



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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### 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) AGENDA

**Wednesday, September 17, 2014**

Brookens Administrative Building, Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

**6:00PM**

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

1. Call to Order – Ms. Sue Suter, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input

*Minutes from the 7/23/2014 meeting of the CCMHB are included in the packet for information only.*

6. Approval of CCDDB Minutes
  - A. 7/23/14 Board Meeting\*

*Minutes are included in the packet. Board action is requested.*

7. President's Comments – Ms. Sue Suter
8. Executive Director's Report – Peter Tracy
9. Staff Report – Lynn Canfield
10. Agency Information
11. Financial Report

- A. Approval of Claims\*

*Included in the Board packet. Action is requested.*

12. New Business

- A. CILA Expansion in Champaign County (RFP) Award Vote\*

*Minutes from the August 13<sup>th</sup> and 22<sup>nd</sup> meetings of the CILA RFP Evaluation Committee are included for information only. An Evaluation Committee recommendation will be presented. Action is requested.*

- B. Draft Three Year Plan 2013-2015 with FY 2015 Objectives

*A Briefing Memorandum and Draft Three Year Plan with Objectives for FY2015 are included in the packet.*

- C. Priorities Pre-Planning Discussion

- D. Addendum to Intergovernmental Agreement\*

*A Decision Memo with addendum to the Intergovernmental Agreement between the CCMHB and the CCDDB is included in the packet for approval.*

13. Old Business

A. Disability Resource Expo

*A report from Barbara Bressner is included in the packet.*

14. Board Announcements

15. Adjournment

*\*Board action requested*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—July 23, 2014*

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

*4:30 p.m.*

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

**MEMBERS EXCUSED:** Susan Fowler, Thom Moore

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

**OTHERS PRESENT:** Shandra Summerville, ACCESS Initiative; Maggie Thomas, UP Center; Bruce Barnard, Prairie Center Health Systems (PCHS); Dale Morrissey, Patty Walters, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Mike Smith, Deb Ruesch, Phil Krein, Champaign County Developmental Disabilities Board (CCDDB); Beth Chato, League of Women Voters, Juli Kartel, Community Elements (CE)

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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

None.

**CCDDB INFORMATION:**

The CCDDB met earlier in the day. Deb Ruesch was introduced as a newly appointed member to the CCDDB.

**APPROVAL OF MINUTES:**

Minutes from the June 11, 2014 Board meeting were included in the packet for review.

**MOTION: Mr. McClellan moved to approve the minutes from the June 11, 2014 Board meeting. Ms. Berkson seconded the motion. A vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Mr. Tracy gave an update on the Request For Proposals (RFP) for CILA Expansion in Champaign County. Mr. Tracy distributed a Memorandum from Dan Ohler regarding Home and Community Based Services (HCBS) regulations issued by the federal Centers for Medicare and Medicaid Services (CMS).

**STAFF REPORTS:**

Reports from Mr. Driscoll and Mr. Parsons were included in the Board packet. Ms. Canfield provided a verbal report of her activities.

**BOARD TO BOARD:**

None.

**AGENCY INFORMATION:**

Mr. Dale Morrissey spoke regarding Developmental Services Center's (DSC) budget shortfall for the year. Mr. Morrissey reported DSC went on record to support a tax increase in the State of Illinois.

Jennifer Knapp from Community Choices reported on the Supportive Housing Institute.

**FINANCIAL INFORMATION:**

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

**MOTION: Dr. Townsend moved to accept the claims report as presented. Mr. McClellan seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

**CCMHB 2015 Budget:**

A Decision Memorandum on the Fiscal Year 2015 budgets for the CCMHB, ACCESS Initiative, and Juvenile Delinquency Prevention Fund were included in the Board packet. The CCDDDB Budget was included for information only.

**MOTION: Ms. Berkson moved to approve the budget documents for the CCMHB, ACCESS Initiative and Juvenile Delinquency Prevention Fund. Mr. McClellan seconded the motion. A roll call vote was taken. All members voted aye and the motion passed.**

**The UP Center of Champaign County:**

A copy of a letter from the Board president of the UP Center of Champaign County was included in the Board packet. The UP Center would like to be considered for funding if excess revenue becomes available. Maggie Thomas, Board President of the UP Center spoke regarding services the UP Center provides LGBTQ youth.

**Anti-Stigma Community Event:**

A Decision Memorandum on sponsorship of an anti-stigma film at the Roger Ebert Film Festival was included in the Board packet.

**MOTION: Mr. McClellan moved to approve up to \$15,000 as the CCMHB share, contingent on approval of \$15,000 by the CCDDDB to fund an equal share. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**Draft Meeting Schedule and Allocation Timeline:**

A draft schedule of meeting dates and topics, and a timeline for the 2015 allocation process was included in the Board packet for information only.

**OLD BUSINESS:**

**disAbility Resource Expo:**

A written report from Ms. Barb Bressner was included in the Board packet for information only.

**BOARD ANNOUNCEMENTS:**

None.

**STUDY SESSION PRESENTATION: CCDDB and CCMHB Discussion:**

Members of the CCMHB and the CCDDB engaged in a discussion regarding the Request for Proposals (RFP) CILA Expansion process. Mr. Smith expressed his concerns regarding the process including liability, debt and risk. Numerous Board members engaged in the discussion and all were given an opportunity to express any concerns and ask questions. Dr. Krein requested a study session be held later in the year to discuss what worked and what didn't work during the RFP process.

The CCDDB will hold their future meetings directly after the CCMHB meetings in order to collaborate more closely.

**ADJOURNMENT:**

The meeting adjourned at 6:25 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

*\*Minutes are in draft form and subject to CCMHB approval.*

6.A.

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

*Minutes – July 23, 2014*

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

*8:00 a.m.*

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**MEMBERS PRESENT:** Joyce Dill, Phil Krein, Deb Ruesch, Sue Suter, Mike Smith

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

**OTHERS PRESENT:** Patty Walters, Janice McAteer, Danielle Matthews, Dale  
Morrissey, Developmental Services Center (DSC) Tracy Parsons,  
ACCESS Initiative (AI); Dennis Carpenter, CTF Illinois (CTF);  
Sue Wittman, Community Elements (CE); Jennifer Knapp, Linda  
Tortorelli, Community Choices (CC); Gary Maxwell, Champaign  
County Board; Barb Bressner, Consultant; Mark Scott, Down  
Syndrome Network (DSN)

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**CALL TO ORDER:**

Mr. Mike Smith called the meeting to order at 8:00 a.m. Ms. Debra Ruesch was appointed to the Board and was introduced.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT:**

None.

## **CCMHB INPUT:**

The CCMHB will meet later in the day.

## **APPROVAL OF CCDDDB MINUTES:**

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

**MOTION: Ms. Suter moved to approve the minutes from the May 21, 2014 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

Minutes from the June 3, 2014 Special Board Meeting was included in the Board packet.

**MOTION: Dr. Krein moved to approve the minutes from the June 3, 2014 Special Board Meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

## **EXECUTIVE DIRECTOR'S REPORT:**

Mr. Tracy gave an update on the Request For Proposals (RFP) for CILA Expansion in Champaign County. Mr. Tracy distributed a Memorandum from Dan Ohler regarding Home and Community Based Services (HCBS) regulations issued by the federal Centers for Medicare and Medicaid Services (CMS).

## **STAFF REPORT:**

Ms. Canfield provided a verbal report.

## **AGENCY INFORMATION:**

Mr. Dale Morrissey spoke regarding Developmental Services Center's (DSC) budget shortfall for the year. Mr. Morrissey reported DSC went on record to support a tax increase in the State of Illinois.

Jennifer Knapp from Community Choices reported on the Supportive Housing Institute.

## **FINANCIAL REPORT:**

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

**MOTION: Ms. Suter moved to accept the claims report as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**



**NEW BUSINESS:**

**Election of Officers:**

**MOTION: Dr. Krein moved to nominate Sue Suter for CCDDDB President and Mike Smith for CCDDDB Secretary. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**MOTION: Dr. Krein moved to thank Elaine Palencia for her service to the CCDDDB. Ms. Dill seconded the motion and it passed unanimously.**

**Alliance for the Promotion of Acceptance, Inclusion, and Respect:**

A Decision Memorandum on a 2015 event was included in the Board packet. The purpose of the memorandum was to seek approval for the Executive Director to commit to working with the Alliance for the Promotion of Acceptance, Inclusion, and Respect to sponsor an anti-stigma film at the 2015 Roger Ebert Film Festival.

**MOTION: Dr. Krein moved to approve up to \$15,000 as the CCDDDB share, contingent on approval of \$15,000 by the CCMHB to fund an equal share. Ms. Suter seconded the motion. A roll call vote was taken and all members voted aye. The motion passed unanimously.**

Mr. Mark Scott from the Down Syndrome Network encouraged staff to review the movie “Produce” for the Festival.

**CCDDDB Meeting Schedule:**

A draft of a meeting schedule was included for information and discussion only.

**CCDDDB FY15 Budget:**

A Decision Memorandum on the CCDDDB Fiscal Year 2015 Budget was included in the Board packet for review.

**MOTION: Ms. Suter moved to approve the proposed budget document for County Fiscal Year 2015 for the Champaign County Developmental Disabilities Board. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

**Proposed FY15 CCMHB Budgets:**

Copies of the FY15 Budgets for the CCMHB were included for information only.

**Revised CCDDDB By-Laws:**

A Decision Memorandum regarding revisions to the CCDDDB By-Laws was accompanied by a draft version of the revised document.

**MOTION: Ms. Ruesch moved to approve modification of the Champaign County Developmental Disabilities Board By-Laws as presented. Ms. Suter seconded the motion. A voice vote was taken and the motion passed unanimously.**

**OLD BUSINESS:**

**Employment First:**

A copy of the June 3, 2014 “Executive Order Implementing Employment First in Illinois” was included in the Board packet for information only.

**Ligas Court Monitor Report:**

A copy of the 12/31/13 semi-annual report of the Ligas Court Monitor as posted on Illinois DHS-DDD’s website was included in the Board packet for information only.

**disability Resource Expo:**

A report from Ms. Barb Bressner was included in the Board packet.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 9:00 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

## **Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – September 17, 2014**

**Board Documents:** I prepared a draft version of the CCDDDB Three Year Plan for Fiscal Years 2013-2015 with One Year Objectives for Fiscal Year 2015. The numerous suggested changes and additions to objectives are identified by strikethroughs and italics. Many are in response to the changing context, and a few result from previous objectives accomplished. This document appears in the CCDDDB packet and will be shared with stakeholders for their input.

**FY2015 Contracts:** All FY15 contracts related to Intellectual and Developmental Disabilities services and supports have been executed. All forms submitted through the online system have been revised as negotiated, with the exception of expense and revenue forms for the Developmental Services Center's Integrated and Site Based Services contracts, as we clarify the relationship between contracts with each of the CCMHB and CCDDDB. All board members have unique logins and passwords for read-only access to all submitted application forms and required quarterly and annual reports.

Following our August 14<sup>th</sup> training on the new Reimbursement Tracking System, Community Choices and Developmental Services Center each began entering claims related to a fee for service contract, Community Living and Service Coordination, respectively. With support from Proviso Township Mental Health Commission staff, who developed the RTS system, CCMHB/CCDDDB staff entered the agencies, agency users, programs, codes/rates, and objectives and have begun working with the agencies on uploading client data and entering claims.

**FY2014 Contracts and Program Monitoring Visits:** With the exception of two to be rescheduled for program staff availability, FY14 program monitoring visits of ID/DD programs funded by the CCDDDB and the CCMHB have been completed. All required follow-up has also been completed, and reports are either finished or in progress. Annual performance outcome reports and fourth quarter program reports have been submitted for ID/DD programs, and I am in the process of completing the desk reviews; some additional information has been requested and received. I hope to provide an overview of all program performance outcomes in October and would like to include some analysis of aggregate Persons Served data, a new requirement for adult programs in FY14.

**Alliance for the Promotion of Acceptance, Inclusion, and Respect:** I have continued to arrange for, and at times transport, Alliance artist installations at Café Kopi. Two walls of the downtown Champaign coffee shop are reserved for our artists' work, and we rotate the installations according to the shop owner's schedule, approximately every two months. He has been pleased with the shows so far, and I have promoted them through our facebook page and word of mouth. Planning for Ebertfest 2015 has begun, and an earlier-than-usual meeting of the planning committee (fall rather than early spring) will allow us to discuss potential opportunities. I have had meetings and email exchanges with the festival coordinator and planning committee members regarding ideas; a film suggestion was forwarded to the

festival director, gallery spaces reserved for art shows, and panel discussion slated once again. Because local school administrators expressed interest in collaboration last year, I will keep them informed about film selection, in case a school screening or other activity is possible.

**Other Activity:** disAbility Resource Expo Steering Committee activities are summarized in Barbara Bressner’s report to the boards, elsewhere in this packet; I’ve also participated in Marketing/Sponsorship and Pride Room Subcommittees, as usual. Meeting minutes of the CILA Expansion RFP Evaluation Committee appear in the packet. I remain involved with the Metropolitan Intergovernmental Council (May 20<sup>th</sup> and September 16<sup>th</sup> meetings) for updates and discussion typically focused on economic development; through these, I’ve invited dialogue with the Dean of Adult Education and Workforce Development at Parkland and with the CU Mass Transit District’s new director for clarification of existing programs and services and for possible collaborations. I have begun chairing ACMHAI’s DD subcommittee, which meets every other month, participating in monthly NACBHDD I/DD calls as practical, and ‘attending’ relevant webinars such as the Governor’s Office of Health Innovation and Transformation’s Long-Term Services and Supports Subcommittee (Conflict-free Case Management and Person-Centered Planning, e.g.) and the LEAD Center’s “Customized Employment: Moving Beyond the Basics.” I look forward to attending NACBHDD and ACMHAI meetings this fall to improve my understanding of major shifts in the broader context.

**Ligas, PUNS, and Unmet Need:** Data sorted for Champaign County, from the IDHS website’s August 13 update, is added below; full report attached.

2/1/11:	<b>194</b> with emergency need; of <b>269</b> with critical need, <b>116</b> are recent or coming grads.
4/5/11:	<b>198</b> with emergency need; of <b>274</b> with critical need, <b>120</b> are recent or coming grads.
5/12/11:	<b>195</b> with emergency need; of <b>272</b> with critical need, <b>121</b> are recent or coming grads.
6/9/11:	<b>194</b> with emergency need; of <b>268</b> with critical need, <b>120</b> are recent or coming grads.
10/4/11:	<b>201</b> with emergency need; of <b>278</b> with critical need, <b>123</b> are recent or coming grads.
12/5/11:	<b>196</b> with emergency need; of <b>274</b> with critical need, <b>122</b> are recent or coming grads.
5/7/12:	<b>222</b> with emergency need; of <b>289</b> with critical need, <b>127</b> are recent or coming grads.
9/10/12:	<b>224</b> with emergency need; of <b>288</b> with critical need, <b>131</b> are recent or coming grads.
10/10/12:	<b>224</b> with emergency need; of <b>299</b> with critical need, <b>134</b> are recent or coming grads.
1/7/13:	<b>225</b> with emergency need; of <b>304</b> with critical need, <b>140</b> are recent or coming grads.
2/11/13:	<b>226</b> with emergency need; of <b>308</b> with critical need, <b>141</b> are recent or coming grads.
6/10/13:	<b>238</b> with emergency need; of <b>345</b> with critical need, <b>156</b> are recent or coming grads.
10/15/13:	<b>244</b> with emergency need; of <b>378</b> with critical need, <b>160</b> are recent or coming grads.
11/8/13:	<b>246</b> with emergency need; of <b>392</b> with critical need, <b>164</b> are recent or coming grads.
1/9/14:	<b>247</b> with emergency need; of <b>393</b> with critical need, <b>165</b> are recent or coming grads.
2/10/14:	<b>249</b> with emergency need; of <b>395</b> with critical need, <b>166</b> are recent or coming grads.
6/10/14:	<b>252</b> with emergency need; of <b>396</b> with critical need, <b>169</b> are recent or coming grads.
9/17/14:	<b>261</b> with emergency need; of <b>425</b> with critical need, <b>180</b> have exited school in the past 10 years or expect to in the next 3 years.

The majority of existing supports, in order, are Education, Speech Therapy, Transportation, Occupational Therapy, Physical Therapy, and Behavioral Supports. The most frequently identified desired supports, in order, are Transportation, Personal Support, Support to engage in work/activities in a disability setting, Support to work in the community, Occupational Therapy, Speech Therapy, Behavioral Supports, Other Transportation Service, Out-of-home residential services with 24-hour supports, Physical Therapy, Out-of-home residential services with less than 24-hour supports, Assistive Technology, and Respite.

***Because eligibility determination is done after selection from PUNS, presence in the data does not mean that all individuals reported have a qualifying diagnosis. Persons served through CCDDDB and CCMHB funded programs may also be enrolled in PUNS, especially if they are likely to qualify as Ligas class members and receive a state award for Home and Community Based Services. IDHS' "Determination of Intellectual Disability or Related Condition & Associated Treatment Needs" is attached.***

In a September 5<sup>th</sup> meeting with Kevin Casey and Greg Fenton of IDHS-DDD, Darlene Kloeppel of the Champaign County Regional Planning Commission, and Susan Suter, discussion spanned many topics, including recommendations of the Case Management redesign project to date, one of which is the completion of eligibility determination upon PUNS enrollment rather than after selection from the database. The remaining workgroup recommendations are expected on October 22. A September 12<sup>th</sup> meeting is scheduled with Darlene Kloeppel and Rebecca Woodard for overview of the PAS/ISC roles and of the PUNS system.



**County: Champaign**

**Reason for PUNS or PUNS Update**

New	175
Annual Update	105
Change of category (Emergency, Planning, or Critical)	20
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	25
Person is fully served or is not requesting any supports within the next five (5) years	127
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	84

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

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	8
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	31
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	6
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	17

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

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	32
2. Death of the care giver with no other supports available.	5
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	5
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	10
6. Other crisis, Specify:	145

**CRITICAL NEED(Person needs supports within one year)**

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	45
2. Person has a care giver (age 60+) and will need supports within the next year.	35
3. Person has an ill care giver who will be unable to continue providing care within the next year.	7
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	46
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	10
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	34
8. Person or care giver needs an alternative living arrangement.	12
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	180
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	5
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	1
20. Person wants to leave current setting within the next year.	5
21. Person needs services within the next year for some other reason, specify:	28



PUNS Data By County and Selection Detail

August 13, 2014

<b>PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)</b>	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	80
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	2
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	2
8. Person or care giver needs increased supports.	87
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	11
<b>EXISTING SUPPORTS AND SERVICES</b>	
Respite Supports (24 Hour)	17
Respite Supports (<24 hour)	32
Behavioral Supports (includes behavioral intervention, therapy and counseling)	103
Physical Therapy	78
Occupational Therapy	138
Speech Therapy	166
Education	225
Assistive Technology	42
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	6
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	8
Medical Equipment/Supplies	15
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	25
<b>TRANSPORTATION</b>	
Transportation (include trip/mileage reimbursement)	141
Other Transportation Service	73
Senior Adult Day Services	1
Developmental Training	93
"Regular Work"/Sheltered Employment	81
Supported Employment	40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	14
Other Day Supports (e.g. volunteering, community experience)	16
<b>RESIDENTIAL SUPPORTS</b>	
Community Integrated Living Arrangement (CILA)/Family	5
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	16
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	3
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	5
Child Care Institutions (Including Residential Schools)	6



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Other Residential Support (including homeless shelters)	8
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	277
Respite Supports (24 hours or greater)	82
Behavioral Supports (includes behavioral intervention, therapy and counseling)	151
Physical Therapy	104
Occupational Therapy	182
Speech Therapy	165
Assistive Technology	90
Adaptations to Home or Vehicle	32
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	58
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	295
Other Transportation Service	142
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	187
Support to engage in work/activities in a disability setting	205
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	104
Out-of-home residential services with 24-hour supports	129





**DETERMINATION OF INTELLECTUAL DISABILITY OR RELATED CONDITION & ASSOCIATED TREATMENT NEEDS (DDPAS-5)**

Please Type or Print

PAS Agency Name: \_\_\_\_\_

**Part I. DETERMINATION OF DISABILITY**

Date of Part I Determination: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person's Name (Last Name, First Name, Middle Initial) \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the individual have intellectual disability (I.D.)? Yes \_\_\_ No \_\_\_ (If "Yes," then the PAS assessment includes psychological assessment(s) that confirm that the individual's intellectual and adaptive levels of functioning, and the age of onset, are consistent with intellectual disability. See the DDD PAS Manual, Sections 200.50.B. and 500.20.A.)

Does the individual have 1 or more related condition(s)? Yes \_\_\_ No \_\_\_ (If "Yes," the individual has \_\_\_ cerebral palsy, \_\_\_ epilepsy, and/or \_\_\_ another condition, other than mental illness, found to be closely related to intellectual disability, because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of intellectually disabled persons, and requires treatment or services similar to those required for these persons. The cerebral palsy, epilepsy or other condition is expected to last indefinitely. The PAS record provides medical information establishing that the age of onset for the CP, epilepsy or other condition was prior to the age of 22. See the DDD PAS Manual, Section 500.20.)

Indicate other condition(s) here: \_\_\_\_\_

As a result of the cerebral palsy, epilepsy and/or other condition(s), the individual exhibits substantial functional limitations in the areas of major life activity. (Check all that apply and provide information to support the determination for each. The individual must have three or more areas with substantial functional limitations for the determination of a related condition. See DDD PAS Manual 500.20.E):

Self-Care _____	Mobility _____	Learning _____
Language _____	Capacity for Independent Living _____	Self-Direction _____

**Additional information** is            **is not attached.**

Based on the above information, the individual: \_\_\_\_\_ Has intellectual disability (I.D.) or a related condition. (If checked, proceed to Part II.)  
\_\_\_\_\_ does not have intellectual disability (I.D.) or a related condition. (If checked, indicate "None" for Disability in Part II on the DDPAS-2. Conclude the PAS screening, but enter pertinent information on the DDPAS-10. Provide a copy of the DDPAS-10 to the Individual/Guardian as a summary of the PAS determination and as a notice of the right to appeal.)



**DETERMINATION OF INTELLECTUAL DISABILITY OR RELATED CONDITION & ASSOCIATED TREATMENT NEEDS (DDPAS-5)**

**Part II. DETERMINATION OF THE NEED FOR ACTIVE TREATMENT**      **Date of Part II Determination** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Check the applicable determination:*      YES, the individual requires active treatment for intellectual disability or a related condition. (See DDD PAS Manual, Section 500.30.)  
\_\_\_\_\_ NO, the individual does not require active treatment for intellectual disability or a related condition. (See DDD PAS Manual, Section 500.30.)

*Provide a careful explanation regarding this determination. Attach a separate page if necessary..*

*Additional information is attached.*

**Enter the results on the DDPAS-2 and DDPAS-10. Sign and date this form. Provide a copy of the DDPAS-10 to the Individual/Guardian as a summary of the PAS determination and, if applicable, as a notice of the Right to Appeal.**

**Part III. Signature** (Determination and signature by anyone other than the PAS QIDP is invalid)

I have personally reviewed the information and data sources referenced in this document and hereby state that they are accurately described on this summary and that they are currently available in this record.

**Signature of PAS QIDP:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL INFORMATION FOR COMPLETING PART I.**

Specific guidance for making determinations regarding Intellectual Disability and Related Conditions is provided in the DDD PAS Manual, Chapter 500, Section 500.20.

**ADDITIONAL INFORMATION FOR COMPLETING PART II.**

Specific guidance regarding the determination of the need for active treatment is provided in the DDD PAS Manual, Chapter 500, Section 500.30. In making the determination for the need for active treatment, the PAS agency must consider the individual's needs using: (1) the definition for active treatment; (2) the indicators for need for active treatment; (3) the indicators for the absence of a need for active treatment.

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NO	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO.	108	DEVLPMNTL DISABILITY FUND						
*** DEPT NO.	050	DEVLPMNTL DISABILITY BOARD						
5352	AUTISM SOCIETY OF ILLINOIS			GRANTS				
	8/04/14 01 VR 108-62	62		510255	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM AUG	833.00
							VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS							
	8/04/14 01 VR 108-65	65		510265	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS AUG	2,922.00
							VENDOR TOTAL	2,922.00 *
19900	CTF ILLINOIS							
	7/23/14 03 VR 108-60	60		509566	7/25/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN NURSING	858.00
	7/23/14 03 VR 108-60	60		509566	7/25/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN RESIDENTIAL	3,058.00
	7/29/14 04 VR 108-54	54		509945	7/31/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL NURSING	715.00
	7/29/14 04 VR 108-54	54		509945	7/31/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL RESIDENTIAL	3,042.00
	8/04/14 01 VR 108-64	64		510271	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG NURSING	715.00
	8/04/14 01 VR 108-64	64		510271	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG RESIDENTIAL	3,042.00
							VENDOR TOTAL	11,430.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC							
	7/29/14 04 VR 108-61	61		509951	7/31/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUGMENTED EMPLOY JU	19,445.88
	7/29/14 04 VR 108-61	61		509951	7/31/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUGMENTED DT JUN	40,496.62
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS AUG	33,765.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS AUG	14,481.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY AU	18,025.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECTIONS AUG	7,083.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	FAM DEV CENTER AUG	45,492.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP AUG	30,429.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT SITE SVC AUG	45,761.00
	8/04/14 01 VR 108-66	66		510272	8/07/14 108-050-533.92-00	CONTRIBUTIONS & GRANTS	SVC COORD AUG	33,239.00
							VENDOR TOTAL	288,217.50 *

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ENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
* FUND NO. 108 DEVLPMNTL DISABILITY FUND										
22816	DOWN SYNDROME NETWORK	7/29/14 04 VR 108-	53		509955	7/31/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME JUL	833.00
		8/04/14 01 VR 108-	63		510275	8/07/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME AUG	833.00
									VENDOR TOTAL	1,666.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR	8/04/14 01 VR 108-	67		510302	8/07/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND AUG	2,443.00
									VENDOR TOTAL	2,443.00 *
76107	UNITED CEREBAL PALSY LAND OF LINCOLN	8/04/14 01 VR 108-	68		510318	8/07/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	VOCATIONAL SVCS AUG	7,206.00
									VENDOR TOTAL	7,206.00 *
									DEPARTMENT TOTAL	314,717.50 *
									FUND TOTAL	314,717.50 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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

\*\*\* DEPT NO. 050 DEVLNMTL DISABILITY BOARD

90	CHAMPAIGN COUNTY TREASURER											
		8/13/14	04	VR	108-		510493	8/14/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE AUG	25,964.00
		9/04/14	01	VR	108-		511527	9/05/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE SEP	25,964.00
											VENDOR TOTAL	51,928.00 *

5352	AUTISM SOCIETY OF ILLINOIS											
		9/04/14	01	VR	108-		511548	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM SEP	833.00
											VENDOR TOTAL	833.00 *

18209	COMMUNITY ELEMENTS											
		9/04/14	01	VR	108-		511570	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS SEP	2,922.00
											VENDOR TOTAL	2,922.00 *

19900	CTP ILLINOIS											
		9/04/14	01	VR	108-		511575	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP NURSING	715.00
		9/04/14	01	VR	108-		511575	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP RESIDENTIAL	3,042.00
											VENDOR TOTAL	3,757.00 *

22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		8/20/14	02	VR	108-		510899	8/22/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUGMENT DT FY14 BAL	69,518.26
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS SEP	33,765.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS SEP	14,481.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY SE	18,025.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECTIONS SEP	7,083.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FAM DEV CENTER SEP	45,492.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP SEP	30,429.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT SITE SVC SEP	45,761.00
		9/04/14	01	VR	108-		511579	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SVC COORD SEP	33,239.00
											VENDOR TOTAL	297,793.26 *

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

22816	DOWN SYNDROME NETWORK	9/04/14	01	VR	108-	72	511582	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME SEP VENDOR TOTAL	833.00 833.00 *
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54930	PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT, INC	9/04/14	01	VR	108-	76	511627	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPND SEP VENDOR TOTAL	2,443.00 2,443.00 *
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76107	UNITED CEREBAL PALSY LAND OF LINCOLN	9/04/14	01	VR	108-	77	511652	9/05/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	VOCATIONAL SVCS SEP VENDOR TOTAL	7,206.00 7,206.00 *
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	DEVLPMNTL DISABILITY BOARD										DEPARTMENT TOTAL	367,715.26 *
	DEVLPMNTL DISABILITY FUND										FUND TOTAL	367,715.26 *

12.A.

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

***CILA Expansion Evaluation Committee RFP 2014-001  
Proposal Opening***

*Minutes—August 13, 2014*

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

*3:30 p.m.*

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**MEMBERS PRESENT:** Lynn Canfield, Cindy Creighton, Dave Happ, Deloris Henry, Deborah Townsend, Sue Suter, Peter Tracy, Mike Smith

**MEMBERS EXCUSED:** Deb Curtin, Mark Doyle

**OTHERS PRESENT:** Nancy Crawford, Stephanie Howard-Gallo, Deb Ruesch

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Proposals for Community Integrated Living Arrangements Services for Champaign County (MHB RFP-2014-001) were accepted until 3:00 p.m. on August 13, 2014. At 3:30 p.m. the proposals were opened by Mr. Peter Tracy and formally recorded. The proposals received are listed below in alphabetical order.

1. Community Alternative Illinois (Res-Care)
2. Individual Advocacy Group
3. United Cerebral Palsy—Land of Lincoln

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

***CILA Expansion Evaluation Committee Meeting RFP 2014-001***

*Minutes—August 22, 2014*

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

*1:30 p.m.*

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**MEMBERS PRESENT:** Lynn Canfield, Cindy Creighton, Deb Curtin, David Happ, Deloris Henry, Deborah Townsend, Sue Suter, Peter Tracy, Mike Smith

**MEMBERS EXCUSED:** Mark Doyle

**OTHERS PRESENT:** Elizabeth Gephart, Brenda Yarnell, United Cerebral Palsy Land of Lincoln; Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, CCMHB/CCDDB Staff

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**Introduction:**

Peter Tracy provided an overview of the Request for Proposals process. The deadline for the RFP was 3:00 p.m. on August 13, 2014. At 3:30 p.m. on that day, the proposals were formally opened and recorded. Three proposals were received. They were: Community Alternatives Illinois (Res-Care), Individual Advocacy Group, and United Cerebral Palsy Land of Lincoln. Copies of the three proposals were distributed to all committee members for review.

**Review of Proposals:**

A preliminary anonymous vote was taken by paper ballot. Ms. Howard-Gallo was given the paper ballots and recorded the votes. The result was as follows: Individual Advocacy Group, 6 votes; United Cerebral Palsy, 3 votes; and, Community Alternatives Illinois, 1 vote. A summary written by Lynn Canfield and Peter Tracy comparing the proposals was distributed to committee members. A written review of each agency's cultural competency was prepared by Shandra



Summerville and provided to committee members. Committee members proceeded to discuss the proposals and voice any concerns. After a lengthy discussion, another anonymous vote was taken by paper ballot. Ms. Howard-Gallo was given the paper ballots and recorded the votes. The result was as follows: Individual Advocacy Group (IAG), 7 votes; United Cerebral Palsy (UCP), 3 votes; and, Community Alternatives Illinois (CAI), 0 votes.

**Recommendations:**

The Evaluation Committee requested clarification concerning IAG's position on signing the CILA house lease agreements with Champaign County. In their application, IAG states the people living in the homes sign the lease agreement. The RFP states the Respondent signs the lease. Members of the Evaluation Committee want it understood that the selected Respondent is expected to sign the lease and that it would not be acceptable for the people living in the CILA homes to sign the lease. Mr. Tracy will contact IAG regarding this.

The Committee decided to move to "Phase III" of the selection process by scheduling oral presentations on September 17, 2014 as part of the CCMHB and CCDDDB September Board meetings. It was unanimously agreed to take the following actions: (1) invite UCP to appear before the Evaluation Committee, the CCMHB, and the CCDDDB for an oral presentation to clarify in more detail information that was submitted in their proposal; (2) Invite IAG to appear for an oral presentation if they agreed to comply with the specifications of the RFP concerning the Respondent signing the lease agreement, otherwise, IAG would not be invited for the oral presentation; (3) Community Alternatives Illinois was eliminated from consideration and would not be invited for an oral presentation.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDDB Staff



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

**BRIEFING MEMORANDUM**

DATE: September 17, 2014  
TO: CCDDDB Members  
FROM: Lynn Canfield, Associate Director  
SUBJECT: Draft Three-Year Plan 2013-2015 with FY 2015 Objectives

The current Three-Year Plan 2013-2015 enters its third year of implementation. The DRAFT Plan with objectives for Fiscal Year 2015 (January 1, 2015 to December 31, 2015) builds on the prior fiscal year. While many objectives reflect ongoing commitments, others have been revised or added to advance the goals of the Plan or respond to changes in the operating environment. As the intellectual disability and developmental disability services and supports system responds to implementation of the Ligas Consent Decree, closures of State facilities, implementation of the Employment First Act, the Centers for Medicare & Medicaid Services new regulations, expansion of Medicaid, managed care, and more, the input of self-advocates and other stakeholders should be central to planning.

Issues which have emerged over the last year are reflected in the new and/or revised objectives. The need for expanded Community Integrated Living Arrangement (CILA) capacity in Champaign County is prominent, along with increased emphasis on the commitment to cultural competence, self- and family advocacy, and person-centered planning as priorities of the board, the piloting of a web-based fee for service billing system, tracking of developments at the state level that impact local services, and increasing system advocacy efforts through association involvement and collaboration with other authorities.

Three-Year Plan for FY 2013 – 2015 with One-Year Objectives for 2015

The goals listed are for the period of 2013 through 2015. Objectives are for the 2015 fiscal year. A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while completed objectives are lined out.

Staff has had an opportunity to review the draft document and will hold further discussions. This will include consideration of comments received from interested parties. Following release of the draft Plan to the Board, the document will be disseminated for comment.

The updated Three Year Plan will be presented for approval at the November 19, 2014 Board meeting.

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

***DRAFT***

**THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2013 - 2015  
(12/1/12 – 12/31/15)**

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2015  
(1/1/15 – 12/31/15)**

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

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

**MISSION STATEMENT**

**The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual disabilities and/or developmental disabilities in accordance with the assessed priorities of the citizens of Champaign County.**

**STATEMENT OF PURPOSES**

1. Planning for the intellectual disability and developmental disability service and support system to assure accomplishment of the CCDDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual disability and developmental disability services and supports anchored in high-quality person-centered planning.
3. Coordination of affiliated providers of intellectual disability and developmental disability services and supports to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the intellectual disability and developmental disability service and support system. The CCDDDB shall perform those duties and responsibilities as specified in Sections 105/01 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

## CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

Objective #4 1: Prioritize children and families involved with the ACCESS Initiative to facilitate access to supportive or early intervention services, if appropriate.

Objective #4 2: Support use of evidence based/informed models for provider programs serving families with young children not eligible for Early Intervention or under the School Code, and require collaboration and coordination by providers to limit duplication of effort.

Objective #2 3: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #3 4: Collaborate with the Champaign County Mental Health Board on issues of mutual interest associated with early intervention services and programs.

~~Objective #5: In consultation with the Champaign County Mental Health Board, continue realignment of funding to support early intervention services for children with an intellectual disability or developmental disability or delay. Maintain capacity of comprehensive services for young children with developmental delays, a service array which addresses all areas of development and is coordinated, home-based, and responsive to the needs of the entire family. Early identification of children with developmental delays can be achieved through consultation with child care providers and pre-school educators.~~

~~Objective #6: Emphasize cultural competence in services and supports for young children and early identification in minority/underserved youth with disabilities. Reduce disparities in the age of identification and intervention to remediate delays.~~

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

Objective #1: Support a continuum of evidence-based, quality services for persons with an intellectual disability or developmental disability.

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

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

~~Objective #4: Emphasize flexible family support for people with intellectual and developmental disabilities and their families to enhance their ability to live together. The intent is to allow consumer families to determine the process of providing care and support for a family member by allocating funds for a variety of services including family respite, assistive technology, transportation, household needs, and recreational activities.~~

## COMMUNITY ENGAGEMENT & ADVOCACY

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

*Objective #1: Continue support for and involvement in the signature anti-stigma and community education events, disAbility Resource Expo: Reaching Out for Answers and Roger Ebert's Film Festival. Continue and expand anti-stigma and inclusion efforts for people with disabilities. Sponsor projects and events designed to address discrimination related to stigma, and promote acceptance, dignity, and social inclusion. Promote, fund, participate in, and sponsor the Disability Resource Expo and the Roger Ebert's Film Festival in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services.*

*Objective #2: Encourage Support self-advocacy and family advocacy groups' community education efforts to reduce stigma and promote inclusion and coordinate with ACCESS Initiative social marketing activities as feasible.*

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

*Objective #4: Support the continued awareness and understanding of developmental disabilities through sustainable consumer advocacy and family support organizations, especially those comprised of parents of and persons with the most prevalent developmental disabilities of intellectual disabilities and autism spectrum disorders.*

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

*Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations. Intensify advocacy efforts on behalf of people with developmental disabilities. Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with developmental disabilities. Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental Disabilities (NACBHDDD), the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and other appropriate bodies, efforts to strengthen the local systems of care.*

*Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities and developmental disabilities, including the Ligas Consent Decree and closure of state facilities, and advocate for the allocation of state resources sufficient to meet the needs of clients returning to home communities. Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop 4-person (or fewer) residential options for people who are transitioning from ICF-DD facilities.*

~~Objective #3: Monitor implementation of the Illinois Employment First Act including any associated rulemaking. Increase emphasis on employment services and supports and comply with the Illinois Employment First Act. Shift funding from segregated centers/programs by funding and encouraging community integration for all work and work preparation activities. Support creative programming which is focused on integration.~~

~~Objective #4: Through our association with the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), Follow developments at the state and federal levels of Olmstead-related cases.~~

~~Objective #5: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community-based intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.~~

~~Objective #6 5: Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.~~

~~Objective #7 6: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.~~

~~Objective #8 7: Assess impact, on local systems of care for persons with intellectual disabilities and developmental disabilities, of the State of Illinois' and provider networks' movement to a regional service/managed care delivery model.~~

~~Objective #9 8: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.~~

~~Objective #9: Track the implementation of managed care for ID/DD services and supports and evaluate impact on our local system of care. Adjust funding priorities to address service gaps and unmet need.~~

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

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

~~Objective #2: Participate in other county wide assessment activities to ensure CCDDDB target populations are represented. Investigate an online survey instrument for broader stakeholder/resident input.~~

Objective #3 2: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization of Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents.

Objective #4 3: Using Child and Family Connections data for Champaign County, track the identification of intellectual disabilities and developmental disabilities or delays among children, Birth to 6, and engagement in Early Intervention and Prevention services.

*Objective #5: Closely monitor the need for CILA homes in Champaign County and evaluate, plan, and implement remediation strategies to assure all people from Champaign County in need of a CILA have a CILA option in Champaign County.*

## RESOURCE DEVELOPMENT & COLLABORATION

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

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

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

Objective #3: Consider non-financial support to agencies.

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

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

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

*Objective #5: Build relationships with the Ligas Court Monitor, the Director of the DHS-DDD, the Governor's Office rebalancing staff, and the NACBHDD national ID/DD policy group.*

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

Objective #1: ~~Implement the Intergovernmental Agreement between CCDDDB and CCMHB. Ensure compliance with the Intergovernmental Agreement (IGA).~~

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



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

*Objective #4: Assure there is adequate collaboration and communication between the CCDDDB and the CCMHB by holding regular quarterly meeting between the Executive Director and Presidents of the Boards, sharing information between the Boards, and co-sponsoring public hearings, training events, and anti-stigma programming.*

*Objective #5: Strengthen the relationship between the boards: collaborate with the CCMHB on co-funded programs. Implement mutually acceptable options for realignment of funding within the developmental disability service continuum. In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure and appropriate mix of state and local funding and continued availability of services for Champaign County consumers.*

*Objective #6: Continue collaboration with the CCMHB on CILA expansion strategies.*

#### ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

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

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

Objective #2: Clarify how CCDDDB dollars are used in each co-funded contract. Enforce policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars without prior notice or negotiation. *As State of Illinois funding shifts to Medicaid, increasing the possibility of unknowingly supplementing Medicaid rates, work closely with service providers to assure there is no overlap between CCDDDB funding and Medicaid.*

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

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

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

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

Objective #1: ~~Draft priorities~~ *Develop and promulgate CCDDDB funding priorities and decision support criteria for the CY16 funding cycle, based on current service needs and operating conditions and obligations established through Memoranda of Understanding and Intergovernmental Agreements.*

Objective #2: Solicit input from individuals with disabilities, family members, the community at large, and the service network on proposed funding priorities prior to adoption.

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

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

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

Objective #2: Maintain and investigate modifications to the Audit and Financial Accountability policy.

Objective #3: ~~Investigate the possible options for developing a web-based billing system to support fee-for-service contracts and improvement of accountability. Initiate the web-based billing system with at least one contract from each major service provider, with full fee for service implementation during FY15.~~

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

Goal #11: Encourage high-quality person-centered planning and follow-through for individuals served by agencies receiving funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: ~~Continue to include person-centered planning as an important component of the funding priorities. Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Include specific contract language and provisions associated with PCP.~~

Objective #2: Develop guidelines for structuring and assessing the quality of person-centered planning processes and outcomes.

Objective #3: Require that reports of program performance include examples of outcomes and measures of person-centered planning.

Objective #4: *Support cultural competence efforts: Continue to track agencies' progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Culture, Race, and Ethnicity. Emphasize person-centered or consumer-driven planning efforts, promoting self-directed and culturally appropriate individualized service plans within the categories of services and populations described in the funding priorities decision memorandum.*

Goal #12: Respond to State funding reductions for intellectual disability and developmental disability services and supports through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

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



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

**DECISION MEMORANDUM**

**DATE:** September 17, 2014  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** Addendum to the CCMHB-CCDDB Intergovernmental Agreement

**Background**

On May 21, 2014 the Champaign County Mental Health Board (CCMHB) passed the motion authorizing the release of the Request For Proposals for Community Integrated Living Arrangement Services in Champaign County. On June 3, 2014 the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDB) revisited the question of supporting the CILA Expansion RFP and approved the motion. Both motions included references to executing an addendum to the Intergovernmental Agreement to reflect the respective Board's status as partners in the RFP process.

Subsequent to the action taken by the CCMHB and the CCDDB, staff has drafted an addendum to the Intergovernmental Agreement, which is attached. Action is requested.

**Decision Section**

Motion: Move to approve the addendum to Intergovernmental Agreement between the Champaign County Mental Health Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this \_\_\_\_ day of September, 2014, by and between the Champaign County Mental Health Board (“MHB”) and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (“DDB”).

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 (“Agreement”).

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition of residences to be used to provide Community Integrated Living Arrangement Services (“CILA”).

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB shall acquire residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County that qualify for CILA services.
2. MHB shall acquire such residences with financing provided by one or more local banks.
3. MHB and DDB agree that for so long as a residence is owned by MHB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
4. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, MHB shall enter into a listing agreement with a realtor in an attempt to sell such residence. The parties agree that the proceeds, net of all selling expenses, from the sale of such residence shall be distributed equally to MHB and DDB.

In witness whereof, the parties have executed this Addendum as of the date first written above.

For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability

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For the Champaign County Mental Health Board

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13.A.

**Disability Resource Expo: Reaching Out For Answers  
Board Report  
September, 2014**

The Expo will be held on Saturday, October 18, 2014 at the Fluid Event Center, 601 N. Country Fair Dr., Champaign. As we fast approach the 2014 Expo, our sub-committees have been very busy.

**Exhibitors** – We have approximately 80 exhibitors signed up at this point. I’m happy to report that we have three new exhibitors joining us from our excursion to the Schaumburg Abilities Expo back in early June. These exhibitors will be bringing some very exciting new technology that, we think, will be very interesting to our attendees.

**Marketing/Sponsorship** – The Marketing/Sponsorship Committee has been busy following up on solicitation mailings that went out several weeks ago. I’m happy to report that we currently have more than \$18,000 pledged toward support of the 2014 Expo, with an additional nearly \$9,000 of in-kind support. All promotional materials have been ordered. We will begin to get those out into the community within the next week. We have our radio spots taped and ready to go, thanks to Jim Mayer and Jean Driscoll. We are very excited to be partnering this year with Quality Transport, the only para-transit taxi service in our community. They have generously volunteered to handle all of our yard signs this year, from placement to pick-up. The time this task will save Steering Committee members is huge! Barb B. participated in the United Access Customer Appreciation Day on Sept. 11. This is a wonderful opportunity to share information about the Expo with some of our targeted population. Another opportunity coming up will be Family Service’s Self-Help Conference on Oct. 11, where we will also have an Expo booth.

**Accessibility/Entertainment** – Our accessibility plan and resources are all in place for the Expo. We have a wonderful array of entertainment lined up for this year. It includes the annual presentation of an AMTRYKE; performances by Chris Errera, who is a classical pianist and composer from Schaumburg; a performance by local business owner and musician Rod Sickler, and the Jefferson Jaguar Archery Team from Jefferson Middle School in Champaign will demonstrate their award winning skills.

**Children’s Activities** –We’re pleased to have a wonderful space at the new site that should work beautifully for the children’s activities. Sally Mustered is doing a fabulous job, as usual, planning for the children’s entertainment area.

**PRIDE Room** – The Pride Room sub-committee has been working hard to make this years’ Pride Room the best yet. We currently have 13 vendors confirmed, with more to come. There will also be a disability history display this year, with a slide show.

**Volunteers** – Jen Knapp is handling volunteer recruitment for us, and always does a fantastic job.

**Public Safety** – Premise Alert registration will again take place during the Expo.

Respectfully submitted  
Barb Bressner, Consultant