SWOT (Strengths, Weaknesses, Opportunities and Threats ) Thoughts on Ligas

Strengths

* Person Centered Planning most vital – good form developed, great if used.
* Good news that more people than were required have been enrolled into Services

(Requires was 1500 by June 30th actual 1719)

* There are people moving from ICFs to CILAs 966 wanted to move and 629 were reported to have moved.
* (Tony Records and Equip for Equality are available to discuss questions and concerns and help get action and solving issues) They have given their contact information.
* Ligas action to keep issues coming forward and discussing, looking for solutions and ideas
* Family mentors for outreach, currently three hoping for more to extend service
* Good connection with DHS-DDD
* Continued feedback loop and utilizing the Ligas Family Advisory Committee input
* 1115 waiver ?

Weaknesses (What needs improving)

* Education is needed for families and agencies re: Person Centered Planning. It is not always being followed. Workshops have been given but the process still needs more work.
* ***Day Training workshops*** are the expected norm and now the individuals have been raised in community settings, integrated settings and work opportunities and DO NOT want to be in a DAY PROGRAM. This is why many have chosen Home Based Services versus CILA as it would be stepping back and isolating them rather than being a participant in life and community and having freedom to chose their day activities, work, leisure etc.
* Ligas is proposing to have “Person Centered “Care and choices where to live, how many to live with, community, employment etc. But what people often need or want is not available especially relating to size of CILA, not going to Day Programming workshops.
* Lack of financial resources may trump Person Centered Planning.
* Many people have opted for Home Based Support as not able to have their needs met in a CILA
* The General Assembly adjourned before they voted to continue the income tax which if not done will result in cuts in services and Ligas??
* Transportation Issues are HUGE many CILAs drop residents at program and not available until afternoon i.e. from 9:30 drop off until 2 or 3 PM so any part time job would need transportation during the day.
* Staff in CILAs often not available during days unless sickness or time off from scheduled programs (i.e. a two week summer closure).
* Funding is less for CILAs than for ICF’s making it hard for agencies to take on people with more medical issues or other problems (Diabetes is one prime example)
* Many CILAs are too big. Many people selected for Ligas would like a smaller number of residents i.e. 4. But with the funding it is often difficult for the agency to provide that size.
* Work opportunities are not readily available and if there are transportation is an issue. Many CILAs want their residents to go to an all-day program (Day Training) so they can be dropped off and picked up in an easier manner. So if a resident could work only half day they would not have the effective and efficient transportation to be on time and considered to be counted on to arrive and leave at the prescribed time frame.
* PACE bus services are limited in the area they serve and often give at least a half hour window which may not work for people with Developmental Disabilities.
* Recreational Opportunities i.e. going to the YMCA, Special Olympics etc. are expensive and with only $50 from Social Security out of reach for Ligas members and would be greatly appreciated and would contribute to health care and relaxation.

Opportunities

* More flexible funding to allow choices not just day programs. ? Possible flexible funding as in the Home Based Programs where they can choose what they want to participate in and where to use their funds rather than have it dictated to them for the convenience of the agency or “rules” for how funding utilized .
* Some agencies have said that it is very hard to even break even with the funding for a four person CILA.
* Home based support is quite flexible where the regulations for CILA seem very limited.
* As mentioned health issues such as Diabetes have been a big issue for many families and caused residents to live in ICFs at a higher cost to the State. Having some add ons will be helpful but also thinking out of the current system to train specially educated aides that could serve to administer meds and other needed services. Perhaps one specially trained medication aide for diabetes that could serve two or three homes from an agency if they were close enough together to be reasonable.
* Or there might be a specially trained person that wasn’t just hired by one agency but could share the job and provide needed services for people with Diabetes or other medical issues.
* People who are diagnosed with diabetes learn how to administer their medication, even if they are not college grads, nurses or other professionals so it seems reasonable that a specially trained and supervised person could be able to provide the service.
* The use of the specially trained person could cut down the cost and not need as many nurses but be extenders of the services needed.
* It is great that you have this Ligas committee as we can bring experience as families but also have people being served by the Ligas decree and we need to listen to their needs and ideas and try to improve the system.
* If transportation issues were handled there would be more opportunites to have employment. Part time employment is easier to find and often fits the person with DD more readily depending on their energy level and attention spans.
* Employment gives a sense of self- worth as well as increased money to do things that will bring them happiness and even joy rather than minimal needs being met.
* 1115 Waiver?
* Would be good to gather information on why families/individuals chose home based services versus CILA

Threats

* The income tax vote weighs heavy on everyone’s minds and the question of cut backs to general services and fund for Ligas.
* Will Ligas Decree go back to court for nonpayment?
* Apathy and feeling not able to give input or hopelessness on the part of people with DD and their families. Not being as involved and active in giving input on their needs and wants. Illinois being at 47th are they just accepting that and not feeling they can be active and change things?
* 1115 waiver?
* Standard definitions
* Combined resources there is an overwhelming drain on combined resources as combined populations grow and more people being given Ligas funding

Just some thoughts we have brought up many of these. Many thanks to Tony and Dave for pulling these meetings together, taking input and helping us frame ideas.

Thanks for all your input and please send other thoughts and bring to our meeting next week.

Respectfully submitted,  
Donna Frownfelter