# COMPILED ANNUAL PERFORMANCE OUTCOME REPORTS OF CCDDB, IDDSI, AND CCMHB I/DD FUNDED PROGRAMS FOR CONTRACT YEAR 2024

# Compiled Annual Performance Outcome Reports of CCDDB, IDDSI, and CCMHB I/DD Funded Programs for Contract Year 2024

# 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: CCRPC

Program Name: Decision Support Person Centered Planning

Program Year: 2024

## 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 stated criteria of eligibility for the program served the purpose of providing people the services and supports they were seeking in PY24. In PY24, we provided services to individuals receiving county-funded services needing Person-Centered Planning, adults who were dually diagnosed and registered on the PUNS list, and students with I/DD at transition age (18-22).

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 for determining that the person and program were right for each other continued to work well in PY24.

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, outreach activities supported appropriate matches between people and program services in PY24.

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.**

At the start of PY24, the start of services was greater than the estimated 10 days. This can be attributed to staffing struggles in PY23. Starting in PY24, the Decision Support Person Centered Planning program has been fully staffed. Case Managers were able to quickly catch-up caseloads and begin accepting new clients. Due to the large number of discoveries and personal plans needing updated, however, it took greater than 10 days to begin services for incoming clients. Our Developmental Disability Services team now can now accept individuals immediately onto

their caseloads, assuming all necessary paperwork is present. Delays in starting discovery process are now most often attributed to scheduling conflicts such as family vacations, work schedules, difficulty contacting families, etc.

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.**

It was estimated that 95% of referred clients would be engaged in services within ten business days. 38 referrals were received to RPC's PCP Case Management program over the last Program Year. 18% of these referrals begun services within estimated timeframe. There were various reasons for this lower percentage. In the PY24 Quarter 1, PCP Case Manager was working to bring previously outdated caseloads to current status. Case Managers could begin accepting new clients on their caseloads in Quarter 1, but this was a slow process as they had to complete a discovery and personal plan for everyone assigned to them. By Quarter 4, our Case Managers were at a point where individuals could be assigned to their caseload immediately upon referral given that all necessary documentation was received (i.e. proof of intellectual disability, verification of PUNS enrollment, etc.).

RPC's Dual Diagnosis program received 16 referrals in PY24. This program was open to referrals with no wait. Two of those referrals decided not to proceed with services. Two additional referrals have yet to decide if they wish to proceed with scheduling. Of the remaining 12 referrals, 7 begun services within 10 days, for a percentage rate of 58%. Reasons for delay of the remaining 5 included scheduling conflicts, difficulty connecting with person to schedule, and visit cancellations.

RPC's transition consultant program was able to schedule with clients within 10-day time frame 95% of time. Transition Consultant met with individuals at their schools, homes, or at RPC office based on needs/preferences.

CCRPC's Developmental Disability Services Program has maintained stable staffing over PY24. With all required individuals participating in programming now having a current discovery and personal plan in place, we look forward to initiating services within 10 business days in PY25.

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 length of participant engagement for the PCP program is one to five years. Currently our PCP program has clients that have been active with the program for approximately 6 years since its start in 2018. Clients that have been engaged with us longer than 5 years might be in the "Planning" category on PUNS. This means that they are not currently eligible for PUNS selections. We also have new openings to the program this year that are anticipating PUNS selections in FY25. Individuals have continued to remain engaged with the PCP program until they receive a PUNS selection or are closed out of county-funded services for various reasons.

The estimated length of participant engagement for the Dual Diagnosis program is one to three years. This is a new program and still too soon to measure actual length of engagement. Thus far, individuals have engaged with Dual Diagnosis Case Manager up to 1 year.

The average length of engagement for transition consultant services continues to be approximately one month.

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 collected Medicaid RIN Numbers and copies of Medicaid Cards when applicable. No additional findings indicated from this information.

## 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**

RPC's Transition Consultant will strengthen community connections to increase referrals for students transitioning out of secondary education by at least 3% from years prior.

**Target:** Efforts will focus on maintaining good working relationships with school districts served. This work supports the outcome of IEP meetings for individuals with I/DD that are preparing to age out of services through the school district. Through this service, all families, will receive greater support during the transition process, allowing for more individualized matching of services.

**Tools:** Information was gathered by the transition consultant through preference assessments, IEPs, and Satisfaction survey.

**Result:** RPC's Transition Consultant program attended approximately 30 IEP meetings this program year. This is three times the number of meetings attended in FY23. Transition Consultant was invited to IEP meetings at Champaign, Urbana, St. Joseph-Ogden, Mahomet, and Rantoul school districts.

**Outcome #2**

Individuals selected from PUNS who were provided service through the Decision Support PCP will be supported in service connection based on their personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS.

**Target:** The Decision Support Person Centered Planning Program will work with individuals to gather documentation as required by the PAS process should they be selected from PUNS. During fiscal year 2024, 95% of clients will have an up-to-date discovery and person-centered plan at the time of PUNS selection. This will minimize the amount of time it takes once someone is selected from PUNS until services begin.

**Tools:** Information was gathered by PCP Case Managers and Program Coordinator through completion of ICAP Assessments, preference assessments, discovery tools, and person-centered plans.

**Results:** 100% of clients in PCP program now have up to date ICAP Assessments, discovery tools, and person-centered plans. These documents were offered to Prairieland Service Coordination, however, they reported that they would not accept documents from CCRPC. CCRPC continued to update documentation and provide the information to individuals in PCP program.

**Outcome #3**

PCP case managers will identify potential crisis situations quickly and coordinate with supervisor for smooth transition to a state funded ISC for completion of crisis funding packet for Medicaid-Waiver funding as appropriate.

**Target:** During the four home visits performed by the DDB case managers per quarter, they will assess individuals needs during visits and at time of Person-Centered Planning Process. If potential crisis criteria is met, DDB staff will advocate, support, and coordinate a smooth transition to the state funded ISC agency for PAS process.

**Tools:** Information will be gathered through RPC Case Manager visit notes and case notes.

**Results:** RPC's PCP program had one client in PY24 that was in crisis under the criteria homelessness as he was being evicted from his current residence. RPC reached out to Prairieland to make referral and provide information on individual's situation. Copies of documents completed for this individual were sent to Prairieland to help expedite the process. The PAS process, however, was hindered by issues with individual's Medicaid. These issues are now resolved. RPC continues to support individual and check in periodically with Prairieland for updates on progress towards securing Medicaid-Waiver funding.

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 103

*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, as applicable, was gathered from each participant served. Outcome information was collected based on the service provided.

3. How many people did you *attempt* to collect outcome information from? 100%
4. How many people did you *actually* collect outcome information from? 103 out of 277
5. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc)*

   For individuals in the Person-Centered Planning Case Management Program preference assessments were administered with individuals at intake. Preference assessment information will be gathered again at the time of updating their annual discovery tool.

   Due to the ISC transition, CCRPC no longer has an updated PUNS list available for the administration of Preference Assessments. In PY24, RPC sent preference assessments out to all individuals who were active on the PUNS list at the time of ISC transition to Prairieland. Developmental Disability Services Program Coordinator sent out 194 preference assessments either by mail or email depending on the information available to RPC. Approximately 14 preference assessments were received back from families on the PUNS. RPC also held two focus groups on November 14th and 16th of 2023. Focus group invitations were sent out to those 194 families. In total, approximately 6 people/families attended these two groups combined. Preference assessments were gathered from the families at the end of the group discussion.

## 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.*

Moving into PY25, RPC will implement additional measures to increase the return rate on preference assessments. First, the person-centered planning case management team will continue to administer the preference assessments at intake and to ongoing clients at annual discovery interview. RPC will also again host focus groups and will provide the preference assessment to all in attendance for completion before leaving. For those individuals on PUNS only, Program Coordinator will begin tracking who preference assessments have been received back from, so

appropriate follow-up can be completed to request return of the assessment. Moving forward, preference assessments will also be given to each family (if not already completed) at the end of IEP meetings. Finally, Program Coordinator will reach out to Prairieland to attempt to collaborate and receive information on individuals entered onto PUNS that live in Champaign County.

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.

Person-Centered Planning Case Management and Dual Diagnosis Case Management Case Study:
Person-Centered Planning Case Manager (PCP Case Manager) began working with individual in August of 2023. Due to mental health diagnoses, individual often prefers to stay in apartment and not socialize with others. Individual has been through several support staff in the past and due to staff turnover has developed a mistrust in the system. During PCP Case Manager's initial contacts with individual, he appeared apprehensive to provide any requested information.

Individual continued to keep guard up, but slowly begun to provide more insight into what his current needs were. Case Manager was able to meet with client for a short amount of time to start out, making sure not to overwhelm with services. With consistency, individual was able to share what he needed help with. Individual started off by asking for help with prescription glasses, birth certificate, apartment inspection, and communication with agencies. PCP Case Manager was able to bridge the gap with services and assist with re-connection to some community agencies with whom client had lost touch. PCP Case Manager built a rapport with client via telephone calls, texting, and emailing. In the beginning stages, client was not responding to communication. Once trust was developed, individual started to seek out PCP case manager and was on time for scheduled meetings, and even would initiate contact between appointments.

Unfortunately, individual suffered a series of setbacks stemming from being mugged. In the midst of these events, individual lost several key items such as Driver's License, Link Card, Social Security Card, Bus Pas, and cellphone. RPC PCP Case Manager began helping individual navigate community resources. Individual was able to get food from a local food pantry and soup kitchen while waiting for new link card. Individual was able to restore all stolen items with the help of RPC PCP Case Management and Dual Diagnosis Services as well as other Community Resources, including Cunningham Township, RPC Housing Specialist, and DSC.

PCP Case Management Case Study:

In March 2024, an individual on PCP Case Manager's caseload was served with a no contact, no stalking order. This order was initiated by a person who lived in the building next to RPC's client. The order was in result of a disagreement the two had over a parking space in January and a different incident in March, in which a verbal exchange took place. RPC Case Manager and individual's DSC Case Coordinator met with individual to provide him with support and suggested ways he could avoid the neighbor until his hearing. Individual and Case Managers also met with the apartment complex manager about the parking space issue. RPC Case Manager

contacted client weekly up to the hearing date to check in with him, and to reassure him that he had many people to support him.
Before the hearing date, individual informed RPC Case Manager that he had a friend who is an attorney, and she would help him at the hearing. Individual, DSC Case Coordinator, and RPC Case Manager met with the lawyer, and she went over with client what would happen in court. At the hearing on April 4th, individual's lawyer objected to extending the no contact, no stalking order and a trial date was set for May 2nd. RPC Case Manager continued calling client at least weekly to check in and to provide him with support. There have been no further legal incidents.

Dual Diagnosis Case Management Case Study:

When individual was referred to the Dual Diagnosis program, he was reluctant to participate. This person had great difficulty attending meetings. When he would attend, the individual would yell and scream at his parent for sharing personal information. This individual was guarded and scared of sharing.
When the Dual Diagnosis Case Manager first began working with individual the parent/adult child dynamic was very tense. The mother would often remove herself from the meeting in tears or the individual would end the meeting early. Individual struggled with lack of motivation, no coping skills to deal with symptoms of mental illness, episodes of anger & aggression, and refusal to interact with others- especially family.

This individual has made great progress in the 6 months since beginning the Dual Diagnosis program. This individual is learning to manage symptoms of mental health diagnosis. He has been active in appointments, following doctor recommendations, and taking medications as prescribed. Individual and Dual Diagnosis Case Manager worked closely to identify coping skills and to create a coping skills toolbox. The "toolbox" is filled with items that the individual identified calms and grounds him. Individual initially utilized the box often but now does not need to use the box as much because he has learned to manage symptoms without it. Individual has improved his ability to openly discuss how he feels and continues to learn how to express himself in positive ways especially with interactions with his mom. Individual worked with Dual Diagnosis Case Manager on role playing unfavorable situations to learn appropriate responses and improve interactions with others.

Individual and Dual Diagnosis Case Manager created a chore/task schedule and implemented a reward system to help motivate him to complete daily tasks, attend groups and scheduled appointments. Individual is following checklist without prompting and earning rewards most weeks. The individual has done well and now earns money from parent for completing additional tasks around the home. Individual is attending groups and engaging in activities in the community. Individual now has a job in the community as well.

Individual has decreased isolation and now spends time with family and friends. Individual made a best friend who he sees often. The friends have sleepovers, attend social events, and go in the community for events. The individual is also more involved with his family. Most importantly, the individual and his parents are building a stronger relationship, and he is learning to communicate effectively with 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?

In monitoring and reviewing the program over PY24, RPC found that overall, there was less referrals received than anticipated. This led to our TPC numbers being lower than expected in our Person-Centered Planning Case Management program and Dual Diagnosis Case Management Program. Our numbers were also lower due to closing PUNS Preselection's from CCRPC county funded services during ISC transition to Prairieland Service Coordination on 7/1/2023. Individuals were closed as CCRPC anticipated them being opened to PAS process with Prairieland upon PUNS selection in early July 2023. The funding process for these individuals has taken longer than anticipated however, leaving many of those individuals without a conflict-free case manager. Moving forward, CCRPC will continue to serve PUNS preselected and PUNS selected individuals that are receiving county funded services until there is a Medicaid-Waiver award letter in place. This will help to prevent any gaps in service for that individual and ensure that they have a current personal plan in place throughout the duration of their county-funded services.

During PY24, RPC also implemented a Person-Centered Planning Survey. The purpose of this survey was to assess each client's satisfaction with the planning process and the personal plan developed by RPC. This will serve as a guide into if changes in the planning process need to be made in the future. Several factors would need to be considered when considering a change in personal plan format including how would it improve the client's experience, would changing this format complicate the system more (confusion for providers if a new plan were implemented that differs from what state-funded clients receive), is the proposed plan feasible with the time/staffing available, etc.

Also, to provide further supports/services to individuals with I/DD in Champaign County, CCRPC has implemented the Community Life Short-Term Assistance Program for PY25. This program will enable CCRPC to provide direct funding to individuals who are registered on PUNS and meet income guidelines for activities/technology that will increase their overall independence or sense of well-being.

# Annual Performance Outcome Report Form

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Agency Name: Champaign County Regional Planning Commission
Program Name: RPC Early Childhood Education Program- Head Start
Program Year: __23-24__

## 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 stated that, Children are eligible for services funded by this grant if they score within rage of concern on the DECA screening. Additionally, the Social-Emotional Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer for support.

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, Members of the site-level Social-Emotional Committee (Teachers, SSPC, Site Managers, Family Advocate, Off Site Programs Manager, ECMHC) determined eligibility for ongoing supports. The committee met bi-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.

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 consistently 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: 526
   - Total # of Expectant Mothers in EHS/Expansion: 24
   - Total # of Families: 469
   - Total # of children with a IFSP or IEP: 63
   - Total # of children referred for DD or Special Ed: 73
   - Total # of Homeless children/families: 71 children
   - Total # of family served with income below 100% FPG: 134
   - # of families at 100-130% FPG : 41
   - # of children/families in foster care system: 31
   - # of children/families on public assistance: TANF=6; SNAP=169

- # of children/families over income: 66
- # of families who speak:
    - English – 429
    - Spanish – 35
    - Middle Eastern – 21
    - African – 3
    - East Asian –0
    - European and Slavic – 38
    - Native Central American – 0
- Education level
    - Advanced degree or baccalaureate degree – 66

## 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. At our Elizabeth Murphy site location, we saw our biggest overall decrease in needs identified by 22% at the end of the school year.

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 8% increase in skills from the Fall Checkpoint to the Summer Checkpoint. For children 3 years- 5 years, CCHS saw a 28% increase in social emotional skills and for children who were Kindergarten bound, we saw an increase of 36% in social emotional skills from the Fall Checkpoint to the Summer Checkpoint. For children 3 years-5 years, the increase in social emotional skills exceeded last years findings.

**Outcome #2**

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. The plan for FY25 is to have staff fill out the ProQOL during staff in-service in August and then reassess at the end of the school year in July.

**Outcome #3**

Parenting Stress Index; and Adult DECA

Due to staffing shortages as well as low attendance at family events, the Parenting Stress Index was not able to be given out for parents to complete therefore this information was not collected. The plan for FY25 is to assess parent stress within the first 45 days of enrollment.

**Outcome #4**

TPOT/TPITOS - classroom management

CCHS saw an overall high-quality score in classroom management demonstrating social emotional sensitive interactions across the sites. 80% of classroom observations indicated that each domain of Emotional Support, Classroom Organization and Instructional Support were happening consistently and effectively. For the other 20% 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: 318
    TPC: 126

    First Q:
    NTPC: 83
    TPC: 46

    Second Q:
    NTPC: 188
    TPC: 13

    Third Q:
    NTPC: 23
    TPC: 22

    Fourth Q:
    NTPC: 24
    TPC: 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?

    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? __526____
4. How many people did you *actually* collect outcome information from? ____223_____
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 43% of the Head Start children met the expected benchmark for social emotional development. By June, 83% 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 self-reported high burnout levels in our teachers from managers and coaches due to the increased numbers in children with high needs and developmental delays. Autism Spectrum Disorder diagnoses have significantly increased and has caused staff doubt in their abilities in the classroom. We are exploring ways to address staff professional development during in-service and throughout the year so staff have the supportive tools to feel confident to support all children and provide high quality inclusive classrooms. We have also strengthened community ties with Autism resources.

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?

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***Agency Name: CU Early***
***Program Name: CU Early***
***Program Year: 2024***

## *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, The CU Early bilingual home visitor served a total of 28 children and 26 families. Four of which were prenatal. She also had 8 teen parents on her caseload. For all these families she provided home visits, assisted with community events, and got families connected to community resources such as food assistance, childcare, housing assistance, immigration assistance, mental health resources, etc. The final count for service contacts (home visits and parenting groups) was 478. The estimated number in the original application was 506. The reasons for the lower numbers are mainly because parents missed a scheduled visit often due to child illness. All the families on the bilingual home visitor's caseload identified as Hispanic/Latino.**

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 same families remained on the bilingual home visitor's caseload until they transitioned out of the program (aged out)**

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 of the families on the bilingual Spanish speaking home visitor's caseload identified as Hispanic and were Spanish speaking.**

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 original application stated 3 days from the completed assessment to start of services. CU Early staff met this timeline**.

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 eligible people who engaged in program services were enrolled within the 3-day timeframe.**

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

   **Families that were enrolled stayed in the program for the entire year. Except for 6 children that aged out (turned 3) during the program year and transitioned to PreK.**

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- Improvement of Parenting Skill and Knowledge**
**Target – 95% in each area of the tool**
**Actual result – Affection 93%, Responsiveness 93%, Encouragement 90%, Teaching 90%**
**Assessment Tool – Piccolo Parenting Interactions with Children observation tool**
**Source of Information- The Piccolo tool is completed and scored by the bilingual home visitor. Scores are shared with the parent.**

**Improvement of Parenting Skill and Knowledge – The Piccolo Parent Child Interaction Tool is completed by the home visitor alongside the parent for children who are 8 months and older. The bilingual home visitor completed 15 Piccolo observation tools this past year. For the children that the Piccolo was not completed, the children were under 8 months of age. Home visitors observe child/caregiver interactions and score on the following behaviors:**

- **0- Absent is scored as Zero- no behavior observed**
- **1- Barely- is scored as brief minor or emerging caregiver behaviors**
- **2- Clearly- definite, strong or frequent caregiver behaviors**

**Affection- warmth, physical affection and positive expressions towards the child.**

**16 families (93%) of caregivers consistently displayed affection to their child.**

**Responsiveness- Responding to child's cues, emotions, words and interests**

**(93%) of caregivers consistently displayed responsiveness to their child.**

**Encouragement – Active support of exploration, skills, initiative, curiosity, creativity and play**

**90% of caregivers consistently displayed encouragement to their child.**

**Teaching-Shared conversation and play, cognitive stimulation, explanations and questions.**

**90% of caregivers consistently displayed teaching strategies to their child.**

**Outcome #2**

**Outcome- Child Development**

**Target – 95% of children will make developmental progress**

**Actual result – 95% of children made progress from one ASQ checkpoint to the next**

**Assessment tool- Ages and Stages Developmental Screening tool**

**Source of Information- ASQ scoring sheet completed with parent and home visitor together**

**Child Development- The Ages and Stages Developmental Screening tool is completed by the parent and home visitor together at least two times per year. There were 26 Ages and stages developmental screenings completed this program year for the children on the bilingual home visitor's caseload. Children who have an Individualized Service plan (IFSP) are not required to have the screenings done two times per year.**

**On the bilingual home visitor's caseload, the ASQ screening tool showed that 18 children were developing on target for typically developing children of their age group. 5 children were found to have identified delays and were referred to Early Intervention for services. 9 children on the bilingual home visitor's caseload are receiving Early Intervention and have an Individualized Family Service Plan (IFSP) in place. The bilingual home visitor worked in tandem with the specialists at Early Intervention to support the child's ongoing development and provide parental support as needed.**

**Outcome #3**

**Target-95%**
**Actual result- 86%**
**Tool- Health/Immunization, well baby check records**
**Source of Information- Parent and Health clinic/hospital**

**Health Care- The Well child exam and Immunization record is collected for every enrolled child within 45 days of enrollment into the program and reviewed annually thereafter. Out of the 28 children receiving services, 24 were on schedule for their well-baby checks and up to date on their immunizations (86%). 4 children are catching up on their immunizations and well-baby checks. The CU Early bilingual home visitor has set goals with parents of these 4 children who are behind to ensure that they continue to stay on track to getting up to date. All these children have medical homes, and a pediatrician is assigned to their family.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **26 families and 28 children**

*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**

**The Piccolo parenting observation tool is completed by the bilingual home visitor on families who have children aged 8 months and older.**

**In addition, the ASQ developmental screenings are not completed on children who have an IFSP in place. And/or are under 2 months of age.**

**3.** How many people did you *attempt* to collect outcome information from? **26**

**4.** How many people did you *actually* collect outcome information from? **26**

**5.** How often and when was this information collected?

**Health information is requested once per year. If families are behind on immunizations, well baby checks we request it more often to ensure that we follow up with families and they stay on track these recommended visits.**

**Piccolos are completed once per year. Parent evaluations are completed once per year. Individual Family Goal plans are completed and updated 2 times per year.**

**Ages and Stages developmental screening tools are completed alongside the parent two 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.*

**Reviewing this data confirmed to me that the bilingual home visitor has made a positive impact in the lives of the families she works with. She provided resources and support to ensure that parents learned more about their child's development as gleaned from the Piccolo observation tool findings. In addition, I learned that children made developmental progress from one ASQ checkpoint to the next one that occurred approximately six months later. It can also be noted that many of the families that the bilingual home visitor works with have just moved to our community are not documented. Because of this there is a lot more work getting families connected to**

**community resources. Often times, getting undocumented families connected to these community resources takes precedence over working on parent education and child development education. Once families are connected to these resources then we are able to start work our work on parent education and child development.**

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 Choices
Program Name: Customized Employment
Program Year: FY24

## 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
*Note: Because the main point of eligibility for our participants is their status on the PUNS list, the change from RPC as the PUNS enrollment organization to Prairieland did create some disruption to the intake process. This affected families more than us specifically, as it took Prairieland some time to develop and communicate an efficient system for bringing in and verifying PUNS requests.*

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.**

*This response is in reference to the amount of time from the person is placed on the waiting list, until services begin. The goal was 30 days.*

*For people who were starting from scratch with our employment department and beginning with discovery this fiscal year (not with our Workforce Empowerment Program, or some other time constraint, like graduation) the waiting period was an average of 42 days.*

*Since the end of the height of COVID (we're calling this 3/2021) the average was 54 days. Pre-covid, the average was 218 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.**

*50% of the people who started from scratch with our discovery process in FY24 did so within the 30 day goal.*

*People who engage with our Employment services do so at various points in the employment process. There are people who come to us months ahead of their actual desired start time due to family obligations, travel, or school. Others come wishing to participate in our Workforce Empowerment Program prior to deciding on a personalized job search. A few come to us with a job, but are looking for troubleshooting or on the job support.*

*Given this range of needs and goals, it is difficult to pinpoint one specific timeline that all people will experience. Even trying to control for these various circumstances, there can be a good deal of variability. We always try to be as accommodating and flexible as possible while providing a fair and transparent approach to service access. Though we were under our state goal of 75% of people beginning services within 30 days, our overall process has been able to consistently move people into services in a timely way compared to years passed.*

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 estimate for participant engagement was for discovery and job matching to take between 2-6 months and for ongoing support to last around 18 months. This goal is truly an estimate as it takes people vastly different amounts of time to work through our employment processes. This depends on many factors - the person's previous job experience, interest and motivation for the job search, job skills, other life obligations, specificity of desired job roles or environments, family obligations, etc. It also depends significantly on the job market and employers. Once people are hired, some are comfortable and confident within a few weeks, others take much longer.*

- *The average length of time to find employment (people who were hired this fiscal year): **153** Days from beginning of Job Development (end of Discovery). There was a range of 57-311 days.*
- *Average length of time to job independence: **35 Days** - time it takes for the person to work a shift independently. There was a range of 7-92 days.*

- *The range of time that people stay in the program also varies widely. We estimate that support will last around 18 months when a person finds a position. This doesn't necessarily mean that this is how long they will remain open in the program. Many people have a job for a year or two, but then want to find a new job. In these types of situations, the total length of time in the program may appear much longer, but it is because their support has spanned multiple job searches and positions.*

**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.4**

*Beyond the basic demographic information required for all CCMHB/CCDDB programs, Community Choices also gathers the individual's RIN number, their PUNs eligibility, what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc), as well as information about involvement with other service providers to ensure supports are not duplicated. No meaningful analysis can be gleaned from this data other than that our members were all eligible for 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**

Program Outcome **- With strength-based vocational assessment and person-centered support, individuals with I/DD can find, obtain, and keep community-based competitive employment.**

**a. 100% of participants with I/DD who have participated with CE supports in the past year will report engagement and support in the employment process.**
*ASSESSMENT: Annual Employment Satisfaction Survey*
*SOURCE OF INFORMATION: CE Participants and/or their family members on their behalf*
*ACTUAL:*

*Engagement:*
*16/22 - 73% felt that their engagement in the process was BETTER with CC Support.*
*6/22 - 27% felt that their engagement in the process was the SAME with CC Support.*
*None felt that it was WORSE with CC Support.*

*Support:*
*16/22 - 73% said their feelings of being supported in the process were BETTER with CC involvement .*
*6/22 - 27% said their feelings of being supported in the process were the SAME with CC involvement.*
*None felt LESS supported with CC Involvement*

**b. 85% will report that their strengths and interests are important to the employment process.**
*ASSESSMENT: Annual Employment Satisfaction Survey*
*SOURCE OF INFORMATION: CE Participants and/or their family members on their behalf*
*ACTUAL:*
*14/22 - 63% felt that the connection between job or job search and their strengths and interests was BETTER with CC Support.*
*8/22 - 36% felt that the connection between job or job search and their strengths and interests was the SAME with CC Support.*
*None felt that it was WORSE with CC Support*

*17/22 - 77% felt that CC's support had IMPROVED their skill development and overall growth.*
*5/22 - 23% felt that CC's support had NOT IMPACTED their skill development and overall growth.*
*None felt that CC support had a NEGATIVE impact on their skill development and overall growth.*

*When given the choice of many words to describe the Employment Process with CC, the three most common words chosen (respondents could choose as many as they wished) were:*

- *Supported (18/23 - 78%)*
- *Helpful (15/23 - 65%)*
- *Responsibility (15/23 - 65%)*
- *(the close 4th was "Useful" with 14/23 respondents choosing this)*

*Of the 28 possible choices of descriptive words, 16 could be categorized as positive, 2 neutral, and 10 as negative.*

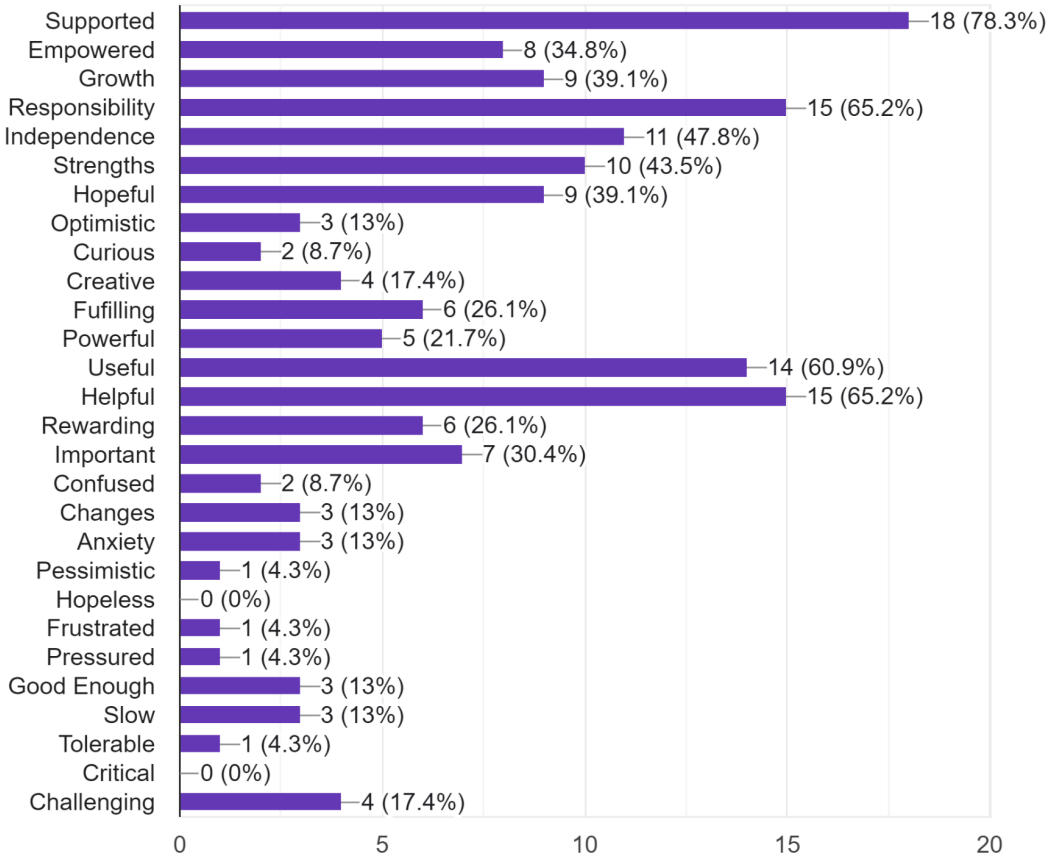
*Of the total 164 words that were chosen by the 23 respondents:*

- *142 (87%) fell into the Positive Category*
- *7 (4%) fell into the Neutral Category*
- *15 (9%) fell into the Negative Category*

*The full data is below:*

What words describe your experience using Community Choices Employment Supports: (Mark all that apply)

23 responses




**Outcome #2**

**DISCOVERY: Individuals develop a personalized employment plan based on interests and strengths.**

a. **Within 30 days of indicating desire for support, a total of 20 individuals identify their work interests and strengths in the Discovery process**
*ASSESSMENT: Discovery Assessments and Plan & Employment Tracking Sheet*
*SOURCE OF INFORMATION: Program Staff with input from participants*
*ACTUAL:*

*10 individuals started and completed discovery during FY24. (Other started but did not complete, or completed but did not start discovery with in FY24)*
*The average length of time on the waiting list was 42 days. 50% of participants did start within 30 days.*

**Outcome #3**

**JOB MATCHING: Individuals will acquire community based employment based upon their strengths and interests.**

a. **13 Individuals will work to obtain paid employment within the year and 80% will find a job within 6 months.**
   *ASSESSMENT: Employment Tracking Sheet*
   *SOURCE OF INFORMATION: Program staff tracking participant progress*
   *ACTUAL:*
   *4 individuals found paid employment during FY24. It took them an average of 4.4 months to find employment. 100% found employment within 6 months.*

b. **7 individuals will work to obtain volunteer jobs or internships within the year and 80% will find that role within 6 months.**
   *ASSESSMENT: Employment Tracking Sheet*
   *SOURCE OF INFORMATION: Program staff tracking participant progress*
   *ACTUAL:*
   *5 people found volunteer positions during FY24. It took them an average of 5.8 months to find those positions. 50% found their positions within 6 months.*

c. **100% of job matches relate to a person's employment themes**
   *ASSESSMENT: Employment Tracking Sheet*
   *SOURCE OF INFORMATION: Program staff tracking participant progress*
   *ACTUAL: 100% of job matches related to the employment themes identified in the person's discovery process. Some of these themes included:*
   - *Working with Kids*
   - *Working outside*
   - *Working with Hair/Styling*
   - *Working with Animals*
   - *Working with Media/Games/Movies*

**Outcome #4**

**SHORT-TERM SUPPORT: Individuals with I/DD, negotiate and learn their duties to be successful at their jobs.**

a. **20 individuals become independent at their jobs through job negotiation and coaching within two months of their start date.**
   *ASSESSMENT: Employment Tracking Sheet, Case Notes & Quarterly Narratives*

*SOURCE OF INFORMATION: Program Staff based on observation and involvement*
*ACTUAL: 8/9 people hired during FY24 became independent at their jobs. 1 was still receiving job coaching as of 6/30/24. Participants became independent at their roles (worked a full shift on their own), in an average of 28.75 days.*

*An additional 6 people received initial job coaching during FY24, but were not hired during that period.*

**Outcome #5**

**LONG TERM SUPPORT: Individuals with I/DD maintain their jobs through ongoing support and job expansion.**

a. 70% of individuals keep their jobs for at least 1 year.
*ASSESSMENT: Employment Tracking Sheet, Case Notes & Quarterly Narratives*
*SOURCE OF INFORMATION: Program Staff based on observation and involvement*
*ACTUAL:*
*Of the 39 people we were supporting who were employed at the beginning of FY24, 27 or 70%, were still employed at the end of FY24.*
*Of the 32 people who had been at their jobs since June of 2023 (at least one year from the end of the grant period) - 79% were still employed. Their average length of employment was 2.3 years.*

*Looking at data for participants going back to 2018, if a person was still employed after 1 year, their average length of employment would be 2.6 years (though this includes many people who are still employed).*

*Of the 12 people who lost their jobs during FY24:*
- *3 left their position because they got a new job*
- *2 chose to leave their position*
- *1 was a seasonal position*
- *6 were terminated for cause*

**Outcomes #6**

**FIRST TIME JOB SEEKER PROGRAM: Participants build skills, experience, and employment self-determination through 2 rounds of our structured FTJS program.**

**a. 100% of the 10 participants show growth in knowledge and/or professionalism after 12 weeks**
*ASSESSMENT: First Time Job Seeker Key Skills Pre/Post Assessment and Weekly Tracking*
*SOURCE OF INFORMATION: Program participant responses/Program staff*
*ACTUAL:*
*Session 1 - 6 Participants, 1 refused to participate in the pre/post assessments*

*100% showed improvement on the assessment*
*They had an average of a 13% increase in their scores.*
*100% showed an increase in observable professional behavior*

*Session 2 - 5 Participants, 1 refused to participate in the pre-assessment. We choose to run this session of WEP during the summer months to encourage new HS graduates to participate. Though it began in FY24, at the time of this report, the session had not been completed and the post-assessments were not yet available. We will gladly report on these data in our FY25 Outcome Reports.*

**b. 80% of participants find community jobs within one year of program completion, if they choose to seek employment**
*ASSESSMENT: First Time Job Seeker Key Skills Pre/Post Assessment and Weekly Tracking*
*SOURCE OF INFORMATION:*
*ACTUAL:*
*Of the 7 people who participated in and completed the Workforce Empowerment Program (WEP) during FY23, 6 chose to pursue a personalized job search. Of these 6:*

- *2 (33%) chose not to seek employment*
- *4 (66%) found employment in the following year*
- *2 (33%) did not find employment*

*Of the 6 people who participated in and completed WEP during the first half of FY24, 50% had already found employment by the end of the fiscal year.*

## 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?

*Outcome 1: We attempted to gather information from each participant and from their involved families on their behalf. We did this through an online google form sent to all participants multiple times. Because it was not mandatory, not everyone participated.*

*Outcomes 2-5: We collected information from each participants as applicable (we did not gather job coaching/short term support data if a person was not receiving this service, for example)*

*Outcome 6: We attempted to gather information from all 11 participants. Because one session ended after these reports were due, we had not yet gathered that data.*

3. How many people did you *attempt* to collect outcome information from? 63 Participants/Families

Outcome 1:

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

*Outcome 1: 23 Responses collected (13 participants with disabilities, 9 family members, 2 did not specify)*

*Outcomes 2-5: We collected data from all 59 active participants depending on their point in the employment process.*

*Outcome 6: We collected data from 5/6 Session 1 Participants and initial data from 4/5 Session 2 participants. We also collected longitudinal data from 7/7 FY23 participants.*

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: Data collected 1x per year in the spring, with multiple attempts/asks during that collection period.*

*Outcomes 2-5: This data was collected on an ongoing basis*

*Outcome 6: This data was collected at the beginning and end of each biannual session (Fall and Late Spring/Summer 2024)*

## 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:***

*The focus of this program overall is to support participants with developmental disabilities to find and sustain employment in the community. It is also our hope that the process of finding and keeping that employment is motivating, empowering, and overall positive.*

*This was our second year of using a newer survey evaluation that we hoped would be simpler and more user friendly. It asked people to share if their experience had been worse, the same, or better with CC support. This was accompanied with a visual red/green, thumbs up/thumbs down*

*scale that we hoped would provide visual support. Upon reflection, it could be that this scale combined with our wording was confusing to some people, because they may not know what the experience would have been like without our support. This is a possible limitation of the tool and the data that was gathered with it.*

*We found that participants, and their families on their behalf, did have a largely positive experience. around 3/4ths of them felt that our services made their experience more positive. We had hoped to get a stronger positive response, but it seems possible that the way the questions were asked may have impacted the data.*

*We also asked participants to describe their experiences with the program and gave them 28 words to choose from. Of those choices, 16 were positive, 2 were neutral, and 10 were negative. The responses we got here were overwhelmingly positive in contrast to the only 75% positivity rating from the earlier evaluation questions. This indicates that when asked to specifically reflect on their personal experience, they generally had good things to say about our services. Some of the negative responses chose words like "Slow" and "Anxiety". While categorized as negative, it is very common for all people, regardless of disability to find a job search slow and the process to be anxiety provoking, so these experiences may be unconnected to our services specifically and about the experience overall.*

***Outcomes 2-5:***

*These outcomes comprise the various steps in our employment process - Discovery, Job Matching (job search), Short Term Support (job coaching), and long term support (maintenance). This year we saw a slowing of the notable surge of hiring that happened directly after the pandemic and the following year. During that early post-COVID period, there were lots of experienced job seekers out of work and looking for employment combined with many employers being understaffed and desperate for workers.*

*This year, we saw that employer-climate shift. Fewer employers were hiring and when they were, they were able to be more selective. We have also noticed that the flexibility which was critical to business survival during the pandemic (and created very amenable conditions for job carving and accommodations) has lessened. This makes the job matching process more challenging and take more time.*

*We've also seen a shift in the profiles of the participants who have engaged with us for services. This year, many more of our job seekers are coming to us right out of school, without much prior work experience, and without a clear idea of what type of work they'd like or even if they are firmly committed to finding employment. At the same time, many of the more seasoned job seekers we supported as the pandemic was waning are now working and doing well.*

*This change is not a bad thing. It means that seeking community-based employment is becoming a normal expectation for all people with disabilities. Parents, schools, and participants themselves are all looking for job support and envision a life where working takes a leading role.*

*It does have impacts, though. We were not able to find as many people positions this year as we did in FY23.*

*We have long encouraged newer job seekers to build their experiences through volunteering. This year, our participants found more volunteer positions than paid ones, which is generally not our intention, but was a good fit for the people we were serving. In support of this shift in job seeker profiles, was data that shows that it actually took us longer to find volunteer positions for those seeking that type of placement, than it took us to find paid positions. While we know that a long job search is not anyone's preference, in our context, it often means that we are working with the person to build skills, confidence, and experiences that will help them to be successful in the long term. This type of support is often needed more for younger, or newer job seekers who are looking to build experience through volunteering than those ready to look for paid positions, which may explain the increased time it took to find these non-paid positions.*

*Ultimately, we want people to be in jobs that they like and that suit them. This is the purpose of the Employment Themes that we identify during the discovery process and use to guide our job search. The data shows that all of the positions we found this year were connected directly to the person's employment themes. Some of the themes our participants used this year and their corresponding jobs are listed below:*

- *Working with Kids: Working at a Park District Summer camp*
- *Styling Hair/Fashion/Beauty: Working as a hair stylist at a adult day care*
- *Movies/Sports + Quite Environment: Working at a library in the media/magazine section*
- *Working with Animals: Volunteering at the Humane Society (working on obtaining a position at "The Scratching Post" when it opens)*
- *Organizing/Cleaning: Working at a food pantry*

*Some people are less particular about their ideal positions, so several people had themes around helping people and customer service. These themes resulted in jobs in retail.*

*One of the most positive pieces of data that we can see in our assessments is the length of time that people are keeping their jobs. We have been tracking this data in a robust way for the last 4-5 years, so we are finally able to see some trends over time. Our goal is that 70% of people keep their positions for one year. We surpassed that. Of the people who had been employed since the end of June, 2023, 79% of them were still employed a year later. After people have been at their job for one year, the data supports the claim that they are much more likely to stay employed. Of those who made it to their 1-year anniversary, 90% were still employed, with an average of 2.5 years of employment and counting. Of the remaining 10% who had left their jobs, 67% of them had only left because they had found a new position elsewhere. We don't have access to national or wide spread data on job sustainability, but we frequently hear anecdotally that people with disabilities tend to be very loyal and long-term employees. Our data shows that in our context this is true.*

***Outcome 6:***

*This is our third year of offering our First Time Job Seekers Program (our "Workforce Empowerment Program"). We are continuing to find that it is a great resource for our*

*participants and supportive to our overall program goals of community-based employment. During our Fall Session, we can see that the program is helping the participants show improvement in soft skills and observed professional behaviors that they will need to be successful in the workforce. Our individual data is a bit more limited this year because we chose to run our spring session through the summer to be inclusive of the new high school graduates interested in employment. We will have full data for this session soon but interestingly, the pre-assessment data from our summer sessions shows that our job seekers are coming to our services with fewer employment skills. Their scores were an average of 4.5/15 points lower than the participants in the fall session. This is in line with the overall trend we are seeing in new participant experience and skill levels.*

*We are confident that the program does have a positive impact. Most notably, as we look back at our participants from previous years, we are seeing that 80% of them are now employed. The Workforce Empowerment Program also provided an opportunity for people to essentially "try out" employment services to see if they were a good fit. For example, two participants from FY23 decided not to pursue jobs. This means that these people were able to make an informed choice about their desire to look for work. It also means that our Employment Specialists were able to focus their time, energy, and connections on participants who were more fully committed to their job searches at this 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.

*In an effort to manage our program data in a functional way, we've developed a few different tags or "processes" to help sort and organize participant engagement timelines needed for our grants and program evaluation. We've also found that these various processes help to provide a clearer narrative about what the different pathways through our services look like. We will continue to review and refine these, but for now they have been helpful in defining how we are serving our various participants:*

***INITIAL SEARCH** - This defines a person's initial contact or "episode" of support with us. It would begin with a person reaching out (or being referred to us) about employment support. Specifically, it would be someone who we are either not working with currently, or who is stable at a current job but is looking to find a new job. With this "track", a person would start on our waiting list, have the option of participating in WEP if they choose, but then engage in our full Discovery process, followed by job development until they are hired. Then they would receive support with job coaching until they are comfortable independently in their role at which time they would go into "maintenance" for 6-18 months while continuing to have our support checking in and troubleshooting with their job. This tag is basically applied to any instance of support where we are starting from scratch with the person and giving it fully fresh eyes.*

*Sometimes, a job doesn't work out. This could be because it was truly not a good fit, it was a seasonal position, or because they were laid off or fired. In these instances, we would begin a new job search with the person, but generally we would not redo Discovery unless the person*

*requested or it had been more than 1 year. In these instances, the new job search would be part of our:*

***"NEW SEARCH"*** *- This process looks the same as the INITIAL SEARCH, but we would frame job development around the themes from their previous discovery. In general, we try to begin these searches right away with very little wait, though depending on circumstances, there could be a short wait before we can actively begin the new search. This "New Search" tag is helpful in tracking a process, which for some people, is not linear, but involves multiple attempts and efforts.*

*Other people are not yet committed to a dedicated job search process and want to begin our services with our Workforce Empowerment Program only. They can then decide if they'd like to start an "Initial Search" afterward. This process, we're giving the tag:*

***WEP-ONLY*** *- Here the person would sign up for one of our two annual WEP Sessions. These currently occur in the Fall and Spring for 12 weeks each. At the end of the session, we check in to see if they would like to pursue employment further. If so, we'd begin an "Initial Search". In these cases, we'd note that they had completed WEP, so that we can track the outcomes of our WEP participants, and adjust our tracking of waiting periods accordingly.*

*Finally, we will occasionally support a new person who is currently employed. This happens sometimes when a person has found themselves a job, the schools have supported them and they've graduated, or services elsewhere have fallen through. In these instances, we'll step in and call this:*

***MAINTENANCE ONLY*** *- Here we work with the person just as we would have if we'd gotten the job for them. If they need some short term job-coaching this is an option, but for some, they are just interested in having someone available if there's a problem, or to manage small issues related to their ongoing employment. This is by far the least common path through our employment services.*

*These tags have been helpful in our management of data for this program, but I believe that they are also helpful in understanding the different ways people work into, through, and out of our services. When we look at how people use our services over time, these identifiers have helped us more meaningfully track the narrative of what our participants' experiences are like. They are often not linear. They reflect the common circumstances that we all encounter- looking for work, experiencing setbacks and unexpected opportunities, working through periods of reflection and redirection, and changing needs and desires over time.*

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 noted above with our process tags, our efforts at program evaluation have helped us to better organize and understand the flow of people through our services. We are beginning our second full year of using this organizational system and it is already providing a much clearer picture of how our services are working and what may be a typical experience for our participants. At the moment, we have not fully integrated demographic data or other participant specific information into this system directly. We, of course, have this information but it is not located with our employment data making it hard to integrate into our data analysis. It may be useful overtime to combine these two data sets, though logistically, that will present some challenges as we rely on spreadsheets rather than database systems to track our evaluations.*

*Overall, evaluation has always been a driving factor in our program development and design. We've used our program data, participant feedback, and our staff observations to identify the need for our Workforce Empowerment Program and are now using its outcome data to further measure the success of the program and needs of our participants.*

*Evaluation with employment has always been on the easier side, as it has very clear measurable outcomes. Even with its relative simplicity, we've still found it to be a complicated process, but a very useful one that we are always looking to improve.*

*Looking at this year's data, I would draw a few additional conclusions that we will use to adjust and evolve practices in the coming months and years:*

*Finding a job that is suited to the person and based on their preferences/themes is critical to ongoing success.*

- *This means that a long job search that results in a great job match is ultimately better than a quick job search that may end in premature termination. When supporting job seekers with higher support needs, or less experience, we can assume that job matches will take longer and fewer can be expected in a given period.*

*Providing the needed support upfront is critical since the likelihood of someone losing their position is greater in the first year.*

- *Our Workforce Empowerment program is one way that we are providing people with additional upfront support.*
- *We have also been discussing additional tools and methods that we can build into the discovery and job matching processes, such as additional job shadows and tours, skill building sessions, and complementary supports for social connections and daily living needs (which we often can provide through our other programs and departments). As the needs of our job seekers continue to shift, these adjustments will continue to be important.*

*It is possible that the slight decrease in participants' satisfaction in our employment services could be related to the slower pace of job matching that we experienced this year.*

- *Keeping our participants motivated during long job searches and parents supportive of well-matched jobs that take longer than hoped is an important part of our work. If we are seeing the beginning of a trend of slower hiring, we will need to work on ways to address these concerns on our participants' parts and on the behalf of their involved families.*

*If we are seeing an ongoing trend of slower hiring, we will need to be very mindful of the potential for longer waiting periods for services.*

- *This is not something that we are seeing yet, but the trends in the data could indicate that longer job searches would limit the number of new people each of our Employment Specialists are able to support.*
- *This is something that we will continue to track and work on strategies to address. As noted, prior to the pandemic, it was common for people to wait over six months for services. This impacted motivation, morale, and was just generally disruptive to many people's life-goals. It also impacted the morale of employment staff, who thrive on the success and motivation on our participants' parts. We will be looking at different ways we can avoid moving back toward these unacceptable timelines.*

# 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 Choices
**Program Name:** Inclusive Community Support
**Program Year:** FY24

## 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, it worked somewhat well. One of the determining eligibility criteria for this program is that the person must have a documented disability as defined by the PUNS screening. The switch from RPC to Prairieland Service Coordination resulted in much longer wait time for families in the PUNS screening process.**

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.

**As stated above, the wait time for confirmation that an individual is eligible for the PUNS list increased with the switch from RPC to Prairieland Service Coordination.**

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 90% of eligible persons would engage in services and the result was similar. The small number of people who chose to not engage in program services either used the information and resources gained to continue with family support or determined they were not ready to begin in the program at that time.**

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

**Support within this program is tailored to the person. It can last a few weeks or be ongoing. We have found this to continue to be true based on the individual and what goals they choose to work on and supports they need.**
**Classes within this program continue to last 6-8 weeks.**

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.

**Beyond the basic demographic information required for all CCMHB/CCDDB programs, Community Choices also gathered the individual's RIN number, their PUNs eligibility, and what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc) in order to provide all needed information for the with the Developmental Disability Specific program reporting and eligibility requirements. Information about involvement with other service providers was also collected to ensure supports were not duplicated.**

## 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

**FAMILY SUPPORT AND PLANNING: Whole Families have access to the supports that are important for them to fulfill their Community Living Plan. - Timeline: Annual Check-In**

a. **Families feel that they have an achievable long-term plan for sustainable community living.**
*ASSESSMENT:* Initial Family Evaluation Form
*SOURCE OF INFORMATION:* Participant's family members
*ACTUAL:* There were four new participants in the Inclusive Community Support Program during FY24. Two of the four participants did not have family involvement. The other two participants' did not respond to the Family Evaluation Survey.

b. **Families indicate a decrease in time spent providing daily living support.**
*ASSESSMENT:* Annual Family Evaluation Form
*SOURCE OF INFORMATION:* Participant's family members
*ACTUAL:* The intent was to measure this outcome by asking family members to report the amount of hours they spend supporting their adult child with a disability each week. However, there are many variables that affect this number, such as if the adult child is experiencing a transition, health issue, or if another family member is experiencing either of those. The Family Evaluation Form will need to be updated so the data provided can better answer this outcome.

c. **Families indicate an increase in their quality of life.**
*ASSESSMENT:* Annual Family Evaluation Form
*SOURCE OF INFORMATION:* Participant's family members
*ACTUAL:* 78% of respondents indicated that they had some to much improved their quality of life.

d. **Family members indicate that ICS has supported their person to achieve desired housing, and build natural supports, skills, and connections.**
*ASSESSMENT:* Annual Family Evaluation Form
*SOURCE OF INFORMATION:* Participant's family member(s)
*ACTUAL:* 100% of family members who's person was seeking support in finding and maintaining housing responded that their person had achieved that. 89% of the family members who's person was seeking support in building skills said that their person had been able to achieve those goals. Similarly, 89% of family members responded that their person had built natural supports. 79% of family members who's person wanted support in building social connections responded that their person had grown in that area with support from Community Choices.

## Outcome #2

**HOUSING, LEARNING, CONNECTING: Participants build lives in the community - Timeline: Annual Check-In**

a. **HOUSING**
   i. **95% of participants maintain stable housing.**
   *ASSESSMENT:* Action Plan & Quarterly Check-In/Narrative Reports

*SOURCE OF INFORMATION:* Service Provider
*ACTUAL:* 97% of participants maintained stable housing

ii. **85% of participants indicate they are satisfied with their housing.**
*ASSESSMENT:* Independent Living Skills Checklist
*SOURCE OF INFORMATION:* Program Participants
*ACTUAL:* 92% of participants indicated they were satisfied with their housing

iii. **50% of participants indicate ICS has been helpful in finding/sustaining preferred housing.**
*ASSESSMENT:* Independent Living Skills Checklist
*SOURCE OF INFORMATION:* Program Participants
*ACTUAL:* 100% of the participants with housing goals or skill goals related to maintaining their housing said that we had been helpful

**b. LEARNING - Timeline: Annual Check-In/Quarterly Updates**

i. **90% of participants develop the skills they identified as critical for community living**
*ASSESSMENT:* Action Plan & Quarterly Check-in/Narrative
*SOURCE OF INFORMATION:* Program staff assessment of participants' self-determined goals
*ACTUAL:* 93% of people made progress in at least one goal; 42% of people made progress on multiple goals

ii. **90% of participants indicate that Inclusive Community Supports have been helpful in skill building.**
*ASSESSMENT:* Independent Living Skills Checklist
*SOURCE OF INFORMATION:* Program Participants
*ACTUAL:* Of the participants who were completing their annual Independent Living Skills Checklist, 90% indicated that ICS had been helpful in their skill building

**c. CONNECTING - Timeline: Annual Check-In/Quarterly Updates**

i. **90% of participants identify a desire to build connections, find belonging with people, places, or groups in their community.**
*ASSESSMENT:* Action Plan & Quarterly Check-in/Narrative Report
*SOURCE OF INFORMATION:* Staff assessment of participants' self-determined goals
*ACTUAL:* Only 4 program participants worked on goals relating to building connections. Of those participants, 50% made progress towards at least one goal, and 25% made progress toward multiple goals.

ii. **80% of participants indicate ISC has been helpful to their building community connections.**
*ASSESSMENT:* Independent Living Skills Checklist
*SOURCE OF INFORMATION:* Program Participants

*ACTUAL:* Of the program participants who had connections goals, 100% reported that ICS had been helpful in building community connections; 68% of all program participants, regardless of whether or not they had a connection goal, indicated that ICS had been helpful in building their community connections

iii. **100% of participants have people and places where they are comfortable**
*ASSESSMENT:* Independent Living Skills Checklist
*SOURCE OF INFORMATION:* Program Participants
*ACTUAL:* 96% of all program participants reported they have people and places where they are comfortable

## Outcome #3

**PERSONAL OUTCOME MEASURES - Timeline: Annual Check-In Score compared to initial POM.**

a. **90% of participants increase their POM scores in targeted outcomes**
*ASSESSMENT:* Personal Outcome Measures
*SOURCE OF INFORMATION:* Program Participants
*ACTUAL:* The average participant POM scores in target outcomes in FY24 was 9.1 , compared to 9.5 in FY23

b. **90% of participants increase their POM Supports present for targeted outcomes**
*ASSESSMENT:* Personal Outcomes Measures
*SOURCE OF INFORMATION:* Service Provider
*ACTUAL:* The average participant POM supports present in FY24 was 6.2 , compared to 7 in FY23

## Outcome #4

**PERSONAL DEVELOPMENT CLASSES - Timeline: Individuals with I/DD build independent living skills during 6-8 week courses.**

a. **100% of participants will indicate growth/skill development based on course assessments.**
*ASSESSMENT:* Class Pre/Post Evaluation
*SOURCE OF INFORMATION:* Class Participants
*ACTUAL:* A total of 34 people (23 unique individuals) participated in personal development classes in FY24; 79% of participants indicated that they learned new skills or felt more confident in the subject matter

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. **How many total participants did the program have?**
   Inclusive Community Support Program: 33 participants
   Personal Development Classes: 34 participants (23 unique individuals)

***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 1: Attempted to get information from all involved family members
   Outcome 2 & 3: Outcome information was collected from participants in the Inclusive Community Support Program, but which information was dependent upon where they are at in the program and the types of support requested
   Outcome 4: Collected data from people who participated in Personal Development Classes.

3. **How many people did you *attempt* to collect outcome information from?**
   Outcome 1: 15
   Outcome 2 & 3: 33
   Outcome 4: 34

4. **How many people did you *actually* collect outcome information from?**
   Outcome 1: 9
   Outcome 2 & 3: 33
   Outcome 4: 27

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: Family Members of ICS program participants are asked to complete a survey after the initial family planning session, and then annually thereafter as part of the annual planning process.

   Outcome 2 & 3: Formal assessments are completed as part of the goal development process and annually following. Formative assessment on self-determined goals occurs at least quarterly.

   Outcome 4: Data was collected via pre-class survey prior to each first class meeting and a post-class survey during the last meeting of each class.

## 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.*

**FAMILY SUPPORT & PLANNING**

We continue to struggle with receiving limited responses and feedback from families. Approximately ⅓ of our ongoing participants in the program had family members respond to the Family Evaluation Form. Some of this is due to some participants not having involved family, while other families just didn't respond. However the data that we were able to collect continues to show positive trends in the Inclusive Community Support program.

Of the families that responded, 78% reported that their quality of life had improved some or much over the past year with involvement in the Inclusive Community Support Program. High percentages of families also reported that their adult child had met their determined goals. This is the first year we've been able to look at and evaluate data after a full year of participation in the program. It is helpful to know that families who are involved have seen improvements in their lives and the lives of their adult child.

**HOUSING, LEARNING & CONNECTING**
**PERSONAL OUTCOME MEASURE**

We've worked to develop methods that accurately measure outcomes based on specific goals: tracking whether participants have housing, skills, or connection goals and using the corresponding survey responses. However, data is still limited due to the long term nature of the program, and the willingness of some participants to respond to formal assessments and surveys. The data that we have collected indicates that the program has a positive impact on participants' lives, and that participants find our support helpful.

The flexibility of having a program that is a combination of case management and skill work has allowed us to provide the different areas and levels of support people need within one program. The most common type of goals we're working with participants on are related to skill building. People are working in very practical areas like cooking, cleaning/organizing, grocery shopping, etc. We've also supported people in accessing and maintaining benefits, long-term planning, and navigating major life transitions. For some participants and families our support has been helpful in meeting their basic needs. In some cases our supports and services

have been critical for people to continue to live a more independent community-based life and not a more confined existence.

We had fewer ICS participants working on connection-based goals in FY24. However, it's not because participants had less desire for connection. When appropriate, we referred participants with connection-based goals, who are also Community Choices members, to the Community Coaching program in our Connect Department. The addition of this more structured support through that department has been a helpful and complementary service to our participants and this program.

Personal Outcome Measures are an annual assessment used to identify if core targeted outcomes and support for those outcomes are present in an individual's life. Many of the targeted outcomes and supports are present in the program participants' lives, butt we're not just looking at if the outcome is present in the program. We're also attempting to help program participants have more autonomy, self-direction, and active engagement in ensuring those outcomes and supports are present. So while the Personal Outcome Measures is a good baseline measure, and ensures outcomes are present, it doesn't report on the progress participants are making in the "how" those outcomes are present. That is much more challenging data to quantify objectively. It will not be surprising to us if program participants self-reporting whether or not outcomes are present in their lives may vary slightly based on the "how." Program participants have built up comfort with old methods and ways of doing things, methods and ways that may not be sustainable as their lives change over time. Participants need to be intrinsically motivated and active in working towards their goals in order for supports to be successful. This is true of all people, so of course it is true for folks with I/DD, too. Lasting change and improvements happen over a period of time.

Personal Outcome Measures also report the supports present in a person's life. We had anticipated that participation in this program would increase the supports participants had access to. There is nuance to this as well. At times we may be working with people to reduce the amount of support they have over time. This does not mean that people are losing services. It potentially means that that person may not have the need for additional support in that given area of their life. With this, both an increase and a decrease could be possibility positive impacts.

**PERSONAL DEVELOPMENT CLASSES**

We take a deliberate approach when planning the schedule and topics of personal development classes each year. We base our decisions on trends that have been noticed in each department, what our members say they need, and additional suggestions from family members. The classes held during FY24 include: Navigating Conflict Resolution in Friendships, Time to Bake it Up!, Parkland's OTA Cooking Class, Making Sense of Public Benefits, Tech Safety, and Safety in the Community.

Classes with practical applications, like Time to Bake it Up! and Safety in the Community, tend to be popular each year. Classes that involve cooking and baking are usually very popular. We think one of the reasons is that this is one of the few opportunities people may have to cook

or bake. It's difficult for families to carve out the time during the day to spend 60 minutes supporting their adult children to cook what might only take them 30 minutes to prepare on their own. Similarly, Safety in the Community class may be people's first opportunity for exploring around town without their parents and the start of building the skills needed to be more independent.

Thought-based classes, such as Navigating Conflict Resolution in Friendships, are needed, but it can be difficult to provide particular and meaningful content to meet the variety of needs of individual class participants. Content or skills that one participant needs are very different from what another participant may need in the same topic area. With this aspect of the Inclusive Community Support program, we are also glad to have a more personalized option through Community Coaching that we can suggest to people if they need very tailored support beyond what is offered in a class related to relationships or social connection.

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.

Within the Inclusive Community Support Program, supports provided typically fall into one of three composites as described below: Outcome AA, Outcome AB, Outcome AC.

Participant A: Participant A and their mom express interest in our ICS program and schedule a Family Planning Meeting. At the meeting Community Choices staff facilitate discussion about components of community living: housing, daily living skills, connections, health and wellness, transportation, budgeting and benefits, and resource coordination. Discussion focuses on where Participant A is right now, and where they would like to be in the future. Time is also spent discussing what types of support Participant A's mom provides right now, what supports Community Choices can provide, what natural supports exist, and what community resources are available.

During Participant A's meeting, it became apparent that A would like to live in their own apartment someday and their mom wants to support that in happening, but has financial concerns about if A will be able to afford rent. A has no problems remembering to take their daily medication, but forget to refill the prescriptions. Participant A may also need some help paying bills on time and creating a personal budget if they were to live on their own. Transportation isn't really a concern because A already uses the MTD and understands that system. A is able to do basic cooking and cleaning, but doesn't right now since he lives with his mom. His mom is concerned that he'll eat the same thing all the time or never clean without reminders to do so. Participant A is on the PUNs list, but hasn't been pulled for funding yet.

After the meeting, Community Choices staff summarize the discussion by stating the goal A has to live in their own apartment, and the barriers and challenges to that. Staff list the community resources that are available, and strategies and supports to remove those barriers. These would include registering for the HACC Housing Voucher program, creating meal plans and cleaning schedules, having someone help him remember to get his prescription filled each

month, setting up automatic payments for rent, utilities and other monthly expenses, and creating a monthly budget and scheduled finance check-ins. Community Choices staff send the Family Planning Meeting Summary to Participant A and their mom.

Outcome AA: Participant A and their mom feel confident in their ability to take next steps on their own and implement the strategies suggested and continue forward without Inclusive Community Support services.

Outcome AB: Participant A and their mom want to move forward with working in the Inclusive Community Support program, but A will not be able to afford to move out without rental assistance. Participant A registers for the HACC Housing Voucher list. When a voucher becomes available, Community Choices staff will assist the family in looking for apartments that accept vouchers.

In the meantime, Community Choices staff work with Participant A and the mom to set up a weekly cleaning and chore schedule for A (includes laundry, cleaning the bathroom, picking up their room, etc). Staff meet with Participant A once a week at the home to check in on if any skill development is needed for cleaning and chores. Staff assists Participant A in setting up automatic refills for their prescription so A will get a text when the refill is ready. A can then take the bus to the pharmacy to pick it up. Finally A has set a goal of cooking dinner for his mom once a week without repeating the same meal for 8 weeks.

Outcome AC: While waiting for a housing voucher to become available, Participant A is pulled for HBS funding. Participant A and their mom decide they would like Self-Direction Assistance (SDA) from Community Choices. Community Choices assists Participant A in managing their HBS funding and hiring Personal Support Workers who help A explore their outdoor interests in community park district programming. Using the Inclusive Community Support services, Community Choices work with Participant A and the mom to set up a weekly cleaning and chore schedule for A (includes laundry, cleaning the bathroom, picking up their room, etc). Staff meet with Participant A once a week at the home to check in on if any skill development is needed for cleaning and chores. A sets a goal of cooking dinner for his mom once a week without repeating the same meal for 8 weeks.

Using SDA billing through Participant A's HBS waiver, Community Choices supports A in setting up automatic refills for his prescription so A will get a text when the refill is ready. A can then take the bus to the pharmacy to pick it up. Community Choices staff is also able to support A in scheduling his medical appointments by using HBS waiver funding. A expresses that he would like someone to attend appointments with him as his advocate. HBS waiver funding allows Community Choices to bill SDA for providing this assistance.

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 talking with families over the past few years, we have found that it is often one or two areas that participants and families feel are holding them back from taking bigger steps for community-based living. It is the intent of the Inclusive Community Support Program to provide support that can fill in the gaps and provide the support that a person may need in order to live in the community.

Data and results collected in FY24 continues to support this. Over the past year, the number of ongoing supports we provided to program participants increased from 11 in FY23 to 24 in FY24. The ongoing supports we provided include assisting in reporting wages to social security, routinely reviewing budgets and spending habits, supporting people in scheduling and attending routine medical appointments, routinely organizing and discarding mail items, regular basic home maintenance, etc. Looking at the variety of ongoing supports we provided, its evident that the things that keep people with I/DD from living independently in their community vary greatly. The different skills we've supported participants in gaining is also evidence of this.

With even just 2 full years of data in this program we've seen participants reach goals and no longer need support in some skill areas, or make progress in some areas. But there have also been examples of people not being able to progress in a certain area. Needing ongoing support over time shouldn't keep anyone from living community-based lives.

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 Choices
Program Name: Self-Determination Support
Program Year: FY24

## 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*
*Note: Because the main point of eligibility for our participants is their status on the PUNS list, the change from RPC as the PUNS enrollment organization to Prairieland did create some disruption to the intake process. This affected families more than us specifically, as it took Prairieland some time to develop and communicate an efficient system for bringing in and verifying PUNS requests.*

**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*
*Note: Toward the end of the fiscal year, we had a significant influx of new people. These participant came from a range of different sources including specific outreach, schools, ISCs, RPC, and word of mouth.*

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.

*Once membership paperwork and intake meeting is complete, there is no wait to access Self-Determination support services. The first support service most new members participate in are either social opportunities, co-op meetings, or family parties.*

*Our Membership Coordinator did move on to a position at the University of IL in late February, 2024. Because one of their core duties is to do intake meetings and help new families get connected to our services, there were some delays in the spring with getting people started.*

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 members are continually given the opportunity to participate in services like social opportunities, community coaching, leadership opportunities, parties, etc. through our monthly social calendar, newsletter, and targeted communication.*

*74% of our members with disabilities participated in these opportunities during FY24. This number is not surprising, as some people are less active members and some are members because their family wishes to participate in the family-focused opportunities.*

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

*Membership lasts for one year, at which point individuals have the opportunity to renew which includes updating paperwork and eligibility. We found that 89% of FY23 members with disabilities renewed their membership for FY24.*

**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.

*Beyond the basic demographic information required for all CCMHB/CCDDB programs, Community Choices also gathers the individual's RIN number, their PUNs eligibility, what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc), as well as information about involvement with other service providers to ensure supports are not duplicated. No meaningful analysis can be gleaned from this data other than that our members were all eligible for 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**

**FAMILY SUPPORT AND EDUCATION:** ***Members support each other and gain knowledge through the following activities/inputs:***

- 5 Co-op meetings
  *ACTUAL: 4 Meetings Held - One was canceled due to presenting staff having COVID*
- 3 Family Parties and 1 Holiday Event
  *ACTUAL: 4 Family Parties Held (including one for the holidays)*
- 8 Family Support Group Meetings
  *ACTUAL: 9 Sessions Held*

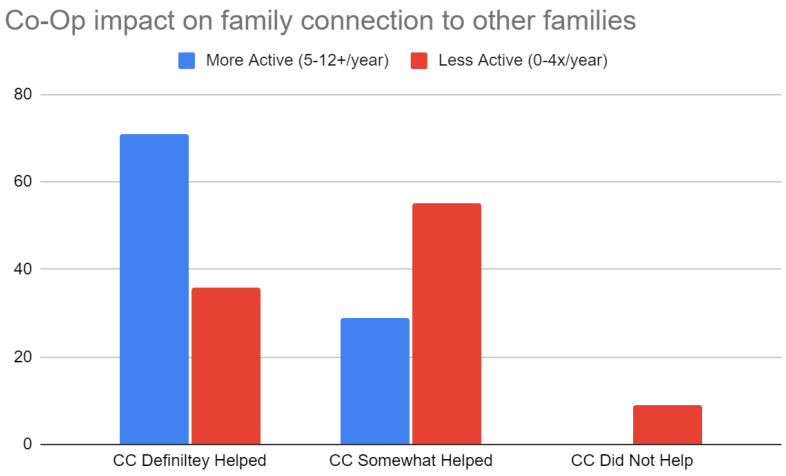
**We expect the following outcomes:**

A. **80% of Support Group participants indicate a strategy/resource learned or increased connection after each meeting.**
   *ASSESSMENT: Family Support Group Survey*
   *SOURCE OF INFORMATION: Families via google forms*
   *ACTUAL: 100% of Responding participants indicated that they learned about a new resource, disability service systems, or got answers to questions they were dealing with.*

B. **Family Members who participate, or who's adult participates, in more events/activities throughout the year, report higher rates of connections to other families.**
   *ASSESSMENT: Annual Member Survey*
   *SOURCE OF INFORMATION: Family members of CC members with Disabilities. Both Families members and Members can fill this out but are asked to choose who they identify as.*
   *ACTUAL:*
   *Of families who participated in less events/opportunities (0-4 per year):*
   *36% definitely felt CC helped them feel less lonely,*
   *55% Somewhat felt CC helped them feel less lonely*
   *9% did not think CC helped them feel less lonely*
   *n =11*

   *Of families who participated in more events/opportunities (6-12+ per year):*
   *71% definitely felt CC helped them feel less lonely,*
   *29% Somewhat felt CC helped them feel less lonely*

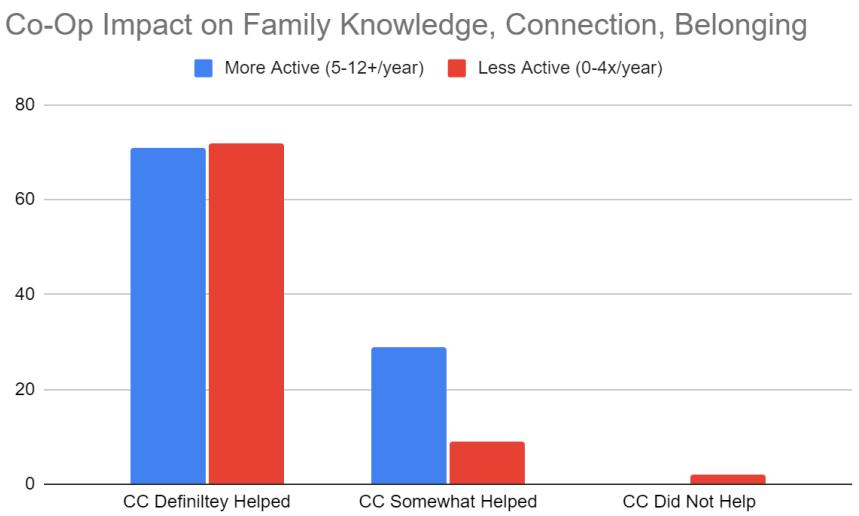
*0% did not think CC helped them feel less lonely*
*n=7*




*(please note: the scale for all graphs is percentage)*

**C. 75% of family members who engage in programming report greater knowledge of the service system, connection, and belonging in a supportive community.**
*ASSESSMENT: Annual Member Survey*
*SOURCE OF INFORMATION: Family members of CC members with Disabilities. Both Families members and Members can fill this out but are asked to choose who they identify as.*
*ACTUAL:*
*Of families who participate in less events/opportunities (0-4 per year):*
*72% Definitely felt the CC provided them with a supportive community*
*9% Somewhat felt CC provided them with a supportive community*
*2% A little bit felt that CC provided them with a supportive community*

*Of families who participated in more events/opportunities (6-12+ per year)*
*71% Definitely felt the CC provided them with a supportive community*
*29% Somewhat felt CC provided them with a supportive community*
*0% felt that CC did not or only a little bit provided them with a supportive community*




**Outcome #2**

**LEADERSHIP AND SELF ADVOCACY:** ***Individuals with disabilities build leadership skills to better direct their services, and shift mindsets in the broader community through the following activities/inputs:***

- **1 Leadership Course**
  *ACTUAL: 1 Course was held*
- 1 **Human Rights and Advocacy Group (HRA)**
  *ACTUAL: 1 Group ran throughout the year*

**We expect the following outcomes:**

**A. 80% of leadership class participants indicate a growth in leadership skills or engage in a leadership project of their choosing at the end class**
*ASSESSMENT: Leadership Class Pre/Post Surveys*
*SOURCE OF INFORMATION: Class participants for Surveys - Staff Facilitator via*
*ACTUAL:*
*Only one person completed both the pre and post survey (everyone else was giving the opportunity but declined)*
*60% of the participants verbally expressed interest in continuing to work on leadership projects*

**B. HRA members will identify areas to grow self-advocacy skills and rate their growth in those areas every 6 months**
*ASSESSMENT: Quarterly Narrative Report, based on in-group assessment of skills*
*SOURCE OF INFORMATION: Participant input and staff observations*
*ACTUAL:*

*All group participants decided to work on increasing their skill and comfort with developing powerpoint/google slide presentations. At the end of the period, all showed growth in their skills. This ranged from a 10-40% increase, with an average of 25% (based on a simple rubric and staff observation)*

**Outcome #3**

**BUILDING COMMUNITY: *Members with I/DD engage with each other and community-based groups and opportunities through the following activities/inputs:***

*Structured*

- **48 Social Opportunities**
  *ACTUAL: 51 Opportunities Occurred*
- **2 6-week sessions of Urban Explorers**
  *ACTUAL: 2 Sessions held, 12 unique people participated, some multiple times*
- **Training on Tools for Connection**
  *ACTUAL: Guides on how to use Transportation options, navigating social media, sign-up genius, and other 1:1 support with conversation skills, phone use, email use, online calendars, etc was provided.*

*Organic*

- **Internal Member Connections through Forums and Events**
  *ACTUAL: 30 unique individuals*
- **Social Coaching**
  *ACTUAL: 10 people participated in full coaching sessions (10 weeks), 3 of those participated in multiple sessions, 4 additional people signed up but did not continue past 1-2/10 weeks.*
- **Clubs, Personal or Community Connections**
  *ACTUAL: 1 Co-op club continued throughout the year with 7-8 members. 2 new members joined this year.*
  *14 additional people built ongoing connections with other members through their participation in our activities (including social opportunities, Workforce Empowerment, Community Coaching, Human Rights and Advocacy Group, and Coffee Club)*

**We expect the following:**

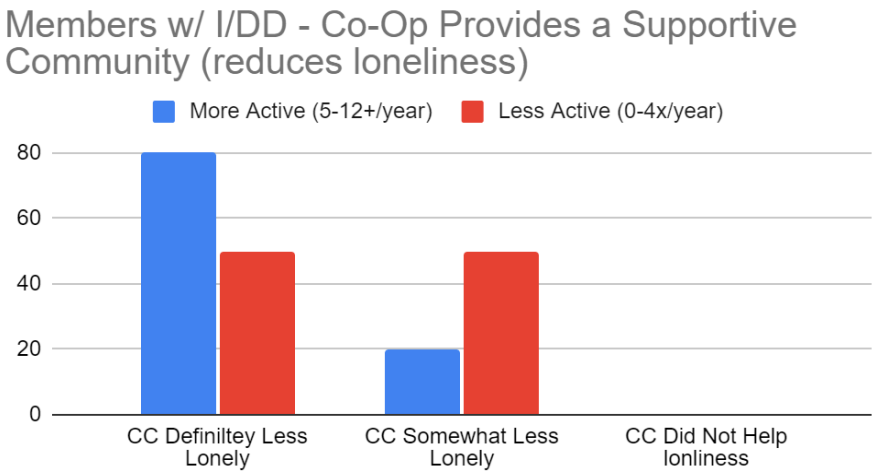
A. **75% of members with I/DD indicate that CC provides them with a supportive community after a year**.
*ASSESSMENT: Annual Membership Survey*
*SOURCE OF INFORMATION: Member input through survey responses*
*ACTUAL:*
*Of members with disabilities who participate in less events/opportunities (0-4/year):*
*50% Definitely feel that CC helps them to feel less lonely.*

*50% Somewhat feel that CC helps them to feel less lonely*

*100% Somewhat feel that CC provides them with a supportive community.*
*n=2*

*Of members with disabilities who participate in more events/opportunities (between monthly and more than weekly):*
*80% Definitely feel that CC helps them to feel less lonely*
*20% Somewhat feel that CC helps them to feel less lonely*

*100% Definitely feel that CC provides them with a supportive community.*
*n=10*




Members w/ I/DD - Co-Op Provides a Supportive Community (reduces lonliness)

**B. 75% of members who participate in structured opportunities reach out to other members or initiate an organic community engagement within a year**
*ASSESSMENT:*
*ACTUAL:*
*84% of participants in our social opportunities connected with another person or a place during the event.*
*16% of participants in social opportunities sought additional support with engagement through community coaching.*

**C. 50% of members who initiate a desire for community engagement report or have an observed connection to people, groups, or places within 3 months.**
*ASSESSMENT:*
*ACTUAL: 70% of participants who reached out for support with community engagement through Community Coaching were looking for specifically connection focused goal. The other 30% were looking at skill driven supports (Community Safety and Tech Use most frequently).*

*Of those looking for connection, 57% developed the desired type of connection through our support.*

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___224___

*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 always attempt to collect information from all applicable participants. Responses are always optional, however, and people frequently opt not to respond.*

3. How many people did you *attempt* to collect outcome information from? _____
   - *Outcome 1a: 14 - Attempted from all participants - Family members who attended Family Support Group*
   - *Outcome 1b-c: 134 - Attempted from all participants - Family members of Members with I/DD*
   - *Outcome 2 - HRA Group: n=5, Leadership Class: n=5 : Attempted from all participants*
   - *Outcome 3a: 89 - Attempted from all participants - Members with I/DD*
   - *Outcome 3b: 41 - Members with I/DD who participants in social opportunities, 10 members who participated in community coaching*
   - *Outcome 3c: 10 - Attempted from all participants - Members who engaged in Community Coaching*

4. How many people did you *actually* collect outcome information from? _____
   - *Outcome 1a: 5*
   - *Outcome b-c: 19*
   - *Outcome 2 - Leadership Class: 1 pre and post eval, 4 pre-evals only, HRA - 5*
   - *Outcome 3a: 13*
   - *Outcome 3b: 41*
   - *Outcome 3c: 10*

5. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc)*
   - *Outcome 1a - At the end of the fiscal year, we send the survey out to everyone who participated during the past 12 months.*
   - *Outcome 1b-c - We send this out during the spring. We send multiple emails to our member list, include a link to it as part of each person's membership renewal, and post the link in our newsletter during multiple months.*

- *Outcome 2 - Leadership class uses a pre-survey/assessment on the first day of class and a post survey/assessment on the last day of class. The HRA did skill check-ins at two points during the year.*
- *Outcome 3a - We send this out during the spring. We send multiple emails to our member list, include a link to it as part of each person's membership renewal, and post the link in our newsletter during multiple months.*
- *Outcome 3b - We collect this information on an ongoing basis in reports from each event and within our Quarterly Narrative Documents.*
- *Outcome 3c - We collect this information on an ongoing basis observationally and using a pre and post assessment with Community Coaching participants.*

## 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.*

Overall Observations

*The Connect Department (Self-Determination Support) is a unique program because it requires participants to actively engage in order to use the services. Opportunities are offered to members on a regular basis using a variety of means, but their experiences and the program's impact does depend, ultimately, on the person choosing to participate. This makes collecting strong, meaningful program-wide data on individual experiences more challenging because we know that there is a limit to the benefit that one can get from a program that they only choose to participate in occasionally.*

*However, while it would have been nice to get more data from our formal surveys and assessments, the data that we did get supports the conclusion that our members do gain a sense of community, reduce loneliness, feel more connected, and have a better understanding of the service system as a result of their membership in our cooperative. The data (limited though it is) shows that people who participate in more opportunities and supports, have a greater impact.*

*What is also interesting is that people who participate on an extremely limited basis (4x per year or less), also report positive impacts from their participation, albeit somewhat less so. This leads us to conclude that people gain value from community just by identifying as part of it. People like to feel connected, like they have someone that they can call if needed, even if they do not ultimately reach out or participate. Because people with disabilities and their families tend to be isolated, just being able to say that they are part of this community may be having a positive*

*impact on them. It also indicates that there's value in a disability-focused community simply existing regardless of any one person's level of engagement in that community.*

Community Building

The Community Building portions of this program include both structured opportunities and options for people to get support in building more organic and sustainable connections. Our structured opportunities include Social Opportunities, Urban Explorers groups, and supports in learning how to use additional tools for connection (like a members-only facebook group, and the development of a welcome crew of members to formally welcome new people joining the coop). These structured offerings are very popular with our members. They are also in a format that is very familiar and approachable. People tend to be very comfortable with a staffed opportunity that you can sign up for. And while the data supports the fact that these events are beneficial and do result in connections between members and the community, those connections tend to be more fleeting.

Our Organic opportunities are designed to help our members move past those fleeting connections and build meaningful, sustainable relationships. This has long been the most challenging area of our work. For years, we found that very few members were coming to us asking for support in this area. Even when they would tell us they would like more friends or more things to do, when we presented the opportunity to work on these goals specifically, we generally would not have people follow through or continue working with us.

Going into FY24 we intended to take a new approach with these organic connection supports. *Through reflections gathered over the past 18+ months, we took note that some of our most effective programs are ones that either have a clear, goal-driven process that aligns with standard disability services (but with our focus and philosophy), and those that are concretely sign-up or RSVP based.*

*Our plan in FY24 was to use this "sign-up" model for our personalized member connection services. We defined the parameters of what's offered and then opened up a set number of slots per quarter and allowed people to sign-up. We asked that people commit to at least 10 weeks of focused, supported exploration of potential connection development with an option to continue if needed or desired. These 10 weeks could be spent on skill building modules, on the ground experiences at community organizations, or time spent developing relationships with other members, depending on the goals and needs of the person. Our efforts, intent, and overall outcomes all remained the same, but the way that we communicated those to potential participants was altered to support better understanding and a more approachable process.*

*After a year of using this new structure to our connection efforts, we have found it to be a much more effective method. We increased the number of people initiating a desire for support with connection increase significantly. In FY23 and earlier, even when offered, we would get only a handful of people explicitly coming to us for these services. This year,we had 18 instances and 10 unique people requesting this type of support.*

*This support was driven both by our members stated goals as well as through simple skill assessments. In our previous work to help our members build connections, we have found that people had areas where additional skill development would be very beneficial. We often found that ongoing relationships hit stumbling blocks when members did not know how to set up group text messages, weren't sure how to find things to do, or were uncomfortable initiating conversations or planning. We knew that addressing some of these underlying skills would be part of the work with Community Coaching. However, we expected that people would be most interested in a more exploratory approach where we would spend time with the person investigating the community-based options for their interests. What we found was that the skill building options within the process were the areas where people had the most interest this year. With members, we focused on building media literacy, simple phone use, using online calendars, avoiding and understanding scams and online vulnerability. We also worked on building relationships, but with fewer people than we expected.*

*Upon reflection, we feel that this does align with the trends that we have seen from many of our members. Our members frequently express fear at spending time on their own or with friends in the community. They express uncertainty about their safety and the prevalence of crime and danger. As much as people want to build relationships and be connected (which we think is absolutely fundamental for everyone), we also realize that people might not always feel comfortable with the vulnerabilities that come along with that. Focusing on skills allows people to approach their goals of connection in a controlled, known, and safe setting. We are hopeful that in time, those who are building fundamental skills around communication and technology will begin to feel more bold and adventurous when approaching their desire for connections and relationships and trends in the types of support we offer for Community Coaching may shift as well.*

*Another tool that we are using to encourage people to work on their individual connections and relationships is through our Social Opportunities and Urban Explorers group. We see inherent value in providing opportunities for people to gather and have a nice time. If it was only that, we see it as a worthwhile effort. But we are intentional about the type of opportunities we offer and hope that they will give our members a chance to try new things, meet new people, and explore places where they may begin to feel comfortable. These opportunities were very popular this year - so much so that we decided to begin offering an additional two events per month (6 instead of 4). We have also been mindful of the places we're choosing and how we communicate about those places so that people will have a better sense of what to expect, since knowing what to expect can be helpful when deciding whether to do something new. We see these offerings as another jumping off point for additional connection and potential support and are excited to see how we can help our members build off of these experiences.*

<u>Leadership and Self-Advocacy:</u>

*This area of our work was probably the most challenging this year. In particular, our Human Rights and Advocacy group experienced a period of apathy this year. We spent time at the end*

*of FY23 exploring with the group the type of structure that they felt would be most meaningful. There was a lot of interest in making the group more self-advocate run. When we convened at the start of this year to begin working on this shift, our current members were less interested in taking on those leadership roles, such as talking to other members, learning about issues, and planning topics for meetings. This is not to indict our members - this is the same trend that we see in lots of advocacy spaces with and without disabilities. Our members are leading busy lives and most often reported that they simply didn't have the time or capacity to take on additional responsibilities.*

*This did have an impact on our meetings and projects for the year. We focused a lot of time on a project chosen by the group with our support. It involved developing a human rights training for other people with intellectual disabilities based on the UN Declaration. Despite the name of the group, our members just did not end up being very excited about the project. We believe that could have been its more abstract nature. We have had the best outcomes with projects that involve topics, people, and groups that have a direct impact on the everyday lives of our members. (Our Healthcare Advocacy Guide, materials to help people find housing, etc). Human rights certainly have a direct impact on everyone's lives, but as ideas and less as specific systems and experiences. To add some additional interest and involvement by our members, we encouraged this project as an opportunity to build additional skills that are beneficial to any advocacy work. Our group loves to give presentations, so we decided together that working on the concrete tech skills of how to make presentations would make a nice compliment to the very abstract work of explaining human rights. This was a successful outcome of a more challenging area. The group was excited to work on these skills and co-create the presentation meant to accompany the Human Rights training.*

*Moving into a new year, we have met with the group and developed a new format for FY25 that everyone is more excited about. We're hopeful that it will infuse some new energy and interest in additional advocacy projects and better understanding of issues affecting the lives of people with disabilities in our community. It is going to be self-advocate driven, in that they will choose topics to learn more about. Our group leaders will work to present information on those topics and whenever possible bring in guests who are involved in advocacy around the same issues. We believe that this will help our group develop new ideas of work they can achieve, different methods for advocacy that can be used, and to better understand what advocacy looks like in the lives of many different people and groups.*

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.

*Members of Community Choices have full freedom to participate or not in the supports and opportunities that we provide. Our goal is to help people be more connected and to build their relationships, self-determination, and social capital. Below you will read about what the services*

*and supports, as well as some of the potential outcomes, might be for individuals who are both highly involved and those with more limited involvement during this past year.*

*<u>Highly Engaged Participant</u>*
*Member A and their family members have been members at Community Choices for over 3 years. Over the past year Member A participated in weekly social opportunities, and was also participating in another member's monthly co-op club where 4 friends would get together for coffee at a local coffee shop. Member A may also participate occasionally in classes or other opportunities that presented themselves throughout the year.*

*While participating in weekly social opportunities, Member A connected with a new Community Choices member, Member B Member A and Member B began texting each other on a regular basis. When Community Choices shared information about a special event happening at a local coffee house, Member A and Member B coordinated going together. Then they continued to make plans to hang out on their own outside of Community Choices programming.*

*<u>Limited Engagement Person</u>*
*Member C is new to Community Choices. In the first couple of months, they attend one or two social opportunities, but were discouraged when they didn't see the same people at the second event. Because of this they told their parents they didn't want to go any more. Their families continued to be involved by attending occasional family support groups and the quarterly co-op meetings. At one of these meetings, they hear about a cooking class that's coming up. They encourage Member C to sign up because they think they will have the chance to see the same people week after week.*

*Member C does sign up for the class but misses three of the eight meetings because of an appointment, not feeling well, and forgetting. They do report having a good time. A few months later, with some encouragement from family they attend another social opportunity. The same staff who taught the class was also supporting at the event and Member C felt more comfortable and began to warm up to the idea of trying out more opportunities in the future.*

****Limited Engagement Moving Toward More Active Engagement ….*
*After their more positive second experience at a Social Opportunity they were a little more willing to consider other options with Community Choices. A month or so later, they and their family receives an email that Community Coaching sessions are opening for the quarter. They decide to sign up. Within a couple of weeks they have their first meeting with a Social Coach from the Connect Department. They spend a meeting getting to know each other and doing a few simple interviews to determine what type of goals and work they should undertake over the next nine weeks. Member C explains that they don't really know anyone who likes to fish (their favorite hobby) and also aren't very familiar with how to use their phone. Their Social Coach offers a dual goal of a) spending time building confidence with phone use, and b) looking into local fishing options, clubs, or groups. Member C agrees and they move forward. They decide to spend the first couple of sessions working on phone skills leaving a few minutes at the end to begin looking into fishing options. After a few weeks of working on phone use and*

*communicating with their social coach and family to practice, they decide to spend the next couple of weeks focusing on Member C's fishing hobby. They start by meeting to look online for options. They find a few things with the park district, one meetup group and a message board about good fishing in the area. They make plans to visit these options in person in future weeks. Their social coach also encourages them to attend a few social opportunities and ask others there if they might also be interested in fishing. Member C does this, but doesn't meet anyone who knows much about fishing. There is one person who is curious and the Social Coach works with the Membership Coordinator to add a learn-to-fish event from the park district onto the next month's calendar. Member C is encouraged to reach out to the other curious members and encourage them to attend the fishing event. By the end of the 10 week session, Member C is feeling more confident with his phone and has used it to reach out to one other member. They decide to sign up for a second session where they will continue working on the fishing hobby - specifically on finding more people who are interested in doing this hobby together.*

*<u>Active Family Member</u>*
*Just like our members with disabilities, some families are more and less active. Parent A is more active. They come to most family support groups. At these meetings they come primarily to socialize, but generally end up asking questions to staff and other families about an issue they are having with social security, transportation, or some other service/support that they coordinate for their adult family member who lives with them. A few times a year they will call one of the staff they know the best and ask for some time to talk through a more acute issue they are dealing with. Within those conversations, the staff person has the chance to describe some of the opportunities that are coming up at Community Choices and explain how some of the other services in town work and who their first contact for that might be.*

*With the encouragement of their parents, Parent A's adult child (Member X) decides to sign up for a few various CC opportunities. They connect with another member (Member Y) at one of these and do some texting through facebook. It turns out that the parents of Member Y and X have also met each other at a CC event. This helps facilitate ongoing communication and gatherings between the families and friends.*

*<u>Less Active Family Member</u>*
*Parent B is less involved in the Community Choices coop. They have an adult son with autism who is not interested in taking part in group activities or being associated with a "support" organization. Parent B is looking for information on how to support their adult child, however, and is happy to be part of the Co-Op as a way to access additional resources. They typically read the newsletter and will occasionally respond to emails with questions about the various resources they are presenting. Once or twice a year they attend a family support group. They continue to renew their membership year after year. When staff reach out to see if they or their son would like to be engaged in other services, they say no, but that they appreciate the information that they get through their membership.*

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 are continually evaluating and adjusting our programs based on the formal and informal feedback from our members. Noteworthy examples of this during FY24 are the addition of Community Coaching. This addition/adjustment to how we offer community-building services to our members was the result of both formal feedback gathered during a services survey we distributed during FY23, our own observations and analysis on trends in what type of services were more and less popular and effective.*

*Though not specifically tied to our Connect department, it was through our member feedback and services surveys that we gathered the data used to prioritize and design our transportation program. Now that it has started we continue to follow its trends and work to integrate needs between the two programs.*

*We also gather and use data in less formal ways. Our feedback survey offers members the opportunity to give ideas on classes, co-op meeting topics, venues and formats for our family support groups, and even the best ways we can communicate with our members. We read all of these and work to integrate any that are feasible. In FY25 we have already incorporated multiple ideas shared in our FY24 survey into our plan for the year. Several classes and co-op meetings are directly a result of ideas from members. Additional interest in Social Opportunities has resulted in us adding additional events each month. And informal member feedback about the environments and uncertainty of some events has changed the way that we present these events in each calendar. Every opportunity now comes with a description of what the person can likely expect in the environment and what might be a potentially good purpose for attending that event. A dinner, for example, is a much better place to get to know someone, than a visit to the planetarium where you're expected to be quiet.*

*Also during FY24, we began working in depth with researchers from Queens University in Canada on a formal research study to look at how people with disabilities and their families balance formal and natural supports. While data is still in the future for this project, we do expect that it will help us to better understand the needs of our members, how our co-op currently addresses those need, and potentially new ways that we can better serve our community.*

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 Choices
Program Name: Staff Recruitment and Retention
Program Year: FY24

## 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.

*NA*

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 application estimate here was for the number of possible applications that we received. We received 162 total applications for open positions during the year compared to our estimated 100.*

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 a goal of 3 years of employment or more.*

*Employees who were employed on 7/1/21 (3 years ago) and earlier and are still employed have an average of 7.3 years with Community Choices.*

*Taking all employees working at CC as of 7/1/24 (end of the fiscal year) - our average length of employment is: 3.9 years.*

*The average length of employment for all employees who no longer work for CC is: 3.2 years.*

**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 staff hire and termination dates, why they leave and information about any other jobs they've held in the DD Field.*

*We have consistently been able to hire individuals who have had significant experience in the DD field. Our staff longevity is also very strong.*

*We have a small staff so specific trends are difficult to identify, but available data indicates that staff have generally left to pursue higher paid employment or positions that better match their education or life goals.*

## 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**

DSP COMPENSATION - 100% of CC Staff compensated at a rate that is equal or greater than the equivalent annual salary proposed by the Guidehouse rate study for DSPs in FY24 within the FY24 fiscal year ($19.50/hour, $40,560/annually).

*ASSESSMENT: CC Budget and Accounting Systems*
*SOURCE OF INFORMATION: Administration Records and Recording*
*ACTUAL: Average salary for all employees (excluding executive leadership) was $20.58/hour during FY24 before bonuses. After bonuses, the equivalent average hourly rate was $21.65.*

**Outcome #2**

RECRUITMENT - CC is able to fill all open staff positions within 60 days.

*ASSESSMENT: Job Posting Logs*
*SOURCE OF INFORMATION: Indeed, Emails, and records of employee start dates and employment offers*
*ACTUAL:*
*We had 8 open positions during FY24.*
*The average time between job posting and job offer was 24.8 days*
*The average time between job posting and first day was 60 days*

**Outcome #3**

RETENTION - At the end of FY24, CC's average length of employee service (for employees hired prior to FY24) remains greater than 4 years.

*ASSESSMENT: Employee Hire and Termination Tracking Sheet*
*SOURCE OF INFORMATION: Administrative Records and Recording*
*ACTUAL:*
*Employees hired prior to FY24: Average length of employment = 5.6 years*

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? *19*

*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?

*Data was collected for every participant*

3. How many people did you *attempt* to collect outcome information from? *19*
4. How many people did you *actually* collect outcome information from? *19*
5. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc)*

*Data was collected during the recruitment period of jobs, when employees started or left positions.*

*Regular data was also collected quarterly for current employees receiving retention bonuses.*

## 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 addition to the data collected and reported above, we conducted a short, optional survey with staff about the impact of their bonuses. Of our 16 total staff, 10 responded and the feedback was overwhelmingly positive.*

*All new staff who responded indicated that the sign-on bonus had encouraged them to apply and accept the position. One person said they hadn't realized that it was available initially, but found it to be very motivating in accepting the position after they learned about it.*

*Long-term staff also unanimously reported that the bonuses had improved the job satisfaction. All but one said that they improved their likelihood of staying in the DD field. The one other person said they appreciated the bonuses but were not considering leaving the field regardless.*

*Staff also had the option of sharing any other feedback they wished. This was also all very positive. Below are a few examples of the statements given by staff:*

> *"I enjoy the work I do and the people we work with. Our work has intrinsic worth, but we should also be financially compensated for the quality of work we provide. The retention bonuses show that Community Choices, and also the CCDDB, value the work we do."*
>
> *"In the disability field, it's really easy to believably say "Sorry, there's no money." So when an organization goes out of its way to make sure you're getting extra money it definitely makes you hesitant to even consider leaving."*
>
> *"Even though I love my job and have always felt very appreciated and supported in my job, the bonuses reiterated the supportive culture within Community Choices by encouraging continuing education and the dedication Community Choices has for supporting our members using every resource we can (webinars, conferences, etc.). Obviously, it very nice to be compensated with the bonuses as well!"*

*Community Choices has always worked to build a positive, flexible, and humane work culture. We believe that this has been an extremely supportive factor in our staff longevity and overall job satisfaction. Pay is obviously an important piece of this. Bonuses are able to play two rolls. They indicate the commitment of the leadership to support the staff and acknowledge their work and value. They are also a clear monetary award that is critical to modestly paid staff in our increasingly expensive community.*

*Outcome 1 - Rates*

*One goal with this grant was to ensure that our staff were making at least the amount advised by the Guidehouse rate study from 2020. We were successful in meeting this goal, and even surpassing it slightly with the addition of the funded bonuses.*

*The Guidehouse study was a wonderful resource as a starting point for creating goals and a roadmap toward a better-paid, more sustainable service system state wide. At the time of its publication in the fall of 2020, the rates outlined seemed very generous and had the potential to dramatically increase the wages and quality of life for DSPs. The time since 2020 however, has been a period of dramatic inflation and increased expenses. It is difficult to imagine that the authors of the Guidehouse study could have anticipated these changes and built in a corresponding response to their recommendations. This has left us to question whether a goal of matching the Guidehouse rates is really a reasonable target, field-wide.*

*A recent search of the Department of Housing and Urban Development showed that the Median Family Income for a single person household in Champaign-Urbana for 2024 was approximately $74,000. This would put individuals making the Guidehouse recommended rate of $19.50/hr just a hair above 50% of the Median Family Income, which is the cut off point for many support services such as Section 8 Vouchers. We believe that we should aim higher, and need to aim higher to address the historically underpaid and under-supported service system.*

*Outcome 2 - Recruitment*

*Community Choices is paying on average above the Guidehouse recommended amount, but more and more often we are finding that our salaries, even with the bonuses, were not enough to recruit or keep staff. We had two excellent candidates for positions turn them down this year because we simply were not paying enough. One was quickly offered a raise to stay with her current employer, Carle. The other would have had to take a relatively significant pay cut from his job at Public Health to come and work here. Both of these individuals were genuinely disappointed that they had to turn down the positions, but it is also very understandable given our current economic situation.*

*Despite these setbacks, we have been able to hire some excellent staff this year, and the timelines for hiring were very reasonable. Part of what likely supported this, in addition to the bonuses, was that we were hiring for a lot of positions over the course of the year. This allowed us to have a wide pool of candidates and do some negotiation with people on positions that we*

*felt they'd be well suited for. We have been fortunate that we've been able to find people who have been very excited to do this work with us, even if the pay is not as generous as all of us would like.*

*Outcome 3 - Retention*

*Data on our staff retention remains very good. As noted above, our average staff longevity is over 3 years regardless of multiple methods of calculation. We have many staff who have been with us for a long time, and many have also worked at other agencies and built careers and years of experience in the field. This is an important element of our success and stability as an organization. The bonuses have been one tool to help us continue to support it. Despite this, we did lose a number of excellent long-term staff over the past year. Both left for positions with/adjacent to the university. Both received very significant pay increases, that there would be no way for us to match.*

*There are some limitations and barriers to our employee retention. We are a small organization which means that opportunities for advancement are limited. It is normal for employees to want to increase their responsibilities over time. We do work hard to find outlets for staff interests and aptitudes with additional projects and roles, but that can only go so far. With so many long-term, committed staff in our current leadership positions, there are simply less options for people to formally increase their responsibilities unless we were to grow significantly. Until this changes, there may always be a ceiling on our staff retention.*

*Overall -*

*With a small staff and a single year's worth of data, it's difficult to make a strong conclusion that the bonuses funded through this grant are the solution to the struggles of non-profits in the DD Sector to pay their staff well. We do believe that it is reasonable to conclude that they are a very valuable and important part of a larger strategy to support the I/DD workforce. Staff greatly appreciated these bonuses. They were grateful not only for the money but for the sentiment and commitment to them that the bonuses communicated. We are hopeful that they can continue to be part of a broader approach to ensure that the amazing people who do our work with us will continue, and that new talented people will share their skills with us and our members.*

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.

*N/A*

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?

*Leading up to and with the addition of this grant, we have been looking closely at our staff compensation, benefits, and organizational structure. The increase in cost of living is apparent and we have budgeted for additional cost of living raises to help address this along with our second year of staff-bonus funding. We've also been looking at the cost of our benefits, specifically health insurance.*

*Since we began offering health coverage in 2019, the cost to employees has risen nearly 40%. As a result of this, starting in FY25, we decided to begin paying a higher percentage of the premium costs to insulate our employees from these rate hikes. This has allowed bonuses and COLA raises to have a more direct impact on staff take-home pay.*

*We are also looking at additional ways that we can acknowledge and compensate our long-term, highly skilled employees for additional responsibilities without changing their core jobs and our organizational chart. This has been one of the broader lessons we've learned in tracking and considering these issues through a year with a lot of staffing changes and additions at Community Choices. We have an excellent staff who want to work here and want to contribute to our ongoing evolution. It is not reasonable to expect them to want to stay in the same roles endlessly. It is also not reasonable to ask them to take on additional responsibilities without additional pay.*

*In the coming year, we hope to develop a system where we can link bonuses not just to retention and sign-on, but to specific responsibilities, projects, and tasks that are needed by the organization, but currently outside of any one person's job description. We are hoping that this will be an equitable and democratic way to value people's skills and talents, acknowledge their commitment to the organization, without necessarily creating additional levels of authority within our consensus driven culture.*

*While not directly tied to the quantitative data and evaluation associated with this grant, the process of tracking and intentionally considering its impact amongst many other variables has been a meaningful exercise. We are excited at the new possibilities, ideas, and conversations that have started as a result of this funding and its use over the past year and look forward to continuing our work in this area.*

# 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 Choices
Program Name: Transportation Support
Program Year: FY24

## 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 - We were able to see that as we did more outreach activities over the year, more people knew about and requested services from the program.*

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.

*To use Transportation Services, individuals need to become CC Co-Op Members which require an intake meeting and eligibility verification that comes from the Independent Service Coordination organization. In general, most people were able to move through these steps within the expected 14 days.*

*In July of 2023, the ISC agency did shift from RPC to Prairieland, which did cause some delays in eligibility verifications as all organizations were working through new processes. Our long-time Membership Coordinator did move on to a position at the University of IL in late February, 2024.*

*Because one of their core duties is to do intake meetings and help new families get connected to our services, there were some delays in the spring with getting people started.*

*Despite this, we did not see any noteworthy delays in the initiation of services. Once people complete their intake and eligibility screening (PUNS check), there is no waiting for transportation services. They are able to begin scheduling rides immediately.*

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 90% of people would move into services within the 14 day timeframe. The actual result is a little difficult to quantify, as Transportation services are open to anyone who is a Community Choices Member. By nature of their membership they have access to this service. Because of this, many of those who used it, did not come to our organization looking specifically for this service. For coming years, we are looking into a better way of tracking these types of service use timelines.*

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

*Membership, or access to Transportation Services, lasts for one year. At that point participants are asked to renew their membership. We do not yet have full data for the renewal "season" for FY24 into FY25, as we generally let people renew through the end of August. Additionally, because services are episodic, the length of engagement could be considered to be arbitrary. In the context of this program, the volume of service use is more a more meaningful metric the period for which one uses the services at all.*

**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.

*Beyond the basic demographic information required for all CCMHB/CCDDB programs, Community Choices also gathers the individual's RIN number, their PUNs eligibility, what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc), as well as information about involvement with other service providers to ensure supports are not duplicated. No meaningful analysis can be gleaned from this data other than that our members were all eligible for 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**

**COMMUNITY ACCESS - 80% participants will report increased experiences of community access measures after each month of use:**
*ASSESSMENT: Monthly Transportation Usage Survey*
*SOURCE OF INFORMATION: Program Participants or Families of Program Participants on their behalf*
*NOTE: The original design of this program evaluation was to look at changes over time. What we found was that data was overwhelmingly positive across the life of the program year. Because of this, we will just be presenting summary data, rather than a change in data over time.*

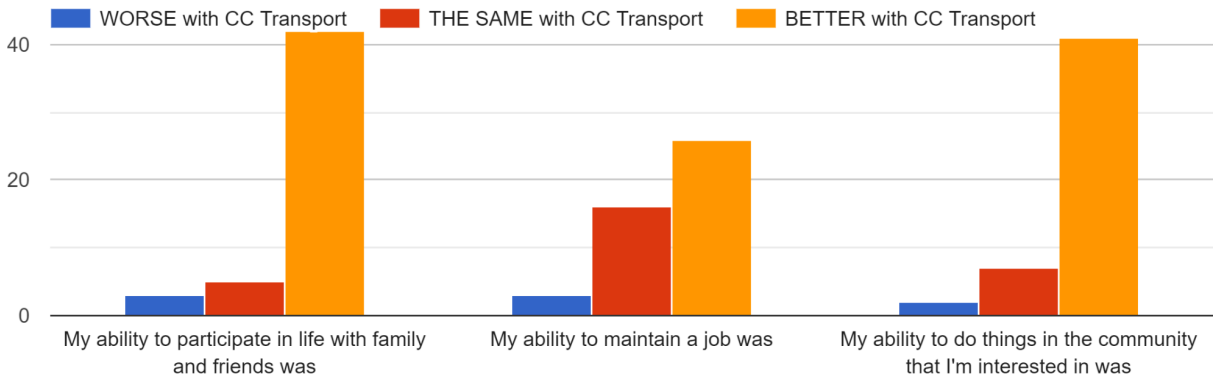
a. **Feeling able to participate in life with family and friends**
   *ACTUAL:*
   *42/51 (84%) Responses report this was BETTER with CC support.*
   *5/54 (10%) Responses report this was THE SAME with CC Support*
   *3/50 (6%) Responses report this was WORSE with CC Support*

b. **Able to maintain a job**
   *ACTUAL*
   *26/50 (50%) Responses report this was BETTER with CC support.*
   *16/50 (32%) Responses report this was THE SAME with CC Support*
   *3/50 (6%) Responses report this was WORSE with CC Support*

c. **Able to do things they are interested in**
   *ACTUAL:*
   *41/50 (82%) Responses report this was BETTER with CC support.*
   *7/50 (14%) Responses report this was THE SAME with CC Support*
   *2/50 (4%) Responses report this was WORSE with CC Support*

d. **Able take care of basic errands and needs**
   *ACTUAL:*
   **Due to an error, this specific question was omitted from the evaluation survey. It will be corrected for FY25's survey.*

COMMUNITY ACCESS: Please rate the impact of CC's Transportation Support on the following aspects of your Community Access.  Please indica...n how the program affected your family member.




**Outcome #2**

**CONFIDENCE IN COMMUNITY & COMMUNITY TRAVEL - 60% of participants will report increased experiences of the following measures of community confidence after each month of use:**

*ASSESSMENT:*

*SOURCE OF INFORMATION:*

*ASSESSMENT: Monthly Transportation Usage Survey*

*SOURCE OF INFORMATION: Program Participants or Families of Program Participants on their behalf*

a. **Confidence/Comfort being in the community**

*ACTUAL:*

*41/50 (82%)  Responses report this was BETTER with CC support.*

*6/50 (12%) Responses report this was THE SAME with CC Support*

*3/50 (6%) Responses report this was WORSE with CC Support*

b. **Confidence/Comfort traveling in the community**

*ACTUAL:*

*41/50 (82%)  Responses report this was BETTER with CC support.*

*5/49 (10%) Responses report this was THE SAME with CC Support*

*3/50 (4%) Responses report this was WORSE with CC Support*

c. **Knowledge/Confidence using technology related to transportation**

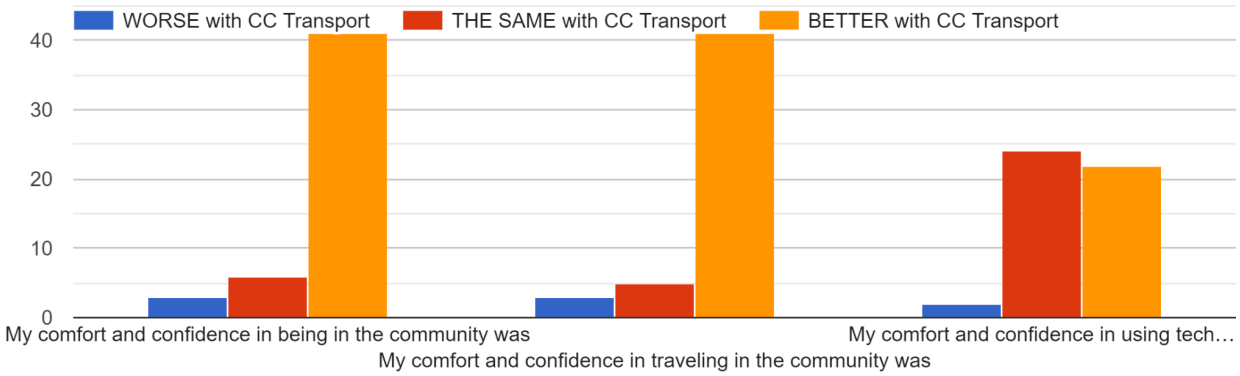
*ACTUAL:*

*22/50 (44%)  Responses report this was BETTER with CC support.*

*24/50 (48%) Responses report this was THE SAME with CC Support*

*2/50 (4%) Responses report this was WORSE with CC Support*

CONFIDENCE IN COMMUNITY & COMMUNITY TRAVEL: Please rate the impact of CC's Transportation Support on the following aspects o...on how the program affected your family member.




**d. Parent comfort with family member traveling in the community**

*ACTUAL:*

22/26 (84%) *Responses report this was BETTER with CC support.*

2/26 (7%) *Responses report this was THE SAME with CC Support*

2/26 (7%) *Responses report this was WORSE with CC Support*

**Outcome #3**

QUALITY OF LIFE - 80% of participants will report increased quality of life in the following areas after each month of use:

*ASSESSMENT: Monthly Transportation Usage Survey*

*SOURCE OF INFORMATION: Program Participants or Families of Program Participants on their behalf*

a. Overall quality of life

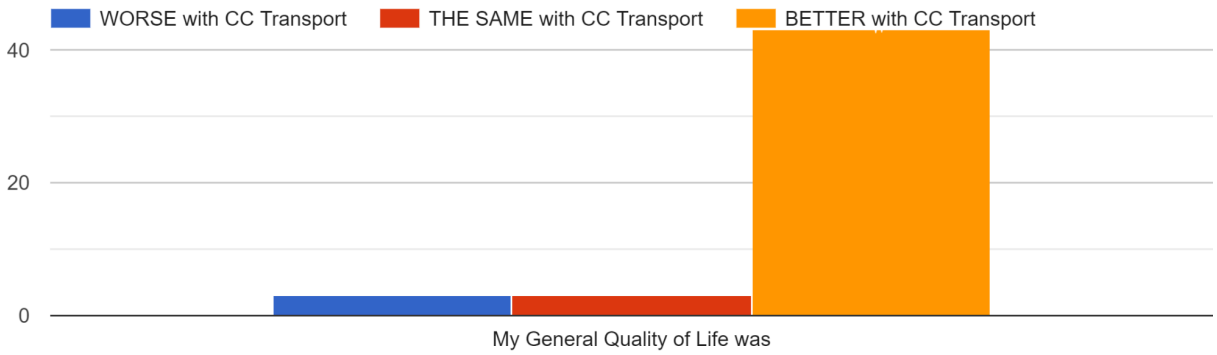
*ACTUAL:*

*43/49 (88%) Responses report this was BETTER with CC support.*

*3/49 (6%) Responses report this was THE SAME with CC Support*

*3/49 (6%) Responses report this was WORSE with CC Support*

GENERAL QUALITY OF LIFE: Please rate the impact of CC's Transportation Support on your general quality of life.  Please indicate if our support ma...n on how the program affected your family member.




b. Emotional wellbeing/stress

*ACTUAL:*
*41/50 (82%)  Responses report this was BETTER with CC support.*
*6/50 (12%) Responses report this was THE SAME with CC Support*
*3/50 (6%) Responses report this was WORSE with CC Support*

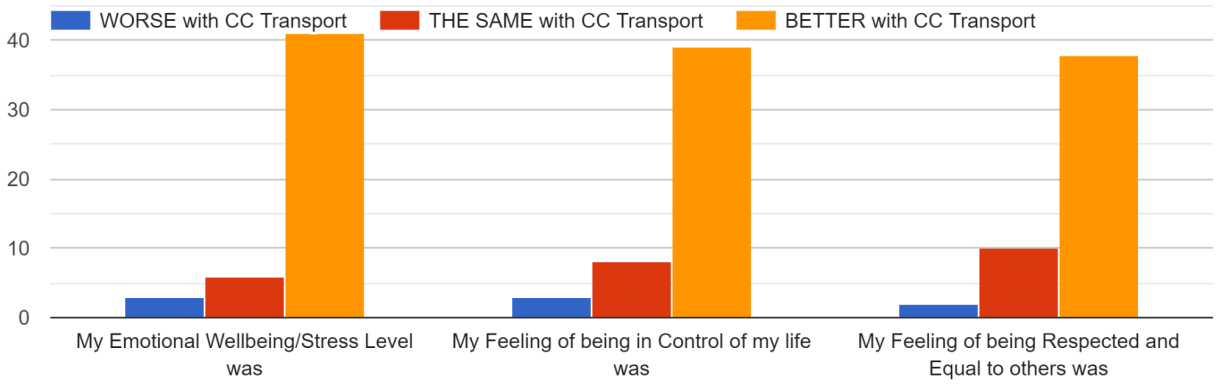
c. Feeling in control of one's life

*ACTUAL:*
*49/50 (82%)  Responses report this was BETTER with CC support.*
*8/50 (12%) Responses report this was THE SAME with CC Support*
*3/50 (6%) Responses report this was WORSE with CC Support*

d. Feeling respected and equal to others

*ACTUAL:*
*38/50 (76%)  Responses report this was BETTER with CC support.*
*10/50 (10%) Responses report this was THE SAME with CC Support*
*2/50 (4%) Responses report this was WORSE with CC Support*

EMOTIONAL QUALITY OF LIFE: Please rate the impact of CC's Transportation Support on the following aspects of your emotional quality of life... on how the program affected your family member.




## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 31

*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 collect data from each participant as well as any involved family members they had. It was an optional survey, though it was highly encouraged.*

3. How many people did you *attempt* to collect outcome information from? *39 (this includes all participants and some involved family members)*
4. How many people did you *actually* collect outcome information from? 24 Unique individual replied, providing 50 responses.
5. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc)*
   *It had been our intention to send out our eval survey monthly to each rider who had used the service that month, as well as their family. We quickly received feedback that people did not want to receive so many surveys and very few people responded. They expressed confusion as to why they needed to give feedback so often. Because of this we shifted to sending the eval survey quarterly. When we switched to this method, we saw an increase in responses.*

   *We wanted to get feedback from participants over time, so individuals were encouraged to complete the survey at multiple points throughout the year. What we found was that the*

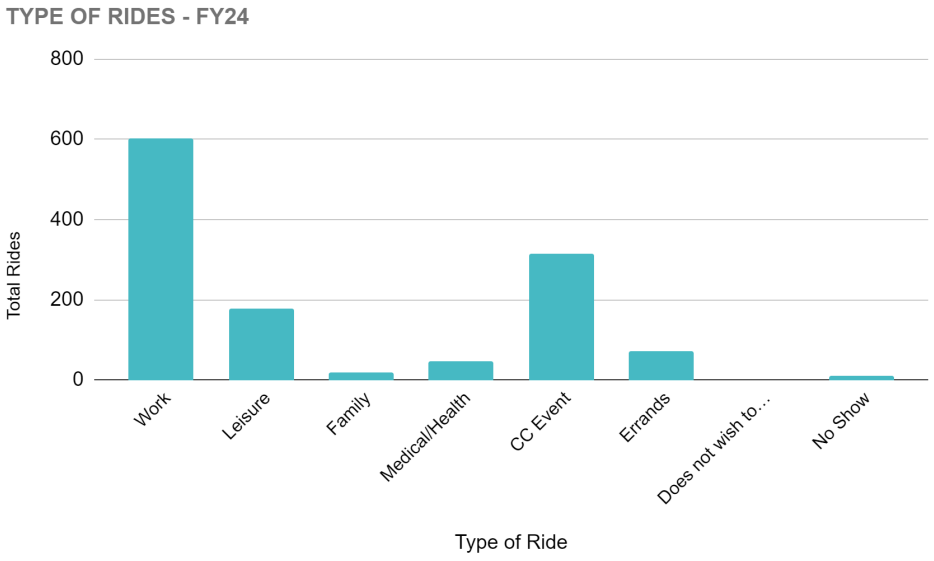
*same group of people tended to respond to each round of queries. In total we received 50 responses over the course of the year, from 24 unique individuals.*

## 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.*

***USEAGE:***

*In the first year of this program we provided 1244 rides to 31 individuals. Rides were overwhelmingly used for people to get to work. At 601 total work rides, this made up nearly half of all rides. The next most common type of ride was for CC Events with a total of 314. This category was intended for use with our Social Opportunities, but our members often used it to describe any ride that was taking them to a place or person that was connected to Community Choices. This means that there were some rides that probably should have been included in the Leisure category, for example, but were called CC Events because the friend was someone they'd met through us. One hope we had for this program was that it would make it easier for participants to engage in social and leisure activities with friends. For FY25 we adjusted the categories slightly to account for the possible reporting discrepancy around the leisure category.*




*As a new program, there was some troubleshooting that was needed as things got started. Although we had planned extensively and conducted a pilot of the project, we did need to make some adjustments as things progressed. Our members and their families were extremely helpful*

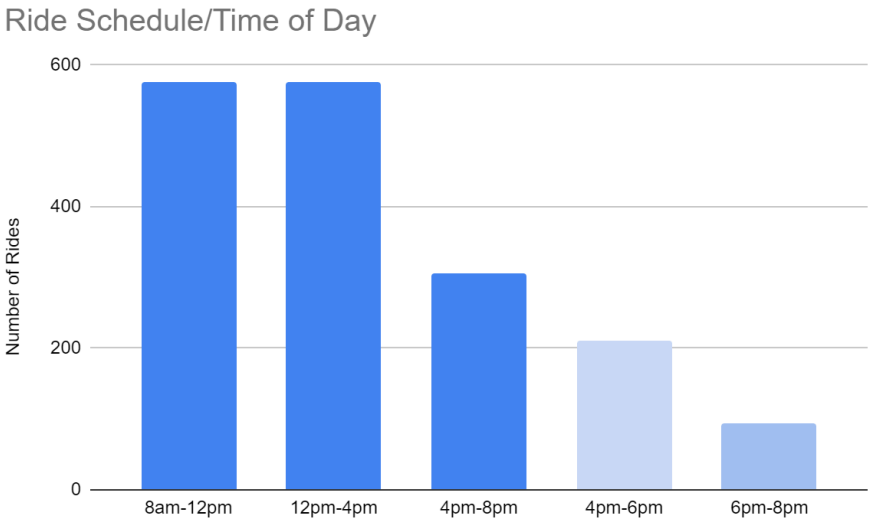
*in giving us formative feedback, especially in the first few weeks and months that helped us to refine our methods. This was mostly about the logistics of communication and scheduling, but the input helped the program to run better for everyone involved.*

*We also quickly made some adjustments to the number of rides participants had access to each month. Not knowing how busy we would be, we initially set the number of rides at 8 per person per month. After a few weeks we decided to increase this to 12. This number seemed to work well for most people. There were only a handful of people who used all of their rides each month.*

*As the year progressed, the program became much busier. We ran into more conflicting reservations, but were generally able to make rides work. Most rides were for just a single rider, but when both parties were agreeable and it allowed the conflicting requests to happen, members were generally happy to share a ride on occasion.*

*It did become clear by the mid-point of the year, that we would need to increase our capacity for FY25 to continue serving all the requests coming our way. The schedules for our day-time drivers were getting very busy. We were seeing nearly double the rides during both the 8-12 and 12-4 shifts. Rides in the evening were much less frequent, especially the later into the shift that you looked.*

*Below you can review a table of the times of day and the corresponding number of rides. Seeing this data helped us to conclude that for FY25 we should expand the half-time coordinator position into a full time position that could spend a flexible 50% of their shift on covering day-time rides that would otherwise need to be turned down. With that increased capacity, we were able to increase the number of rides available to each of our members to 16. Many people still regularly used less than this, but for the individuals who had more need, the additional rides were a welcome addition.*




***OUTCOMES Overall:***

*Given our stated outcomes, the individual feedback, and our observations of the evolution of the program over the course of its first year, we feel that it has been an unqualified success. The evaluation data indicates that people had overwhelmingly positive experiences and that the addition of this program into their lives has had a direct positive impact. Beyond the quantitative results, the narrative feedback we received spoke to some of the un-captured impacts of the program:*

> *"The rides were for work only and this is the most reliable transportation my son has received in the 10 years he has been at his job. Driver is always on time picking up my son and getting him to work on time. I have not met him, but I love the results."*
>
> *"Having an independent form of safe, on time transportation is so important to _____. He is able to be more independent with CC's new program. Thank you!"*
>
> *"The transportation program has been a life saver for my family. It's greatly needed and appreciated! My daughter enjoys the drivers Lyle and Janelle. She truly enjoys talking with them on drives. They are respectful and kind! "*
>
> *"It's been wonderful to see how _____has taken responsibility for getting himself ready and willingly accepting this ride each week. When we started, he was refusing hard, but overtime, he's enjoyed being more independent."*

*In addition to the overwhelming positive feedback, there were a small handful of people who were unhappy with the service. The most common complaint from these individuals was about some of the limitations of the program. Specifically, one person was very unhappy that we were not able to offer on-demand rides. The other concerns were about our policy not to give rides to events of other disability-specific service providers. This included CUSR events and rides to programing at DSC. It was a policy put in place to ensure that we did not become the de facto*

*transportation provider for these other organizations, as they do provide their own ride services in some form. There was some confusion with one individual about whether that policy meant we could not give the person rides to and from her group home if she wished to do something else in the community, or get to a job. We explained that rides to and from a group home were absolutely allowed, and occurred with multiple people.*

*Despite our efforts to explain our processes, get feedback, and answer questions, as a new program there was bound to be some confusion. This did result in some erroneous responses to our Evaluation Survey. It was intended just to gather data only from individuals who had used the service, but was completed by several of the families unhappy with the program's policies. The data reported above does include these entries, as their experiences are valid, though we do not feel that it best reflects the actual impact of the program users or the intended use of the evaluation tools. Data discussed below will only include the responses from the program participants.*

**Outcome 1: Community Access**

*Based on the data, our Transportation services seemed to have a very positive impact on the vast majority of participants. 89% felt that it made their ability to participate in life with friends and family better. 87% felt that it made their ability to do things in the community that they were interested in better. Fewer responded that the program had improved their ability to maintain a job, though this could be because not all the riders had jobs they were looking to maintain.*

*One of the fundamental reasons that we began this program was because of the feedback that we got from so many of our participants about how challenging just getting places in the community was. We are often asking our members to push themselves to do things that might feel uncomfortable or unfamiliar. This was then also coupled with a need for them to either arrange transportation from someone else, to take a bus, or to spend limited finances on Uber or Lyft.*

*It was our hope that if we could make those challenges a little easier by taking away the added burden of arranging transportation, that people may be able to grow in ways that we had not yet seen. We would need more data to determine if that is ultimately a broad conclusion we can draw. However, this first year's feedback indicates the addition of ride services is encouraging people to access the community.*

***Outcome 2: Confidence in Community Travel***

*With this outcome as well, we saw very strong positive responses from our program users. 87% and 89% felt that the program increased their comfort and confidence at being in the community and traveling in the community, respectively.*

*During the program development, we received a great deal of feedback that indicated that people had a lot of fear and discomfort around the idea of being in the community on their own, and especially traveling in the community. This was the case for people both who used the MTD*

*and who used ride sharing services. With both, there are a lot of unknowns in terms of the other riders and the drivers that our members report as making them feel vulnerable.*

*We wanted to address this by building in consistency and security into our service that wasn't available from those mainstream options. We were able to hire excellent drivers who were very interested in building trust and rapport with our riders. Additionally, just the consistency of knowing who to expect when venturing out into the world appeared to have a positive impact on our participants.*

*One area where we can still grow is around building participant confidence in using technology to support the use of other transportation services. Only 49% of the responding participants indicated that we had helped them improve their skills in this area. This is likely because we did less support with people in this area than we had planned or expected.*

*It was never our intention to be anyone's only option for transportation. We wanted to provide an additional option and resource, not to become the only service that people rely on. To this end, we hoped to work with people to build their skills and confidence in the use of other local resources and the technology that made them more accessible. Though we offered these personalized services, we did not have many people request them.*

*There are a few reasons for this. First, as a new program we were more focused on ensuring that the core purpose - giving rides - was functioning and user friendly for our members. It took time for people to fully use and understand the workings and flow of the ride service, so we felt that a slower roll-out of additional services was warranted. Second, upon reflection, it is not surprising that fewer people were interested in using other transportation resources when they had new access to convenient, free, and trustworthy rides through us.*

*Many of our members continued to use MTD and ride shares if they were doing so before our program began, but for others, the addition of our service did not seem to create momentum toward using other resources. In the coming year, we are planning to emphasize this additional service more and in new ways.*

***Outcome 3: Quality of Life***

*Of all our evaluation data, this outcome received the most positive evaluation feedback with 93% of respondents reporting that our Transportation program improved their quality of life. The more nuanced questions relating to stress and wellbeing, feeling in control of one's own life, and feeling respected also all received very positive feedback (87%, 83%, and 81%, respectively).*

*This was another area where we hoped a simple service might have big impacts on our participants' overall experience in the world. We wanted to create a system that our members with disabilities could use on their own to do what they wanted to do with their days and lives. For many, it is the simplest things that can make us feel our own agency and autonomy in the world. For those of us who are able, learning to drive or buying our first car can create these feelings. That is not something that is available to all our participants with disabilities. But that does not have to mean that those same feelings of choosing their path through life are inaccessible to them. Being able to call a known and trusted person and feel confident that you*

*can get to the places you need to be, could be a first step toward overall greater self-determination.*

*We would need more data to know how our rides were truly impacting our members' sense of autonomy and the ways it may affect other areas of their lives. Our initial data, however, does indicate that our services are having a markedly positive impact.*

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 wanted to create a system that would be user friendly and flexible for our members to use. To do this, we offered multiple ways that someone could reserved a ride. Those included the following:*

- *Using our online reservation form - this is a google form that allowed members to reserve any type of ride (1-trip, repeating rides, multi-stop rides, etc)*
- *Calling our Transportation Coordinator*
- *Emailing our Transportation Coordinator*
- *Texting our Transportation Coordinator*

*Using whichever method worked best for the person, the following is what they could expect to experience next:*

*After submitting their ride request, Person A would receive a confirmation email from our Transportation Coordinator within the next 24 hours if the ride time they requested was available. If there was a conflict with another ride, the Coordinator would reach out and let them know. Whenever possible, we would try to make adjustments that would allow the person to still get where they needed to go despite the conflict. If there were no issues, Person A, and their designated "Contact Person", if they had one, would receive an email or phone confirmation that verified the date, time, and locations of their ride. This confirmation would also include the Driver's name, contact info, and a description of their car. We would also verify how the person had opted to be notified that their driver had arrived (phone call, text, or a knock at the door), and if the driver should confirm with a contact person when Person A had arrived at their destination.*

*The afternoon before the day of the ride, Person A and their contact person would receive a reminder email. This email will include all the information from the confirmation email.*

*In the background, the Transportation Coordinator would put all rides into our shared Confirmed Rides Calendar. This google calendar is shared by all the drivers and includes all our reservations. In each ride event, they can find all the needed information, including links to the destinations on google maps. The driver will use this calendar to direct their day and inform how to contact their riders upon arrival and drop off.*

*At the time of the ride, the driver would arrive at the pick up location and contact the person using their chosen method. The person has 10 minutes to come outside and join the driver (though this was rarely an issue, more often riders were waiting long before the driver was set to arrive). The drivers then simply take them to their destination. They report that some people are very talkative or have specific music requests. Others are quiet and choose not to engage much during the ride.*

*At drop off, the driver would call or text the contact person, if this was needed and then move on to their next ride.*

*For our Social Opportunities, rides are handled a little bit differently. These are group rides, so individuals can expect other people to be in the car with them and for rides to take a bit longer to allow for the pick up of others.*

*These rides must be reserved using our Social Opportunity Sign-Up Genius RSVP form. This is the online system that we use to manage all the sign-ups for Social Opportunities. Attendees who wish to have a ride, would need to sign up for rides both to and from the event (or one way if that's their preference). Like all our RSVPs, these close 2 days before the event takes place. This time allows the Transportation Coordinator to map out the group rides to determine which order of pickups and drop offs will result in the quickest possible rides for everyone. These group riders will get a confirmation email from the Transportation Coordinator letting them know their estimated pick up time and the number of other riders they can expect.*

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 used evaluation data throughout the planning for, implementation of, and the ongoing adjustments to this program.*

*Before we completed the initial funding application, we conducted a survey of over 40 members to get a better idea of their transportation needs, what barriers they experienced with the current resources available, and what elements of an in-house transportation program would be most important.*

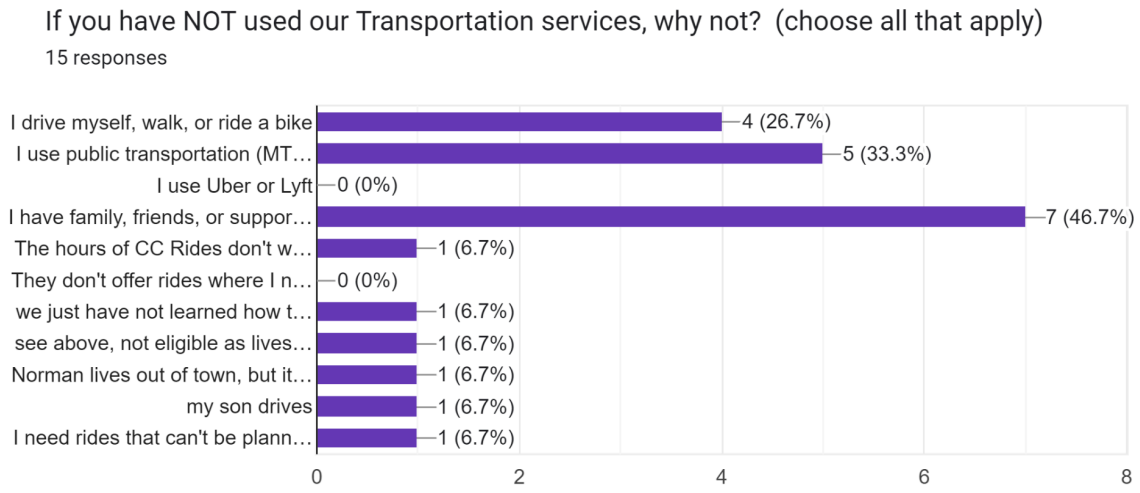
*We then conducted a pilot program with 10 families in the winter before implementation. We got ongoing feedback during the pilot and completed a second evaluation survey with these families to see what had worked and not worked as we finalized the operations of the program.*

*Once we were funded, we held several information meetings where we explained how it worked, and got feedback. This further helped us refine our methods and ensure that everything would run smoothly. Feedback here included suggestions for how the online reservation system should work, what info should be included in confirmations, how rides should be tracked, and what would help riders feel comfortable with the drivers. This type of feedback continued as the program began running.*

*We circulated our formal evaluation survey for the program throughout its first year and reviewed the results for pertinent feedback. It was from these forms that we learned that some people were confused about the program policies, which allowed us to provide additional information and make changes to the program documents to clarify.*

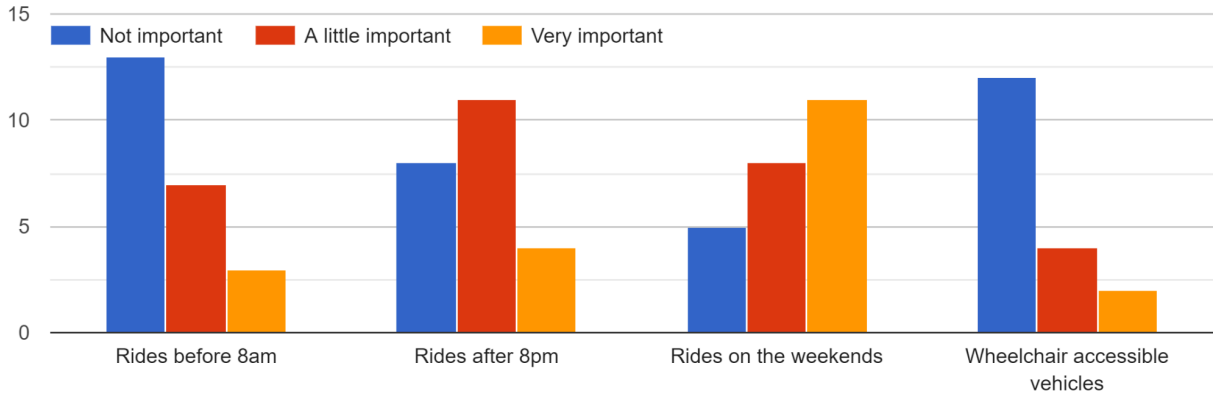
*Because the evaluation survey for Transportation was designed just for those people who used rides, we wanted to be sure to gather information from people who did not use rides to understand what we could do differently. Questions to this end were included in our Membership Feedback Survey that was circulated multiple times to all of our members and their families.*

*For people who had not used the program, the most common reason was that they have family, friends, or other supports who give them rides. Other common reasons included using the MTD or driving themselves, walking, or riding a bike. The full data is below:*




*We also used this survey to get ideas for how we may need to expand the program in the future. We asked members to rank how important the following expansions might be for them:*

Think about our Transportation Services. Please rate how important the following features would be to you. (This will help with the long-term planning for the department)




*This data corresponds with the trends we've seen in ride use. There have been lots of requests for rides on weekends, but very few for rides after 8pm or before 8am. Likewise, when we compare this to actual ride use, the vast majority of rides happen before 6pm. Our initial expansion of adding a back-up day-time driver was directly related to this feedback and our observations of ride trends. At this time, we do not have the capacity within our administrative staff or drivers to offer weekend rides, but the information is very helpful for our longer term planning.*

*As we look at the formal outcome data from year 1, we are also planning some additional changes. We were disappointed that we weren't able to offer more support for people to use mainstream transportation resources, or to learn about the technology that might make them feel more confident with those services. Similar to patterns we've noticed in some of our other programs over time, we've seen that people infrequently ask for specific things that they need if the support has been presented to them without clear boundaries. We've had much better luck when we provide a set structure for that support - then we begin to see more people take advantage of it and tailor it to their personalized needs. Because of this, in FY25, we have planned a series of Transportation Workshops where we will present basic information about transportation tech and other community ride resources. These will be offered to members and their families at different times of day and both virtually and in-person. We hope that it will create some additional interest and understanding about the additional capacities of the program and spark opportunities to provide more intensive personalized support.*

# 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: **Clinical Services**
Program Year: **2024**

## 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.

**Once determined to need Clinical Services, all 17 individuals opened within the program engaged in services within 30 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% engaged within the designated 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.

**Services are maintained as needed. During this fiscal year, Clinical Services served a total of 73 individuals. 21 individuals were closed from Clinical Services due to the following reasons: Three individuals moved from the area. Eight people were closed following the completion of their psychological evaluations. Ten individuals no longer required counseling per their request. The remaining 52 individuals continue to receive appropriate clinical services, as confirmed by quarterly reports from our counselors and psychiatrist.**

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 standard demographics, disability and referral source information was also collected. Of the screening contacts for this year, referral sources included DSC team members, families, and individuals requesting services. Disability data continues to highlight that many of the individuals supported, especially in the psychiatric practice, deal with multiple mental health diagnoses.**

## 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 - Clinical Manager will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving counseling support.
Target was 100%.
**Results: 100%. Contracted counselors submit quarterly reports regarding progress and recommendations. These are reviewed by the Clinical Manager. In addition to the quarterly reports, communication between the Clinical Manager and counselors is ongoing as needs arise.**

Outcome #2- DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.
Target was 100%.
**Results: 100%. Psychiatric notes reflect overall progress with therapeutic goals, medication administration, and medication changes. Reduction in amount and dosage of psychotropic medications discussed with the individual and their team as well as reflected in the documentation. Four of the 23 individuals had medication reductions this past fiscal year.**

Outcome #3- Clinical Manager will conduct annual individual self-assessments regarding effectiveness of clinical services on the person's overall sense of wellbeing. Assessment was created using resources from Evaluation Capacity Building Team online measure bank. Target of 80% of the responses will have a rating of four or higher.
**Results: 47 Clinical Wellbeing Assessments were distributed and 15 were returned. 83% had a rating of four or higher indicating satisfaction in their counseling and/or psychiatric services and an overall sense of positive wellbeing.**

**Assessments utilized in Clinical Services in FY 24:**
**Wechsler Adult Intelligence Scale (WAIS)- Psychologist**
**Abnormal Involuntary Movement Scale (AIMS) – Psychiatrist**
**Mental Status Assessment – Psychiatrist**
**Clinical Wellbeing Assessment – Clinical Manger**

**Utilization Targets and Results:**

- Treatment Plan Clients: Target of 59. **65 were served in FY 24**
- Non-Treatment Plan Clients: Target of six. **8 were served in FY 24**
- Service Contacts: Target of 10. **Exceeded at 18.**
- Community Service Events: Target of two. **Four completed.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **73**

*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 1- All counseling participants**
**Outcome 2- All psychiatry participants**
**Outcome 3- Collected information from a random sample of those receiving psychiatric and/or counseling services. Did not assess individuals that were opened for psychological evaluations only since their overall wellbeing may not be impacted merely by an evaluation.**

3. How many people did you *attempt* to collect outcome information from**?**
**Outcome 1 & 2: 59 people. Outcome 3: 47 people**

4. How many people did you *actually* collect outcome information from?
**Outcome 1 & 2: 59 people. Outcome 3: 15 people**

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- quarterly**
**Outcome 2- at each appointment, minimum quarterly**
**Outcome 3 – sent out assessment during 4th quarter to a random sample of those actively engaged in psychiatric and/or counseling services.**

## 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 terms of counseling and psychiatry, the methods used to track the outcomes such as quarterly reports and progress notes, highlight the various needs amongst individuals, common struggles or themes, as well as a steady pace of improvement for most opened within clinical services. The referral process continues to highlight the need for more providers in our community that take Medicaid, for individuals to have access to appointments in a reasonable time frame, and that more providers need training to improve their skill set when it comes to treating co-occurring issues of I/DD and mental health diagnoses. It would also be very beneficial for providers to be open to a more team centered approach as documentation from local providers typically state that "the individual is doing fine" despite the team at DSC knowing this is not accurate. Health advocates provide information to the doctor or counselor and are still meeting road blocks to better mental health support for those receiving medical supports from DSC. From the overall wellbeing survey information, it has been noted that many individuals and their families do feel an overall sense of satisfaction and wellbeing with their clinical services provider. Going forward the survey tool will be offered in a variety of formats such as digital, oral, and written in an effort to get more responses back in a timely manner.**

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 DSC Clinical Services program provides a range of services to support individuals' overall wellbeing, with a strong emphasis on mental health. Each participant receives an individualized service tailored to their unique needs, whether they are engaged in counseling, psychiatry, or both. The example below illustrates one type of situation that might occur within the program.**

**A participant began displaying increased aggressive behaviors towards staff and peers. The team convened on multiple occasions to discuss potential modifications to the environment and explore positive, proactive approaches to support the individual. Despite these efforts, the participant's verbal and minor aggression escalated to severe physical aggression. Incidents even occurred in community settings, posing a safety risk to staff and others, as well as possibly increasing negative perceptions about people with disabilities. A conversation with the participant's family revealed that their psychiatrist had retired earlier in the year, and that medication adjustments might be necessary. Despite the family's attempts to secure an urgent appointment due to the participant's crisis, the earliest available appointment with the new psychiatrist at the previous providers office was two months away. With the family and individual’s consent, the team made a referral to Clinical Services.**

**The participant was seen by the DSC psychiatrist within two weeks of the referral. Following a comprehensive evaluation, medication adjustments were made. The participant attended biweekly appointments, supplemented by phone and email consultations with team members and the family between visits. The combination of medication management and enhanced behavioral supports led to the participant feeling more supported and safer, and engaging more positively with peers. This approach resulted in a significant reduction in maladaptive behaviors and the cessation of major physical aggression, benefiting all involved, particularly the individual.**

2. 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: **Community Employment**

Program Year: **2024**

## 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 of days from completed assessment to start of services was 45 days in the application. All of the people new to the program in FY 24 were opened within 45 days of presentation to Admissions Committee.**

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 estimated 75% of people would engage in services within 45 days and this was achieved with 100% engaging within 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.

**Job coaching support is available for as long as necessary to help individuals maintain their employment. This fiscal year, six participants exited the program: one opted out of community employment, another retired, one relocated, two no longer required job support, and one transitioned to long-term care due to increased medical needs.**

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.

**Over 75% of the participants have an intellectual disability with approximately 25% also having a diagnosed mental illness. Approximately 24% have a diagnosis of autism. Referrals to the program are generally from individuals, families, schools, community agencies, the ISC, and DRS.**

## 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

During the fiscal year, 26 people will participate in job development activities.

An Employment Specialist is assigned and monthly progress is documented. Direct service hours are documented in the CCDDB direct service hour database.

**Results: In FY 24, nineteen people completed the formal job development process which includes employment discovery and an initial individualized employment plan.**

Outcome #2

80% of people will maintain employment over the fiscal year.

This information is maintained in a database and monthly progress is documented via the Employment Specialist.

**Results: In FY 24, this outcome was surpassed, with 89% of the program participants maintaining their employment throughout the fiscal year.**

**Outcome #3**
Ninety percent of people who return the satisfaction survey will be satisfied with their Community Employment services.
**Results: This outcome was met with 92% of people indicating satisfaction on surveys. 30 surveys were mailed out with 13 being returned.**

**Utilization Targets and Results:**

- **Treatment Plan Clients with target of 88: Exceeded with 90 people receiving employment support during the fiscal year.**
- **Service Contacts with a target of 10: Exceeded with 14 service contacts.**
- **Community Service Events with a target of two: Exceeded with four events in the community occurring to educate about services and supports provided by this program.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___**90**_____

*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 for #1 and #2 was gathered from all program participants. For #3 a sample was chosen to receive satisfaction surveys. Approximately 40% of the program was chosen and factors such as how long they had been in the program and whether they were selected in the previous year to complete the survey were factors that were used in choosing the selection.**

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

**All for outcomes 1 and 2. Thirty for outcome 3.**

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

**All for outcomes 1 and 2. For Outcome 3, thirteen people returned completed satisfaction surveys.**

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 gathered monthly and included in a quarterly report. Satisfaction Surveys are distributed in the fourth quarter.**

## 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.*

   **Community Employment serves a diverse group of individuals throughout the community who enjoy a variety of jobs, many of whom have been working for many years. There are some individuals we serve who are satisfied with their job and they are supported to remain stable in these positions. Skills like maintaining healthy relationships with coworkers, working shifts scheduled, and using technology to access employment platforms are developed and applied. Several individuals are re-entering the job market after being employed at one place for many years. After gaining valuable job skills, these individuals are ready to move up in the employment world and have expressed an interest in receiving support to seek new employment. Employment Specialists (ES) are working with these individuals to learn what areas of the job sector interest them most, design resumes, and build solid interview skills. Individuals have been successful in landing jobs and becoming employed in areas of their choosing.**

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.

   **AS has historically been the breadwinner for his parents and brother and has been successfully doing so by working multiple part time jobs at once. He shared an opportunity with his job coach to apply for a full-time job at Sam's Club and they jumped at it; he was hired! For the first time in his almost 20-year employment career, AS has been offered health benefits, a 401-K, and paid time off. AS has a good attitude at work, he works incredibly hard (in sun, rain, and snow), he is training new employees, and the customers are happy to see him when they shop there. Customers know him by name and they greet each other warmly; people ask about him when he is not there. AS has strong natural supports on the job in the form of his supervisors and coworkers.**

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 looked at individual's satisfaction, gaining increased knowledge about individual's background and interests proved essential to improving the tool we use in order to be successful in matching individuals in long-term job matches. Also included in our new Discovery tool are increased references based on the use, knowledge and preferences towards technology. The new Discovery tool stresses the importance of technology literacy in employment and availability of support.**

# 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: **Community First**

Program Year: **2024**

## 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 length of time from assessment to engagement in services was 90 days in the application. All eighteen people opened in the program in FY 24 were within this time frame.**

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 target of 75% was met with 100% of eligible people engaged in program services within the target timeframe of 90 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.

**People participate in the program until they no longer have an interest or need for services. In FY 24, seven participants exited the program: two were not interested in the current group opportunities, three received state funding for day program services, and two returned to school after participating in summer group opportunities with DSC.**

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.

**Over 80% of the participants have an intellectual disability with 15% also having a diagnosed mental illness. Approximately 24% have a diagnosis of autism.**
**Referrals to the program are generally from individuals, families, schools, community agencies, and the ISC.**

## 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
80% of participants will be satisfied with chosen activities.
The CF Program Manager will maintain survey results as each series of groups end.
**Results: 100% of participants stated they were satisfied with their chosen activities at the end of each group series.**

Outcome #2
Five new groups will be developed based on participant feedback. The program manager will maintain a list of new opportunities that result from surveying participants.
**Results: Men's Health, Marvel vs. DC, Disney Fanatics, Sholem Swim, and Horror Fans were all groups that were created and offered based on expressed interests of surveyed participants.**

**Utilization Targets and Results:**

- Treatment Plan Clients: Target of 45. **Forty-five people received support this fiscal year. Met.**
- Non-treatment Plan Clients: Target of 45. **Over the fiscal year, the program supported 123 non-treatment plan clients. Met.**
- Service Contacts: Target of six. **Thirty were completed.**
- Community Service Events: **Target of two exceeded with presentations at four events.**

## 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? **Outcome information is gathered from every participant.**
3. How many people did you *attempt* to collect outcome information from? ___**all**_____
4. How many people did you *actually* collect outcome information from? ___**all**_____
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.*

    - **Noticed an increase of specific content requests from participants newer to DSC with a focus on more time spent in favorite sections of chosen groups.**
    - **Relationships amongst recent high school graduates continue to strengthen and they have collaborated together in expressing their requests for new groups.**
    - **Some long-time participants have indicated more desire for slower paced activities.**

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.

**Jackson had been out of high school for three years before he started participating in groups. He started with two days per week. His choices included video games and anime as well as**

**going to the YMCA and volunteering at Salt and Light. He just finished his third group session and selected his choices for the next four months. He wants to increase his participation to four days per week. He has found a group of people similar in age, and often selects groups that align with his interests to strengthen his relationships with these friends, and continue to feel fulfilled by discovering more about his interests in all things video games and anime. He and two other participants began connecting outside of groups. Initially, they just connected through Facebook chats. The group leader for anime shared information about an upcoming event with the group including details for the event. Jackson and one of the other participants shared that they had gone to the event together the following week.**

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?

**Oftentimes participants want to delve deeper into topics. For example, sections of previous offerings of Fan club have resulted in their own groups. These consist of Marvel vs DC, Disney Fanatics, and more. They continue to be most popular among the more recent participants transitioning out of school and into adult services.**

# 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: **Community Living**

Program Year: **2024**

## 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 application estimated a 45-day period from assessment to the engagement of services. This fiscal year, all individuals who joined the program met this timeframe.**

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 application estimated that 90% of individuals would engage in services within 45 days. This goal was surpassed, with 100% of participants engaging in services within the specified timeframe.**

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

**Services are provided as long as a person has a need and actively chooses to participate. Of the 77 individuals supported in the program throughout the fiscal year, seven exited due to relocating out of the area or moving to facilities that could better address their need for more advanced care.**

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.

**All participants have a diagnosis of a developmental disability with approximately 70% having an intellectual disability, 12% with an autism diagnosis, and 20% with a reported mental illness. Referrals for the new people enrolled in the program came from the Independent Service Unit, families, and self-referral.**

## 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
75% of the CLP participants will pass monthly housekeeping and safety reviews at 80% or higher. Data is maintained by the Program Manager on a spreadsheet and is gathered from reviews completed by CLP staff and the individual.
**Results: This outcome was met at 86% for the fiscal year.**

Outcome #2
65% of program participants will have an opportunity to connect with their community. Data is gathered from the participants on community activities (local events, new friendship, etc.) they participated in.
**Results: The outcome was only met at 55% because only "new" experiences were being tracked at first rather than all types of community involvement. The outcome definition caused confusion, making it seem that only "new" activities should be counted. This has been**

**clarified for the FY25 application. Many CLP members regularly participate in community activities on an ongoing basis.**

**Utilization Targets and Results:**

- Treatment Plan Clients: Target of 78. **Seventy-seven people served in FY 24.**
- Service Contacts: Target of six. **Exceeded with 7 being completed.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ____**77**_____

*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 participants were included in both outcomes.**
3. How many people did you *attempt* to collect outcome information from? __**All**_____
4. How many people did you *actually* collect outcome information from? ____**All**_____
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.*

   **The Community Living Program found that the health and safety outcome established a baseline for each participant. Since individuals vary in their ability to maintain a safe and healthy environment, Community Living Specialists have introduced diverse teaching and training techniques to emphasize its importance for health, safety, and adhere to standards required to uphold their leasing agreement. While CLP participants engage with their community in various ways, the level of involvement differs which was discovered through the connecting to the community outcome. To support this, CLP staff now facilitate a monthly community experience open to all participants, which has been a positive addition to the 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.

**The Community Living Program (CLP) offers a range of services to support individuals in living in the least restrictive environment possible. Each person receives an individualized service plan tailored to their unique needs, and this example highlights some of the typical supports provided, though it is not exhaustive. Some areas of focus in CLP include:**

- **Medical Support**
- **Transportation Navigation**
- **Home Safety**
- **Financial Management**
- **Food security**
- **Community Engagement**

**Referrals to the Community Living Program (CLP) may involve individuals already residing in an apartment or those currently living at home who are actively seeking to live independently with support. For example, Jared, an individual who had always lived with his family, felt ready to transition to living independently. He was referred to CLP, where he began working with program staff to develop essential independent living skills, such as budgeting, bill payment, laundry, home cleanliness and safety, medication administration, and transportation, while still residing with his parents. After a few months of support, it became evident that Jared had acquired the skills necessary to pursue his goal of independent living. The Community Living Specialist (CLS) and case management team collaborated with him to secure safe and affordable housing. Upon moving into his first apartment, the CLS initially met with Jared multiple times per week, gradually reducing the frequency to once a week and eventually to bi-weekly visits. These meetings focused on enhancing Jared's skills in areas such as food safety, addressing concerns with other tenants, and using online applications for medical appointment scheduling, medication refills, and arranging transportation to various community events. Jared has expressed his happiness with his newfound independence and now enjoys hosting his parents for visits in his apartment.**

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, the CLP Manager introduced a new satisfaction evaluation process, covering services, support staff, and management. These surveys allow participants to reflect on what works for them and suggest changes. With the addition of the Community Experiences portion of CLP, participants were encouraged to share their interests in community connections. CLP also increased support by helping identify transportation resources, offering training for Uber, Lyft, and MTD routes, and providing budgeting assistance and on-site support at community activities.**

# 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: **Connections**

Program Year: **2024**

## 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 of days from completed assessment to start of services from the application was 90 days. This was met.**

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.

**It was estimated that 75% would be engaged in services within 90 days of assessment and this was met.**

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

**People participate until they are no longer interested in the services. The focus of the groups changes every four months. Participants select which groups to join based on their interests and other commitments. Out of the 27 individuals who received services at The Crow this fiscal year, 10 attended every quarter.**

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.

**Referrals to the program were made by the participants themselves, joining the groups/activities that interest them. Of the 27 people, the majority have an intellectual disability and six have a diagnosis of autism.**

## 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 host or engage in five special events to connect people with developmental disabilities to the greater community. The program manager will maintain records of events hosted and community engagements.

**Results: This outcome was met with eight events including selling items at the Farmer's Market, being a host site for the Boneyard Arts Festival, participating in Ebertfest and the Disability Expo, hosting a Taylor Swift bracelet making event for the community, and hosting open houses at The Crow with featured artists.**

Outcome #2

90% of participants will be satisfied with experience at the Crow at 110. Satisfaction results will be gathered. Satisfaction surveys will be administered to each participant this fiscal year.

**Results: This outcome was met. According to surveys conducted at the end of each round of groups, all participants were satisfied with their experience at The Crow. Many participants also offered new ideas and suggested activities they would like to see repeated.**

Outcome #3
Two collaborations with community artists teaching classes. Program manager will document artist collaborations.
**Results: This outcome was met. Participants enjoyed classes conducted by two community artists. One focused on fiber arts and the other constructed art out of recycled and nontraditional objects.**

**Utilization Targets and Results:**

- Treatment Plan Clients defined as those people from the Community First Program interested in pursuing their creative interests and talents at the Crow at 110. Target of 25 people: **Met with 27 people participating this fiscal year.**
- Non-treatment Plan Clients defined as people participating in activities who are not receiving county funding. Target of 12 people: **Met with 33 people.**
- Community Service Events defined as the number of events hosted at the Crow at 110 and engagement in community venues. Target of five: **Met with eight events (Expo Art Sale, Crow Holiday Open House, Boneyard Art Event, Ebertfest Art Sale, Taylor Swift Bracelet Making Party, Urbana Farmer's Markets in August and June, and Spring Open House)**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ___**27**____

*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? **Outcomes were gathered from all participants.**

3. How many people did you *attempt* to collect outcome information from? ___**all**_____
4. How many people did you *actually* collect outcome information from? ____**all**_____
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 end of each round of groups- approximately every 4 months.**

## 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.*

**Art groups and the mediums offered continue to get more specific as we introduce participants to new content. For example, the fiber arts groups did a section on sewing, crocheting, and embroidery. Based on feedback, each of these sections were then developed into a full 16-week offering of their own. At least three program participants shared through the surveys that they have started to explore these mediums as hobbies aside from the 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.

**Tabitha was introduced to sewing through the Connections art groups. She has developed an interest in sewing and quilting, as well as other fiber arts. Following completion of her first session in the sewing group, she signed up for more detailed fiber arts offerings such as crochet and embroidery. Tabitha attends art groups three days per week, and gets to The Crow via DSC transportation or the MTD. When she arrives, she is able to continue working on her projects she started at home. The embroidery group meets on Wednesdays and will spend time finishing their projects from the previous week before the midday break, and then start their next project. Tabitha also spends time at the Champaign Public Library in other groups, and has become interested in craft magazines with fiber art themes. She enjoys displaying her finished pieces at The Crow and has sold some of them during special events.**

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 fiscal year, with technical support from the U of I Evaluation Capacity Building Team, we expanded the scope of our survey questions to get more information about specific changes participants would like to see. An example of this is Art Potpourri which included a short section on water color painting. From the survey, we identified that people wanted to spend more time on technique, so we connected with a community artist for a day who shared brush and splatter techniques. The next group cycle will feature another watercolor offering utilizing these techniques in more detail.**

# 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: **Employment First**
Program Year: **2024**

## 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 30 days from assessment/request to engagement was met.**

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 estimated 100% of engaging businesses within 30 days of request was met at 100%.**

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 training is 60 minutes. Contact with most businesses was beyond just the training with follow-up and other communication occurring throughout the fiscal 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.

**The following information was collected and reported on the quarterly reports submitted to DDB:**

- **Number of businesses LEAP certified in the fiscal year**
- **Zip codes of LEAP certified businesses**
- **Number of employees in attendance at trainings and their job titles**
- **Business sector of LEAP certified businesses**
- **Networking events attended**

## 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: Ten people will be hired by business who have been LEAP trained. The LEAP Coordinator will maintain records of those hired by LEAP trained businesses.
**Results: In FY24, eight individuals supported by DSC or Community Choices were hired by LEAP-trained businesses. Job applicants who gain employment without the help of an agency won't be included in these numbers if the agency or employee doesn't reach out to report. One of the new features included in the revamped Champaign County Directory of Disability-Inclusive Employers website is a link for employers or job seekers to provide feedback about whether they hired or were hired by a LEAP-trained business. The number of LEAP training sessions conducted was lower than usual, as the full-time LEAP Coordinator position was vacant for a significant portion of the fiscal year. This may have also reduced the opportunities for new hires.**

Outcome #2: 80% of LEAP attendees will provide satisfactory feedback on the benefits of training. The LEAP Coordinator will provide and maintain survey results.
**Results: This outcome was met with 100% of participants surveyed indicating that the training was beneficial.**

Outcome #3: Twelve new resources will be added to the Champaign County Directory of Disability-Inclusive Employers website in FY24. Program staff will document the twelve new resources in the quarterly reports submitted to DDB.

**Results: This outcome was not met. 2 new resources were added. This will be a focus in the new fiscal year.**

**Utilization Targets and Results:**

- Community Service Events defined as the number of LEAP and front-line staff trainings conducted. Target was 25: **22 were completed in FY24.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ____**22 businesses**____

*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? **Information was gathered from all participating businesses.**
3. How many people did you *attempt* to collect outcome information from? ___**all**_____
4. How many people did you *actually* collect outcome information from? ____**all**_____
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.*

**Most employers are not familiar with the benefits of hiring people with disabilities and how jobs can be carved to meet the specific needs of their business. The benefits of attending business networking events continues to be an avenue for educating the business community about this. The LEAP Coordinator attended the following network events: Chamber of Commerce (Morning Coffee & Business After Hours), BNI, Champaign Center Partnership (Morning Coffee & Business After Hours), Master Networks, and Mahomet Chamber of Commerce (Morning Coffee). During these events, the LEAP Coordinator engages with established and new businesses to share information about the LEAP Program and how employing job seekers with disabilities can benefit their business. Job carving continues to be a valuable resource to businesses. When job carving is used effectively it leads to higher employee retention and a more efficient use of employee resources.**

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.

**Jasmine, the Employment First/LEAP Coordinator attends 4th Friday Coffee networking events monthly. She met a local small business owner. Through the brief conversation, she learned the business owner had no other employees and was struggling with keeping up with some of the small tasks building up due to her lack of time. Jasmine shared about the upcoming LEAP training on Zoom. The business owner learned about job carving and scheduled a time to learn more about it. After an assessment of her business, a 6-hour per week job was developed. After interviewing two people, the business owner offered the position to the applicant best suited for the job.**

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?

**New strategies for promoting the registry will be developed.**

# 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: **2024**

## 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**

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.

**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.

**The duration of participant engagement differed, as indicated in the application. Some children were screened and assessed, and were determined to be age-appropriate with no risk for developmental delay or disability. Others have been receiving services for several years, having been identified at a young age and continuing to receive services since they are 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.

**Forty-seven percent of children served were children of color. Forty-three percent live outside of Champaign-Urbana. 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: 90% of caregivers will feel more competent/comfortable in meeting/supporting/advocating for their child's needs. Caregiver survey will be shared with random samples of families at the end of the fiscal year.

**Results: Outcome met at 90%.**

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

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

Utilization targets and results:

- Treatment Plan Clients target of 655: **Exceeded with 832 receiving supports.**
- Service Contacts defined as the number of developmental screenings conducted with a target of 200: **Exceeded with 289 being completed.**
- Community Service Events with a target of 15: **Exceeded with 24.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **832**

*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.*

**Collaboration across the community has been instrumental in helping families access wrap around services. Specifically, Family Development works closely with the Champaign County Home Visiting Consortium, Salt & Light, CU Able, TAP, and Larkins Place in order to support young children and their families in accessing the resources and services they need. We are identifying additional gaps in service through our screenings and referrals, and thus better able to network with other entities to advocate for children and families' needs.**

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 screening requests come in, an FD provider completes the ASQ with the family and makes referrals based on results. For children age birth-3 who are flagged for further evaluation, we make a referral to Early Intervention/Child & Family Connections. On occasion, families have struggled with getting EI evaluations completed in accordance with state mandates. Our providers work to help families advocate and understand their child's rights while also working with the EI system/CFC office to figure out barriers to referral linkage. While waiting on other services to start, these children are eligible to participate in playgroups which are open to the community. This helps bridge the gap in service delivery so that the child and family still have some supports while awaiting more formalized services.**

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: **Developmental Services Center**

Program Name: **Individual and Family Support**

Program Year: **2024**

## 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 application estimated 60 days from completed assessment to start of services. This was met for four of the four people opened into IFS during the fiscal year.**

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 target that 80% would start services within 60 days of assessment was met at 100%.**

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

**Services remain available as long as needed. Utilization will be monitored quarterly. The program started the fiscal year with 31 people enrolled. Four opened and four closed throughout the fiscal year – ending with 31 in services. Two closures were due to individuals receiving state funding for HBS services, one moved out of the area, and one was no longer in need of respite services. The program provided various services to a total of 35 people over the fiscal 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.

**Of the 35 people in the IFS program for respite, all presented with a developmental disability or a developmental delay for those under the age of three. Referrals came from families, schools, and community agencies. For advocacy activities, individuals referred themselves when presented with opportunities to be involved. All 22 individuals in advocacy have a developmental disability.**

## 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

Twenty individuals will actively participate in educational opportunities and advocacy efforts to include community and virtual options during the fiscal year. The Resource Coordinator will document the number of opportunities presented and mode of access.

**Results: 22 individuals participated in opportunities including Speak Up Speak Out Summit (17 virtual and 5 in person), in-person self-advocacy classes, and participating in advocacy day in Springfield.**

Outcome #2

90% of families receiving IFS Respite will be satisfied with services annually. A survey will be provided to all families receiving respite supports.

**Results: As the new Resource Coordinator met families he asked each family about their services and if they were satisfied with their providers and hours. All families stated they**

**were satisfied and appreciative especially for responsiveness to requests as their needs changed. Some families mentioned finding and keeping providers continues to be a struggle.**

**Utilization Targets and Results:**

- Treatment Plan Clients – target of 30: **35 received services.**
- Non-treatment Plan Clients – target of 20**: Exceeded with 22 receiving services.**
- Service Contacts- target of 8**: 6 individuals were presented to admission for review. Other individuals/families spoke with the intake coordinator, but were not eligible for services or sought support from other respite providers. These were not counted as official screening contacts since they were not presented to the admissions committee.**
- Community Service Events with a target of 2: **Met. Four community service events occurred in FY24.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

**1.** How many total participants did the program have? **35 Respite & 22 Advocacy**

*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 one was for those in the day program part of IFS and outcome two was for those receiving respite type services.**

3. How many people did you *attempt* to collect outcome information from? __**all**_____
4. How many people did you *actually* collect outcome information from? _____**all**_____
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 Outcome #1, 4th quarter for Outcome #2.**

## 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.*

**Based on the outcomes listed above, the newly hired Resource Coordinator identified that while many families have access to respite providers, some families, particularly those with**

**fewer community connections, face significant challenges in finding appropriate service providers. In response, there will be an increased focus for FY25 towards developing a comprehensive list of providers to better support families in their search for suitable matches. Also, many families would like to have more hours if possible, but are grateful for their current allotment. In terms of advocacy, collaboration with The Alliance and their advocacy training program has been prioritized, along with expanding opportunities for individuals to participate across all programs at DSC. There has been notable interest from individuals in engaging with various events and topic discussions moving forward.**

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: **Service Coordination**

Program Year: **2024**

## 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 30 days from assessment of eligibility to engagement in services was met for 90% of the 42 openings this fiscal year.**

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 that 75% of those eligible would engage within 30 days was met. The four individuals who did not meet this timeframe experienced delays related to coordinating transportation and completing necessary modifications at one of the DSC sites before they could begin receiving 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.

**Since the program offers support in all aspects of a person's life, in many cases, support continues for their lifetime. Fourteen people closed from the program in FY 24 due to moving from the area, moving to long term care for medical reasons, no longer in need of services, or death.**

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.

**Referrals for services come from families, individuals requesting support, schools, physicians, other community agencies, and the Independent Service Coordination Unit. Over 75% of those supported in FY 24, have an intellectual disability, 28% reported having a diagnosis of autism, approximately 20% have a reported mental illness. Other diagnoses include seizures, hearing, speech and visual impairments; and physical disabilities, including cerebral palsy.**

## 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
98% of people will actively participate in the development of their personal outcomes driving the content of the implementation strategies documented by the assigned QIDP. Implementation Strategies will be reviewed as well as monthly QIDP notes in each individual's record. Self-report will be documented.
**Results: Outcome met at 98%.**

Outcome #2
Twenty people will participate in POM interviews this fiscal year. The Director of Program Assurance will maintain POM interview booklets. Participation in the interview will be documented in the person's file.

**Results: The outcome was not met, with only eight interviews completed. DSC continues to face challenges with insufficient staff resources to complete the interviews. However, individuals' opinions are gathered through various methods, which supports the personal plan process.**

Outcome #3
80% of people will maintain/make progress toward their chosen outcomes this fiscal year. Progress toward meeting personal outcomes is documented on a monthly basis and random files will be reviewed each quarter to review progress.
**Results: Fifteen outcomes were reviewed each quarter and 82% showed progress.**

**Utilization Targets and Results:**

- Treatment Plan Clients with a target of 275: **261 people were served during the fiscal year.**
- Non-treatment Plan Clients with a target of 10: **Two people were served during the fiscal year.**
- Service Contacts with a target of 20: **26 service contacts were completed.**
- Community Service Events with a target of two: **Service Coordination was discussed at four different events.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? ____**261**_____

*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 random sample of individual records were selected on a quarterly basis for people receiving services.**

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.*

**DSC staff continue to remind people to speak up about outcomes they want to have. Some people seem to be reluctant to inform the ISC at their personal plan meetings about their thoughts since they might not have a long-term relationship with them. The ISC and DSC's Case Management team continue to collaborate to address this concern. When people have changed their mind or staff have noticed a disinterest someone seems to have with an outcome they are reaching out to the case coordinator. We have then reached out to the ISC/CCRPC staff to discuss and see if they can talk to the individual about whether they would like to work on something different.**

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.

   **Service delivery at DSC is tailored to meet the unique needs of each individual we serve. Our Case Coordinators have been working diligently to ensure that clients maintain their benefits and regain them when necessary. Upon entering DSC services, individuals often need assistance with Medicaid and SNAP applications. Our team also supports families in applying for Social Security benefits if they are not already receiving them.**
   **Another ongoing case involves working closely with other professionals to support an individual in an unhealthy relationship. Our efforts include continuing counseling services, facilitating communication with their psychiatrist to manage medications due to increased anxiety, and collaborating with the landlord to maintain stable housing. Additionally, we are exploring and gathering legal resources to further support this individual if needed. In another instance, we assisted an individual who was temporarily unable to work due to an injury and subsequently struggled with rent payments. Our case management team secured rental assistance and advocated on their behalf with the landlord, assuring them that once the individual returns to work, their financial situation will stabilize.**

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?

   **Service Coordination remains committed to fostering strong relationships and meaningful connections with the individuals we serve. Despite several changes in staff throughout the year, our focus has consistently been on maintaining these critical relationships. However, the increasing demands of paperwork have posed challenges, often diverting time and energy away from direct engagement with individuals.**
   **To address this, we have integrated prompts into our note templates, encouraging staff to proactively reach out to individuals, especially those who may not be as vocal or engaged. This approach is intended to ensure that everyone on our caseload is aware of who is on their support team and knows whom they can contact when needed.**

# 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: _**Workforce Development and Retention**_____

Program Year: __**2024**_____

## 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.

**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
Three trainings will be identified to support ongoing professional development.
These trainings were documented in the DSC employee database.
**Results: Outcome met. During FY24, this grant facilitated three training sessions. The trainings included:**

- **NADSP Conference: A comprehensive conference organized by the National Alliance for Direct Support Professionals.**
- **Informed Decision-Making Workshop: Conducted by John Raffaele, this workshop focused on enhancing decision-making skills among staff.**
- **Frontline Supervisor Training: Aimed at equipping frontline supervisors with essential leadership and management skills.**

Outcome #2
Bonuses will be scheduled to recognize completed employee training for 20 new employees.
The Director of Program Assurance maintained a comprehensive list of recipients, which was submitted to the DDB on a quarterly basis.
**Results: A total of 23 training bonuses were awarded to new employees during the fiscal year. This outcome was met.**

Outcome #3
Retention bonuses will be provided to 140 employees. A detailed list of recipients is maintained and submitted to the DDB on a quarterly basis.
**Results: Over the fiscal year, a total of 325 retention bonuses were distributed to 150 different staff members. This outcome was met.**

Utilization Targets and Results:

- "Other" defined as number of staff receiving bonuses with a target of 160 different staff. **A total of 348 bonuses were provided to 166 different staff over the fiscal year. Outcome met.**

## CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **166 different staff received bonuses**

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

**All trainings were well attended and well received. Informal feedback was gathered midyear FY 24 with results indicating people were very appreciative – expressing they felt valued and recognized for their hard work. Additionally, many acknowledged the financial boosts throughout the fiscal year. We are currently working with the U of I Evaluation Capacity Building Team to draft a survey for staff to formally submit feedback.**

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: Persons Assuming Control of their Environment Inc. (PACE, Inc.)
Program Name: Consumer Control in Personal Support
Program Year: 2024

## 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.
   **Typically, it takes 1-2 weeks after the orientation. To increase opportunities in recruiting PSWs, PACE adopted different ways to offer the PSW orientations such as in-person 1:1 orientations, Zoom orientations, in-person small group orientations, hybrid orientations, and phone orientations. To boost the PSW recruitment, staff ensures that the materials for the orientations are available in PACE's lobby for perspective PSWs to pick up. The materials are also emailed to prospective PSWs with the Zoom link. Several conversations, invitations, and reminders for upcoming orientations are completed before the orientation to encourage attendance. Staff also follow up via emails and phone calls to encourage PSWs to complete the orientation.**
   **For the opportunities to complete the paperwork, PSWs can send the paperwork via email, fax, or drop it off in person at PACE. Post-orientation activities were also necessary such as follow-up emails and phone call reminders to return completed orientation paperwork. Also, follow-up calls were done to ensure the PSW clearly understood key topics. A lot of programs and technological support were offered to PSWs via Zoom, emails, phone calls, and limited in-person appointments.**

**The goal is to support PSWs to complete the eligibility requirements so they are added to the registry to be referred to consumers with I/DD and/or their families based upon the consumer's preferences.**

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.

   **This does not apply. We recruit potential PSWs only.**

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 is a PSW registry program. PSWs may remain on the registry indefinitely. Staff continues to call and email PSWs on the registry to update their information. All PSWs are updated quarterly to remain active on the registry.**

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.

   **PACE only collected the required demographic information from the PSWs.**

## 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**

**Events PACE provides to the community where information about the PSW program and CCDDB are shared. There will be a CSE target of 20 for PY24. For PY24 PACE had 23 outreaches for this outcome.**

**Outcome #2**

**People attending CSEs or receiving information who are reasonably expected to utilize the information (potential PSWs, updates of PSWs on the registry, agencies, and families involved in hiring PSWs). There will be a CSE target of 250 for PY24. For PY24, PACE had 210 contacts for this outcome.**

**Outcome #3**

**NTPCs as defined under this contract will be --People completing PSW orientation, and paperwork and passing the background checks. There will be an NTPC target of 30 for PY24. For this outcome, PACE was able to recruit 20 PSWs. The outcome was impacted by PSWs who did not complete the required paperwork and PSWs who did not pass the required background checks.**

**Outcome #4**

**Other will indicate the number of successful matches between people with I/DD seeking to hire PSW(s) and PSW(s) who are in PACE's registry. There will be an Other target of 9 for PY24. For PY24, had 8 successful matches.**

(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? PSW **63 registered, 8 successful matches, and 23 sets of referrals were sent to PSW consumers.**

   **The following updated information was provided as the outcome of the PSW program throughout FY24:**

   **During the FY24, PACE received the following updates from consumers and their families who are seeking PSWs:**

   - **(14) Fourteen different families or individuals sought PSW services from PACE.**
   - **(3) Three families found PSWs and proceeded with the hiring process.**
   - **(1) One found a respite worker from the PSW registry.**
   - **(5) Individuals found PSWs on the registry and proceeded with the interview process to further see if their preferences align with what they are looking for in a PSW.**

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

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

   **All consumers are NTPCs in this program, there are no official outcomes. An unofficial outcome of this program was the matching of 8 PSWs with individuals seeking to hire a PSW.**

2. How many people did you *attempt* to collect outcome information from? **All consumers are NTPCs, there are no official outcomes.**
3. How many people did you *actually* collect outcome information from? **All consumers are NTPCs, there are no official outcomes.**
4. How often and when was this information collected? *(e.g. 1x a year in the spring; at client intake and discharge, etc).* All consumers are NTPCs, there are no official outcomes.

## 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.*

   **All consumers are NTPCs, there are no official outcomes.**

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.

   **PACE advertises regularly on Facebook, Zip Recruiter, and Indeed to attract people to attend the PSW orientation. PACE staff traveled and shared PSW flyers with libraries in Champaign County, Centennial High School, Urbana High School, and Urbana Adult Education Center. PACE staff continued to share about the PSW program through attendance of community outreach events, job fairs, and resource fairs. PACE staff continues to look for opportunities to recruit perspective PSWs so they can be added to PACE's PSW registry. After a prospective PSW comes across our posting, the PSW contacts us by phone, email, Indeed, or Facebook Messenger. We start a conversation about the referral program and how it works. The person is invited to the online orientation or the in-person orientation. After the prospective PSW completes the orientation and paperwork, PACE, in turn, completes the necessary background checks. If the perspective PSW clears the background checks, the PSW is added to the registry and is referred to PSW consumers who are looking to hire a PSW based on matching preferences. The PSW consumer will initiate contact with the PSW and, hopefully, the PSW get matched with a consumer looking to hire a PSW.**

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?

   **Each quarter, all PACE programs host program advisory meetings to seek feedback from consumers on our programs and provide feedback on how to improve our services. The quarterly advisory also offers topics of interest that are based on consumers' and PSW's stated needs and interests.**