Commission – Decision Support for Persons with DD

Request is for \$48,000. **MOTION: Ms. Suter moved to DENY funding as recommended for Champaign County Regional Planning Commission – Decision Support for Persons with DD as presented in the memorandum. Dr. Krein seconded the motion. A roll call vote was taken and the motion passed unanimously.**

CTF Illinois – Nursing Services

Request is for \$17,160. **MOTION: Dr. Krein moved to approve partial funding of \$8,580 as recommended for CTF Illinois – Nursing Services as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

CTF Illinois – Residential and Day Training

Request is for \$36,500. **MOTION: Ms. Suter moved to approve funding of \$36,500 as recommended for CTF Illinois – Residential and Day Training as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

DRAFT

Community Choices, Inc. – Community Living

Request is for \$70,000. **MOTION: Dr. Krein moved to DENY funding as recommended for Community Choices, Inc. – Community Living as presented in the memorandum. By agreement, the Champaign County Mental Health Board will provide funding support for this program (\$55,000). Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Community Choices, Inc. – Customized Employment

Request is for \$50,000. **MOTION: Dr. Krein moved to DENY funding as recommended for Community Choices, Inc. – Customized Employment as presented in the memorandum. By agreement, the Champaign County Mental Health Board will provide funding support for this program (\$50,000). A roll call vote was taken and the motion passed unanimously.**

Community Choices, Inc. – Self-Determination Support

Request is for \$45,000. **MOTION: Dr. Krein moved to DENY funding as recommended for Community Choices, Inc. – Community Living as presented in this memorandum. By agreement, the Champaign County Mental Health Board will provide funding support for this program (\$45,000). Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Community Elements, Inc. – Coordination of Services – DD/MI

Request is for \$38,115. **MOTION: Ms. Suter moved to approve partial funding of \$35,060 as recommended for Community Elements, Inc. – Coordination of Services – DD/MI as presented in the memorandum. Dr. Krein seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Apartment Services

Request is for \$425,444. **MOTION: Dr. Krein moved to approve partial funding of \$405,185 as recommended for Developmental Services Center – Apartment Services as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken. Suter, Krein and Palencia voted aye. Dill voted nay. The motion passed.**

Developmental Services Center – Augmented Day Services

Request is for \$337,500. **MOTION: Dr. Krein moved to approve partial funding of \$267,360 as recommended for Developmental Services Center – Augmented Day Services as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken. Suter and Krein voted aye. Dill and Palencia voted nay. The motion failed.**

Developmental Services Center – Clinical Services

Request is for \$173,333. **MOTION: Dr. Krein moved to approve funding of \$173,773 as recommended for Developmental Services Center – Clinical Services as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

DRAFT

Developmental Services Center – Community Employment

Request is for \$216,300. **MOTION: Dr. Krein moved to approve partial funding of \$170,040 for Developmental Services Center – Community Employment as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Connections

Request is for \$87,550. **MOTION: Dr. Krein moved to approve partial funding of \$85,000 for Developmental Services Center – Connections as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Family Development Center

Requests submitted to CCDDDB and CCMHB total \$545,903. **MOTION: Ms. Dill moved to approve funding of \$545,903 as recommended for Developmental Services Center – Family Development Center as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Individual and Family Support

Request is for \$365,144. **MOTION: Dr. Krein moved to approve partial funding of \$274,776 as recommended for Developmental Services Center – Individual and Family Support as presented in the memorandum. Ms. Suter seconded the motion. Discussion on the impact of the funding cut ensued. Dr. Krein moved to amend his motion to refer this funding request back to staff for additional information. Ms. Suter seconded the amended motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Integrated and Site Based Services

Request is for \$767,050. **MOTION: Ms. Suter moved to approve partial funding of \$418,396 as recommended for Developmental Services Center – Integrated and Site Based Services as presented in the memorandum. By agreement, the Champaign County Mental Health Board will also provide funding support for this program (\$326,313). Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Service Coordination

Request is for \$409,808. **MOTION: Dr. Krein moved to approve partial funding \$398,872 as recommended for Developmental Services Center – Service Coordination as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Maddy's Pink Palace for Kids with Disabilities – Maddy's Pink Palace

Request is for \$25,000. **MOTION: Dr. Krein moved to DENY request for funding of \$25,000 for Maddy's Pink Palace for Kids with Disabilities – Maddy's Pink Palace as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

DRAFT

Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence Request is for \$58,623. **MOTION: Dr. Krein to approve partial funding of \$29,311 as recommended for Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

United Cerebral Palsy Land of Lincoln – Vocational Services Request is for \$97,715. **MOTION: Dr. Krein moved to approve partial funding of \$86,475 for United Cerebral Palsy Land of Lincoln – Vocational Services as presented in the memorandum. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Urbana Adult Education Center – Advocacy, Agency, & Academics Request is for \$216,555. **MOTION: Dr. Krein moved to DENY request for funding of \$216,555 for Urbana Adult Education Center – Advocacy, Agency, & Academics as presented in the memorandum. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

MOTION: Ms. Suter moved to authorize the executive director to implement contract maximum reductions as described in the “Special Notification Concerning FY15 Awards” section of the memorandum. Dr. Krein seconded the motion. A roll call vote was taken and the motion passed unanimously.

Developmental Services Center – Augmented Day Services **MOTION: Dr. Krein moved for staff to provide addition information on this program at the next Board meeting. Ms. Suter seconded the motion. A roll call vote was taken and the motion passed unanimously.**

OLD BUSINESS:

Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect:
Ms. Canfield provided an update on recent Alliance activities.

disAbility Resource Expo:
A report from Ms. Bressner was included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:20 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo
**Minutes are in draft form and are subject to CCDDDB approval.*

**The Center on Human Policy,
Law, and Disability Studies
Syracuse University**

The Direct Support Workforce Crisis: Can Unions Help Resolve This?

**THE DIRECT SUPPORT WORKFORCE CRISIS:
CAN UNIONS HELP RESOLVE THIS?**

A Policy Paper from the Center on Human Policy

by Steven J. Taylor, Ph.D.
February, 2008

Center on Human Policy
Syracuse University
805 South Crouse Avenue
Syracuse, NY 13244-2280
<http://thechp.syr.edu>
<http://disabilitystudies.syr.edu>

To download this document as a PDF file, go to: <http://disabilitystudies.syr.edu/RESOURCES/workforcecrisisdownload.aspx>

TABLE OF CONTENTS

- [The Direct Support Workforce Crisis](#)
- [The Workforce Crisis and Reforms in the 1940s](#)
- [Unions: A Checkered History](#)
- [Emerging Support Approaches and the Direct Support Workforce](#)
- [Are the Interests of People with Disabilities and Direct Support Workers Compatible?](#)
- [Union Pros and Cons](#)
- [Promising Union Initiatives](#)
- [Opinion: Can Unions Help?](#)
- [References and Further Reading](#)
- [Acknowledgements](#)

THE DIRECT SUPPORT WORKFORCE CRISIS

A 2006 report to Congress, The Supply of Direct Support Professionals Serving Individuals with Intellectual and Other Developmental Disabilities, by the Office of Disability, Aging, and Long-Term Care Policy (Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services, January 2006) confirms concerns expressed by researchers, advocates, and policy makers about the quality and stability of the direct support workforce for people with intellectual and developmental disabilities and their families:

- Turnover rates of direct support workers in residential, in-home, and day and vocational services are an estimated 50% per year.
- The current total of 874,000 full-time workers (or full-time equivalents, FTEs) assisting people with intellectual and developmental disabilities is expected to grow to 1.2 million by 2020 due to population increases, increases in life expectancy, aging caregivers, and an expansion of home and community-based services. This represents an increase in demand of approximately

37%. At the same time, the number of workers who typically perform direct support roles, adults aged 18-39 years, is only expected to grow by about 7%.

- At current turnover rates, by 2015, an estimated 741,000 new direct support workers will be needed simply to replace workers leaving their jobs. The need to replace workers while meeting the expanded demand for supports will tax an already over-burdened service system.
- The national vacancy rate for direct support workers is an estimated 10-11%.
- High turnover rates result in increased costs for staff recruitment, overtime pay, and training.
- High vacancy and turnover rates have negative effects on the quality of supports offered to people with disabilities and their families. High vacancy and turnover rates can cause gaps in service coverage, create discontinuities in care, and interfere with the development of positive relationships between support workers and those they support.

The problems faced by the developmental disability service system in recruiting and retaining direct support staff will be exacerbated by demands from competing service industries, including long term supports for the increasing aging population in the United States.

National averages for turnover and vacancy rates for direct support workers obscure the dramatic differences in rates between public institutions and state-operated services, on the one hand, and community services operated by the private sector, on the other. According to the Report to Congress, in 2002, public institutions had an average turnover rate of 28%, while community services averaged 50%. Larson, Hewitt, and Lakin (2004) similarly reported that staff turnover rates averaged between 40-70% in community settings and 28% in public institutions. The 10-11% vacancy rate noted in the Report to Congress compares to a vacancy rate of 5.8% in large state facilities in 2004 (Larson, Byun, Coucouvanis, & Prouty, 2005). If there is a direct support workforce crisis in the developmental disability system, it is a crisis that affects community services and not public institutions.

Many factors account for high turnover and vacancy rates in the community service system: conditions of employment (e.g., hours of training provided), service model characteristics (e.g., staff ratios), employment context (e.g., urban location, area unemployment rates), and others (Report to Congress, 2006). However, studies have consistently attributed high turnover and vacancy rates, and especially the discrepancy between rates in community settings as opposed to institutions, to low wages and benefits. The Report to Congress indicates that between 1998 and 2002, the average wages were \$11.67 an hour in public institutions and \$8.68 in community services (2006, p. 19). In 2004, the starting hourly wage in large public institutions was \$10.12 and the mean wage was \$12.53 (Larson et al., 2005). Braddock, Hemp, and Rizzolo (2003) reported hourly wages of \$11.67 in state-operated facilities and \$8.68 in community settings; the poverty level was \$8.19.

The discrepancy between pay and benefits in state-operated institutions and private community services does not necessarily represent an "institutional bias." Rather, the discrepancy reflects the fact that state workers are likely to be represented by public employee unions, while private sector workers have not been unionized by and large. For example, New York State, which operates a dual community service system comprised of both state-operated and privately operated services, offered the same wages in 2004 (\$11.61 starting; \$14.59 mean; Larson, et al. 2005) to state workers in community services as in institutions.

Various efforts have been made to address the inadequate wages and benefits of direct support workers. As indicated in the Report to Congress, the Centers for Medicare and Medicaid Services (CMS) has awarded 10 demonstration grants to help states improve recruitment and retention, including offering health benefits, and the State of Wyoming gave a wage and fringe benefit increase to direct support workers, which has reportedly resulted in a decrease in staff turnover by 15% in one year. Organizations such as the American Network of Community Options and Resources

(ANCOR) and the New York State Association of Community and Residential Agencies (NYSACRA) have promoted the Direct Support Professional Fairness and Security Act that would achieve parity between the wages paid in Medicaid-funded private (predominately community) and public (predominately institutional) programs. A California federal court case, *Sanchez v. Grantland Johnson, et al.*, filed by disability groups was unsuccessful in making the claim that increased wages and benefits to community service workers would protect the rights of people with developmental disabilities to the "most integrated setting appropriate" standard established by the Olmstead Supreme Court case under the Americans with Disabilities Act.

There is one other major national initiative to improve the wages and benefits of direct support workers in the community: the unionization of workers in the private sector. It is extremely controversial among private service providers, advocacy groups, and policy makers. This policy paper examines this controversy. It explores the historical roots of efforts to address direct support workforce issues, reviews the role of unions in the field in the past, considers the fit between disability rights and worker rights, examines emerging support models, and comments on current union efforts.

THE WORKFORCE CRISIS AND REFORMS IN THE 1940s

The direct support workforce crisis is not new. Nor are efforts to address the crisis by improving the training and elevating the status of direct support workers.

During World War II, state mental hospitals and training schools faced a workforce crisis that makes today's problems in recruiting and retaining staff pale in comparison. Due to military enlistments and the lure of higher pay in defense industries, the workforce at state institutions was utterly depleted. At Philadelphia State Hospital in 1943, for example, there was one paid attendant on duty for each shift for every 144 patients on the male side of the institution.

To address their staffing needs, state mental hospitals and training schools, including such well-known state schools as Pennhurst in Pennsylvania, Mansfield in Connecticut, and Rosewood in Maryland, turned to an unlikely source: Conscientious Objectors (COs).

During the war, approximately 12,000 men "conscientiously opposed to participation in war" based on "religious training and belief" (primarily Mennonites, the Brethren, Quakers or the Friends, and Methodists, although over 120 religions were represented) served in the Civilian Public Service or CPS. Initially, COs were involved in fighting forest fires, planting trees, park preservation, fire prevention, and similar activities. By 1942, the CPS had expanded to include forms of alternative service beyond environmental projects. COs were assigned to farms, to build sanitation facilities in rural communities, to serve as "guinea pigs" in medical experiments, and to address the labor shortages at state institutions. Between 1942 and the end of the war, approximately 3,000 COs worked at 40 state mental hospitals and 16 state training schools in 22 states.

What the COs found at the institutions shocked them: overcrowding, understaffing, neglect, abuse, and brutality. Most COs worked as attendants at the institutions. In return, they received room and board and a small monthly allowance to cover expenses, but were not paid for their work.

Before long, COs at many of the institutions started to bring the conditions at the institutions to the attention of the media and public officials. The COs' efforts resulted in exposes of institutional conditions and abuse reported in the *Richmond Times-Dispatch*, the *Cleveland Press*, the *Poughkeepsie New Yorker*, and other newspapers. In 1946, a CO who had been at Rosewood Training School in Maryland published a scathing three-part series of articles in *The Catholic Worker*:

“State School Unnatural, Maltreats Children,” “Slaves or Patients?,” and “Abandon Hope.”

Like their counterparts at other institutions, COs at Philadelphia State Hospital, also referred to as Byberry, were concerned about the treatment of patients and the conditions under which they lived. With the support of the superintendent and the American Friends Service Committee, the Byberry COs established a clearinghouse for sharing information among CPS units and concerned persons at institutions nationally in 1944. They began publishing a national newsletter, *The Attendant* (later named *The Psychiatric Aide*). The *Attendant* featured articles by professional experts, COs, and others on such topics as “Patient Restraint and Attendant Protection,” “Socializing Institutionalized Mental Defectives,” and “Obstacles to Care and Treatment.”

The Byberry COs next set their sights on documenting conditions at state mental hospitals and training schools. They sent letters to COs at mental hospitals and training schools asking them for information, and within a short period of time they had received over a thousand reports documenting abuse and neglect.

Through the American Friends Service Committee, the COs were put into contact with national figures. One of the COs met with a senior editor of *Reader’s Digest* and showed him photos of Byberry. The editor was immediately interested and arranged for *Life Magazine*, which was published by the same company, to do a story on state mental hospitals based on the COs’ reports.

On May 6, 1946, *Life* published an article titled, “Bedlam 1946: Most U.S. Mental Hospitals are a Shame and Disgrace.” Accompanied by photos captioned with terms such as “Neglect,” “Restraint,” “Nakedness,” and “Overcrowding,” the article reported widespread abuse, brutality, and substandard conditions at institutions. A condensed version of the article was published in *Reader’s Digest* in July 1946.

Although they cultivated relationships with professional groups and influential psychiatrists, the COs sought to create a national movement led by “laymen,” rather than professionals. The same day the “Bedlam 1946” *Life* article was published the formation of the National Mental Health Foundation (NMHF) was announced in Philadelphia. The NMHF was conceived by the Byberry COs, who had worked hard to recruit prominent physicians and civic leaders to support their cause. In April 1947, the NMHF released a report, *Out of Sight, Out of Mind*, based on COs’ accounts. The book contained one report after another of neglect, professional negligence, brutality, and abuse.

From its founding until 1950, the NMHF conducted aggressive public relations campaigns to change public attitudes and established a legal division to draft state legislation to reform institutional commitment laws. The NMHF continued to publish handbooks and manuals on caring for people with psychiatric and intellectual disabilities. The NMHF also established a highly publicized “Psychiatric Aide of the Year” award to recognize outstanding efforts by institutional attendants.

Beset by financial problems and tensions between the “lay” COs and some of its professional advisors, the NMHF had a short lifetime. In 1950, the NMHF merged with other organizations to create the National Association for Mental Health (now Mental Health America). The new national association adopted other priorities than those that had motivated the COs.

The history of COs at state institutions during World War II has been largely forgotten in the fields of psychiatric and intellectual and developmental disabilities. This history is important because it can teach us lessons relevant to services and workforce issues today:

- The COs brought unprecedented media attention to conditions at institutions and enlisted the support of prominent public figures in reform efforts. Yet, decades later in the 1960s and 70s

institutions faced yet another wave of public exposés (Blatt & Kaplan, 1966; Taylor, 2006). The COs did not question institutionalization itself. So the reforms they advocated did not result in significant change.

- The COs led the first organized efforts to improve the training, attitudes, and status of direct support workers. Their primary motivation was to try to ensure humane care of people supported by the workers. In 1944, the COs at Byberry organized a union to address their concerns. Their first objective was “to improve patient care by improving the working conditions of hospital employees.” The COs demonstrated that the interests of direct support workers and people with disabilities are not incompatible.
- Throughout their brief history, the COs had an uneasy relationship with professional leaders. Although some psychiatrists gave their support to the COs, many disparaged their efforts and the foundation they created for refusing to accept medical leadership and direction. The COs captured the public spotlight for a brief period of time, but before long, professionals re-established their control of the public and political discussions regarding psychiatric and intellectual and developmental disabilities.
- The COs confronted a “crisis,” but the crisis they confronted was never resolved, as evidenced by events in the 1960s and 70s. It faded from public and professional view. Today’s recognized crisis in the direct support workforce could suffer the same fate.

UNIONS: A CHECKERED HISTORY

By the 1970s, employees at public institutions in many states had become unionized. In response to initial stage of deinstitutionalization, some public employee unions became vociferous opponents of the movement of people from state institutions to privately operated community programs (Taylor & Searl, 2001). Unions representing nursing home workers in the private sector also have opposed deinstitutionalization at times.

In 1975, the American Federation of State, County, and Municipal Employees (AFSCME), a public employee union representing 250,000 mental health workers nationally, released a scathing report that blasted the policy of deinstitutionalization. The report, titled *Out of Their Beds and into the Streets*, presented deinstitutionalization as a plot to relieve state governments of the responsibility for caring for people with mental disabilities, the elderly, and other groups and to put money into the pockets of private profiteers (Santiestevan, 1979). Jerry Wurf, the president of AFSCME, wrote the introduction of the report: “It seems to us that ‘deinstitutionalization,’ a lofty idea, has become something very ugly—a cold methodology by which government washes its hands of direct responsibility for the well-being of its most dependent citizens.”

The Civil Service Employees Association (CSEA), a New York State union representing institutional employees, took up the cause. In 1978, CSEA sponsored a major public relations campaign to convince politicians and the public that deinstitutionalization meant “dumping.” “The State Calls It Deinstitutionalization,” read one advertisement, “We Call It Cruel.” As part of its campaign, CSEA prepared a series of 60 second radio advertisements that painted deinstitutionalization as a cruel rip-off. In response to CSEA’s campaign, New York State’s Governor Hugh Carey authorized the establishment of state-operated group homes staffed by public employees as part of deinstitutionalization at Willowbrook in New York City (Rothman & Rothman, 1984). New York State’s dual state and privately operated community service system reflects a political compromise to avoid union opposition to deinstitutionalization.

Public employee unions in some states continue to be opponents of deinstitutionalization and institutional closure. In the late 1990s, the California Association of Psychiatric Technicians (CAPT), the union representing state institutional employees, joined with institutional parent groups in advocating for a moratorium on community placements (Taylor, 2001).

The opposition to deinstitutionalization by public employee unions representing institutional workers has left a bitter legacy. Many disability advocates are distrustful of union efforts to organize direct support workers and believe that unions will always sacrifice the interests of people with disabilities in favor of the interests of workers and the unions themselves.

EMERGING SUPPORT APPROACHES AND THE DIRECT SUPPORT WORKFORCE

Since the late 1960s, the residential service system has undergone several transitions. The first major change involved a shift from an exclusive institutional model to a system comprised of institutions and community facilities of various sizes known as group homes, community residences, supervised apartments, and, in the latter part of the 1970s, "small" (15 or fewer people) Intermediate Care Facilities for the Mentally Retarded (ICFs/MR). Although these community facilities were more likely to be physically integrated into the community, they still provided people little control over their supports. Like institutions, community agencies hired and supervised staff. Staff worked for and were accountable to agencies, not to individuals supported by the agencies.

The 1980s, in particular, witnessed the emergence of alternatives to agency-operated facilities. Under supported living and related approaches, people with disabilities could be supported in their own homes and, hence, could exercise greater control over their personal space and routines of life. Yet, agencies typically continued to be responsible for hiring and supervising direct support staff. An individual might be matched with the most compatible direct support worker, but still did not control his or her own supports.

Later in the 1980s and continuing until today, approaches were developed that gave people with disabilities direct control over support staff. From the independent living movement, self-directed personal assistance emerged. An individual needing personal support, or in some cases a "self-directing other" (e.g., a family member), could recruit, select, supervise, schedule, and terminate direct support workers. An independent living center or other agency typically served as the employer of record and handled payroll and benefits, but the individual with a disability had the final say over who will provide assistance or support.

Another more recent approach is referred to as cash and counseling, individual budgeting or funding, or self-determination. Although there are variations in this approach, they all provide funding directly to people with disabilities or their families. People can decide what services and supports to purchase and have the flexibility to recruit direct support workers. A "support broker" or consultant may be available to help an individual or family member to manage funds or to decide upon needed services. Typically, a "fiscal intermediary" serves as a conduit for public funds to be allocated to individuals.

Self-directed personal assistance and individual funding schemes are popular among people with disabilities and family members participating in these programs. These approaches afford greater choice and provide increased control over services and supports.

These approaches alter the relationship between consumers and providers of direct supports. Direct support workers are directly accountable to people with disabilities or family members, rather than agencies. Their role is not to supervise people in accord with standard agency policies, but rather, to support people in ways in which they wish to be supported. Any solution to the direct workforce crisis must leave room for self-directed approaches and this new form of relationship between consumers and support workers.

ARE THE INTERESTS OF PEOPLE WITH DISABILITIES AND DIRECT SUPPORT WORKERS

COMPATIBLE?

The interests of people with disabilities and direct support workers are often viewed as being at odds or at least unrelated to each other. Current approaches for supporting people with disabilities emphasize personal control, empowerment, and self-determination. Representatives of direct support workers stress worker rights, job security, and improved pay and benefits. Yet, the interests of these two groups are not incompatible.

John O'Brien and Connie Lyle O'Brien (O'Brien and Lyle O'Brien, 2005) provide a useful way of thinking about the relationship between people with developmental disabilities and direct support workers in [Figure 1](#). O'Brien and Lyle O'Brien's figure addresses two considerations, represented by sectors. One consideration relates to better working conditions (fair wages and benefits; respect for good work; learning opportunities; rewards for increased knowledge and skills; job security), conditions that have been associated with the interests of direct support workers. The other consideration has to do with opportunities for people with developmental disabilities (contribution to community life; control of own life; secure home; support to learn; work and income). Within the figure, possible roles of direct support workers are presented:

- Devalued keepers: poor working conditions and few opportunities for people with developmental disabilities.
- Costly keepers: good working conditions and few opportunities for people with developmental disabilities.
- Status-quo supporters: fair working conditions and some opportunities for people with developmental disabilities.
- Overcomers: poor working conditions and many opportunities for people with developmental disabilities.
- Valued support workers: good working conditions and many opportunities for people with developmental disabilities.

O'Brien's figure provides a direction for the future: increasing opportunities for people with developmental disabilities, while improving the working conditions of direct support workers. People with intellectual or developmental disabilities benefit when their support workers receive fair wages and benefits and are well-trained and respected. Poorly paid and trained support staff and high turnover rates interfere with the quality of life of people with developmental disabilities. Workers benefit not only when they have decent working conditions, but also when their work is meaningful and enables them to support people with developmental disabilities to lead quality lives.

UNION PROS AND CONS

One proposal to address the direct support workforce crisis is the unionization of direct support workers in the private sector. Unions have already established a foothold in the nursing home and home health care industries and have achieved gains in organizing workers in the community service system in developmental disabilities. Unions as diverse as the Service Employees International Union, United Domestic Workers, and the International Brotherhood of Teamster's have successfully organized non-public direct support workers. Even New York's Civil Service Employees Association, which represents state workers, has made in-roads in organizing community workers in the private sector.

The unionization of direct support workers in the private sector is deeply controversial among people in the field of developmental disabilities. Many advocates and service providers distrust unions and resist any efforts at collective bargaining. Among the arguments made by opponents of unionization are the following:

- As evidenced by the opposition of public employee unions to deinstitutionalization, unions have a history of letting the interests of workers trample the interests of people with disabilities. Unions would obstruct the right of people with disabilities to community living and participation in order to protect union jobs.
- Private community agencies, and especially non-profits, operate on extremely tight budgets and simply cannot afford to offer workers significant increases in wages and benefits. Unionization would force agencies to cut-back services or to go out of business entirely.
- Unions would interfere with the employer-employee relationship based on a common commitment to supporting people with disabilities.
- Unionization would make it extremely difficult to discipline or terminate sub-standard or even neglectful workers.
- Unions' most powerful weapon, the work stoppage or strike, would leave people with disabilities in the community extremely vulnerable.
- Unionization would force workers to become union members regardless of their personal desires.
- Union dues would off-set any increases in wages or benefits obtained through unionization.
- Unionization would interfere with the ability of people with disabilities or family members to select their own support workers.
- As long as unions continue to represent workers at institutions and nursing homes, they will continue to advocate for these industries to receive a large slice of the public fiscal pie.

Other advocates are open to or supportive of the unionization of direct support workers in the community. Union supporters can make the following arguments:

- Unionization would increase wages and benefits significantly and would reduce staff vacancies and turnover.
- Unions have a proven track record of improving worker wages and benefits and job security.
- The vast majority of direct support workers in the community are women and members of racial or ethnic minority groups who must have tools to protect themselves against the ongoing pattern of discrimination.
- Workers have inherent rights to living wages, health care, and other benefits.
- People with disabilities and their families have the right to be supported by a stable workforce.
- Community agencies, and especially large providers and for-profit organizations, have their own vested interests and cannot be counted upon to protect the rights of people with disabilities.
- Unionization of direct support workers would lead governments to increase the amount of funds allocated for services.
- Unions are well-organized and can use their political clout to improve the situations of people with disabilities.
- Not all unions are the same. At least some unions would be willing to make concessions to safeguard the interests of people with disabilities and family members.

How can we weigh the potential pros and cons of unionization?

PROMISING UNION INITIATIVES

With over 1.9 million members as of July 19, 2007, Service Employees International Union (SEIU) is one of the fastest-growing and largest unions in the country. SEIU has been successful in organizing nursing home and home care workers. Today, it is expanding efforts to organize personal care attendants supporting people with disabilities and direct support workers in the intellectual and developmental disability system.

SEIU has broken ranks with public employee unions that oppose deinstitutionalization and has expressed public support for community living. In 2005, SEIU joined over 180 disability and family organizations in endorsing The Community Imperative declaration (Center on Human Policy, 1979, 2001) at its annual meeting: "All people, regardless of severity of disability, are entitled to community living." Endorsement by the international union followed endorsements by six SEIU local affiliates, one in Massachusetts and five in California. SEIU also has supported the Living Assistance Services and Supports Act of 2007, which would shift Medicaid funds from institutions to community living and expand self-directed personal assistance. The union has supported or provided funding to disability rights and self-advocacy groups as well.

Unionization of direct support workers conjures the image of an agency by agency organizing effort. Although SEIU locals have used this approach with nursing homes and some community providers, SEIU adopted a different strategy in an effort to organize personal care attendants or home care workers in California, Massachusetts, Michigan, Oregon, and Washington. In these states, SEIU worked with other groups, including disability rights and advocacy groups, to have legislation passed to establish workforce councils and to increase funding for personal assistants. The concept behind the workforce councils is to have a central directory of personal assistants or support workers, who would have the right to unionize. The workforce councils can set wages, benefits, and working conditions for workers, but individuals with disabilities have the right to hire or fire their own assistants or support workers.

In 2002 and 2003, SEIU and a relatively small group of supporters promoted California Assembly Bill 649. A.B. 649 would have established public workforce service centers that would employ and set wages and benefits for all direct support workers in California's private community service system. Community providers and individuals with intellectual and developmental disabilities would select direct support workers from the workforce service centers' registries. Drafts of A.B. 649 supported the principle of consumer direction. A.B. 649 encountered stiff opposition from the provider community and a number of statewide advocacy organizations. The bill died amid California's fiscal crisis that resulted in the recall of Governor Gray Davis and the election of Arnold Schwarzenegger.

The 300 locals affiliated with SEIU vary widely. Many represent workers in nursing homes, which house both elderly people and people with disabilities, and consistently advocate for increased funding for these facilities. As long as SEIU locals advocate for segregated facilities and remain silent on the right of people with disabilities to community living, many people will remain skeptical of the union. At the same time, some SEIU locals have supported forward-looking initiatives on behalf of people with disabilities and their families. In Connecticut, SEIU worked with advocacy groups to have the legislature fund a program to provide services to adults with autism who do not have intellectual disabilities. In southwestern Pennsylvania, SEIU joined with Tri-County Patriots for Independent Living to endorse a statement supporting both the right of people with disabilities to live in the community and the right of personal assistants to a living wage, access to benefits, and affordable family health insurance (Johnson, 2007).

OPINION: CAN UNIONS HELP?

Many years ago, a colleague, Bob Bogdan (1983), made the following analogy. "Is mainstreaming a good idea?" is a bit like asking, "Is Tuesday a good idea?" Both are the wrong questions. It is not so much whether mainstreaming and Tuesdays are good ideas as what we make of them (also see Biklen, 1985).

Is unionization of direct support workers in the community a good idea from the vantage point of

people with disabilities, family members, and advocates? This too is the wrong question.

The direct support workforce crisis is real, and it is likely to get worse unless something is done. Unionization of workers is one potential way of addressing this crisis. It would be counter-productive to reject unions out-of-hand. At the same time, unionization could do more harm than good if it is not done in a thoughtful way or if unions are willing to sacrifice the interests and rights of people with disabilities.

- Although unions necessarily put the interests of workers first, they must also support the values surrounding full inclusion and community participation for people with disabilities. Improved benefits for workers must not come at the expense of people with disabilities or their families.
- Efforts to unionize workers must be tied to policy initiatives to increase the funding available for worker wages and benefits.
- Consistent with self-directed and individual funding approaches, individuals with disabilities or their families must have the ability and sole authority to select, supervise, and terminate the relationship with unionized direct support workers.
- Community providers must have the ability to set reasonable performance standards and training expectations for workers.
- For individuals who are supported in their own homes, unions must agree to forego strikes or other actions that would place people at risk.

If the direct support workforce crisis is not resolved—if direct support workers in the community continue to receive low wages and poor benefits, people with disabilities, family members, and advocates may not have a say in the matter of whether direct support workers become unionized. It is far better to engage in constructive dialogue with forward-looking unions or even a single union than to let events unfold on their own.

REFERENCES AND FURTHER READING

Biklen, D. (1985). *Achieving the complete school: Strategies for effective mainstreaming*. New York: Teachers College Press.

Blatt, B., & Kaplan, F. (1966). *Christmas in purgatory: A photographic essay on mental retardation*. Boston: Allyn & Bacon.

Bogdan, R. (1983, February) "Does mainstreaming work?" is a silly question. *Phi Delta Kappan*, 64 (6), 427-428.

Braddock, D., Hemp, R., & Rizzolo, M. K. (2003). *State of the states in developmental disabilities project* (preliminary data). Boulder, CO: University of Colorado Department of Psychiatry.

Center on Human Policy, Syracuse University. (1979, 2001). *The Community Imperative: A refutation of all arguments in support of institutionalizing anybody because of mental retardation*. Syracuse, NY: Author. Retrieved January 8, 2007: http://thechp.syr.edu/community_imperative.html.

Johnson, T. T. (2007, July-August). Personal assistants join union. *Mouth Magazine*, 18(1&2), 4-5.

Larson, S. A., Byun, S., Coucouvanis, K., & Prouty, R. W. (2005, July). Staffing patterns, characteristics and outcomes in larger state residential facilities in 2004. In R. W. Prouty, G. Smith, & K. C. Lakin (Eds.), *Residential services for persons with developmental disabilities: Status and*

trends through 2004 (pp. 47-59). Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved January 8, 2007 from <http://rtc.umn.edu/docs/risp2004.pdf>.

Larson, S. A., Hewitt, A. S., & Lakin, K.C. (2004). A multi-perspective analysis of the effects of recruitment and retention challenges on outcomes for persons with intellectual and developmental disabilities and their families. *American Journal on Mental Retardation*, 109, 481-500.

Maisel, A. Q. (1946, May 6). Bedlam 1946: Most U.S. mental hospitals are a shame and a disgrace. *Life Magazine*, 102-118.

O'Brien, J., & Lyle O'Brien, C. (2004). *Competent and committed direct support relationships: Development modules for organizations seeking better quality* [Book & CD]. Lithonia, GA: Responsive Systems Associates.

O'Brien, J., & Lyle O'Brien, C. (2005). *Finding meaning in the work: Ten exercises to encourage reflection on direct support*. Toronto: Inclusion Press.

Prouty, R. W., Smith, G. & Lakin, K. C. (Eds.). (2007). *Residential services for persons with developmental disabilities: Status and trends through 2006*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Retrieved December 15, 2007 from <http://rtc.umn.edu/docs/risp2006.pdf>.

Rothman, D. J., & Rothman, S. M. (1984). *The Willowbrook wars*. New York: Harper & Row.

Santiestevan, H. (1979). *Out of their beds and into the streets*. Washington, DC: American Federation of State, County and Municipal Employees.

Sareyan, A. (1994). *The turning point: How persons of conscience brought about major change in the care of America's mentally ill*. Scottsdale, PA: Herald Press.

Taylor, S. J. (2001). The continuum and current controversies in the USA. *Journal of Intellectual & Developmental Disability*, 26(1), 15-33.

Taylor, S. J., & Searl, S. J. (2001). Disability in America: A history of policies and trends. In E. D. Martin, Jr. (Ed.), *Significant disability: Issues affecting people with significant disabilities from a historical, policy, leadership, and systems perspective* (16-63). Springfield, IL: Charles C. Thomas.

U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy. (2006, January). *The supply of direct support professionals serving individuals with intellectual disabilities and other developmental disabilities: A report to Congress*. Washington, DC: Author. Retrieved January 4, 2007 from <http://aspe.hhs.gov/daltcp/reports/2006/DSPsupply.pdf>.

Zahn, G. C. (1946a). "Abandon hope." *The Catholic Worker*, 13(8), 1,4,6. Retrieved January 4, 2007 from <http://www.disabilitymuseum.org/lib/docs/1732.htm>.

Zahn, G. C. (1946b). Slaves or patients? *The Catholic Worker*, 13(7), 1,6. Retrieved January 4, 2007 from <http://www.disabilitymuseum.org/lib/docs/1720.htm>.

Zahn, G. C. (1946c). State school unnatural, maltreats children. *The Catholic Worker*, 13(6), 5-7. Retrieved January 4, 2007 from <http://www.disabilitymuseum.org/lib/docs/1733.htm>.

ACKNOWLEDGEMENTS

The author would like to thank Mia Feldbaum, Charlie Lakin, Mark Polit, Bill Welz, Jack Schutzius, David Rosenblatt, Connie Lyle O'Brien, John O'Brien, Les Parker, Pam Walker, Rachael Zubal-Ruggieri, Arlene Kanter, and Cyndy Colavita for their contributions to this policy paper. The opinions of the author are his own.

The Center on Human Policy is part of the Center on Human Policy, Law, and Disability Studies at Syracuse University (<http://disabilitystudies.syr.edu>).

Steve Taylor is Professor of Cultural Foundations of Education, Coordinator of Disability Studies, and Director of the Center on Human Policy at Syracuse University. To send reactions to this policy paper, e-mail Steve Taylor at staylo01@syr.edu.

The section on World War II conscientious objectors is based on a forthcoming book by Steve Taylor, *Acts of Conscience: World War II, Mental Institutions, and Religious Objectors* scheduled to be published by Syracuse University Press.

The preparation of this paper was supported in part through a subcontract with the Research and Training Center on Community Living, University of Minnesota, supported by the U.S. Department of Education, Office of Special Education and Rehabilitative Services, National Institute on Disability and Rehabilitation Research (NIDRR), through Contract No. H133B031116. Members of the Center are encouraged to express their opinions; however, these do not necessarily represent the official position of NIDRR and no endorsement should be inferred.

CCDDB 2014-2015 Meeting Schedule

Board Meetings

8:00 AM

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

July 23, 2014 – 8:00 AM

September 17, 2014 – 8:00 AM

October 22, 2014 – 8:00 AM

November 19, 2014 – 8:00 AM

*December 17, 2014 – 8:00 AM (off-cycle)

January 21, 2015 – 8:00 AM

February 18, 2015 – 8:00 AM

March 18, 2015 – 8:00 AM

April 22, 2015 – 8:00 AM

May 20, 2015 – 8:00 AM

June 24, 2015 – 8:00 AM

July 22, 2015 – 8:00 AM

This schedule is subject to change due to unforeseen circumstances.

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

DRAFT
2014-2015 MEETING SCHEDULE WITH SUBJECT AND
ALLOCATION TIMELINE AND PROCESS

The schedule provides the dates of board meetings for the Champaign County Developmental Disabilities Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting or in the afternoon, following a meeting of the Champaign County Mental Health Board. Included is a tentative schedule for the CCDDDB allocation process for Contract Year 2016 (July 1, 2015 – June 30, 2016).

<u>Timeline</u>	<u>Tasks</u>
7/23/14	Regular Board Meeting Approve Draft Budget Election of Officers
9/17/14	Regular Board Meeting CILA Expansion RFP Decision
10/1/14	CILA Expansion Contract Issued
10/22/14	Regular Board Meeting Release Draft Three Year Plan 2015-2017 with FY15 Objectives Release Draft Contract Year 2016 Allocation Criteria
11/19/14	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY16 Allocation Criteria
12/14/14	Public Notice to be published on or before this date, giving at least 21 day notice of application period.
12/17/14	Regular Board Meeting (off-cycle due to holiday)
1/7/15	Open CCMHB/CCDDDB Online System access to CCDDDB CY 2016 Agency Program and Financial Plan Application forms.
1/21/15	Regular Board Meeting
2/13/15	Online System Application deadline – System suspends applications at 4:30PM (CCDDDB close of business).

2/18/15	Regular Board Meeting List of Requests for FY16 Funding
3/18/15	Regular Board Meeting
4/15/15	Program summaries released to Board, copies posted online with the CCDDDB April 22, 2015 Board meeting agenda.
4/22/15	Regular Board Meeting with review of program summaries.
5/20/15	Regular Board Meeting Allocation Decisions Authorize Contracts for CY16 Allocation recommendations released to Board, copies posted online with the CCDDDB May 20, 2015 Board meeting agenda.
6/24/15	Regular Board Meeting
6/26/15	Contracts completed
7/22/15	Regular Board Meeting Approve Draft Budget Election of Officers