



Compiled Annual
Performance Outcome
Reports for Programs
Funded by the CCMHB
Contract Year 2023

Compiled Annual Performance Outcome Reports of CCMHB Funded Programs for Contract Year 2023

**Allocations/Awards may have been adjusted by amendment or through the return of excess revenue. Most amounts listed are the original funding awards.*

Agency	Program	Award*	Page Numbers
Champaign County Children's Advocacy Center	Champaign County Children's Advocacy Center	\$56,425	5-9
Champaign County Christian Health Center	Mental Health Care at CCCHC	\$33,000	10-14
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	\$80,274	15-20
Champaign County Health Care Consumers	Disability Application Services	\$51,500	21-26
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	\$77,394	27-32
CCRPC-Head Start	Early Childhood Mental Health Services	\$347,235 (MH and DD Programs combined)	33-39
CCRPC-Community Services	Homeless Service System Coordination	\$54,281	40-49
CCRPC-Community Services	Youth Assessment Center	\$76,350	50-55
Courage Connection	Courage Connection Program	\$127,000	56-59
Crisis Nursey	Beyond Blue-Champaign County	\$90,000	60-65
Community Service Center of Northern Champaign County	Resource Connection	\$68,609	66-70
CU at Home	Shelter Case Management	\$256,700	71-76
Cunningham Children's Home	ECHO Housing & Employment Support	\$127,249	77-83
Cunningham Children's Home	Families Stronger Together	\$398,092	84-90

Agency	Program	Award*	Page Numbers
Don Moyer Boys & Girls Club	Coalition Summer Youth Initiatives	\$107,000	91-95
Don Moyer Boys & Girls Club	CU Change	\$100,000	96-102
Don Moyer Boys & Girls Club	CUNC	\$110,000	103-111
Don Moyer Boys & Girls Club	Youth and Family Services	\$160,000	112-115
DSC	Family Development	\$596,522	116-118
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$62,000	119-122
Family Service of Champaign County	Counseling	\$30,000	123-126
Family Service of Champaign County	Creative Social Connectivity for Seniors	\$25,000	127-131
Family Service of Champaign County	Self-Help Center	\$28,930	132-137
Family Service of Champaign County	Senior Counseling & Advocacy	\$162,350	138-141
First Followers	First Steps Reentry House	\$39,500	142-146
First Followers	Peer Mentoring for Reentry	\$95,000	147-152
GROW in Illinois	Peer-Support	\$129,583	153-161
Mahomet Area Youth Club	BLAST	\$15,000	162-166
Mahomet Area Youth Club	MAYC Members Matter	\$21,905	167-172
Promise Healthcare	Mental Health Services	\$350,117	173-180
Promise Healthcare	Promise Healthcare Wellness	\$107,987	181-186
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000	187-195
Rosecrance Central Illinois	Benefits Case Management	\$80,595	196-199

Agency	Program	Award*	Page Numbers
Rosecrance Central Illinois	Child and Family Services	\$59,682	200-203
Rosecrance Central Illinois	Criminal Justice PSC	\$320,000	204-207
Rosecrance Central Illinois	Crisis Co-response Team	\$207,948	208-211
Rosecrance Central Illinois	Recovery Home	\$100,000	212-215
Rosecrance Central Illinois	Specialty Courts	\$169,464	216-220
Terrapin Station Sober Living	Recovery Home	\$61,000	221-224
The WELL Experience	Well Family Care Program	\$100,000	225-229
Urbana Neighborhood Connections Center	Community Study Center	\$25,500	230-233
The UP Center of Champaign County	Children, Youth, & Families Program	\$86,603	234-242
WIN Recovery	Re-Entry & Recovery Home	\$93,283	243-248

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Children's Advocacy Center

Program Name: Champaign County Children's Advocacy Center

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

All 176 clients who were referred to the CAC by law enforcement or DCFS began services on the date that the assessment was completed.

5. Compare year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

The estimate was that 90% would receive services within 2 days and 100% of actual clients received services within the time frame. We strive to meet 100% and it is a very rare occurrence when a client doesn't receive services on the day of the scheduled appointment.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

The estimate was that clients would engage in services for 6-12 months. The average participation was 9 months again this program year. Clients have stayed engaged in services for a longer amount of time due to their engagement in counseling services and the extended length of time for some cases to go to trial due to the back up of court cases created by the Pandemic.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
N/A

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *“the XYZ survey may be completed by both a youth client and their caregiver(s).”*

Outcomes

Outcome:	Assessment Tool Used:	Information Source:
1. Perceived neutral, safe, child and family friendly environment (goal 95%)	OMS initial caregiver survey	Client: 92.3% of clients agreed that they felt safe while at the CAC.
2. Child attends counseling session based on screening results & those that attend that attend more than 1 session.	Attendance forms & spreadsheet from counselors	78% of clients (49/63) who’s screening indicated the need for a referral to a counselor engaged in counseling services (up 29% from FY22) Of the clients that engaged in counseling 94% (46/49) attended more than 1 session.

3. Information gathered in a legally sound manner. (goal 80%)	115-10 court hearings where the forensic interview was upheld by a judge.	100% of the forensic interviews were upheld by a judge during the 115-10 court hearing.
4. Increased provision of medical exams when necessary (goal 90%)	CARLE SANE & Dr. Reifsteck	During FY22, 17% of victims received a medical exam (34/198). <u>During FY23</u> , 19% of victims received a medical exam (34/176). Goal met as there was an increase from FY22-FY23 and 95% of time a medical was recommended a medical was conducted.
5. Caregivers know why they are at the CAC (goal 90%)	OMS initial caregiver survey	100% of caregivers agree they understood the reason for their visit to the CAC.
6. Perceived feeling of being safe by the child victim (goal 90%)	OMS youth survey	92.3 % of youth agree that that CAC staff helped they feel safe.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 170

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

N/A

3. How many people did you *attempt* to collect outcome information from? 170

4. How many people did you *actually* collect outcome information from? 56

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

The CAC utilized the OMS Qualtrics parent survey to collect information from the non-offending caregiver who accompanies the child to our center for the forensic interview for the initial caregiver survey and caregiver follow-up survey. This survey is offered to each parent/caregiver that received services at the initial visit to the CAC and 30 days after their visit to the CAC. The CAC utilizes the same system for youth ages 7-17 for the youth feedback survey. Each child who falls into this age range is offered a survey.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

	FY22 CAC	FY23 CAC
My child felt safe at the center	100%	92.3%
The Center Staff made sure I understood the reason for our visit.	100%	100%
My questions were answered to my satisfaction.	100%	84.6%
The staff members at the CAC were friendly and pleasant	100%	100%
The center staff provided me with resources to support my child in the days and weeks ahead	100%	91.7%
I was given information about the services and programs provided by the Center	100%	100%

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

The CAC provided services to a 6-year-old victim of serious physical abuse. During the pre-meeting for the forensic interview, the detective provided pictures to the family advocate and the forensic interviewer to prepare them for the severity of the injuries to the victim. The girl’s body was entirely covered in bruises, burns, cuts, scars, welts all in various stages of healing. Her hair had been shaved very short revealing injuries to her scalp. The mother of the child is the perpetrator and she alleged that her daughter caused the injuries to herself and some of the injuries were caused during sibling fights. Just by looking at the victim, it appeared that there was no way she could have caused the injuries herself. When conducting the interview, the victim had a beautiful, trusting smile and was eager to communicate with the interviewer. Although somewhat difficult to understand due to her developmental speech delay, the victim disclosed that her mother had caused the injuries. She also described in detail a couple of the items her mother had used to maim her small body. After her medical exam by the Child Abuse Safety Team physician, the physician called the CAC to check on the welfare status of the family advocate and the interviewer. The sight of the girl’s body was something none of us had ever experienced. The physician reported that a doctor and a nurse had to excuse themselves during the exam due to breaking down in tears. This was a heart wrenching case that none of us will ever forget. The girl’s brother also provided information about some physical abuse, but he did not suffer to anywhere near the extent that his sister did. The children were provided crisis intervention services and supplies to take with them to their emergency foster homes. The victims are receiving court advocacy from the victim advocates at the State’s Attorney’s Office and will receive case management services during the life of the case (and longer if necessary). The mother was convicted of Aggravated Battery of a Child under the age of 13 and sentenced to 20 years in prison. The girl and her brother are flourishing in their pre-adoptive foster care placement. Although the severity of the abuse is not typical and prosecutorial convictions are not typical of every case, the services provided by our outstanding multidisciplinary team are typical of our cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?
The lower scores in the evaluations (although meant only for CAC services) do often include feedback on the family’s interaction with DCFS and Law Enforcement. The CAC now shares the feedback with the DCFS supervisors and law enforcement supervisors as soon as possible after receiving negative or positive feedback related to one of these service providers.

Annual Performance Outcome Report Form

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Agency Name: Champaign County Christian Health Center (CCCHC)

Program Name: Mental Health Care at CCCHC

Program Year: 2022 to 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES, although we are still seeking better ways to offer and provide mental health services in particular

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Estimate of days was consistent with our plan

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

While we surpassed our goals for general provision of services to the larger population, we fell short of expectations for care specifically provided by our psychiatrist. We are working on a plan to increase patients and visits

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Outcomes were consistent with our plans

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

As mentioned in the cultural competency report, with a relatively new EMR system, we are still working on adding some other demographic questions

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Outcome #2

Outcome #3

Outcome #4

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

3. How many people did you *attempt* to collect outcome information from? _____

4. How many people did you *actually* collect outcome information from? All patients are inputted in the EMR system
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*).

Demographic data is collected as part of the patient entry process

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

Not enough data/patients to get this type of information

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Health Care Consumers (CCHCC)

Program Name: CHW Outreach & Benefit Enrollment

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES. CCHCC's outreach strategies are effective. In addition, as a result of networking with other organizations and consistently providing these services, we are receiving an increased number of clients via referral from other organizations.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

We were able to meet the goal of completing assessments of eligibility for services and need within the stated timeframe of 2 days for assessment of eligibility and 1 day for the engagement in services. Normally, the first time we speak with a prospective client, we can already begin engagement in the services. For Medicaid and SNAP benefits, the first step is to look the person up in the State's ABE system, and as soon as we are in that portal, we are able to begin the application for benefits or the request for reinstatement of benefits. During our typical initial intake conversation with the client, we often get enough of the information we need to go ahead and look them up, and/or apply them for benefits such as Medicaid, SNAP, and other resources.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

We estimated that 70% of all eligible persons will engage in services within the identified timeframe. We were closer to 85%. When delays were experienced, it was often because some of the clients contacting us did not have their voicemails set up, or their voicemails were full, so we were unable to leave messages for them and had to wait for them to call us back.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

We had no unexpected results in this area. In our application, we stated that clients would engage with us for months or even years, especially since enrollment in public benefits must be redetermined annually, or in some cases, every six months. This past spring (Spring 2023) saw the pandemic-era benefits “unwinding”, so we made extra efforts to reach out to our clients who had Medicaid and SNAP, so that we could update their information in ABE and hopefully prevent their loss of benefits. Most of our clients who got benefits were able to keep them, upon updating of their information. Many of our clients who are older and/or disabled and who have Medicare, also work with us multiple times throughout the year, and then for years on an ongoing basis, because we have provided reliable services to them. They like that we keep their information “on file”, which makes it easy for them to work with us on an ongoing basis, on various different kinds of issues – whether insurance, access to care, access to new benefits, etc.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

The only other demographic information that we collected from our clients was the following: a) homeless status; b) immigrant status; and c) language preference.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (indicate their role). Please

report all sources of information that apply for each assessment tool, *e.g. "the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Number of clients served through this program:

Target: between 120 to 200 unduplicated clients, with 110 new TPC.

Actual result: 159 clients. 9 of these clients ended up being NTPC because they were inquiring about something simple, and did not need us to complete any applications for them. We served 150 TPC.

Assessment tool: CCHCC's intake form, used for each client, and data entered into CCHCC's Salesforce client-tracking program.

Outcome #2

Clients gain and maintain health insurance, SNAP, and other benefits and services as a result of CCHCC's assistance with completing public benefit applications.

Target: We would complete 600 applications on behalf of our TPC clients, with each client averaging about two applications.

Actual result: 467 applications were completed for the 150 TPC clients.

Assessment tool: CCHCC's intake form, used for each client, followed by documentation of benefits allocated to clients, via the Illinois ABE system, and data entered into CCHCC's Salesforce client-tracking program.

Outcome #3

Clients gain access to needed health care, prescriptions, food, free phones, dental and vision care, hospital financial assistance and other benefits and services as a result of gaining health insurance.

Target: 120 - 200 unduplicated clients would gain access to these benefits.

Actual result: 150 clients gained access to these services and benefits.

Assessment tool: CCHCC's intake form, used for each client, followed by documentation of benefits allocated to clients, via the Illinois ABE system, and data entered into CCHCC's Salesforce client-tracking program, and communication with clients to verify their receipt of benefits.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___150_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered from every participant, even if that information was that the client was not eligible for public benefits such as Medicaid or SNAP because they ended up being sentenced to prison during the time we were working with them.

3. How many people did you *attempt* to collect outcome information from?
___150_____

4. How many people did you *actually* collect outcome information from?
___150_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Outcome information was collected on an ongoing basis, because of the nature of helping clients apply for public benefits. This work has very concrete outcomes and we track the outcomes along the way of working with clients to help them apply for various benefits.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

We learned that for most clients this year, we submitted an average of 3.11 applications per client. This was a slightly higher average than last fiscal year, and it is the result of some of our

clients coming to us for something specific, such as SNAP, but then in working with the client, finding out that they needed help with other things such as Medicaid Managed Care, AABD, Hospital Financial Assistance, etc..

As in previous years, we also learned that many clients came to us for one thing, but upon intake, we found that they had multiple needs with which we could help them.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

This is an example from March 2023: Medicare support continues to be a rolling need for our clients and SNAP updates have also been prevalent this month as we see pandemic changes rolled back and benefits reduced. Many clients are extremely anxious, and at times, despondent, over the fear that they will lose benefits. We are reminding folks that Medicaid is renewing again and encouraging clients to report any changes that might have occurred between now and the last time they renewed their benefits. We have also been making updates in the office for capturing client interactions and increasing our capacity for reporting.

Mrs. B came to CCHCC with some questions about her Medicare coverage. She was losing her current coverage and had spoken with a broker about some options, but wanted to hear from someone else about what she could do. She did not know much about Medicare and now was looking at an overwhelming number of options. With several chronic illnesses and medications, it was very important for her to understand the options and choose something to meet her needs. Mrs. B was deeply anxious, and easily overwhelmed, oftentimes having a hard time focusing as we worked together. But we worked with her patiently, and in a reassuring way.

We explained her options, explained the role of the broker (not inherently bad, but important to keep in mind that they have an incentive to sell), showed her the tools on Medicare.gov, and she walked away ready to take the next steps to choose a new Medicare plan. She was grateful for someone to be able to explain to her what the pieces of Medicare were and how they interact, and for staying with her through her anxious moments. Now, this change that had been causing so much anxiety seemed a lot more manageable.

Recently, SNAP benefits were rolled back to pre-pandemic levels. This means that many families will see a reduction in their benefits. We are reiterating to clients the changes that deserve reporting-- things like changes in rent, the number of bills someone pays, the number of people in the household, and changes in income. Unfortunately, households will still have to deal with the fallout from a reduction in benefits if none of these apply. We will share food pantry resources to try and supplement this loss. We will also help people stay on their Medicaid as well if they have it. Medicaid reduces medical costs at the doctor's office and now that there are no copays for medications, at the pharmacy too!

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

In FY23 and into FY24, we have been making changes to our Salesforce system that allows us to capture more granular data and which also makes it easier for us to manage “next steps” and reminders for clients as we work with them through various application processes. This is really important, especially because DHS is very slow to process applications and to communicate with applicants, so it really helps us to be able to keep up, and to push DHS on behalf of our clients. With increased capacity from the changes we’ve made to our Salesforce program, we are better able to ensure timely follow-up on the schedule we work out with our clients. This has enabled us to be even more effective in our advocacy and in pushing applications forward.

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Agency Name: Champaign County Health Care Consumers (CCHCC)

Program Name: Disability Application Services Program

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES. CCHCC's outreach strategies are effective. In addition, as a result of networking with other organizations (Townships, Strides, Carle, Daily Bread, etc.) and coordinating/networking bodies such as the CCMHDDAC and the Human Services Council, the word is getting out about this unique service that CCHCC provides. As a result, referrals have increased significantly.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

We were able to meet the goal of completing assessments of eligibility for services and need within the stated timeframe of 2 days for assessment of eligibility and 1 day for the engagement in services.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

We estimated that 70% of all eligible persons will engage in services within the identified timeframe. We were on target with our estimate, as approximately 70-

75% of eligible clients engaged in services with us in the stated timeframe. The rest of the clients were very challenged to engage, due to the nature of their disabling conditions, and/or their living circumstances. Some of our clients were so unstably housed, that it was difficult to have consistent contact with them, as needed for a disability application.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

We had no unexpected results in this area. In our application, we stated that clients would engage with us for months or even years, especially since enrollment in disability programs is notoriously difficult. An initial application for disability can take days or weeks to complete, depending on the client's capability to engage, and has been taking the Social Security Administration anywhere from 3-6 months to get processed. While that application is being processed, we stay in contact with our clients, getting and submitting updates about health care they receive after the submission of their applications. We have some clients who were denied upon initial application, and with whom we have worked to submit appeals. These are typically scenarios that extend from one fiscal year to the next, because the disability application and appeals processes take so long.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

The only other demographic information that we collected from our clients was the following: a) homeless status; b) justice involved status; c) immigrant status; and d) language preference.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Number of clients served through this program:

Target: 30 unduplicated clients, with 10 continuing and 20 new TPC.

Actual result: 66 clients. 6 of these clients ended up being NTPC because they were inquiring about additional disability benefits, which were not possible, since they were already getting a disability benefit. We served 60 TPC.

Assessment tool: CCHCC's intake form used for each client, our specific disability intake form and disability tracking forms (where we track the stage of application for each client), and data entered into CCHCC's Salesforce client-tracking program.

Outcome #2

The number of applications and appeals submitted for clients in this program.

Target: We would complete 30 applications and/or appeals on behalf of our TPC clients.

Actual result: 60 applications and/or appeals were completed for the 60 TPC clients.

Assessment tool: CCHCC's intake form used for each client, our specific disability intake form and disability tracking sheets, and data entered into CCHCC's Salesforce client-tracking program.

Outcome #3

Level of change for our clients – specifically, their disability status, based on approval of applications and/or appeals.

Target: 30 unduplicated clients would gain access to disability benefits, if approved. Unfortunately, approval of disability applications and/or appeals, can take a very long time.

Actual result: We submitted 60 applications and/or appeals. In the timeframe of FY23, we had 6 clients approved. The remaining 54 clients have applications and appeals that are still in process with the Social Security Administration.

Assessment tool: CCHCC's intake form, used for each client, specific disability intake form and tracking sheets, and data entered into CCHCC's Salesforce client-tracking program, and communication with clients to verify their receipt of benefits.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___66 (10 being NTPC)_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered from every participant.

3. How many people did you *attempt* to collect outcome information from?

___66_____

4. How many people did you *actually* collect outcome information from? ___66_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Outcome information was collected on an ongoing basis, because of the nature of helping clients apply for disability benefits. This work has very concrete outcomes and we track the outcomes along the way of working with clients to help them apply for various benefits.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned that the Social Security Administration (SSA) is being slower than ever at processing applications. When we submit an application, we can log on and see the “status” of the application, in terms of the percentage of the application being processed. It is not at all unusual to see that four months after submitting an entire application, the case with SSA is only at 30-some or 40-some %. This is very discouraging for our clients.

We learned that we have to do a lot of work to stay in contact with clients while their disability cases are winding through the process. We work with them to find out about updated medical

information, like if they have been prescribed a new or different medication or had new diagnostic tests done, and then we work to update the disability file at SSA with this information.

We have also learned that many of our clients are in horrific living circumstances and they need a lot more help with many other services in order to help them survive until their case is fully processed by the SSA.

Also, most of the clients for this program, under the MHB grant, have significant mental health issues, which makes it very difficult for them, at times, to participate in their own application process. People on the margins (our clients) are living in very precarious situations, so we end up helping with other things, such as housing navigation and referrals, applying for AABD and other benefits to help financially, among other services.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

We have some really terrible and heartbreaking cases.

Example 1: A lady who lives in Champaign who is mentally ill and has no support from her family. She has severely damaged her home by inadvertently setting it on fire. Firefighters came and extinguished the fire, but the home sustained so much damage from the fire, smoke, and water, that she cannot live in it. She has had her power shut off. She is living on her screened-in porch, with no plans for what to do for winter. So, as we work with her to help her with her disability application, we are also working to identify other resources for her so she can live indoors. However, she is being very resistant and does not take seriously the prospect of winter and how to stay warm.

Example 2: A lady in her 30s with a young daughter at home, living in a mobile home out in the county, who is severely mentally-ill. She has serious mental health issues, along with significant PTSD from a situation from several years prior. As a result, she does not let her young daughter out of her sight. The mother does not like to shower because she cannot keep an eye on her child while she does. She is agoraphobic and it is almost impossible for her to leave the house. She is almost totally alienated from her family, though a family member owns the mobile home she lives in. We have applied her for disability, and we have also provided an array of other services and resources for her and her daughter. We are keeping a close eye on this situation, given that there is a very young child in her home.

Example 3: A young immigrant woman who is severely mentally-ill and unmedicated. Her mother reached out to us and we are working with the mother to do the disability application, which has now been submitted. The mother has been supporting her daughter but is running out of financial means to continue to do so. We got the daughter approved for SNAP, which the mother manages. The daughter is an immigrant, but based on her immigration status, she does

qualify for public benefits. However, her disability application was denied due to her immigration status, and we have appealed that decision, providing immigration status information that shows that her status does allow her to qualify for public benefits. In the meantime, her mother has provided her with clothing and furnishings, which the daughter has thrown away because she feels that she only ever needs one set of clothing. The mother is in a heightened state of vigilance and constant anxiety, worrying for her daughter. We are providing lots of support for the mother as well.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

We have developed many new internal materials and processes for keeping up with our disability clients and their disability cases. These are mainly processes for us track the cases with SSA, and to ensure that we stay in contact with clients in case there is new “evidence” to submit to SSA regarding their cases. The main change that we have chosen to make is to create a much more robust follow-up system, so that clients understand that we need to stay in touch and be able to submit information about their health and healthcare on an ongoing basis. Our new systems are working well.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Health Care Consumers (CCHCC)

Program Name: Justice Involved Community Health Worker Services

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES. However, in addition to our stated outreach activities in our application, we have also expanded outreach to prior clients of this program, going back about 8-10 years. As a result, we have been able to reach individuals who have returned to our community after serving time in prison (IDOC). In addition, the new shelter – STRIDES – operated by the City of Champaign Township, has been a great source of referrals as well.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

We were able to meet the goal of completing assessments of eligibility for services and need within the stated timeframe of 2 days for assessment of eligibility and 1 day for the engagement in services. Normally, the first time we speak with a prospective client, we can already begin engagement in the services. For Medicaid and SNAP benefits, the first step is to look the person up in the State's ABE system, and as soon as we are in that portal, we are able to begin the application for benefits or the request for reinstatement of benefits.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
We estimated that 80% of all eligible persons will engage in services within the identified timeframe. We were closer to 85-90%. The main cause of delay, when we did experience delays, had to do with jail staffing and occasional jail closure to outside groups due to COVID. These kinds of situations necessitated that the prospective client be allowed to arrange for a phone meeting with our staff member, Chris Garcia, and on occasion, there were delays because of the jail staffing situation. Attorneys are provided first priority access to their clients in jail.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
We had no unexpected results in this area. In our application, we stated that clients would engage with us for months or even years, especially since enrollment in public benefits must be redetermined annually, or in some cases, every six months. The surprising finding for us was how many “old” clients (past clients) Chris was able to re-engage with after they returned to our community from prison. Chris “cold called” many of these individuals, especially when he was not getting many clients from the jail in the earlier part of the program year, and, surprisingly, he was able to reconnect with many of these past clients who had now returned from prison. They were pleased and surprised that Chris reached out to them, and they took him up on his offer of services, and also often asked for help for their families and loved one.
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
The only other demographic information that we collected from our clients was the following: a) homeless status; b) immigrant status; and c) language preference. For the purposes of the Justice-Involved program, we had no immigrants and no language preferences beyond English. However, we did note that a significant minority of our Justice Involved population were homeless, as well as Justice Involved. Most of these homeless clients who were Justice Involved were going through Reentry and were individuals we encountered at Strides or on the streets, and had been released from prison after serving their full sentences and were not on parole, and therefore did not have much assistance when they left prison. Some were individuals who had a prior history of Justice Involvement, but that history was from more than a year ago, and they were homeless at the time we met them.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Number of clients served through this program:

Target: between 100 to 125 unduplicated clients, with 70 new TPC.

Actual result: 109 clients. 27 of these clients ended up being NTPC because they were going on to prison sentences, and therefore were not eligible for state benefits such as Medicaid and SNAP. We served 82 TPC.

Assessment tool: CCHCC's intake form, used for each client, and data entered into CCHCC's Salesforce client-tracking program.

Outcome #2

Clients gain and maintain health insurance, SNAP, and other benefits and services.

Target: 100 unduplicated clients would gain access to these services.

Actual result: 82 clients gained access to these services and benefits. 27 clients were ineligible because they ended up being sentenced to prison.

Assessment tool: CCHCC's intake form, used for each client, followed by documentation of benefits allocated to clients, via the Illinois ABE system, and data entered into CCHCC's Salesforce client-tracking program.

Outcome #3

Clients gain access to needed health care, prescriptions, food, free phones, dental and vision care, hospital financial assistance and other benefits and services as a result of gaining health insurance.

Target: 100 unduplicated clients would gain access to these benefits.

Actual result: 82 clients gained access to these services and benefits. 27 were ineligible because they ended up getting sentenced to prison.

Assessment tool: CCHCC’s intake form, used for each client, followed by documentation of benefits allocated to clients, via the Illinois ABE system, and data entered into CCHCC’s Salesforce client-tracking program, and communication with clients to verify their receipt of benefits.

Outcome #4

Each client, on average, will typically require assistance with two applications.

Target: 200 applications.

Actual result: 216 applications completed.

Assessment tool: CCHCC’s intake form, used for each client, followed by documentation of benefits allocated to clients, via the Illinois ABE system, and data entered into CCHCC’s Salesforce client-tracking program.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 109

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered from every participant, even if that information was that the client was not eligible for public benefits such as Medicaid or SNAP because they ended up being sentenced to prison during the time we were working with them.

3. How many people did you *attempt* to collect outcome information from?
 109

4. How many people did you *actually* collect outcome information from?
 109

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Outcome information was collected on an ongoing basis, because of the nature of helping clients apply for public benefits. This work has very concrete outcomes and we track the outcomes along the way of working with clients to help them apply for various benefits.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned that for most clients this year, we submitted an average of 2.6 applications per client. This was a slightly lower average than last fiscal year, and it is the result of some of our clients not being able to complete applications because they were being sentenced to prison and therefore ineligible for the benefits for which we started to apply them.

As in previous years, we also learned that many clients came to us for one thing, but upon intake, we found that they had multiple needs with which we could help them. For example, a client might present to us with the need for a Medicaid application, but then we find that they also needed help applying for SNAP, and/or they need help with hospital financial assistance at Carle.

In addition, we continued to see the tremendous barriers there are for our Justice Involved clients who were seeking both temporary shelter and permanent housing. Housing discrimination continues to be a significant issue for individuals going through Reentry in our community – especially those who were in prison (as opposed to the county jail).

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.
3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

One major change that we made this past year when we were not receiving enough referrals from the jail as a result of personnel changes at Rosecrance, is that Chris started reaching out to past program participants from previous years, going as far back as 2015. This turned out to be a pretty successful strategy for identifying and assisting justice-involved individuals with whom we had lost touch when they were sentenced to prison. Many of these individuals are now back

in CU after having served time in prison, and were very pleased to have Chris reach back out to them. Most of them had forgotten about CCHCC and the kind of help we provide, but, once Chris contacted them, they remembered him and were eager for help for themselves and for their family members. Because this was such a successful strategy, we will continue to do this on ongoing basis, even when we are getting referrals from the Jail and the Rosecrance person at the Jail.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Regional Planning Commission Head Start

Program Name: Early Childhood Mental Health Services

Program Year: 22-23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES -Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
We stated that, Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening. Additionally, the Social-Emotional Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer for support. This year we switched from ASQ-SE to the DECA as a screening tool because it is more useful for treatment planning and a better tool for outcomes collection than the ASQ-SE.
2. YES - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
Yes, Members of the site-level Social-Emotional Committee (Teachers, SSPPC, Site Managers, Family Advocate, ECMHC) determined eligibility for ongoing supports. The committee met weekly and was successful in getting support to classrooms as quickly as possible.
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes, all staff learn about the coaching and consultation offered by the Social-Emotional team during orientation. RPC shares information with families about the social-emotional services provided by the Social-Emotional Committee at parent meetings, during one-on-one conversations with teachers and family advocates.
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Children who were referred for intensive support were seen within 7 days which is the estimate stated in the application.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
We estimated that 100% of students identified by the committee would receive support via caregiver intervention. At the end of the year we found that 100% of our students identified were seen within the estimated time frame of 7 days.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
We estimated that identified students would participate in tiered services from between 3 months and 2 years. We have found that around half of our identified students needed less intensive interventions by the end of the year.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

Demographics this year seem similar to our typical demographics. Head Start enrollment rules prioritize children and families that are at risk or experiencing stressors like CPS involvement, homelessness, poverty, or who have a disability.

- Total # of Children in HS and in EHS: 414
- Total # of Expectant Mothers in EHS/Expansion: 11
- Total # of Families: 375
- Total # of children with a IFSP or IEP: 51
- Total # of children referred for DD or Special Ed: 48
- Total # of Homeless children/families: 46 (45 families)
- Total # of family served with income below 100% FPG: 196
- # of families at 100-130% FPG : 60
- # of children/families in foster care system: 12
- # of children/families on public assistance: TANF=14; SNAP=46
- # of children/families over income: 60
- # of families who speak:
 - English – 340
 - Spanish – 24
 - Middle Eastern – 20
 - African – 2

- East Asian – 2
- European and Slavic – 36
- Native Central American – 2
- Education level
 - Advanced degree or baccalaureate degree – 54

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *“the XYZ survey may be completed by both a youth client and their caregiver(s).”*

Outcome #1

Children will demonstrate improvement in social skills related to resilience such as:

- a. Self-Regulation
- b. Initiative
- c. Relationship building/Friendship skills
- d. Emotional Literacy
- e. Problem-Solving

Pre and post resilience related social skills are assessed using the DECA-P2 and DECA I/T. Students are assessed at the beginning of the program year or when they are enrolled and are assessed again at the end of the program year. The DECA-P2 and DECA I/T are completed by both the parent and the teacher.

CCHS saw an overall decrease in needs that were identified regarding Total Protective Factors, Initiative, Self Regulation and Attachment and Relationships.

CCHS discontinued the use of the Ages and Stages Questionnaire-Social Emotional starting the 2022-2023 program year. While the ASQ-SE measures social emotional development, the DECA is able to give CCHS a more thorough look in assessing protective factors and risk factors associated with a child’s behavior.

Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, spring and summer checkpoints. Based on program results, CCHS saw an increase in social emotional skills with children meeting or exceeding social emotional developmental expectations for their age group. For children 6 weeks-3 years, CCHS saw an 11% increase in skills from the Fall Checkpoint to the Summer Checkpoint. For children 3 years- 5 years, CCHS saw a 26% increase in social emotional skills and for children who were Kindergarten bound, we saw an increase of 31% in social emotional skills from the Fall Checkpoint to the Summer Checkpoint.

Outcome #2

CCHS staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.

ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA

Due to program changes, staff shortages as well as changes to management, the ProQOL was not given out for the teachers to complete therefore this information was not collected.

Outcome #3

Parents will demonstrate improvement in stress management and caregiving skills.

Parenting Stress Index; and Adult DECA

Due to staffing shortages as well as either virtual family events or low attendance at family events due to the risk of COVID-19, the Parenting Stress Index was not able to be given out for parents to complete therefore this information was not collected.

Outcome #4

Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

TPOT/TPITOS - classroom management

CCHS saw an overall high-quality score in classroom management demonstrating social emotional sensitive interactions across the sites. 75% of classroom observations indicated that each domain of Emotional Support, Classroom Organization and Instructional Support were happening consistently and effectively. For the other 25% of classroom observations, they were scored within a mid-quality score indicating that each domain was happening effectively but may not have been happening consistently. All classrooms were continually supported through coaching utilizing the Pyramid Model for guidance on effective practices in the classroom.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

Total

NTPC: 348

TPC: 74

First Q:

NTPC: 14

TPC: 31

Second Q:

NTPC: 206

TPC: 20

Third Q:

NTPC: 43

TPC: 13

Fourth Q:

NTPC: 85

TPC: 10

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We attempted to gather pre-post data from every student in our program. We did not get post data from every child however. Likely due to students being withdrawn from the program early because of family relocating, loss of employment, or transportation issues.

3. How many people did you *attempt* to collect outcome information from?

348

4. How many people did you *actually* collect outcome information from?

248

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) 4 times per year.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned that the children in our Head Start program had significant social emotional skills improvement from the Fall checkpoint in October, where 55% of the Head Start children met the expected benchmark for social emotional development. By July, 81% of our preschool aged students met the bench mark for social-emotional development. This was an improvement from our outcomes from last year.

This year we experienced significant burnout levels in our teachers because of staff shortages, absences and the need for wage increases. The program made plans to improve these outcomes this year by closing down a site in order to increase the number of teachers in each of our open classrooms. Due to the closing of a site and moving staff to other locations to fill under-staffed sites, this led to a reduction which allowed management to increase wages for staff significantly. The wage increase will start in October. We are hoping that this will help with alleviate some burnout among staff.

This year we didn't track outcomes with parents because of our staff shortage issues.

We found that through our ongoing coaching model, we saw improvements in classroom behaviors and fidelity of services over time. Significantly, we saw improvement in teacher stress and relationships with children when we provided them weekly reflective consultation to process and brainstorm new strategies.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Child transitioned from a school setting to an in-home provider. The provider requested SSPC observe due to child displaying behaviors consistently. SSPC utilized DECA assessment results that highlighted area of need and provided strategies around Conscious Discipline. SSPC was able to speak with provider prior to meeting to gather information and review incident reports. After review, SSPC and provider met and discussed the results together and SSPC observed. SSPC coached around the provider being more curious in the unmet need as opposed to the behavior, meaning what other reasons could the child be displaying these episodes, and how the child might be feeling. The incident reports showed these escalated periods of dysregulation were approx. 9:30a-10:30a daily, regardless of activity. The child’s drop off time is 9a. SSPC coached provider around mood and hunger and how they correlate. Provider problem solved and now offers child a snack (cheese stick, fruit, etc) within 15 minutes of drop off. This child’s behaviors decreased significantly. Due to the food insecurities our children face, this Provider offers snack at the same time to all children making their space Universal.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Regional Planning Commission

Program Name: Homeless Services System Coordination

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes. Agencies and organizations, community members, and businesses that have an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness were provided regular updates on the activities of the Continuum of Services Providers to the Homeless (CSPH) through monthly meetings with agendas and minutes from the prior meeting emailed out in advance by the CoC Coordinator, regular email communications to the CSPH email group list by the CoC Coordinator, CSPH full board meeting minutes posted to the CSPH website, and one on one in person outreach meetings with the CoC Coordinator and interested organizations wishing to learn more about the CSPH and possibly joining as a member organization.

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes. As of August 1, 2023, the CSPH currently has 42 members and 33 affiliates. The CoC Coordinator had individual in person meetings with CUMTD (member organization), Greater Community Aids Project (member organization), and the University of Illinois, Student Assistance Center (member organization) to increase awareness of CSPH activities and encourage regular participation and involvement with the CSPH.

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes. The CoC Coordinator participated in 37 Community Service Events (CSE) (target was 26) during the program year which is defined in the program application as:

- Number of contacts (meetings) to promote the program, including individual meetings with non-member entities focused on increasing membership, public presentations (including mass media shows and articles), consultations with community groups, school class presentations, and small group workshops.
- Number of Homeless Services System Coordination program coordinated trainings.
- Number of focus groups conducted to receive feedback from people with lived experience.
- Number of meetings related to the annual homeless Point in Time (PIT) count to inform the community about the event and the event results, solicit and train volunteers, and the actual event.

The CoC Coordinator also had 106 Screening Contacts (SC) (target was 40) during the program year which is defined in the program application as:

- Number of persons participating in trainings coordinated by the Homeless Services System Coordination program.

Both CSE and CS targets were exceeded during the program year.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Estimate = 14 days

Actual = 0 days

Explanation = Upon inquiry about the CSPH, the CoC coordinator responded to all organizations on the same day of inquiry.

Organization	Date of Inquiry About CSPH	Response Date from CoC Coordinator	Business Days Between Inquiry and CoC Coordinator Response
OSF OnCall	12/28/2022	12/28/2022	0
Champaign County EMA	1/10/2023	1/10/2023	0
Heartland CoC (Sangamon County)	2/3/2023	2/3/2023	0
Supportive Housing Providers Association	2/28/2023	2/28/2023	0
GCAP	2/28/2023	2/28/2023	0
UIUC, Student Assistance Center	4/25/2023	4/25/2023	0
CUMTD	4/27/2023	4/27/2023	0

- Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Estimate = 100%

Actual = 100%

Explanation: The CoC Coordinator engaged with 100% of organizations within 14 days of inquiry.

- Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Estimate = Each member of the CSPH will participate in at least 5 of 11 meetings each year.

Actual = 24 out of 42 member organizations attended at least 5 meetings during the last program year (57%).

Explanation: Due to turnover of staff at some CSPH member organizations, attendance at CSPH meetings was infrequent. Since the current CoC Coordinator has now been in the position for almost one year, the CoC Coordinator plans to outreach to the various organizations that have infrequent attendance to discuss reengagement.

CSPH Member Organization	# of CSPH Meetings Attended During Program Year (July 1, 2022 – June 30, 2023)
American Legion Auxiliary Unit 24	0
1st United Methodist Church	9
Carle Community Health Initiatives	11
Center for Youth and Family Solutions	4
Champaign County Emergency Management Agency	2
Champaign County Healthcare Consumers	7
Champaign County Public Health District	3
Champaign County Regional Planning Commission	12
Champaign-Ford Regional Office of Education #9	0
Champaign-Urbana Mass Transit District (MTD)	4
Champaign Park District	0
Child Care Resource Service	2

City of Champaign Neighborhood Programs	9
City of Champaign Township and STRIDES	7
City of Urbana	12
Community Choices	0
Community Service Center of Northern CC	9
Courage Connection	10
Crisis Nursery	8
C-U at Home	10
Cunningham Children's Home	9
Cunningham Township	11
Developmental Services Center	5
Eastern Illinois Foodbank	8
Faith United Methodist Church	1
First Followers	0
Greater Community AIDS Project	2
Hope Center of Vineyard Church	0
Habitat for Humanity	8
Housing Authority of Champaign County	9
Land of Lincoln Legal Assistance	11
Gender & Sexuality Center (Formerly LGBT Resource Center)	11
OSF Community Resource Center	8
The Pavilion	9
Rosecrance	0
Salvation Army	12
United Way	9
Uniting Pride of Champaign County	1

University of Illinois	3
Veterans' Affairs / Illiana Health Care System	7
Village of Rantoul	0
At-Large Member (Terrence Alexander)	4

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

Of the 42 organizations that comprise the CSPH membership, below is a breakdown into each of the following categories:

Public/Governmental Entity	Private/Not for Profit Entity	Business	Homeless/Formerly Homeless Person
12 CSPH Members	25 CSPH Members	4 CSPH Members	1 CSPH Member

Based on the information above, the CoC Coordinator and CSPH Executive Committee is currently working on increasing the representation of people with lived experience of homelessness on the CSPH Executive Committee. This will be a part of the CSPH Strategic Plan that is currently underway.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1: The IL-503 CSPH will be represented in the development of an alternative to the VI-SPDAT.

Specific Outcome Goals: The Coordinator will attend no less than 4 consultations, webinars, and/or TA opportunities relating to the development of an alternative to the VI-SPDAT for use with the CSPH Coordinated Entry System (CES).

Description: The VI-SPDAT is used to assist with prioritizing participants for homeless-specific resources. The VI-SPDAT fulfills this role in Continuums across the country. In 2021, the VI-SPDAT's developer discontinued the product, citing concerns for racial equity. The Coordinator will work with other Continuums and organizations to develop an equitable tool for use in the CSPH.

Result: In consultation with the Heartland CoC (Sangamon County), the CoC Coordinator has identified two possible tools to look into further to replace the VI-SPDAT. These tools are the Place Value <https://infogram.com/place-value-community-map-1h7g6k0z03vdo2o> and the Matching to Appropriate Placement (MAP) <https://www.pcn.org/map>. The CoC Coordinator discussed the replacement of the VI-SPDAT with the CSPH members of the Coordinated Entry Committee and plans to further review both tools with the Coordinated Entry Committee to discuss next steps.

Outcome #2: A Racial Equity Assessment will be conducted within the CSPH.

Specific Outcome Goals: The Coordinator will complete racial equity analyses for the CSPH CES and Continuum exit destination data. Results from the analyses will be shared with the CSPH and other groups to solicit feedback and recommendations to improve CSPH systems.

Description: Analyses will use the HUD CoC Racial Equity Analysis Tool and other tools as necessary including HUD's STELLA P tool. Equity analyses have been part of competitive applications in the past. As additional tools become available, more advanced analyses are possible, allowing for a more equitable Continuum.

Result: The CoC Coordinator utilized the HUD CoC Racial Equity Analysis Tool to review the CSPH's 2021 Point-in-Time Count racial and ethnic demographic data as compared to US Census Bureau data for Champaign County. The CoC Coordinator presented findings to the CSPH Executive Committee on 7/19/23 and full CSPH on 8/1/23 and discussed next steps which include further analysis of the data using Stella Performance (Stella P) which is a visualization tool based on the Longitudinal Systems Analysis (LSA) data. LSA data includes reporting of performance measures such as:

- Length of time people were homeless.
- Successful exits to permanent housing.
- Returns to homelessness.

Stella P visualization tool can show demographic and racial breakdowns by performance measure as well as race and ethnicity breakdowns for different project types.

Outcome #3: The CSPH will receive feedback and recommendations from people with lived experience through a series focus groups.

Specific Outcome Goals: The Coordinator will facilitate no less than 3 lived experience focus groups. Participants may include currently homeless persons, participants of Continuum programs, and recent participants of Continuum programs. Minutes and summaries will be provided to the CSPH.

Description: Lived experience is a crucial part of system planning. Focus groups will allow direct feedback and recommendations from lived expertise and may facilitate recruitment of additional lived experience onto the Executive Committee.

Result: The CoC Coordinated planned and arranged for a focus group geared toward homeless families on June 28, 2023, however, due to severe weather conditions the CSPH Executive Committee agreed to cancel the focus group and reschedule. The focus group will now be held on August 30, 2023. As of August 7, 2023, 13 families are registered to participate in the focus group. The CoC Coordinator will be facilitating the focus group along with Cunningham Township.

Outcome #4: A new 5-year strategic plan will be created with IL-503 CSPH.

Specific Outcome Goals: The Coordinator will lead the planning process for the Continuum, complete one-on-ones with MOU agencies, facilitate groups, and make recommendations to the CSPH Boards for strategic plan goals.

Description: The last CSPH Strategic Plan expired in 2020. Through this process, a 5-year strategic plan will be produced. Strategic planning is an important piece of homeless service coordination that has been difficult in the times of COVID-19. The plan will be informed by best practices, analysis of neighboring CoCs' plans, and will receive input from TA partners.

Result: The CSPH Strategic Planning process is underway. Three strategic planning meetings have been held with the Strategic Planning Committee which includes CSPH Executive Committee members along with CSPH members from Cunningham Children's Home, the Champaign County Mental Health Board, and the United Way (4/26/23, 5/24/23, 6/28/23). Additionally, the CoC Coordinator and CSPH Chair met on 7/25/23 to review a rough draft of the Strategic Plan and discuss next steps. This rough draft will be presented to the CSPH Strategic Planning Committee on August 30, 2023. The five main CSPH Strategic Plan Priorities include: Permanent Housing, Data Utilization and Quality, Equity, Landlord Engagement, and Lived Experience Representation.

Outcome #5: A Landlord Risk Mitigation Fund will be researched and brokered.

Specific Outcome Goals: The Coordinator will research Landlord Risk Mitigation Funds (RMFs) to support CSPH clients in securing housing. The Continuum will hold one-on-ones with other communities that currently manage RMFs, funders, and CSPH voucher programs. The Coordinator will advocate for and broker creation of an RMF that benefits CSPH clients.

Description: CSPH voucher programs have experienced difficulty in housing clients due to landlord hesitancy even with incentivization. An RMF offers protection to landlords that, when paired with other incentives, could lead to quicker housing for clients of CSPH programs.

Result: CCRPC applied and was awarded funding through the cities of Champaign and Urbana's Housing and Homeless Innovations (HHI) Consolidated Application for agencies that support affordable housing development and homeless services in Champaign County. CCRPC will use the awarded \$136,548 in funding to implement the Landlord Risk Mitigation Fund.

Outcome #6: The Coordinator will participate in Low-Barrier Emergency Shelter planning for Champaign County.

Specific Outcome Goals: The Coordinator will participate in governing boards/advisory councils of low-barrier shelters to offer guidance, TA, and encourage deep integration into CSPH homeless services such as CES and HMIS. Trainings will be offered when needed.

Description: Champaign County has struggled with Emergency Shelter capacity. The 2021 loss of low-barrier year-round shelter creates significant barriers. Low-barrier shelters are critical to

providing a safe foundation for clients in crisis. Consultancy on best practices, LGBTQ+ access, and integration with other CSPH systems is required for high-quality low-barrier shelter.

Result: The CoC Coordinator participated in planning meetings for a low-barrier emergency shelter in Champaign County. Strides Shelter as a part of City of Champaign Township opened its doors to serve 50 men and 10 women on December 12, 2022. Strides is a CSPH member, Executive Committee member, and Coordinated Entry Committee member.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

During the program year, the Homeless Services System Coordination Program had a total of 18 treatment plan clients. Treatment plan clients are defined as CSPH member organizations and individuals with current or recent lived experience of homelessness engaged with CSPH Strategic Planning efforts.

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

The Homeless Services System Coordination Program collected all outcome data for each of the 6 identified outcomes.

3. How many people did you *attempt* to collect outcome information from?

The Homeless Services System Coordination Program collected all outcome data for each of the 6 identified outcomes.

4. How many people did you *actually* collect outcome information from?

The Homeless Services System Coordination Program collected all outcome data for each of the 6 identified outcomes.

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc.*)

Outcome data was tracked weekly by the CoC Coordinator via Microsoft Outlook and compiled quarterly on an Excel Spreadsheet.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive*

information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

Since the CSPH Focus Group for Homeless Families will be held on August 30, 2023, and focus group participant data cannot yet be reported, another piece of outcome data identified through the initial racial equity analysis that will be important in the CSPH strategic Planning Process is:

- Black people are overrepresented in the CSPH’s 2021 Point-in-Time (PIT) count data (sheltered and unsheltered) compared to the US Census Bureau’s American Community Survey (ACS) Data.
 - 63% of Black people experienced homelessness (sheltered) versus 13% of total population in Champaign County.
 - Even greater disparity when filtered for Black households with children (92% versus 13%).
2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Some achievements to highlight from our CSPH this past program year include:

- Opening of Strides Shelter:
In December 2022, a new emergency shelter to serve single men and women opened in our CoC called Strides Shelter operated through City of Champaign Township. Strides has 50 beds for men and 10 beds for women with an additional 11 beds available during inclement weather. Strides is a low barrier shelter operating year-round, 24/7. This meets a significant need for low-barrier emergency shelter services within our CoC.
- Expansion of Emergency Shelter for Families and Medically Fragile beds:
Champaign County Regional Planning Commission’s (CCRPC) Emergency Shelter for Families expanded to include added motel vouchers to serve additional families. Cunningham Township Supervisor’s Office (CTSO) expanded vouchers to serve additional individuals experiencing homelessness who are medically fragile.
- Increased Housing Navigation and Housing Stabilization Case Management:
Through local funding, the cities of Champaign, Urbana and the Urbana HOME Consortium had over \$5 million available to fund programs or projects to assist in providing affordable housing, homelessness prevention and related services consistent with the Urbana HOME Consortium’s 2020-2024 Consolidated Plan and affordable housing and homeless goals enacted by both cities. CoC member organizations were funded to offer housing navigation and housing stabilization case management to better support individuals experiencing homelessness and strengthen relationships with local landlords.
- Coordination of Warming Center Response During Inclement Weather:
Through surveying and discussion with CoC member organizations, a plan was developed to respond to the needs of individuals experiencing homelessness during

inclement weather. Coordination of local warming centers also included involvement with Champaign County Emergency Response.

- **Hosting Workshops on Fair Housing:**

With the collaboration of Housing Action Illinois and Hope Fair Housing Center, our CoC hosted three Fair Housing Workshops – one for service providers during a scheduled CoC meeting, one for landlords, and one for tenants. Special attention was given to tenant rights, changes to source of income protection legislation as of January 1, 2023, and how to refer individuals for support with their housing rights if needed.

3. **OPTIONAL:** In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

The CoC Coordinator intends on having annual CSPH focus groups for people with lived experience of homelessness in order to incorporate the feedback into CSPH initiatives. Additionally, the CoC Coordinator plans to conduct more outreach with less engaged CSPH members in order to increase participation and discuss any barriers related to participation. The CoC Coordinator and CSPH Executive Committee will be reviewing the current Governance Charter to discuss possible changes as it has not been updated since 2018. Results from potential changes could increase CSPH Executive Committee attendance and participation at bi-monthly CSPH Executive Committee Meetings. Finally, the CSPH's Strategic Plan that is currently in development will guide the focus and priorities of the CSPH over the next several years with enhanced focus on the following five areas: Permanent Housing, Data Utilization and Quality, Equity, Landlord Engagement, and Lived Experience Representation.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Champaign County Regional Planning Commission

Program Name: Youth Assessment Center

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
The estimated number of days from completed assessment to start of services who were referred to the YAC occurred within three weeks (21 days) of receipt of all referrals.
There was a total of 96 clients that completed assessment and participated in YAC programming within 3 weeks of referral date.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Out of all youth referred during FY23, 80% engaged in services within 21 days of referral. The actual percentage of youth served within 21 days was slightly higher than estimated.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Participant length of time served has aligned with the application estimate of 3-6 months in majority of cases. In rare cases, participants were extended due to either needing a little longer to accomplish goals or transition or to provide a warm transition to existing resources. Youth whose treatment plan was extended for service were less than 5% of total participants.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

In addition to race, ethnicity, age, gender, and zip code information, household information such as composition and income was collected. Household information indicated that 80% of households served were comprised of single mothers as the head of household.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Outcome : Diversion of youth from justice system. The YAC aims to divert youth from the justice system, for both youth who have had police contact and been referred for station adjustment services and youth exhibiting behavioral issues.

Target: The YAC strives to divert atleast 90% of youth from a juvenile court adjudication within one year of their YAC services.

Tool: Court Services Records/Database: A comparison of juvenile court records through court services with YAC Client Database to determine how many have been adjudicated during the fiscal year

Result: 98% of youth avoided adjudication within one year of services with the Youth Assessment Center.

Outcome #2

Outcome Increase in the level of protective factors for youth upon program exit. The goal is at least a 10% increase in the percentage of youth assessed with Moderate/High Protective Factors at exit as compared to the percentage at intake.

Tool Assessment tool/Source of Information: The Youth Assessment Screening Inventory (YASI) tool is used to measure difference in level of risk, along with protective factors, at intake and exit. The YASI system's reporting tool provides aggregate data for youth risk levels and protective factors at entry and at exit. An annual comparison of protective factors at intake compared to protective factors at discharge will be used to evaluate program impact.

Target Youth protective factors will increase by 10% from entry

Result 96 out of 96 or 100% of youth have exited with protective factors increasing from low or moderate to high and or maintaining stabilization at high levels of protective factors

Outcome 3

Outcome Increase of resiliency within the youth referred. Service connection based on needs assessment will support individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services.

Target At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.

Tool Assessment/ Database/Survey: The YASI will be used to identify individualized needs and guide the recommended service referrals. A pre and post service survey will be used to evaluate participants' increased knowledge of services available to address their needs. Utilize YAC Client Database to track service connections for clients.

Result 96 out of 96 or 100% of participants endorse having been informed of resource options at intake. Additionally 100% report an increase of resiliency through higher levels of protective factors at exit.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 96

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered for each participant.

3. How many people did you *attempt* to collect outcome information from? 225
4. How many people did you *actually* collect outcome information from? 96
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

All outcome information was completed no less than annually, one year after a YAC case is closed. YASI scores are collected at intake and exit for each client, in relation to outcomes two and three.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Participants were comprised of youth mainly between the ages of 13-17 who were demographically female head of household families in Champaign-Urbana. 90% of youth entered YAC services with YASI scores at Moderate-High with police involvement. YASI scores also predominately indicated higher levels of trauma and lower levels of protective factors in domains related to Mental Health, Family Life and Aggression.

The level of severity of offenses for youth referred have ranged from Battery, Theft, Mob Action, and Robbery this reporting year. Repeat referrals increased, however there was lack of contact in multiple staff attempts (phone, mailed letters, reaching out to referral source) for reengagement in services. Home visits were introduced to the program as a new engagement tactic to encourage families to remain in programming and/or attempt to make contact for initial intakes.

Out of the 96 clients served this program year, 92% were placed on formal Station Adjustments by referring police departments and only 2% of clients placed on Engagement Agreements, also signifying the youth was referred by an agency provider or community member. Overall, 60% of referrals were able to be successfully engaged in initial phone contact. Rates for those participants who fully engaged in in person intake and assignment for a full station adjustment or engagement agreement is on the lower end at 42% engagement rate. YAC staff continue to build and implement creative engagement strategies to improve this rate.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Joe was referred to YAC due to theft at his place of employment. This is his fourth referral with YAC over the past year. The YASI assessment indicated an overall risk level of Moderate to High.

The Formal Station Adjustment included the following terms and conditions: Attending school daily, Daily curfew, no association with the 2 coworkers due being victim of the crime at his work location, staying away from the geographic restriction of Urbana Country Club (prior employment, location of the offense), Reflections programming, Weekly check ins, Peer Court participation and obeying all local ordinances and state laws.

Initially, Joe appeared to be in the Pre-Contemplation stage of change, appearing to not take the charges seriously due to minimizing and rationalization. He also declined counseling as a recommendation during intake due to lacking accountability. He started to fail the Station Adjustment by not completing weekly check-ins with his case manager, however after repetitive dialogue about how he was in violation of his agreement and potentially being closed unsuccessfully, Joe started to correct this behavior.

The youth participated in Peer Court and was assigned by the Peer Jurors 10 hours community service, a 1-page essay on the 8 core components of Lincoln Challenge Academy and a research paper on the effects of shoplifting/stealing. Additionally, he completed a “self” Apology Letter as part of his Reflections curriculum (in-house YAC programming offered during 1:1 session to work on Accountability and corrective criminal behaviors). Joe highlighted personal struggles and his hopes to repair soon. While completing community service hours at READY, Joe exclaimed that this experience provided a feeling of self-worth and continued to complete post-hours due to intrinsic motivation! Eventually his teacher at READY School offered him a paid opportunity through Workforce Innovations and Opportunities Act (WIOA) to earn incentives by completing his education. This has given Joe a new look on his education, schooling, and future goals.

Upon closure Joe continued with counseling through Child Adversity and Resiliency Services (CARS) which is a program out of the U of I Clinical-Community Psychology Center and

continued with Cognitive Behavioral Therapy (CBT) once his case was closed. He stated that he is now able to see a future for himself and make actionable plans towards achievement.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Throughout the program year, several observations were made in which ongoing assessment and evaluation has informed planning, practice and ultimately implementation of needed and relevant program updates.

First, youth are entering with higher levels of trauma and higher-level offenses than in years past. Case Managers were able to provide more brief checks ins with service linkage and referral, whereas service needs now have grown in intensity. The program has reduced case load sizes overall allowing for further intensity in service. Programming projected and beginning in PY2024 has become further detailed, beginning with a trauma screening initially and client centered programming through the reflection's curriculum.

Additionally, a high prevalence of need for positive influential male figures or mentors has come up as an area of need. For this purpose, RPC has moved forward with employing a Mentor with Lived Experience position, to connect with youth alongside case management staff.

Closer collaboration with mental health providers has increased with YAC providing space for the Cunningham Children's Home Counseling providers to in house treatment for referred youth.

Finally, a major theme of evaluation has been a decreased level of engagement in programming from youth referred. Staff have implored historically means of contact that has not proven to be unsuccessful. Due to this assessment, new and creative strategies such as texting and home visits will be implanted in 2024 programming.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Courage Connection

Program Name: Courage Connection

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES**/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
The criteria did serve the purpose of providing direct services to survivors of domestic violence.
2. **YES**/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
Yes, the stated process works well because it's self-determination of what the client wants for themselves.
3. **YES**/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes, we have an outreach and community education department that handles outreach activities as requested.
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Our counseling and therapy clients received services within 3 days of contacting the hot-line. Most of our clients receive contact before the 3 days are up.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
We estimated that only 95% of our clientele would be engaged in that time frame.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Our clients' length of engagement varies greatly (like discussed in our application) depending on the particular needs of each client. Sometimes our legal advocacy clients only engage once to obtain an order of protection to ensure their immediate safety. While some of our therapy and counseling clients engage for years while they are in the process of healing trauma. We empower and encourage our clients to make the best decision for themselves.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
 - a. **In the application, we estimated 150 community service events, we provided 139 community service events (93% of our estimate). For screening contacts (we call them hotline screenings), we estimated 700. We answered 695 calls, 600 of them were from Champaign County (86% of our estimate). For our NTPC, we estimated 200. We served 145 (73% of our estimate). For TPC, we served 550 of the estimated 750 (73%). The data shows that less clients were served with more direct service. This could be because our personnel served less clients, but served those clients with more direct service than in previous years. Essentially being able to serve less clients but still providing more help and support to those survivors of domestic violence.**

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

For ensuring survivors achieve an improved sense of safety and self-empowerment, we will measure the degree to which residential clients discharge into improved, safer environments. Based on exit data (assessment tool), we will measure "reason for leaving", using the categories "completed program", "left for housing opportunity before completing program", and "needs could not be met by project" as positive indicators of an improved, safer environment. Anticipating clients, with some duplication, we expect at least 60% will meet this goal (75% met in FY23). Source of information: participant

Outcome #2

We will also measure a survivor's skills and confidence to move to a more positive situation (or a more rapid removal of a dangerous one) by asking clients to report improvements following service provision in their understanding of items such as understanding of safety planning, community resources, legal rights, the effects of abuse, and sense of safety and

knowledge that abuse is not their fault. This survey (assessment tool) covers all programs within the agency, and we expect 90% of responses to be positive (98% were positive). While we attempt to survey every client upon termination and start of services, due to InfoNet's restrictions on recording more than one survey per client per case per quarter, the base number of surveyed clients is lower (approximately 100). (90% of 100 = 90) Source of information: residential (emergency shelter and transitional housing programs) participant

Outcome #3

Outcome #4

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 695

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

- a. **Participation in documentation is always optional for our clients, this is a requirement of the domestic violence program guidelines (provided by ICADV - Illinois Coalition Against Domestic Violence). If the client refused, we respected their wishes.**

3. How many people did you *attempt* to collect outcome information from? 100% of those served – 695 in PY23

4. How many people did you *actually* collect outcome information from? 109

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

We collect survey data at intake and upon termination of services. Sometimes we wait after a few (up to 3) interactions with our clients before we ask for them to complete the survey document. The reason being is because our clients tend to be in crisis and

we respect that fact by allowing them time to process and then complete any documentation necessary.

For departure destinations, we ask for this information as the resident is departing our housing services (emergency shelter and transitional housing programs). It was interesting to find out that the most common destination is a rental unit, with and without a housing voucher. We have a TBRA program as well as providing other assistance where possible (like rental and utility assistance), this could be why this result occurred.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

It is enlightening to learn the response to community resources was the lowest positive response. This could be because we are focused on safety planning and making sure our clients are safe before providing community resources to our clients. It is planned to share this finding at our next team meeting to remind our personnel that notifying about other community resources is important to ensure our clients are served in our community to our fullest capacity.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.
3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Crisis Nursery

Program Name: Beyond Blue

Program Year: FY 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

The average number of days from completed assessment to start of services for FY23 was 16 days. Contributing factors to this were due to families needing to reschedule their enrollment visits due to scheduling conflicts or Family Specialists unable to reach families within the first week of receiving the referral.

5. Compare the year-end result with the application estimate of eligible people who engaged in program services within the above timeframe. Comment on the finding.

55% of those who were identified as eligible for services, engaged in program services within the identified time-frame above.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Average length of participation for those who enrolled between July-October was around 3 months. After examining this data, 76% of those families did not continue beyond the second quarter. Some of these families unfortunately had Family Specialists who exited the program resulting in them too, choosing to exit the program or they chose to disengage on their own.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

Income, number of family members in the home, homeless status of family, involvement with DCFS, eligibility of services through DCFS.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Mothers will gain information about the effects of perinatal depression on baby.

Assessment Tool: The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Source of Information: Parent

Outcome #2

Mothers will have a decrease in depressive symptoms.

Assessment Tool: The Edinburgh Postnatal Depression Scale (EDPS) is given by Family Specialists quarterly to assess progress re: depressive symptoms.

Source of Information: Parent

Outcome #3

Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions.

Assessment Tool: The Ages and Stages Questionnaire (ASQ), which assesses child developmental progress (physical and social-emotional), is administered by Family Specialists upon entry into the program if it has not been done elsewhere. If delays are identified then the ASQ is administered again to assess progress.

Source of Information: Parent and Family Specialist

Outcome #4

Mothers will learn to reduce their stress, seek resources and broaden networks.

Assessment Tool: The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Source of Information: Parent

Outcome #5

Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

Assessment Tool: The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Source of Information: Parent and Family Specialist

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?
The program had 24 participants for FY23.
2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?
Not Applicable
3. How many people did you *attempt* to collect outcome information from?
24
4. How many people did you *actually* collect outcome information from?
ASQ-18
EPDS-23
ARCH CR1-19

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Edinburgh Postnatal Depression Scale is completed once per quarter with all enrolled families.

ARCH CR1 is completed once a year after their first completed visit with the family.

Ages and Stages Questionnaire is completed at enrollment and then after 6 months of engagement with the program. If a potential or noted delay is discovered during initial screening the proceeding screenings will be completed every 3 months during engagement.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Crisis Nursery and the other six Illinois crisis nurseries use a program outcome survey developed by ARCH, a national resource center for crisis and respite care. This survey is used to measure the impact our programming has on the stress levels of our clients, how our services have impacted their parenting skills, and to what degree they feel our services reduce the risk of harm to children. Of our Beyond Blue clients who completed the survey in FY23:

- 73% showed a decrease in their level of stress after using services,
- 84% felt there was an improvement in their parenting skills, and
- 89% believed that our services reduced the risk of harm to children.

During FY23, our program unfortunately experienced multiple staff exits which impacted our ability to reach our intended number of treatment plan clients, non-treatment plan clients and screening contacts. We were able to continue to reach and serve rural families throughout FY23. The rural families served live in areas with a scarcity of resources and support thus participation in our program supported an increase in the accessibility to resources and offered families the support needed which resulted in the noted decrease in level of stress. In comparison to previous program years, our program served more CU families than rural families in FY23. We are already taking strides to get these numbers up and more aligned to our typical services numbers and plan to have all Family Specialists on-boarded and trained by October 2023.

63% of families who completed more than one EPDS showed a decrease in scores, which is a 13% increase from families last fiscal year. 0% of families who received more than one EPDS reported the same score. 37% of families who completed more than one EPDS showed an increase in scores 1-3 points from initial assessment. The EPDS is used to monitor the intensity of depressive symptoms in parents and is recognized as successful when scores decrease or

stay the same. With this data we have recognized that through participation in the Beyond Blue program 63% of enrolled families showed improvement in their level and intensity of their depressive symptoms or experienced lower levels of depressive symptoms within their first assessment. When discussing this data, family specialists reported that maintenance or decrease in depressive symptoms had a large impact on the type of engagement they saw from families and ultimately positively impacted the relationship and bond that parents had with children. This was evidenced by increased discussions around the child in a positive light, increased positive body language directed towards the child during visits, and an increase of positive physical touch.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

We have a mother enrolled in our Beyond Blue program who is expecting her second child and believes that the sessions she has had with her Family Specialist have given her an opportunity to be reflective back on her first pregnancy in comparison to her recent pregnancy. She shared, “I did not like my first pregnancy. I cried the whole time and was so unhappy. I was angry, felt alone and not supported. I was not working and just resented myself for being pregnant. I was not looking forward to the baby at all and my feelings did not change when he was born.” Mother shared because she was young, she found other parents in her community were unsupportive and judgmental. She shared not crying as much and only having small moments of anger or frustration with her current pregnancy. She acknowledged that when she is having negative feelings, she has sought out ways to manage them so they do not take over. For example, during one of our sessions, she voiced an interest in parenting classes in order to increase her knowledge surrounding various parenting methods and skills. She was very detailed and specific about what she would like to work on with her second child. Our sessions have slowly been allowing mother to be honest and gentle with herself, as she continues her role as a mother. She shares that having these sessions put into her schedule gives her something to look forward to and having an additional support as she goes through this transition.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Based on findings from this fiscal year through both challenges and successes, our Family Specialists will move forward with various activities to increase participation in services and increase retention efforts within the Beyond Blue program.

In order to increase participation in Post-Partum Support Groups, Family Specialists will be facilitating all support groups outside of the agency. This will include locations within Champaign-Urbana as well as other rural communities so we can continue to reach more rural families as in previous program years. Not only will this reach additional participants but it will also allow Family Specialists to create and improve connections with other community partners

and outreach efforts. We will also offer incentives for participants who attend these group sessions. These may come in the form of goods such as diapers, formula, wipes etc. or offering respite hours for crisis care for parents who may wish to utilize our childcare floor for parental stress breaks.

When referrals are received, Family Specialists will reach out to families within 48 business hours and aim to schedule first service visit within 7 days of initial phone call and completed assessment. Family Specialists will complete two home visits monthly with participants.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Community Service Center of Northern Champaign County

Program Name: Resource Connection

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

N/A

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Given the nature of our services, it is not often that people are not serviced in some way or another, but we do not track that data. Based on our count of PY23 unmet needs from information and referral inquiries, only about .87% are classified as unmet needs. This is a reduction of .73% from last year.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

N/A

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

We ask about education, employment, and disability status as needed, to offer information on related services.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

1. People living in the area have better access to mental health/other social services. We use the revised, evidence-based consumer satisfaction survey developed by the University of Illinois outcome evaluation staff. On this annual customer service survey, we ask clients to check all the services they have used at our agency, and other agencies in the building, allowing us to estimate the number and type of different services people use. Additionally, staff document the number and type of referrals we make in our database. The program's impact is how much it enhances access to a variety of services whether directly, or indirectly through other agencies' services. The program provides basic needs and related services directly. Information and referral to other services available elsewhere are given as well. We conducted our annual customer service survey last July-August, where we completed 140 responses. 60.6% of clients said they used 2 or more services from our program or others offered by agencies in our facility. We have 10+ agencies seeing clients in our building. Our staff also conducted 3,999 information and referrals to area agencies in PY23.

Outcome #2

2. People can receive immediate assistance with emergency food, clothing referral, prescription assistance, and utility assistance. In our database, staff document with client intake the number of households and individuals that are linked to our immediate services.

Outcome #3

3. Overall improved linkage and access to a variety of social services in one location. We can obtain linkage data by asking the agencies where we refer clients, to share how many of their clients came from our referral. We have established this line of communication with the Clothing Center and are working on doing so with others, if possible. We have 10+ area agencies seeing clients at our facility as well.

Outcome #4

4. Decreased food insecurity. We can assess clients' basic needs and whether they are being met through our annual survey where we use two items from the U.S. Household Food Security Survey to assess food insecurity, which are validated as a screening tool to identify families at risk for food insecurity (Hager, E.R. et al., 2010). Our survey revealed that 60.6% of our clients used 2 or more of our services or others offered in the building, and daily intake statistics show an overall significant increase in our food pantry usage, returning to pre-COVID levels.

(Add as many Outcomes as were included in the Program Plan Narrative)

Outcome #5

5. Increased psychological well-being. In our annual survey, we utilize the Person Well-Being Index-Adult, a measure of well-being with high reliability and validity. Clients provide this data. The PWI score reflected in our annual survey was 70.4 which, while down slightly from last year, still shows normal levels of subjective well-being.
6. Perceived cultural competency of staff. Our annual survey utilizes 6 items from the Iowa Cultural Understanding Assessment. The cultural competency survey score showed 4.5, which is high on a (1-5 scale), and reflected well on the cultural competency of staff.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 1019 Households

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Random Choice

3. How many people did you *attempt* to collect outcome information from? 140
4. How many people did you *actually* collect outcome information from? 140
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

We began the survey in July and finished in August

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned that we have a very high customer satisfaction survey score with a mean of 4.84 (Score from 1-5) and a standard deviation of 0.37. 60.6% of our clients use 2 or more of our services or other programs available in our building. 4.5 is our average cultural competency score which is high on a 1-5 scale, and the PWI score was 70.4%. We continue to reflect on the survey results to glean information on client needs and overall provision of services.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A client enters requesting food and assistance paying utilities and rent. In the intake process we found out they also need substance abuse counseling. We give immediate help with food and information on the pantry (i.e. how often they can come, hours, etc.). We would give them Regional Planning Commission's rental application and any other programs aiding with rent, and LIHEAP's and our information or any other providing agencies for utility assistance. The client would be given assistance contacting Rosecrance services in Rantoul to set up an appointment with a counselor. The client returns in the weeks following to see a counselor and to further inform us that LIHEAP and RPC were able to help, and their housing is stabilized as a result. Due to underemployment, the client

returns monthly to get assistance with food. They also get information about upcoming special food distributions at our location and any job fairs and other local employment opportunities to help increase employment income in the future.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

We have noticed that some clients, over time, come in for basic needs but later inform us of mental health related needs that we assist them in accessing help for.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: C-U at Home

Program Name: Case Management Shelter

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

The estimated number of days from completed assessment is three days. 80% of clients began developing a case plan with their case manager within three days of entry into the program. This time frame was accurate and met the needs of the clients.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

C-U at Home operated two program models within FY 23. The first, program model was the emergency shelter model. In this model, around 50% of clients developed case plans, while 50% of clients choose to remain non-treatment plan clients. The second program is the Mid-Barrier Shelter Program, in this program clients who are fully intaked into the program must develop a case plan. This results in 95% of clients completing a case plan with their case manager.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

The estimated average length for services in the application is 6-12 months. During the first program model, the average length of stay at the emergency shelter was 6-12 months. The Mid-Barrier Shelter model has been operating for 6 months. We continue to collect data for the average length of stay. The program allows for a 12-18 month length of stay to support permanent stability.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

NA

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Target 100% of clients who receive 24/7 shelter will participate in case management services 6-12 months. The 24/7 Shelter option was a part of the Mid-Barrier Program which launched December 12th. Actual: 95% of clients who stayed in the 24/7 portion of the shelter received case management services. Assessment Tool: Service Point, Staff entered notes and case plans, Client Self-reported information

Outcome #2

Target: 100% of clients will be entered into HMIS and linked with the Centralized Intake for the Homeless. This will assist clients in obtaining housing. Actual: C-U at Home utilized the Service Point program, which linked directly to HMIS and Centralized Intake. 100% of treatment plan clients were imputed into this system. Assessment Tool: Service Point, Staff entered notes and information, Client Self-reported

Outcome #3

Target: 70% of will receive substance abuse and/or mental health services. Actual: Combined Models, 85% of clients were linked with substance abuse or mental health services. Assessment Tool: Service Point, staff imputed case notes and case plans, Documentation of program participation, hospital stays and services rendered at other facilities were required.

Outcome #4

Target: 60% of clients will report overall improved mental health. During the Emergency shelter phase of the program 40% of clients demonstrated improved mental. In this stage of the shelter clients were often transient and participation in programming was minimal. The shelter did not operate 24/7 at this time and many clients reported high stress and anxiety levels after being out on the streets for long periods of time. During the Mid-Barrier Program phase 80% of clients report improved mental health. Clients are now in a 24/7 trauma informed space, which has decreased stress and anxiety. Clients are able to make and keep mental health appointments, take medication, attend groups and meet with case management, which has also assisted in client reporting an overall improved mental health. Assessment Tool: Case notes and case plan information entered by staff, Clients-Self Reported

(Add as many Outcomes as were included in the Program Plan Narrative)

-60% of clients will report improved independent living skills. During the emergency shelter phase of the program 40 % of clients demonstrated or reported an improvement in their independent living skills. These skills included hygiene management, socialization, participation in budgeting classes, and utilizing the resource center. During the Mid-Barrier program model 85% of clients demonstrated or reported an improvement in their living skills. These skills include grocery shopping, food preparation, budgeting skills, resume building, hygiene, interview skills, employment assistance, communication skills, time management and many more. Assessment Tool: Service Point, Case Notes and case plan information, Clients self-report and staff observes progress.

-60% will report less stress During the Emergency Shelter Phase 40% have reported less stress overall. Many reported this was due to knowing they had a safe place to sleep at night; however when the shelter was not open 24/7 clients reported facing stress and anxiety regarding their safety and well-being. In the Mid-Barrier Program model program 75% reported feeling less stress. Many clients reported less stress around food, physical or financial safety, however many clients report that as they

deal with their trauma and stop drinking the experience increased levels of stress. Assessment Tool: Service Point, Case Notes and case plan information, staff input and clients self-report.

-60% will report less substance use. During the Emergency portion of the program 60% of clients had less substance use. Clients were allowed to enter the shelter space with a .05 BAC. During the Mid-Barrier Program Shelter 90% of clients report less substance use. Clients are able to attend meetings regularly, attend IOPs as needed, and remain in compliance with Drug Court when applicable. Assessment: Service Point, Case Notes and Case Plan Entry, Clients Self-Report

-60% of clients report an improvement of overall physical health. During the Emergency portion of the program 60% reported overall improvement in physical health. Clients were able to participate in a monthly clinic provided by Promise Healthcare and a weekly clinic run by CUPHD. During the Mid-Barrier portion of the shelter 75% report overall improved physical health. With the assistance of case management clients apply for health care, obtain a PCP and address physical health needs. Clients are also able to take medication as prescribed in a more stable environment. Assessment Tool: Service Point, Case Notes and Case Plan information, staff input in system. Clients self-report

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 361

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

All outcomes were gathered for treatment plan clients only (114); non-treatment plan clients did not report outcomes (247)

3. How many people did you *attempt* to collect outcome information from?

114

4. How many people did you *actually* collect outcome information from? 97

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Intake, and discharge when possible. Discharge intakes was more difficult to obtain during the Emergency Shelter portion of the program.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

In reviewing our outcomes and data information it is evident that changing our program model in the middle of the fiscal year greatly impacted the data we were able to collect and produce. During the time we operated the Mid-Barrier Program we saw great improvements in client's ability to address mental health, substance abuse and life skill needs. Operating the Mid-Barrier Model allowed us to provide 24/7 services in a stable living environment. This allowed us to not only make referrals to other providers but also to consistently track progress when referrals were made. Overall, we believe the stability and safety of the environment increase percentage of success.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

Typically a client is referred to our 12-18 month, Mid-Barrier program from a partner agency. The client then participates in a screening to determine if the client is appropriate for the program. If the client is appropriate for the program the client completes an intake. During this process information is gathered regarding the client's demographics, criminal, mental health, substance use history, as well as life-skills capabilities. Following the intake process the client is assigned a room and provided with a tour of the home. Within the first 72-hours the client meets with their case manager to begin the process of developing a client-centered case plan. Within the first 30 days of intake the client meets with the Housing Navigator to work on budgeting, savings, and housing options. This case plan

addresses six instability points which includes: Physical health, mental health, substance use, life skills, income/employment/education, housing. The process of refining goals and actions steps is on-going as the client meets with the case manager three times/week. By the end of the 12-18 months program the client has addressed mental health, substance use and other instability points so that they are able to have permanent stability. Finally, the case management team continues to provide follow-up for mental health, substance use and other instability issues for one-year after the client completes the program.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

The evaluation process supported the fact that 24/7 stability in a trauma-informed environment with intensive case management produces greater success rates regarding mental health, substance use and overall stability. Our current plan is to provide this program for a full-continuous 12 months and to track outcome and make changes to the program model as needed as the end of FY 24.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Cunningham Children's Home

Program Name: ECHO (Empowering Connections through Hope and Opportunities)

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES: ECHO served participants who were lacking permanent housing, living on the streets, considered "doubled up," (referring to a situation where individuals are unable to maintain housing and are forced to stay with a series of friends and/or extended family members), previously homeless individuals released from prison or hospitals, and individuals and families at imminent risk of becoming homeless.

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES: Eligibility was determined on an ongoing basis based on referral-report, self-report, and staff observation of living environments to determine if an individual or family met the criteria.

When potential clients or individuals contacted our program directly regarding services, we directed them to contact Centralized Intake at Regional Planning Commission. Regional Planning Commission also sends referrals for case management to meet the requirements of those receiving a Permanent Supportive Housing voucher. This referral stream provides a gatekeeping function to ensure that appropriate clients are referred to our program.

If a client was identified that was not eligible for services based on Centralized Intake criteria but was at significant risk of homelessness or living in less than ideal situations, we relied on self-report information as well as information from the referring agency (when applicable) that verified their homeless status. We obtained documentation of SSI/SSDI eligibility when available.

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES: 53 Community Service Events were completed during FY23. Presentations were provided to a variety of community partners, including but not limited to Austin's Place, Daily Bread, C-U at Home, Regional Planning Commission, Rosecrance, Housing Authority, One Illinois, Cunningham Township, and BZ Management. Program staff participated in events like One Winter Night and the Point in Time count.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Application: 30 days.

Actual result: 90% (9 of 10) participants that enrolled in FY23 were assessed for eligibility and then started services within 30 days. One participant was assessed and then began services at 31 days.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Application: 60%.

Actual result: 70% (7 of 10) participants that enrolled in FY23 were Treatment Plan Clients (TPC) within 30 days. The average length of time from program enrollment to engagement in services was 22 days. Three clients remained Non-Treatment Plan Clients (NTPC) through the duration of their admission and did not become TPC clients.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Application: One year, with follow-up contact one year post-discharge. Participants with SPC vouchers may exceed that timeframe.

Actual result: Average length of participant engagement among those discharged in FY23 was 19.1 months. 56% (5 of 9) of those participants had a Permanent Supportive Housing (PSH) voucher. PSH vouchers replaced the Shelter Care Plus (SPC) voucher program effective July 1, 2022.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

The following additional data was collected from 25 participants:

Grade Level Completed

Less than High School/Drop Out: 7 participants

GED: 3 participants

High School Diploma: 6 participants
Some College: 6 participants
Trade School: 1 participant
Bachelor's Degree: 1 participant
Graduate Degree: 1 participant

Marital Status

Single: 17 participants
Married: 1 participant
Divorced: 6 participants
Widowed: 1 participant

Language

English: 25 participants

Religion

None: 16 participants
Protestant: 3 participants
Other: 6 participants

Disability Type (if applicable)

None: 5 participants
Mental: 14 participants
Physical: 4 participants
Mental and Physical: 2 participants

Other System Involvement (as noted by participants)

Medicaid: 8 participants
RPC: 7 participants
SNAP: 6 participants
Rosecrance: 3 participants
Social Security/SSDI: 3 participants
Courage Connection: 2 participants
WIOA: 1 participant
Adult Protective Services: 1 participant
ALLSUP: 1 participant
Department of Children and Family Services: 1 participant
Healthy Families: 1 participant
C-U at Home: 1 participant
Champaign County Probation: 1 participant

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1: Obtain Permanent Housing

Target: At least 65% of individuals will obtain permanent housing within 120 days of assessment.

Assessment Tool: Information on housing status (homeless, temporary or permanent), including changes during program enrollment and applicable dates, was collected using our Service Documentation System (SDS).

Source of Information: Staff observation, self-reports, and collateral reports.

Actual Result: Outcome Met. 96% of participants (24 of 25) obtained permanent housing. Of those with permanent housing, 92% (22 of 24) obtained permanent housing in less than 120 days of assessment.

Outcome #2: Housing Stability

Target: At least 75% of participants who obtain permanent housing will maintain this housing for more than 90 days. Participants who request program discharge prior to 90 days will be excluded from this outcome.

Assessment Tool: Information regarding changes in housing status (homeless, temporary or permanent), including relevant dates, was collected using SDS.

Source of Information: Staff observation, self-reports, and collateral reports.

Actual Result: Outcome Met. 100% of participants (21 of 21) who obtained permanent housing and remained in the program longer than 90 days maintained their housing for 90 days. Three participants with permanent housing discharged prior to the 90-day mark and were excluded from this outcome (all three were maintaining permanent housing as of discharge).

Outcome #3: Employment or Other Stable Income

Target: At least 70% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.

Assessment Tool: Information was collected using SDS for tracking achievement of employment and any successive employment changes. Documentation of a participant's eligibility for SSI/SSDI as well as employment status was also consistently documented as part of case supervision notes in SDS.

Source of Information: Staff observation, self-reports, and collateral reports.

Actual Result: Outcome Not Met. 68% of participants (17 of 25) obtained employment and/or secured social security benefits. Of the seven participants who were not working or on SSI, all seven had started the application process for SSI or were receiving SSI benefits for their children.

Outcome #4: Life Skills Mastery

Target: At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.

Assessment Tool: Life Skills Assessment (Pre/Post- assessments), a standardized measurement of basic life skills is administered within the first 30 days of active client engagement and every six months or upon discharge.

Source of Information: The case manager administers this assessment collaboratively with participants and uses individual results for service planning. Data was tracked upon discharge as part of a monthly program performance dashboard.

Actual Result: Outcome Not Met. The program had a total of nine discharges during FY23. 67% of participants who completed a Life Skills Assessment at discharge (2 of 3) showed an increase in life skills mastery. One additional participant scored the maximum 100% on both the admission and discharge Life Skills Assessment. Five participants did not complete a discharge assessment.

Outcome #5: Participant Surveys

Target: At least 70% of participants will complete a satisfaction survey. 90% of survey respondents agree or strongly agree with positive service quality statements.

Assessment Tool: Participant satisfaction surveys are developed by the agency and administered on an annual basis to all current clients (point in time). The survey consists of items rated on a 5-point Likert scale as well as open ended questions.

Source of Information: Aggregate data is reported annually by Quality Improvement staff.

Actual Result: Outcome Met. 100% of participants enrolled in May 2023 (18 of 18) during annual survey distribution completed a survey. The average overall score on the survey was a 4.94 (out of 5.00) and comments were extremely positive. Participants noted how supported they felt as they worked with the ECHO team and how much the assistance meant to them. Clients were highly complementary of the ECHO case manager. Nine of the 18 items on the survey received the highest possible score of 5.00.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

25

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was collected for participants who enrolled in the ECHO program, including Treatment Plan Clients (TPC) and Non-Treatment Plan Clients (NTPC).

3. How many people did you *attempt* to collect outcome information from?

25

4. How many people did you *actually* collect outcome information from?

Outcome 1, 2, and 3: 25

Outcome 4: 4 (of 9 total discharges)

Outcome 5: 18 (all clients enrolled at point-in-time survey, May 2023)

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Outcome 1, 2 and 3: Ongoing throughout participant's duration in the program

Outcome 4: At client intake and discharge

Outcome 5: Annual (May 2023)

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Outcome #1: Obtain Permanent Housing

92% of clients were able to obtain permanent housing in less than 120 days. 19 participants (76%) were recipients of Permanent Supportive Housing vouchers, which helped them obtain and maintain housing.

Outcome #2: Housing Stability

The ECHO Case Manager helped participants understand the importance of following their lease and worked with participants to identify and overcome potential barriers to maintaining their housing (e.g. finding sources to assist with utility bills, providing transportation to clients so they could pay rent, helping them obtain bus passes, and conducting home visits to assess living conditions).

Outcome #3: Employment or Other Stable Income

17 of 25 participants (68%) obtained employment or SSI benefits. Eight of those clients had SSI benefits, and nine were employed.

Outcome #4: Life Skills Mastery

ECHO staff assist clients in increasing their life skills through case management services. When there is an area that is self-identified by a client as a need or is identified as a lower score on their Life Skills Assessment (LSA), staff and clients work together to focus on those skills. The average LSA score upon admission to the program was 95.9%, and the average score upon discharge was 99%.

Outcome #5: Participant Surveys

Participant satisfaction with the program remains consistently high from year-to-year. The program has administered the survey as a point-in-time survey for the last two years (as compared to administering on discharge in previous years). Administering the survey as a point-in-time survey has doubled participant participation (FY21 participation was 45%, FY22 participation was 93%).

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Cunningham Children's Home

Program Name: FST (Families Stronger Together)

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES: The Families Stronger Together program provided services to youth, age 10 through age 17 who either were involved, or were at risk of becoming involved, in the juvenile justice system. Services were also provided to the youth's family with a goal of promoting resiliency within the family system. In addition to the services provided to 68 treatment plan and non-treatment plan clients, approximately 43 family members received services.

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES: The program received 59 referrals from community partners and 55 of those were determined to be eligible for services. The program admitted 27 (49%) of those eligible participants for services. The remaining referrals were either not able to be contacted, not interested in services, had moved out of the service area, or are still open on the waitlist going into FY24.

The referral sources and number of referrals included:

Carle Psychology: 1

Center for Youth and Family Solutions: 3

Champaign County Probation: 6

Children's Advocacy Center: 1

Developmental Services Center: 5

LIFT Program: 8

Other Cunningham Children's Home Programs: 5

Parent Self-Referrals: 4

READY School: 6

Urbana Middle School: 1
Youth Assessment Center: 19

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES: 17 Community Service Events were completed during FY23. Presentations were provided to a variety of community partners, including Youth Assessment Center, the Juvenile Detention Center, DHS Redeploy, and United Way. Some of these efforts led to increased partnerships and collaboration with community partners (see Results, #3, below).

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Application: 30 days

Actual Result: 11 of 51 participants (22%) completed an assessment within 30 days. After further program evaluation, the timeline was adjusted to 45 days to allow for more time to coordinate meetings between participants, caregivers, and staff. This will be updated in future grant applications.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Application: 70%

Actual Result: 67% of participants (34 of 51) engaged in program services by the 45-day timeline. For those that did not meet the 45-day estimate, the average length of time for engagement in services was 74 days.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Application: 6 months

Actual Result: Average length of stay in the program for discharged participants was 6.6 months.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

The following additional data was collected from 51 Treatment Plan Clients:

Grade Level Completed

4th: 2 participants

5th: 2 participants

6th: 5 participants
7th: 7 participants
8th: 10 participants
9th: 5 participants
10th: 12 participants
11th: 6 participants
12th: 2 participants

Language

English: 51 participants

Religion

None: 12 participants

Other: 6 participants

Unknown: 33 participants

Other System Involvement (as noted by participants)

Carle Psychiatry/Carle Counseling: 7 participants

Center for Youth and Family Services: 5 participants

DREAAM: 2 participants

Juvenile Detention Center: 1 participant

LIFT Program: 3 participants

READY Program: 1 participant

Youth Assessment Center: 20 participants

Other Counseling: 5 participants

Other Cunningham Children’s Home Program: 4 participants

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *“the XYZ survey may be completed by both a youth client and their caregiver(s).”*

Outcome #1

Target: Presenting problems of the youth decrease over time

Assessment Tool: Strengths and Difficulties Questionnaire (SDQ)

Source of Information: Caregiver report and youth self-report

Actual Result: 40% of participants (4 of 10) saw a decrease in the presenting problems, according to caregiver and/or youth self-report.

Outcome #2

Target: Trauma-informed caregiving skills strengthened

Assessment Tool: ARC Assessment

Source of Information: Caregiver self-report and staff observation

Actual Result: No discharge ARC assessments were completed during FY23. Updates to the timeline of collecting this assessment data have been completed for FY24, and we are working on configuring our paperwork to more consistently capture our assessment measures. While the ARC assessment was previously administered during months four, seven, and eleven of enrollment, the assessment will now be completed at enrollment and quarterly thereafter. This will allow for a greater number of participants to complete the assessment and should provide an increase in data.

Outcome #3

Target: Improve family's protective factors (social supports, concrete supports, family functioning, nurturing and attachment)

Assessment Tool: Protective Factors Survey, 2nd Edition (PFS-2)

Source of Information: Program staff assisted caregivers in completing the PFS-2

Actual Result: 80% of participants (8 of 10) saw an improvement in the family's protective factors.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

68 (51 Treatment Plan Clients, 17 Non-Treatment Plan Clients). In addition to the total participants served, 43 family members of Treatment Plan Clients received support services.

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was collected from participants who engaged as Treatment Plan Clients in the program.

3. How many people did you *attempt* to collect outcome information from?

38 (total number of discharges for the year).

4. How many people did you *actually* collect outcome information from?

Ten (10). Attempts were made to collect discharge data from all 38 discharges, but some were not collected due to the following circumstances: 13 participants discharged due to lack of engagement, six were unavailable/uninterested in services, five moved out of the service area, three transferred to another service area, and one was moved to a more restrictive setting (residential treatment center out-of-state).

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Outcomes 1 and 3: Assessment were completed at intake and discharge.

Outcome 2: Assessment was completed at month four, seven, and eleven of enrollment.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

The following results were calculated using the completed outcomes assessment data for 10 participants.

Length of Stay: Positive outcomes were more likely to be reported for those with a shorter length of stay in the program. For those in the program six months or less, 80% of assessments completed showed an improvement in outcomes data. For those in the program seven months or longer, only 40% of assessments completed showed an improvement in outcomes data.

Race: Positive outcomes were more likely to be reported for participants who identified as Black or Mixed Race than those who identified as White. Improvements in outcomes data were noted for 75% of mixed-race participants, 67% of black participants, and only 40% of white participants.

There were no significant changes based on gender or age of participants.

2. **OPTIONAL:** Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A typical case consists of weekly visits with the client. These visits are usually conducted in the home of the client, with participation from the caregiver. The first few sessions are set around building rapport, talking about expectations, and setting goals. Meeting in the clients home allows them to feel comfortable in a safe space, which helps strengthen client engagement.

Once a rapport has been established, additional sessions begin with a check-in to see how things have been since the last meeting, how the client and caregiver are feeling, and may include addressing any crisis situations that need immediate attention.

Each session begins with giving the client a brief introduction to the topic. The FST workers ask open-ended questions to allow the client to lead the session. After covering the “theory” portion of the lesson, practice of the skill takes place. For example, if the topic is deep breathing, the FST worker will explain the breathing technique, give them background information on where the technique derives from, what the technique can be used for (e.g. lowering anxiety, helping with sleep), then they will slowly walk through the steps together. The client will practice the technique at least 3 times and then share their feelings on the technique. The FST worker asks follow-up questions: Do you think this technique will be helpful? Is this something you will use? How can we change the technique to fit your individual needs?

The remainder of the session is utilized to play a game, discuss potential topics for the next meeting, or allow the client and caregiver to talk about anything they want to cover.

The FST worker is available to families throughout the week. If the family is involved with another program, (e.g. the Youth Assessment Center), the FST worker checks in weekly with their case worker to collaborate. The FST worker also checks in individually with the caregiver to provide support. FST workers have helped caregivers address food insecurities, worked on conflict management, provided support at IEP meetings, and assisted in the purchase of school supplies and cleaning items.

3. **OPTIONAL:** In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Through a successful partnership with the Champaign Unit 4 School District’s LIFT (Leading Individuals and Families to Transformation) program, a Families Stronger Together staff member held groups for Non-Treatment Plan Clients. LIFT focuses on African American youth in grades K-12, as well as their families, who are experiencing significant challenges academically and personally. The initiative provides trauma-informed care through

intensive wraparound support and connections to both school-based and community resources. LIFT is designed to ensure students and families can succeed and thrive despite difficult circumstances or challenges in their scholastic or personal lives. 59 groups were held throughout FY23, and there were 17 student participants who attended an average of 13 groups each. Groups typically began with a “feelings check-in” activity that helped the group get ready to participate in physical activities (e.g. yoga) as well as tune in to their emotions. A common theme throughout the year was Exploring Mindfulness. After the success of the groups held through the LIFT program, services have been added to include similar groups at the Juvenile Detention Center for FY24.

A Families Stronger Together therapist also partnered with Champaign Unit 4 schools to offer a one-time group for fifth grade students that focused on “Identification of Positive Aspects of Self”. There were 12 total groups at four schools over four different days, and a total of 239 students and 29 teachers/adults participated. Although these students did not count as non-treatment plan clients (due to not knowing if all the students were the target demographic for the program), it is estimated that many of the students would be eligible for the program. Additional groups with an FST therapist have been added after the success of the Unit 4 sessions held during the year.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Don Moyer Boys & Girls Club

Program Name: Community Coalition Summer Initiatives

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
Yes. Participants in each program were provided a pre- and post- test to self-rate aspects of the program and the outcomes each participant experienced. The program plans provided, compared to the outcomes for each program (including the pre- and post-test results) indicate that the services provided to participants were properly administered, were goal-oriented, and were outcomes-focused in the areas deemed important for participants.
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
Each service partner used an individualized method for determining person-program fit by marketing services to at-risk and underserved populations.
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes. Sub-awardees of the Summer Initiatives across several programs brought programming to neighborhoods, families, and youth who were identified as the target population for programming. Participants paid no fees to participate in programming, which created a match with participants of at-risk and under-served communities, and programming was conducted in spaces that were accessible to the intended populations (various locations).
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Services were started in a timely manner. Programs targeting youth have different start dates based on the target audience and local school schedules. Nothing unexpected

regarding the timeline from assessment completion to start of services was discovered during programmatic review by DMBGC.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
N/A
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
N/A
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
N/A

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Participants will feel a sense of connection to community.

At least 50% of program participants completed a pre- and post-test survey to self-respond regarding their sense of connection to their community at the start of the program. The same population administered the pre-test were administered a post-test at the close of programming to assess their reported sense of connection to the community.

Overall, there was an increase in the self-reported sense of connection felt by participants. Respondents indicating they felt "Very Connected" increased between the pre-test (76%) and post-test (95%). The survey was ONLY completed by participants (not caregivers).

Outcome #2

Decrease number of violent incidents participants experience during the program period.

At least 50% of program participants completed a pre- and post-test survey to self-respond regarding their sense of connection to their community at the start of the program. The same population administered the pre-test were administered a post-test at the close of programming to determine whether the number of violent incidents participants experienced over the course of the program decreased.

Participants' exposure to violent incidents decreased by 50% during the program period, according to survey data.

Outcome #3

Participants will gain new skills or have novel experiences during the program or as a result of the program.

At least 50% of program participants completed a pre- and post-test survey to self-respond regarding their sense of connection to their community at the start of the program. The same population administered the pre-test were administered a post-test at the close of programming to identify intended skills/experience gains and compare to those actually reported gained by participants.

Participants across programs shared a variety of experiences and skills gained throughout the program. Many participants suggested that events presented as part of this programming could reduce instances of community violence and increased their sense of connection to their neighbors and community. Several participants stated they gained valuable leadership, employment, networking, and other professional skills. Youth reported gaining work experience, leadership, academic, and recreational skills that they would otherwise not have access to.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 700

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Programs were required to administer pre- and post-tests to at least 50% of participants. Due to the nature of some of the events (specifically those not requiring formal registration or without formal eligibility requirements, specific networking and outreach events, jam sessions without formal arrival and departure times), it was not possible to administer pre- and post-tests to each participant.

3. How many people did you *attempt* to collect outcome information from? 350
4. How many people did you *actually* collect outcome information from? 324
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)
At the start of the program and at the close of the program

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

The actual impact of positive community events, particularly for youth, seemed evident from the pre- and post-tests administered, as well as the testimonials captured by service providers. Community member self-reported, particularly through testimonials, that outreach and engagement events are invaluable to fostering a sense of community

togetherness (which several stated they believe can reduce instances of violence in our community).

Youth participants largely stated that programming provided created opportunities which they would otherwise not have exposure to, and several highlighted the importance of having programming as an alternative to participation in risky behaviors.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Don Moyer Boys & Girls Club

Program Name: CU Change

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes- While the stated outreach activities were supportive in matching our targeted population with the needed services, due to staffing transitions and the shifting needs of the program, outreach activities were sporadic and were not utilized to their fullest potential to increase program enrollment. This is noted as an area of growth for the coming grant period.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Within the application the estimate for days from completed assessment to start of services was 7 days. Throughout the programming period the average start of services date was between 5-7 days. During the intake process it was discovered multiple times that the CU Change program could not support the needs of some of the referrals received. During these times, the days between assessment and services was longer 10-14 days due to the need to further collaborate with community organizations and the referral source to gain all needed information and introduce a plan for services. There were also youth that were hesitant about engaging in services and more time was utilized to build relationships with the families before introducing into prescribed services.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

75% of youth engaged in program services within the above timeframe. This is lower than the reported 95% on the application. As stated above the increase in time frame was seen with intensive cases where more time was needed to collaborate and construct a plan responsive to the needs of the specific youth. This was also the case with families/youth that were hesitant in engaging in services after completing the intake process. Time was allotted for the family and youth to have continued conversations with the CU Change Case Manager to build a relationship that would be supportive of the family and youth being successful in the developed plan and services.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

The average length of participant engagement was 12-14 months. This is in line with the estimate on the application of 12-24 months. Throughout the course of the grant period families and youth have demonstrated that through engagement with the program and the activation of needed services less time is needed within the program. Once youth and families have developed the needed support system and have engaged in the need programs the need for continued intensive support in the program decreases substantially. At this time families are moved to a needs-based service model where families are no longer meeting regularly (weekly, biweekly, monthly) with case managers and instead are reaching out for support as needed.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

Additional demographic information collected includes: household income, household type, and head of household. Only 8%, 1 youth, occupies the \$50,000-\$74,999 income range, while 46%, 6 youth, occupy the \$9,999 or below income range. Additionally, 77% of our youth live in a single parent household and 100% of those households are led by women. For our program, this suggests that additional resources are needed for families that receive lower income and youth that lack two parental figures in the home may need more supports in place. It also suggests that youth with circumstances outside of their control within the home may impact their performance in relation to academics and behavior.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1: 100% (50 Of 50) of all youth enrolled in the program will participate in Project Learn, Positive Action, and SMART Leaders during their time in the program. **Actual result:** 100% participation in programs by TPCs. **Assessment tool used:** Intensive Case Management, KidTrax Management System. **Information source:** Case manager, Front desk staff, Client

Outcome #2: 100% (50 of 50) of all youth will be matched with a caring adult/mentor and meet with their caring adult/mentor at least once per week. **Actual Result:** 0% **Assesment Tool:** Intensive Case Management. **Source of Information:** Office of Juvenile Justice and Delinquency Prevention Mentoring Program.

Outcome #3: 70% (35 of 50) of all youth will participate in an average of one service to community activity per month. **Actual Result:** 50%. **Assessment Tool:** Intensive Case Management. **Source of Information:** Case manager, guardian, client.

Outcome #4: 70% (14 of 20) of all participants with school suspensions will decrease in school suspensions. **Actual Result:** 80%. **Assessment Tool:** intensive case management, progress reports, report cards, school meetings. **Information Source:** Case manager, Client, School Administration, Parent/Guardian

Outcome #5: 60% (12 of 19) of all participants serving probation will show improved compliance with probation and court services. **Actual result:** 0%. **Assessment Tool Used:** Case Management. **Information Source:** Case manager, Client, Probation services/records, School District

Outcome #6: 70% (14 of 20) of all participants involved in the juvenile justice system will show decreased interaction with the juvenile justice system. **Actual Result:** 0%. **Assessment Tool Used:** Case management. **Information Source:** Case Manager, Client, School District, Champaign County Probation Services.

Outcome #7: 80% (40 of 50) of all parent/guardians or caring adults will participate in at least one school progress meeting during each school year. **Actual Result:** 100%. **Assessment Tool Used:** Intensive Case management, Case management Parent/Guardian-Update meetings, Client-Case manager meetings. **Information Source:** Case manager, Parent/ Guardian, Teacher/Admin/School Meetings.

Outcome #8: 80% (40 of 50) of all parent/guardians or caring adults will participate in trauma-based or family engagement activities (including “When Trauma Meets Home Sessions). **Actual Result:** 0%. **Assessment Tool:** Intensive Case management, Parent Update meetings. **Information Source:** Case manager, Client, Parent/Guardian.

Outcome #9: 70% (30 of 50) of all parent/guardians or caring adults will participate in quarterly progress reviews, planning sessions, and family engagement activities. **Actual Result:** 90%. **Assessment Tool:** Intensive Case management, parent update meetings. **Information Source:** Case manager, client, parent/guardian.

Outcome #10: 75% (38 of 50) of all participants will demonstrate improvement in school attendance and no more than 6-7 unexcused absences per quarter. **Actual Result:** 50%. **Assessment Tool:** Case management, progress reports, report cards. **Information Source:** Case manager, Client, Parent, Admin, School District.

Outcome #11: 100% (50 of 50) of participants who complete the program will develop a documented plan for the future. **Actual Outcome:** 100%. **Assessment Tool:** Intensive Case management. **Information Source:** Case manager, client.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 20

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

NA

3. How many people did you *attempt* to collect outcome information from? 20

4. How many people did you *actually* collect outcome information from? 20

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

An initial intake was completed by each client at the time of referral. This intake provided the baseline for where youth and families were in multiple domains of their everyday lives and navigations. Once services begin, youth and families participated in case management sessions regularly. The majority of families met with the CU Change Case Manager twice a month but the frequency of case management sessions was determined by the intensity of the case and needs of the youth and family. The CU Change Case Manager completed regular case notes documenting all interactions with youth and families specifically focus on needs and progress. Case Notes and Case Management sessions play a key role in the program's ability to report on outcomes.

- Family Strengths and Needs Assessment (FANS) is completed at intake and then every 6 months
- Comprehensive Assessment of Needs and Strengths (CANS) is completed at intake and updated every 6 months
- The Well-being Indicator Tool for Youth (WIT-Y) is completed at intake and updated every 6 months and/or every time the youth exhibits behaviors demonstrating that they may be in crisis within 1 of the 8 life domains

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Through outcome results of the CU Change program, there is a lot to take away about our participants. By conducting an intake, WIT-Y self-assessment, and continuous intensive case management sessions, it can be observed that involvement in positive social activities and consistent check-ins with a caring adult can sustain improvement in youth's lives. Clients that engaged in services three or more times a week were less likely to receive suspensions in school by almost 75% compared to clients engaged in services one day a week. Additionally, the program was able to track academic progress for middle school youth especially, and advocate effectiveness of IEP and 504 Plans to accommodate for learning deficiencies due to risk factors in the home that contribute to in-school learning.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

Logan was referred to our CU Change in September of 2022, by the principal of an alternative education/suspension program. After Logan's first few weeks of his 7th grade year, he engaged in two one-on-one fights and participated in jumping a student outside at dismissal. Exhausting all their options, the school placed him on a 20-day suspension.

Logan began CU Change 7 days into his 20-day school suspension. He participated in a full day of school at the suspension center completing work and was then dropped off at Don Moyer Boys & Girls Club for intensive case management services, Triple Play, and academic enrichment activities. During Logan's first week in CU Change, his need for extensive academic assistance and family support became abundantly clear.

After multiple family engagement meetings, his guardian's history of involvement in the prison system was disclosed, leaving Logan to grow up quickly without consistent support from trusted adults. While becoming truant in school, he was taking on responsibilities at home including taking care of his 8-year-old sister and preparing dinner most nights. Falling behind in school with grades too poor to make the basketball team was the least of his problems.

Through collaboration with our Club's literacy specialist, Logan was tested with an online reading program, Renaissance- Lalilo. By participating in a placement test, he was assessed to be approaching a 3rd grade reading level. These results allowed for our CU Change program to communicate with his middle school and advocate for learning assistance in the form of an RTI (Response to Intervention) evaluation upon his return from his suspension period.

Upon Logan's return to his home middle school in October of 2022, he received daily academic support in reading and math as well as accommodations for state testing such as IAR

and MAP. In addition to academic assistance, he also received regular behavior support through the school's counselors and administrative team. As a result of intervention techniques at school and the support of CU Change, Logan was able to complete the remaining first half of his 7th grade year with *zero* suspensions.

During the second half of his 7th grade year, we began focusing on life-skills. Due to the most recent incarceration of Logan's mother, he and his younger sister were in the care of his elderly grandparent. Logan took on household chores such as taking out the garbage, mowing the lawn, and preparing meals most nights. His next goal was to successfully utilize public transportation.

The Club provided transportation to Logan on days when his aunt was unable to, which was about 90% of the time. When the weather began to warm up in March, Logan and his case manager walked to the bus stop daily. He learned the route to get from the Club to his house and how public transportation operates. Within two weeks, Logan was independently taking the MTD to and from the Club daily.

Advocating academically through assessment, teaching life-skills, and character building through Boys & Girls Club programming, are the wraparound services that CU Change has contributed to Logan's success in *and* out of school.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

The evaluation of the services offered this grant year has been instrumental in understanding the improvements needed to be made for CU Change to excel as a family serving program within this community committed to the overall wellbeing and support of the youth who need it most. Based on the results from this grant period and previous the program will be restructured to ensure that enrollment benchmarks are met moving forward and that outcomes are aligned with the needs of the community and the mission of DMBGC. Supervision of this program will be transitioned to the Chief Operating Officer and we have moved to only have one CU Change Case Manager at this time. The intention for these changes is to focus on building a solid foundation for the program to expand in the coming years. The Chief Operating Officer will work closely with the CU Change Case Manager to ensure that all benchmarks are met but also that the program offerings are responsive to the needs of the youth and families being served. In the coming grant year we have also restructured and redefined our outcomes so that we are intentional about the services that are offered and the outcome data that can be maintained to determine the efficacy of the program offerings.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Don Moyers

Program Name: CUNC

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions. [Yes](#)

[We developed a push in strategy that allowed us to more intentionally reach individuals in our target population.](#)

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions. [Yes](#)

[Yes, while we were relatively effective at reaching out target population we ran into several logical problems that affected our ability to conduct evaluations and follow up. At Countrybrook we found that while the management wanted us – our Wisdom Leaders struggled to find a consistent audience. When we canvased and surveyed the residents, they shared that they were reticent about participating in events in the Club House because they did not feel that it would be private or confidential.](#)

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

[Yes, however we are going to do additional targeted outreach with partners to offer more collaborative group arrangements. We have also held discussions over the summer with our partner organizations in the hopes that we can do more pre-post and evaluative assessments.](#)

[We also have an intern that will be assisting us in making our basic evaluations tools more accessible for individuals with various literacy and developmental needs.](#)

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

We have meet or exceeded all our performance expectations – our outcome report will be available on September 1, 2023

Community Services Contacts – Projects: 115 / Actual: 117

Community Groups/Programs

Learning Collaboratives

Presentations to Schools and Community Groups- we conducted presentations to 27 different groups

Core partners: Freedom School, Cunningham Township, Countrybrook, Restoration Urban Ministries, Novak

Service & Screening Contacts- Projected:220/ Actual: 415

Individual 1:1 or small group activities linking people to care, providing tools and resources

These were primarily conducted by Wisdom Leaders, Hear 4 U Community Supports and our Community Engagement specialist

Non Treatment Plan Clients: Projected: 150 / Actual: 189

These are individuals who participant in multiple session wellness/resiliency building groups various of forms of GRITT

The curriculum and materials are designed by TRI and it’s interns however the work uses the Wellness Compass Initiative as its core. Currently 9 members of TRI are certified facilitators with the Wellness Compass. <https://www.wellnesscompass.org/>

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding. We exceeded our projected outcomes by 20% in part because we were able to reach more programs than we initially anticipated.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding. *Because we pushed into existing programs we exceed our anticipated participant engagement because we had no access barriers. For Youthbuild we did get feedback that a smaller group or more 1:1 opportunities might be more engaging. Our work with Youthbuild is during their mental toughness and relationships have not yet been established so that resulted in some youth not yet feeling safety with one another.*
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

(Add as many Outcomes as were included in the Program Plan Narrative)

1. **Build Pro-social skills, resiliency building and wellness skills in program participants – (Program KAB survey and wellness assessment from Wellness Compass Initiative)**

(a) 75% will participate in more than one session of a skill building group

Because we opted for a push in strategy 86% of participants attended at least one skill building session. Where there was attrition, it was because of circumstances beyond our control – participants were removed from the program, staff placed them in other programming, or they were successfully discharged from the program.

(b) 75% will refer or invite a friend/family member/colleague to participate.

We utilized a revised evaluation form at Novak, Youthbuild and Freedom school that did not provide us feedback about this question. We just our evaluation to allow for linguistic and learning differences. We simplified the evaluation and added a colored coded Likert scale.

On the surveys conducted at Restoration, Parkland's Highway and Construction - 79% would recommend the training for a friend or family member.

On surveys collected for staff at Y, Cunningham Township or CU at Home – 93% would recommend that training to a friend, family member or another colleague.

(c) 90% of participants will acquire increased understanding of trauma & adversity plus information about wellness & resiliency, acquiring skills they can use at home, school, or in the community.

2. Every group/workshop participant will receive a resource or linkage to other needed supports/services.

At every training – or community event we provided participants with resources and referrals. We provided referrals at 100% of all events. At the conclusion of our sessions at Novak and Freedom School all participants also were able to create their own personal hands on keep calm/affect regulation kids.

We also taught and distributed tools and supplies to help participants learn distress tolerance skills at every event. We prioritize skill building this year and infused it in all our activities.

2. Build and Increase Trauma Informed Community Building tools and resources among program participants –5% of participants in a trauma group intervention for at least 4 weeks will report: -Narrative Evaluation and KAB Evaluation

- They felt supported & reconnected back to their community
- New useful coping skills/distress tolerance skills
- Will have identified a natural or a community resource

- That 100% will receive information about trauma, toxic stress, PTSD & will understanding these things better

We did not ask this question in our youth specific events because we simplified our evaluation to address the participants needs.

However, we did ask if the participants acquired new skills they could use and of those who responded 68% reported that they learned a skill that would help them cope better.

- 71% reported that they acquired a wellness skills.
- 66% reported that found the sessions helped the get clear on their goals and future plans.
- 69% reported that they felt better by attending the session – and were able to retain the feeling.

Of those who attend and completed a survey at Restoration or Parkland Highway and Construction program – 96% reported that they learned an effective coping or wellness skill that could help them at work and/or in staying emotionally regulated.

*Questions about community resources and community connections were the focus of the Wisdom Leaders work. Because of a variety of developmental and literacy difference we did not track or assess any challenges of knowledge, attitude or practices with these groups. We did receive anecdotal reports that participants were more engaged in community activities and reported improved coping skills

We successfully achieved all our program objectives.

- 20 individuals will either request or be referred to more intensive services and supports. Of those referred for additional services they will receive at least 2 referrals to community-based services/resources/and/or supports.

3. Increase the communities and participants understanding of trauma and trauma informed care – Program Evaluation Survey

- a. 90% report that the training was helpful and useful.
- b. 90% report acquiring skills they can use at home, school, and/or in the community.
- c. 80% of those who complete the Psychological First Aid or Skills for Psychological Recovery feel equipped to use the skills acquired (to support someone who is experiencing emotional distress).

We did collect evaluations for these trainings – we sent post training evaluations but only received a 12% response which was not statistically significant. We will be distributing paper evaluations and allow time in trainings for those to be completed to eliminate this barriers.

4. Increase Organizations Capacities to be Trauma & Justice Informed - Learning Collaborative (LC): Trauma Informed Care & Equity Organizational Assessment based on Roger Fallot & Maxine Harris Organizational Assessment Tool and Living Cities Equity Tool

- a. 90% of those participating in the LC organizational assessment/training process report improvements in their understanding of trauma, having more tools to respond to people impacted by trauma, and are more able to avoid retraumatizing themselves and others.
- b. All the organizations participating in the learning collaboratives identify a change plan with
- c.-3 targeted goals and clear implementation strategies & timelines.

We did not administer follow up surveys with last years cohorts because the participating organizations felt that because of staff turnover and just other stressors that they did not think their assessment data would be complete. However, all the organizations who participants in our 21-22 Learning Collaboratives had specific trainings on trauma, trauma informed care and vicarious trauma/secondary trauma. They also received information and support on creating vicarious trauma prevention plans. One might anticipate that at least 905 of all the respondents would report have increased their knowledge about those areas. We are finding that many of the respondents have a basic baseline knowledge about trauma and adverse childhood experiences.

For the FY23 year - 5 Organizations completed their baseline surveys: CU @ Home, Courage Connections, MAYC, Cunningham Township and the Trauma & Resilience Initiative.

Each organization had over a 75% participant rate. MAYC had the largest response rate.

Thus far we have meet with CU at Home and Cunningham Township to map out their key priorities and strategies. By October we will have full implementation plans for all the participating organizations.

Currently all the organizations are reporting strengths in the domains of : safety, collaboration and cultural competency. (With specific areas of growth in each domain). Areas of 'growth' for most organizations are related to equity, increasing voice and choice, peer/participant participation/leadership, and empowerment (which includes staff support, strength-based planning and assessment, and professional development)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___189 NTPC/ 6 Organizations Learning Collaboratives_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

(1) NTPC – we did not collect outcome data for all the program participants because (a) sometimes logistics did not allow it – the youth might have begun to transition to other activities, there may been real or perceived barriers to participants completing the

evaluations, and for multiple group settings it sometimes felt imposing to have participants complete the evaluation multiple times.

3. How many people did you *attempt* to collect outcome information from? 189
4. How many people did you *actually* collect outcome information from? 92
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*) For our NTPC – participants in group based interventions we try to collect data at the beginning of a group and at the end of a group. For basic feedback and assessment data we try to collect data at every intervention.

For organizations in our learning collaborative we try to collect baseline data before the organization has it's basic trauma 101 and other foundational training and we will try to collect additional data at the end of the nine month training and consultation process.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

Our reflections are included in our outcomes reporting.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Don Moyer Boys & Girls Club

Program Name: Youth and Family Services

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
Yes.
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
No, it didn't work as well as expected. Crisis is often the catalyst that prompts a referral. It can take several days/weeks to determine right fit because our initial response is to help the family work through the crisis and stabilized. Once things have settled that's when we can really engage the families in the systems navigation and peer support process. One possible solution is to make all of our families NTPC.
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes.
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
We estimated length of time of referral/assistance seeking to assessment of need to be 14 days. We are discovering that families appear to be fatigued and overwhelmed by the amount of "paperwork" they have to complete when engaged with agencies. So, sometimes it takes longer to complete the assessment because we respect the emotional and mental capacity of the people we serve. As this is a family-driven process.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
22% of the TPC families were assessed but not necessarily within 14 days.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
We estimated the average length of time of participant engagement in services to 9-18 months. At the end of the program year, we determined the average length of participant engagement in services to be approximately 9 months. This isn't surprising due to the nature of the challenges which are often connected to school related mental health and behavioral issues.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
NA

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Outcome: Presence of Support

- **Target:** 75% Parents/caregivers will report a greater breadth of presence of supporters they have access to when facing the challenge of raising a youth with emotional behavioral needs.
- **Outcome:** 87% of parents/caregivers reported a greater breadth of presence of supporters they have access to when facing the challenge of raising a youth with emotional/behavioral needs.
- **Assessment Tool:** FAST (Family Assessment Too)
- **Source of Information:** Caregiver

Outcome #2

Outcome: Coping with Stress

- **Target:** 75% of parents/caregivers will report greater coping with stress when they face challenges in their lives.
- **Outcome:** 62% of parents/caregivers report greater coping with stress when they face challenges in their lives.
- **Assessment Tool:** FAST (Family Assessment Too)
- **Source of Information:** Caregiver

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 38

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

For outcome #1 and #2, no information was collected on some participants because they are minors. We do not assess youth.

3. How many people did you *attempt* to collect outcome information from? 8
4. How many people did you *actually* collect outcome information from? 8
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Our goal is to collect data upon intake and then every 30 days based what the family's needs are. Being family-driven it's at the parent/caregiver discretion if they want to be assessed after the initial assessment.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We found in our interactions with parents/caregivers that they are under a lot of stress as indicated in the FAST results. This is largely in part to challenges with their ability to adequately address their basic needs. Nationally, almost 70% of families with incomes below 200% of the federal poverty line report they are having difficulties paying for

housing, utilities, food, or medical care. Of these families 61% have experienced a financial shock in the past year alone. There's research that estimate between 16% and 48% of low-income mothers suffer from depression and the risk of depression increases even more when multiple hardships are reported.

We do our best to link parents/caregivers with resources in the community to try to assist with or completely elevate the hardship. Frequently, there are waiting list, limited or no resources available to assist the family. These hardships can impede engagement but we do what we can to work through the issues with the families.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: **DSC**

Program Name: **Family Development**

Program Year: **2023**

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes. Eligibility criteria included:

- **Child/family were residents of Champaign County as shown by address**
- **Child has evidence of need for service based on screening/assessment**
- **Child, birth-age 5, with or at-risk for developmental delay or disability**

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes. To be eligible for services, children must be residents of Champaign County, have evidence of need based on an assessment, and have limited financial resources to meet the cost of their care.

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes. Partnership and collaboration with community agencies, including: Salt & Light, Stephen's Family YMCA, TAP at UIUC, Champaign County Home Visiting Consortium, and numerous daycare and childcare providers, has resulted in programming and event participation leading to a variety of outreach opportunities.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Year-end actual results align with application estimate. Mass screening opportunities and early intervention teaming assisted in achieving this goal.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Year-end actual results align with application estimate. Group therapy opportunities and consultative/coaching support assisted with large caseload numbers.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Length of participant engagement varied, as estimated in application. Some children were screened and/or assessed and found to be age-appropriate without risk for developmental delay/disability. Other children have been receiving services for several years, as they were identified at a young age and continue to receive services since not yet six years old.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
Thirty-one percent of children served were children of color. Family Development continues to focus outreach efforts to include more marginalized populations with specific targeted efforts to engage in more diverse communities. Children are referred from Child and Family Connections, daycare centers and families as well as planned developmental screening events.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1: Families will identify progress in child functioning in everyday life routines, play and interactions with others with target of 90%. Parent survey and file review with qualitative analysis from therapy notes were used to determine family's perspective of child's progress. Outcome met at 90%.

Outcome #2 Children will progress in goals identified on their Individualized Family Service Plan (IFSP) with target of 90%. File reviews analyze child's therapy session notes, six-month

progress updates, and annual evaluation reports to determine progress towards IFSP goals. Outcome met at 90%.

Utilization targets and results:

- Treatment Plan Clients target of 655 was exceeded with 872 receiving supports.
- Service Contacts defined as the number of developmental screenings conducted with a target of 200 was exceeded with 272 being completed.
- Community Service Events with a target of 15 was exceeded with 25.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **872**

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Random sample of 15 files were reviewed for outcomes one and two.

3. How many people did you *attempt* to collect outcome information from? **60**

4. How many people did you *actually* collect outcome information from? **60**

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*) **Quarterly**

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Both outcome results showed that most children continue to make progress with identified goals. Most families also reported progress in everyday life routines, play, and interactions with others.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: East Central Illinois Refugee Mutual Assistance Center

Program Name: Family Support & Strengthening

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Since we have walk-in services, most clients receive services the same day as their intake and assessment.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Again, due to the fact that we have walk in services, 90% or more of clients are engaged in program services withing 2 days of completion of intake and assessment.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Average is one year.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

We collect data on languages spoken. Interesting increase in the number of Vietnamese clients we saw in FY23. Most clients are still Spanish speaking, although those speaking Q'an'jobal continues to increase.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Applications for social service benefits completed. According to our case notes, we had 672 people applying for new or renewed public benefits. Of these, 234 were approved. We assisted 192 clients make connections to other human service providers and made 189 referrals.

Outcome #2

Obtain permanent employment. 67 clients answered ChangeInsight survey. 19 worked 35-59 hours per week; 6 worked 20-34 hours per week; 4 worked less than 20 hours per week; 26 answered NULL, meaning either unemployed and seeking or otherwise unemployed, and 12 clients did not answer this question on the survey. Employment remains a huge challenge for most of our clients, since they are undocumented and do not have Employment Authorization.

Outcome #3

Improve Quality of Life. Of the 67 ChangeInsight survey respondents, 13 said they were very much stressed; 7 said they were quite a bit stressed, 3 said they were somewhat stressed, 15 said they were a little bit stressed, 19 said that they were not stressed at all, and 10 did not answer. We are looking forward to the aggregation of the nationwide data to breakdown the ethnicities and level of stress. In our survey, our Afghan and African clients were much more

stressed than our Vietnamese clients. In the ARISE survey, which collected data from TRC as well as several other immigrant focused organizations within Champaign County, 399 participants were asked to rate their well-being and future well-being. Current well being: 59.2% said they were thriving, 37.4% said they were struggling, and 3.4% said they were suffering.

Outcome #4

improve Outlook on Life. Of 67 ChangeInsight respondents, 50 said they felt safe, 5 said they did not feel safe, 6 were unsure, and 6 did not respond. In the ARISE survey, 399 participants were asked to rate their future well-being. Participants rated their future well being on a scale of 1 through 10, with 10 being the most optimistic. 29.7% rated their future wellbeing as a 10; 12.0% rated a 9; 16.8% rated an 8; 12.9% rated a 7; 10.8% rated a 6; 6% rated a 5; 1.8 % rated a 4; 0.9% rated a 3; 0.7% rated a 2; and, 0.2% rated a 1.

(Add as many Outcomes as were included in the Program Plan Narrative)

Outcome #5

Improve relationships with others. Improve Connections with the community. Of 67 Change Insight respondents, asked how many times per week they contact friends or family members, 34 responded more than 5 times per week, 10 responded 3-5 times per week, 11 responded 1 or 2 times per week, 3 responded less than once per week, and 9 did not respond.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 2,559

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

For ChangeInsight, several staff members were assigned to ask as many willing clients to answer the survey within a 3 month period of time. The ARISE survey was conducted by several immigrant focused organizations over about 6 months, either in the office or at community events.

3. How many people did you *attempt* to collect outcome information from? unknown

4. How many people did you *actually* collect outcome information from? 67 for Change Insight and 399 for ARISE survey.

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Both surveys were designed to collect data for a specific time period only

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned that our clients that were willing and able to answer the surveys were somewhat stressed, mostly due to their financial situation. The percentage that felt they were thriving outweigh those that were struggling or suffering. It is important to note that with our clients, the fact that we must often interpret surveys for them can skew results. Many of our clients declined to be surveyed due to lack of time.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A typical service delivery case will involve a client who brings us a letter from a government agency or school to translate. Our staff then determines what services are needed. If the client is a new client, an intake and assessment is taken. If the client needs help with public benefits, staff will create a case in ABE, the online IDHS system. They will help the client apply, or renew benefits. Sometimes, this requires that a staff member accompany the client to the local IDHS office, or another government office. If the client is seeking food assistance, staff provides referrals to local food pantries, and advises clients of how to sign up (when required), the hours and days that the pantry is open and how to get there. If their children need immunizations or a doctor's appointment, staff will make those appointments for them, and inquire about any transportation needed. Transportation assistance can be provided when needed within the county. We have car seats that staff use to transport children when needed. We also have access to car seats and bus passes to give to clients that are not able to afford these items. We offer wrap around case management services to all clients.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Family Service of Champaign County

Program Name: Counseling

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
Yes
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
Yes
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
We estimated that clients would begin services within 5 days of completing an assessment. In FY23, 73% of clients began services within 5 days of completing an assessment. 27% of clients began services more than 5 days after completing an assessment because that is what worked best for the client. The average number of days for all clients from completed assessment to start of services was 6 business days.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
We estimated that 85% of clients would begin services within 5 days of completing an assessment. In FY23, 73% of clients began services within 5 days of completing an assessment. 27% of clients began services more than 5 days after completing an assessment because that is what worked best for the client.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Not applicable
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
Not applicable

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Individuals receiving our services will report improvement in four areas of functioning: individual, relational, social and overall.

Assessment Tool Used: We utilize the Outcome Rating Scale (ORS) developed by Miller & Duncan (2000). This self-report questionnaire is given to a client when their treatment plan is reviewed and/or revised. The ORS uses a gradient scale rating range of 0 (doing poorly) to 10 (doing very well) for each of the areas of functioning measured (individual, relational, social and overall functioning) for a maximum potential score of 40.

RESULT: As assessed at the end of the fiscal year: 78% of the treatment plan clients who had both an initial and subsequent ORS score showed at least some improvement in their score during their treatment, 11% made no change yet, 11% showed a decrease in their score. Three clients reached the benchmark score of 35 – 40. Two treatment plan clients are developmentally disabled and one treatment plan client is a minor and clients who are developmentally disabled and/or minor are not asked to complete the ORS.

Outcome #2

Individuals receiving our services who have a treatment plan will meet the treatment goals that they established with their therapist.

Assessment Tool Used: Individual treatment plans are typically reviewed quarterly. Clients determine with the therapist success in meeting treatment objectives, outcomes and goals. The therapist uses the

most recent treatment plan to evaluate the client's success with goal completion after a client's case is closed.

RESULT: Looking cumulatively at all objectives for treatment plan clients whose case was closed during FY23, 19% of objectives were fully met, there was improvement on 77% of objectives but they were not fully met, and there was no progress or the clients were unable/unwilling to address 4% of objectives at the time the case was closed. For treatment plan clients whose case was still open as of 6/30/23 progress has been made on 50% of their objectives and goals. The remaining 50% of objectives and goals are for treatment plan clients whose case was still open as of 6/30/23 and will have their first treatment plan review during the first quarter of FY23 to evaluate their progress with their objectives and goals.

Outcome #3

Individuals receiving our services who have a treatment plan will have improvement in their functioning over the course of treatment.

Assessment Tool Used: The tool used is the Global Assessment of Functioning (GAF). A GAF score is determined by the therapist during the initial mental health assessment and re-determined whenever their plan is updated or the case is closed. A comparison of scores notes changes in a client's functioning. The scale ranges from 0 (inadequate information) to 100 (superior functioning).

RESULT: As assessed at the end of the fiscal year based on the most current or final (if cased closed) GAF score for treatment plan clients: 33% of clients increased their GAF score by 5 or more points, 25% of clients increased their GAF score by less than 5 points, and 42% of clients had no change in the GAF scores. One client reached the GAF benchmark score of 91 – 100 when their case was closed.

Outcome #4

Individuals who are Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

Assessment Tool Used: The assessment tool used is a relationship assessment developed by the Counseling program. It is completed with each Drug Court client before they can graduate. The Drug Court Judge receives a letter from the therapist noting completion of the assessment.

RESULT: 100% of Drug Court clients who called to schedule an appointment for a Relationship Assessment completed their appointment.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 43

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We collected outcome information on 29 clients. We were unable to collect this information on 14 clients: six clients did not continue counseling past one or two sessions so they did not complete a treatment plan and 8 clients have not had a treatment plan review yet. It is scheduled for the beginning of FY24.

3. How many people did you *attempt* to collect outcome information from? 43
4. How many people did you *actually* collect outcome information from? 29
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

For Outcomes #1 - #3, this information is collected when a treatment plan is completed and every 6 months following.

For Outcome #4, this information is collected when a Drug Court client schedules and completes a Relationship Assessment.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We noted that we are not meeting our goal of assessing clients and having them enter into services as quickly as we planned. We recently began using a EHR system which should aid in decreasing the time it takes to contact potential clients and complete paperwork in order to begin services.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.
3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: _____ Family Service of Champaign County _____

Program Name: _Creative social Connectivity for Seniors__

Program Year: __2023_____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Estimated: 30 Actual: 25 - The reason for the large number of days is that assessment can take place significantly prior to the once every month box delivery.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

The estimate was 90%, and 100% who progressed from assessment to service delivery met the goal.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Estimate 10 months, actual among long-term participants was 8 months. There were clients who decided that this intervention didn't match what they desired. We also had a significant number of new clients during the final half of the year which would have driven the complete number down artificially.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

We collected income data and whether the client lived alone. The numbers show that a significant number of older adults are living alone (and therefore statistically at a higher risk of lacking social connectivity), while our clients have a wide span of incomes, and that older adults of all socio-economic statuses are benefiting from this intervention.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

--Participants will have reduced feelings of anxiety. Tool used: Geriatric Anxiety Scale.

Estimate: 70% will see a reduction in their score

Outcome #2

Participants will have reduced feelings of depression. Tool Used: PHQ 2. Estimate, 70% will see a reduction in their score.

Outcome #3

Participants will have reduced feelings of social isolation. Tool Used: UCLA Loneliness Scale. Estimate, 70% will see a reduction in their score. Only 52% had decreased scores--however, we have documented cases where participants would tell a staff member during a phone call how great they are feeling, and then the next week when the assessment was given, they didn't score as high as they had a higher score than that previous call would have indicated. This points to these scores being more associated with how someone is feeling the day of the assessment more than their long-term trend. Additionally, we have 23 clients who have a single score during the year, due to either being new and not due for another assessment prior to reporting, or due to not being available for their follow-up.

Outcome #4

Participants will experience an increase in Quality of life. Tool used: OPQOL - Brief. Estimate, 70% will see a reduction in their score.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _____71_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We attempted to gather data from every participant, but some were never available for the full number of assessments, and they are not required to participate.

3. How many people did you *attempt* to collect outcome information from? ___71_____

4. How many people did you *actually* collect outcome information from? _____46_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

At intake, if they closed, and every 3 to six months based upon their scores and the assessment

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

As mentioned above, due to a lack of correlation between client calls and assessments over short periods of time, assessment scores are clearly driven by very short-term feelings, and cannot be relied upon to be indicative of long-term impacts

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

During the year, we expanded the home delivered creativity boxes into and launched an in-person Expressive Arts class. The participants who joined this first expressive arts class were participants in the home delivered boxes. During the first class, participants were asked to draw an outline of their body, and then to fill that in with their thoughts and feelings and illustrations of their life throughout the class. This class had a particular participant who said that she didn't put anything in our outline until the last class, because up until that point she felt empty.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

During the reporting year, client comments and engagement explicitly and implicitly had two sets of comments that were hinted at regularly. 1) The boxes we are delivering sometimes can be a little overwhelming with the time frame, 2) . People wanted a simpler box for people with memory difficulties and less acumen in arts, and secondly that boxes should be delivered less frequently. During FY24, we are incorporating both of these comments: 1) We are offering an easier track creativity box which just has the craft project and not the detailed art instruction (we have had over 20 people sign up for this in FY24, representing about 1/5 of program participants), 2) We are delivering the boxes every other month instead of on a monthly basis beginning in July, 2023.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Family Service of Champaign County

Program Name: Self-Help Center

Program Year: FY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
Yes
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
Not Applicable
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
Yes
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Not Applicable
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Not Applicable
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Not Applicable
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
Not Applicable

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).

***Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events, and publications.*

***Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.*

***The rural libraries and churches in Champaign County will receive hard copies of the directory and other meeting notices.*

Assessment Tool used: Individuals will be connected to a support/self-help group that will adequately address their needs. The Coordinator will maintain a log of all contacts and track distribution of the directories. Also tracked are the number of phone calls received with responses provided by the Coordinator, number of emails, number of consultations, and the topic and number of community events in which the Coordinator participates.

RESULT: In FY23, the SHC Coordinator and/or a Program Director participated in 6 community fairs or in-person presentations. Information was maintained on 258 support groups. 185 printed directories were distributed, 14 I&R calls were addressed, there were 1377 website views, 3 editions of the newsletter were distributed and responses were provided to 530 emails.

Outcome #2

Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.

***Consultation services will be available to individuals wanting to start a group or to group leaders experiencing difficulties.*

***Training opportunities will be provided through the biennial Self-Help Conference and the workshops.*

***Resources are available through the Self-Help Center lending library to help with group development and understanding of group dynamics.*

Assessment Tool Used: The Coordinator will provide consultations that assist an individual start a group or help a current group leader overcome difficulties with their group. The workshop and conference topics will be relevant to address group leader needs. The SHC Coordinator developed an evaluation tool for conference and workshop attendees. Areas evaluated include skills acquisition, knowledge, satisfaction, and implementation of information.

RESULT: In FY23, the coordinator provided 2 consultations. One workshop was held and we received below a 90% rating in all of the evaluated areas. Thirteen evaluations were received from eighteen attendees. Unfortunately, the workshop did not go as planned. Two speakers were scheduled to present the morning of the workshop. One speaker called that morning to inform us that they had COVID and were unable to attend. Although the other speaker confirmed earlier that they would attend, they did not come. We attempted to contact them that day and in the weeks after the workshop. They did not respond to our attempts to contact them. The SHC Coordinator did the best they could to utilize the resources available to facilitate the discussion on “The Problems Facing Low-Income Populations in Champaign County”. Many attendees shared valuable information and much networking was done among the organizations present.

One conference was held in FY23. Twenty-three individuals attended and nine evaluations were received from the participants. We received 100% in two areas rated and slightly below 90% in two areas rated. We received much positive feedback on the conference verbally and in the evaluations. Below are some comments from the evaluations:

“The program and the presenters were very informative.

“Love that you offer vendors”

“Grateful for the community presenters who shared valuable information on this topic.”

“They did really good”

Outcome #3

Through the Self-Help Center, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.

***Distribution of the printed Support Group Directories, Specialized Lists, quarterly newsletter and website information to group leaders and professionals.*

Assessment Tool Used: Professionals will be successful in locating and referring their clients to appropriate groups. Professionals will receive printed copies of the Support Group directories.

RESULT: In FY23 over 185 support group directories were distributed to libraries, businesses, and individuals in Champaign County. At least 14 callers received information regarding self-help groups which interest them. Specialized lists were distributed at all of the information fairs and educational presentations.

Outcome #4

Through the Self-Help Center, the coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

Assessment Tool Used: The SHC Coordinator will survey all known self-help and support groups once/year to collect information about group demographics and allow group leaders to share concerns or training needs that they have.

RESULT: The low return rate of the Support Group Needs survey was a disappointment but some valuable information was obtained. Respondents were asked to describe the demographics of their groups, services offered within their groups, and challenges faced. In addition, facilitators were asked which SHC services they use.

Here are some of the results obtained from the 5 respondents:

- a) Two of the respondents were group leaders/facilitators.
- b) Three of the respondents were group members.
- c) The topics addressed within their groups were mental health (80%), bereavement (40%), caregiving (40%), disability (40%), health (40%), addiction (20%), abuse (20%), memory (20%), and healing (20%).
- d) The Self Help Center services used by the Support Groups were the Self-Help Center Website (80%), Support Group Directory (40%), the newsletter (20%), phone support (20%), and referring people to their group (20%).
- f) Of the reporting groups, the services they provided most frequently besides the face to face meetings were virtual meetings (100%) on-line communication (80%), phone support between meetings (80%), a newsletter (40%) and a lending library (40%).
- g) The top five ways in which people found out about a group according to the reporting groups were: 1) by a professional referral (100%), 2) by a group member (100%), 3) by a family/friend (80%), 4) referral from their national or state organization (20%) and 5) Self-Help Center referral (20%).
- h) Of the reporting groups, they utilized professionals in capacities such as advisors (60%), facilitators (40%), and guest speakers (40%).
- i) As identified by the reporting groups, the top issues presenting challenges to the group as a whole and affecting the group's ability to function smoothly were:

Getting members involved in sharing the work of the group: 80%

Attracting new members: 60%

Retaining Members: 60%

Finding affordable and accessible meeting place: 60%

Difficulty with transportation to the meeting for members: 40%

No money for group programs: 40%

Handling problem members or group conflicts: 40%

Having a dominating group member(s) or facilitator: 40%

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

In FY23, there were 2 consultations, 14 information and referral calls, 1,377 website views, 530 emails, 185 printed directories distributed, 5 information fairs at which the FSCC staff participated, 1 presentation given by SHC staff, 3 newsletters distributed to the SHC mailing list, the fall Self-Help Center workshop with 18 attendees (with 3 CE credits available), the spring Self-Help Center Biennial Conference with 23 attendees (with 5.5 CE credits available), and 5 respondents to the Support Group Needs Survey. The SHC staff served as members on several different service organizations or committees including the Human Services Council, Aging Services Task Force, and the DisABILITY Expo committee. The SHC maintained information on approximately 258 support groups available to Champaign County residents. The 18th edition of the hard copy of the Support Group Directory was distributed to therapists, libraries, and doctors around Champaign County. It was also distributed at informational fairs, conferences, and presentations to organizations such as Champaign Kiwanis.

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Due to confidentiality and anonymity issues, limited information is collected on the information and referral calls except for the topic and if the person is a professional or a lay person. Data is requested from participants of the workshop and conference on the registration forms as it applies to gender, ethnicity, age group, lay or professional registrant and zip code.

3. How many people did you *attempt* to collect outcome information from?

We attempted to collect outcome information from:

18 participants who attended the fall workshop (workshop evaluation form)
23 participants who attended the spring conference (conference evaluation form)
200 support group leaders (Support Group Needs survey)

4. How many people did you *actually* collect outcome information from?

We collected information some information from:

13 of the 18 participants of the fall workshop
9 of the 23 participants of the spring conference
5 of the 200 support group leaders

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Workshop evaluation data was collected from the Fall 2023 Self-Help Center workshop attendees and Spring 2023 Self-Help Conference attendees. Support group data was collected in a survey conducted by the Self-Help Center in the fourth quarter of FY23.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

From this outcome information, we learned that a portion of what the self-help center offers is well used and appreciated; however, a portion of what the self-help center offers is being underutilized. We found that people appreciated and rely on the information on the website, the hard copy of the Support Group Directory, the individual lists, the workshops, and the conference. From the responses given from the few support group leaders it appears the newsletter, the lending library, and individual support via in person meetings, phone calls, or virtual meetings are being underutilized. This may have been a result of the erratic schedule of the past SHC Coordinator due to several health issues (who resigned the beginning of May). A new SHC Coordinator began the beginning of FY24 and will work to reorganize and reinvigorate the entire Self Help Center.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Family Service of Champaign County

Program Name: Senior Counseling and Advocacy

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

The estimate was 7 days - This goal was met, as often assessment of needs is completed during the first appointment where services are provided.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

The goal was 95%, and the true percentage was right around 100 as this assessment is our Care Plan, which we typically complete at the first provision of services.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

The estimate reflected the differing lengths of engagement between our TPCs and NTPCs. This trend did hold has most TPCs open and very rarely close without moving or passing away, and NTPCs may be engaged with us for just one task.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

We track income and whether somebody lives alone. In these areas, we find that we are serving people from a wide-gambit of the socio-economic ladder, and a large number of our clients live alone.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

People will be referred to needed services for anxiety, depression, and/or social isolation. Tool used: Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale. During the fiscal year, we implemented a policy that if clients scored above certain thresholds on these assessments (i.e. 5 on the UCLA Loneliness), they are informed about our other programs and offered the opportunity to be connected with staff to enter those particular services.

Outcome #2

People will have reduced anxiety, depression, and social isolation scores. Tool used: Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale

Outcome #3

PEARLS clients will have reduced PHQ9 scores. Tool used: PEARLS PHQ9 tracking sheet. We moved from the PHQ9 assessment to the PHQ2 assessment in line with the tracking system of the organization in charge of the PEARLS program. This year, we have only had one client who started and concluded this counseling program. This client's data is not in the internal tracking system but can be reported separately.

Outcome #4

People will have their presenting need addressed. Outreach Referral sheet. In our last client satisfaction survey, over 85 percent of outreach clients agreed that we met their needs.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 407

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

The goal was to gather outcome data from all clients, however between some clients refusing the assessments, data tracking issues due to system changes, and staff training data was not collected on all clients in the desired methodologies.

3. How many people did you *attempt* to collect outcome information from? 102

4. How many people did you *actually* collect outcome information from? 102

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

At intake, closing, and at different intervals depending on the assessment. For instance, the UCLA is given either every 3 or 6 months depending on the participant's score. Note that the number of attempted equals completed as we don't have an accurate count of the people who declined.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

Of the 69 clients who have their intake UCLA Loneliness score documented, they have an average score of 4.97 out of 9. This score puts them just under the moderate level at which we would refer them on to our social isolation programs. Of the 69 scores, 40 scored 5 or above which put them into this category, while 14 scored 7 or above, and were added to referral list for out in-depth PEARLS program.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A client came into our office at Christie Clinic after being referred by their doctor and walked to our office by the nurse. The doctor identified that they were not eating healthfully, and due to a two-hour conversation with the client, it was identified that not only was their food insecurity, but it stemmed from not easily having the mobility to shop for and/or prepare food. This interaction not only led to a LINK card application, but it also led to a referral to our in-home care program.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

This outcomes form will directly lead to tracking changes and data gathering changes.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: FirstFollowers

Program Name: FirstSteps

Program Year: -__23____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES**/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
2. **YES**/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
3. **YES**/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected. They match.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding. They match
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding. They are approximately equal
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. We did not.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1 – Provide a stable living situation

Actual Result-We succeeded in providing this. Our residents lived rent free, with support from FirstFollowers staff to ensure their basic needs for employment, food, and future planning were met. We had a building and maintenance team on call for any problems in the functioning of the house, though we never had a major incident.

Outcome #2-Enhance opportunities to find employment

Actual result-We offered all residents the full support of the drop-in center resources. The drop-in center has a directory of employers who will hire individuals with a felony conviction and/or a history of incarceration. We also assist participants in filling out online applications and provide access to computers for this purpose. In addition, we set them up with an email address and instruct them how to use online communications systems.

Outcome #3-Connect to social service agencies

Actual result- Upon entrance to our house, we ensured that they had access to LINK, to medical aid, to employment agencies, to the parole office and to any other social service agencies that might provide them with what they need. We secured a bus pass for every resident who wanted one and also provided transportation to appointment for the first three months of their residence.

Outcome #4-Build connections to the community

Actual result-We require residents to attend drop-in center hours if they are not employed. This gives them an opportunity to meet everyone associated with FirstFollowers. They also take part in our public events and attend city council meetings, events in the parks and other moments when FirstFollowers is engaged with the community.

Outcome #5-Provide economic security

Actual result- We ensured that all residents have access to food, health care, transportation and employment opportunities. We provided them with food from our lunch offerings at the Drop-In as well as groceries until they have their LINK card. Of course, in the long run their economic security depends on their ability to generate income. To that end, see Outcome #2 above.

Outcome #6-Provide access to long-term housing opportunities

Actual Result- Our drop-in center offers connections to landlords and other housing programs. During their time in FirstSteps residents visited the drop-in center and explored the housing markets in this area. We also briefed them on the rental and housing purchase options to see what is feasible for them. When they were ready to leave we connected them with the special reentry housing voucher which is part of our contract with the Housing Authority of Champaign County. No residents used the housing voucher program during this year but we have two residents who are preparing to move who will be likely candidates.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _____5_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We obtain this information from every resident as part of our case management and supervision.

3. How many people did you *attempt* to collect outcome information from? _____5_____

4. How many people did you *actually* collect outcome information from? _____4_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*) On a weekly basis.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We learned a lot about the importance of family connections for our residents. By constantly meeting with them and discussing the relevant issues noted herein, we were able to ensure that they stayed on track. This is especially important to those residents of FirstSteps who have been involved in criminal activity in this county before they went to prison. The people they are involved with in many cases are still around, still offering them opportunities to get “back in the mix.” We have developed a sense of when this happening and we are usually able to intervene before a serious problem unfolds.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A man enters our house after serving fifteen years in prison. His family is in Chicago so the first thing he wants to do is go see them in Chicago. We tell him we don’t allow this for the first month, which is difficult. We tell him that our residents need to build a personal foundation before they get involved with family. Otherwise, they become distracted and often get pulled into complicated family issues which they are not equipped to handle. We cite personal examples from previous residents.

We suggest their family can come to Champaign and visit them but our residents must stay in our house every night for the first month. So the family comes to Champaign, they go out to eat at Applebee’s and come back and spend some time at FirstSteps and then go back to Chicago. A few weeks later, after our resident has a job and is feeling settled, we give him a pass to go to Chicago to visit his family members.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

As we gain experience and have discussions with residents our rules evolve. At first we didn't put a time limit on how long a person could live at FirstSteps. But then we saw that some people were just staying there to avoid rent and saving the money to buy a house or a car. When one person stayed for over two years, we did a re-think and set a target of one year's time in FirstStep house. After that we expect people to be looking for their own place. We will not evict people, but we will put pressure on them to lay the groundwork for living on their own.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: FirstFollowers

Program Name: Peer Mentoring

Program Year: 23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES**/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

We extended our outreach efforts and recruited more clients.

2. **YES**/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

3. **YES**/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

They generally were in sync. However, since we had more housing options for clients this year, the time was slightly extended.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

They are in line. Virtually everyone who comes to us come because they are formerly incarcerated or have a loved one in prison so they are eligible.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

This parameter doesn't fit our program very well as we don't have structured program but fit our support to the needs of the client.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. We did not.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Access to Employment, education and housing

Actual result: We did outreach to employers and landlords and built partnerships with them. We found three new small scale landlords, predominantly Black property owners, who were willing to rent to our clients. We also deepened our relationship with Express Temp service and Caterpillar and were able to place newcomers there.

Assessment: We did consistent interviews with residents in our house, monitoring their employment. We had an 80% success rate in helping them secure full-time employment at above minimum wage.

We did phone outreach to ten of our drop-in clients. Four of them had secured housing with our support, five of them had employment or an income source. We could not reach four of them with the contact details they gave us.

Outcome #2-Access to services

Actual Result: 80% of our transition house residents gained access to services, including healthcare, bus passes, computer skills, and counseling. For the first time, we offered in-house counseling to our residents. Three of them made use of the services. We made a consistent effort to connect our clients and our staff with these resources.

Assessment: We did interviews with our counselors. They noted that the majority of those clients who used the services once, did not return. We asked our clients about the reasons for this and got no definitive answer. Two said they didn't want to do mental health, that it wasn't for them. We also added a weekly staff work review which enabled us to assess our progress by sharing our experiences. We have not done this consistently previously.

Outcome #3 Provide enhanced self-esteem

In January we held a two-day retreat for our staff. Part of the activity was to assess the overall success of FirstFollowers both in relation to staff and clients. The majority of the staff cited improved self-esteem or "more self-confidence" as a product of their work with FirstFollowers.

In terms of clients, we didn't explicitly assess this but consistently put out the message that people with felony convictions have rights to which they are entitled and part of the work of FirstFollowers is to press for access to those rights. We also train both GoMAD participants and drop-in staff in telling their personal story and sharing it with elected officials at public meetings as well as in our trips to the state legislature.

We also held an end of the year event at Jupiter's Pizza where everyone who had been a part of the workforce development course was presented with an award. Such activities are important tools for building self-esteem.

Outcome #4

For workforce development: basic building skills, public speaking, basic math, critical thinking.

We use on the job training to build basic building skills. We have also enrolled them in a basic building certificate course with ABC which will not only provide them with the skills but also gain them access to certificates that will help them in their professional development: e.g. OSHA, First Aid. This course also includes basic math and we have done math tutorials to enable them to pass the math component of the course. Eight of them completed the entire course successfully.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _107_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We gathered information from the clients we worked most closely with at the drop-in center and in GoMAD. We gathered information from all clients who went through the transition house, from the most regular attendees at GoMAD from repeat visitors to the drop-in center. We did not use a survey instrument but relied on informal interviews.

3. How many people did you *attempt* to collect outcome information from?

_____20_____

4. How many people did you *actually* collect outcome information from? ___17_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

For transition house residents, monthly, for GoMAD quarterly or when we moved into new phases of the program. Drop-In clients were evaluated irregularly depending on their availability.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Some of these mathematical parameters don't really apply to our program as our main work is a drop-in center which doesn't lend itself to statistical analysis. That said, we need to more systematically analyze the data we do capture in our database. Also we need to look at the possibilities of extending our presence in the Latinx community. Our clients are overwhelmingly from the Black population, which is the main demographic in the prison system, but we know that thousands of Latinx and other folks are caught up in the immigration system and they also need access to the resources we can provide.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Drop-In case: A person who was released from prison three months ago comes to the drop-in. He has been staying at his sister’s house but that is not working out. He wants his own place. He is sleeping on the couch and is not free to come and go or sleep when he wants to sleep. He once brought a woman friend to the house but his sister got very upset at this. He would like his own apartment but is only working part-time so doesn’t have enough to afford rent. He feels he is being treated like a child.

His job is 20 hours a week cleaning in a hotel. He doesn’t mind the job but the pay is very low. He also has a bad back and if he works more than 20 hours his back starts to hurt. He went to a doctor who gave him some pain pills but he hasn’t taken them because he has a history of substance use and is afraid of getting hooked again. He is hoping that FirstFollowers will get him a job and an apartment. We ask him which one is the priority. He says the apartment but then remembers he doesn’t have enough money to pay rent.

We go on the computer with him to apply for some online positions but before we get started he gets a call from someone on his phone and tells us he has to leave but will come back on Thursday. We wait for him on Thursday but he doesn’t show up.

Two weeks later he comes back. He has been fired from his job for coming late. He is very angry about losing his job, says one of the other workers set him up. We speak with him for about an hour and finally he calms down enough to apply for a job at Flexn’Gate at \$17 an hour. He gets an interview the next day and four days later he is hired on. He comes back to thank us. We don’t hear from him for three months, then he comes back. He is driving his own car now, has moved out of his sister’s place but is falling behind on the rent. Can we help him catch up? We refer him to Cunningham Township Rental Assistance. We hope they will be able to help him out of this jam.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

We did not succeed in getting an outside person to do focus groups. We need to do this in the future as a more systematic gathering of information would be useful. At the same time, we also recognize the limits of quantitative methods and need to more systematically review our work with our team to get their perspectives as well. Sometimes we are so overwhelmed we don’t slow down enough to reflect and improve.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: ___ GROW in Illinois _____

Program Name: ___ GROW _____

Program Year: ___ FY 22/23 _____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/support they were seeking? If NO, comment on causes and possible solutions. **Yes**
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions. **Yes**
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions. **Yes**
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected. **N/A**
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
We had 212 New non treatment Plan clients. We had 37 continuing non treatment plan clients for a total of 249. I projected 150 for the FY23. This was almost 100 more than my projections.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding. **N/A Some come for a short time and some stay for years. Actual average length of time participants engages in services.**
From the survey: greater than 10 years was 20% 2 to 3 months 24% 1to 2 months 16% 3 to 6 months 2 years 8%.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. demographic information beyond standard categories was collected. **We ask GROW'ers these questions and here are some of the responses. (From the Survey)**

What keeps them coming back to the GROW?

I've achieved a logical thinking order by learning how to use the program for mental stability. The four stabilizing questions and all the friendships I've made are the best. The reports on progress (accountability, building self-esteem)

I hope to learn more self-care and watching my limits to avoid burnout.

I have learned to take the time to think before speaking.

I have learned so much from the GROW wisdoms. "You alone can do it, but you can't do it alone" "A friend is as near as the nearest phone" My personal contribution to my own recovery and growth is irreplaceable.

I improve every time I come to a group.

Hearing healthy perspectives of what we are learning. Even parts of the program you know very well, it can always be seen in a different way.

I care for the participants; I like the studies of GROW. It helps me think in an organized way with a clearer focus.

It is a lifelong program that works at any age and helps me to continue to grow and learn and mature.

I have learned so much from filling out the Organizer's and Recorders sheets.

Friendship, better myself, better life, want to self-improve.

What suggestions do you have to improvements our program?

I would suggest that we remove some parts of the group method.

I would like to see more updated reading.

More meeting evaluations

The GROW program literature can be updated and more opportunities in the overall GROW community not just leadership. Engage and motivate persons in such a way that it's exciting to attend those other activities.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

All Outcomes were gathered by the Assessment tool used Survey the(2 way social scale and NIH Toolbox Emotional Support Survey) participants in Survey where GROW groups meet some did it on line most needed help from Organizer or Fieldworker of the group.

Outcome

1. Decreased hospitalization frequency (from participant survey)
2. Decreased medication (from participant survey)
3. Increased use of social resources (from participant survey)
4. Increased personal growth. (From participant survey)
5. Increased wellbeing: (from the survey NIH toolbox Emotional support participant survey)
6. Increased number of participants in leadership roles (from participant survey and internal reports)
7. Satisfaction with GROW program: (from the participant survey)

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _____249_____unduplicated

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from? **We collect outcomes throughout the year for internal GROW guidelines from attendance book and CCMHB quarterly reports. At the end of the FY22/23 fiscal year we have a participant survey. We choose to collect from all our participants. Some do not want to participate. We also collect outcome information from our weekly attendance including Race, gender, age, demographics, organizers, recorders, Recovered or Recoveries. Also, number of times attended in a month, committed grower [attended 3 or more meetings], Community observers.**
3. How many people did you *attempt* to collect outcome information from? **From the participant survey during the last quarter. All**
4. How many people did you *collect* outcome information from? **All from weekly internal reports and participant survey from GROW attendance/leadership, social and O&R meetings. We had 26 participated in the survey.**
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc.*) **Every group does weekly attendance age, race, gender, demographics, First timers, LGBTQ+ (New none treatment plan), Attendance in groups, socials, leadership meetings Organizer and Recorders meetings. We also do our survey the last quarter of the FY22/23 year, April, May, June. From the survey we collect Military Service, Spirituality, diagnosed illness and if ever attempted suicide, were they ever Incarcerated, if they are retired, If they sought or gained employment.**

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

1. Decreased hospitalization: **From the survey 85% had not been hospitalized in the FY23 9.5% was hospitalized 2 times 4.8% [1] hospitalized once. We had 13 that had never been hospitalized in a lifetime. We had 2 that had been hospitalized over 10 times in a lifetime. We had 4 that had been hospitalized 1 time in a lifetime. 18 on the survey did have a diagnosis of some sort of mental illness.**
2. Decreased medication [for mental illness]: **From the survey FY23 we had 56% who are on no medication 24% that were on two or three medications. We had 22 people that worked with their doctor in order to reduce medication. FY22 14.3% strongly agreed that it had helped them reduce the need for medications. That is 10% higher than the previous FY22.**
3. Increased use of social resources: **From the survey: 18 people have increased their knowledge of social resources. We had no benchmark from FY22 to compare this to.**
4. Increased personal growth: **From the survey 16 strongly agreed with increased personal growth. 3 agreed they had an increase in personal growth; 1 both agreed and disagreed. 2 N/A**

5. Increased wellbeing: Survey (personal wellbeing index) **From the survey 15 have an increased sense of wellbeing. 5 most of the time and 6 sometimes. 56% are very satisfied with the help they have received from grow friendship. 30% were satisfied. 13% had no opinion.**

GROW'ers were asked to rate their life on a scale of 1 to 10.

How satisfied are you with life as a whole? Means=4.2 /10

How satisfied are you with your standard of living? Means=4.1/10

How satisfied are you with your health? Means=4.1/10

How satisfied are you with what you are achieving in life? Means=4.1/10

How satisfied are you with your personal relationships? Means=6/10

How satisfied are you with how safe you feel? Means=6/10

How satisfied are you with feeling part of your community? Means=5.9/10

How satisfied are you with your future security? Means=5.9/10

Comparable to last years the Highest satisfaction was with personal safety.

FY22Means =9.15/10

FY23 Average over all Means=7.3/10

6. Increased number of participants in leadership roles: **From the survey FY23 52% have been involved in some kind of leadership role. 48% had not been involved in the leadership role. FY22, we had 58% involved in leadership roles. We have a slight decrease in this FY. We had 178 duplicated attendance x 3 hours for each activity, this does not include planning time = 1602 hours in support activities such as Organizers & Recorders Meetings, Leader's meetings, and social events, this is a monthly activity that requires leadership to organize and plan. Participation in GROW leadership fosters personal work in recovery and wellness. Leadership activities promote positive attitude and community involvement that raises self-esteem and reduces isolation. This is an essential part of the GROW program of growth to maturity.**
7. Satisfaction with GROW program: **From the survey: 56% very satisfied with the program. 30.4 were satisfied and 13% were satisfied or not satisfied. 12 people believed that GROW helped them recover from mental illness. 15 developed their own**

personal resources. 16 experienced?? improvement in personal growth and increased maturity. 15 experienced better relationships and friendships

2. **OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.**

We have had considerable personal growth in the area of leadership. We were able to hire a person that had experience with Peer support certification. The person has a diagnosis of Autism but that has not stopped them from performing the work that is needed in the field. They have grown personally with the GROW program over the last 6 months they were able to stop seeing their therapist and use the program for their own personal growth. They have also provided outstanding leadership in the field. They have helped open groups and reach out to new people and engage them in the GROW program.

It is the goal of GROW for participants to ‘grow’ out of the program and ‘get on’ with their lives.

We had another long-time leader in GROW’er that received the Dr. O, Hobart Mower award for her outstanding service in the field of self-help. This person has been with our program for years and deserved to receive it. A fellow Grower and leader drafted and submitted the information needed for her to receive the award.

We worked with The School of Social Work during the first semester of the FY 2022/23 fiscal year to get a better understanding of why it is so hard to engage volunteers. The results helped us to move in a direction that would help us retain and work with the person’s strengths. We also were advised to have a presence on social media. We have updated the website. We also started doing more group listing and activities on Facebook. We have updated our Facebook information to promote GROW every week and have gained many followers since we implemented the student’s recommendation. One staff member attended a workshop on how to make social media a priority. This has made some difference. We have a GROW’er that helps keep things updated on the Facebook page this has built confidence and self-esteem and self-worth.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

We have made great progress building capacity in the area and are serving a wide variety of people with problems of living. We have two community groups that are doing well, one meets in the Presbyterian church and the pastor of the church has supported the group for over a year. We have also resumed the groups in the jail. We must always have two GROW Leaders facilitating in the groups. For a small organization, requiring 2 leaders makes it somewhat difficult because we must have so many volunteers fingerprinted and cleared for admittance. We have been able with staff and volunteers to serve the need for the jail groups. The inmates love GROW. They have stated that they would like to start another group for the men however, we decided to wait until September to determine the feasibility.

We had a very active group at CU@home, this group which was well attended but because of conflict in work schedules we have it in recess with the intentions of starting it up again in the fall.

We have also partnered with Restoration Urban Ministries and will be doing a group there starting in Sept. A new thing for GROW is that we were only given 50 minutes for the group meetings so this will be a challenge, but it is important to plant the seed and we will see the fruits of our labor in a year or so. The Illinois Coordinator continues to do the Welcome to GROW group as a weekly informational/orientation meeting.

We did have multiple staff turnover at the beginning of the fiscal year which was a challenge. One GROW staff member recovered from mental illness, and they decided that they wanted to go to college and complete their degrees. In GROW we say that's a good problem to have. We were able to hire a fieldworker in December who has done a wonderful job out in the field. Anytime we have a change in the organization it is a challenge for us. We are lucky in the sense that we have very long term committed leaders in the community that are willing to step up and get job done.

As stated previously, we worked with The School of Social Work during the first semester of the FY 2022/23 fiscal year to get a better understanding on why it is so hard to engage volunteers. The results helped us to move in a direction that would help us retain and work with the person's strengths. We also were advised to have a presence on social media. We have updated the website, and we have a very nice web page. We also started doing more group listing and activities on Facebook. We have updated our Facebook information to promote GROW every week and have gained many followers since we implemented the student's recommendation. I personally attended a workshop on how to make social media a priority that has made some difference.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: **Mahomet Area Youth Club**

Program Name: **B.L.A.S.T**

Program Year: **2022-2023**

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

YES

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

YES

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

YES

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

The estimation of the length of time, in number of days, from the date of completed assessment to the date of first engagement.

in services for B.L.A.S.T is 7 days. The estimation was not tracked, so I do not know the year end actual result. We will, however, work to get this information for future reporting.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

According to the year end result, 95% of eligible people will engage in program services within 2022- 2023. It was found that 100% of eligible people ended up engaging in services provided by MAYC.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

According to the year end result, the length of participant engagement for B.L.A.S.T was 10 weeks and the anticipated length for Kid’s Club was 36 weeks. Actual findings were, B.L.A.S.T lasted 10 weeks like anticipated, and the length of Kid’s Club was terminated as the school district does not host this program anymore.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

MAYC also collected data which has to do with income, family size, and family makeup. This will help us understand if families need financial assistance using CCRC as well as help us better understand the families that we are serving.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant’s guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *“the XYZ survey may be completed by both a youth client and their caregiver(s).”*

Outcome #1

B.L.A.S.T - Improve engagement in school. which is found that 60% of participants will be more engaged in school due to the afterschool program. Actual results show that 60% of students are more engaged in school and with their peers due to B.L.A.S.T. These surveys are measured by survey data and the source of information would be the B.L.A.S.T coordinator in the school district and participant.

Outcome #2

B.L.A.S.T- Improve attendance at school. Which is found that over 40% of parents will expect better attendance from their children when the child is enrolled in B.L.A.S.T. Actual results show that 45% of parents expect their child to attend school more often, which they did. These outcomes are measured by survey data and the source of information would be the B.L.A.S.T coordinator in the school district and parents.

Outcome #3

B.L.A.S.T - Increase interest in new areas. It is found that over 70% of parents will feel that there is enough variety in the BLAST offerings to provide a broad spectrum of subject area content for exposure to new areas. Actual results show that 80% of parents currently feel that there is enough variety. The specific assessment tool used to collect information would be the survey data and feedback from parents and the source of information is the B.L.A.S.T coordinator in the school district and parents.

Outcome #4

B.L.A.S.T - Increase connectivity (new friends) with peer group. It is found that over 70% of kids will make new friends as part of the program. Actual results show that 85% of kids made new friends as part of the program last year. The specific assessment tool used to collect information would be survey data and feedback and the source of information is the B.L.A.S.T coordinator in the school district as well as participant.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **139**

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

N/A

3. How many people did you *attempt* to collect outcome information from? **N/A**
4. How many people did you *actually* collect outcome information from? **N/A**
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

With the changing of a new superintendent and without an executive director for 11 months, this information was not passed on to MAYC.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

N/A

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A typical service delivery case for BLAST & Kid’s Club starts when a family inquires about either program or scholarship eligibility through the school district. The district enrolls students and collects the required information to determine income eligibility (normally based on free/reduced lunch or CCAP information). Once students are enrolled and receiving scholarships for services, the district shares the information with MAYC and bills us at the end of each semester for the scholarship amount. MAYC has little to no interaction with the families to not complicate the process for families.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: **Mahomet Area Youth Club**

Program Name: **Members Matter!**

Program Year: **2022-2023**

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

The estimation of the length of time, in number of days, from the date of completed assessment to the date of first engagement in services for Members Matter! is 3 days. Actual results show that for Out-of-school programming, estimated time is longer. For example, for our summer programming we open registration in May and start in June. As for our Jr. High program, our families can apply on an ongoing basis, so the estimated time from date of completed assessment to the first engagement could be one day.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

According to the year end result, 75% of eligible people will engage in program services within 2022- 2023. Actual findings show that for Jr. High only 58% of eligible participants engaged in program services. This is due to sport conflicts and other reasonings that hinder them from coming to program. These numbers were taken if the participant attended for at least one day. As for out-of-school programs, 87% of eligible participants engages in services a much higher number than after school.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

According to the year end result, families will participate in our services and programs for on average, at least 3 years. It was found that on average, families used our services for 3 years or longer (this is if they decide to continue to use our services into high school if they begin in 6th grade).

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

MAYC also collected data which has to do with 504/IEP, income, family size, and family makeup. This will help us understand if families need financial assistance using CCRC as well as help us better understand the families that we are serving.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Out-of-School Program - Increased enrollment numbers mirroring the increased need in the community for a safe and fun program. Actual results show that there was an enrollment of 120 or more with the numbers previously being only 100. Numbers have increased significantly this year with 323 enrolled all together in our after school and out of school programming. The specific assessment tool used to collect information would be our member and registration database, and the source of information would be the participant.

Outcome #2

Out-of-School Program - Reduction of youth who will be home alone over the school breaks. Actual results show that 100% of participants had a safe space to go to afterschool, positively benefiting them in multiple ways. The specific assessment tool used to collect information would be parent survey and feedback. It is also shown that more parents have completed the surveys we send them, which are optional but highly appreciated. More than 40% of parents completed the survey, which is up from 25% previously. The source of information would be parents.

Outcome #3

Out-of-School Program - Improved relationships with peers and caring adults in the community. Actual results showed that 100% of participants had an increased and improved relationship with their peers in the program and at school. It was also shown that with our program offering community service time with the participants, 100% of them were more involved in the community. The specific assessment tool used to collect information would be parent surveys and feedback, and the source of information would be the families.

Outcome #4

Out-of-School Program - Increased educational and recreational experiences for students of low-income families. Actual results showed that 100% of participants benefitted from having tutors and mentors here at MAYC. The specific assessment tool use to collect information would be parent surveys and feedback, and the source of information would be the families.

Outcome #5

Jr High Program - Ensure graduation occurs on time with the target being at least 90% of youth will move on to the next grade level on time. Actual results show that 95% of participants are moving on to the next grade level. The specific assessment tool used to collect information

would be report card data from Mahomet Schools through the Assistant Superintendent to ensure that students are graduating on time. The source of information would be the school district as well as participants.

Outcome #6

Jr High Program - Improve graduation rate with the target being 80% of youth will have passing grades across Math, Science, and English. Actual results show that 90% of students end up passing reading, math, and science courses at the end of the school year. The specific tool used to collect information would be report card data from Mahomet Schools through the Assistant Superintendent. The source of information would be the school district and participants.

Outcome #7

Jr High Program - Improve success in high school and leading into post-secondary education with the target being 60% of students will hold steady or improve grades across Reading, Math, and Science. Actual results show that 70% of students maintain or improve grades throughout the school year. The specific tool used to collect information would be report card data from Mahomet Schools through the Assistant Superintendent, and the source of information would be the school district and participants.

Outcome #8

Jr High Program - Improved engagement and attendance with the target being 75% of students will miss less than 5 days of school during the school year. Actual results show 80% of students with less than 5 absences. The specific assessment tool used to collect data would be Attendance records by student through the Assistant Superintendent, and the source of information would be the school district.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **323**

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We sent surveys to all participants' families and received back outcome data from whoever submitted it (voluntary survey)

3. How many people did you *attempt* to collect outcome information from? **101**

4. How many people did you *actually* collect outcome information from? **11 (voluntary survey)**
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Quarterly for after school programs annually for out of school programs.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Of the 41 students in the Jr. High afterschool program:

General program participant info:

3 students live in Seymour

2 live in Champaign

8 have IEP's/504's

12 students identify as a race other than white (includes biracial participants)

68% (28 participants) are returning students and 31% (13 participants) are new to our program.

Another outcome measurement that we track for MAYC Members Matter! is income level and scholarship eligibility for out of school programs like summer camp. This helps us ensure that we are serving families in need. As for other information I learned about the program and its outcomes, For our Jr. High programming, we didn't push offering or services to freshman as there wasn't a huge need and desire for it but, with our last years 8th grade participants wanting to return we have begun to do more outreach to the community and Mahomet-Seymour High School to increase participation (which has been seen as successful as we have new registrants for the school year). Lastly, we are working on getting more mentors, volunteers, and tutors for our programs to increase overall grades in selected areas, continuing to increase our graduation rate, improving relationships with other peers in school and out-of-school, attendance, and other aspects of our services.

2. **OPTIONAL:** Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

CCMHB Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. [Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.](#)

Agency Name: Promise Healthcare _____

Program Name: Mental Health Services _____

Program Year: FY23 _____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES/NO** - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Promise Healthcare's mental health services are available to anyone regardless of their ability to pay. Anyone is eligible for our services.

2. **YES/NO/NA** - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Not applicable.

3. **YES/NO** - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Promise works on promotion several ways, including working with collaborators, referring agencies and providers, marketing and social media. However, most patients learn about our mental health services through word of mouth from family and friends.

4. **Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.**

The proposal outlined 30 days as the estimated number of days from completed assessment to start of services. PHC Psychiatry patients can be seen the same day or

within the next day in most cases. With Counseling patients, for the majority of the year, the 30-day target was met. Starting around May/June 2023, the counseling time frame to schedule has been 3-5 weeks. As the counseling schedule has been getting tighter recently with counselors at capacity, PHC is looking to hire additional counselors to meet the demand for services.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

PHC estimated that 90% of patients would engage in program services within the 30-day timeframe. Promise saw a 17% rate of Non-Treatment Plan patients for Psychiatry services and a 30% rate for Non-Treatment Plan for Counseling, which indicates an overall 21% of patients who received an assessment but did not return to PHC for the next step of developing a treatment plan and receiving ongoing mental health services. This would indicate that 79% of patients engaged in services. As PHC does not turn anyone away and does not necessarily pre-screen behavioral health appointments, 80% engagement in services may be a more realistic goal.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

PHC saw the expected results as outlined in the proposal, which expected an average length of engagement in Counseling services at 12-15 months and an average length of engagement in Psychiatric services as ongoing.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

PHC collected the following, additional demographic data for all patients served in 2022: 23.1% uninsured, 55.8% public insurance, 1.1% veterans, 1.8% migrant workers, 14.3% homeless, and 17.9% best served in another language (HRSA UDS 2022 report). Of remark, the uninsured rate experienced a significant increase during the COVID-19 pandemic, where 29.6% of patients did not have health insurance. This rate has seen a decrease in 2022 to 23.1%. Still, this rate shows that almost one out of four Promise Healthcare patients do not have health insurance.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome 1: Decrease in emotional distress or mental health symptoms.

- **Assessment Tool:** The PSQ screen includes the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tools
- **Source of Information:** Client, with a quarterly assessment of data collected in NextGen EHR
- **Actual Results:**

PSQ/PHQ-9/GAD-7 – PHQ-9/GAD-7 – 16 patients received outcome measurement tools, (PHQ-9/GAD-7) at time of assessment and at a six month follow up. PHQ-9: 8 showed improvement, 6 saw increased symptoms, 2 saw no change. For those that improved averaged 7.38 points of improvement. GAD-7: 9 saw improvement, 7 saw increased symptoms and 0 no change. Of those that improved averaged 4.56 points of improvement.

Outcome 2: Work to support patients to achieve their optimal health.

Part 1: Clinical Care Gaps:

- **Assessment Tools:** Measured by tracking clinical care gaps for mental health patients who are also medical patients. Clinical care gaps are HRSA and CMS evidence-based standards of care. Tools include HEDIS standards, patient interviews from CCM, patient satisfaction for BH patients.
- **Sources of Information:** Clinical care gaps tracked in the NextGen EHR, managed care plan reports, Client/CCM, surveys.
- **Actual Results:** Case Managers currently have a list of 41 Chronic Care Management patients that they are working with. 21 of these patients have a behavioral health diagnosis. Out of the 21, 7 are seeing both a Behavioral Health provider and Medical provider. Findings came from an audit of CCM notes in each patient chart. All Chronic Care Management patients are called and interviewed regularly throughout the year.

Depression screening of medical patients – Promise screened and—when appropriate— provided follow-up care for 83% of eligible patients. 4559 – eligible for depression screening and follow-up plan, 3779 met measure for the reporting period.

In 2020 we were at 86% and 2019 was 81.66% for depression screening. All patients who screen positive for depression are able to schedule within 5 weeks, most within 3 weeks.

Part 2: Program Experience Through Patient Experience Survey:

- **Assessment Tool:** Patients of the mental health program can report anonymously their experience through patient experience surveys.
- **Sources of Information:** Patient surveys, as presented by the Midwest Clinicians Network Survey collation.
- **Actual Results:** See survey data below.

5. Counselor/Therapist/Case Manager		Count	Mean		Excellent	Good	Fair	Poor	N/A
Listens to you	Aggregated Jan to June 2022	1743	3.75		73.2%	18.2%	2.1%	0.5%	6.0%
	Promise 1222	82	3.71		72.0%	20.7%	3.7%	0.0%	3.7%
	Frances Nelson	45	3.82		80.0%	17.8%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.59		61.8%	26.5%	5.9%	0.0%	5.9%
Answers your questions	Aggregated Jan to June 2022	1731	3.74		72.6%	18.5%	2.7%	0.3%	5.8%
	Promise 1222	82	3.71		70.7%	23.2%	2.4%	0.0%	3.7%
	Frances Nelson	45	3.80		77.8%	20.0%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.59		61.8%	26.5%	5.9%	0.0%	5.9%
Respectful to you	Aggregated Jan to June 2022	1741	3.78		76.7%	15.5%	1.6%	0.6%	5.6%
	Promise 1222	82	3.75		73.2%	22.0%	1.2%	0.0%	3.7%
	Frances Nelson	45	3.80		77.8%	20.0%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.66		64.7%	26.5%	2.9%	0.0%	5.9%
Helps you meet your treatment goals	Aggregated Jan to June 2022	1729	3.70		70.4%	19.3%	2.9%	0.9%	6.4%
	Promise 1222	82	3.69		68.3%	24.4%	2.4%	0.0%	4.9%
	Frances Nelson	45	3.77		75.6%	22.2%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.61		58.8%	29.4%	2.9%	0.0%	8.8%
Overall, how would you describe your relationship with your counselor/therapist/case manager?	Aggregated Jan to June 2022	1734	3.70		68.7%	21.9%	2.2%	0.5%	6.7%
	Promise 1222	81	3.64		65.4%	25.9%	2.5%	1.2%	4.9%
	Frances Nelson	44	3.77		77.3%	18.2%	2.3%	0.0%	2.3%
	Walnut Street Clinic	34	3.55		52.9%	35.3%	2.9%	0.0%	8.8%

9. Psychiatrist		Count	Mean		Excellent	Good	Fair	Poor	N/A
Respectful to you	Aggregated Jan to June 2022	1629	3.74		62.4%	16.9%	1.4%	0.4%	18.8%
	Promise 1222	76	3.71		65.8%	23.7%	1.3%	0.0%	9.2%
	Frances Nelson	39	3.74		69.2%	17.9%	2.6%	0.0%	10.3%
	Walnut Street Clinic	34	3.66		61.8%	32.4%	0.0%	0.0%	5.9%
Answers your questions	Aggregated Jan to June 2022	1616	3.72		60.6%	18.2%	1.8%	0.4%	19.0%
	Promise 1222	75	3.66		64.0%	24.0%	1.3%	1.3%	9.3%
	Frances Nelson	38	3.66		68.4%	18.4%	2.6%	2.6%	7.9%
	Walnut Street Clinic	34	3.65		58.8%	32.4%	0.0%	0.0%	8.8%
Helpful to you	Aggregated Jan to June 2022	1612	3.71		60.5%	18.2%	1.7%	0.6%	19.0%
	Promise 1222	74	3.64		62.2%	25.7%	1.4%	1.4%	9.5%
	Frances Nelson	38	3.63		65.8%	21.1%	2.6%	2.6%	7.9%
	Walnut Street Clinic	33	3.63		57.6%	33.3%	0.0%	0.0%	9.1%
Understands your problem	Aggregated Jan to June 2022	1603	3.68		58.8%	18.5%	2.7%	0.5%	19.4%
	Promise 1222	73	3.62		60.3%	27.4%	1.4%	1.4%	9.6%
	Frances Nelson	37	3.59		62.2%	24.3%	2.7%	2.7%	8.1%
	Walnut Street Clinic	33	3.63		57.6%	33.3%	0.0%	0.0%	9.1%
Education received on medical condition and medications prescribed (e.g. side effects or purpose)	Aggregated Jan to June 2022	1605	3.67		56.9%	19.3%	3.0%	0.4%	20.3%
	Promise 1222	74	3.58		58.1%	27.0%	1.4%	2.7%	10.8%
	Frances Nelson	38	3.49		57.9%	26.3%	2.6%	5.3%	7.9%
	Walnut Street Clinic	33	3.66		57.6%	30.3%	0.0%	0.0%	12.1%

Outcome 3: Increase in percentage of denied claims that are addressed.

- Actual Result:**

Promise Health has a low percentage of Denials and the percentage usually falls between 5-10%. We as a Clinic on average have around 3,700 claims processed a month and we have stayed between 3% - 11% for the 2023 YTD. We saw a slight increase in January and since have decreased the Denial rate.

Desc	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
Claims	3364	3724	4238	4047	3984	3867	3412
Denials	363	107	127	102	199	199	342
%	11%	3%	3%	3%	5%	5%	10%

- Assessment Tool:** Percentage of payor claims denied reports measured by tracking on a monthly basis
- Source of Information:** Promise Billing Specialist

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

Psychiatry Patients

	CSE	SC	NTPC	TPC	Other
Continuing					

Q1	2	2005	374	1221	100
Q2	3	1911	75	645	100
Q3	0	1941	9	216	100
Q4	1	2027	11	179	100
Total	6	7884	469	2261	400
Target	4	8000	950	1675	40%

Counseling Patients

	CSE	SC	NTPC	TPC	Other
Continuing					
Q1	0	787	68	271	0
Q2	0	842	88	155	0
Q3	0	1164	79	177	0
Q4	0	1111	82	157	0
Total	0	3904	317	760	0
Target	0	2200	400	475	0

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Patient Stress Questionnaire (PSQ) in the electronic health record with the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool are to be collected for every patient engaged in therapy as part of the initial assessment and after 1 year of engagement and at discharge—when known. A gap that PHC is working on is a system to ensure that counselors know when a second PHQ-9 assessment is due for patient and will be putting in a solution through a new health tool alert system at 1 year of engagement. GAD-7 and AUDIT assessment conducted for every counseling patient. Psychiatry does not use a tool but instead subjective clinical judgement. We try to screen all eligible medical patients for depression. PHC set a goal of collecting surveys from 20-30 patients per provider, selection was based on patient interest in completing survey.

3. How many people did you *attempt* to collect outcome information from?

- Counseling Patients: All Treatment Plan Patients - 760
- Psychiatry Patients: Promise will survey about 20-30 patients per month per

Behavioral Health provider as part of our patient experience surveying.

- PHC universally screens all medical patients for depression using the PHQ-9

4. How many people did you *actually* collect outcome information from?

- The Midwest Clinicians Network Survey (national tool) consolidated survey results of PHC behavioral health patients collected between January-June 2022. A range of 1729-1743 responses were collected during patient visits about their Counselor/Therapist/Case Manager and between 1603-1629 responses were collected about visits with their Psychiatrist. Patient surveying is conducted annually.
- Medical Patient Depression Screening: Promise screened 4559 patients for depression and prepared a follow-up plan for 3779 eligible medical patients.
- PSQ/PHQ-9 Screening was conducted on 174 counseling patients from Champaign County.

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

- We collect patient experience surveys throughout the year.
- Promise Healthcare universally screens medical patients for depression throughout the year.
- PSQ/PHQ-9/GAD-7 are collected as part of the initial assessment and after 1 year of engagement.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

50% of patients seeing a behavioral health provider, mental health counselor and/or psychiatrist saw improvement in mental health symptoms. The practice of universal screenings for mental health symptoms by primary care providers and follow up by care managers had a positive impact in patient engagement with follow up planning. 83% Being able to schedule psychiatry patients within 2 weeks and counseling patients within 30 days has a positive impact on patient engagement.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Bob, a patient of Dr. Jones is seen in the clinic for a well patient visit. Dr. Jones' medical assistant administers to Bob a PHQ-2. Bob's score is 3, administration by the MA of the PHQ-9 is indicated. Bob scores 17 on the PHQ-9. The MA gives the scored PHQ-9 to Dr. Jones for evaluation. Based on a predetermined decision tree, Dr. Jones recommends mental health counseling and psychiatry to Bob based on his score. Dr. Jones, using pre-established scripting, expresses concern about Bob's mental health symptoms and explains how counseling and psychiatry could be beneficial for Bob. Bob agrees. Dr. Jones makes referrals through the electronic health record to Mental Health Wellness. Dr. Jones knows from the beginning of the shift huddle that the Mental Health Care Manager is on site at the clinic. Dr. Jones directs their MA to walk Bob to the Wellness office and see if the MH Care Manager is available for a warm hand off. The MHCM is available and asks Bob if he has time to do an initial visit and assessment with them. Bob meets with the MHCM and is administered the PRAPARE, GAD-7, AUDIT, DAST and is screened for dental needs. Bob's PHQ-9 score is also noted. Based on the screening, Bob is scheduled to see a psychiatrist in 2 days and meet with a counselor in 2 weeks. Bob is provided reminders noting the time and the location of the appointments and is advised that he will receive reminder texts for the appointments. Bob is also placed on a call back list to be scheduled for a dental checkup. Bob states he is unsure if he is prescribed more medications that he will be able to afford them. The MHCM schedules a follow up CM visit later in the day following Bob's visit with the psychiatrist. During the follow up visit the MHCM introduces Bob to the medication assistance program staff. The MAP staff work with Bob to find affordable options for his medication.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Universal screenings are effective in identifying patients in need of mental health services. The use of screening tools provides measurable data on patient progress. Working to increase the number of follow up screenings will be a future point of emphasis. Patient satisfaction surveys show that over 90% of counseling patients and over 80% of psychiatry patients rate services as excellent or good. The inclusion of care management in the program has had a positive effect on patient engagement and patient outcomes.

CCMHB Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. [Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.](#)

Agency Name: Promise Healthcare _____

Program Name: Wellness Services _____

Program Year: FY23 _____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES/NO** - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Promise Healthcare enabling staff including coordinators assist anyone who is a Promise Healthcare patient. Outreach and Enrollment staff assist patients and all community members. Promise Healthcare's primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services.

2. **YES/NO/NA** - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Not applicable. Anyone who requests services can receive services.

3. **YES/NO** - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Promise Healthcare's Wellness Program is primarily referred from our own staff and providers. Coordinators and other enabling staff are tasked in the electronic health record. Outreach staff attend community events and partner with community organizations to identify community members in need of assistance in addressing barriers to accessing health services.

4. **Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.**

PHC was able to complete an assessment and start services within the proposed 3

days. Timeframe for providing services after needs were identified or requested was 0-3 days.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

PHC enabling and outreach staff including coordinators provided immediate service when called upon to support BH patients, in all cases (100%). All patients requiring immediate services were provided it.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Length of engagement was variable, as expected, based on the needs of patients.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

PHC collected the following, additional demographic data for all patients served in the project period: 23.1% uninsured, 55.8% public insurance, 1.1% veterans, 1.8% migrant workers, 14.3% homeless, and 17.9% best served in another language (HRSA UDS 2022 report). Of remark, the uninsured rate experienced a significant increase during the COVID-19 pandemic, where 29.6% of patients did not have health insurance. This rate has seen a decrease in 2022 to 23.1%. Still, this rate shows that almost one out of four Promise Healthcare patients do not have health insurance.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome 1. Help patients remove barriers to their treatment plan.

Assessment Tool: Interview

Source of Information: Enabling staff will document patient/provider communication in the electronic medical record.

Actual Results:

*Wellness program data for “Patients assisted with barriers to care” reported is for Champaign County only.

996 unique patients served

- 2577 encounters/visits/contacts with adult wellness
- Substantially more encounters than last year (873 contacts GY21; 904 contacts in GY20)
- 1848 issues addressed to reduce barriers to executing treatment plan
- Average 1.86 issues per patient

01 - transportation	94
02 - food	38
03 - housing/utilities	65
04 - occupational/job resources	3
05 - medication/medical assistance	1426
06 - internal forms/fee waivers	44
07 - coverage/insurance	12
08 - other	166
09 - justice involved	0
	1848

The program saw 641 more patients than the previous year. By far (at nearly 80% of assists) the area of greatest need was to help patients access medications due to financial barriers. Our second greatest patient need was transportation. This is consistent with prior year data.

Outcome 2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2200 people enroll in coverage (all programs, includes non-Promise patients as well).

Assessment Tool: Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured. This will be a ratio of visits and count of people enrolled in coverage.

Source of Information: Coverage verification through the State of Illinois Medicaid system (MEDI), Availity, Medicaid Managed Care plans and commercial insurance portals.

Actual Results: 6% of behavioral health patients were uninsured at the time of service during the grant year. 2% of behavioral health patients were tracked as being assisted with enrollment. *Please note, this data is for all patients and not just Champaign County. Over 90% of PromiseHealthcare patients live in Champaign County.*

Outcome 3. The program will work to support patients to achieve their optimal health.

Assessment Tool: Midwest Clinicians Survey.

Source of Information: Patients of the mental health program can also anonymously report program experience through the ongoing patient experience survey.

Actual Results: The Midwest Clinicians Network Survey (national tool) consolidated survey results of PHC behavioral health patients collected between January-June 2022. A range of 1729-1743 responses were collected during patient visits about their Counselor/Therapist/Case Manager and between 1603-1629 responses were collected about visits with their Psychiatrist. Patient surveying is conducted annually. *Please see survey response results below.*

5. Counselor/Therapist/Case Manager		Count	Mean		Excellent	Good	Fair	Poor	N/A
Listens to you	Aggregated Jan to June 2022	1743	3.75		73.2%	18.2%	2.1%	0.5%	6.0%
	Promise 1222	82	3.71		72.0%	20.7%	3.7%	0.0%	3.7%
	Frances Nelson	45	3.82		80.0%	17.8%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.59		61.8%	26.5%	5.9%	0.0%	5.9%
Answers your questions	Aggregated Jan to June 2022	1731	3.74		72.6%	18.5%	2.7%	0.3%	5.8%
	Promise 1222	82	3.71		70.7%	23.2%	2.4%	0.0%	3.7%
	Frances Nelson	45	3.80		77.8%	20.0%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.59		61.8%	26.5%	5.9%	0.0%	5.9%
Respectful to you	Aggregated Jan to June 2022	1741	3.78		76.7%	15.5%	1.6%	0.6%	5.6%
	Promise 1222	82	3.75		73.2%	22.0%	1.2%	0.0%	3.7%
	Frances Nelson	45	3.80		77.8%	20.0%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.66		64.7%	26.5%	2.9%	0.0%	5.9%
Helps you meet your treatment goals	Aggregated Jan to June 2022	1729	3.70		70.4%	19.3%	2.9%	0.9%	6.4%
	Promise 1222	82	3.69		68.3%	24.4%	2.4%	0.0%	4.9%
	Frances Nelson	45	3.77		75.6%	22.2%	0.0%	0.0%	2.2%
	Walnut Street Clinic	34	3.61		58.8%	29.4%	2.9%	0.0%	8.8%
Overall, how would you describe your relationship with your counselor/therapist/case manager?	Aggregated Jan to June 2022	1734	3.70		68.7%	21.9%	2.2%	0.5%	6.7%
	Promise 1222	81	3.64		65.4%	25.9%	2.5%	1.2%	4.9%
	Frances Nelson	44	3.77		77.3%	18.2%	2.3%	0.0%	2.3%
	Walnut Street Clinic	34	3.55		52.9%	35.3%	2.9%	0.0%	8.8%

9. Psychiatrist		Count	Mean		Excellent	Good	Fair	Poor	N/A
Respectful to you	Aggregated Jan to June 2022	1629	3.74		62.4%	16.9%	1.4%	0.4%	18.8%
	Promise 1222	76	3.71		65.8%	23.7%	1.3%	0.0%	9.2%
	Frances Nelson	39	3.74		69.2%	17.9%	2.6%	0.0%	10.3%
	Walnut Street Clinic	34	3.66		61.8%	32.4%	0.0%	0.0%	5.9%
Answers your questions	Aggregated Jan to June 2022	1616	3.72		60.6%	18.2%	1.8%	0.4%	19.0%
	Promise 1222	75	3.66		64.0%	24.0%	1.3%	1.3%	9.3%
	Frances Nelson	38	3.66		68.4%	18.4%	2.6%	2.6%	7.9%
	Walnut Street Clinic	34	3.65		58.8%	32.4%	0.0%	0.0%	8.8%
Helpful to you	Aggregated Jan to June 2022	1612	3.71		60.5%	18.2%	1.7%	0.6%	19.0%
	Promise 1222	74	3.64		62.2%	25.7%	1.4%	1.4%	9.5%
	Frances Nelson	38	3.63		65.8%	21.1%	2.6%	2.6%	7.9%
	Walnut Street Clinic	33	3.63		57.6%	33.3%	0.0%	0.0%	9.1%
Understands your problem	Aggregated Jan to June 2022	1603	3.68		58.8%	18.5%	2.7%	0.5%	19.4%
	Promise 1222	73	3.62		60.3%	27.4%	1.4%	1.4%	9.6%
	Frances Nelson	37	3.59		62.2%	24.3%	2.7%	2.7%	8.1%
	Walnut Street Clinic	33	3.63		57.6%	33.3%	0.0%	0.0%	9.1%
Education received on medical condition and medications prescribed (e.g. side effects or purpose)	Aggregated Jan to June 2022	1605	3.67		56.9%	19.3%	3.0%	0.4%	20.3%
	Promise 1222	74	3.58		58.1%	27.0%	1.4%	2.7%	10.8%
	Frances Nelson	38	3.49		57.9%	26.3%	2.6%	5.3%	7.9%
	Walnut Street Clinic	33	3.66		57.6%	30.3%	0.0%	0.0%	12.1%

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

Wellness Program

	CSE	SC	NTPC	TPC	Other
Continuing					
Q1	6	130	108	53	570
Q2	18	418	184	111	244
Q3	21	1097	313	190	329
Q4	17	932	391	153	207
Total	62	2577	996	507	1350
Target	30	1600	480	205	2400

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was collected from all patents assisted.

3. How many people did you *attempt* to collect outcome information from?

All patients

4. How many people did you *actually* collect outcome information from?

All patients that we were able to assist.

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

While providing assistance.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Social determinants of health create significant barriers for Champaign County residents seeking behavioral health services. Our medication assistance program, enrollment staff and enabling staff are able to assist Promise patients in overcoming these barriers. Promise wellness and enabling services were able to provide patients with affordable medications, assist with enrollment to make Promise health services more affordable and assist with transportation needs to make health services accessible. Access to consistent affordable housing and food insecurity are also areas of significant need for Champaign County residents.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

A typical case is that of Mary. Mary is a new patient seen by a Promise Healthcare Psychiatrist. Mary does not have insurance and can't afford the medication she was prescribed. A Medical Assistant tasked outreach staff who met with Mary a half hour after her Psychiatry appointment. Enabling staff assisted Mary in enrolling in a financial assistance program offered by a Pharmaceutical company and her payments for medications were reduced to only \$10 per month.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rape Advocacy, Counseling, & Education Services (RACES)

Program Name: Sexual Violence Prevention Education

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

100% - As anticipated, RACES' staff reviewed all requests for prevention services within three days to ensure that the requesting entity was eligible for the agency's services.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

RACES' staff met the expected timeframe for responding to requests for service more often (95%) than estimated (80%). One of the agency's Educators was out for extended sick leave

during FY23, but the other Educators handled communication that would have normally been handled by the individual who was out with only occasional delays.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

All schools received at least three sessions, with most receiving four. This is in keeping with expectations.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
NA

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1 Knowledge Gained (increased knowledge of topics related to sexual violence)

All of RACES programs are expected to address this outcome. RACES planned to use two empirically validated assessments created and developed by curriculum providers and four assessments that were created with the previous CCMHB Evaluation Consultation Bank. Data was collected from participants for each of these programs.

Second Step – Child Protection Unit and Darkness to Light Stewards of Children are nationally recognized programs with their own assessment tools. Boundaries Matter, Safer Relationships, Dating without Violence, and I <3 (heart) Consent are programs that were developed by RACES and the assessment tools were developed with support from the previous evaluation consulting group contracted with CCMHB.

The results of the agency's analysis of the proportion of students who answered knowledge-related questions correctly on the pre-test compared to the post-test showed a positive effect of all of the agency's curricula. See the "Results" section for more information.

Outcome #2 Attitude change related to risk factors (decreased acceptance of measures related to risk factors)

RACES programs for middle school, high school, and adults are expected to show changes related to this outcome. RACES planned to use two empirically validated assessments created and developed by curriculum providers and four assessments that were created with the previous CCMHB Evaluation Consultation Bank. Data was collected from participants for each of these programs.

Second Step – Child Protection Unit and Darkness to Light Stewards of Children are nationally recognized programs with their own assessment tools. Boundaries Matter, Safer Relationships, Dating without Violence, and I <3 (heart) Consent are programs that were developed by RACES and the assessment tools were developed with support from the previous evaluation consulting group contracted with CCMHB.

The results of the agency's analysis of the proportion of students who answered questions related to risk factors for perpetration correctly on the pre-test compared to the post-test showed a positive effect of all of the agency's curricula. See the "Results" section for more information.

Outcome #3 Attitude change related to protective factors (increased acceptance of measures related to protective factors)

All of RACES programs are expected to address this outcome. RACES planned to use two empirically validated assessments created and developed by curriculum providers and four assessments that were created with the previous CCMHB Evaluation Consultation Bank. Data was collected from participants for each of these programs.

Second Step – Child Protection Unit and Darkness to Light Stewards of Children are nationally recognized programs with their own assessment tools. Boundaries Matter, Safer Relationships, Dating without Violence, and I <3 (heart) Consent are programs that were developed by RACES and the assessment tools were developed with support from the previous evaluation consulting group contracted with CCMHB.

The results of the agency's analysis of the proportion of students who answered questions related to protective factors related to sexual violence correctly on the pre-test compared to

the post-test showed a positive effect of all of the agency’s curricula. See the “Results” section for more information.

Outcome #4

NA

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 8,421

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

RACES attempted to gather outcome information from every participant. There is not a 1:1 return rate on pre/post evaluations, potentially due to self-selection ability, comfort with material, presence in classroom on the day of test administration. Each student was given both pre- and post-tests, with directions to provide anonymous results. No identification was allowed on the tests. Students were allowed to self-select participation in this process; however, they were strongly encouraged to complete the tests. RACES’ Educators tried using electronic surveys for FY23 and found that this resulted in a lower return rate than with paper copies. RACES staff have adjusted their process for implementing evaluations going forward.

3. How many people did you *attempt* to collect outcome information from? 8,421

4. How many people did you *actually* collect outcome information from? 7,202

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Information was collected once before RACES’ programming was provided and once after the programming was provided.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

An analysis of the percent of correct responses on evaluation instruments implemented prior to the agency’s programming compared to those after the agency’s programming demonstrates

meaningful, positive changes, many of which were statistically significant. Representative examples are included below for each grade level.

Grades K-2 (Figure 1)

Prior to RACES' educational intervention, 77% of students circled the correct answer to the following, "Circle the box that shows what to do if someone asks to see or touch your private body parts." After RACES' educational intervention, 90% of students circled the correct answer for this question. In keeping with age-appropriate approaches, visuals are used for this assessment tool. The difference between pre- and post-educational assessments was statistically significant ($p < .001$).

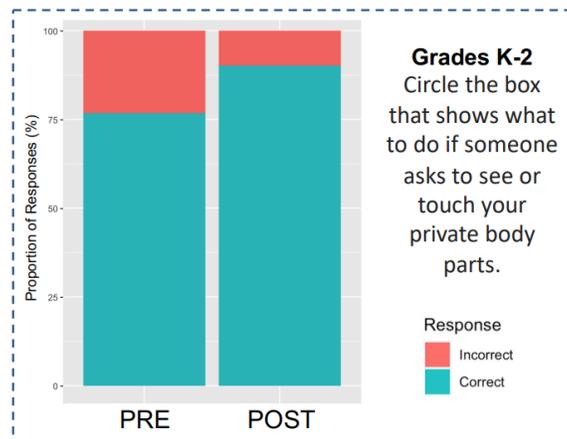


Figure 1: Bar chart demonstrating the percentage of students in grades K-2 with the correct answer to the listed sample question before and after RACES' programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

Grades 3-5 (Figure 2)

There was a 6% increase in the percent of students in grades 3-5 who correctly answered the question, "If Sarah's dentist asked to see her private body parts, what could she do to help stay safe?" following RACES' educational intervention, compared to the percent of students who answered this question correctly prior to the intervention. This is a statically significant difference ($p < .001$).

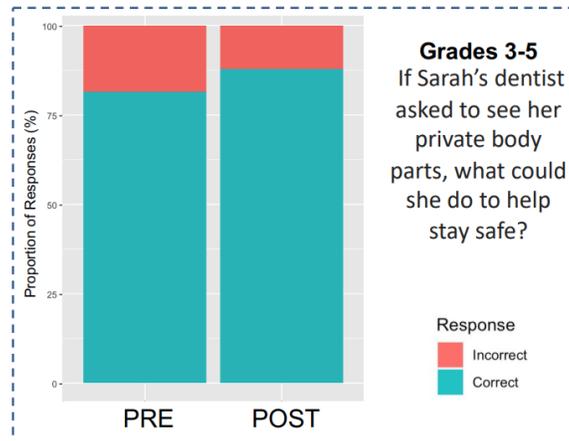


Figure 2: Bar chart demonstrating the percentage of students in grades 3-5 with the correct answer to the listed sample question before and after RACES' programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

Grade 6 (Figure 3)

There was a greater than 10% increase in the percent of 6th grade students who correctly responded to the statement, "It is unhealthy for people you date to want access to your social media accounts so they can monitor who you're talking to" following RACES' educational intervention, compared to the percent of students who answered this question correctly prior to the intervention. This is a statically significant increase ($p < .00396$). This question is important because it addresses controlling behaviors associated with abusive dynamics and specifically connects to the ways in which social media can be used as part of a pattern of abuse.

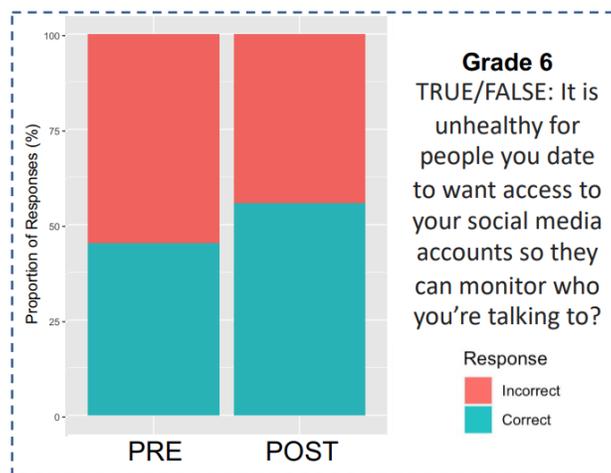


Figure 3: Bar chart demonstrating the percentage of students in 6th grade with the correct answer to the listed sample question before and after RACES' programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

Grade 7 (Figure 4)

Prior to RACES educational intervention in grade 7, 50% of students answered the following question correctly: “What is the most important thing in determining is something is sexual harassment?” Following the educational intervention, the same question was answered correctly by 61% of students. The difference between pre- and post-educational assessments was statistically significant ($p .00257$). While this shift is positive, it also shows the importance of programming over multiple years. RACES’ Educators continue to teach students about sexual harassment in later grades and have the opportunity to continue to increase the percentage of students who understand these dynamics. Once again, this intervention is designed to assess changes in attitudes and beliefs connected to the perpetration of violence.

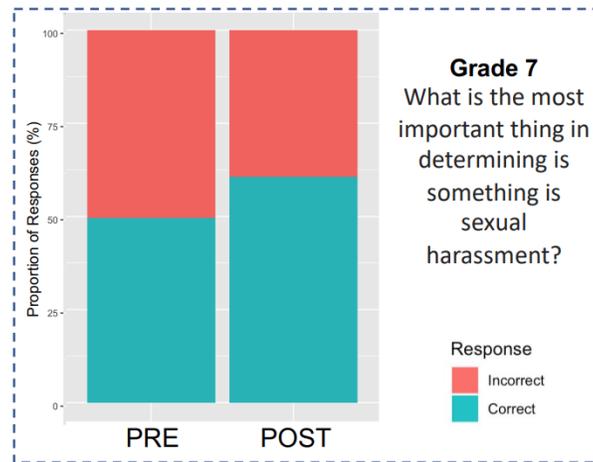


Figure 4: Bar chart demonstrating the percentage of students in 7th grade with the correct answer to the listed sample question before and after RACES’ programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

Grade 8 (Figure 5)

In 8th grade classrooms, RACES Educators start more directly addressing myths about sexual violence and the impact of the agency’s programming is once again significant. Prior to RACES’ educational intervention 37% of students answered the following statement correctly: “Most survivors of sexual assault are assaulted by strangers or people they just met.” Following the educational intervention, the same statement was answered correctly as false by 57% of students. The difference between pre- and post-educational assessments was statistically significant ($p <.001$).

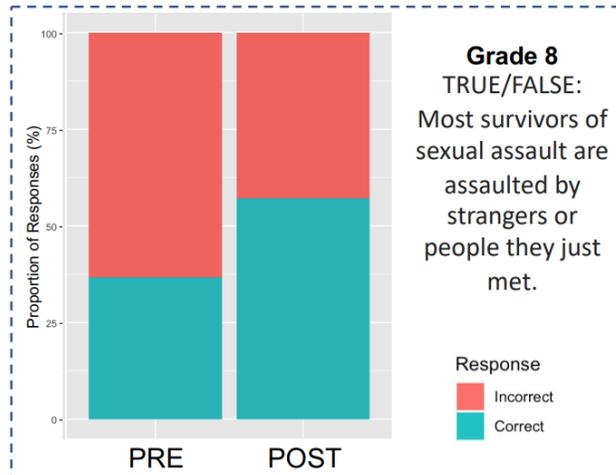


Figure 5: Bar chart demonstrating the percentage of students in 8th grade with the correct answer to the listed sample question before and after RACES’ programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

Grades 9-12 (Figure 6)

As with the example provided for K-2 students, assessments of RACES’ programming for students in grades 9-12 also demonstrate an increased awareness of how to access support. Prior to RACES’ programming, 64% of students responded affirmatively to the question, “Do you know how to report a sexual assault at your school/in your community?” Following RACES’ I <3 Consent program, 89% of students responded “yes” to this question. The differences between pre- and post-educational assessments were statistically significant ($p < .001$).

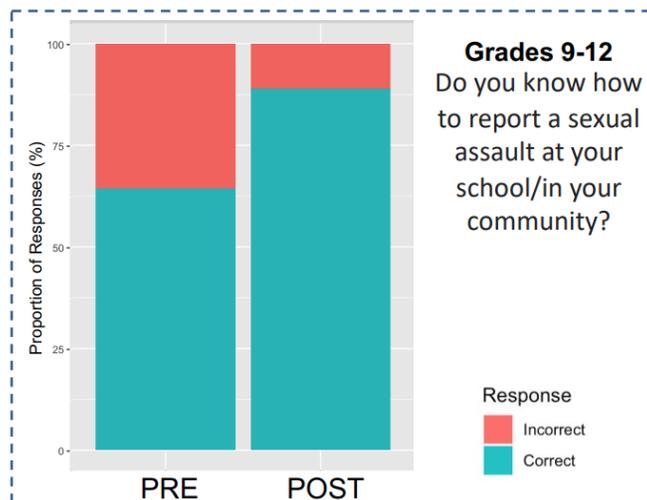


Figure 6: Bar chart demonstrating the percentage of students in grades 9-12 with the correct answer to the listed sample question before and after RACES’ programming. The percentage of answers are shown on the y-axis with correct shown in teal and incorrect shown in salmon with side-by-side comparisons of pre and post on the x-axis.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Sal is a third grader at ABC school in Champaign. He has been receiving RACES programming in his classes since kindergarten and he’s excited to see that Miss Mandy is back again this year. As Miss Mandy starts talking to his class this year, it makes him think about his neighbor who asked him to keep something weird a secret. He decides to tell Miss Mandy after class and Miss Mandy helps him identify a trusted adult he can talk to at school. He decides to talk to his teacher, Ms. Smith. Ms. Smith is very supportive and says that she will help Sal tell his parents after school. Sal is glad to be believed and Miss Mandy and Ms. Smith both told him that he was brave for telling.

Even in a situation like this that may not be a mandated report, this is an important opportunity for adults to step in to address grooming behaviors before they escalate. If a disclosure of abuse is made, RACES’ staff would make a mandated report, in addition to helping the student identify trusted adults in their day-to-day life. In all cases, the priority is to increase the child’s safety and wellbeing.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

RACES reviews survey results for each school year and uses this information to finetune the program for the following year, while maintaining their core components. The evaluations demonstrate areas that need additional emphasis and situations in which the evaluation tools may be flawed (ex. questions that are worded in a confusing way). Students at most grades in returning schools have already been exposed to RACES programming; their pretest responses indicate familiarity with the curriculum as well as retention of the correct information.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc.

Program Name: Benefits Case Management

Program Year: PY2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Application: 1 and year-end actual: 1
Since services start at time of program assessment, Benefits Case Management services begin on same day as assessment.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Application: 100% and year-end actual: 100%. Since services start at time of assessment, 100% of those seeking Benefits Case Management services met this.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Application estimate: 3-6 months; Year-end: Average length of stay: 12 months (State of Illinois processing of disability claims took longer than in years' past, so participants

seeking disability benefits were engaged with Benefits Case Manager for longer amount of time while waiting for their claims to be processed.)

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

None.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

It is estimated that 100% of those seeking information, assistance with applications, or referral will receive an appointment for services. Year-end actual: 100%

All clients seeking an appointment received an appointment for services. Outcomes 1 -4 are measured in the Rosecrance electronic health record. The Benefits Case Manager enters the data into the electronic record. The Benefits Case Manager also completes a Benefits Referral and Tracking Worksheet on each client, which tracks progress of the application(s) submitted.

Outcome #2

It is estimated that clients seeking services will be offered an appointment within 5 business days of referral, call, or walk-in. Year-end actual: 93% of clients were provided a service by the Benefits Case Manager within 5 days.

Outcomes 1 -4 are measured in the Rosecrance electronic health record. The Benefits Case Manager enters the data into the electronic record. The Benefits Case Manager also completes a Benefits Referral and Tracking Worksheet on each client, which tracks referral date as well as progress of the application(s) submitted.

Outcome #3

It is estimated that 100% of eligible clients will be assisted with benefits acquisition. Year-end actual: 100% All clients who attended scheduled appointment with Benefits Case Manager received assistance. Outcomes 1 -4 are measured in the Rosecrance electronic health record. The Benefits Case Manager enters the data into the electronic record. The Benefits Case Manager also completes a Benefits Referral and Tracking Worksheet on each client, which tracks progress of the application(s) submitted.

Outcome #4

It is estimated that 625 contacts to assist clients with benefits acquisition will be completed annually. Year-end actual: 507 contacts to assist clients were made in PY23. Outcomes 1 -4 are measured in the Rosecrance electronic health record. The Benefits Case Manager enters this data into the electronic record.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 133

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was collected from Champaign County clients only.

3. How many people did you *attempt* to collect outcome information from? 133

4. How many people did you *actually* collect outcome information from? 133

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Outcome information is tracked throughout the time of the clients' engagement with the Benefits Case Manager. The frequency is dependent on each client's situation and which benefits the Case Manager is helping them understand and/or acquire.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

The program is doing very well getting clients quick access to benefits case management services. The recruitment and retention rate for different ethnic or racial groups is reflective of our outpatient services, with 33% being black/African American, 65% being white, and roughly 2% being other or mixed race. Qualitative information from the Benefits Case Manager and quantitative information from the Benefits Referral and Tracking Worksheets show that the length of time it is taking for the State of Illinois to process disability claims continues to increase, with some clients waiting 8-12 months to hear whether a claim has been approved or denied.

The lower-than-expected number of contacts is attributed to fewer people needing help with accessing Medicaid, as the COVID emergency rules allowed for automatic renewals/ "continuous coverage" until June 1, 2023. Medicaid eligibility verification began again with each person's renewal date effective June 1, 2023.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.
3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc.

Program Name: Child & Family Services

Program Year: PY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Estimated: 7 business days; Actual: average of 7.5 business days
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Estimated: 75%; Actual: 74%
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Estimated: 120 days Actual: 149 days Given that length of program engagement can vary greatly due to individual differences in level of acuity and individualized treatment plans, the estimated time frame vs the actual is relatively close.
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
None.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

60% of clients will show improvement in Children's Global Assessment Score (CGAS)
Actual: 54% of clients showed improvement in CGAS and 20% reported no decline nor improvement. Scores are based on client report (with client guardian input as appropriate). These scores are tracked in the electronic medical record.

Outcome #2

50% of clients will show improvement in Ohio Scale Problem/symptom severity
Actual: 50% of the clients evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Problem/symptom severity. 50% reported no decline nor improvement. Scores are based on client report (with client guardian input as appropriate). These scores are tracked in the electronic medical record.

Outcome #3

45% of clients will show improvement in Ohio Scale Functioning
Actual: 50% of the clients evaluated at 6-month and/or at discharge showed improvement on the Ohio Scale Functioning. 50% reported no decline nor improvement. Scores are based on client report (with client guardian input as appropriate). These scores are tracked in the electronic medical record.

Outcome #4

50% of clients will show improvement in Columbia Scale
Actual: 50% of the clients evaluated at 6-month and/or at discharge showed improvement on the Columbia Scale. 33% reported no decline nor improvement. 17% reported decline. Scores are based on client report (with client guardian input as appropriate). These scores are tracked in the electronic medical record.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 41

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information collected at intake, 6-month reassessment, and discharge. Due to this program starting 2nd quarter of FY23, not all clients had reassessment within PY23.

3. How many people did you *attempt* to collect outcome information from? 12
4. How many people did you *actually* collect outcome information from? 12
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Information is collected at time of intake, 6-month reassessment, and at discharge.

Because this program is new and started in October 2022, not all clients met the 6-month or discharge mark during this reporting period.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

This new program is getting clients into services within the estimated time frames. Additionally, clients are staying in the program longer than anticipated, which is generally seen as positive (longer moderate lengths of stay have traditionally meant better long-term outcomes in behavioral health). Due to the small sample size of the outcome measures, it is difficult to determine the impact of the program on client behavioral health scores. However, initial indications from the small sample size show clients are improving when they engage in services.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc

Program Name: Criminal Justice PSC

Program Year: PY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Estimated days: 20 days Actual average days: 11.2 days
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Estimated: 70%; Actual: 71% Actual was within expected range.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Estimated: 5 months; Actual: 3.5 months Much of the length of participant engagement is reliant upon criminal justice system processes. (There can be much variability in how long a person is at the jail.)

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
None.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

1. Increase client's access to resources.

544 successful linkages for TPC and NTPC were made by case managers to the following resources:

- Anger Management and/or Moral Reconciliation Therapy groups (92)
- Housing (45)
- Employment (28)
- Education (37)
- Insurance (16)
- Benefits (11)
- Primary Care Provider (12)
- Mental Health/Substance Use Disorders Treatment (84)
- Transportation (10)
- Legal (209)

Outcome #2

2. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, length of stay data for the MI/COD population compared with that of the general population in the jail.

Data for this item was incomplete for PY23, as the jail is not tracking the length of stay other than for the general population. As of the beginning of PY24, Rosecrance staff are tracking the information for TPC in the jail.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 33 TPC

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered from the 33 TPC.

3. How many people did you *attempt* to collect outcome information from? 33
4. How many people did you *actually* collect outcome information from? 33
5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Outcome information is collected at intake, discharge, and throughout the client's service episode.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

A full analysis was not completed due to the lingering Covid-19 restrictions early in the year in the jail. The complete service array was not available in the jail at all times, which limited data available. We anticipate this will improve in PY24 with the Covid-19 emergency restrictions being lifted.

We were able to link 100% of clients who sought linkage to MRT, Anger Management, Insurance, Primary Care Provider, Benefits, Mental Health Treatment, Substance Use Disorders Treatment, Transportation, and Other services.

100% of Jail Request Slips were completed.

Persons who are referred to the program and interested in receiving linkage to resources are getting linked.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc.

Program Name: Crisis Co-Response Team (CCRT)

Program Year: PY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Target: 100% Actual: 97% Actual was slightly lower than Target. Processes are in place in which contact is attempted same day of referral from Champaign County Sheriff Office or Rantoul Police Department. This contact begins CCRT services. However, not all referrals are able to be reached immediately, especially those which are follow-up referrals after law enforcement interaction with the individual referred.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Target: 100% Actual: 80% While attempts to engage all persons referred were made, not all referred persons were able to be located following referral. This can be for multiple reasons including, but not limited to, the referred person being transient/leaving the area, referred person does not have a phone available and attempts to physically locate the person in the community were not successful, etc.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Target: 1-3 months Actual: 1.3 months (41 days) Actual is within the Target estimate.
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
None.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0. Due to staff turnover, the data for this outcome is lacking. We do have information on resources/services to which clients were linked, but not data on level of need for social emotional behavioral treatment. We have since conducted training for all CCRT staff and are now tracking this information for PY24.

Outcome #2

Reduce the number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year will be repeat requests.
End of year: 8% of the requests for assistance for behavioral needs were repeat requests. Information is tracked on a spreadsheet kept by CCRT staff.

Outcome #3

None.

Outcome #4

None.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 122 TPC

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

3. How many people did you *attempt* to collect outcome information from? 122

4. How many people did you *actually* collect outcome information from? 122

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Information is collected at time of intake/first contact and discharge.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

This program was a new program for Rosecrance in PY23. It took the first quarter to coordinate with law enforcement in Rantoul and Champaign County Sheriff's Office, as well as to recruit staff. Starting full implementation in 2nd quarter and staff turnover limited all the data collection for outcomes. This has been addressed for PY24.

Outcome data does show that Crisis Co-Response services are helping to limit repeat calls to law enforcement for behavioral health situations when the person is engaged with the CCRT services.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

When Champaign County Sheriff’s Office or Rantoul Police Department receive calls that are related to behavioral health concerns, they notify the CCRT staff member. Due to the differences in geographic layout of the two law enforcement agencies, how the calls are answered can vary. Sometimes, CCRT staff answers the call with law enforcement. Other times, law enforcement answers the call and determines it is behavioral health related, and then makes a referral to the CCRT staff. CCRT staff then follow-up with the individual. In either scenario, CCRT conducts further follow-up attempts (minimum of 3). If the individual is interested in services, the CCRT staff helps the client to connect with behavioral health services, benefits case management, and/or other community resources (food, clothing, shelter, medical services, etc.).

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Better tracking of client outcomes has been implemented for PY24. That will help better inform any future practice changes.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc.

Program Name: Recovery Home

Program Year: PY2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Estimated: 2 days Year-end Actual: 2 days
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Estimated: 70% Year-end Actual: 79% By setting the assessment time close to the client's projected discharge date from residential/higher level of care, we are able to help the clients stay motivated to engage in services immediately.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Estimated length of stay is 3-6 months. Year-end actual: 2.8 months
We had an increase in clients who moved back and forth between the recovery home and our crisis residential center due to increased mental health acuity. This is an improvement in care for the clients—it provides the individuals access to the mental

health services needed at the time—but it skews the length of stay data, as the client is discharged from the recovery home and then re-admitted following crisis residential center care (if appropriate).

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
None.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

45% will have completed successful linkage to items in individualized plan such as: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services, and/or engagement in 12-step support groups.
Year-end actual: 84% completed successful linkages to at least two resources on their individualized service plan. These are tracked in Rosecrance's electronic health record. Information is gathered from the client, their clinician, other program staff, and any other person the client wishes to include in their service plan.

Outcome #2

45% of clients will have stepped down to less intensive services.
Year-end actual: 84% stepped down to less intensive services. This is tracked in Rosecrance's electronic health record. Information is gathered from the client, their clinician, and other program staff.

Outcome #3

45% of clients will have secured stable housing at time of discharge.
Year-end actual: 30%. This is tracked in Rosecrance's electronic health record.

Information is gathered from the client, their clinician, other program staff, and any other person the client wishes to include in their service plan. It is taking longer to get accepted for stable housing while rent costs are increasing in the area. (Some estimates are that the cost of rent for a studio apartment in Champaign County rose 13% from 2022 to 2023.) This creates a barrier for clients to access stable housing. In general, people who stay longer in the Recovery Home have been more successful in finding stable housing.

Outcome #4

45% of clients will have secured employment or engagement in an education program.

Year-end actual: 69% of clients were employed or enrolled in an education program.

These are tracked in Rosecrance's electronic health record. Information is gathered from the client, other program staff, and any other person the client wishes to include in their service plan.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 32 from Champaign County

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

3. How many people did you *attempt* to collect outcome information from? 32

4. How many people did you *actually* collect outcome information from? 32

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

Information is collected at intake, discharge, and throughout the client's stay in the recovery home.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

We look at the change from admission to discharge, by regularly reviewing their service plan with clients, behaviors in the recovery home, engagement in support groups, and employment. The clients who are engaged in support groups, remain employed, and have longer lengths of stay continue to have more favorable outcomes than those who have not.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.
3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: Rosecrance, Inc.

Program Name: Specialty Courts

Program Year: PY23

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Estimated: 3 business days Actual: average was 15 days from substance use disorders assessment to becoming a Drug Court client. The difference in estimate to actual is due to changes in how Champaign County now does Drug Court assessments within the court process. Assessments are now done prior to client being sentenced which leads to the length of time varying greatly, depending upon the client's court case. It should be noted that over 75% of the clients did receive services from other Rosecrance programs while waiting on their sentencing to Drug Court.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
Estimated: 45% Actual: 14% The difference in estimate to actual is due to changes in how Champaign County now does Drug Court assessments within the court process. Assessments are now done prior to client being sentenced which leads to the length of time varying greatly, depending upon the client's court case. It should be noted that

over 75% of the clients did receive services from other Rosecrance programs while waiting on their sentencing to Drug Court.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
Estimated: 1.5 years (18 months) Actual: 17.6 months This is close to expected time frame.
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
None

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Drug court aims to eliminate substance abuse among the participants, decrease recidivism, help participants to achieve and maintain sobriety, and decrease the costs of crimes associated with substance abuse. The Drug Court Coordinator (employed by the county) tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. From the Champaign County Drug Court Coordinator:

Of all the grads with 1 year post-graduation (342), 25 have reoffended in year 1 (7.3%)

Of all the grads with 2 years post-graduation and have not already reoffended (317), 39 have reoffended in year 2 (12.3%)

Of all the grads with 3 years post-graduation and have not already reoffended (278), 27 have reoffended in year 3 (9.7%)

Of all the grads with 4 years post-graduation and have not already reoffended (251), 22 have reoffended in year 4 (8.8%)

Of all the grads with 5 years post-graduation and have not already reoffended (229), 14 have reoffended in year 5 (6%)

Within 5 years of graduating, 127 of 342 graduates have reoffended since program conception. (37.1%)

Within 3 years of graduating, 91 of 342 graduates have reoffended since program conception. (26.6%)

We have had a total of 342 graduates since 1999.

Outcome #2

No. of Graduates: Target: 15 Actual: 9 This is tracked by the Champaign County court as well as in client charts in our electronic medical record. There was a decrease in persons sentenced to Drug Court during COVID, which impacted the number of clients eligible for graduation during PY23.

Outcome #3

% of Graduates who do not experience recidivism: Target: 65% The County Drug Court Coordinator tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. Please see response to Outcome #1 above for report from Champaign County Drug Court Coordinator.

Outcome #4

Individuals with potential barriers who received Case Management services. Target: 100% Actual: 100%

Rosecrance outreach workers track Case Management services in the client chart. Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 45

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

N/A Information collected from all participants

3. How many people did you *attempt* to collect outcome information from? 45
4. How many people did you *actually* collect outcome information from? 45
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Information is collected at intake, throughout treatment, and at discharge.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

Champaign County Drug Court participant recidivism rates continue to be lower than average recidivism rates for non-participants (national average has been reported as 50% per Mitchell, O., Wilson, D., Eggers, A., & MacKenzie, D. (2012). *Drug courts' effects on criminal offending for juveniles and adults*. Oslo, Norway: The Campbell Collaboration).

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

A typical drug court client is referred to Champaign County Drug Court by their defense attorney in hopes of deferring a jail/prison sentence in exchange for participation in the drug court treatment program. The client is assessed typically in jail while awaiting court/sentencing, then the assessment is reviewed and if accepted the client is referred

to drug court. The client is admitted into either residential or outpatient treatment services based on the results of the substance abuse assessment. If the client is assessed as needing residential treatment services, the client will complete residential treatment and then be transferred to intensive outpatient treatment services. The client will eventually step down to continuing care treatment services as they work through the Drug Court phases. The client typically is followed from admission to graduation by the same addiction counselor. The client will receive case management (transportation and referral services), individual and group sessions, as well as toxicology testing. Upon completion of all treatment program requirements and drug court phases the client will participate in a graduation ceremony. Also, the client is required to have a sponsor, participate in AA/NA support groups, have a job and return once a month to sit in on a treatment group for the first 6 months following graduation.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: ___Terrapin Station Sober Living_____

Program Name: _____TSSL_____

Program Year: ___2023_____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

Assessment to start of service times were as expected.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

All but 3 eligible applicants engaged in services upon acceptance.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

On average, our estimate lined up with our clients length of stay (3mo), although they vary greatly; from as little as 1 week to 1 year.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

100% of the people who choose to engaged in services who were eligible.

Outcome #2

People who were eligible received services in as little as 1 day.

Outcome #3

On average the intake process took 3 days.

Outcome #4

On average, our length of stay for individuals came out to 3 months.

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ____9_____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

3. How many people did you *attempt* to collect outcome information from? _____9_____

4. How many people did you *actually* collect outcome information from? ____9_____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

During a clients intake and discharge.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

That something as simple as a change in location can greatly alter the outcome of the clients stay. That a single bad actor can contaminate a well of good willed people.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: The Well Experience

Program Name: Well Family Care Program

Program Year: 2023

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
THE WELL EXPERIENCE FULFILLED THE ESTIMATED DAYS FROM COMPLETING ASSESSMENT TO START OF SERVICES.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
THE WELL EXPERIENCE EXCEEDED THE NUMBER OF PEOPLE WHO ENGAGED IN PROGRAM SERVICES.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
THE RESULT WAS EXPECTED. FAMILIES LOVE THE WELL AND OFTEN ENROLL IN ADDITIONAL PROGRAMS AND SUPPORTS WHEN TREATMENT PROGRAMS ARE COMPLETED.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. THE WELL EXPERIENCE HAS A HIGH POPULATION OF BLACK FAMILIES LIVING IN CHAMPAIGN COUNTY, PREDOMINANTLY LIVING IN URBANA, CHAMPAIGN, AND RANTOUL. THE WELL EXPERIENCE HAS A LARGE POPULATION OF SINGLE MOTHERS WHO ARE RAISING THEIR CHILDREN AND VALUE THE SUPPORT THAT IS OFFERED AND PROVIDED TO THEM.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Outcome #2

Outcome #3

Outcome #4

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? _____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

3. How many people did you *attempt* to collect outcome information from? All

4. How many people did you *actually* collect outcome information from? 80%

5. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc) AT THE START OF SUMMER AND FALL PROGRAMS, DURING IN-HOUSE EVENTS, THROUGH THE INTAKE PROCESS, REGISTRATION AND PROGRAM ENROLLMENT, AND COMMUNITY EVENTS.*

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

THE YOUTH AND FAMILIES WHO VISIT THE WELL EXPERIENCE ARE EXPERIENCING HEALING AND RESTORATION FOR THEMSELVES, THEIR CHILDREN, AND THEIR FAMILIES. THE ENVIRONMENT PROVIDED AT THE WELL EXPERIENCE HAS PROVEN TO BE A NECESSITY FOR GROWTH AND CHANGE FOR YOUTH. THE YOUTH WHO PARTICIPATE IN PROGRAMS ARE DECREASING THE NEGATIVE SCHOOL AND COMMUNITY BEHAVIOR BY 70% BASED ON PARENT AND SCHOOL REPORTS.

FAMILIES ARE PLEASED WITH THE CARE PROVIDED AT THE WELL EXPERIENCE. COMMUNITY ORGANIZATIONS HAVE REACHED OUT TO INFORM US OF THE GREAT THINGS CLIENTS WHO VISIT US ARE SAYING ABOUT TWE. THE NUMBER OF REFERRALS BEING RECEIVED HAS INCREASED TREMENDOUSLY IN ONE YEAR.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: **Urbana Neighborhood Connections Center**

Program Name: **Community Study Center**

Program Year: **2023**

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Our initial stated goal at the beginning of 2023 was to served 75 consumers. We quickly came to realize that based on facility space and staff presence, 60 is a much more realistic number of students to shoot for. We were right at 60, some quarters rising slightly over and some falling slightly under. Our students received services that enhanced their lives academically, socially and culturally.
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
In the year fiscal year 2023, 78.66% of the estimate of eligible people were actually enrolled in the program (59 out of the estimated 75 people). Of the 59, 100% engaged in program services.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

We estimated that 75 program participants would enroll in the center's programming and remain enrolled throughout the year (over the course of the 4 quarters/9 months). That was a high estimate, a maximum, so our 60-student enrollment was not necessarily unexpected, especially having seen an increase of about 13 participants on average attending daily after the pandemic. We were pleased with the year-end result.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

Our program did not collect demographic information beyond the standard categories.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1: Engage targeted youth in structured out of school time, educational, social emotional development and recreational activities.

Outcome #2: Reduced and/or minimal criminal activities by engaged youth.

Outcome #3: Expose targeted high school students to various college and career related activities.

Outcome #4: Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

(Add as many Outcomes as were included in the Program Plan Narrative)

Outcome 1- We achieved this goal, as we consistently provided after-school, summer, and all-day programming that primarily had engagement from local African American youth ages 5-17 (in grades K-12). They engaged in supplemental Math, ELA, SEL, STEAM, and Black History lessons and learning activities led by our in-house staff and guest facilitators.

Outcome 2- We achieved this goal, as we saw a 0% criminal activity involvement rate from our youth and even implemented an anti-violence curriculum, on top of the previously existing substance abuse prevention curriculum that was already being implemented once a week.

Outcome 3- We achieved this goal, as we successfully continued our College & Career Readiness Program, bringing in field experts in the areas of finance, higher education, social worker, and others to assist our students in planning for their future through a series of intense workshops and activities. 100% of our high school seniors graduated last year. 6 were accepted to universities and are attending. 1 continued his trade school apprenticeship.

Outcome 4- We have successfully exceeded the expected outcome. We have met all 4 of our Cultural Competence and Linguistic Plan.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 59

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

We gathered outcome information from observations of participants and the feedback from staff and parents.

3. How many people did you *attempt* to collect outcome information from? 59

4. How many people did you *actually* collect outcome information from? 59

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

We gathered outcome information from observations of participants and the feedback from staff and parents.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

I learned that our students and parents respond well to direct contact and consistent communication. This is the first year we were able to recruit many of our participants through conversations at Open Houses, Back-to-School Nights, Parent-Teacher Conferences, and community events like Jettie Rhodes Day, C-U Day, and the Juneteenth Celebration. We also

hosted a UNCC Open House for the first time in about 5 years, to re-introduce and welcome the community to the center. We hosted an arts exhibit over the summer to display student work and allow parents to tour the facility. Many have stated that they appreciate the direct contact. A few have even commented on the new UNCC Parent GroupMe app. They appreciate the updates, photos of their children working hard on homework, a project, or enjoying a field trip. Some of our new students came to us as a result of word-of-mouth from parent-to-parent about their pleasure with the services we provide. Our increase in numbers reflects this information as well.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

Academics are a major focus of the summer enrichment and after-school program. Our students arrive at the center at staggered times (elementary drop-offs occur 3:30-3:45pm). Our middle school students arrive between 3:50 and 4:00pm. All students receive a meal, tutoring (if needed) or read, and then enter designated spaces within the center for enrichment activities. This school year, days are themed "Math Monday", "Let's Talk About It Tuesday", "Wisdom Wednesday", "Reading Thursday", and "Fun Friday". Last year, the focus was dependent on outside programs (i.e. Rosecrans Mental Health Services, Math Prodigy Program, Yoga & SEL Tuesdays, and C-U Fab Lab Tues and Thursdays). Our staff work hard to ensure activities are age- and grade-level appropriate, fun, and interactive so that students in their groups will want to engage. They also have opportunities to voice their opinions and provide input about what they would like to do.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

Changes have been implemented to focus more on student-staff interaction. Their relationships have become stronger through direct service and activity implementation by their assigned staff members, as opposed to as many outside groups as last year. We've developed a mentor-mentee style of leadership within our UNCC family, where we are continuing to establish trust and build character in our youth by starting with ourselves. Our students appear to be happier and our staff feel a sense of increased autonomy to bring engaging, culturally relevant activities to their student groups. Also, through reflective analysis, the increased communication modes were implemented. We purchased new walkie-talkies for ease of access to admin.-to-students, staff-to-staff, and admin.-to-staff. We took note of the fact that even though we were retaining students, some of the comments from our middle school students and parents, at one point, indicated unhappiness with lack of certain program offerings. In response to this, we made valid efforts to revamp our program structure to appeal to their interests. We adjusted our communication method with parents to share brief updates, images, videos, flyers, etc. to help them feel included and valued at the center. We will continue to use both informal and formal data collection methods to evaluate our progress toward our organizational goals and make changes where applicable.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: ____ Uniting Pride of Champaign County _____

Program Name: ____ Children, Youth & Families Program _____

Program Year: ____ PY23 _____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.

Yes. People self-identify as LGBTQ+, or as people wanting to be better allies to the LGBTQ+ community, to engage with our programs and services.

2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.

Yes. We allow people to self-select the support groups/programs that work best for their individual experiences and needs. We put strong effort into promotion and awareness building of all programs/support services offered in order to ensure this functioned smoothly.

3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.

Yes. Growth in all programs across the board suggests that our outreach activities have been successful. People engaging with programs more than once suggests matching efforts are also successful.

4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.

We are able to provide most services immediately, with the only wait being for regularly scheduled programming to occur as scheduled.

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

Everyone who needed services and chose to respond and engage was assisted.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Because our programs and services vary, this varies as well. With our groups, some people might engage only in times of emotional need. Others might engage consistently and over long periods of time for general support and community. Our trainings are meant to be done once, and not repeated for some time. Other services are drop-in as needed, like our food pantry. Currently we see engagement match the program and intended use so we feel this is successful in general.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

We collect information on sexual orientation, and we collect much more detailed information on gender identity than we are asked to report on. This allows for us to build programs that serve our LGBTQ+ community in a more nuanced way. One example is that we created a new support group specifically around sexual orientation in response to interest and need. Another example is in how much more robustly we serve the gender-diverse community than goes on within other community resources and programs. This is a regular complaint from within the gender-diverse community: the way other organizations, programs, and services are not serving them effectively or in an affirming manner. This is one reason why we've worked so hard to grow our training program. We hope we can train other organizations so that our gender-diverse community can be better served across the board.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Increased sense of community -- Using our bi-annual self-reporting surveys, we see that most respondents do not have access to safe and supportive places within their extended families,

school/work place, and especially religious sectors. With 58% of respondents reporting that they made a new friend through our programming, this shows our efforts have been effective in reaching our target for Outcome 1. This is our Outcome #1 for a reason: not feeling a strong sense of community is a concern that impacts so much within the overall mental health and wellbeing of our local LGBTQ+ community. We're pleased to see that this is improving as we work to provide more programs and services, show up to other community programs to be visible, and partner to create more safe spaces around our area.

Outcome #2

Improved self-efficacy - Also using the bi-annual self-reporting survey, members of the LGBTQ+ community scored themselves highly on adaptability measures and their trust in themselves to carry out their plans. We see a trend of low self-worth, but high adaptability scores, seeming to indicate our community members feel high self-efficacy but are less confident in having the external supports necessary to carry out their plans. We aim to bridge that gap in continued service to our target with Outcome 2.

Outcome #3

Improved social support - Based on last year's survey results, and commonly repeated casual feedback, we made some changes to our group offerings this year. In an expansion to our Support Group program, we've added several social and activity groups. We brought back our Meet Up group that is solely for social interaction. We added a Dance It UP group that provides free dance classes for people to get exercise, be creative, and socialize in a safe space. And we launched a community choir on a short-term trial basis for the same reasons. That was so successful we are now turning that into a year-round program. We've also begun producing semi-regular drag shows, and partnering with a group that produces roller skating nights. And we're looking for more ways to engage in this kind of programming and work. We have done all this because one of the biggest pieces of feedback we receive year-round is that our community needs more opportunities for safe social interaction. As a result of this programming expansion, we've seen new people engage, and people who previously only engaged in one way are engaging in multiple ways now. Responses to this year's survey show this is effective, while still echoing the need for even more. As it relates to our Support Groups: the groups that include personal "check-ins" scored highly with participants when asked their favorite activity. They value the opportunity for at least one regular moment to share, and to listen to what other community members are experiencing. "Naturally there are conversations that I don't directly identify with, but a large part of my reasons for attending is to also learn about others and how I can be more supportive. Unlike other support groups, I've never regretted going to Trans UP." Results show our efforts are working in relation to our target for Outcome 3, but that we have continued work to do. And we intend to keep doing it.

Outcome #4

Improved self-worth - This is also based on the bi-annual self-reporting survey. The difficulty in measuring this with the LGBTQ+ community comes from how much is tied to external societal situations. With the rapid growth of anti-LGBTQ+ rhetoric, bigotry, violence, and legislation, we continue to see low rankings of "negative" self-reports (feelings of hopelessness, fear of failure, etc). Our data

shows that providing members of this community a safe and supportive place to meet other members of their community and to share in discussions and activities helps combat the negative impact of external forces. "This has been such a blessing and helped me through what has been a very challenging time for my son. I always come away feeling better and I (learn that others) are going through the same thing." Unfortunately, external forces are creating barriers for us to meet this target as successfully as we hope to. Our work in this area is harder than it's been in a very long time. This shift is driving many of our organizational decisions because it remains an important target.

(Add as many Outcomes as were included in the Program Plan Narrative)

Outcome 5: Access to affirming and knowledgeable resources - This is also based on the same survey process as above, as well as other situations and experiences we've had throughout the year. We continue to offer both in-person and online meetings in an effort to increase accessibility. We get feedback that some people are able to attend only, or more often, because we offer some online meetings. We also put many staff hours into school visits, attending community events, marketing through other resource organizations, partnering with other resource organizations, and marketing and publicity, in order to reach as much of the population as possible. We know we aren't yet reaching as much visibility as we need to - we regularly run into people who still haven't heard about us or know about our full scope of programs and resources. We've also faced some community mis-information sharing obstacles. There have been multiple recent incidents of community members trying to reduce community trust in our organization and the resources and services we provide. Some are spreading outright lies and disinformation with a purposeful effort to undermine our reach and efficacy. Others are poorly informed, or believing the disinformation campaigns, and then add to this difficulty by sharing it even more widely. This added layer of obstacle keeps community members from feeling safe to access our affirming and knowledgeable resources, and proves particularly hard to combat because it comes from members of our local LGBTQ+ community. We are seeking expert marketing advice to handle this particular set of issues as we continue to grow and become more visible. We have already learned that this is a common occurrence as organizations grow, and so we are experiencing some of the same growing pains many other organizations go through. But we still need much guidance on how to respond, when to respond and when not to, and how to build community trust in the face of negative campaigning of this kind. In summary, though, the picture is looking positive. With a marked jump in participation numbers, and high marks of satisfaction from those who do engage with our programs, we know our efforts are benefiting the community and we are actively working to ensure this trend continues in this direction. "I totally appreciate this group's efforts at outreach. There are kids who struggle, yet know there is support available, but are just not quite ready yet. Talking about it, and making this group visible is vital to their journey." On the whole, we feel we are moving in the right direction as it pertains to the target for Outcome 5, but have continued, and some new, work to do.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ____268____

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Those who participated for at least 2 quarters were asked to respond to the survey about our groups. But of those, some chose not to respond.

3. How many people did you *attempt* to collect outcome information from? ____54____

4. How many people did you *actually* collect outcome information from? ____36____

5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

We sent group surveys twice - mid-year and end of year.

RESULTS

1. What did you learn about the participants and the program from this outcome information?
Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.

Much of this is included with responses above about specific outcomes as it relates to our group programming. Some summary:

Participants have a low sense of community or belonging, but find that is beneficially impacted by engaging with our programs. Participants feel much of their negative feelings come from external factors – for example, low self-worth. They feel a strong sense of adaptability around negative feelings where they can have control, but struggle when the ability to make change has barriers because of others or external situations in which they do not have control. Participants report a stronger sense of social support, while also reporting continued need for more. We've seen high participation in the additions we've made to our program offerings, which supports statements about this continued need. We continue to hear the community would benefit from even more than we've been providing. We

have made great strides in increasing reach and visibility, but continue to have challenges getting information widely distributed, along with issues of mis/disinformation being spread.

One of the largest changes from PY22 to PY23 is growth in participation numbers. We had a large jump from 21 to 22, but the jump was even bigger from 22 to 23. This increase means many participants are new to our programs and services, which presents a challenge to comparing year over year results. Only some responses are from those who have continued on with us over a long enough period of time to make comparisons. Some of this is because some people only attend groups when they are going through a period of extreme challenge. And once they are through that period, they don't feel the need to continue with the resource. We also have a transitory community based on close proximity to UIUC, which contributes to participant turnover. And finally, with the influx of refugees from other areas, we have many new people engaging for the first time. All of this contributes to having little to compare year over year.

One piece of comparison we feel comfortable reporting on is an increased connection to the local LGBTQ+ community. This is the 2nd year in a row where we see this metric continuing in a positive direction. While we cannot discount the impact of Covid and the way restrictions have changed around in-person interaction over the last 2 years, we have also significantly increased the amount of programming we are producing, even compared to pre-Covid. Feedback around this notes appreciation for more opportunities to gather and build a strong local LGBTQ+ community.

Notable Quotes from Survey Responses:

"Uniting Pride has definitely been super important for me to join and feel included within the LGBTQ+ community!" "My weeks are so much better when I attend." "Keep up the good work, being there is amazing". "Thank you so much for all that you do! I'm super fortunate to be here as I start and continue my journey, and y'all have been such a huge help in so many ways!" "I just enjoy being around others in my community even if I don't interact too much during these meetings." "I never really feel confident about my sexuality but coming here helps." "I look forward to the meetings and am disappointed when I can't make it."

The above addresses our outcomes at the time of application because when we applied for this grant more than two and a half years ago, we did not yet have an evaluation process around our educational training program. Over the course of PY22, we worked with the CCMHB-provided evaluation team and created a process. We began to use it at the end of PY22, and have now fully implemented it in PY23. We want to include information now that we've had a year of data, even though we did not have it when we applied and so it would not be appropriate to include above in relation to Outcomes.

Of note: People participate in the group programs over a period of time and so we design group surveys to capture growth and change over time. For our training program, we typically only see someone one

time. Or perhaps once and then again in a few years if their group or organization decides to renew their education. So based on the expert recommendations in our CCMHB-provided process, we built into the training evaluation tool that we measure peoples' knowledge, understanding, and confidence before the training vs after the training. This model helps us capture the efficacy as related to our goals.

Also of note: training is often delivered to far more allies than members of the LGBTQ+ community. Because of this, the main goal of these trainings is to increase awareness of terminology, issues and concerns, and Best Practices, as well as to show how harm can be caused and teach about ways to reduce harm going forward. One of the most impactful areas of work that can benefit the lived experiences of LGBTQ+ people is to build allyship and teach about harm reduction to those outside the community. So while our groups are intended to improve the lives of LGBTQ+ people through work with LGBTQ+ community members, trainings are intended to improve the lives of LGBTQ+ people largely through work with everyone else.

Here are notable results from the PY23 training programming:

60-70% of attendees reported their knowledge around terms, experiences, and issues had increased as a result of the training. Over 70% reported that going through the training resulted in gaining confidence to intervene and make corrections where harmful language is being used. And the most hopeful result: 90% of attendees reported that after taking the training, their intent to improve experiences for the LGBTQ+ community was either "Quite a Bit" or "A lot/Extremely" (the two highest scores). This data shows we are conclusively meeting the goals we've set with this portion of programming. Therefore, we plan to continue as things are now, unless we receive new information that directs us to change, or based on changes in the political and/or societal landscape.

Here are some responses to this question on the evaluation - "What do you think was most impactful from this training and that you're most likely to take with you afterwards?": "How even something as simple as using the correct name and pronouns can make a huge difference in someone's life and help prevent suicide even." "Even if all you can make at the moment is a small change, that can still have a huge impact on someone. Use your social capital to hold others accountable even if you are somewhere that policies aren't in place. Normalize setting boundaries around things like deadnaming and intentional misuse of pronouns." "The identities of LGBTQ+ folks are deeply personal and they deserve to be respected. This training reminded me of the importance of interacting with others accordingly. It is essential to correct someone using incorrect names or pronouns, as well as set a boundary for those who are unwilling to change their behavior. This training reinforced the importance of making LGBTQ+ folks feel safe, seen, and cherished in whatever ways I can." "Feeling much more confident and able to talk with people who speak derogatorily about LGBTQIA+ people." "The presenter shared in such a nonjudgmental way that I gained confidence in discussing these issues." "So much!!! Learning other trans terms, learning the stats of teen suicide and how something as simple as using correct pronouns can save a life." "The idea that we're all growing and learning. We don't know everything and that's okay, what matters is taking the steps to get better and acknowledging your mishaps." "The speaker was

phenomenal! I LOVED how matter of fact and assertive she/they were when modeling statements and rebuttals to ignorant comments. There was such clarity and confidence and no mincing of words, yet super friendly and generous at heart as well. I wish I would have asked to record it. It was SO GOOD. Thank you!" "This is the second year, and even though it was the second round of this training for me, I still walked away with more knowledge." "A lot of information was packed into an hour & a half presentation. Trainer was very engaging speaker and good at stressing importance of changes that may seem small but can have significant impact. Trainer engaged with all questions, even those questions that were phrased in a way that could be challenging or confrontational, and provided thoughtful responses that helped reframe the question in a more neutral way so questioners were not able to derail the positive learning environment."

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a "composite case" that combines information from multiple actual cases.

A new challenge we're facing is what the United Nations calls an "Internal Displacement Refugee Crisis". This is when people don't cross international borders but only cross borders within their home country to flee persecution, violence, and genocidal legislation in order to seek safety. As this is happening in many states across our country in relation to LGBTQ+ topics and identities, we are seeing a massive influx of LGBTQ+ individuals and families into our community. Illinois has robust legal protections in comparison to nearly all other states, and Champaign-Urbana has one of only 3 full-scale LGBTQ+ resource centers outside of Chicago. These community members arrive with a variety of needs. One family arrived with a mix of struggles and needs around housing, finances, community engagement, mental health support, and more. We were able to utilize our Discord social and support group community to crowd-source for an immediate place for them to live while they could find a safe long-term residence. We got them into a support group meeting within a few days so they could get mental health support. We were able to offer them time in our center space where they could use our internet to work and problem solve, while staff engaged their young one in games and arts and crafts. We let them know about upcoming free events where they could engage, socialize, and start to build community. And we have kept in touch with this family and they now have a permanent place to live, have engaged with our groups multiple times, have gone to youth & family events, and report starting to build community connections. They have also let us know they intend to pay it forward and serve in a volunteer capacity for our organization once they are more settled in so they can help future families in need the way this community has helped them.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?

This year's evaluation responses have helped us know we're generally on the right track. What we're doing is clearly helping. The major push over the last two years to increase programs and services is

benefitting those who choose to engage, and we are reaching far more people than before due to those increases in programs and in marketing and outreach. Responses have also helped us confirm theories that we're still not doing nearly enough. Coming out of the height of the Covid pandemic, we already knew we needed to scale up programs and services. And we've devoted much of the organization's time and energy into increasing fundraising and staff so we could do just that. But the exponential rise in need due to external circumstances means we're still not even close to meeting the community need. What that changes is this: we thought our current push to increase fundraising and staff would be time limited. We thought we were nearing the end of the major push to scale up. We thought we were about to enter a period of maintenance, instead of more growth. While that will be true in some ways, it is incorrect in others. We will be looking at the most effective and strategic ways to grow from here, while maintaining what we've already added and ensuring quality control.

Annual Performance Outcome Report Form

In the Program Plan Narrative submitted with your application, you identified measures of Consumer Access, Consumer Outcomes, and Utilization. While Utilization data and comments have been captured in the quarterly service activity reports, Consumer Access and Consumer Outcome findings are reported only at the end of the program year. Download and complete this form and upload it to the online system reporting page, Performance Outcome Section.

Agency Name: _____ WIN Recovery _____

Program Name: _____ Re-Entry & Recovery Home _____

Program Year: _____ 2023 _____

CONSUMER ACCESS

In the Program Plan Narrative, you identified eligibility criteria for the program's services, how those criteria are established, how the target population learns about the program, and expected timelines. Please comment on each area below.

1. **YES**/NO - Did the stated criteria serve the purpose of providing people the services/ supports they were seeking? If NO, comment on causes and possible solutions.
2. **YES**/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
3. **YES**/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
2 Days
5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.

100% of the eligible client were engaged in services within the time frame, unless they sought out assistance before their release or discharge date. The client received services immediately upon release or discharged from institution or facility.

6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.

Residents live in transitional housing from 275-365 days. Completion depends on each

individual's mental and economic stability

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.

WIN Recovery collects data on the required demographic data as well as; (a) obtaining Identification Documents, (b) Family Reunification, (c) Criminal History, (d) treatment, (e) Social Economic Status, (f) Income, (g) Employment Status, (h) Education, (i) Recovery Milestones, (j) Formerly incarcerated (h) number of children.

CONSUMER OUTCOMES

In the Program Plan Narrative, you identified positive outcomes people would experience as a result of participating in the program. You also identified measurement tools and targets for each outcome. Include original information and comment on the actual results.

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*
- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

WIN treats these 12 benchmarks as shorter- and longer-term individual outcomes. In addition to these 12 individual outcomes, we also track family reunification outcomes for all relevant cases (i.e., women with children). These outcomes are 1) housing stability, (2) acquiring personal identification, (3) maintenance of sobriety, (4) development of self-identified goals, (5) progress toward achieving self-identified goals, (6) compliance with conditions of probation or parole, (7) no re-incarceration, (8) ability to access benefits or assistance, (9) regular attendance at recovery meetings, (10) enrollment in school, (11) access resources to employment, (12) sought employment, and (13) family reunification (if applicable).

All outcomes are tracked in Mission Tracker; data collection frequency/time frame varies depending on what is most relevant to a given outcome, and is generally provided from case notes by a caseworker unless otherwise noted. 1) housing stability: referral and utilization of housing voucher ; (2) acquiring personal identification (tracked as current need or successfully acquired), (3) maintenance of sobriety (successful completion of relevant AA and/or NA sobriety milestones as

reported by the individual) ; (4) development of self-identified goals (assessed after probationary period; i.e., 30-60 days; reported by the client and tracked by caseworker) (5) progress toward achieving self-identified goals (assessed at 3, 6, 9, and 12 months; reported by the client and tracked by caseworker); (6) successful completion of probation or parole (assessed continually and tracked once completed); (7) no re-incarceration (given the early stage of our program, we are still developing an appropriate timeframe for which to track this outcome). (8) ability to access benefits or assistance (tracked as current need or successfully acquired), (9) regular attendance at recovery meetings; (10) enrollment in school, (if applicable; tracked upon enrollment); (11) access resources for employment (assessed on an individual basis; generally 3-6 months mark); (12) sought employment, and (13) family reunification (if applicable).

Outcome #2

Outcome:	Assessment Tool Used:	Information Source:
Maintain Sobriety	Informal Checklist through Client Interviews during Case Management	Clients
A decrease in Mental/Behavioral Health Services	Informal Checklist and Client Interviews during Case Management & Certificates of Completion	Clients & Counselors
Obtain Stable Housing	Informal Checklist and Client Interviews during Case Management & MTW Program Requirement Assessment for Voucher Readiness conducted by the Champaign County Housing Authority	Clients & Case Management & Housing Authority
Obtain Employment	Informal Checklist and Client Interviews during Case Management	Client
Assess to Education	Informal Checklist and Client Interviews during Case Management	Client
Family Reunification	Informal Checklist through Case Management	Client
Program Completion	Informal Checklist during Case Management	Case Management
No Recidivism	Developed Internal Tool to track & trend reoccurring criminal justice system involvement	IDOC Records Illinois State County Circuit Clerk Databases

Outcome #3

WIN Recovery employs a client-centered approach to assessing its program outcomes. Recognizing that conventional assessment tools might not capture the nuanced benchmarks they aim to measure; the program utilizes internal checklists and informal client interviews. This strategy allows them to track progress and changes that are not easily quantifiable. By tailoring their approach to individual needs through initial intake assessments, WIN Recovery creates personalized plans with relevant benchmarks for each client's journey. Divided into phases, the program continually assesses clients, spanning a 9 to 12-month period, to monitor progress over time. Notably, clients with mandated requirements and consequences for non-compliance exhibit longer participation, indicating heightened motivation. Additionally, clear communication of the program's comprehensive services fosters longer client engagement. The role of the client coordinator is pivotal in conducting interviews, tracking progress, and aligning plans with clients' needs. In sum, WIN Recovery's holistic and adaptable methodology acknowledges diverse client needs and effectively measures its impact on clients' lives.

Outcome #4

(Add as many Outcomes as were included in the Program Plan Narrative)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 40

For each of the following questions, if there are different responses per outcome, please identify the numbered outcome and the relevant detail.

2. If outcome information was NOT gathered from every participant, how did you choose who to collect outcome information from?

Outcome information was gathered from all participants who received services.

3. How many people did you *attempt* to collect outcome information from?

 100%

4. How many people did you *actually* collect outcome information from? 100%

5. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)

During the first interaction with the client, we collect the initial information from the client. WIN Recovery continuously contains additional details throughout the 9 to 12-month period as the client navigates through the 3 phases of the program.

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*

WIN Recovery has implemented a multifaceted approach to gauging client progress and evaluating program outcomes. The organization has recognized that the benchmarks they seek to measure are diverse and not universally applicable, leading to the adoption of an internal checklist and questionnaire method. This approach enables WIN Recovery to personalize assessments, aligning them with each client's unique circumstances.

Client progress is assessed through a thorough analysis of weekly achievements discussed during individual case management sessions. This dynamic process ensures that changes and developments are captured in real-time, facilitating an agile and responsive assessment mechanism.

The initial intake assessment serves as a foundational tool, enabling WIN Recovery to identify and document client needs. This information forms the basis for crafting individualized plans that outline specific benchmarks relevant to each client's situation. This tailored approach guides clients throughout their program participation, creating a roadmap for their journey.

Phased assessments are a key feature of WIN Recovery's evaluation strategy. At each phase of the program, clients are assessed to monitor their progress over the course of the 9 to 12-month program duration. This systematic approach provides valuable insights into the evolution of clients' situations over time.

Observations regarding referral sources have yielded interesting insights. Clients referred due to mandated requirements exhibit prolonged program engagement, likely driven by the consequences associated with non-compliance. This underscores the significance of external pressures in influencing program commitment.

Furthermore, client comprehension of WIN Recovery's comprehensive service offerings correlates with extended program engagement. Clients who understand that the organization provides a broader spectrum of services beyond housing tend to remain in the program for longer durations. This underscores the importance of effective communication in establishing accurate expectations from the outset.

Incorporating these insights into their assessment methodology enables WIN Recovery to offer targeted support, tailored to individual needs, and to holistically evaluate the impact of their program.

2. OPTIONAL: Describe a typical service delivery case to illustrate the work. This may be a “composite case” that combines information from multiple actual cases.

3. OPTIONAL: In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?