Compiled Annual Performance Outcome Reports for Programs Funded by the CCMHB Contract Year 2022

Compiled Annual Performance Outcome Reports of CCMHB Funded Programs for Contract Year 2022

Allocation Awards may have been adjusted by amendment or through the return of excess revenue. The amounts listed are the original funding awards.

Agency	Program	Allocation Award*
Champaign County Children's Advocacy Center	Champaign County Children's Advocacy Center	$56,425
Champaign County Christian Health Center	Mental Health Care at CCCHC	$33,000
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	$80,274
Champaign County Health Care Consumers	Disability Services	$71,500
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	$77,394
CCRPC-Community Services	Homeless Service System Coordination	$51,906
CCRPC-Community Services	Justice Diversion Program	$207,948
CCRPC-Community Services	Youth Assessment Center	$76,350
CCRPC-Head Start	Early Childhood Mental Health Services	$204,370 (MH) $121,999 (I/DD)
Community Service Center of Northern Champaign County	Resource Connection	$68,609
Courage Connection	Courage Connection Program	$127,000
Crisis Nursey	Beyond Blue-Champaign County	$90,000
Cunningham Children's Home	ECHO Housing & Employment Support	$101,604

DREAAM House	DREAAM Big	$100,000
DSC	Family Development	$596,522
Don Moyer Boys & Girls Club	CU Change	$100,000
Don Moyer Boys & Girls Club	CU Neighborhood Champions	$110,000
Don Moyer Boys & Girls Club	Community Coalition Summer Initiatives	$107,000
Don Moyer Boys & Girls Club	Youth and Family Services	$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	$62,000
Family Service of Champaign County	Counseling	$30,000
Family Service of Champaign County	Self-Help Center	$28,430
Family Service of Champaign County	Senior Counseling & Advocacy	$162,350
First Followers	First Steps Reentry House	$39,500
First Followers	Peer Mentoring for Reentry	$95,000
GROW in Illinois	Peer-Support	$77,239
Mahomet Area Youth Club	BLAST	$15,000
Mahomet Area Youth Club	MAYC Members Matter	$21,905
Promise Healthcare	Mental Health Services	$350,117
Promise Healthcare	Promise Healthcare Wellness	$107,987
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	$63,000

Rosecrance Central Illinois	Criminal Justice PSC	$304,350
Rosecrance Central Illinois	Crisis, Access, & Benefits	$203,960
Rosecrance Central Illinois	Fresh Start	$85,409
Rosecrance Central Illinois	Prevention Services	$60,000
Rosecrance Central Illinois	Recovery Home	$200,000
Rosecrance Central Illinois	Specialty Courts	$169,464
Terrapin Station Sober Living	Recovery Home	$47,000
UP Center of Champaign County	Children, Youth, & Families Program	$86,603
Urbana Neighborhood Connections Center	Community Study Center	$25,500
The Well Experience	Family Services	$80,000
WIN Recovery	WIN Recovery	$69,488

Champaign County Children's Advocacy Center
Champaign County Children's Advocacy Center
Performance Outcome Report FY22

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Children's Advocacy Center
Program name: Champaign County Children's Advocacy Center
Submission date: 7/21/22

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Referrals to the CAC are made by law enforcement agencies and the Illinois Department of Children and Family Services in accordance with the CAC Protocol.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **The National Children's Alliance standards for accreditation and the Champaign County Children's Advocacy Center's Protocol for the Multi-disciplinary Investigation of Child Sexual and Physical Abuse revised in June 2020, require that children are only accepted for services through a referral from law enforcement entities or the Department of Child & Family Services where it is suspected that the child is a victim of sexual abuse or serious physical abuse. Champaign County CAC passed the re-accreditation visit in September 2020. No changes have been made to the protocol since 2020.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Direct referrals from law enforcement and the Department of Child & Family Services.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

   The estimated number of service contacts for the year was 190 (90% of persons referred to the CAC will receive services from the CAC).

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

198 children (100%) who were referred for services received services. Of the 198 children 149 were opened as treatment plan clients and 49 were opened as non-treatment plan clients.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

   24 hours

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

90%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100%

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

   2 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

90%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

100%

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

   6-12 months

b) *Actual* average length of participant engagement in services:

9 months
Clients have been engaged for a longer amount of time (still within the estimated average) this fiscal year because of the back log of court cases due to the COVID-19 Pandemic.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

   none

2. Please report here on all of the extra demographic information your program collected.

   None collected specific to Champaign County for FY22

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

   1. **Perceived neutral, safe, child and family friendly environment (goal 95%).**
   2. **Child attends counseling session based on trauma screening to initiate/facilitate the healing process (percentage of referrals who follow through with counselors & percentage of attendees who go to more than 1 appointment).**

3. **Information gathered in a legally sounds manner (goal 80% of forensic interviews upheld at 115-10 hearing).**
4. **Increased provision of medical exams when necessary (goal 85% of referred medical exams will receive exams).**
5. **Caregivers know why they were at the CAC (goal of 90%).**
6. **Child victims report feeling safe while at the CAC (goal of 90%)**

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

The CAC utilized the OMS Qualtrics parent survey to collect information from the non-offending caregiver who accompanies the child to our center for the forensic interview.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Perceived neutral, safe, child and family friendly environment	OMS initial caregiver survey	Client: 100% of clients agreed that they felt safe while at the CAC.
2. Child attends counseling session based on screening results & those that attend that attend more than 1 session.	Attendance forms & spreadsheet from counselors	49% of clients (43/188) who's screening indicated the need for a referral to a counselor engaged in counseling services. Of the clients that engaged in counseling 86% (37/43) attended more than 1 session.
3. Information gathered in a legally sound manner.	115-10 court hearings where the forensic interview was upheld by a judge.	100% of the forensic interviews were upheld by a judge during the 115-10 court hearing.

4. Increased provision of medical exams when necessary	CARLE SANE & Dr. Reifsteck	During FY21, 22% of victims received a medical exam (49/222). During FY22, 17% of victims received a medical exam (34/198). This goal was NOT met as there was a decrease from FY21-FY22.
5. Caregivers know why they are at the CAC	OMS initial caregiver survey	100% of caregivers agree they understood the reason for their visit to the CAC.

6. Was outcome information gathered from every participant who received service, or only some?

The outcome information (parent survey) was offered to every participant who received services.

7. If only some participants, how did you choose who to collect outcome information from?

N/A

8. How many total participants did your program have?

198 Champaign County participants

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

198 (100% of caregivers were given the opportunity to participate in the Initial visit caregiver survey).

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

28 (14%)

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

The information was collected after the completion of the post forensic interview caregiver meeting. Each parent was either given a paper copy of the initial visit caregiver survey or was mailed the survey through the U.S Postal Service. Caregivers were asked to place the paper surveys in the survey box after completing the form before they left the facility.

Results

12. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnic or racial groups; comparing characteristics of all clients engaged versus clients retained)

A comparison of results from FY21 and FY22 parent survey results:

	FY21 CAC	**FY22 CAC**
My child felt safe at the center	**94.7%**	**100%**
The Center Staff made sure I understood the reason for our visit.	**94.4%**	**100%**
My questions were answered to my satisfaction.	**100%**	**100%**
The staff members at the CAC were friendly and pleasant	**100%**	**100%**
The center staff provided me with resources to support my child in the days and weeks ahead	**100%**	**100%**
I was given information about the services and programs provided by the Center	**100%**	**100%**

13. Is there some comparative target or benchmark level for program services? Y/N

Yes

14. If yes, what is that benchmark/target and where does it come from?

National Children's Alliance (accrediting entity for the CAC) recommends that overall parent satisfaction should be at 95%

15. If yes, how did your outcome data compare to the comparative target or benchmark?

The CAC parent satisfaction rate is above the national recommendation and statewide results (100%).

(Optional) Narrative Example(s):

16. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

The CAC provided services to a 4-year-old who came to the attention of the CAC following a disclosure to her mother about her grandfather sexually molesting her. The victim's mother disclosed during the investigation that she was also sexually abused on multiple occasions by her father (same perpetrator as her daughter). Mom further explained that her case was never investigated properly likely, due to the police chief in her town when she disclosed was her father's father (mom's grandfather). The detective assigned to the 4-year old's case investigated her abuse as well as her mom's abuse. Although no charges were filed for the 4-year-old, the perpetrator was arrested and charged for the sexual abuse of his now adult daughter.

Both mom and her daughter attend regular counseling appointments. Sessions with the child focus on safety, expression of emotions, issues of power and control and appropriate touching; much of the contact with mom has been about her coping with her own abuse that she suffered from her dad, setting family boundaries, and providing support to her daughter. Contact with mom has also been to help her cope with the lack of criminal charges against her father for what he did to her daughter.

CAC Crisis intervention services, counseling, and case management have allowed the mother to begin to get justice for the crime against her and have allowed the mother and her daughter to obtain counseling to start to heal from their abuse. The CAC is also collaborating with the Victim Advocates from the Courthouse to ensure Mom is made aware of upcoming court dates and prepared for trial. Because the perpetrator was charged in both Champaign and Coles County for the same crime, the case will likely go to trial in Coles County since the charges there would result in a longer prison sentence.

17. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

The CAC would like to return to providing parent surveys on the office tablet to illicit a higher percentage of engagement. However, until the federal COVID-19 health emergency has been lifted the CAC will continue to send surveys out via mail.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Treatment Plan clients will include those children or youth who:
1. reside in Champaign County (including residential treatment facilities), AND
2. have been interviewed as a potential victim regarding allegations of child sexual abuse or physical abuse, AND/OR
3. fit our Protocol to receive case management services and/or crisis counseling services from the CAC.

Non-treatment Plan Clients (NTPC):

Non-Treatment Plan Clients will include those children or youth who:
1. reside in Champaign County (including residential treatment facilities), AND
2. have been interviewed as potential non-victim witnesses to child sexual abuse or physical abuse OR are considered at risk of harm for child sexual or physical abuse, AND who did not disclose being victimized during the interview. (If the child discloses abuse, they become a treatment plan client), OR
3. Are over the age of 18 and have an intellectual, developmental, or behavioral disability, OR
4. participated in courtesy usage of the Champaign County CAC for out-of-county or federal investigations.

Community Service Events (CSE):

Community Service Events include the annual Child Abuse Prevention Month activities each April, public presentations (e.g., television and radio appearances, interviews for newspaper articles), consultations with community groups (e.g., presentations to other service providers, classroom presentations), and meetings with small groups to publicize or promote the program.

Service Contacts (SC): **Screening/Service contacts will be the sum of the Treatment Plan Client and Non-Treatment Plan Client categories. This total will reflect Champaign County resident children only.**
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Christian Health Center
Mental Health Care at CCCHC (2021-2022)
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **Champaign County Christian Health Center**
Program name: **Mental Health Care at CCCHC (2021-2022)**
Submission date: 08/25/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Any person calling for an appointment or walking in that are either self-reported uninsured or underinsured is eligible. No written verification is required and there is no application form to gain access to services.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **Self-reporting**

Additionally, those being seen in the primary care areas will be screened for psychiatric services

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
Potential patients for CCCHC are reached through various outreach events (i.e. Farmer's market), referrals from other health care facilities (i.e. Carle Hospital, OSF Hospital), word of mouth, and online media (i.e. Facebook).

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

50%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

Due to Covid and using a temporary location (efforts are underway to find a new permanent location), CCCHC numbers were down. However, through Telemedicine and using the temporary location, CCCHC was able to see all referred patients for mental health care needs that requested services or recommended by a provider

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

5 Days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

Any patient needing mental health care was seen within the 5 day timeframe

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **0**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **100**
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **100 – We saw every patient needing services promptly once they were identified as needing mental health services**
7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **Varies greatly as some patients come in one time only while others may be a patient for years.**
b) *Actual* average length of participant engagement in services: **N/A**
Demographic Information
1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) **We did not collect any other patient demographic information**
2. Please report here on all of the extra demographic information your program collected. **Any additional data for our clinic revolves around medical information such as family medical history, personal medical history, current state of health/reported symptoms, current medications, etc. These are kept in our electronic health records**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

   1) Any patients seeking mental health care would receive it promptly by a trained, licensed, medical provider
   2) Increase in the number of volunteer mental health providers from 0 to 3 including one psychiatrist, one psychologist, and one counselor
   3) Recruit a licensed medical practitioner in mental health. Ideally, a psychiatrist

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

   All people needing mental health care referred by our primary care doctors received prompt care

   We maintained one volunteer mental health practitioner to our program (psychologist)

   We hired a psychiatrist that provided mental health care to patients

   Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Provide prompt mental health care when requested or referred	Office/Medical Records	Internal referral system
Adding mental health practitioners	General observation; volunteer paperwork	Executive Director
Hiring a Psychiatrist	New hire paperwork/Payroll	Payroll Reports

3. Was outcome information gathered from every participant who received service, or only some?

N/A

4. If only some participants, how did you choose who to collect outcome information from?

N/A

5. How many total participants did your program have?

55

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

N/A

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

N/A

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

N/A

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

N/A

10. Is there some comparative target or benchmark level for program services? Y/N

No

11. If yes, what is that benchmark/target and where does it come from?

12. If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

By having a paid psychiatrist, we can guarantee that a limited number of patients will receive mental health care from a practitioner capable of prescribing appropriate mental health medications and well as doing assessments and ongoing patient visits

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

   Any discrepancy between estimated and actual numbers would stem from Covid related issues (earlier in the grant year) and using a temporary location, not allowing our patients to be seen in person and hampering our ability to treat walk-in patients for mental health care needs
   While telemedicine allowed us to treat those that did seek care, it hampered our ability to reach the intended numbers

Treatment Plan Clients (TPC):

Treatment plan clients include patients who are seen by a healthcare provider (specifically a mental health practitioner) and assessed as having at least one behavioral or mental health

issue to address. Note: Our primary care providers do treat patients with less severe mental health issues such as some cases of anxiety/depression (these numbers are not reported)
Non-treatment Plan Clients (NTPC): **Non-Treatment plan clients include those receiving health education information at outreach events and family members of patients who come to the clinic.**
Community Service Events (CSE): **For CCCHC, community service events can include screenings done at various community events, meetings with other healthcare providers to enhance care across the county, or presentations about the clinic at churches, training of parish nurses, and other venues.**
Service Contacts (SC): **Service contacts for CCCHC would include those that call about services and do not come in for a scheduled appointment because either they need services beyond CCCHC's capabilities or do not show for their appointment.**
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Health Care Consumers (CCHCC)
CHW Outreach and Benefit Enrollment
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Health Care Consumers (CCHCC)
Program name: CHW Outreach and Benefit Enrollment
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders, as well as residents who are experiencing stress, anxiety, depression, or other conditions that affect their mental health and well-being, whether or not they identify or present themselves as individuals with mental illness and/or substance use disorders.**

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

We determined eligibility criteria by first verifying that the client resides in Champaign County. We verified this through documentation of their mailing address and ID. Homeless clients typically use the CU at Home mailing address. The next criterion involves assessing whether the person meets the definition of an MHB client, which is someone who is experiencing homelessness, has mental health and/or substance abuse issues, and/or is experiencing stress, anxiety, depression, or isolation/loneliness that is affecting their mental health. We assessed this through client interviews, and also by the type of service/help the client was requesting. For example, a client might have come to us in order to get help filling a prescription which is for mental health issues. Or, some clients come to us seeking help finding mental health and/or substance abuse treatment services. We also identified MHB clients based on their presentation to us – for example, if they were very anxious, stressed, manic, depressed. Homeless clients are easy to identify because they present themselves as being homeless, and they typically stay at CU at Home. Other MHB clients are identified based on the referral source that connected them to us.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

The target population learned about our services through our outreach and education activities, directed to the general public, but also to specific groups and organizations to whom we were able to do presentations. In addition, we spread information about our services through our referral networks and collaborations with various other community-based organizations. We also participate in several networking groups that focus completely or partially on serving the MHB-defined population, including the Human Services Council, the Reentry Council, the Rantoul Service Providers group, and also the MHBDD Advisory Council. Most of these groups meet monthly and have been a great resource for our outreach and education efforts, and through those groups, we were able to develop or strengthen linkages with other community-based organizations with whom we can share referrals. In addition to these efforts, we also worked with traditional and social media for our outreach and education efforts. Our collaborations with area libraries have also been helpful for our outreach.

4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

90%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

92%

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):
90%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

91% (working remotely during the pandemic necessitated more phone calls and voicemails, as opposed to in-person appointments, so some of the delay is due to "playing phone tag" with the clients.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

1 day

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

70%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

90% - with many clients, the process of doing the assessment of eligibility also led to starting services immediately such as Medicaid applications, SNAP applications, Rx Fund assistance, etc.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

b) *Actual* average length of participant engagement in services:

The average length of participant engagement in services is approximately a year (and will most likely continue for several years). Benefits enrollment in Medicaid and SNAP requires a lot of contact with clients as they have to go through redeterminations, and having choose or change Medicaid Managed Care plans, or needing help from CCHCC's Rx Fund at various times throughout the year – therefore, our contact with clients is year-long, throughout the year, depending on the specific client's needs. Also, clients dealing with crises often turn to us, even if it is just to talk to someone who cares about them and will listen to them, and help them problem-solve.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to the required demographic information, we also collect data on language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

2. Please report here on all of the extra demographic information your program collected.

In addition to the demographic information required by the MHB, we also collected information on language preference/need, as well as homelessness, and at times, immigration status (if relevant for client's eligibility for various public benefits).

When we can, we collect information from immigrant clients about their immigration status. The reason we do this is because the state of IL has expanded Medicaid access to immigrants who were previously ineligible.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. **This program will serve approximately 120-200 unduplicated clients and will result in these clients gaining and maintaining health insurance, SNAP, and other benefits and services.**
2. **As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services.**
3. **Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 600 applications.**

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

   Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client

1. Number of clients and types of services provided (Medicaid, SNAP, Rx Fund, etc.)	CCHCC's Intake Form, which identifies the client's needs, and our actions to assist them; applications for Medicaid, SNAP, Rx Fund assistance	In most cases, client provides their own information. In some instances, a family member is helping to provide the information.
2. Clients gain access to care, prescriptions, food, phones, hospital financial assistance, etc.	Applications for these various programs/benefits, which are filed in each client's folder.	The sources included both the client, as well as documentation in the form of approval letters from DHS, HFS, etc. when the client is approved for those benefits.
3. Most clients require assistance with more than one application/service.	The intake form that we use lists the various services and benefits for	The information on these applications comes from our intake forms, the actual

	which we are helping the client apply.	applications we submit, and the documentation the client provides to us when they receive notification of their approval for the services/benefits.

3. Was outcome information gathered from every participant who received service, or only some? **By the nature of our work – helping people apply for public benefits and helping them access prescriptions, etc. – we are able to gather information on every participant who received a service from us.**
4. If only some participants, how did you choose who to collect outcome information from? **N/A**
5. How many total participants did your program have? **The program had 151 total participants.**
6. How many people did you *attempt* to collect outcome information from? **We attempted to collect outcome information from 151 clients.**
7. How many people did you *actually* collect outcome information from?

We collected outcome information from 143 participants. These were the TPC clients. And we collected a little bit of information from some of our NTPC clients, but it was not as complete.

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

Information was collected at intake for all clients, and then it was collected throughout the year for each client, based on the applications with which we provided help. For some clients, this meant that we collected information from them 6-7 times throughout the year, as the clients were approved for Medicaid, then Medicaid Managed Care, SNAP, Rx Fund, hospital financial assistance, etc.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

We learned that for most clients, we submitted an average of 3 applications per client. We learned that many clients came to us for one thing, but upon intake, we found that they had multiple needs with which we could help them. For example, a client might present to us with the need for prescription drug assistance, but then we find that they need help getting insured, help applying for SNAP, and/or they need help with hospital financial assistance at Carle. We try to assess each client for every possible benefit that they might qualify for, that we can help with. So, if a client comes to us for one thing, but we find that they are eligible for three programs/benefits, we offer to them the opportunity to apply for all of those benefits, and most clients take us up on that offer, wanting to benefit from all that they qualify for.

10. Is there some comparative target or benchmark level for program services? Y/N

No. But the client intake forms specify each client's needs, and our goal is to meet those needs for each client that have been identified on their intake forms.

11. If yes, what is that benchmark/target and where does it come from?

N/A

12. If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

A typical case involves Mrs. B and her son, who has mental health issues. This is a case that started out as a Medicaid application case, but quickly became an emergency, with Mrs. B's son in need of a prescription for mental health medications that were unaffordable to him as an uninsured individual.

After two hours on the phone with Medicaid, her son had coverage through Medicaid, but it was still going to take several hours to show up in other systems for providers and pharmacies.

We looked into the cash price of the medication, but it would have been nearly $1000 to get even a short term amount of the mental health medication. And we did not account for issues with the prescription which created an additional delay and meant that Mrs. B had to get her son to see a doctor to get a new prescription. We were able to assist Mrs. B in getting a same day appointment for her son, but since Medicaid was still not showing up for the transportation providers, we had to arrange for a transportation service to take her and her son to the appointment. We were able to do this through the flexibility of the Health Justice Fund.

Eventually, Mrs. B was able to get the new prescription for her son, and get it filled for free because of her son's new Medicaid coverage. Even though it felt like new issues popped up

at every step, Mrs. B was very grateful for the help in navigating such a difficult system, especially when she and her son were so stressed and anxious. We were also able to help get her and the rest of her family enrolled in SNAP and medical benefits in addition to her son.

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

TPC clients are those who require more than one contact and who may have case management needs. For the purposes of this program, this is majority of the clients who will be served. We estimated 110 new clients, and 50 continuing clients, for a total of 160 TPC clients.

We recorded 143 TPC clients – 102 new clients and 41 continuing clients.

Non-treatment Plan Clients (NTPC):

NTPC clients served through this program will be the clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient. We anticipate approximately 30-50 such clients.

We recorded 8 NTPC clients. While this number is low, it is something we are happy with because it means that we were able to engage into service most people who contacted us.

Community Service Events (CSE):

We anticipated providing approximately 6 to 8 CSEs through public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Our actual number of CSEs was 21 – greater than expected. This is because a) in our application we underestimated the number of opportunities we would have for CSEs; b) we gained many more opportunities as a result of being involved with MHB-related networking groups, such as the MHBDDAC, and the Rantoul Services Providers group; and c) the pandemic and the public's need for information presented new opportunities and needs for providing community based information, including about testing, vaccines, rent assistance, etc .

Service Contacts (SC):

We anticipated approximately 650 service contacts as a result of serving approximately 160 clients in FY2022 through this program. Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS or Medicare that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.

We recorded 1835 SCs. Some of our clients have very intensive needs, and we stay in touch with many of these clients on a weekly basis – and sometimes on a daily basis – by phone, email, text, or (pre-pandemic) office appointments and walk-ins. The contact with these clients is not always specific to applications with which we are helping them. Oftentimes, the contact is simply to help provide reassurance, alleviate loneliness or anxiety, or to help trouble-shoot random challenges that the client might be facing. Additionally, we had more contacts because of pandemic-related issues, including clients who reached out to us to find out about testing and vaccines.

Part of the reason for the much higher number of Service Contacts is because CCHCC has implemented better methods for tracking and reporting client contacts. This is probably still an undercount of the number of SCs, but it is a better approximation.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Health Care Consumers (CCHCC)
Disability Application Services Program
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Health Care Consumers (CCHCC)
Program name: Disability Application Services Program
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Individuals eligible for this program are residents of Champaign County who have mental illness and/or substance use disorders, as well as residents who are experiencing stress, anxiety, depression, or other conditions that affect their mental health and well-being, whether or not they identify or present themselves as individuals with mental illness and/or substance use disorders.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **We established that the client resides in Champaign County and that they have mental/emotional health and/or substance use disorders, along with a disabling condition or conditions, which may or may not be related to behavioral health issues. We also accept referrals from mental and behavioral health providers and other agencies that have identified individuals who may meet the criteria. In order to apply for SSI and/or SSDI, the person must be unable to work enough to meet the criteria of Substantial Gainful Activity (SGA). This means that clients for this service had to demonstrate that they are either very low-income (below SGA) or have no income.**

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

The target population learned about our services through our outreach and education activities – especially those directed to specific groups and organizations to whom we were able to do presentations. In addition, we spread information about our services through our referral networks and collaborations with various other community-based organizations.

We also participate in several networking groups that focus completely or partially on serving the MHB-defined population, including the Human Services Council, the Reentry Council, the Rantoul Service Providers group, and also the MHBDD Advisory Council. Most of these groups meet monthly and have been a great resource for our outreach and education efforts, and through those groups, we were able to develop or strengthen linkages with other community-based organizations with whom we can share referrals. In addition to these efforts, we also worked with traditional and social media for our outreach and education efforts. Our collaborations with area libraries have also been helpful for our outreach.

4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

90%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

83%

5. a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

91%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

86% (working remotely during the pandemic necessitated more phone calls and voicemails, as opposed to in-person appointments, so some of the delay is due to "playing phone tag" with the clients).

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):
2 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):
70%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
62% - this work is very daunting, and clients of this program, by definition, are suffering with disabling conditions and they have good and bad days, so it's not always to begin working with them immediately.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
Months or years. The process of applying for, or appealing disability application denials can take years.

b) *Actual* average length of participant engagement in services:

Being in our first year of this program, it is difficult to estimate an average length of engagement. Some clients only needed to be engaged in services for about three months (for SSI application approvals), while others are still engaged as their applications and appeals are ongoing.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to the required demographic information, we also collect data on language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an

individual may or may not be eligible for based on their status. However, several categories of immigrant statuses are not eligible for disability programs.

2. Please report here on all of the extra demographic information your program collected.

In addition to the demographic information required by the MHB, we also collected information on language preference/need, as well as homelessness, and at times, immigration status (if relevant for assessing client's eligibility for various public benefits).

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. **This program will serve approximately 20 unduplicated clients and will result in these clients gaining getting assistance with the disability application and appeals processes.**
2. **For those clients approved for disability benefits, their lives will be positively impacted in a number of ways, including bringing them regular monthly income and other benefits once they are approved for SSI/SSDI. Being deemed disabled by being approved for these programs opens the door to many other benefits, including affordable and supportive housing, health insurance, and the stability of having a monthly income. Being approved for disability benefits can literally save people's lives. Applying for the program, with a good chance of being approved, gives people hope. And once they are approved, they have resources for housing. Being housed makes it possible to live longer and healthier.**
3. **We will track will include number of clients for this service, number of applications started and what type of application (SSI, SSDI, both), how many applications are approved, how many appeals are filed, and once clients are approved, we will also track dollar amounts for lump sum back pays and monthly checks.**

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Number of clients and types of services provided (SSI; SSDI; application vs. appeal)	CCHCC's Intake Form, which identifies the client's needs, and our actions to assist them.	In most cases, client provides their own information. In some instances, a family member is helping to provide the information.
2. Applications or appeals for SSI and/or SSDI.	Applications for these various programs/benefits, which are filed in each client's folder.	The sources included both the client, as well as documentation in the form of letters from the Social Security Administration and its various state and federal offices.
3. New income and benefits for clients once they are approved for disability benefits.	The intake form that we use tracks outcomes.	Documentation from Social Security and the State of IL provides to us by our clients when they receive

		notification of their approval for the services/benefits.

3. Was outcome information gathered from every participant who received service, or only some?

Outcome information was gathered from most of our clients. Clients are eager to stay in touch with us about this particular service.

4. If only some participants, how did you choose who to collect outcome information from?

N/A

5. How many total participants did your program have?

The program had 38 total participants.

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

We attempted to collect outcome information from 38 clients.

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

We collected outcome information from 24 participants who were the TPC clients. And we collected a little bit of information from some of our 14 NTPC clients, but it was not as complete.

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

Information was collected at intake for all clients, and then it was collected throughout the year for each client, based on the applications with which we provided help.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

We learned that the process of applying for and receiving disability benefits is even worse than we thought, especially when dealing with clients who have outstanding child support issues, and/or those who are aging into Social Security "early retirement" (age 62). The state of IL requires SSI recipients who turn age 62 to go ahead and apply for early Social Security retirement benefits. This means that these clients will lose out on higher monthly income from Social Security, that they could get if they waited until their full retirement age at age 65 or 67 (depending on the year they were born). Not every state has these cruel and unfair SSI rules. This rule is especially cruel for someone who only starts receiving SSI when they are close to age 62. There are so many ups and downs in the disability process that people's hope soars and crashes so many times. Applying for disability is a real challenge to anyone's mental health.

We also learned that it is not always very easy to find an attorney to help a client with the final SSDI appeal stage – the Administrative Law Judge (ALJ) hearing. A couple of clients were denied service by the local legal assistance organization because their cases were deemed to be "too difficult" or "unlikely to be winnable" in front of an ALJ. This is very disheartening, especially since there are even fewer attorneys in our community willing to help with disability cases. There are many law firms that advertise that service, but when you call them, they direct you to only one attorney in our community who does disability cases. All the advertising is misleading – it makes it seem like there is much more help out there than what there is.

10. Is there some comparative target or benchmark level for program services? Y/N

No. But the client intake forms specify each client's needs, and our goal is to meet those needs for each client that have been identified on their intake forms.

11. If yes, what is that benchmark/target and where does it come from?
N/A

12. If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

It is fair to say that there is no "typical" case when it comes to disability applications. The only aspect that is typical is the cruel and daunting nature of the process, and the fact that most people who are applying are disadvantaged in doing so, by the very fact that they are suffering conditions that disable them in various ways.

The "easier" cases are SSI reinstatement cases. An example of such a case is Mr. F, who returned to Champaign County following an 11-year incarceration in IDOC. Upon his release from prison, Mr. F contacted Claudia at CCHCC and Claudia helped him reapply for SSI. Mr. F had been receiving SSI prior to his incarceration, and his conditions were only made worse during his incarceration, and he had a documented medical history – including while he was incarcerated – so, getting his SSI reinstated was not difficult. Also, he did not have any work history, and therefore he was not eligible for SSDI.

A more challenging case involves an individual – Mr. Z – who is generally unable to participate in the disability application process because of significant behavioral health issues. In fact, it is very challenging to document his disabling conditions because it is very difficult to get him to participate in getting health care. He is not a homeless individual, so in order to apply Mr. Z for disability benefits, we have had to be creative in how we document his health issues. For example, Mr. Z was referred for substance abuse treatment to a couple of different local facilities. When he went for treatment, we were called and asked to pick

him up because he was being discharged from treatment because he was unwilling (in reality, he was unable) to participate in the substance abuse treatment activities in these residential programs. We were able to ensure documentation of his inability to participate – we had to work with the facilities to get them to "reframe" their documentation so that it better reflected his inability to participate – due to his disabling conditions – as opposed to his "unwillingness", as originally framed. Mr. Z's application is still in the works, but we are confident that he will soon be approved.

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

TPC clients will be those whom we are helping apply for disability benefits. We currently have 4 clients with whom we have already begun to work on their disability cases, and we anticipate that once we hire and train the Disability Specialist, we will be able to take on two new clients per month, and ultimately serve at least 20 unduplicated clients in this year. We hope to serve more,

but since this is a new program and a new staff member will need to be hired, it is difficult to estimate how many total clients will be served.

We recorded 24 TPC clients – 20 new clients and 4 continuing clients.

Non-treatment Plan Clients (NTPC):

NTPC clients served through this program will be the clients who need a low-intensity of service, perhaps they simply need one contact and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self-sufficient. We anticipate approximately only 5 such clients.

We recorded 14 NTPC clients. Some were clients who were self-sufficient, and some were clients who either dropped their communications with us and did not follow-through, or whom we found to not be likely to be approved for disability benefits because their conditions did not rise to the level of being disabling.

Community Service Events (CSE):

We anticipate providing approximately 4 CSEs through public presentations, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Our actual number of CSEs was 4 as well.

Service Contacts (SC):

We anticipate approximately 640 service contacts as a result of serving approximately 20 clients through this program. We estimate approximately 40 contacts with each client for whom we are doing a disability application. These applications are very detailed and intensive and often require working very closely with the client. The number of contacts per client may vary depending on whether we use the SOAR process for a client or a traditional process.

We recorded 941 SCs.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Health Care Consumers (CCHCC)
Justice Involved CHW Services & Benefits
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Health Care Consumers (CCHCC)
Program name: Justice Involved CHW Services & Benefits
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Individuals eligible for this program are residents of Champaign County who have mental health issues and/or substance use disorders and involvement with the criminal justice system. Clients are also eligible by virtue of referrals by Rosecrance and the County Jail, and these clients receive priority.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **We determined eligibility by the source of the referral (Rosecrance, County Sheriff); the client's residency in Champaign County as documented by their ID's, mailing address, etc.; their mental health and substance abuse treatment needs, and their history of involvement with the criminal justice system, if they did not come to us at the County Jail. The staff at the Champaign County Jails screen all individuals booked into the jail for mental health and substance abuse. Some clients self-refer themselves, or find their way to us. In the course of working with them, we might find out that they have criminal justice involvement, along with mental/behavioral health needs. In that case, we would consider them individuals who meet our criteria, as long as they are Champaign County residents.** **The Champaign County Sheriff's Office has a new searchable jail database that allows us to look up our clients who may not identify as Justice-Involved and who might not come from**

the jail. We have found that many of the clients referred to us from Cunningham Township actually have histories of recent incarcerations – so we identify such clients as Justice-Involved.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Our target population learns about our services through several different means. First, for those in the Champaign County Jails, they learned about us through personnel working for Rosecrance or the Champaign County Sheriff's personnel (corrections officers, or patrol officers). Some also learn about our services through word of mouth by fellow inmates who had gotten services from our staff member, Chris Garcia, who works in the jails. In addition, every person who leaves the jails gets a packet of information letting them know about our services, so that way, if we were not able to connect with them in the jail, they could still contact us after they were released. Beyond that, people learn about our services as a result of our outreach and collaboration with other community-based organizations serving the reentry population. For the population returning from prison, each person receives a phone call from the Rosecrance reentry caseworker, and many receive information about our services from this caseworker. We also do outreach at various events throughout the community where we might be more likely to reach the target population. Also, we get referrals through word of mouth.

4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

90

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

91%

5. a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 days (except on weekends or holidays; but even then, in some cases, it is 2 days)

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

80%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

88%

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

1 day

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

80%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

90% - which is better than we expected, given the ongoing pandemic restrictions at the County Jail, etc.. The County Jail was not able to make its referrals in the usual fashion because of pandemic related restrictions, fewer individuals incarcerated in the county jails, and personnel shortages and changes at Rosecrance. There were some delays in engagement in services for some clients who were first assessed for eligibility while they were in the County Jail. Chris Garcia had to make arrangements to assess and engage the clients by phone at the jail, and the phones were in high demand by attorneys, etc. In other instances, engagement in services happened very rapidly – within the first phone call or contact with Chris Garcia, especially if the prospective client was able to contact CCHCC directly, rather than through the jail process or some other referral source. In addition, Chris Garcia reached out to former clients to ensure that they still had Medicaid and SNAP. The response to this outreach effort was very positive and clients were engaged in services upon the first phone call when contact was made.

For most clients, our eligibility determination process usually leads straight into the application process for benefits, as the eligibility determination also provides some of the information needed for applications.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Months or years. Enrollment in public benefits must be done on an annual basis, and sometimes every six months.

b) *Actual* average length of participant engagement in services:

The average length of participant engagement in services is over a year (and will most likely continue for several years). Benefits enrollment in Medicaid and SNAP requires a lot of contact with clients as they have to go through redeterminations, and having to choose or change Medicaid Managed Care plans, or needing help from CCHCC's Rx Fund at various times throughout the year – therefore, our contact with clients is year-long, throughout the year, depending on the specific client's needs. Also, clients dealing with crises often turn to us, even if it is just to talk to someone who cares about them and will listen to them, and help them problem- solve. We also have many clients from the previous fiscal year who have turned to us for help this year with pandemic-related services, benefits, and resources.

Health insurance and other benefits are often challenging or complicated, so once a client has received our help, they often return to us year after year. Our services are free, and we have had a consistently staffed organization, so clients feel comfortable reaching back out to us for their various needs.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to the required demographic information, we also collect data on language preference/need, and homelessness. We do not collect data on immigration status, but we are frequently exposed to this information as a result of having to know what programs and benefits an individual may or may not be eligible for based on their status.

2. Please report here on all of the extra demographic information your program collected.

In addition to the demographic information required by the MHB, we also collected information on language preference/need, as well as homelessness, and at times, immigration status (if relevant for client's eligibility for various public benefits).

We have been working harder to identify immigrants and determine immigration status, since Medicaid benefits in IL have been expanded to cover immigrants who were previously ineligible for Medicaid.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

This program will serve approximately 100 to 125 unduplicated clients and will result in:

1) **clients gaining and maintaining health insurance, SNAP, and other benefits and services.**
2) **As a result of gaining health insurance, clients will gain access to needed care and prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services.**
3) **Each client, on average, typically requires assistance with two applications. We anticipate providing assistance with approximately 200 to 250 applications.**

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Number of clients and types of services provided (Medicaid, SNAP, Rx Fund, etc.)	CCHCC's Intake Form, which identifies the client's needs, and our actions to assist them; applications for Medicaid, SNAP, Rx Fund assistance	In most cases, client provides their own information. In some instances, a family member is helping to provide the information, especially for clients in custody in the county jail. We also get information from the State of Illinois – especially the ABE system and Medi – where we track the status of various state-based benefits, such as Medicaid and SNAP.
2. Clients gain access to care, prescriptions, food, phones, hospital financial assistance, etc.	Applications for these various programs/benefits, which are filed in each client's folder.	The sources included both the client, as well as documentation in the form of approval letters from DHS, HFS, etc. when the client is approved for those benefits.
3. Most clients require assistance with more than one application/service.	The intake form that we use lists the various services and benefits for which we are helping the client apply.	The information on these applications comes from our intake forms, the actual applications we submit, and the documentation the client provides to us when they receive notification of their approval for the services/benefits.

3. Was outcome information gathered from every participant who received service, or only some?

By the nature of our work – helping people apply for public benefits and helping them access prescriptions, etc. – we are able to gather information on every participant who received a service from us.

4. If only some participants, how did you choose who to collect outcome information from?
N/A

5. How many total participants did your program have?

The program had 103 total participants.

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

We attempted to collect outcome information from all 103 clients. It is much easier to collect outcome information from Treatment Plan Clients, since they are engaged with our services much more intensely.

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

We collected outcome information from 103 participants. More data were available from the TPC clients, since they were more intensely engaged in services.

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
Information was collected at intake for all clients, and then it was collected throughout the year for each client, based on the applications with which we provided help. For some clients, this meant that we collected information from

them 6-7 times throughout the year, as the clients were approved for Medicaid, then Medicaid Managed Care, SNAP, Rx Fund, hospital financial assistance, etc.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

We learned that for most clients this year, we submitted an average of 2.9 applications per client. This was a slightly higher average than last fiscal year, and it is the result of pandemic-related benefits and resources, including stimulus payments, and expanded SNAP and Medicaid benefits, and rent assistance, etc..

We learned that many clients came to us for one thing, but upon intake, we found that they had multiple needs with which we could help them. For example, a client might present to us with the need for prescription drug assistance, but then we find that they need help getting insured, help applying for SNAP, and/or they need help with hospital financial assistance at Carle.

In addition, we learned what tremendous barriers there are for our Justice Involved clients who were seeking both temporary shelter and permanent housing. We had several such clients, for whom we purchased motel rooms. We began working with these clients to get them emergency shelter in motels, and then get them to go through the RPC's Central Intake process to help them apply for affordable housing through voucher programs and other resources.

In trying to assist these clients in obtaining subsidized housing, we learned that many (most?) landlords discriminate against individuals with felony convictions, as well as individuals with housing vouchers – even in the City of Urbana, where this kind of discrimination is prohibited. We also learned that most of the housing case managers who work for various organizations did NOT know that this type of discrimination is illegal in the City of Urbana, and they also did not know what to do about it in order to advance our clients' quest for subsidized housing.

Housing discrimination continues to be a significant issue for individuals going through Reentry in our community – especially those who were in prison (as opposed to the county jail).

10. Is there some comparative target or benchmark level for program services? Y/N

No. But the client intake forms specify each client's needs, and our goal is to meet those needs that have been identified on each client's intake form.

11. If yes, what is that benchmark/target and where does it come from?
N/A

12. If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

A typical case scenario (typical during the pandemic) – is this: An employee of Rosecrance working at the jail contacts CCHCC's Chris Garcia. Chris is the CCHCC Community Health Worker dedicated to the MHB's Justice Involved program. The

Rosecrance employee lets Chris know that there is a person in the Champaign County Jail who wants help with a Medicaid application. Chris corresponds with the Rosecrance employee to get the client's information so that Chris can look up the Medicaid and SNAP status of the prospective client online, through the state's ABE system. It's helpful to look up the information in advance, if possible, because then Chris will know whether Medicaid and SNAP are active for the client, and can find out which Medicaid Managed Care plan the client was assigned (if any). If the client is not in the system, then Chris knows that he will need to submit applications for the client, if that is what the client wants.

In order to connect with the client, Chris arranges a time with the Sheriff's Office for when he can talk to this person on the phone and begin his application (if appropriate).

Chris and the new client, Mr. C have a phone meeting.

During the phone meeting, the client informs Chris that his Medicaid lapsed and he will be getting out of jail soon and he would like to have active Medicaid. The client was placed on new medication while in the County Jail, and he will need to be able to purchase the new medication from a pharmacy a short while after being released.

Chris works with Mr. C to get all of his relevant information for the purpose of investigating the dropped Medicaid coverage and reapplying if necessary. Chris finds out that Mr. C did not get mail from DHS regarding his Medicaid redetermination, so his Medicaid lapsed.

Chris reapplies Mr. C for Medicaid while on the phone with him, and also asks him if he wants to apply for SNAP (food stamps). Chris applies Mr. C for SNAP, and asks Mr. C to stay in touch regarding any mail he might receive from DHS.

After Mr. C is released from jail a few days later, he contacts Chris to give Chris his phone number. A couple of weeks later, Mr. C contacts Chris saying he was approved for Medicaid but he needs to choose a Medicaid Managed Care plan. Chris works with Mr. C to help him figure out which plan is best for him. Mr. C is also approved for emergency food stamps. A few weeks later, Mr. C contacts Chris about a medication that is not covered by Mr. C's Medicaid Managed Care plan. Chris uses CCHCC's Rx Fund to purchase Mr. C the medication he requires.

To do this, Chris contacts the pharmacy with whom CCHCC works, and he makes sure that they carry that particular medication, and when the pharmacy tells him they do, then Chris works with the pharmacy to transfer Mr. C's prescription to the pharmacy so that it can be filled. CCHCC receives a bill from the pharmacy at the end of the month, and pays for Mr. C's prescription.

CCHCC has had some very intensive and non-typical cases, as well. But some of these are recorded in the narrative portions of the quarterly reports from this year.

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

TPC clients are those who require more than one contact and who may have case management needs. For the purposes of this program, this is the majority of the clients whom we will serve. We estimate approximately 70 new TPC clients, with approximately 30 or more continuing from the previous year.

We recorded a total of 69 TPC clients. We believe that this is an underestimate of the actual total number of TPC clients we served. Some TPC clients may have contacted us after release from the jail, but not have identified themselves as having been in jail. Also, the pandemic made it more challenging to conduct outreach and education about our services, so this affected our ability to meet our target.

In the 4th quarter of the fiscal year, Chris Garcia started using the Champaign County Jail's database to look up and identify clients who had a recent history of incarceration, if they did not identify themselves as such at intake.

Non-treatment Plan Clients (NTPC):

NTPC clients served through this program will be the clients who need a low-intensity of service, perhaps they simply need one contact with us, and it is to get some information, guidance, or direction. Or they might be established clients who meet program criteria, but are very self- sufficient. We anticipate approximately 12 to 20 such clients.

We recorded 34 NTPC clients – this number is higher than expected because many of the individuals at the jail in the past fiscal year were actually sentenced to prison, and would therefore be ineligible for Medicaid or other such benefits. However, these clients often contacted us while incarcerated, but before they were sentenced, so when they first contacted us, they did not know yet that they would be sentenced to time in prison.

Community Service Events (CSE):

We anticipate providing approximately 6 to 8 CSEs through public presentations, presentations at adult education programs, meetings between agencies where we provide education and referral information, earned media from articles and interviews, and through distribution of informational materials.

Our actual number of CSEs was 12 – greater than expected. This is because a) in our application we underestimated the number of opportunities we would have for CSEs; and b) we gained many more opportunities as a result of being involved with MHB-related networking groups, such as the MHBDDAC, and the Rantoul Services Providers group; and c) as a result of the pandemic, there were greater needs for pandemic-related information, and therefore there were new opportunities for outreach.

Service Contacts (SC):

We anticipate approximately 160 service contacts. Our actual Service Contacts were 722.

Clients frequently require assistance with enrollment in more than one program, and some programs, like Medicaid and Medicaid Managed Care require redeterminations and help choosing appropriate plans. Clients also frequently receive mail from DHS that is confusing to them, and they bring us this mail or call us about it in order to get help understanding it and complying with requirements.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Regional Planning Commission
Program name: Homeless Service System Coordination
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Agencies and organizations, community members, and businesses that have an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk for homelessness, participating in the IL-503 Continuum of Service Providers to the Homeless (CSPH) as a member or affiliate.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Agencies, organizations, community members, and businesses having an interest in preventing, addressing, and serving households in Champaign County that are homeless or at risk of homeless were determined to be eligible.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

The CoC Coordinator proactively outreaches to agencies, organizations, and people with lived experience. Sometimes this looks like the Coordinator learning of an agency and requesting a 1:1 meeting with someone in the agency to learn about their programming and share about CSPH. As the Continuum has doubled in size over the past few years while the HSSC grant has been funded, it has become more common that existing CSPH members speak to others in their networks and facilitate introductions to the CoC

Coordinator, who is then able to share about CSPH and conduct additional outreach to grow the membership.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

100%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

100%

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

7

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100%

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

14

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

100%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

100%

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
Ongoing in the form of agency/organization membership. Membership persists until the member or CSPH terminates it.

b) *Actual* average length of participant engagement in services:

Ongoing.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

N/A

2. Please report here on all of the extra demographic information your program collected.
N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the

people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Outcome #1: The IL-503 CSPH will be represented in the development of an alternative to the VI-SPDAT.
Specific Outcome Goals: The Coordinator will attend no less than 4 consultations, webinars, and/or TA opportunities relating to the development of an alternative to the VI-SPDAT for use with the CSPH Coordinated Entry System (CES).

Outcome #2: A Racial Equity Assessment will be conducted within the CSPH.
Specific Outcome Goals: The Coordinator will complete racial equity analyses for the CSPH CES and Continuum exit destination data. Results from the analyses will be shared with the CSPH and other groups to solicit feedback and recommendations to improve CSPH systems.

Outcome #3: The CSPH will receive feedback and recommendations from people with lived experience through a series focus groups.
Specific Outcome Goals: The Coordinator will facilitate no less than 3 lived experience focus groups. Participants may include currently homeless persons, participants of Continuum programs, and recent participants of Continuum programs. Minutes and summaries will be provided to the CSPH.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. VI-SPDAT Replacement Process	Engagement with Statewide group investigating VI-SPDAT alternatives	CoC Coordinator, other CoCs across the State, homeless advocacy agencies

2. Racial Equity Assessment	HUD Racial Equity Assessment tools and TA from HUDExchange	Data from the Homeless Management Information System Lived Experience Feedback from Focus Groups / Listening Sessions
3. Lived Experience Focus Groups	Set of questions oriented around experiences with emergency shelter, CSPH systems such as CES.	People with Lived Experience

3. Was outcome information gathered from every participant who received service, or only some?

Our outcomes reflect system changes and improvements which sometimes lack specific short-term outcomes on a participant-level. The outcomes of these tasks ultimately impact every client that receives or seeks services from the CSPH, but often in ways that may be invisible to the client.

Information was gathered on every client who attended the focus groups.

4. If only some participants, how did you choose who to collect outcome information from?
All focus group participants had data collected.

5. How many total participants did your program have?
31 participants attended focus groups.

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

31

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

31

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

At each focus group.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

A Summary of the focus groups was prepared and submitted to the CSPH Executive Committee in May of 2022. The summary identified the following key takeaways:

1. Additional access to low-barrier emergency shelter, with access to hygiene resources, is critical.
2. Staff in emergency shelters need mental health training, and rules should be consistently enforced.
3. CSPH programs need to improve communication with people experiencing homelessness, especially in regard to awareness of CES and other programs. A bulletin board should be considered. Participants want to learn about services from the providers, not from other participants.
4. The community needs additional case management, and more intensive case management where it is already offered.
5. Participants desire opportunities to build skills while staying in shelters.
6. Items provided to people experiencing homelessness should be healthier and more attuned to the needs of the people who may be experiencing malnourishment. Items like Gatorade, milk, vitamins, and protein bars were recommended to have available.

Additional thematic summaries are available in the report.

10. Is there some comparative target or benchmark level for program services? Y/N

No.

11. If yes, what is that benchmark/target and where does it come from?

N/A

12. If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Results form the focus groups as well as racial equity assessment information are being used in the CSPH's Strategic Planning Process. This process, which is underway and expected to begin more fully following the annual Continuum of Care Funding Competition, seeks to establish a 3–year strategic plan to replace the one that expired in 2020. The full CSPH membership will be engaged in strategic planning.

Additionally, the CoC Coordinator and CoC Chair met with Shandra Summerville to discuss board development, specifically to make the board friendlier to people with lived experience as the CSPH seeks to significantly increase the number of lived experience representatives in positions with greater decision making and input into policies and practices.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Individuals with current or recent lived homeless experience will be engaged in focus groups to seek feedback on CSPH systems.

Annual Target: 30.
Total: 31.
Explanation: CSPH facilitated several focus groups to solicit feedback from people experiencing homelessness. We especially focused on people who are currently unsheltered and staying in emergency shelters. We developed starting point questions for the groups, and trained CSPH volunteers to facilitate and document the groups. We also partnered with the Cunningham Township Supervisor's Office to obtain input they received from their listening session, as well as with the State of Illinois to obtain information from their listening session on the State Plan to End Homelessness.

Non-treatment Plan Clients (NTPC):
Not applicable.

Community Service Events (CSE):

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

Annual Target: 26

Total: 47
Explanation: The CoC Coordinator participated and led several Statewide meetings focused on the development or identification of an alternative to the VI-SPDAT; these meetings also included discussion of CES as an intervention. Contacts to promote the program included meetings with new prospective agencies, or programs within agencies that are lesser known to homeless service providers. These typically result in an informative presentation to the CSPH membership. Contacts for the PIT and HIC are also typical. We facilitated several focus groups, which also contributes to the much higher than expected showing for this area.

Service Contacts (SC):
Number of persons participating in trainings coordinated by the Homeless Services System Coordination program.

Annual Target: 40
Total: 38
Explanation: The CSPH held several trainings over the past year and we nearly reached our goal of 40 participants. Trainings focused on overviews of the CSPH and its systems for agencies starting new programs interfacing with people experiencing homelessness, the point-in-time count, and facilitators for focus groups.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Regional Planning Commission
Justice Diversion Program
Performance Outcome Report – FY22

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Regional Planning Commission
Program name: Justice Diversion Program
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Individuals and families in Rantoul, Illinois who have had Crisis Intervention Team (CIT) or domestic related police contact, no parameters are placed on the target population regarding gender, age, income, or race/ethnicity by the program.
2. How did you determine if a person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Participant will be referred by Rantoul police or have a police contact record.
1. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) The target population will learn about the program through referral from Rantoul Police.
2. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 50%.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

39% of individuals received services. Out of 168 total individuals (TPC and NTPC clients), 65 received services (TPC clients). Referrals slowly started to increase post-pandemic in August 2021. Opportunities for community service events resumed and case managers were able to return to in-person outreach events. The first half of September 2021, one case manager resigned 9/10 creating a vacant position at the Champaign County Sheriff's Office.
This position was vacant for approx. 4 months.

3. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 days.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100%.

4. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

0 days.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

30%.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

39% of individuals engaged in services within that time frame.

5. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

The average length of time that a participant will engage in services in 1 month.

b) *Actual* average length of participant engagement in services:

The actual average length of participant engagement in services is 1 month. Post-pandemic participant engagement shifted to in-person as clients resumed in-person interactions with the JDP program.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to race, ethnicity, age, gender, and zip code information, household information such as composition and income will be collected.

2. Please report here on all of the extra demographic information your program collected.

No demographic data was collected outside of what was specified on the application.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Increase the individual's capacity to engage in treatment.
2. Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.
3. Increasing available services in Rantoul.
4. Reduce number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year, will be repeat requests.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.) Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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	Assessment Tool Used:	Information Source:
Increase individual's capacity to engage in treatment.	Following client enrollment, staff enter treatment plan client data into the CCRPC's client database. Data reports will be pulled and monitored for accuracy on a monthly basis.	Client
Decrease level of need for social emotional behavioral treatment. At least 20% of treatment plan clients with initial ratings of 2 or 3 will move to ratings of 1 or 0.	Entry and exit ANSAs were completed for all treatment plan clients. Staff enter scores into CCRPC's client database. Reports indicating number and percent of clients with decreased level of needs will be pulled quarterly.	Client
Increasing available services in Rantoul.	Number of new providers offering services in Rantoul will be reported during the Rantoul Community Service Providers meeting, noted in minutes, and tracked and reported quarterly by the JDP Coordinator.	Rantoul Community Service Providers/CCRPC Staff
Reduce number of repeat calls to law enforcement for social emotional behavioral needs. No more than 25% of the requests for law enforcement assistance for behavioral needs during the program year, will be repeat requests.	Number of repeat requests to RPD for social emotional behavioral needs will be tracked and reported quarterly by the JDP Coordinator.	Rantoul Police/CCRPC Staff

3) Was outcome information gathered from every participant who received service, or only some?

Outcome information was gathered from every participant who was a Treatment Plan Client. Repeat Police Contacts were also recorded.

4) If only some participants, how did you choose who to collect outcome information from?

Only individuals enrolled as treatment plan clients will have an exit assessment to compare change in level of need.

5) How many total participants did your program have?

168.

6) How many people did you *attempt* to collect outcome information from?

168.

7) How many people did you *actually* collect outcome information from?

65.

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

Once at intake and discharge.

Results

a. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
    i. Means (and Standard Deviations if possible)
    ii. Change Over Time (if assessments occurred at multiple points)
    iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

The pandemic had a large effect on the decrease in calls in April and May. The JDP Case Manager stayed on part time during 3rd quarter—wrapping up cases and do light touch/referral-linkage NTPC services. The program was not in operation during the 4th quarter due to case manager vacancy. Deviations from standard benchmarks took place during this time due to this four-month staffing vacancy.

During the program year, the team learned to follow what the data was telling us in how effective the program was each given quarter, by an increase or decrease in repeated calls for CIT incidents. The most notable change in programming was the effectiveness in the Case Managers presentation to physically respond on scene with officers. The JDP Case Manager gathered, that services were more effective when reaching out via phone, if the initial introduction took place with the officers on scene. This lead the decision to respond on scene as a strategy whenever possible.

Despite the short tenure of the JDP staff, the case managers impact on the collaborative relationship with Rantoul Police Department was noteworthy. Rantoul Police Department fully embraced the value of incorporating a social services professional into their community response team and have invested additional resources to increase the response, by dedicating a full-time officer to work alongside the JDP Case Manager. The Justice Diversion Program was strong upon initial implementation in 2018, has had ups and downs, primarily related to staff turnover, however with the new program year start in July 2021 is on a solid track for success.

iii. Is there some comparative target or benchmark level for program services? Y/N

No. (this section is always marked No, see historical annual reports-can explain)

iv. If yes, what is that benchmark/target and where does it come from?

N/A.

v. If yes, how did your outcome data compare to the comparative target or benchmark?

N/A. (this correlates with #11, can explain-see below answer that is in question 4b)

(Optional) Narrative Example(s):

vi. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

The Justice Diversion Program Coordinator (JDPC) receives a referral from Rantoul Police Officers. The JDPC reaches out the participant to see if assistance is needed. If the participant needs further assistance, the participant will become a treatment plan client, in which the JDPC will work with them for roughly 3 months to provide services. The JDPC will make referrals to other agencies that will be able to help the participant (i.e., counseling, senior services, psychiatry, etc.). If the participant feels they don't need assistance from the JDPC but would like information

on other agencies, they will become a non-treatment plan client. These participants are met with once and information about agencies are given to them at this meeting.

vii. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Services delivery was guided by initial assessment of client needs, followed by developing referral linkages and support around those needs.
The ANSA was utilized to to assess changes in strengths and or needs before and after service delivery, in order to gage effectiveness of programming on an individual basis.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. **You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

<u>Treatment Plan Clients (TPC):</u>

Target: 52
Actual: 65

Individuals enrolled in short-term care planning, coordination and monitoring based on entry assessment results. Coordination and monitoring may continue for up to 3 months to ensure engagement. When service connection is not readily available, the Coordinator will provide support until individual is accepted into services, or needs have been met. Exit assessments will be completed to determine change in level of social emotional behavioral needs.

TPC data did remarkedly well this year. Post-Covid clients returned to meeting in-person for assessment, coordination, and monitoring for 1-3 months. Covid screenings were conducted to ensure safety of staff and all treatment plan clients.

<u>Non-treatment Plan Clients (NTPC):</u>

Target: 140
Actual: 103

Individuals whose assessment indicates that crisis can be resolved without further action from JDP or RPD and no plan for treatment is necessary. Staff will offer information and/ or resources to address the issue that precipitated the police involvement.

Community Service Events (CSE):

Target: 20
Actual: 131

Staff presentations; Rantoul Community Service Providers meetings, and community meetings/events.

Service Contacts (SC):

Target: 250
Actual: 80
Individuals and families who have had Crisis Intervention Team (CIT) or domestic related police contact, whether initiated by the family or due to a police response, who the JDP coordinator made attempts to contact, but was unable to contact or engage in services.

32% of annual target for those contacts unable to contact or engage in services was considerably lower attributed to the implementation of on-site crisis intervention/increased engagement.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Regional Planning Commission
Youth Assessment Center
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Regional Planning Commission
Program name: Youth Assessment Center
Submission date: 8/30/2022 (Extension Granted)

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) The Youth Assessment Center serves Champaign County youth ages 10-17 who are exhibiting behavioral issues, including youth who have had police contact. The CCMHB funding particularly supports more intense case management services for youth who have had more than one referral to the YAC and assessed moderate to high risk on the Youth Assessment and Screening Instrument YASI.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Youth assessed as moderate to high risk on the Youth Assessment and Screening

Instrument (YASI), and referred two or more times to the YAC, by police departments, school districts, community agencies and families in Champaign County.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

YAC staff provide community presentations to inform the public about the services. Outreach includes social service agencies, public forums and meetings, schools, local police departments, etc. Target populations also learn about the program through direct referrals from other service providers, brochure distribution, referrals from school professionals, and referrals from other program participants and their families. YAC program information is available on the CCRPC website, in the CCMHB/DDB resource guide, and the United Way's 211 system.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

100% of youth from Champaign County who seek assistance through YAC will be provided assistance.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

99% of individuals who sought assistance were referred or received services.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

Youth are assessed for eligibility within 21 days of the time of the referral and or the date service were sought.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

Within 21 days from referral, 75% of those referred will be assessed.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

Though 247 clients were successfully contacted out of the 249 total referrals, 117 or %47 were willing to or engaged at the level be assessed for eligibility.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

Estimated length of time from referral date to engagement: 90 days.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

Within 90 days of assessment, 70% of those assessed will engage in services.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

Within 90 days of assessment, 47% of youth eligible for services were engaged.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

The estimated average length of service engagement will be 3-6 months.

b) *Actual* average length of participant engagement in services:

The average length of engagement time was 3 months.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to race, ethnicity, age, gender, and zip code information, household information such as composition and income will be collected.

2. Please report here on all of the extra demographic information your program collected.

No additional demographic information was collected.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Diversion of youth from justice system.
   The YAC aims to divert youth from the justice system, for both youth who have had police contact and been referred for station adjustment services and youth exhibiting behavioral issues.
   The YAC strives to divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.

Annually, from 2021-2022, at least 90% of youth served by the YAC did not have a juvenile court adjudication following their Youth Assessment Center intervention.

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

During FY22 90% of participants in had an increase protective factors at exit.

3. Increase of resiliency within the youth referred.
   Service connection based on needs assessment will support individualized, meaningful services. Individuals/ families will be better informed of the services and resources available to assist them leading to increased utilization of services.
   At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.

100% of engaged participants have been informed of and or provided resource referral, where as 90% of clients have reported successful linkage after referral is made by case management staff.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
The YAC strives to divert at least 90% of youth from a juvenile court adjudication within one year of their YAC services.	Court Services Records/Database: A comparison of juvenile court records tracked through court services with YAC Client Database to determine how many have been adjudicated during the fiscal year.	State's Attorney Office
The goal is at least a 10% increase in the percentage of youth assessed with Moderate/High Protective	The Youth Assessment Screening Inventory (YASI) tool is used to measure difference in level of risk, along with	Client.

Factors at exit as compared to the percentage at intake.	protective factors, at intake and exit The YASI system's reporting tool provides aggregate data for youth risk levels and protective factors at entry and at exit. An annual comparison of protective factors at intake compared to protective factors at discharge will be used to evaluate program impact.	
At least 90% of participants will endorse having been informed of resource options and 50% will report successful linkage and utilization of recommended services.	The YASI will be used to identify individualized needs and guide the recommended service referrals. A pre and post service survey will be used to evaluate participants' increased knowledge of services available to address their needs. Utilize YAC Client Database to track service connections for clients.	Case managers record progress and outcome data for each individual client.

3) Was outcome information gathered from every participant who received service, or only some?

Outcome information is gathered for each participant who receives services.

4) If only some participants, how did you choose who to collect outcome information from?

N/A

5) How many total participants did your program have?

In FY22 there was 254 referred participants of which 67 were assessed at moderate/high with 24 matching the eligibility criteria for repeat referrals.

6) How many people did you *attempt* to collect outcome information from?

The YAC attempted to collect outcome information from 254 participants.

7) How many people did you *actually* collect outcome information from?

The YAC collected outcome information from 97 participants.

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

Information was collected at client intake and exit.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

During FY 2022 the Youth Assessment and Screening instrument or YASI was used to assess treatment plan clients at intake and exit. Out of those assessed at 58% assessed at moderate to high risk at entry. After successful completion of YAC programming, participant assessments predominately showed little to no risk upon exit.

Additionally, those clients whose initial assessment showed a moderate to high risk upon entry, engaged and successfully completed a station adjustment or engagement agreement. Data for the fiscal year provides notation of a 50% success rate in completion of station adjustment and or engagement agreement plans.

10) Is there some comparative target or benchmark level for program services? Y/N

Yes.

11) If yes, what is that benchmark/target and where does it come from?

The benchmark/target comparison comes from youth who receive Youth Assessment Center services. These youth are reviewed in comparison with juvenile adjudication information. This is gathered in conjunction with the States Attorney's Office.

12) If yes, how did your outcome data compare to the comparative target or benchmark?

Annually, from 2021-2022, at least 90% of youth served by the YAC did not have a juvenile court adjudication following their Youth Assessment Center intervention.

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

Mark"– Referred 3/20/22; Intake 4/19/22; closed 7/27/22

This youth was referred to YAC due to being involved with 7 other male juveniles stealing toy guns from Sam's Club and displaying them to people in the parking lot near the mall to rob them.
The YASI assessment indicated low levels or risk and high levels of strengths, overall. Regardless of the positive assessment, this youth had no understanding of the impact his actions had. "Mark" successfully completed his Formal Station Adjustment which included; attending school daily, following curfew, no association with the 7 youth who he previously associated with in criminal behavior, Geographic restrictions of Sam's Club and Kohl's, Reflections (curriculum), an apology letter, weekly check ins with his case manager, and obeying all local ordinances and state laws. This Full Station adjustment was scheduled for completion on 7/19/22, however his case continued for a week to complete all tasks required. During the assessment, it was apparent that Mark's dad was impacted by Mark's offense, as well as this "out of character" behavior displayed by his son. Contradictory to his father's opinion, Mark displayed no awareness of how his actions affected other people, his community or even his future.

The reflections program is designed to help the youth discover how their behavior affects others, themselves, and their future, as well as, how to change their behavior to become more productive and work towards a positive conclusion. This youth was very resistant to this process, initially refusing to discuss the apology letter and stopped checking in, though this was a requirement of the station adjustment.

Mark's father came to the YAC one day as soon as he got off work and stated he was so concerned because his son is not taking anything seriously and he felt he was going to lose his son to the street. In the conversation he was visibly upset and was ready to pull out all the stops to make this work for his son. Case Manager Lisa and Mark's father devised a plan at this meeting to have officers speak to his son. The group was able to contact the Sheriff's office and gain a police contact within their office who agreed to meet with Mark. Additionally, dad and Lisa arranged curfew check with the Champaign Police
Department (who referred the youth to YAC).
Through these efforts as well as ongoing reflection with his YAC case manager, Mark was able to "see the light" and identify how his behavior could impact areas of his future, such as his hope for a baseball career, as well as those around him.
As a final piece of success, Mark became a leader himself when he identified his basketball team's need for a leader. His case manager was able to show him how to be a leader for his team and how by doing this it would make an overall difference in the outcome of the team's success, both as players and people.
This 15-year-old youth was able to start school this year, help his basketball team come together, realize how all of this can be lost by criminal behavior and how his behavior had so affected his father. Mark understood how the community members robbed, as well as how Sam's club was affected. In his final apology letter, Mark indicated remorse for his actions and hope that these actions he inflicted upon others would never happen to himself or his family. Following YAC services, Mark ultimately understood who was affected by his behavior, and how these people as well as the hope for his basketball career and ultimately his future could be impacted.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

These clients are re-referred youth who are assessed to be moderate to high risk and provided service referral and linkage.

Target: 55
Actual: 24

Client contacts for repeat referrals which are unable to make contact and/or engage in services was linked to declined participation from either the client and/or the

guardian(s), unwillingness to participate due to prior unsuccessful outcomes and/or difficulty reaching the client and/or guardian for unknown reasons

Non-treatment Plan Clients (NTPC):
These clients are re-referred youth who are assessed to be no to low risk, indicating structured treatment services are not necessary.

Target: 20
Actual: 8

Community Service Events (CSE):

CSE are activities related to program outreach, networking, staff development and program management, including staff presentations, trainings, partner meetings/activities, volunteer recruitment/training events and community meetings/events.

Target: 40
Actual: 56

Community Service Events significantly increased in Q3 and Q4 due to Covid restrictions lifting returning to in-person community service events as well as YAC staff outreach in the community.

Service Contacts (SC):
SC are repeat referrals that the YAC team makes attempts to engage but is unable to contact and/or engage in services.

Target: 40
Actual: 38

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Champaign County Regional Planning Commission Head Start
Early Childhood Mental Health Services
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Champaign County Regional Planning Commission Head Start
Program name: Early Childhood Mental Health Services
Submission date:8/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening and/or the Social-Emotional Development Specialist (SEDS) child observation indicates the child needs additional support.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Teachers, SSPC, and Site Managers determine the need for Social-Emotional Goal setting after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age inappropriate behavior have been documented in the classroom. This family support team in collaboration with the SEDS will determine eligibility and will work closely with the SSPC's who are assigned to the child's site.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

CCHS shares information with families about the social-emotional services provided by the Social-Emotional Development Specialist (SEDS) at parent meetings, and through brochures and the parent handbook. Further, the SEDS provides parent education trainings that pertain to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

90

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

98

a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **14**

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **98**

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100

5. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 1 day

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 95%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 100%

6. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

The average length of services by the Social Skills and Prevention Coach is 9 months.

b) *Actual* average length of participant engagement in services:

8 months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

CCHS collects data for the Office of Head Start. Beyond race, ethnicity, age, gender, and zip codes, Head Start staff obtains information about a family's structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

2. Please report here on all of the extra demographic information your program collected.

- Total # of Children in HS and in EHS: 585
- Total # of Expectant Mothers in EHS/Expansion: 19
- Total # of Families: 532
- Total # of children with a IFSP or IEP: 52
- Total # of children referred for DD or Special Ed: 32
- Total # of Homeless children/families: 45 (42 families)
- Total # of family served with income below 100% FPG: 343
- # of families at 100-130% FPG : 115
- # of children/families in foster care system: 24
- # of children/families on public assistance: TANF=13; SNAP=305
- # of children/families over income: 61
- # of families who speak:
    - English – 502
    - Spanish – 31
    - Middle Eastern – 27
    - African – 2
    - East Asian – 3
    - European and Slavic – 36
    - Native Central American – 3
- Education level
    - Advanced degree or baccalaureate degree – 57
    - Associate degree, vocational school, or some college – 185
    - High school graduate or GED – 237
    - Less than high school graduate - 53
- Employment
    - At least one parent/guardian is employed, in job training, or in school – 457
    - No parent/guardian is employed, in job training, or in school – 75
- Marital Status: We track family type
    - Two parent families – 119
    - Single parent families – 413
    - Breakdown:
        - Parent(s) (biological, adoptive, stepparents) – 502
        - Grandparents – 8
        - Relative(s) other than grandparents – 1
        - Foster parent(s) not including relatives – 18
        - Other – 0
- Military status: 1
- Housing status: Of the 42 families who experienced homelessness, 15 acquired housing.
- Rural families: 10 families

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each 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

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

3. Parents will demonstrate improvement in stress management and caregiving skills.

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

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Improvement in social skills and resilience	Teaching Strategies GOLD	Classroom Teacher
2. Low to normal levels of burn out and compassion fatigue	PROQOL	Teacher and Coach

3. Parents demonstrate improvement in stress management	**Parenting Stress Index; and Adult DECA**	parent
4. Classroom management strategies are used with fidelity	**TPOT/TPITOS - classroom management**	Teacher and coach

3) Was outcome information gathered from every participant who received service, or only some?

Only some.

4) If only some participants, how did you choose who to collect outcome information from?

Not all services and supports that are provided are formal and intensive. We only collect outcome information on the formal/intensive services with TPC's.

5) How many total participants did your program have?

421 NTPC's and 155 TPC's

6) How many people did you *attempt* to collect outcome information from?

400

7) How many people did you *actually* collect outcome information from?

369

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

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing 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 49% of the Head Start children met the expected benchmark for social emotional development. By July, 80% of our preschool aged students met the bench mark for social-emotional development. This was an improvement from our outcomes from last year.

This year we experienced significant burnout levels in our teachers because of staff shortages and absences. The program has made plans to improve these outcomes next year by closing down a site in order to increase the number of teachers in each of our open classrooms. We hope to see an improvement from these changes.

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.

10) Is there some comparative target or benchmark level for program services? Y/N
Yes

11) If yes, what is that benchmark/target and where does it come from?

Through the GOLD Outcomes Assessment, CCHS sets a program goal that at least 90% of the Head Start children who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten. CCHS anticipates that at least 85% of all enrolled children will make age-appropriate progress in social-emotional development. For children remaining in the program, CCHS sets a goal of 50% of children who receive services for the full period of engagement (9 or 12 months depending on the child's enrollment option) will not require a continuation of services.

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. **You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): Estimated 80 Actual 155
Non-treatment Plan Clients (NTPC): Estimated: 400 Actual: 421
Community Service Events (CSE): Estimated: 5 Actual: 8
Service Contacts (SC): Estimated: 3000 Actual: 2,962
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Community Service Center of Northern Champaign County
The Resource Connection
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Community Service Center of Northern Champaign County
Program name: The Resource Connection
Submission date: 8/22/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Residents of the nine northernmost townships of Champaign County, with focus on low Income households and people with disabilities, with the exception of the food pantry, which is available to all residents of the county. No restriction on clients seen by other programs using our offices.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? We verify residence through an ID card and another current document such as a utility bill. Income information and other demographics are collected at the time of intake.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
Word of mouth, referral from other agencies, referral from governmental entities, such as the Rantoul Police Department, Village of Rantoul, schools, and etc., churches, outreach events, and our website and social media.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):
Given the nature of our services, it is not often that people are not serviced in some way or another, but we do not track that data. Based on our count of unmet needs from information and referral inquiries, only about 1.6% is classified as unmet needs, a decrease of 2.4 percentage points from last year.

b) *Actual* percentage of individuals who sought assistance or were referred who received services: See 4a.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): N/A

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): N/A

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: N/A

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): N/A

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): N/A

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: N/A

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): N/A

b) *Actual* average length of participant engagement in services: N/A

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) None

2. Please report here on all of the extra demographic information your program collected.

N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.
The program's impact is how much it enhances access to a variety of services whether directly, or indirectly through other agencies' services. The program provides basic needs and related services directly. Information and referral to other services available elsewhere are given as well.

We conducted our annual customer service survey last August, where we completed 136 responses.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)
We used the revised evidence based consumer satisfaction survey developed by the U of I outcome evaluation staff.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Empowered clients to candidly share their level of satisfaction with our program	Measured overall program satisfaction with clients	Client

3) Was outcome information gathered from every participant who received service, or only some?
With the survey we surveyed around 20% percent of all program participants.

4) If only some participants how did you choose who to collect outcome information from?
Random choice

5) How many total participants did your program have?
674 households, significantly less than projected in the program plan.

6) How many people did you *attempt* to collect outcome information from?
Up to 140

7) How many people did you *actually* collect outcome information from?
136 participants

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
The information was collected and compiled last summer (August) and annually moving forward.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

What we can report, considering the type of services we provide and that we use a satisfaction survey, is that our score for satisfaction was a 4.88 on a scale of 1-5 with a standard deviation of 0.32, compared to 4.9 previously. 2 or more services from our program were used by 56% of respondents or other programs available in our building. 4.3 was our average cultural competence score on a 1-5 scale, and the PWI score was

73%. We continue to reflect on the survey results to glean information on client needs and overall provision of services.

10) Is there some comparative target or benchmark level for program services? Y/N
N

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
A client enters requesting food and assistance with paying rent. In the intake process we find out that they also need help paying their utilities and need substance abuse counseling. We give immediate help with food and information on the pantry (i.e. how often they can come, hours, etc.). We would give them Regional Planning Commission's rental application and any other programs providing assistance with rent, and LIHEAP's information for utilities. The client would be given assistance to contact Rosecrance services in Rantoul to set up an appointment with a counselor.
The client returns in the weeks following to see the counselor and to further inform us that LIHEAP and RPC were able to help and their housing is stabilized as a result. Due to underemployment, the client returns bi-monthly to get assistance with food. They also

get information about upcoming job fairs and other local employment opportunities to help increase employment income in the future.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)
Since last August, the changes that have been made have been primarily due to changes in practice related to Covid, when we fully opened back up letting clients into the agency for client choice in the food pantry and for all our other services. We have noticed, however, that clients often, over time, come in for basic needs but later inform us of mental health related needs that we assist them in accessing help for.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.
   While we lowered our estimate of the new and continuing NTPC numbers for PY22, both actual counts are lower than expected, particularly the new NTPC numbers. This can be attributed to client's getting additional resources through governmental financial aid and the continued reduction of demand for services from pre-COVID levels.

<u>Treatment Plan Clients (TPC):</u>
N/A

<u>Non-treatment Plan Clients (NTPC):</u>
Clients served directly by the program but without a specific treatment plan.

<u>Community Service Events (CSE):</u>

Informational and educational events sponsored or hosted by the agency/program
Service Contacts (SC): Phone call and walk in inquiries regarding human services and other needs.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Courage Connection
Courage Connection
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Courage Connection
Program name: Courage Connection
Submission date: 8/25/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Individuals who are interested in accessing services with our domestic violence programs do so through walk-in or by contacting our 24/7 domestic violence hotline. Eligibility is based upon self-report of domestic violence; all individuals who self-report experiencing domestic violence in the past or present are eligible for our services.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

This is determined by the individual's self-report. This is based on the definition of domestic violence as defined by the Illinois Domestic Violence Act and as laid forth by the Illinois Coalition Against Domestic Violence (ICADV).

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Our target population learns of services through first responders, referrals from court, outreach events, educational events, social media, and word-of-mouth.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 100%

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 100%

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):
100% of individuals who are seeking services will be able to contact the 24/7 domestic violence hotline and speak with a client advocate immediately. This is made possible

by policy that ensures the hotline is accessible by staff at all times, and with practices to ensure back-up staff in the case of primary staff being occupied with assisting a client.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100% of individuals who contacted our hotline for any reason were able to speak to an advocate immediately. The hotline is directed as the primary responsibility of all who work within our domestic violence program. In the rare case of our phone lines going down, the hotline is forwarded to the National Domestic Violence Hotline or the Illinois State Domestic Violence Hotline.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 72 hours

95% of individuals who are eligible for services will be contacted by a Counselor to set up an intake assessment within 72 hours.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 95%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

96%of individuals who are eligible for service will be contacted by a Counselor/Therapist within 72 hours.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

This varies significantly by the specific service used and the needs of the client: 1 day to multiple years.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

We collect data related to language spoken, veteran status, sexual orientation, and pregnancy status.

2. Please report here on all of the extra demographic information your program collected.

*Languages Spoken (Outside of English) for FY22: French (1), Vietnamese (1), Spanish (34)
*Veterans for FY22: 3
*Sexual Orientation for FY22: Heterosexual: 343, Homosexual: 6, Bisexual: 21, Queer: 2, Not Reported/Refused: 21
*Pregnant Clients for FY22: 30

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1) Ensuring survivors of domestic violence achieve an improved sense of safety and self-empowerment as a result of receiving services is the primary goal of our services.
2) At a community level, we aim to increase understanding around domestic violence, as well as how to best assist victims.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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).

3) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
"I know more ways to plan for my safety." Answered Yes: 95%	Survey; the survey may be completed by an adult participant	Client/Participant
"I know more about community resources." Answered Yes: 90%	Survey; the survey may be completed by an adult participant	Client/Participant
"I feel safer from abuse by getting out of the abusive environment while in shelter." Answered Yes: 94%	Survey; the survey may be completed by an adult participant	Client/Participant
"I feel more hopeful about my future." Answered Yes: 85%	Survey; the survey may be completed by an adult participant or a child from age 6 to 17	Client/Participant
"I have a better understanding of the effects of abuse on my life." Answered Yes: 90%	Survey; the survey may be completed by an adult participant or a child from age 6 to 17	Client/Participant

"I have a better understanding of the effects of abuse on my children's lives." Answered Yes: 93%	Survey; the survey may be completed by an adult participant	Client/Participant

4) Was outcome information gathered from every participant who received service, or only some?
Only some – we do attempt to survey every client.

5) If only some participants, how did you choose who to collect outcome information from?
We ask every client that comes through the program. We allow them to self-select if they would like to fill out the surveys or not. They are not mandatory so if they do not want to, they do not fill out the outcome measure information.

6) How many total participants did your program have?
828 – (Q1: 211, Q2: 252, Q3: 174, Q4: 191)

7) How many people did you *attempt* to collect outcome information from? **100%**

8) How many people did you *actually* collect outcome information from?
222

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

For residential clients, we survey clients within their first week or at the time of intake. For counseling/therapy clients, we survey them after their 3rd or 4th session. For legal clients, we survey them at the time of intake.

Results

10) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
    i. Means (and Standard Deviations if possible)
    ii. Change Over Time (if assessments occurred at multiple points)
    iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

A. Means: Surveys, deviation in the clients who are eligible versus those clients that complete the surveys
B. Change Over Time: We sent out monthly to biweekly (at program team meetings) reminders sent out to direct service staff who complete these surveys with their clients to keep these surveys getting completed as much as possible.
C. Comparison of strategies: The Grants' department counted each survey throughout the year and sent out an email with the number of surveys each staff member completed in the first 3 quarters of the fiscal year in efforts to gain enlightenment about where we can possibly improve our surveying. The Grant Manager meets with individual programs to also remind them the importance of these surveys.

11) Is there some comparative target or benchmark level for program services? Yes.

12) If yes, what is that benchmark/target and where does it come from?

We are guided by state regulations of exit survey data – we are required to survey clients.

13) If yes, how did your outcome data compare to the comparative target or benchmark?

Our outcome data met and slightly exceeded our projections for FY22.

(Optional) Narrative Example(s):

14) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (***Your response is optional)***

15) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (***Your response is optional***)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

<u>Treatment Plan Clients (TPC):</u>

A residential client who has opened a new case in the quarter and has been in shelter for at least 3 days, or a non-residential client who has opened a new case in the quarter and has received at least 3 services in the quarter. "New" means the client has not been previously engaged as a client in the operating FY.

<u>Non-treatment Plan Clients (NTPC):</u>

A residential client who has opened a new case in the operating quarter and has been in shelter for less than 3 days in the operating quarter *and* had less than 3 non-residential services during the operating quarter, or a non-residential client who has opened a new case in the operating quarter and received less than 3 services in the quarter. "New" means the client has not
been previously engaged in the operating FY.

<u>Community Service Events (CSE):</u>

The number of contacts that promote the program and serve to inform the public about domestic violence, including public presentations, consultations with community groups and/or caregivers, and school class presentations, as well as any media in which our staff engage for the same purpose.
Service Contacts (SC): The number of phone contacts received via our 24/7 domestic violence hotline, or calls initiated/returned in response to a referral, that do NOT involve a current or former client.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Crisis Nursery
Beyond Blue
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Crisis Nursery
Program name: Beyond Blue

Submission date: 08/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD). Research shows that PD risk factors include: poverty, personal/family history of depression, limited social supports, and marital discord. The program is voluntary and open to all mothers in Champaign County who have a child or children under the age of 1 and who have been identified to be "at risk" of PD. "At risk" is determined by the presence of CDC-identified risk factors and/or a score of 10 or higher on an Edinburgh Postnatal Depression Scale (EDPS). "At Risk" Mothers/Babies will be identified by Crisis Nursery Staff, CUPHD WIC/Family Management Program, Health Care Providers, Self-Referrals, and Participants in the program.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Crisis Nursery will identify Champaign County mothers (expectant and post-natal) who are "at risk" via the following sources: Mothers/babies identified by Crisis Nursery staff as "at risk" Mothers/babies identified by CUPHD's WIC/Family Management units Mothers/babies identified by area healthcare providers Mothers/babies identified by Beyond Blue participants Referrals of expectant mothers or fathers identified as "at risk" can also be accepted.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Crisis Nursery's Strong Families and Marketing Teams, made numerous connections with agencies and service providers in the rural and Champaign/Urbana communities during FY22. During these interactions specialists distributed brochures, program materials, and referral forms to engage potential participants and garner interest in participation in the Beyond Blue Program. Presentations were made regarding Beyond Blue to USD Immigrant Program, Booker T Washington Elementary School, Abbott Power Plant, Stevie Jay Radio Program, Champaign Rotary Club, Yankee Ridge Elementary School, Christie Clinic, Busey Bank, YMCA, U of I School of Social Work, Champaign Child Abuse Prevention Coalition, CU Kindergarten Readiness Group, Birth to Three Coalition, Home Visiting Consortium, WIC's Breast Feeding Peer Group, and Cunningham Township.

Crisis Nursey also attended multiple community resource fairs/events and held community events where information was distributed about the Beyond Blue Program. These events included but are not limited to Child Abuse Prevention Kick Off Event, Crisis Nursery's Blue Tie Gala, Crisis Nursery's Touch A Truck Event, Crisis Nursery's Too Cute to Boo Open House, Crisis Nursery's Family Photo Factory Open House, Crisis Nursery's Island of Safety Open House, HACC Job and Resource Fair, Urbana School District Kindergarten Registration, and Parkland Pregnancy and Parenting Expo.

The Beyond Blue program also partners with multiple community organizations that identify and refer clients who may benefit from involvement in the program. During FY 22, the program received referrals from Champaign County Public Health WIC Program, Family Foundations, Centralized Intake, Carle Healthy Beginnings, DCFS, CU Early, Christie Clinic, Champaign Township, Parent Wonders, Developmental Services Center, Erikson Institute, and Champaign County Public Health.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

An estimate of 70% of all those who seek assistance or are referred will receive services/supports through this program.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

75% of referrals received support/services through the program. 33% of referrals received were enrolled in Beyond Blue Program. As the program reached full capacity a number of families were not enrolled or were placed on the waiting list to be enrolled in FY23. Families who chose not to engage with program or who were placed on the waiting list were offered support through additional Crisis Nursery Services.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 Days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

80

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

76% of referrals received were contacted within two business days.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

7 Days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

70

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

80% of families accessed enrolled in services within 7 days of assessment

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

9 Months

b) *Actual* average length of participant engagement in services:

12 Months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

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

2. Please report here on all of the extra demographic information your program collected.

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

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Outcome 1. Mothers will gain information about the effects of perinatal depression on baby.

Outcome 2. Mothers will have a decrease in depressive symptoms.

Outcome 3. Mothers will develop greater understanding of their child's developmental needs and an ability to meet those in positive and growth producing interactions.

Outcome 4. Mothers will learn to reduce their stress, seek resources, and broaden networks.

Outcome 5. Mothers will improve their capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal development of the baby, more successful and satisfying parenting, and a greater security for both.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Outcome 1. . The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Outcome 2. The Edinburgh Postnatal Depression Scale (EDPS) is given by Family Specialists quarterly to assess progress re: depressive symptoms.

Outcome 3. The Ages and Stages Questionnaire (ASQ), which assesses child developmental progress (physical and social-emotional), is administered by Family Specialists upon entry into the program if it has not been done elsewhere. If delays are identified then the ASQ is administered again to assess progress.

Outcome 4. The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

Outcome 5. The ARCH CR1, which measures a client's sense of well-being and his/her acquisition of parenting skills, is administered annually by Family Specialists.

As a result of the targeted partnership project, these indicators to identify progress will also be used.

1. Baby TALK Individual Family Goal Plan will be used to support outcome of parent's awareness toward developmental milestones/appropriate developmental stages. 2. The PICCOLO observation tool will be used to document progress in strengthened parent interaction through observable parent behaviors and entered into Filemaker database. 3. Crisis Nursery safety checklist will be used to improve identification of environmental risks with a goal toward increased home safety. 4. Mothers and Babies is used with each and every Beyond Blue participant; progress through reduction in identification of PPD related risks will be assessed using the "Mothers and Babies Provider Post-Implementation Survey, administered at the end of the curriculum. 5. Families will be encouraged to utilize respite care and will be given the "alternatives to respite care" survey in order to identify that children are in respite care instead of uncomfortable or inappropriate situations.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Increased knowledge of effects of perinatal depression on baby	ARCH CR1	Parent
2. Decrease in depressive symptoms	The Edinburgh Postnatal Depression Scale (EDPS)	Parent

3. Increased understanding and attainment of meeting child's developmental needs	The Ages and Stages Questionnaire (ASQ),	Parent + Family Specialist
4. Decreased parental stress	ARCH CR1	Parent
5. Increased confidence in parenting and improved parenting skills	ARCH CR1	Parent + Family Specialist

6. Was outcome information gathered from every participant who received service, or only some?
   Yes

7. If only some participants how did you choose who to collect outcome information from?
   Not Applicable

8. How many total participants did your program have?
   33

9. How many people did you *attempt* to collect outcome information from?
   33

10. How many people did you *actually* collect outcome information from?
    ASQ- 24
    EPDS- 29
    ARCH CR1- 28

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

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

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

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

Results

12. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
    i. Means (and Standard Deviations if possible)
    ii. Change Over Time (if assessments occurred at multiple points)
    iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Crisis Nursery and the other six Illinois crisis nurseries use a program outcome survey developed by ARCH, a national resource center for crisis and respite care. This survey is used to measure the impact our programming has on the stress levels of our clients, how our services have impacted their parenting skills, and to what degree they feel our services reduce the risk of harm to children. Of our Beyond Blue clients who completed the survey in FY22:

- 71% showed a decrease in their level of stress after using services,
- 89% felt there was an improvement in their parenting skills, and
- 93% believed that our services reduced the risk of harm to children.

During FY22 there was a notable increase in the percentage of families that reported participation in the program leading to a decrease in their level of stress as compared to the previous fiscal year (16% increase). During FY22 we were able to reach more rural families than previous years of the program. The rural families served live in areas with a scarcity of resources and support thus participation in our program supported an increase in the accessibility to resources and offered families the support needed which resulted in the noted decrease in level of stress.

50% of families who completed more than one EPDS showed a decrease in scores. 43% of families who completed more than on EPDS maintained the same score. 7% of families who completed more than one EPDS showed an increase in scores. The EPDS is used to monitor the intensity of depressive symptoms in parents and is recognized as successful when scores decrease or stay the same. With this data we have recognized that through participation in the Beyond Blue program 93% of families show improvement or are able to maintain the level and intensity of their depressive symptoms. The majority of families whose scores remained the same began with a lower Edinburgh score symbolizing that they were experiencing lower levels and intensity of depressive symptoms and with support from the program they were able to continue successfully managing their depressive symptoms. When discussing this data, family specialists reported that maintenance or decrease in depressive symptoms had a large impact on the type of engagement they saw from families and ultimately positively impacted the relationship and bond that parents had with children. This was evidenced by increased discussions around the child in a positive light, increased positive body language directed towards the child during visits, and an increase of positive physical touch.

13. Is there some comparative target or benchmark level for program services? Y/N

    N

14. If yes, what is that benchmark/target and where does it come from?

    N/A

15. If yes, how did your outcome data compare to the comparative target or benchmark?

    N/A

(Optional) Narrative Example(s):

16. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

While offering services throughout the course of a 9 month period to one of the Beyond Blue participants, one Family Specialist paid close attention to the physical proximity of the child and the amount of physical touch that was offered by the parent. The Family Specialist noted that when visits first began the child was always in a carrier or swing during the visits with very little interaction from the Mother unless it was to meet a need of the child. After a couple of months

the Family Specialist noticed that when she arrived the child was in the carrier, swing, or crib but Mom began to pick up the child half way through the visit and would have her in close proximity on a blanket, boppy, or play mat. While in close proximity Mom would reach over every so often to touch the child without prompting or would offer a kind smile when discussing the child. This went on for the majority of the remainder of the program until the last two months. At this point, the Family Specialist noted that when she arrived the child was already in mom's lap and stayed there for the entirety of the visit. The Family Specialist reported that mom would offer smiles very often and was notably excited when the child responded or smiled back. As the program was coming to an end the Family Specialist and Mother reflected on the program and in this conversation the Family Specialist brought up the observations. Mom reported that she had not noticed that the shift was occurring but now that it was brought up she could definitely see the change. When further discussing the mom explained that when services began she was not in a good place and she was worried that she did not know how to safely have her child near. She was worried that she would cause harm to the child so she wanted the child as far as possible to protect her from harm. She continued that throughout the last 9 months she was able to develop strategies to help with her depressive symptoms and recognized that engaging with her child increased her mood and happiness and so she started to do it more. As a result of the program this mother increased her bond with her child which became a major protective factor in keeping both the Mother and child healthy and safe.

17. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual**

numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system). If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

33 Treatment Plan Clients will be served: 17 rural and 16 Champaign-Urbana mothers deemed "at risk" of PD. *These numbers may need to be adjusted based on COVID-19 pandemic.

Non-treatment Plan Clients (NTPC):

77 Non-Treatment Plan Clients will be served (39 rural and 38 Champaign-Urbana). Non-Treatment Plan Clients include the following: 33 infants and expected infants of the mothers participating in the program and other family members. *These numbers may need to be adjusted based on COVID-19 pandemic.

Community Service Events (CSE):

118 CSEs are projected. CSEs include: 18 PCI groups for mother/baby dyads (6 rural, 12 Champaign-Urbana) and 32 perinatal depression support groups meetings (8 rural, 24 Champaign-Urbana). Other events include: 20 meetings with referral sources (11 rural, 9 Champaign-Urbana); 46 presentations to community groups (24 rural, 22 Champaign-Urbana); 2 media contacts; and a Beyond Blue page on the Crisis Nursery website with a link to Facebook page. *These numbers may need to be adjusted based on COVID-19 pandemic.

Service Contacts (SC):

522 service contacts are projected (270 rural and 252 Champaign-Urbana). Service contacts include screenings, home visits, referral contacts for both Treatment Plan Clients and Non-Treatment Plan Clients.*These numbers may need to be adjusted based on COVID-19 pandemic.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Cunningham Children's Home
ECHO (Empowering Connections through Hope and Opportunities)
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **Cunningham Children's Home**
Program name: **ECHO (Empowering Connections through Hope and Opportunities)**
Submission date: **08/26/22**

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **ECHO serves individuals and families considered homeless or at-risk of homelessness as defined as:** • **Lacking permanent housing including those with residence in a shelter or transitional housing program.**

- **Living on the streets, abandoned building/vehicle, or in any other unstable/non-permanent situation.**
- **Considered "doubled up," referring to a situation where individuals are unable to maintain housing and are forced to stay with a series of friends and/or extended family members.**
- **Previously homeless individuals released from prison or hospital if they do not have a stable housing situation to which they can return.**
- **Individuals and families at imminent risk of becoming homeless.**

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

When potential clients or individuals contact our program directly regarding services, we always direct them to contact Centralized Intake at Regional Planning Commission. As a result, most clients accepted for program enrollment come through the Centralized Intake process. This referral stream provides a gatekeeping function to ensure that appropriate clients are referred to our program.

At times, we have clients that are not eligible for services based on Centralized Intake criteria but are at significant risk of homelessness or living in less than ideal situations. When we serve clients outside of the Centralized Intake process, we rely on self-report information as well as information from the referring agency (when applicable) that verifies their homeless status. We obtain documentation of SSI/SSDI eligibility when available.

Due to the urgency of client needs, we no longer maintain a program waitlist. If an individual is seeking services and we don't have program capacity, we actively work to refer clients to other providers that can provide needed services, supports, and address immediate needs. Cunningham has a Runaway Homeless Youth (RHY) program that serves young adults between the ages of 18-24 who are homeless or at risk of homelessness. As applicable, clients or providers who contact ECHO program may be referred to RHY. As community providers who serve homeless populations (and understand eligibility criteria) have become more familiar with our programs, we increasingly receive calls from these agencies.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

We have participated in several community service events to ensure that our community partners are aware of the services offered by the ECHO program. We believe these events have been instrumental in facilitating our referrals. During FY22, we participated in 37 community service events regarding the ECHO program. An example of a few of these stakeholders/events included: CASA Advocates, Salvation Army, Housing Authority, One Winter Night, Point in Time, Rosecrance, etc.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

50%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

14% (10/69) clients who were referred/sought assistance in FY22 were enrolled in the ECHO program. Because we understand the urgency of the needs of those individuals who are referred to us, we are not maintaining a wait list and actively work to connect individuals we cannot serve with other providers in the community who can meet their needs.

An increase in the number of referrals and inquiry calls to the ECHO Program that began in the fourth quarter of FY21 continued into the first half of FY22. In mid-May 2021, our community men's and women's shelter closed due to staffing issues and significant safety concerns (e.g., weapons being brought into the shelter, bullying behaviors by some residents, etc.). When the shelter program re-opened in August 2021, their intake process had become more restrictive (e.g., not accepting anyone who tests positive for marijuana, has consumed alcohol or who has significant mental health issues) meaning that many community members cannot access shelter services. As a result, the number of referrals to the ECHO program remains very high. At the end of December 2021, an additional emergency shelter component which has less restrictive criteria opened and is able to accept more clients.

Note: The Mental Health Board asked that we monitor the number of clients served in the ECHO program who were former Cunningham clients. In FY22, we served three clients who had been served in Cunningham programs previously (one client enrolled in FY21, and the other two enrolled in FY22). One client was previously served in the Residential Program and two were served in the Runaway Homeless Youth (RHY) program.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

30 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

80%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100% (10 of 10) clients that enrolled in FY22 were assessed for eligibility within 30 days.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

30 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

50%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

10% (1 of 10) of clients who enrolled in FY22 were TPC clients within 30 days. The average length of time from program admission to full engagement in services was 41 days. Four (4) clients remained NTPC through the duration of their admission and did not become TPC clients.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Estimated participation is one year with follow-up contact one-year post-discharge. Participants with SPC vouchers may exceed that timeframe.

b) *Actual* average length of participant engagement in services:

There were nine discharges in FY22. The average length of stay for these participants was 305 days (10 months).

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application).

Demographic information beyond those required by the grant may include: other system involvement (e.g., DCFS, DOC, Medicaid, Social Security), grade level completed, marital status, language, religion, and disability type (if applicable).

2. Please report here on all of the extra demographic information your program collected.

A total of 24 clients were served in the ECHO program in FY22. This information was self-reported by clients at the point of program intake:

- **Receiving SSI/SSDI: 8 (3 additional clients reported receiving SSDI for their children)**
- **Receiving Medicaid: 7**
- **Other social services: Regional Planning Commission (11), SNAP (7), Rosecrance (3), Courage Connections (2), Allsup (SSDI benefits) (1), Champaign County Probation (1), DCFS (1), Frances Nelson Health Center (1), HACC (1), Healthy Families (1), Restoration Urban Ministries (1), WIOA (1)**

- **Primary Language: English (24)**

- **Marital Status: Single (19), Divorced (3), Married (1), Widowed (1)**

- **Religion: None (14), Protestant (4), Other (6)**

- **Grade level completed: Less than high school (4), High School diploma/GED (9), Some college (8), Trade School (1), Bachelors (1), Graduate Degree (1)**

- **Disability: None (4), Physical (4), Mental (14), Both Physical and Mental (2)**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Obtain Permanent Housing: At least 65% of individuals will obtain permanent housing within 120 days of assessment.

2. **Housing Stability: At least 75% of participants who obtain permanent housing will maintain this housing for more than 90 days. Participants who request program discharge prior to 90 days will be excluded from this outcome.**
3. **Employment or Other Stable Income: At least 75% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.**
4. **Life Skills Mastery: At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.**
5. **Financial literacy: At least 90% of clients receiving both pre/post financial literacy assessments will show improvement in financial skills mastery.**
6. **Participant Surveys: At least 70% of participants will complete a satisfaction survey. 90% of survey respondents agree or strongly agree with positive service quality statements.**

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Obtain Permanent Housing	**Information regarding changes in housing status are tracked via Service Documentation System (SDS)**	**Staff observation as well as client and/or collateral reports**
2. Housing Stability	**Information regarding changes in housing status, including relevant dates, is collected using SDS**	**Staff observation as well as client and/or collateral reports**
3. Employment or Other Stable Income	**Information regarding achievement of employment, any successive employment changes, and eligibility in SSI/SSDI is collected using SDS**	**Staff observation as well as client and/or collateral reports**

4. Life Skills Mastery	**Life Skills Assessment (pre and post) is administered at within 30 days of enrollment, every six months, and discharge**	**Case manager collaborates with client on completion**
5. Financial Literacy	**Financial Literacy Assessment (pre and post) is administered within 30 days of enrollment and after completion of financial literacy training**	**Case manager collaborates with client on completion**
6. Participant Surveys	**Participant Satisfaction Survey (developed by Cunningham)**	**Client**

3) Was outcome information gathered from every participant who received service, or only some?

Housing stability and employment status (including SSI/SSDI eligibility) was tracked for every client.

While our goal is to collect Life Skills Assessments for every client, we were not successful in collecting this data for all discharges. When the discharge measures were not completed, it was due to the client not maintaining contact with their ECHO worker.

Satisfaction surveys were provided to all clients who were enrolled in the program in May 2022.

4) If only some participants, how did you choose who to collect outcome information from?

N/A – our goal was to collect outcomes information for all discharged clients.

5) How many total participants did your program have?

24

6) How many people did you *attempt* to collect outcome information from?

We attempted to collect housing, employment, SSI/SSDI and Life Skills Assessment data on all 24 clients.

We attempted to collect participant satisfaction survey for all 15 clients enrolled in May 2022.

7) How many people did you *actually* collect outcome information from?

We were successful in collecting housing, employment and/or SSI/SSDI information on all 24 clients.

We were successful in collecting pre- and post-Life Skills Assessment data for 5 of 9 discharged clients.

We were successful in collecting a participant satisfaction survey from 14 of the 15 clients that were enrolled in the program in May 2022.

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

Housing, employment and SSI/SSDI data is evaluated through ongoing contacts with documentation of status made during monthly supervision meetings. This data has been incorporated into a program dashboard that is completed monthly by QI and submitted to program supervisors for review, feedback, and program monitoring.

The Life Skills Assessment is completed by clients during the first 30 days of enrollment, every 6 months thereafter, and at discharge.

The participant satisfaction survey was offered as a point-in-time administration to all current clients during one month of the year (May 2022).

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno-racial groups; comparing characteristics of all clients engaged versus clients retained)

1. **Obtain Permanent Housing: At least 65% of individuals will obtain permanent housing within 120 days of assessment.**

Of the 24 clients served, 21 (88%) obtained permanent housing during program enrollment. The average length of time to secure permanent housing was 48 days (range of 1 to 261 days).

- **18 of the 21 (86%) obtained permanent housing within 120 days of program enrollment.**
- **6 of 9 clients who were discharged in FY22 were in a permanent housing situation.**

At the close of FY22, 100% of clients were in a permanent housing situation (15 of 15 clients).

Lessons Learned/Strategies:

The ECHO program developed a close relationship with Rector Properties as well as other property management agencies in the community, which allowed clients to obtain housing relatively quickly. Some ECHO clients were also eligible for Emergency Housing Voucher (EHV) from the Housing Authority of Champaign County.

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

   Of those who obtained permanent housing, 100% of eligible clients (16) maintained permanent housing for more than 90 days. Three (3) clients exited the program less than 90 days after they secured permanent housing, and one client enrolled on 5/18/22 and secured permanent housing but was enrolled less than 90 days at the close of FY22. Those four clients were not counted in this outcome.

   Lessons Learned/Strategies:

   ECHO staff helped support clients by providing information on independent living skills, budgeting, linkage to community resources like LIHEAP and food banks, and helped clients understand the importance of following rules of their lease. The support provided by ECHO staff was essential to supporting their success in maintaining housing.

3. **Employment or Other Stable Income: At least 75% of individuals will obtain employment within 90 days of assessment and/or will have secured applicable social security benefits prior to discharge.**

   Of the 25 clients served, 14 (58%) obtained employment or secured applicable social security benefits.

- **Seven (7) of those 14 obtained employment**
- **Eight (8) of those 14 secured social security benefits**
- **Note: One (1) client had obtained employment and then secured social security benefits**

Of those 14 clients, 12 (86%) obtained employment or secured applicable social security benefits within 90 days of assessment. Two clients were employed at the time of program enrollment.

Ten of the remaining 11 clients applied for SSI/SSDI and/or are appealing SSI/SSDI denials. Of those 10 clients, three received TANF. The client who has not applied for SSI/SSDI is working with Cunningham's Vocation Options program to obtain employment.

Lessons Learned/Strategies:

Social security benefits are difficult for participants to access and frequently require use of the appeals process. In addition, the local Social Security office was closed all of 2021 and did not allow for in-person appointments. Clients making phone calls to Social Security were often put on hold for several hours, making the system difficult to navigate. We have referred one client, who has exhausted the appeals process and must start over, to an attorney for assistance. This client has significant medical issues that prevent employment.

4. **Life Skills Mastery: At least 90% of clients receiving both pre- and post- life skills assessment will show improvement in life skill mastery.**

Of the 24 clients served, 22 have a pre-test measure for the Life Skills Assessment completed as part of intake paperwork. Two NTPC clients did not fully engage in program services and did not complete the Life Skills Assessment. The range of scores on the pre-test was 148 to 186 (186 being the maximum score). The average pre-test score for all clients was 174 (94%).

Six (6) of nine clients had completed at least two Life Skills Assessments at the time of discharge.

- **Five (5) of six clients (83%) demonstrated an increase on the measure with an average increase of 14 points.**
- **One (1) client had the maximum score of 186 at pre- and post-test so no change occurred.**

Lessons Learned/Strategies:

ECHO staff assist clients in increasing their life skills though case management services. When there is an area that is self-identified by a client as a need or is identified as a lower score on their Life Skills Assessment, staff and clients work together to focus on those skills.

5. **Financial Literacy: At least 90% of clients receiving both pre/post financial literacy assessments will show improvement in financial skills mastery.**

   Lessons Learned/Strategies:

   After further evaluation of the Financial Literacy curriculum, we have determined that the requirements are not a good match for the ECHO program. The Financial Literacy curriculum involves a 4-hour, in-person course. Due to the high needs of clients served in the ECHO program (many of whom have mental health issues, housing instability, lack income and/or have other significant needs), this course is not feasible (or relevant) for many participants. This outcome was removed on the FY23 grant application.

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

   After further evaluation, the decision was made to obtain all satisfaction surveys through a point-in-time survey instead of a discharge survey, as was the practice in previous years. This allows for program participants to have a formal feedback mechanism while they are receiving services.

   The point-in-time survey consists of 18 items rated on a scale of 1-5 (5 being the highest). The survey was offered to ECHO participants in May 2022. Fifteen (15) participants were enrolled in the program at time of administration. Fourteen (14) of 15 participants (93%) completed a survey. The overall item average on the survey was 4.94 (out of 5).

   Lessons Learned/Strategies:

   Participant satisfaction remains high. Participants were highly complementary of their ECHO worker.

10) Is there some comparative target or benchmark level for program services? Y/N

Yes

11) If yes, what is that benchmark/target and where does it come from?

Data from FY21 was used as benchmark data.

12) If yes, how did your outcome data compare to the comparative target or benchmark?

Outcome	FY22	FY21
Obtain Permanent Housing	**88% of clients obtained permanent housing during program enrollment.** **Percentage of clients obtaining permanent housing exceeded the outcome and the FY21 benchmark.**	**84% of clients obtained permanent housing during program enrollment.**
Housing Stability	**100% of clients who obtained permanent housing maintained this housing for more than 90 days.** **Increase from FY22.**	**95% of clients who obtained permanent housing maintained this housing for more than 90 days.**
Employment/ Other Income Stability	**58% of clients obtained employment or secured social security benefits (slight decrease from FY22).** **86% of those clients obtained employment or benefits within 90 days of assessment (slight increase from FY22).**	**64% of clients obtained employment or secured social security benefits.** **81% of those clients obtained employment or benefits within 90 days of assessment.**
Life Skills Mastery	**83% of clients showed an increase on the Life Skills Assessment at the time of discharge.** **Increase from FY21.**	**75% of clients showed an increase on the Life Skills Assessment at the time of discharge.**
Financial Literacy	**N/A**	**N/A**
Participant Survey	**93% of participants completed a point-in-time survey. Overall average was 4.94 (out of 5).** **Significant increase from FY21.**	**81% of participants completed a point-in-time survey. Overall average was 4.93 (out of 5).**

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e., reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Defined as those individuals actively accepting services and meeting with a case manager resulting in a service plan. It is estimated that this program will have 20 TPC over the course of the year.

We served a total of 20 TPC over the course of the year.

Non-treatment Plan Clients (NTPC):

NTPC include the following:

- **Eligible individuals that enroll in program services, but do not engage in the assessment and service planning process; and**

- **Eligible individuals referred or identified through street engagement efforts who have contact with program staff (and may receive some referral or hard services), but do not enroll in the ECHO program.**

We projected that we would serve 24 NTPC clients in FY22; however, only 4 NTPC clients were enrolled in the program and reported in our grant data. Note: One of these clients was counted as NTPC at the end of the quarter, but became TPC in the quarter that followed. As a result, only 4 clients were NTPC throughout program enrollment.

In addition, we received inquiry calls involving an additional 59 unique individuals in FY22. Calls were made as self-referrals or by providers in our local community. Individuals were most often referred to Centralized Intake at RPC; however, many received referrals for additional services to meet immediate needs (e.g., Austin's Place, Courage Connection, Land of Lincoln, Rental Assistance, CU at Home, Daily Bread, etc.). Program capacity impacted our ability to serve additional clients.

Community Service Events (CSE):

There is an estimated 25 Community Service Events (CSE) for outreach and referral development to temporary housing resources, food kitchens, other potential referral sources, and homeless advocacy efforts, as well as distribution of materials to promote the program. Anticipated community Service Events for the FY 21 period include meetings with police departments, human service agencies, landlord and/or tenant groups, Mental Health and Disabilities Council, Human Services Council, Champaign County Continuum of Service Providers to the Homeless, the PACE disABILITY Expo and various other contacts with local agencies and resources relevant to the needs of the homeless population.

Our program staff participated in 37 Community Service Events in FY22, which exceeded our projection.

Service Contacts (SC):

Defined as the number of TPC clients (20) multiplied by 26 contacts (assumes an average estimated weekly service contacts for the first four months, twice monthly for the next two months and monthly for the next 6 months). This results in an estimated 520 TPC Service Contacts for TPC clients. Service Contacts include both direct service provision and collateral contacts (e.g., originating referral source, family member).

The service contacts for NTPCs (24) will vary but are estimated at a minimum of 2 contacts each (48 contacts total).

We served a total of 20 TPC clients across the course of the year which was the same amount as the grant projection. The average number of clients served on any given day was

approximately 16 clients. We exceeded the projected service contacts by documenting 720 services. ECHO staff were able to exceed these service contacts by establishing relationships with clients and providing additional support when necessary. For example, when clients had COVID and were unable to leave home, ECHO staff dropped off food and PPE.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Cunningham Children's Home
Families Stronger Together
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **Cunningham Children's Home**
Program name: **Families Stronger Together**
Submission date: **08/26/22**

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Eligible youth:** • **Will live in Champaign County;** • **Will be aged 10 through 17;** • **Will have become involved, or are at risk of becoming involved, in the juvenile justice system;** • **May be experiencing:** **o Emotional/Behavioral concerns** **o Truancy** **o Domestic Violence** **o Probation**

o Pattern of chronic offenses
o Felony charge

Potential exclusionary criteria will be carefully assessed based on current level of risk, functioning, and engagement in other services intended to address these concerns:

o Substance use
o IQ below 65
o Juvenile sex offenses
o Murder conviction
o Gang involvement
o Active psychosis

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

The needs of each youth and their family who are referred to this program will be evaluated on a case by case basis to determine if their needs can be met appropriately. The Associate Director and the Intake & Admissions Specialist from Cunningham will determine eligibility for each referred youth and their family. The possible exclusionary criteria will be considered carefully based on training, education, and experience of the program staff at that time and the other services that the family is receiving to address these concerns.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Youth and families in the target population will learn about the program through:

- **our community partners and referral agents;**
- **our staff's engagement and outreach efforts within the community and schools;**
- **program brochures distributed in public spaces throughout Champaign County; and**
- **Cunningham's website.**

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

80%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

42% - the FST program received 71 referrals in FY22. Thirty (30) admissions occurred as a result of these 71 referrals. Attempts were made to contact the other referrals, but were unable to complete admission due to lack of interest from the families or inaccurate contact information from the referral sources.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

30 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

80%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

44% (14 of 32) of youth admitted to the FST program in FY22 were assessed for eligibility within 30 days of program referral. The average program admission timeframe was 34 days.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

30 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

50%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

Twenty-nine (29) of 47 clients (62%) engaged in the full program (i.e., became TPC clients) within 30 days of program enrollment. Fourteen (14) additional clients became TPC clients but exceeded 30 days to do so.

Four (4) clients enrolled in brief services (NTPC clients) but did not enter the full program. Two were discharged due to lack of engagement, and two had their needs met through DCFS programming.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

7 months

b) *Actual* average length of participant engagement in services:

A total of 23 youth were discharged from FST in FY22. Nineteen (19) youth were Full Program (TPC) clients, and four (4) youth were Brief Service (NTPC) clients.

For TPC clients the average length of stay was 273 days (9 months).

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Demographic information beyond those required by the grant may include: other system involvement (e.g., DCFS, DJJ, Medicaid, Social Security), grade level completed, language, and religion.

2. Please report here on all of the extra demographic information your program collected.

All 47 clients identified English as their primary language.

Grade level:

- **4th grade – 1 client**
- **5th grade – 3 clients**
- **6th grade – 3 clients**
- **7th grade – 8 clients**
- **8th grade – 5 clients**
- **9th grade – 10 clients**

- **10th grade – 5 clients**
- **11th grade – 3 clients**
- **12th grade – 8 clients**
- **One client's grade level was unknown due to being homebound awaiting placement at READY school**

Religious affiliation:

- **Catholic – 1 client**
- **Protestant – 6 clients**
- **Other – 5 clients**
- **None – 16 clients**
- **Unknown – 19 clients**

Clients/families/referral partners reported involvement with the following systems, agencies, and programs:

- **Boys and Girls Club – 2 clients**
- **Champaign County Probation – 1 client**
- **Champaign County Regional Planning Commission – 1 client**
- **DCFS – 4 clients**
- **DREAAM Opportunity Center – 1 client**
- **Family Advocacy in Champaign County – 2 clients**
- **Goal Setter – 1 client**
- **Juvenile Detention Center – 2 clients**
- **Other Cunningham Programs (RHY, ECHO) – 4 clients**
- **Public Defender – 1 client**
- **READY Program – 4 clients**
- **SASS – 2 clients**
- **SSI – 1 client**
- **Therapy/Counseling Services (multiple providers) – 17 clients**
- **Vineyard Church – 1 client**
- **Youth Assessment Center – 12 clients**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on

the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

This program provides therapeutic services to families of youth, age 10 through 17, who have become or who are at risk of becoming involved with the juvenile justice system in Champaign County. The program will provide youth and their families with trauma-informed, culturally sensitive therapeutic services intended to promote resiliency through the use of the Attachment, Regulation, and Competency (ARC) treatment framework. The program will strengthen the trauma-informed caregiving skills of caregivers. The program will help these youth and their families understand the impact that past experiences of trauma have had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system.
The impact of this program will extend beyond the 75 youth that will be served because the entire family can be included in services. We will track the total number of participants at the time of case closing so this can be measured. Additionally, the impact of this program will extend to the community partners working in the fields of mental health, education and juvenile justice in Champaign County. The program will strengthen the trauma-informed knowledge of community partners through collaborative efforts when serving families. Additionally, trainings will be provided by the ARC developers and trainers. These trainings will reach more than 100 community members.

We expect that the impact of this program will be positive outcomes for youth in the areas of decreased trauma symptoms and delinquency behaviors and increased positive connections and protective factors. Outcomes will include:

Outcome 1: Presenting problems of the youth positively change over time

Outcome 2: Trauma-informed caregiving skills strengthened

Outcome 3: Increased identification/utilization of natural supports by family

Outcome 4: Improved protective factors for family

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Presenting problems of the youth will positively change over time	**Strengths and Difficulties Questionnaire**	**Caregiver and Youth**
2. Trauma-informed caregiver skills strengthened	**ARC Tool**	**Therapist/Family Support Specialist**
3. Increased identification / utilization of natural supports by family	**Protective Factors Survey (PFS-2)** **Youth Connections Scale**	**Caregiver** **Youth**
4. Improved protective factors for family	**Protective Factors Survey (PFS-2)** **Youth Connections Scale**	**Caregiver** **Youth**

3) Was outcome information gathered from every participant who received service, or only some?

Attempts were made to gather outcome information for every participant at intake and at discharge for TPC clients. Due to lack of engagement by some participants at discharge, we were not able to collect this data for every participant.

4) If only some participants, how did you choose who to collect outcome information from?

N/A – our goal was to collect outcomes information from all discharged TPC clients.

5) How many total participants did your program have?

A total of 47 unique clients participated in the FST program in FY22:

- **Fifteen clients had been admitted in FY21 as NTPC or TPC clients and continued services into FY22. All 15 of those clients engaged in full services during FY22. All 15 clients were discharged in FY22.**
- **Twenty-eight clients engaged in full program services (TPC clients) during FY22.**
- **Four clients were enrolled in brief services (NTPC clients) in FY22 and discharged without engaging in the full program.**

6) How many people did you *attempt* to collect outcome information from?

Attempts were made to collect outcome information from all enrolled clients at the point of intake and all TPC clients at discharge.

7) How many people did you *actually* collect outcome information from?

Nineteen (19) TPC clients were discharged and eligible to complete discharge measures. Note: The ARC Tool is completed in alignment with the treatment/support plan, which is due at the 4th, 7th, and 10th months. Based on length of stay, 13 discharged clients would have had two or more treatment plan/support plans due.

The amount of outcome information collected varied by assessment type.

- **Outcome 1/Strengths and Difficulties Questionnaire: Five (5) clients completed intake and discharge questionnaires**
- **Outcome 2/ARC Tool: Three (3) clients completed quarterly and discharge assessments**
- **Outcome 3 & 4/Youth Connections Scale: Three (3) clients completed intake and discharge scales**
- **Outcome 3 & 4/Protective Factors Survey: Four (4) clients completed intake and discharge surveys**

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

Outcome 1, 3, 4 data: intake & discharge

Outcome 2 information: quarterly & upon discharge

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

During FY22, there were 19 discharges of TPC clients. The most common reason for discharge was completion of program goals (5) and lack of engagement (5). Other reasons included: moving out of the service area (3), transfer to another mental health provider (2), not wanting to continue services when an FST therapist left (1), admission to a hospitalization program (1), attempt to transfer to a residential program (1), and aging out of the program (1). Lack of engagement and other unplanned discharges made collecting discharge data a challenge.

1. **Outcome 1: Presenting problems of the youth change positively over time**

   Of the 19 discharged clients, 12 had an intake SDQ assessment.
   - **Five (5) clients completed discharge assessments.**
   - **For the total difficulties scale, the average change was -6.0.**
   - **For prosocial (strengths) scale, the average change was +0.8.**
   - **Three clients (or 60%) saw improvement in the outcomes for the SDQ.**

2. **Outcome 2: Trauma-informed caregiving skills strengthened**

   The ARC assessment is completed quarterly, typically at the third or fourth month of enrollment. Of the 19 discharged clients in FY22, 13 clients would have been eligible for two ARC assessments based on length of stay.
   - **Eight (8) clients had initial and discharge assessments completed.**
   - **Six (or 75%) of the caregivers had strengthened caregiving skills (as measured by the ARC tool) at discharge.**

3. **Outcome 3: Increased identification/utilization of natural supports by family**

   Of the 19 discharged clients, 14 completed an intake Youth Connections Scale.
   - **Three (3) discharge Youth Connections Scales were completed.**
   - **Two (2) clients reported no change in the number of supportive adult connections and a decrease in their Youth Connections score.**

- **One (1) client reported an increase in the number of supportive adult connections as well as an in their Youth Connections score.**
- **One client (or 33%) met the outcomes for the YCS.**

4. **Outcome 4: Improved protective factors for family**

Of the 19 discharged clients, 12 completed an intake Protective Factors Survey.

- **Four (4) discharge Protective Factors Surveys were completed.**
- **No clients (0%) reported an increase in their PFS-2 score.**

Due to the small number of pre- and post-measures, some changes have been made to the tools and outcomes with the FY23 application. We are discontinuing an outcome and measure (Youth Connections Scale) related to increasing supports. Due to the subjective nature of a portion of the tool, we question the reliability and validity of results obtained. We believe that the Protective Factors Scale will allow us to measure the strength of the family's supports and have clarified the outcome associated with this measure. Revisions to the ARC tool, as well as to the expected outcomes, have been completed to make the tools more user-friendly and to increase family engagement in the assessment process.

10) Is there some comparative target or benchmark level for program services? Y/N

Yes

11) If yes, what is that benchmark/target and where does it come from?

Data from FY21 was used as benchmark data

12) If yes, how did your outcome data compare to the comparative target or benchmark?

Outcome	FY22	FY21
Presenting problems of the youth will change positively over time	**60% of clients reported a positive change in their presenting problems.** **Significant increase from FY21.**	**0% of clients met this outcome.**
Trauma-informed caregiver skills strengthened	**75% of caregivers had strengthened caregiving skills.** **Increase from FY21.**	**67% of caregivers had strengthened caregiving skills.**

Increased identification / utilization of natural supports by family	**33% of clients reported an increase in the number of supportive adult connections and Strength of Youth Connections score.** **No change from FY21.**	**33% of clients reported an increase in the number of supportive adult connections and Strength of Youth Connections score.**
Improved protective factors for family	**0% of clients met this outcome.** **Decrease from FY21.**	**50% of clients reported an increase in their PFS-2 score.**

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Definition: Full Service Cases are offered to families who, upon referral, have made a commitment to engaging in services, or who clearly would benefit from the full service array offered by this program. Youth and their families, who receive Full Services from this program, will be considered either the treatment (or support) plan clients.

Cunningham served a total of 43 TPC clients in FY22. We had an annual target of serving 50 clients. As previously noted, attempts were made to contact additional referrals made to the program, but attempts were unsuccessful due to lack of family interest/availability and receiving inaccurate contact information from referral sources.

Non-treatment Plan Clients (NTPC):

Definition: Brief Service Cases are offered to families who, upon referral, have either appear to be resistant to engaging in services, or whose needs may be able to best be met through other services offered in the Champaign County community. Brief Service Cases allow staff time to either make appropriate referrals or to creatively engage these families in culturally responsive ways, including possibly recruiting the support of other community partners, so that a subsequent Full Service Case may be successfully opened. Youth and their families, who receive Brief Services from this program, will be considered the non-treatment plan clients.

At the close of FY22, we had a total of four NTPC clients (target was 25). These four clients did not engage in services and were discharged from the brief services component of the program primarily due to lack of engagement.

Community Service Events (CSE):

Definition: Cunningham will promote this program by visiting with community partners to explain the program, invite new referrals, and strengthen trauma-informed practices county wide. These community partners include, but are not limited to, the Youth Assessment Center, the State's Attorney, and Probation and Court Services. Cunningham intends to complete 10 Community Service Events during the expanse of the coming year.

Cunningham participated in a total of 13 Community Service Events in FY22.

Service Contacts (SC):

Definition: Full and Brief Service Cases service contacts will preferably be provided through three in-person sessions per month. Services will minimally be provided through two in-

person sessions and one phone call per month. This year, as we build our program, at least 75 youth (50 Full & 25 Brief) will be served.

A minimum of 1125* service contacts with caregivers or youth will be completed:
- **50 Full x 3 contacts per month x 7 months = 1050**

+
- **25 Brief x 3 contacts per month x 1 month = 75**

***Please note: Additional contacts with community partners will also be completed.**

FST staff documented a total of 819 contacts with caregivers, clients, and collaterals. An additional 263 attempted contacts were documented. There were several barriers identified throughout the year that limited the number of completed service contacts.

COVID-19 continued to have an impact on staff and clients in the program. Several families had COVID throughout the year and were unable to meet. Staff were limited on available meeting spaces for families due to the building where FST is located being on a hybrid schedule. The summer months proved to be difficult to meet due to clients being on vacation, staying with their other parent, being out of routine, and managing other barriers.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

DREAAM Opportunity Center Dream Big!
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: DREAAM Opportunity Center
Program name: Dream Big!
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Priority eligibility includes: 1.) children ages 5-13 with challenging behavior, history of suspensions or discipline referrals, or suspected ADHD indicators; 2.) youth ages 5-13 with an incarcerated parent or living in a single-family household; and 3.) Parents of DREAAM participants living with chronic stress and low emotional and social support. Other eligibility factors include low literacy skills and lack of positive male role models.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Eligibility is determined through several methods. To screen for challenging behavior, the Strength & Difficulties Questionnaire is completed by the parent and teacher. We use a cut-off score of above 2 for behavioral difficulties and difficulties getting along with other children, above 5 for hyperactivity, and above 3 for emotional distress. Parental incarceration is self-reported. Parents participate in an interview to discuss family's needs and have voice in service planning.

Parents receiving Tier 3 services will complete the Adverse Childhood Experiences questionnaire and the Duke Emotional and Social Function scale. A trauma screening for children and parents will be conducted.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Dream Big! accepts most referrals during May and August of each year. Program participants are referred through the following sources:

1. School personnel
2. Media (newspaper articles, TV, social media, etc.)
3. Community networks (parent referrals, word of mouth)

In addition, program staff members attend outreach events in Champaign, Urbana, and Rantoul and service provider meetings to recruit and share information about program services. Social media will be used by staff and parents to promote open enrollment and services. Parents will help reach a wider audience by advocating for the program and recruiting from their networks.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

In the application, we estimated 90% of families who sought assistance receive services.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

In FY22, the actual percentage was 90% received services.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

In the application, we estimated it would take 5 working days from referral to assessment of eligibility/need.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

We estimated that 85% of referred clients would be assessed within that timeframe.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

The actual percentage was 75%. The estimated length of time to determine eligibility/need increased to 7-10 days.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

An estimate of five days to engage clients in services after eligibility/need was determined.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

In the application, we stated an estimate of 100% of eligible program participants are engaged in services during that time frame.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

The actual percentage was 65%, due to bus transportation barriers, etc.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Program participants are expected to engage at least a year in services.

b) *Actual* average length of participant engagement in services:

Due to our pipeline model, program participants remain engaged for 1 year. .

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In the application, we stated we would collect additional demographic data on income, incarcerated, and family size.

2. Please report here on all of the extra demographic information your program collected.

Unfortunately, this information was not collected systemically and/or was under-reported by parents. To streamline the enrollment process, we reduced the enrollment packet to one page during FY22. The goal in FY23 is to improve in the collection and analysis of extra demographic data.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Expected impact:
1. Increase in mental health coping skills
2. Increase in ability to identify and apply anti-violence strategies in school and in the community
3. Increase in emotional literacy
4. Increase in self-regulation
5. Decrease in stress levels among parents
6. Increase natural, emotional, and social supports among parents

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	*Client*
Increase in mental health coping skills	*Strengths and Difficulties Questionnaire (SDQ)*	*Client, Parent*

Increase in ability to identify and apply anti-violence strategies in school and in the community	*Strengths and Difficulties Questionnaire (SDQ)*	*Client, Parent*
Increase in emotional literacy	*Strengths and Difficulties Questionnaire (SDQ)*	*Client, Parent*
Increase in self-regulation	*Strengths and Difficulties Questionnaire (SDQ)*	*Client, Parent*
Decrease in stress levels among parents	*Self-report*	*Parent*
Increase natural, emotional, and social supports among parents	*Self-report*	*Parent*

3) Was outcome information gathered from every participant who received service, or only some?

No

4) If only some participants, how did you choose who to collect outcome information from?

If participants exited the program early, then outcome information was not collected.

5) How many total participants did your program have?

The program had 124 TPC participants.

6) How many people did you *attempt* to collect outcome information from?

The attempt number was 101 participants.

7) How many people did you *actually* collect outcome information from?

Outcome information was collected 101 TPC participants.

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

Information was collected at intake, mid-year, and at the end of the program year.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

DREAAM learned the following:

- *A significant number of participants struggled with anger management and a lack of mental health coping skills*
- *Services were more effective using small groups*
- *Emotional and social skills increased over time; parents reported this increase across settings*
- *Staff development is important in moving from positive development programming to incorporating mental health services and family engagement*
- *Parent work and live with a tremendous amount of stress; additional services are needed*
- *Family engagement has improved the relationship between DREAAM and parents*

10) Is there some comparative target or benchmark level for program services? Y/N

No, the development of a comparative target or benchmark level is the goal as more evaluation systems are constructed and capacity to conduct program evaluation is funded.

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

<u>Treatment Plan Clients (TPC):</u>

TC Clients include program participants who are enrolled in at least one service during the program year. Parents are included in this category and will receive services along with youth TPC.

<u>Non-treatment Plan Clients (NTPC):</u>

NTP Clients include parents, caregivers, mentors, natural supports on wraparound teams, and other youth served.

<u>Community Service Events (CSE):</u>

This category includes the number of outreach events, community presentations, and volunteer recruitment opportunities.
Service Contacts (SC): *This category includes the number of service activities (violence prevention, social emotional learning, mentoring, intervention sessions) screenings, school advocacy, parent workshops, support groups, parent coaching sessions, and family engagement events.*
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

DSC Family Development
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **DSC**
Program name: **Family Development**
Submission date: **FY 22**

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **The individuals/families who meet the following criteria are eligible for this program:** • **are residents of Champaign County as shown by address** • **have evidence of a need for service based on an assessment** • **children, birth through age five, with or at-risk for developmental disabilities or developmental delay**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **To be eligible for state-funded services, children must be: 1) under three years of age; 2) have a 30% delay in one or more of the developmental areas; 3) and/or an identified qualifying disability. These same services and enhanced services for children up to age five are provided with CCMHB funds for children deemed "at-risk" but ineligible for state-funded services through the early intervention system.**

Any child aged birth-5 years who resides in Champaign County is eligible for a developmental screening. Children identified as "of concern" based on screening results are assisted with connecting to state-funded services (either Early Intervention services if the child is under age three or services through the public school district if the child is over age three).

Children and families are determined eligible for PLAY Project services based on clinical judgement. PLAY Project curriculum is traditionally used for children with a diagnosis of autism, but can be used with any child who is an early communicator to help strengthen communicative bonds and support between the child and his/her caregiver.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Families learn about FD program services through collaborations with local hospitals and health clinics, child care centers, Crisis Nursery, local prevention initiative programs, and other agencies, as well as annual outreach events, such as, Read Across America, Disability Expo/Third Thursday Resource Round-ups, the Mommy Baby Expo, and the Homeschool Fair. Our developmental screener participates in quarterly screening events offered at Urbana Early Childhood in conjunction with the Champaign-Urbana Home-Visiting Consortium. Additionally, Child and Family Connections makes referrals to the FD therapists.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): **100%**

b) *Actual* percentage of individuals who sought assistance or were referred who received services: **100%**

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **Seven days**

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **100%**

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **100%**

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **Seven days**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **90%**
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **90%**
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **Participation may be for a one-time screening or until age five within the therapy program.**
b) *Actual* average length of participant engagement in services: **18-24 months**
Demographic Information
1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) **Other demographic data collected includes primary disability and referral source.**
2. Please report here on all of the extra demographic information your program collected. **Ninety percent of children served have developmental delay as primary disability. The remaining 10% of children have other health impairments.** **Seventy percent of the children are referred from Child and Family Connections and 25% from daycare centers requesting developmental screenings for children. The remaining referrals are from families.**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Outcome 1: Families will identify progress in child functioning in everyday life routines, play and interactions with others.

Outcome 2: Children will progress in goals identified on their Individualized Family Service Plan (IFSP).

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Families will identify progress in child functioning in everyday life routines, play and interactions with others.	**1. Quarterly file review of parent report regarding child's functional skills, play skills, and interactions as recorded on the home visit contact note.** **Family surveys**	**1. Sources include: Families, quarterly file reviews, service notes, family surveys, and parent input and feedback.**
2. Children will progress in goals identified on their Individualized Family Service Plan. (IFSP)	**2. Review of assessments quarterly.**	**2. Sources include: program staff reviews of developmental assessments, IFSP notes, quarterly file reviews.**

3) Was outcome information gathered from every participant who received service, or only some? **Only some.**

4) If only some participants, how did you choose who to collect outcome information from? **A random sample of files were chosen for review.**

5) How many total participants did your program have? **815**

6) How many people did you *attempt* to collect outcome information from?
Sixty files were reviewed for each outcome.

7) How many people did you *actually* collect outcome information from?
Sixty for each outcome.

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

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno-racial groups; comparing characteristics of all clients engaged versus clients retained)

Parents reported progress in child functioning in everyday life routines, play, and interactions with others in 60/60 files reviewed for 100%. Children made progress in identified goals in 60/60 files reviewed.

10) Is there some comparative target or benchmark level for program services? **Yes**

11) If yes, what is that benchmark/target and where does it come from?
Comparative targets were established from averaging past results.

12) If yes, how did your outcome data compare to the comparative target or benchmark?
Outcome 1: Target of 90% was exceeded with result of 100%.

Outcome 2: Target of 90% was exceeded with result of 100%.

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

Family Development (FD) has been able to wrap around and support Jane and her two children, John (age 3) and Mary (age 2). In July 2020, FD's developmental screening specialist administered a screening assessment to John and referred him to Early Intervention (EI) for follow up evaluation. FD SLP evaluated John and recommended that he begin therapy services. When John turned 3 and aged out of EI, FD was able to continue to provide ongoing therapeutic supports. A developmental therapist with FD met with the family weekly to continue to support John and bridge the transition between home and preschool. Through working with John and his family, the developmental therapist was also able to administer a developmental screening to his younger sister, Mary. When concerns were noted on the screening, the developmental therapist assisted the family in a formal referral to EI. Mary was evaluated by EI and qualified for therapy supports. Mary and John currently participate in FD's developmental play group, and since Mary is under age 3, the family is also able to be supported by FD's Parent Wonders ISBE-funded Prevention Initiative home visiting program.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Given our multidisciplinary team approach, FD providers are able to consult and collaborate across disciplines (OT, PT, speech, social work). This aids in identification, screening, and evaluation process for children and families we serve as we are better able to meet global needs. Change in practice that continues to evolve includes teaming and co-evaluating to ensure that all of the child and family's needs are being identified and met through subsequent services and referrals.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.
Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

All children receiving FD program services, living in Champaign County. Target of 655 was exceeded with 815 receiving services.

Non-treatment Plan Clients (NTPC): **n/a**

Community Service Events (CSE):

Community Service Events provide opportunities to increase awareness of the importance of early identification and early intervention, reduce stigma, and promote community-based solutions. The FD program regularly participates in the Mommy Baby Expo, the Disability Expo/Third Thursday Resource Round-ups, Read Across America, Ready Set Grow, and the CUPHD fair. Target of fifteen was met.

Service Contacts (SC):

Screening contacts are the number of developmental screenings conducted by the screening coordinator. The screening coordinator continually builds new and maintains ongoing relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, and others. While the screening coordinator may screen children at a large resource event, the majority of developmental screenings are conducted in the child's home with the parent present.

Target of 200 was not met with 173 being completed. Some children are not being offered screenings if risk factors are identified by skilled providers with referrals for recommended services occurring quicker.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Don Moyer Boys & Girls Club CU Change
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Don Moyer Boys & Girls Club
Program name: CU Change
Submission date: August 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) The CU Change Program is available to all youth and families in Champaign County. Criteria for eligibility includes: • Residents of Champaign County as shown by address • Have evidence of a need for service based on referral assessment information • Have limited financial resources to meet the cost of their care • Have one or more of the identified risk factors • Age 11-17 and/or grades 7 to 12 Referrals are accepted from Champaign County School Districts, Juvenile Probation, Champaign Country Youth Assessment Center, and other community organizations that serve youth-at-risk. Program staff will meet with families in their home when needed. The program will be inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups, and community-based entities that have a vested interest to improve outcomes for youth and families, including those located in rural areas.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? With the program being based upon referrals, many of the program referrals come from Champaign Youth Probation Services, Center for Youth and Family Solutions, the READY

Program, the Youth Assessment Center, Champaign County School Representatives (i.e., administration, social workers, counselors, school resource officers, etc.) and other community organizations that may serve youth-at-risk from Mahomet, Rantoul, Urbana, and Champaign. With the program's referral base coming from a verity of community-based sources throughout Champaign County, CU Change is inclusive of all youth-at-risk serving systems and entities.

The programs admissions process is as follows:

Step 1: The Referral
Referral Forms will be distributed to agencies via program presentations, school meetings, and community events. Referral based programs will complete the CU Change Referral From for prospective youth and submit to the CU Change Coordinator.

Step 2: The Family Contact and Interview
Upon receiving the referral, the CU Change Coordinator contracts the parent/guardian of the prospective youth to schedule a family conference. During the conference, the CU Change Coordinator discusses the dynamics of the referral to the program. Youth and the parent/guardian have the opportunity to describe challenges at home, school, with peers, and/or social issues. Throughout this process, risk factors are identified and determined. The CU Change Coordinator then explains the program expectations and parameters which include the following:

- Youth must be a resident of Champaign County as shown by address
- Must show need for services by assessment, income, and/or referral
- Have limited financial resources to meet the cost of their care
- Youth must have one or more identified risk factors
- Youth must be between the ages of 11-17
- Youth must be involved in required programs (i.e., case management sessions, classes, groups, etc.)
- Youth must follow all respective school rules and DMBGC Code of Conduct
- Parents/Guardians or Caring Adult/Mentor are required to attend a quarterly student progress meeting with CU Change Coordinator throughout the year.
- Parents/Guardians or Caring Adult/Mentor are required to participate in at least 3 parent engagement activities throughout the year.

Step 3: Intake and Assessment
After explanation of the program and agreement to participate, program families are required to attend a group meeting to complete intake and assessments with the CU Change Coordinator. The Intake Form, Adolescent Questionnaire, Family Assessment of Strengths and Needs, the Well-being Indicator Tool for Youth (WIT-Y), and the CANS assessment will be completed at Intake to assess youth on their needs and strengths for admission into the CU Change Program.

Step 4: Review of Intake Documentation and Assessment Results
After completion of the family interview, intake documents, and assessments, the CU Change Advisory Team will review all information for acceptance or denial into the CU Change Program. The CU Change Advisory Team consists of the CU Change Case Manager, the Director of Teen Services, and the Director of Operations. After reviewing all documents and assessments, The Advisory Team will decide if CU Change is a good fit for the youth.

Step 5: Acceptance or Denial into the Program
The CU Change Advisory Team reviews the information collected from the Referral, Family Contact and Interview, and Intake Documentation and Assessment Results to determine admission into the program. Upon admission, the family is contacted for Orientation and Participation Requirements for next steps. There is a possibility that youth and family will be referred to other services if they do not fit within CU Change's eligibility criteria or meet one or more risk factors listed on the referral form.

Step 6: Complete Participation Requirements
After acceptance into the CU Change Program, families are required to fill out a Don Moyer Boys & Girls Club Membership Application. This is used to collect income data as well as contact demographic information for CU Change participants. After acceptance, youth are also placed in the programs that are the best fit for them based on their assessments and intake as well as assigned a caring adult (mentor) within the Club for the duration of the program. The goal of the mentor is to develop a healthy relationship with the youth to focus on grade promotion and graduating high school on time with a plan for the future. New students are admitted as graduation occurs or as open slots become available.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

To assure consumer access, Don Moyer Boys & Girls Club works with the Local School Districts (Champaign, Urbana, Rantoul, and the Regional Planning Commission), Police Departments (Champaign, Urbana, Rantoul, and University of Illinois), Champaign County Youth Assessment Center, Champaign County Juvenile Court Services and Juvenile Probation, Community Services Center of Northern Champaign County, as well as community organizations to build awareness of the program and its services. A major focus of the program's services is to meet the needs of the youth and families in their respective schools, homes, and community environments. The program uses community engagement events (fairs, workshops, etc.) as some mechanisms for referrals.

Referral Forms will be distributed to agencies via program presentations, school meetings, and community events. Referral based programs will complete the CU

Change Referral Form for prospective youth and submit to the CU Change Case Manager.
4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 70%
b) *Actual* percentage of individuals who sought assistance or were referred who received services: 80% **5. a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 5
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 95%
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 80%
6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 7
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 95%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

- 80%

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

- 6-18 months

b) *Actual* average length of participant engagement in services:

- 12 months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

- Household Income
- Household Type
- Head of Household

2. Please report here on all of the extra demographic information your program collected.

Household Income

9,999 or below	7	27%
10,000 – 14,999	6	23%
15,000 – 22,999	5	19%
23,000 – 33,999	6	23%
34,000 – 49,999	0	0%
50,000 – 74,999	2	8%
75,000 and above	0	0%

Household Type

1 Parent	17	66%
2 Parents	6	23%
Foster Family, 1 Parent	3	11%
Foster Family, 2 Parents	0	0%

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. 100% of all youth enrolled in the program will participate in Project Learn, Positive Action, and SMART Leaders during their time in the program.
2. 100% of all youth will be match with a caring adult/mentor and meet with their caring adult/mentor at least once a week.
3. 70% of all youth with participate in an average of one service to community activity per month.
4. 70% of all participants with school suspensions will show a decrease in school suspensions.
5. 60% of all participants serving probation will show improved compliance with probation and court services.
6. 70% of all participants involved in the juvenile justice system will show decreased interaction with the juvenile justice system.
7. 80% of all parents/guardians or caring adults will participate in at least one school progress meeting during each school year.
8. 80% of all parent/guardians or caring adults will participate in trauma-based or family engagement activities (including "When Trauma Meets Home" sessions).
9. 70% of all parents/guardians or caring adults will participate in quarterly progress reviews, planning sessions, and family engagement activities.
10. 75% of all participants will demonstrate improvement in school attendance and have no more than 6-7 unexcused absences per quarter.
11. 100% of participants who complete the program will develop a documented plan for the future.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if

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:	Assessment Tool Used:	Information Source:
50 of 50 or 100% of youth enrolled will participate in Project Learn, Positive Action, and SMART Leaders	Intensive Case Management, KidTrax Membership Management System	Case Manager/Client
50 of 50 or 100% of youth will be matched with a caring adult/mentor and meet with them once a week	Intensive Case Management	Case Manager/Office of Juvenile Justice and Delinquency Prevention Mentoring Program
35 of 50 or 70% of youth will participate in one service to community activity per month.	Intensive Case Management	Case Manager/Client
14 of 20 or 70% of participants with school suspensions will show a decrease in school suspensions	CANS/FANS Assessment, Intensive Case Management, Progress Reports, and Report Cards	Case Manager/Client/Parent-Teacher Conferences/School District
12 of 19 or 60% of all participants serving probation will show improved compliance with probation and court services	CANS/FANS Assessment, Case Management	Case Manager/Client/ Champaign County Probation Services/School Records

14 of 20 or 70% of all participants involved in the juvenile justice system will show decreased interaction within the juvenile justice system	CANS/FANS Assessment, Case Management	Case Manager/Client/School District/Champaign County Probation Services
40 of 50 or 80% of all parent/guardians or caring adults will participate in at least one school progress meeting during each school year	CANS/FANS Assessment. Intensive Case Management	Case Manager/Client/Parent and/or Guardian, Teacher/School
40 of 50 or 80% of parents/guardians or caring adults will participate in trauma-based or family engagement activities	Intensive Case Management, Parent Update Meetings	Case Manager/Client/Parent/Guardian
35 of 50 of 70% of parents/guardians or caring adults will participate in quarterly progress reviews, planning sessions, and family engagement activities.	CANS/FANS Assessment, Intensive Case Management, Parent Update Meetings	Case Manager/Client/Parent/Guardian
38 of 50 or 75% of all participants will demonstrate improvement in school attendance and have no more than 6-7 unexcused absences per quarter	Intensive Case Management, Progress Reports, Report Cards	Case Manager/Client/Parent-Teacher Conference/School District
50 of 50 or 100% of participants who complete the program will develop a documented plan for the future	CANS/FANS Assessment, Intensive Case Management	Case Manager/Client

3. Was outcome information gathered from every participant who received service, or only some?

Yes, outcome information was collected from every youth based upon Referral, Intake, Case Management, Family Contact and Conference.

4. If only some participants, how did you choose who to collect outcome information from?
N/A

5. How many total participants did your program have?
We had a total of 26 participants for the year.

6. How many people did you *attempt* to collect outcome information from?
26 participants were contacted in an attempt to collect outcome information.

7. How many people did you *actually* collect outcome information from?
Outcome information was collected from 26 out of 26 participants.

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
Information was collected at the intake, during case management sessions, through CANS/FANS and WIT-Y assessments, quarterly via report cards and progress reports, at parent/teacher conferences, during home visits, and at discharge.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible.

During FY22, the CU Change program went through a lot of adjustments in staffing. After losing both Case Managers for CU Change, the individuals on the case load for the program were not serviced in the same capacity due to lack of time, people, and resources. The case load of twenty-six Treatment Plan Clients no longer had Case Managers to do school check-ins or provide case management sessions, academic support, Boys & Girls Club programming, or field trip opportunities. Due to this, upon the new Case Manager entering the role in the fourth quarter, contacting families for them was a challenge. Majority of families were nonresponsive to phone calls and emails due to the cease of communication and services during the absence of Case Managers in the program. This all caused a large amount of discharges in the fourth quarter of FY22. However, there were a number of families that wanted to be reminded what services the CU Change program provided, go through the intake process again, and have chosen to continue with CU Change services. Throughout Summer 2022, the CU Change program has provided case management, Boys & Girls Club programming, and transportation to existing CU Change participants. There has also been an increase in referrals in the fourth quarter of this year due to creating different forms of outreach, exposure of the program, and relationships with agencies and schools in Champaign County. The services provided throughout the Summer allowed the new case manager to learn what the needs are for CU Change participants as well as what was successful in previous CU Change programming and what did not.

10. Is there some comparative target or benchmark level for program services? Y/N

Yes

11. If yes, what is that benchmark/target and where does it come from?

The goal of the CU Change program is for each youth admitted into the program to fully participate in the program for 6-18 months. At the completion of this timeframe, the target/benchmark is for youth to exhibit one year of sustained improvement in individual/family risk factors, on-time grade promotion, and on track for high school graduation with a plan for the future. The sustained improvement will allow the youth to graduate from the CU Change program and serve as a peer mentor to other youth in the program.

12. If yes, how did your outcome data compare to the comparative target or benchmark?

The outcome data shows that the program is engaging and CU Change is providing services that are effective for our participants. Clients showed an average length of 12 months of participation which falls in the 6-18 month goal of the program.
Participants are being given tools and resources to help them be successful academically, socially, emotionally, mentally, and physically.

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for

reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): Unduplicated youth and families enrolled, who have made a clear commitment to engaging in program services. Includes intake, case management, quarterly CANS/FANS assessments, intervention planning, progress reviews, and family engagement activities.

Estimated: 50
Actual: 26

Non-treatment Plan Clients (NTPC): Youth and families referred who are hesitant or resistant regarding program participation/engagement requirements or need more time to determine fit or placement.

Estimated: 70
Actual: 14

Community Service Events (CSE): Number of meetings between agencies, public presentations, school presentations, and/or staff meetings (i.e., referral meetings/conversations, meeting with School Social Worker/ Teacher/Dean/SRO/Counselor, presentations to Champaign County Juvenile Probation Department, Community Resource Fairs, Youth Assessment Follow-Ups, Probation Officer Check-Ins, etc.)

Estimated: 144
Actual: 97

Service Contacts (SC): Case management sessions, counseling sessions, unduplicated participation in programs (i.e., Positive Action, Passport to Manhood, SMART Girls, CareerLaunch, diplomas2Degrees, Power Hour, SMART Moves, etc.), field trips (i.e., college tours, team-building trips, family outings, etc.), and mentor meetings.

Estimated: 1,000
Actual: 723

During FY21, the CU Change program returned to providing support and services to participants 100% in-person. Case management sessions were held two to three times a week on a case-by-case basis with participants, as well as providing the following Don Moyer Boys & Girls Club programming: Passport to Manhood, SMART Girls, Diplomas to Degrees, Career Launch, Project Learn, Triple Play, Positive Action, SMART Moves, and Power Hour.
During these sessions, participants were given skills and tools such as: everyday life skills, test taking strategies, character and leadership development, and career goal planning. CU Change also partnered with Tinervin Foundation to distribute over 150 food boxes.
Additionally, 30 boxes of school supplies were distributed to CU Change families through Back 2 School America. The CU Change Case Manager was also able to provide transportation to CU Change participants in order to attend Summer Camp at Don Moyer Boys & Girls Club were they actively participated in programming, case management sessions, and field trips.
During the Summer months, there was also an increase of communication with agencies and families regarding referrals for CU Change via phone call, email, and in-person meetings. Due to the complete change in staffing over the last fiscal year, the CU Change program is on track and looking forward to restructuring programming for continued success for the next fiscal year.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Don Moyers Boys & Girls Club
CUNC (CU TRI)
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Don Moyers Boys & Girls Club
Program name: CUNC (CU TRI)
Submission date: August 30, 2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

The CU Trauma & Resilience Initiative (CUTRI) works to increase:

- Our community's understanding of trauma, trauma informed care, equity, and resiliency.
- Our community's capacity to respond to individuals impacted by trauma/violence through culturally responsive practices that build resilience and wellness.
- The utilization of trauma informed practices community wide and among organizations/groups to avoid re-traumatization of those impacted by adversity, those providing services, and the communities and organizations in which their located.

Given the disparities highlighted by COVID, TRI will focus on the unmet and continuing needs of individuals and organizations who have currently or historically been impacted by trauma, toxic stress, adversity or structural inequities. Based on data and partner feedback we will serve & support:

(a) Young adults, family members, and parents with young children/school age children & seniors who are being adversely impacted by structural violence, toxic stress, and trauma.

(b) Community-level peer leaders & "natural helpers" who once trained will be available to provide culturally responsive, strength based trauma sensitive, wellness, resiliency, mental health, and psych-educational interventions and supports.

(c) Organizations/ providers committed to further developing trauma informed practices, policies, and procedures to increase healthy outcomes for their clients and the community.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

By location, referral and/or self-identification.
We also work with established programs and organizations that serve & support the target population.
We do a lot of 'pushing into' and collaborating with other programs.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Outreach to community partners, hosting community events, social media, the CU-TRI show, referrals from schools, service provider (social workers), health care providers, and/or resident managers. We also work with established programs and organizations that serve & support the target population.
4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 90
b) *Actual* percentage of individuals who sought assistance or were referred who received services: 90% **5. a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 2 days
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 75%
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 79% (COVID sometimes made it hard to connect/or challenging to find a secure location)
6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 5 days
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 75

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 89%

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 12-16 weeks

b) *Actual* average length of participant engagement in services: 8-10 weeks

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
Nothing else

2. Please report here on all of the extra demographic information your program collected.
NA

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

(1) Referrals to the Program – individuals/families impacted by community violence/adversity will be referred for group-based services and supports. Referrals will continue to come from Carle ER, law enforcement, community partners, schools, Youth Assessment Center, HeadStart, the Alliance, DREAAM, mentoring programs, and other community & self-referral sources. 75 individuals will attend/participate in a psycho-education group.

(2) Information, Linkage & Engagement Contacts (150) – Every individual/family referred to the program will receive some resource or a connection to a resource or support.
(3) We will be conducting a trauma symptom screening and a resilience assessment: 75% of participants who participate in at least 4 weeks of support will report:
- Improvements in trauma-related symptoms – we do not have baseline data but will look to identify a measure of change,
- Feeling supported & reconnected back to their community,
- Having new useful coping skills/distress tolerance skills,
- An identified natural or community resource, and
- 100% will receive information about trauma, toxic stress, PSTD & will understand these things better.
- We anticipate we will refer 20 individuals for more intensive services and supports and everyone will receive at least 2 referrals to community-based services/resources and/or supports.

Other communities have been able to document reductions in recidivism, significant changes in community violence or gun violence related crimes, & better engagement with other services that help address substance abuse, education, mental health & other needs.

Learning Collaborative:
1. 90% of those participating in the learning collaborative organizational assessment/training process will report improvements in their understanding of trauma, having more tools to respond to people impacted by trauma, and are more able to avoid retraumatizing themselves and others.
2. All the organizations participating in the learning collaboratives will identify a change plan with 2-3 targeted goals with clear implementation strategies & timelines.

For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome, and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)

Direct Service
(1) Referral data will be collected via referral forms
(2) Trauma screenings and resilience assessments will be collected either before an intervention occurs or during the first week of a group/individual intervention
(3) Evaluations are conducted at the end of every individual session and the end of every intervention/group session
(4) Participants receiving a trauma informed intervention (individual or group) will complete a pre-post KAB assessment to help us evaluate the intervention's outcomes

Trauma Informed Organizational Assessment:
The tool used is based on Fallot & Harris's Creating Cultures of Trauma Informed Care Organizational Assessment that is aligned to measure an organization's knowledge about trauma/trauma informed care & cultural competency; use of trauma informed practices; alignment & use of trauma informed practices related to the following domains: safety, trustworthiness, collaboration, peer leadership/consumer voice, & empowerment. The trauma informed organizational assessments also help organizations reflect on how their policies, procedures & practice might traumatize or retraumatize the communities they serve, their staff, & their clients

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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).

***See page 10 for summary of outcomes from Training & social media**

Outcome:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
(3)Increased organizational capacity to be trauma informed *We did not to follow ups because organizations either experienced turn over during COVID and/or did not have the capacity because of other COVID demands to participate int the follow up process.	Revised assessment based on Fallot & Harris Trauma Informed Care organizational assessment	Staff

3. Was outcome information gathered from every participant who received service, or only some?

4. If only some participants, how did you choose who to collect outcome information from?
This year we resigned our programming. Rather than hosting our own training and inviting people to 'come to us' we decided to collaborative with other organizations and offer training to their program participants. Subsequently, it was hard to figure out how best to include outcome assessments without complicating some of the processes (i.e with schools). We also had to contend with things like programs dismissing participants mid-program year (i.e. Restoration) or students graduating/or transitioning to new programs (i.e. Novak Academy or Youthbuild's Mental Toughness). We now know what to anticipate and how to design our assessment processes.

5. How many total participants did your program have? **(245)**

- **(213)** Individuals participating in a Psycho-Education/Social Skills Building/Wellness Event at Novak, Restoration Urban Ministries, Country Brook, Youth Build, the Highway & Construction program or other community event.

- **Learning Collaborative Attendees:** 32 unique participants in the monthly groups. (Average meeting 8 participants representing Real Life Families, the Youth Assessment Center, Cunningham Trustee's Office, CU @ Home, Don Moyers, & YouthBuild

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

We attempted to collect outcome data from 60% of our virtual/online training participants. (These were primarily professionals)
We did consistently attempt to collect outcome data from our NTPC because of logistical challenges and our figuring you how we wanted to collect this data in relationship with our partners.(student turn over, changes in programming, etc)

7. How many people did you *actually* collect outcome information from? 51

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

We did pre-test and our design was to do post test for all the trainings/events at Adult programs. But there was turn over, early discharges, and other changes at the 'sites' that made it virtually impossible to conduct evaluations at the end of the groups.

We had 23 individuals complete the pre/post training for the SAMHSA trauma informed policing training.

We collect evaluation data at the end of our trainings.

Learning collaboratives were invited to complete their organizational assessments during the first two months of their acceptance.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

For our NTPC who did complete a KAP survey we learned that many reported having limited knowledge of trauma and/or wellness. 100% of those surveyed reported having been impacted by trauma /adversity. All reported that the content was useful. And all reported having acquired at least one useful skill. (We did not follow up with the participants to look at sustainable change or time). This year participants in our 'regular groups' will be asked to complete individual action plans and we will look at change over time.

We will also be allowed to conduct START 2 Heal and Samaritan Wellness assessment in our programming this year.

10. Is there some comparative target or benchmark level for program services? No

11. If yes, what is that benchmark/target and where does it come from?

We use our prior year's program data as our target/benchmark. However, the past year has been so unusual and required so many adaptations that we do not feel like it is an accurate measure.

12. If yes, how did your outcome data compare to the comparative target or benchmark?

See above

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC)

NA

Non-Treatment Plan Clients (NTPC)

(120) NTPC: Individuals who attend a psychoeducation, trauma informed intervention or group-based supports (these will be groups that are more than just one session workshop)

Community Service Events (CSE)

(127) CSE

- Trauma Specific/Resiliency Building Groups – (Stressless, GRITT, & When Trauma Hits Home)- (9)- For Youth (2), Young Adults (2), Essential Workers (2) and 2 for Moms/ 1 for Fathers)
- Wellness and Self Care Workshops (Essential Workers (9) & Caregivers/Parents- (8)
- Targeted Community Directed informational/training sessions on trauma, resilience, and equity – (20)
- Healing Solutions – Two 9 sessions=(18)
- Monthly educational events, UPTV, radio show =(18)
- Psychological First Aid & Skills for Psychological Recovery- (6 sessions)
- Monthly workshops for professionals (9 workshops)
- Learning Collaborative Events – (30)

Service Contacts (SC)

(150) SC
Linkage & Referrals conversations to other programs/services and/or to answer questions about trauma, trauma specific services, and/or resiliency.

Treatment Plan Clients (TPC): 0

Non-treatment Plan Clients (NTPC): Projected 120/ Actual 213

Community Service Events (CSE): Projected 127/ Actual 129

.

Service Contacts (SC): Projected 150/ Actual 143 (We lost some of our SC data as we transition to a new reporting process)

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Don Moyer Boys & Girls Club/Champaign County Community Coalition – Summer Initiative Program (May 1-September 30, 2022)
Performance Outcome Report Template

Don Moyer Boys and Girls Club served as Administrative Agent to support the efforts of the Champaign County Community Coalition to create a unified community effort to address youth and community violence by providing the following: youth unemployment, structured and adult led youth activities, and activities and training to assist community members in developing neighborhood support groups and dealing with trauma.

- 570 Youth Participated in Partnership Programming
- 59 Youth participated in daily work program and job training activities
- 12 weeks of peer support group sessions were held throughout the County
- 52 youth participated in activities held at the Krannert Center for the Performing Arts
- 6 youth participated in weekly structured internships
- 50 plus youth participated in Rantoul Clean Up the Community initiative
- 30 youth participated in wellness programming and Yoga instructions
- 200 youth participated in Midnight basketball and mentoring activities
- 60 plus youth participated in a variety of activities on the University of Illinois campus
- 40 plus youth participated in four (4) Friday night music and mentoring sessions at the Douglass Center
- 52 females participated in STEAM activities and performances
- 5 community networking events
- 66 youth participated in sports league activities and adult mentoring
- 150 plus youth benefited from academic enrichment and learning loss prevention activities

Don Moyer Boys & Girls Club Youth & Family Services
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Don Moyer Boys & Girls Club
Program name: Youth & Family Services
Submission date: 8/25/2022

Consumer Access – complete at end of year only
Eligibility for service/program
1 . From your application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) The eligibility criteria for Youth & Family Services is for the family to have a child who has been clinically diagnosed with a social, emotional or behavioral disorder and/or who is exhibiting social, emotional or behavioral challenges that negatively impact academic performance, healthy socialization, or family/community relationships.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Criteria is met based upon self-disclosure that the child has a clinical diagnosis and/or expressed concern that their child's academic, socialization, or family/community relationships are being negatively impacted by the child's behavior.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Families learn about our program through word of mouth, community service events, the Alliance website, Facebook and organizations we have MOU's with. We will continue to pursue MOU's with other family and child serving agencies in the area.

4. a) From your application, estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

We estimated that 60% of persons who sought assistance or were referred would receive services.

b) Actual percentage of individuals who sought assistance or were referred who received services:

43% of persons who sought assistance or were referred received services from our agency.

5. a) From your application, estimated length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

Eligibility is determined during our first contact with a client after referral. We estimated length of time of referral /assistance seeking to assessment of eligibility/need to be 14 days.

b) From your application, estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

We estimated that 70% of referred clients would be assessed for eligibility within the 14-day time frame.

c) Actual percentage of referred clients assessed for eligibility within that time frame:

100% of referred clients were assessed for eligibility within the 14-day time frame.

6. a) From your application, estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

We estimated length of time from assessment of eligibility/need to engagement in services to be 14 days. For our agency, this would be the time from first contact to acceptance of services.

b) From your application, estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

We estimated that 70% of eligible clients would be engaged in services within the 14-day timeframe.

c) Actual percentage of clients assessed as eligible who were engaged in services within that time frame:

d) 100% of eligible clients engaged in services within the 14-day timeframe.

7. a) From your application, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

We estimated average length of time of participant engagement in services to be 9-18 months.

b) Actual average length of participant engagement in services:

At the end of this program year, the average length of participant engagement in services was 351 days (approximately 11 1/2 months).

Demographic Information

1. In your application what, if any, demographic information did you indicate you would collect beyond those required (i.e. race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

The additional information we collect is primary and secondary systems involvement (education, juvenile justice, child welfare, developmental disability, mental health) and mental health diagnosis, if applicable.

2. Please report here on all of the extra demographic information your program collected.

We collected primary system involvement based off referral source:

- 18 referrals were received from the mental health system.
- 2 referrals were received from the child welfare system.
- 5 referrals were received from the education system.
- 2 referrals were received from the juvenile justice system.

- 4 referrals were received from the developmental disability system.

We collected secondary system involvement based off referral source:

- 9 referrals were received from the mental health system.
- 2 referrals were received from the child welfare system.
- 15 referrals were received from the education system.
- 1 referral was received from the juvenile justice system.
- 1 referral was received from the developmental disability system.

Please note that not every referral will have a secondary systems involvement.

Consumer Outcomes – complete at end of year only

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. From your application, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application)

We use the FAST (Family Assessment Tool) to assess families and measure the impact of our program activities on consumers. Specifically, we expected the following outcomes:

- Types of Support: 75% Parents/caregivers will report a greater breadth of types of supporters they have access to when facing the challenge of raising a youth with emotional behavioral needs
- Presence of Support: 75% of parents/caregivers receiving peer parent support will report greater consistency of support from important people in their life
- Acceptance of Support: 75% of parents/caregivers will report greater acceptance from people in their lives with regards to their life choices and decisions
- Systems self-efficacy: 75% of parents/caregivers will report greater efficacy when interacting with systems when voicing ideas to professionals
- Coping with Stress: 75% of parents/caregivers will report greater coping with stress when they face challenges in their lives

For each outcome, what specific survey or assessment tool did you use to collect information on this outcome? (Please remember that the tool used should be evidence-based or empirically validated.)

The peer supporter assists the parent/caregiver with completing the FAST (Family Assessment Tool; developed by the National Wraparound Implementation Center (NWIC)). This tool has six domains designed to help the peer supporter and parent/caregiver to determine the type and array of support needed for their family. Listed below are the domains and the rationale.

Types of Support: Breadth of possible supports that a family has access to

- Presence of the Family's Support System: The presence of a strong social support network associates with increased resiliency (i.e. spouse/significant other, friend, family member, neighbor, faith community etc.)

- Acceptance of the Family's Support System: Isolation blame and shame can have an impact on the entire family. The focus on acceptance results in more confidence, which in turn results in a greater ability to manage challenges successfully

- System Receptivity: A major predictor of desired outcomes in family-centered care in is the amount of "voice" families have in service planning. If you want a good outcome, families need to be listened to and heard

- Coping with Stress: Stress is associated with a wide of range of physical and emotional ailments. Reducing caregiver stress is increasingly a focus of both medical and behavioral health systems research

3. Who provided the information about participant outcome(s)?
(Participant, participant guardian, clinician/service provider, other program staff (if other program staff, who? _____)

Information regarding participant outcome(s) was provided by the participants themselves as well as the Parent Peer Support Partner.

Was outcome information gathered from every participant who received service, or only some?

Outcome information was not gathered from every participant who received service.

f only some participants, how did you choose who to collect outcome information from?

Outcome information was gathered from treatment plan clients only.

6. How many total participants did your program have?

Our program had a total of 31 participants (17 TPC and 14 NTPC).

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

We attempted to collect outcome information from all of our treatment plan clients.

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

100% of our treatment plan clients completed the initial FAST.

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

Information was collected at client intake. Each participant engaged in services differently (frequency of contacts, length of time, level of intensity) therefore assessment administration varied at the individual client level based on need and progress. Our goal was to collect information during our initial assessment at time of enrollment and then 60 days following for those we were able to.

Results

10. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., recruitment, retention, treatment, intervention)

We use the FAST (Family Assessment Tool) to assess families and measure the impact of our program activities on consumers. Specifically, we expected the following outcomes:

- Types of Support:
  - 60% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to their spouse/significant other for support.

- 70% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to their family members for support.
- 60% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to their friends for support.
- 10% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to others (not specified) for support.
- 25% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to their faith community for support.
- 5% of parents/caregivers receiving peer parent support reported when facing challenges, they could turn to their neighbors for support.

- Presence of Support: 83% of parents/caregivers receiving peer parent support reported greater consistency of support from important people in their life.

- Acceptance of Support: 100% of parents/caregivers reported greater acceptance from people in their lives with regards to their life choices and decisions.

- Systems self-efficacy: 75% of parents/caregivers receiving peer parent support reported when working with professionals in their child and family's life they felt like their voice was heard.

- Coping with Stress: 85% of parents/caregivers receiving peer parent support reported greater ability to deal with the things that happen to them when faced with challenges.

11. Is there some comparative target or benchmark level for program services? Y/N

No

12. If yes, what is that benchmark/target and where does it come from?

NA

13. If yes, how did your outcome data compare to the comparative target or benchmark?

NA

(Optional) Narrative Example(s)
NA
In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? We continue to strive to improve upon our data collection. We have determined through this process that eligibility can be established the day the referral is received based on the information disclosed by the family.

Utilization Data Narrative – complete at the end of each quarter using the online reporting system. Complete this section at end of year only.
Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs do not need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.
1 . Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below. You will report the actual outcomes of service categories in the Part II Utilization/Production data form (located on the online system). If your estimated service category outcome significantly differs from your actual service category outcome, you may give a narrative explanation for that discrepancy here.
<u>Treatment Plan Clients (TPC):</u> Treatment Plan Clients are parents/caregivers who have completed our intake and enrollment process with the development of a service plan. We served 17 treatment plan clients during this program year. Our goal was 35. This has proven to be a difficult year with staffing our team. We started the year short a staff person due to a chronic illness, we lost another staffer due to family issues, and another staffer experienced a major loss of a loved one.
<u>Non-treatment Plan Clients (NTPC):</u> Non-treatment Plan Clients parents/caregivers who may have completed our intake and enrollment process but haven't developed a treatment plan; these families will still have access to linkage and engagement services this includes short-term community support

services (ie. attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.); parents/caregivers who contact us via phone or the website for linkage and engagement information).

We served 14 non-treatment plan clients during this program year. Our target was 20.

Community Service Events (CSE):

Community Service events consist of public presentations, stakeholder meetings, agency meetings, etc.

We held 21 community service events this program year. Our target was 10. We exceeded this goal by 11.

Service Contacts (SC):

Service contacts are the number of unduplicated face-to-face and phone contacts.

We had 840 service contacts this program year. Our target was 400.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

East Central Illinois Refugee Mutual Assistance Center
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: East Central Illinois Refugee Mutual Assistance Center
Program name: Family Support & Strengthening
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) All immigrant and Limited English Proficient residents of Illinois are eligible for our services, but the vast majority of our clients reside in Champaign County. Less than .05% percent reside outside the county or are unknown. We also distribute outreach information in surrounding counties of Piatt, Vermillion, Ford and Douglas. While there are immigration status and income requirements for receiving public benefits, we encourage anyone who needs assistance to meet with a bilingual case worker.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? We assist all immigrants and Limited English Proficient individuals. There are immigration status and income requirements for receiving public benefits, which our staff evaluates prior to assisting with an application. However, all other services at The Refugee Center are available to any immigrant or Limited English Proficient resident seeking bilingual assistance.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Clients learn about our program through client and former client word of mouth, social service provider referrals like IDHS, DCFS, WIC, workshops, Immigrant Student Support program, school visits, local churches, employers, social workers at clinics and hospitals, ESL programs, Adult Diversion Program, and our multilingual outreach to

refugee/immigrant populations through mass outreach events, public benefit sessions, workshops, social media, flyers, and public benefits sessions.
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 99%
b) *Actual* percentage of individuals who sought assistance or were referred who received services: 99% **5.** **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 2 days
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 99%
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 99%
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 2 days or less
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 90%
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 95%
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): One year

b) *Actual* average length of participant engagement in services:

18 months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

We collect demographic data on the languages spoken.

2. Please report here on all of the extra demographic information your program collected.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

   1. Application(s) for Social Service Benefit(s) completed.
   2. Obtain Permanent Employment.
   3. Improve Quality of Life.
   4. Improve Outlook on Life.
   5. Improve Relationships with Others.
   6. Improve Connections with the Community.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Surveying our clients is a very challenging proposition. Many of our clients do not read in any language. Therefore, any survey would not be anonymous, and would increase the staff time needed to care for each client. This is especially true for our many Guatemalan clients that speak an indigenous Mayan language.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Application(s) for Social Service Benefit(s) completed.	Case Notes	Client and Staff
2. Obtain Permanent Employment	Case Notes	Client and staff
3. Improve Quality of Life.	Case Notes	Client and Staff

4. Improve Outlook on Life.	Not measured	
5. Improve Relationships with Others.	Not measured	
6. Improve Connections with the Community	Case Notes; Information and Referral	Client and staff

3. Was outcome information gathered from every participant who received service, or only some?

Information on Social Services, health and legal referrals and public benefits received is recorded in case notes for every client.

4. If only some participants, how did you choose who to collect outcome information from?

5. How many total participants did your program have?

Our program served 2,841 unduplicated individuals in FY22

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

Heads of households completed intake, so 517 households completed information for social services received and employment information.

7. How many people did you *actually* collect outcome information from?
Intake forms were completed for 517 households.

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
One time per year at intake, then case notes thereafter. Varies with every client.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Our intake form and case notes reveal how many clients were able to successfully obtain public benefits, how many were referred to other services like health care and legal providers and other social service agencies, how many translations and/or interpretations were completed on behalf of the client, and how many clients were assisted with other miscellaneous issues. Change over time is recorded in case notes.

10. Is there some comparative target or benchmark level for program services? Y/N

No

11. If yes, what is that benchmark/target and where does it come from?

12. If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

An example of a typical service delivery case is when a client comes to us for assistance in applying for a public benefit like SNAP, All Kids Health Insurance or Medicaid. During the intake process, the staff identifies any additional needs the family might have at that time. They will then evaluate whether the client qualifies for additional benefits or services, like WIC. Often, the staff member will recommend and make medical appointments for the client at Promise Healthcare , CUPHD, or another provider that serves uninsured or underinsured clients, like Avicenna or Community Health Partnership. In addition, clients often have immigration legal issues that need to be addressed. If a client needs help translating paperwork, staff assists. If the client needs a referral to an Immigration Law provider, we refer to other agencies. Clients also need assistance with other legal issues. Staff will accompany a client to the courthouse to assist with their understanding of the process. Staff also assesses any food and other basic needs and refers clients to food pantries and similar organizations to help meet their needs. Often, staff accompanied clients to medical appointments and school related appointments as well, to serve as an interpreter and liaison. In FY22, we continue to deliver some COVID related direct rental or cash assistance to qualified clients.

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

N/A

Non-treatment Plan Clients (NTPC):

N/A

Community Service Events (CSE):

89 CSEs, 13 hours of workshops

Service Contacts (SC):

N/A

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Family Service of Champaign County Counseling
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Family Service of Champaign County
Program name: Counseling
Submission date: August 25, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **The Counseling program provides services to any individual as young as age 5 through the lifespan residing in Champaign County. Services are initiated by direct contact from a prospective client or a referral from an outside source. When an individual contacts the Counseling program, they receive a brief phone screening to discuss their issues and determine if their needs are within the scope of practice of our therapists. If their needs are beyond our scope, individuals are referred to more appropriate resources.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **The Counseling program determines if a person meets criteria by self-report of a potential client. As the therapist and client share information while completing the mental health assessment and social history, the therapist determines whether the client's needs and treatment will be within the scope of clinical practice offered by our therapists.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) **People learn of our Counseling program through our outreach efforts at community fairs such as Jettie Rhodes Day and the Disability Expo. We distribute Family Counseling program brochures and bulletin board flyers to organizations that provide other services such as housing and food assistance to people in the target population.**

The Counseling program is also promoted on the Family Service website and social media platforms that individuals can access through computers at public libraries. Information about our counseling services are provided to places of worship and schools throughout Champaign County. Some referrals come through Champaign County Drug Court.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

85%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

78% of the individuals who called Family Service received a phone intake. 75% of the individuals for which a phone intake was completed received services. 9% of the callers received appointments for services but no showed their appointment. 16% were referred elsewhere.

22% of individuals who called Family Service left a message; however, they did not receive a phone intake due to not returning our messages or were unreachable due to leaving incomplete contact information or their voicemail box was full.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

2 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):
90%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

87% were assessed for eligibility within that time frame. 13% of referred clients did not return phone calls within 2 days. Once the referred client talked with a therapist, the assessment was completed.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

5 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):
85%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
23% of clients were scheduled for appointments within the 5 day time frame. With social distancing guidelines in place, clients are mailed initial paperwork which is completed prior to their first appointment. Prior to COVID-19 this paperwork was completed in the office at the time of the client's first appointment. 77% of clients took a week or more to return the paperwork. Clients then make the decision determining when they wanted their counseling appointments as it matched the availability of the counselors.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
Length of engagement varies greatly, from one session to several years; it is difficult to average.

b) *Actual* average length of participant engagement in services:
N/A

There are no limits to the number of sessions available to a client.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
We collect information regarding gross family income for purposes of the sliding fee schedule.

2. Please report here on all of the extra demographic information your program collected.
None of the new counseling clients used the sliding fee scale so we did not collect this information.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

The goal of counseling is to improve the client's level of functioning. Depending on the client and the presenting problem, this may include reducing stress, depression or anxiety; reducing relationship conflicts; improving parenting or communication skills or ending an abusive relationship.

Outcome 1. Individuals receiving our services will report improvement in four areas of functioning: individual, relational, social and overall.

Outcome 2. Individuals receiving our services who have a treatment plan will meet the treatment goals that they established with their therapist.

Outcome 3. Individuals receiving our services who have a treatment plan will have improvement in their functioning over the course of treatment.

Outcome 4. Individuals who are Drug Court clients will complete a relationship assessment with the therapist. The therapist will make recommendations for additional services if appropriate.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Individuals will report improvement in four areas of functioning: individual, relational, social and overall.	**Outcome Rate Scale (ORS)**	**Client**
Individuals who have a treatment plan will meet the treatment goals that they established with their therapist.	**Treatment Plan Review**	**Client and Therapist**
Individuals who have a treatment plan will have improvement in their functioning over the course of treatment.	**Global Assessment of Functioning (GAF)**	**Therapist**
Individuals who are Drug Court clients will complete a relationship assessment with the therapist. The	**Relationship Assessment**	**Client**

therapist will make recommendations for additional services if appropriate.		

3) Was outcome information gathered from every participant who received service, or only some?

Only some.

4) If only some participants, how did you choose who to collect outcome information from?
Outcome information (#1 – #3) was only collected on those clients who had a developed treatment plan. Outcome information (#4) was only collected on Drug Court clients who completed a Relationship Assessment.

5) How many total participants did your program have?
37

6) How many people did you *attempt* to collect outcome information from?
We attempted to collect outcome information from 37 clients.

7) How many people did you *actually* collect outcome information from?
We collected outcome information on 34 clients. We were unable to collect this information on 3 clients: one client did not continue counseling past one or two sessions so they did not complete a treatment plan and 2 clients have not yet attended 3 sessions to complete their treatment plan.

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

For Outcome 1, the ORS information is obtained when the treatment plan is reviewed. This typically occurs quarterly. It is also requested that the client complete the ORS at completion of services.

For Outcome 2, treatment plans are typically reviewed and revised quarterly. When a client terminates services, the therapist uses the most recent treatment plan to determine the client's success with goal completion.

For Outcome 3, the GAF is assessed during the initial mental health assessment. A new GAF score is determined whenever a plan is reviewed or the case is closed.

For Outcome 4, a Relationship Assessment is completed with each Drug Court client when they are moving to level 4 in their program before they graduate.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

With all of our outcomes, we hope to observe client change over time.

Our therapists want to see the ORS scores move close to 40 over time.

Our therapists want to see on-going progress made on the client's identified objectives and goals.

Our therapists want to see improvement of the GAF scores from the initial assessment at each treatment plan review and at case closure with more treatment plan clients reaching GAF scores above 91 at case closure.

Our therapists want to see each Drug Court client as they near graduation from Drug Court to assess the need for further services.

10) Is there some comparative target or benchmark level for program services? Y/N

Yes

11) If yes, what is that benchmark/target and where does it come from?

Outcome 1: The benchmark for the ORS is a total score of 35-40. This means that a client is feeling that they are doing very well in all areas of their life. This benchmark is established by those who developed the tool.

Outcome 2: The treatment goals benchmark is that progress has been made on objectives and treatment goals have been met at time of case closure. This is an internal benchmark developed by our program.

Outcome 3: The benchmark for the GAF is a score of 91-100 at time of case closure. This score represents superior functioning in a wide range of activities. This benchmark is established by those who developed the tool.

Outcome 4: The benchmark for the Drug Court relationship assessment is that clients referred from Drug Court will successfully complete their relationship assessment. This is an internal benchmark developed by our program.

12) If yes, how did your outcome data compare to the comparative target or benchmark?

Outcome 1: As assessed at the end of the fiscal year: 75% of the treatment plan clients who had both an initial and subsequent ORS score showed at least some improvement in their score during their treatment, 17% made no change yet, 8% showed a decrease in their score. Two clients reached the benchmark score of 35 – 40. One treatment plan client is developmentally disabled and two treatment plan clients were minors and the developmentally disabled and minors are not asked to complete the ORS.

Outcome 2: Looking cumulatively at all objectives for treatment plan clients whose case was closed during FY22, 15% of objectives we fully met, there was improvement on 80% of objectives but they were not fully met, and there was no progress or the clients were unable/unwilling to address 5% of objectives at the time the case was closed. For treatment plan clients whose case was still open as of 6/30/22 progress has been made on 62% of their objectives and goals. The remaining 38% of objectives and goals are for treatment plan clients whose case was still open as of 6/30/22 and will have their first treatment plan review during the first quarter of FY22 to evaluate their progress with their objectives and goals.

Outcome 3: As assessed at the end of the fiscal year based on the most current or final (if cased closed) GAF score for treatment plan clients: 19% of clients increased their GAF score by 5 or more points, 52% of clients increased their GAF score by less than 5 points, and 29% of clients had no change in the GAF scores. One client reached the GAF benchmark score of 91 – 100 when their case was closed.

Outcome 4: 100% of Drug Court clients who called to schedule an appointment for a Relationship Assessment completed their appointment.

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

2. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

In FY 22 our target was to serve 40 treatment plan clients.
We had 24 TPC in FY 22.

Non-treatment Plan Clients (NTPC):

In FY 22 our target was to serve 30 non-treatment plan clients.

We had 13 non-treatment plan clients. Ten NTPC were Drug Court clients who completed a relationship assessment. Two clients had less than 2 sessions by 6/30/22 so are considered NTPC at this time.
Community Service Events (CSE):
Service Contacts (SC):
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Family Service of Champaign County Self-Help Center
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Family Service of Champaign County
Program name: Self-Help Center
Submission date: August 25, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **The Self-Help Center does not have any eligibility criteria. All of our outreach efforts and dissemination of information, however, focuses on residents of Champaign County. The Self-Help Center is unique in the nature of the services it provides in that the Self-Help Center, as an information clearinghouse, does not provide direct service to clients.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **Since the Self-Help Center does not have any eligibility criteria for use of its services, there is no determination criteria either.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) **People learn about the Self-Help Center from our website, newsletters, the directory and from the flyers that are posted in the various locations including libraries, community bulletin boards, churches, community fairs and forums. Information about the various groups is also sent to area mental health providers, area hospital social workers and school social workers.**
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): **95%**

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

100% of the people who called received information.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

The speed of consumer access is generally within 24 hours if a call or email occurs during business hours. Internet access is immediate. A log is kept to record the date of all phone calls and responses given.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

N/A: The Self-Help Center does not have any eligibility criteria.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:
N/A

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):
The Self-Help Center serves as an information clearinghouse. It links individuals to resources. There is no assessment for eligibility or time frame for engagement of services.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):
N/A

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
N/A

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
When someone consults the Self-Help Center for assistance, the length of engagement varies depending on individual need. A person seeking to start a new group may require more technical assistance and support compared to an experienced group leader who is having issues of maintaining membership. The coordinator may spend a few minutes with an individual or could have several meetings that last an hour or more.

b) *Actual* average length of participant engagement in services:
N/A

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Due to confidentiality and anonymity issues, limited information is collected on the information and referral calls except for the topic and if the person is a professional or a lay person. Data will be collected from information voluntarily provided on workshop and conference registration forms as it applies to gender, ethnicity, age group, and zip code.

2. Please report here on all of the extra demographic information your program collected.
N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Outcome 1: Through the Self-Help Center, individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available).
****Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events, and publications.**
****Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.**
****The rural libraries and churches in Champaign County will receive hard copies of the directory and other meeting notices.**

Outcome 2: Through the Self-Help Center, individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase.
****Consultation services will be available to individuals wanting to start a group or to group leaders experiencing difficulties.**

****Training opportunities will be provided through the biennial Self-Help Conference and the workshops.**
****Resources are available through the Self-Help Center lending library to help with group development and understanding of group dynamics.**

Outcome 3: Through the Self-Help Center, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.
****Distribution of the printed Support Group Directories, Specialized Lists, quarterly newsletter and website information to group leaders and professionals.**

Outcome 4: Through the Self-Help Center, the coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Increased awareness of the existence of self-help groups and provision of information and/or referral to a group(s) appropriate to address their needs (when one is available).	**Participation in public awareness activities, which include informational fairs, conferences, public education presentations, media events and publications.** **Continual update of the on-line version of the Support Group Directory, the Specialized Lists and the website.** **The rural libraries and churches in Champaign**	**Self-Help Center Coordinator**

	County will receive hard copies of the directory and other meeting notices.	
2. Increased ability for individuals wanting to start a group and group leaders experiencing difficulties to find and receive training to be able to effectively start and lead groups for their group visibility to improve.	**Consultation services available to individuals wanting to start a group or to group leaders experiencing difficulties. Training opportunities provided through the biennial Self-Help Conference and the workshops and the Support Group Needs survey. Resources available through the Self-Help Center lending library to help with group development and understanding of group dynamics.**	**Self-Help Center Coordinator; Self-Help Center Advisory Council members**
3. Through the Self-Help Center, professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups.	**Distribution of the printed Support Group Directory, Specialized Lists, quarterly newsletter and website information to group leaders and professionals; post-event evaluation of conference from attendees.**	**Self-Help Center Coordinator; Attendees at conference and workshop.**
4. Increased monitoring of the demographics of the self-help groups in Champaign County	**Support Group Survey, e-mails, and phone calls**	**Self-Help Center Coordinator**

1. Was outcome information gathered from every participant who received service, or only some?

Outcome information was gathered on some participants.

2. If only some participants, how did you choose who to collect outcome information from?

We did not choose from whom to collect information. Workshop participants chose whether to complete a survey about the workshop. Self-help group leaders and participants chose whether to complete a Support Group Needs survey.

3. How many total participants did your program have?

In FY22, there were 7 consultations, 15 information and referral calls, 1,244 website views, 745 emails, 59 printed directories distributed, 2 information fairs at which the SHC staff participated, 2 presentations given by SHC staff, 1 community media event, 4 newsletters distributed to the SHC mailing list, the fall Self-Help Center workshop with 30 attendees (with 3.5 CE credits available), the spring Self-Help Center workshop with 14 attendees (with 3.5 CE credits available), and 5 respondents to the Support Group Needs Survey. The SHC staff served as members on several different service organizations or committees including the Human Services Council, Senior Task Force, and the DisABILITY Expo committee. The SHC maintained information on approximately 210 support groups available to Champaign County residents. The 18th edition of the hard copy of the Support Group Directory was distributed.

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

We attempted to collect outcome information from:
30 participants who attended the fall workshop (workshop evaluation form)
14 participants who attended the spring workshop (workshop evaluation form)
200 support group leaders (Support Group Needs survey)

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

12 participants from the fall workshop but not all responded to every survey question (workshop evaluation form)
4 participants from the spring workshop but not all responded to every survey question (workshop evaluation form)
5 support group leaders but not all responded to every survey question (Support Group Needs survey)

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

Workshop evaluation data was collected from the Fall 2021 and Spring 2022 Self-Help Center workshop attendees. Support group data was collected in a survey conducted by the Self-Help Center in the first quarter of FY22.

Results

7. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

The low return rate of the Support Group Needs survey was a disappointment but some valuable information was obtained. Respondents were asked to describe the demographics of their groups, services offered within their groups, and challenges faced. In addition, facilitators were asked which SHC services they use.

Here are some of the results obtained from the 5 respondents:

a) One of the respondents was a group leaders/facilitator.

b) Three of the respondents were group members.

c) The topics addressed within their groups were caregiving (40%), addiction (20%), bereavement (20%) and mental health (20%).

d) The Self Help Center services used by the Support Groups were the Self-Help Center Website (100%), Newsletter (100%), Self-Help Center Biennial Conference (100%), Support Group Directory (100%), and the Self-Help Center Workshops (100%).

f) Of the reporting groups, the most frequently provided services besides the face-to-face meetings were on-line communication (100%), phone support between meetings (100%), a newsletter (60%) and a lending library (20%).

g) The top five ways in which people found out about a group according to the reporting groups were: 1) by a family/friend (100%), 2) by a professional referral (100%), 3) by a group member (100%), 4) information gleaned from the internet (60%) and 5) Self-Help Center referral (20%).

h) Of the reporting groups, they utilized professionals in capacities such as facilitators (100%), guest speakers (100%) and advisors (20%).

i) As identified by the reporting groups, the top issues presenting challenges to the group as a whole and affecting the group's ability to function smoothly were:

Attracting new members: 100%

Getting members involved in sharing the work of the group: 80%

Retaining Members: 80%
Difficulty with transportation to the meeting for members: 60%
Having disorganized or uninteresting meetings: 60%
Having too little involvement from professionals: 60%

8. Is there some comparative target or benchmark level for program services? Y/N

Yes

9. If yes, what is that benchmark/target and where does it come from?
We set a benchmark in 2005 to obtain a good or excellent rating from all attendees of the workshops or conference regarding acquisition of skills, knowledge, satisfaction, networking opportunities and implementation of information presented by the speaker(s). This means we need to achieve 100% to meet that benchmark.

10. If yes, how did your outcome data compare to the comparative target or benchmark?

From the Fall and Spring workshops, we obtained the following results from the 16 respondents:
100% of the respondents stated that the presenters provided their content clearly.
100% of the respondents stated that the presenters met their stated objectives.
92% of the respondents stated that the program met or exceeded their expectations.
92% of the respondents stated that the program expanded their knowledge of the topic.
100% of the respondents stated that the program provided them with skills they can use in their work.
100% of the respondents stated that the information provided will improve the quality of care/services.
100% of the respondents stated that they would like to hear from these presenters in the future.

(Optional) Narrative Example(s):

11. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

12. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

N/A

Non-treatment Plan Clients (NTPC):
N/A

Community Service Events (CSE):

291 Community Service Events were completed by the Self-Help Center in FY 22. We exceeded our goal of 270 CSEs.

Service Contacts (SC):
N/A

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Family service of Champaign County Senior Counseling
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Family service of Champaign County
Program name: Senior Counseling
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Champaign County resident
Age 60 or older
Living in a domestic setting
Has a need for our services
Adult Protective Services (APS) are also available to those ages 18-59 with a disability.
(APS services also include Piatt County residents but they are not counted as CCMHB clients.)

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?
Eligibility was based on home zip code of the individual, as well as reported date of birth

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

In our counseling and outreach services, we conduct outreach with community members and other service agencies, and receive a significant number of referrals from previous clients and other service providers. Adult Protective Services receives referrals in these same ways, but in addition received direct client handoffs from a statewide call center, and relies heavily on referrals from medical providers.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): **95% of referred individuals would receive services**
b) *Actual* percentage of individuals who sought assistance or were referred who received services **Between counseling, outreach, and information and referral, the number of clients who were referred to us that did not receive services is negligible. The aforementioned new database may allow us to more accurately report this number**
5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **Our target is 7 days**
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 90%
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: : **This percentage is estimated to be higher than the target of 90%. However, current systems do not allow us to accurately measure this number. A new database which should be active early in Q1 of FY23 will allow us to report this number definitively.**
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application)**:** 30 days
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **90%**

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
Typically, when clients are assessed to need our services, initial services happen at the time of assessment. Our caseworkers begin to address presenting issues at that time, and continually address problems that clients are facing.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
One day, to several years, depends on the service

b) *Actual* average length of participant engagement in services:

Due to the breadth of services provided we do have information and referral clients who do interact with us on a single instance, we have outreach clients who interact with us once a year for assistance with topics such as SHIP, and we have clients we engage with monthly for counseling services that remain open for years.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Financial information on some people, living arrangement, living status (alone or with others), marital status, if limited English speaking

2. Please report here on all of the extra demographic information your program collected.

Marital Status
Single – 2.2%
Married – 3.2%
Divorced – 2.2%
Widowed – 3.2%
Unknown – 89.2%

Living Status
Alone – 6.5%
Spouse – 1.1%
Unknown – 92.4%

Income
$1-$9,999 – 20%
$10,000-$14,999 – 2.2%
$15,000-$24,999 – 4.3%
$25,000-$34,999 –
$35,000-$49,999 –
$50,000-$74,999 –
$75,000+ -
Unknown – 93.5%

Limited English Proficiency
This is a statistic that is gathered for a different funder, and is not gathered within our database. We did not gather this data for the clients in this report. However, this is a statistic we do intend to tracking for all clients in our new database

The vast majority of the unknowns come from the Adult Protective Services clients, as we are not made aware of these demographics at their time of opening0

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. People will be referred to needed services for anxiety, depression, and/or social isolation.
2. People will have reduced anxiety, depression, and social isolation scores.
3. Seniors and adults with disabilities receiving protective services will have reduced risk scores.
4. PEARLS clients will have reduced PHQ9 scores.
5. People will have their presenting need addressed.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. People will be referred to needed services for anxiety, depression, and/or social isolation.	Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale	Assessment of elder by caseworker
2. People will have reduced anxiety, depression, and social isolation scores.	Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scale	Assessment of elder by caseworker
3. Seniors and adults with disabilities receiving protective services will have reduced risk scores.	Adult Protective Services at Risk Scale	Assessment of elder by caseworker
4. PEARLS clients will have reduced PHQ9 scores.	PEARLS PHQ9 tracking sheet	Completed by caseworker

5. People will have their presenting need addressed.	Outreach Referral Sheet	Completed by caseworker

3) Was outcome information gathered from every participant who received service, or only some?

Outcomes information was only gathered from participants in some components of our funded services

4) If only some participants, how did you choose who to collect outcome information from?

SCs are information and referral clients. These clients interactions with Family service are often one-time interactions, and thus we aren't collecting detailed outcomes measures on this population

NTPCs are typically working with us to accomplish a task (apply for LIHEAP), therefore there aren't typically long-term engagements with these clients. If we determine that longer interventions are necessary, they become TPCs, and assessments will be completed. This group is often who receives the Outreach Referrals mentioned above. These documents are mainly used if an issue rises above a piece of information that the person answering the phone can quickly provide. These forms are written documents with client information designed to allow caseworkers to call somebody back. 100% of these outreach referrals are processed by casework staff.

We have three segments of our TPC numbers, all of who receive the assessments which are appropriate to that segment.

--General Senior Counseling clients receive the Geriatric Anxiety, PHQ-9, and UCLA Loneliness Scales. These assessments allow us to assess Senior Counseling Clients across a wide array of life experiences.

--Program Encouraging Active, Rewarding Lives for Seniors (PEARLS) clients are tracked in-depth in many key metrics of depression, anxiety, and isolation. Results for all of these clients are aggregated on the "PEARLS PHQ-9 Tracking Sheet."

--The Adult Protective Service At Risk Scale is given to all individuals receiving an intake from this program. The goal of this assessment is to ascertain whether the senior or person with a disability is at risk of abouse, neglect, and/or exploitation.

5) How many total participants did your program have?
Including the SC, TPC, and NTPCs, we served 1,476 clients

6) How many people did you *attempt* to collect outcome information from?
267 clients were eligible to receive assessments

7) How many people did you *actually* collect outcome information from?
We have not collected data from the State to determine how many of our Adult Protective Services clients were assessed. In some cases, these clients would not be assessed if a referral was made for them and they refused to complete the assessment.

For our general Senior Counseling and PEARLS clients, 70 clients received at least one of the three scales we utilize for these services

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
For Adult Protective Services clients, assessments are completed at the initial visit with a client after we receive a report, as well as at various intervals during service deliver to ensure that the factors contributing to their risk are being addressed.

For our counseling clients, scales are conducted upon opening. The PHQ-9 and Geriatric Anxiety Scale are typically only conducted on an annual basis. The UCLA-3 is conducted on a quarterly basis.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

For PEARLS clients, we are reporting on an assessment called the PHQ-9, this assessment is used to measure depression. For these clients, we saw a mean starting score of approximately 11.83, and mean ending score of 9.18. This nearly 22.5% decreased while individuals saw a median decrease in their depression score of 36%, while individual scores saw a standard deviation of approximately 4.3.

10) Is there some comparative target or benchmark level for program services? Y/N

No

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

<u>Treatment Plan Clients (TPC):</u>

267

<u>Non-treatment Plan Clients (NTPC):</u>

182
Community Service Events (CSE): **Not reported**
Service Contacts (SC): 1,027
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

FirstFollowers FirstSteps Community Reentry House
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: FirstFollowers
Program name: FirstSteps Community Reentry House
Submission date: August 22, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **A demonstrated need for housing,a recent experience of incarceration, a positive disciplinary record in prison, evidence of planning post-release life and clear intentions to successfully reenter the community.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **They fill out an application form which we evaluate. Then we visit them, if possible, speak to them by phone and check out any references they may have. We have a metric for assessing them.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Primarily by word of mouth but also from our website, Facebook page, account, flyers, our resource guide, our attendance at events,networks plus communication with incarcerated people and prison reentry officials.
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 10

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 5

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 180 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 5

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **40**

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 100

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application: 5

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 3

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 3 months to 12 months

b) *Actual* average length of participant engagement in services:

1 year

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
Disability, housing stability, employment status, education level, criminal justice system involvement

2. Please report here on all of the extra demographic information your program collected.
Housing stability, employment status, criminal justice system involvement, education level- disability, children, treatment history

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Provide a stable living situation
2. Enhance opportunities to find employment
3. Connect to social services agencies
4. Build connections to the community
5. Provide economic security
6. Provide access to long-term housing opportunities

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)
We record all of this information on a google intake form and in case notes from regular meetings with residents. Since the number of residents is small we can keep close tabs on all these outcomes. . We then sort the fields to examine data and measure outcomes.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Stable living situation	Interview	Case manager and client
Employment	Interview	Case manager and client
Connect to social services	Interview	Client and peer mentor
Community connections	Interview	Case manager and client
Economic security	Interview	Case manager and client
Long term housing access	Interview	Case manager and client

3) Was outcome information gathered from every participant who received service, or only some? All
4) If only some participants, how did you choose who to collect outcome information from? NA
5) How many total participants did your program have? 4
6) How many people did you *attempt* to collect outcome information from? 4
7) How many people did you *actually* collect outcome information from? 4
8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) At client intake for everyone, then during follow up if they return for services During regular meetings with case manager which took place one or twice a month, depending on the individual's needs and progress.
Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
We learned a lot about the ways in which the trauma of incarceration impacts individuals long-term. As a result of these findings we have made plans to put in place a program of regular counseling and mental health supports.

10) Is there some comparative target or benchmark level for program services? Y/N

No

11) If yes, what is that benchmark/target and where does it come from?

NA

12) If yes, how did your outcome data compare to the comparative target or benchmark?
NA

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
An individual comes to us having just been released from prison. In most cases we have had prior contact with him, through phone calls from the prison, ideally unregulated calls through the counselor's phone. We introduce him to our team and our peer mentors and do a deep needs assessment. The Community Navigator provides transportation to the DMV, Social Security and any other services he needs. We ensure that he has food and clothing. We then proceed to meet his needs in whatever way we can, largely making use of the drop-in services for our other clients. We also introduce him to all the peer mentors and mandate that he comes to our drop-in center during drop-in hours until he is employed. We then provide him

with supports he needs to move to the next stage, whether that be employment, education or family reunification. We also communicate with his parole officer and make sure that we are complying with all regulations. From this point the person charts their own path with our support. We check in regularly and ensure that he begins to consider his pathway out of the house. We aim to transfer him out within a year but that is flexible depending on many factors.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

NA

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): These are people who live in our house for one day or longer.

Planned: 12- actual = 6

Non-treatment Plan Clients (NTPC): Those who apply for a place in our house but are not accepted. This number is typically fairly large because we only accept a small number of applicants. Planned = 30, actual =27
Community Service Events (CSE): Number of drop-in center sessions attended by residents, number of community activities attended by residents Planned=12, Actual = 13
Service Contacts (SC): Number of jobs acquired by residents Planned 10; Actual = 10
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: FirstFollowers
Program name: Peer Mentoring
Submission date: August 22, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **A demonstrated need for housing,a recent experience of incarceration, a positive disciplinary record in prison, evidence of planning post-release life and clear intentions to successfully reenter the community.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **They fill out an application form which we evaluate. Then we visit them, if possible, speak to them by phone and check out any references they may have. We have a metric for assessing them.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Primarily by word of mouth but also from our website, Facebook page, account, flyers, our resource guide, our attendance at events,networks plus communication with incarcerated people and prison reentry officials.
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 10

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 5

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 180 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 5

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **40**

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 100

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application: 5

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 3

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 3 months to 12 months

b) *Actual* average length of participant engagement in services:

1 year

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
   Disability, housing stability, employment status, education level, criminal justice system involvement

2. Please report here on all of the extra demographic information your program collected.
   Housing stability, employment status, criminal justice system involvement, education level- disability, children, treatment history

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Provide a stable living situation
2. Enhance opportunities to find employment
3. Connect to social services agencies
4. Build connections to the community
5. Provide economic security
6. Provide access to long-term housing opportunities

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

We record all of this information on a google intake form and in case notes from regular meetings with residents. Since the number of residents is small we can keep close tabs on all these outcomes. . We then sort the fields to examine data and measure outcomes.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Stable living situation	Interview	Case manager and client
Employment	Interview	Case manager and client
Connect to social services	Interview	Client and peer mentor
Community connections	Interview	Case manager and client
Economic security	Interview	Case manager and client
Long term housing access	Interview	Case manager and client

3) Was outcome information gathered from every participant who received service, or only some?

All

4) If only some participants, how did you choose who to collect outcome information from? NA

5) How many total participants did your program have?

4

6) How many people did you *attempt* to collect outcome information from?

4

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

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) At client intake for everyone, then during follow up if they return for services During regular meetings with case manager which took place one or twice a month, depending on the individual's needs and progress.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
We learned a lot about the ways in which the trauma of incarceration impacts individuals long-term. As a result of these findings we have made plans to put in place a program of regular counseling and mental health supports.

10) Is there some comparative target or benchmark level for program services? Y/N

No

11) If yes, what is that benchmark/target and where does it come from?

NA

12) If yes, how did your outcome data compare to the comparative target or benchmark?

NA

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

An individual comes to us having just been released from prison. In most cases we have had prior contact with him, through phone calls from the prison, ideally unregulated calls through the counselor's phone. We introduce him to our team and our peer mentors and do a deep needs assessment. The Community Navigator provides transportation to the DMV, Social Security and any other services he needs. We ensure that he has food and clothing. We then proceed to meet his needs in whatever way we can, largely making use of the drop-in services for our other clients. We also introduce him to all the peer mentors and mandate that he comes to our drop-in center during drop-in hours until he is employed. We then provide him with supports he needs to move to the next stage, whether that be employment, education or family reunification. We also communicate with his parole officer and make sure that we are complying with all regulations. From this point the person charts their own path with our support. We check in regularly and ensure that he begins to consider his pathway out of the house. We aim to transfer him out within a year but that is flexible depending on many factors.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

NA

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): These are people who live in our house for one day or longer.

Planned: 12- actual = 6

Non-treatment Plan Clients (NTPC): Those who apply for a place in our house but are not accepted. This number is typically fairly large because we only accept a small number of applicants.
Planned = 30, actual =27

Community Service Events (CSE): Number of drop-in center sessions attended by residents, number of community activities attended by residents Planned=12, Actual = 13

Service Contacts (SC):
Number of jobs acquired by residents Planned 10; Actual = 10

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

GROW in Illinois Growth to Maturity
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: GROW in Illinois
Program name: Growth to Maturity
Submission date: August 25,2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)
What is the eligibility criteria for this program?
GROW serves anyone over the age of 18.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?
How do you determine if a person meets criteria?
Phone call, discussion with person, meet with them in the community for coffee. All are welcome in GROW that choose to participate in our program

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
How many people in your target population learned about this program?
9.1% learned from a community orientation, 54% from friend or family, 13.6% learned from professional referral.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application**): 100%**

b) *Actual* percentage of individuals who sought assistance or were referred who received services: **100%**

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan

	application): **N/A Everyone is welcome to GROW we do not do assessments. Everyone that chooses to come to the program is welcome.**
	b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **N/A**
	c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **N/A GROW does not do assessments anyone who wishes to come to GROW is welcome**
6.	**a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **N/A**
	b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **100%**
	c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **100%**
7.	**a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application**): Some GROWers stay for a long period of time others get what they need and move on.**
	b) *Actual* average length of participant engagement in services: **From the survey 43% have been attending for greater than ten years. 8.7% Less than five to ten years. 13% two years or less. 35% less than nine months**
Demographic Information	

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
   Military Service, Hospitalization, spirituality, diagnosed illness and attempted suicides

2. Please report here on all of the extra demographic information your program collected.
   Primary language spoken:
   Have you or your loved one served in the Armed forces:
   Spirituality:
   Transportation:
   Are you involved in leadership:
   Have you been given a diagnosis for mental health reasons:

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Decreased hospitalizations frequency
2. Decreased medication use
3. Increased use of social resources
4. Increased personal growth
5. Increased wellbeing
6. Increased number of participants in leadership roles
7. Satisfaction with the GROW program
8. Volunteer or paid work

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1.Decreased hospitalization	Survey	GROWer's
2.Decresed medication use	Survey	GROWer's
3.Incresed use of social resources	Survey	GROWer's
4.Increased personal GROWth	Survey	GROWer's
5.Increased wellbeing	Survey	GROWer's
6. Increased number of participants in leadership roles	Survey	GROWer's
7.satisfaction with the GROW program	Survey	GROWer's

3) Was outcome information gathered from every participant who received service, or only some**? No it is voluntary and open to anyone that would like to participate. We only gather information once a year so are sure to miss a few.**

4) If only some participants, how did you choose who to collect outcome information from? **From the GROWer's that chose to do the survey. The organizers of the group collect weekly demographics as well.**
5) How many total participants did your program have? **37 New none treatment plan clients. We had 28 continuing none treatment plan clients. For a total of 65 for this fiscal year. This number could be off do to the issues I worked on correcting with reporting in the third quarter. To the best of my knowledge it is correct.**
6) How many people did you *attempt* to collect outcome information from? **We attempted to collect from All.**
7) How many people did you *actually* collect outcome information from? **23**
8) How often and when was this information collected? **(e.g. 1x a year in the spring; at client intake and discharge, etc) May-Aug 2022 Our hope is to get better maybe do more often. GROWer's still have problems with Technology. It requires our organizers to help with surveys. Some were able to complete themselves.**
Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

NOTE: GROW is anonymous and confidential nevertheless we are working with the UIUC Psychology Department to develop a method for comparison of strategies and outcomes while preserving anonymity of participants. Many GROWers are unfamiliar or uncomfortable with electronic technology, we are working to help participants to overcome anxiety and learn technology together through friendly help. The last quarter of FY22 we have been meeting in person part of the time. The transition to meeting in person has been a challenge. Transportation and many physical disabilities have made it easier for some to stay at home and continue phone or virtual meetings. 2 of the community groups are hybrid groups.

1.Decreased hospitalization frequency
GROWERs who completed the FY22 baseline survey reported only a 1person hospitalization in the past year 2 times[9%]. Participants reported a range of lifetime hospitalizations: of 36% 91% reported no hospitalizations in this fiscal year, 9% reported 2 hospitalizations in a life time 36% reported 3—7 hospitalizations, 18% had 10-12 hospitalizations, and one had 30 [9%] hospitalizations.

(i) Across their lifetimes they had an average of 6 lifetime hospitalizations.
(ii) Last year on average, GROWERs who completed the baseline survey reported 0.44 hospitalizations in the past year. Across their lifetimes, they reported an average of 2 hospitalizations.

On average, GROWERs who completed the follow-up survey reported 2 hospitalizations in the past year. Across their lifetimes, they reported an average of 25 hospitalizations.

(ii)There was a reduced need for hospitalizations, only a single person was hospitalized 2 times past year during a global pandemic and isolation from in-person meetings and group activities, is encouraging

2.Decreased medication: **67% N/A 14.3% Strongly agreed from survey.**

3.Increased use of social services: **We did not have the question on the survey to get this result.**

4.Increased personal growth: **68% of respondents strongly agreed that GROW helped them increase personal growth. 32% of the surveyed were very knew to the program so it was not N/A we these were the baseline.**

5. Increased wellbeing: Personal wellbeing index. **Mean=8.3/10. The respondents had highest difference in "satisfaction with standard of living" The highest satisfaction was with personal safety 9.15/10. Agreed that it has helped with personal resources.**
Some respondents were taking the survey for the first time and there was insufficient basis for comparison with previous surveys.

6. increased number of participants in leadership roles. **Last year 58% were involved in some kind of leadership role. This year 2022 59% are involved in a leadership role. Last year 42% were not this year 2022 40% are not. We show a small improvement in leadership roles.**

7. Satisfaction with the GROW program: **from the survey 18/22 were satisfied or very satisfied. 2 were satisfied and 4 were neater satisfied or dissatisfied. 1 Very dissatisfied.**

8. Volunteer paid work: **from the survey 18% gained employment, 31% are involved in volunteer work.**

10) Is there some comparative target or benchmark level for program services? Y/N
Yes, comparison with previous year, personal stories of growth to maturity, and recovery from setbacks.

11) If yes, what is that benchmark/target and where does it come from?
Survey question How many hospitalizations have you had in a life time?
One person had 30 over a life time. Over the last year we had one person that had 2 hospitalizations.

12) If yes, how did your outcome data compare to the comparative target or benchmark?
Our target was 1 hospitalization. The bench mark was 1 hospitalization. We had one person that was hospitalized 2 separate times for medication adjustments.

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

We have had a few significant personal growth and leadership changes. We were able to hire one new part time group organizer in January. They are leaning the role of Fieldworker. This person came to GROW a few years ago for mental health reasons.
We had another person that was able to move from assisted living to their own apartment, they took on some of the responsibilities of organizing the group in Rantuol and took a class in Exel so that they can help with the survey results.
We had another person that is taking on the role of Group organizer they also achieved getting Guardianship of person.
We had another member that left assisted living, moved into their own apartment and is now supporting 2 new GROW groups. They also were able to obtain a part time job.
We also had one persona that has been working on our attendance and demographics, this person is a long term leader in GROW this is ongoing with the hopes that we can simplify organizing and reporting on our groups, workshops, leaders meeting and socials.
With covid leading the way for the past two years it has been a struggle. We have had much success in the past year in spite of the pandemic everyone was affected by. We are moving on. I feel that we have moved forward significantly.
We also had one GROWer that stopped receiving Social Security disability and returned to full time work.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

GROW is using evaluations to improve meeting outcomes, personal growth and friendships. It helped us look at the whole picture and to understand our strength and weaknesses. I hope to take some of the results and use them to promote GROW in area's that we might be lacking.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every

category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): N/A

Non-treatment Plan Clients (NTPC):

We are expecting 20 Continuing NTPC's and up to 90 First Timers to GROW meetings depending upon resumption of group meetings as allowed by public health authorities. Total of 110 NTPC for FY2021

We had 37 first time none treatment plan clients for this fiscal year 20 of those that were in the last quarter. We served a total of 65 none treatment plan clients for the FY21/22 I see a significant difference this year. I think we will meet our targets. This is under what we had projected. We did not get to resume the Jail groups. This changed things for the projected outcome.

Community Service Events (CSE): GROW regularly participates in community service events. We will hold or participate in at least 2 CSE for FY22:

One (1) 2021 Disability Expo depending upon resumption of group meetings as allowed by public health authorities. **The Disability Expo was canceled in 2021 because of the rise in Covid positive tests.**

One (1) public education event about GROW and mental health [conference or one

We attended the Health fair at the Student Union Hall in April 2022
We also did a formal Presentation to the Probation board.

(1) article for Self-Helper Newsletter**. I am not sure if we did this. I do know that we have discussed forming a Newsletter team. We have spoken with the groups to see who is interested in serving on the team.**

Other events as time and staff permit and public health authorities and venues allow.

We conducted several trainings in the area between January and June. This was a learning experience for the leadership in GROW. We held them 2 times a month on zoom. They were very well attended and helped give our leadership a boost. We are coming together in person more often for the weekly GROW group meetings and will be doing many more trainings this year. We also attended the Autism Walk , we did a presentation to the probation with the intension of serving the Re-entry population. We continue to partner with the re-entry program.

Service Contacts (SC We revised our estimate to be up to 500 Service Contacts for FY22 because of uncertainty of post-quarantine restrictions due to COVID-19 and varying policies of institutions including Champaign County Satellite Jail. Our plans are to begin Orientations at OSF Heart of Mary Medical Center, and resume orientations at Champaign County Christian Health Service and Church of the Living God as allowed. We are continuing two community groups in Champaign and Rantoul. We will continue to conduct group meeting videoconferencing/teleconferencing with outreach to rural, disabled, homebound, and those with transportation challenges that otherwise impede personal attendance.

We had a total of 799 service contacts for the year.
Our total hours of services 2048
We have started a new group at CU@home. We are prepared to go into the jail as soon as they are prepared for us to come in.
We have contacted OSF and they are looking into allowing us to come on the unit and be part of the programing. If this would happen we will be going in once a week to do a orientation and /or Education and discussion group.
We have also met with the YMCA. They are very interested in allowing us to have a support group in there facility. We are waiting for the fall and will be meeting with the social service department to try and move forward with the group.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Mahomet Area Youth Club B.L.A.S.T (Bulldogs Learning and Succeeding Together) Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Mahomet Area Youth Club
Program name: B.L.A.S.T (Bulldogs Learning and Succeeding Together)
Submission date: 10/11/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?)(Consumer Access, question #1 in the Program Plan application)

All youth of elementary age in the Mahomet School District are eligible to participate in Kid's Club and BLAST. Youth that require scholarships are reviewed based on the free and reduced lunch guidelines.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Scholarship criteria was based on free and reduced lunch eligibility. The school compared each youth against their internal documentation.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Outreach to eligible participants was accomplished through several avenues. Primary dissemination occured through School Reach, the district-wide communication platform. In addition, the school website and the MAYC website and social media were utilized to provide information. BLAST informational meetings led by MAYC staff, board members, and school principals were held at community events and at the MAYC clubhouse. Our Programming Director personally contacted all parents from our summer program to encourage participation during the school year. Teachers, social workers, and principals also directly encouraged participation with students and parents from the target population.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

100%

b)*Actual* percentage of individuals who sought assistance or were referred who received services:

95%

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need(Consumer Access, question #5 in the Program Plan application):

7 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame(Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:
100%

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services(Consumer Access, question #7 in the Program Plan application):

7 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

95%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
95%

7. **a)** *From your application*, estimated average length of participant engagement in services(Consumer Access, question #9 in the Program Plan application):
10 weeks for BLAST; 36 weeks for Kid's Club

b) *Actual* average length of participant engagement in services:

10 weeks for BLAST; 36 weeks for Kid's Club

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

We also collect income, family size, and family makeup.

2. Please report here on all of the extra demographic information your program collected.

Income & family size

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Improve engagement in school. MAYC strives to ensure that over 60% of kids are more engaged in school due to the after school program.
2. Improve attendance at school. We work to ensure that over 40% of parents expect better attendance from their children when the child is enrolled in BLAST.
3. Increase connectivity (new friends) with peer group. We expect over 70% of kids to make new friends as part of the BLAST program.
4. Increase interest in new areas. We expect over 70% of parents to feel that there is enough variety in the BLAST offerings to provide a broad spectrum of subject area content for exposure into new areas.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

1. Survey data - Improve engagement in school - BLAST coordinator at Mahomet Schools
2. Survey data - Improve attendance at school - BLAST coordinator at Mahomet Schools
3. Survey data - Increase connectivity with peer group - BLAST coordinator at Mahomet Schools
4. Survey data - Broad exposure to different topics - BLAST coordinator at Mahomet Schools

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Improve engagement in school	Parents survey	Parents, clients & BLAST coordinator
Improve attendance at school	Parent survey	Parents, clients & BLAST coordinator
Increase connectivity with peer groups	Parents survey	Parents, clients & BLAST coordinator
Broad exposure to different topics	Parents survey	Parents, clients I BLAST coordinator

3) Was outcome information gathered from every participant who received service, or only some?

Only some

4) If only some participants, how did you choose who to collect outcome information from?

It's a voluntary survey, so not all individuals complete the survey.

5)

6) How many total participants did your program have?

BLAST-126 Kid's Club-152

7) How many people did you *attempt* to collect outcome information from?

8) How many people did you *actually* collect outcome information from?

9) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) 2 times per year (end of semester)

Results

10) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

N/A

11) Is there some comparative target or benchmark level for program services? Y/N

No

12) If yes, what is that benchmark/target and where does it come from?

N/A

13) If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

14) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

A typical service delivery case for BLAST & Kid's Club starts when a family inquires about either program and scholarship eligibility through the school district. The district enrolls students and

collects required information to determine income eligibility (normally based on free/reduced lunch or CCAP information). Once students are enrolled and receiving scholarships for services, the district shares the information with MAYC and bills us at the end of each semester for the scholarship amount. MAYC has little to no interaction with the families in an effort to not complicate the process for families.

15) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to becompleted at the end of each quarter(including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on thedifferent types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

We will provide scholarships to youth that have economic needs that have IEPs, special classroom considerations, and other developmental requirements. We anticipate 12 TPCs as part of BLAST programming.

Non-treatment Plan Clients (NTPC):

We will provide scholarships to youth that have economic needs. We expect 80 students to take advantage of this program.
Community Service Events (CSE): 1000 Community service events are based on registration, program check-in, and end of program survey.
Service Contacts (SC): 2200 Service contacts are based on the number of courses and days met for BLAST and Kid's Club.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Mahomet Area Youth Club MAYC Members Matter!
Performance Outcome Report

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Mahomet Area Youth Club
Program name: MAYC Members Matter!
Submission date: Sept 12, 2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

All youth between the ages of 6 and 16 are eligible to participate in our out of school programming. Scholarships are available with our income-based sliding scale fees. Youth over the age of 13 are able to attend all programs for free. Participants must be a MAYC member which is an annual application and $20 per student fee.

Our Jr High after-school program is free to all participants. It is available to anyone attending the Jr High.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Parents/guardians complete membership and registration forms to confirm the age of the youth, their home address and scholarship determinations are based off of submitted income documentation.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

The Jr High Program was promoted through the school district parent information sources, school & MAC websites, as well as newsletter, facebook, the local newspaper. Referrals from current and past member as well as school staff also play a big role in information sharing.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

90% of those seeking assistance will receive services.

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 100% requested were awarded scholarships.
5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): Three (3) days
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 100% of requests received to be processed within 3 days.
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 100% were assessed within three (3) days.
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): Three (3) days
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 75%
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 80%
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): On average students remain involved in after school and out of school programming for at least three (3) years.
b) *Actual* average length of participant engagement in services: On average, participation is 2-3 years. Over the past couple of years COVID has restricted participation and affected total length of time for some students, but normally we keep students involved for at least 3 years.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

We collect IEP/504 eligibility, household income, family size and family makeup.

2. Please report here on all of the extra demographic information your program collected.

We ask for IEP/504 eligibility, household income, family size and family makeup from all students through the membership/registration forms.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Out-of-School Programs:

1. Increased enrollment numbers mirroring the increased need in the community for a safe and fun program.
2. Reduction of youth who will be home alone over the school breaks.
3. Improved relationships with peers and caring adults in the community.
4. Increased educational and recreational experiences for students of low-income families.

Jr. High afterschool Program:

1. Ensure graduation occurs on-time. At least 90% of youth will move on to the next grade level on time.
2. Improve graduation rate. At least 80% of youth will have passing grades across Math, Science, and English.
3. Improve success in high school and leading into post secondary education. At least 60% of students will hold steady or improve grades across Reading, Math, and Science.
4. Improved engagement and attendance. At least 75% of students will miss less than 5 days of school during the school year.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Out of School Programs: 1. Increased enrollment numbers mirroring the increased need in the community for a safe and fun program.	Member and registration data base	Client/Parent/Guardian
Reduction of youth who will be home alone over the school breaks.	Parent survey/feedback	Client/Parent/Guardian
Improved relationships with peers and caring adults in the community.	Parent survey/feedback	Client/Parent/Guardian
Increased educational and recreational experiences for students of low-	Parent survey/feedback	Client/Parent/Guardian

income families.		
Jr High After School Program: Ensure graduation occurs on-time. At least 90% of youth will move on to the next grade level on time.	Report card data from Mahomet Schools through the Assistant Superintendent	School district with parent/guardian permission
Improve graduation rate. At least 80% of youth will have passing grades across Math, Science, and English.	Report card data from Mahomet Schools through the Assistant Superintendent	School district with parent/guardian permission
Improve success in high school and leading into post secondary education. At least 60% of students will hold steady or improve grades across Reading, Math, and Science.	Report card data from Mahomet Schools through the Assistant Superintendent	School district with parent/guardian permission
Improved engagement and attendance. At least 75% of students will miss less than	Attendance records by student through the Assistant Superintendent	School district with parent/guardian permission

5 days of school during the school year.		

3) Was outcome information gathered from every participant who received service, or only some? No, it is a voluntary survey. All survey information received will be reported and tracked.

4) If only some participants, how did you choose who to collect outcome information from? Information was gathered from all surveys received.

5) How many total participants did your program have?

426

6) How many people did you *attempt* to collect outcome information from?

426

7) How many people did you *actually* collect outcome information from?

I haven't been able to find that information with the executive director gone

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) Jr High Program is quarterly and Out of school program is annually

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Out of School Program: We aim to serve as many youth as possible made up of a mixed income population, with students of a variety of households and race/ethnic diversity (as compared to the community). Program goals include improved opportunities for learning and recreation plus social & emotional development like relationships with peers. Despite our reputation as a place for low-income families, around half of our participants come from families with household incomes above the qualifying amount of low income. This year we had to adjust our daily rate due to requirements of the CRCC and we actually lost some students because the parents did not want to complete the additional paperwork, but did not want to pay the increased amount. Participation in that program will be evaluated moving forward. None of this will change our mission, fand we believe the mixture of demographics can only improve the experiences and outcomes of the students.

Jr High Program: The grade and attendance reports are used to gauge how students are doing academically and in general. With COVID in previous years it makes it more difficult to gauge, but we are attempting to compare the data. I also am having some difficulty finding some of the data and will have to contact the school assistant superintendent to see if it was provided and if it could be provided again with the absence of an executive director.

10) Is there some comparative target or benchmark level for program services? Y/N

No

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): The majority of MAYC members are primarily categorized as non-treatment plan clients. In working more closely with mental health providers, social workers, school administrators and in attempting to refer individuals to service providers, MAYC anticipates that the number of treatment plan clients may increase. We currently estimate 15 TPC participants for 2022.
Non-treatment Plan Clients (NTPC): We provide services to youth that are socio-economically disadvantaged youth. Many of the youth attending our programming have multiple risk factors that can potentially limit success as they progress to and through adulthood. We provide services to 150 NTPC clients.
Community Service Events (CSE): We anticipate 200 events a year based on 50 weeks of programming. We average 4 events a week with days off for holidays and days where school is not held. We have a week off between school and summer programming at the start and end of summer.
Service Contacts (SC): We anticipate 5750 service contacts a year based on three homework checks a week during the school year (36 weeks) for 40 Jr. High program participants along with 1 weekly check in with parents for the 110 students per each session as part of our 13 weeks of out of school offerings.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Promise Healthcare Mental Health Services
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Promise Healthcare
Program name: Mental Health Services
Submission date: August 2, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Promise Healthcare's mental health services are available to anyone regardless of their ability to pay. Anyone is eligible for our services.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Not applicable.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Promise works on promotion several ways including working with collaborators and referring agencies and providers, marketing and social media. However, most patients learn about our mental health services through word of mouth from family and friends.
4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 100% of patients who sought assistance or were referred would receive a screening (to identify actual need or desire for counseling or psychiatry), Mental Health Assessment or Psychiatric Evaluation.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

100% of appropriate referrals would access service at PHC, no one is turned away.

5. a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

14 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

Counseling: 100% Everyone is assessed that is referred and keeps appointment
Psychiatry: 100% Everyone is assessed that is referred and keeps the appointment

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

30 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

90%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

Counseling: 100%
Psychiatry: 100%

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Average length of engagement in counseling services is 12-15 months. Average length of engagement in psychiatric services is ongoing.

b) *Actual* average length of participant engagement in services:

Actual average length of engagement in counseling services is 12-15 months. Average length of engagement in psychiatric services is ongoing.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In FY 2022, we continue to collect race/ethnicity, age, gender and zip code for bothcounseling and psychiatry services. PHC outlined in our application that we would also collect health coverage, veteran, migrant worker status, homelessness and preferred language.

2. Please report here on all of the extra demographic information your program collected.

3370 or 29.6% of all patients did not have health coverage.
133 or 1.17% of all patients identified as veterans.
97 or 0.85% of all patients identified as migrant workers.
1,306 or 11.48% of all patients were homeless
1,717 or 15.09% are best served in another language.

Information from UDS report—which is a calendar year report for 2021

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application*, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

We expect that clients in counseling and psychiatry will have

1. decrease in emotional distress or mental health symptoms, and
2. work to support patients to achieve their optimal health
3. Increase in percentage of denied claims that are addressed.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

1. Decrease in emotional distress or mental health symptoms will be measured using the Patient Stress Questionnaire (PSQ) in the electronic health record. The PSQ includes The Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool. The data will be patient reported to the behavioral health provider and entered into the electronic health record.
2. Work to support patients to achieve their optimal health can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through the annual patient experience survey.
3. Promise business office will measure and report the percentage of denials addressed. With changing ownership of managed care organizations, we expect the environment to be more difficult and a claims specialist to become even more critical.

Additionally, in the chart below, please indicate who provided this information (e.g.

participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Decrease in emotional distress or mental health symptoms	PHQ-9, GAD-7, AUDIT	Client
Clinical care gaps	HEDIS standards, patient interviews from CCM, patient satisfaction for BH patients	Electronic medical record, managed care plan reports, Client/CCM, surveys
Increase in % of denied claims addressed.	Payor claims denied reports	Promise Billing Specialist
Program experience through the annual patient experience survey.	Midwest Clinicians Network Survey	Client

3. Was outcome information gathered from every participant who received service, or only some?

No, only some

4. If only some participants, how did you choose who to collect outcome information from?

Patient Stress Questionnaire (PSQ) in the electronic health record with the Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool are to be collected for every patient engaged in therapy as part of the initial assessment and after 1 year of engagement and at discharge—when known. A gap that PHC is working on is a system to ensure that counselors know when a second PHQ-9 assessment is due for patient and will be putting in a solution through a new health tool alert system at 1 year of engagement. GAD-7 and AUDIT assessment conducted for every counseling patient. Psychiatry does not use a tool but instead subjective clinical judgement. We try to screen all eligible medical patients for depression. PHC set a goal of collecting surveys from 20-30 patients per provider, selection was based on patient interest in completing survey.

5. How many total participants did your program have?

336 counseling
1809 psychiatry

Our number of unique patients in 2021 continues to be negatively impacted. We have seen the number of patient's visits increase in early 2022. PHC anticipated to serve 2,100 participants.

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

PSQ/PHQ-9/GAD-7 outcome information collection is attempted from all counseling patients seen.

Promise will survey about 20-30 patients per provider as part of our patient experience surveying.

All eligible medical patients for depression screening

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

PSQ/PHQ-9/GAD-7 – 213 counseling patients from Champaign County.

We collected 138 Midwest Clinical surveys and 57 internal survey patient experience surveys from Behavioral Health Department patients. The internal survey is an ongoing process.

We screened 4790 for depression and prepared a follow-up plan of 4315 eligible medical patients.

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

PSQ/PHQ-9/GAD-7 are collected as part of the initial assessment and after 1 year of engagement.

We collect patient experience surveys throughout the year.

Promise Healthcare screens medical patients for depression throughout the year.

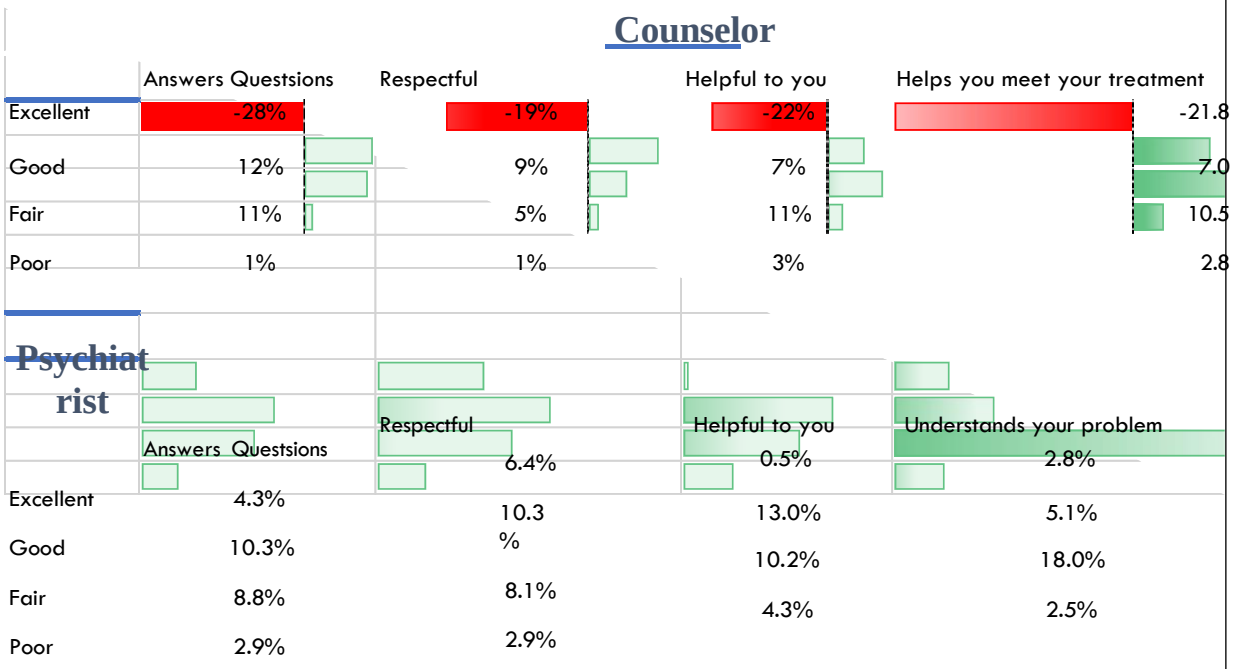
Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

PSQ/PHQ-9/GAD-7 – PHQ-9/GAD-7 – 17 patients received outcome measurement tools, (PHQ-9/GAD-7) at time of assessment and at a six month follow up. PHQ-9: 11 showed improvement, 3 saw increased symptoms, 3 saw no change. For those that improved averaged 4.36 points of improvement. GAD-7: 11 saw improvement, 6 saw increased symptoms and 1 no change. Of those that improved averaged 5 points of improvement.

Patient Surveys - The results in table 1 reflect only the Midwest Clinicians scorings. Our custom survey asks questions a bit differently and shows general improvement in the scoring of "Excellent" in the counseling questions.



Depression screening of medical patients – Promise screened and—when appropriate—provided follow-up care for 90% of eligible patients. 4790 – eligible for depression screening and follow-up plan, 4315 met measure (UDS year). In 2020 we were at 86% and 2019 was

81.66% for depression screening. We have been able to consistently increase the percentage of medical patients screened for depression. All patients who screen positive for depression are able to schedule within 5 weeks, most within 3 weeks.

10. Is there some comparative target or benchmark level for program services? Y/N

Yes

10. If yes, what is that benchmark/target and where does it come from?

Patient Stress Questionnaire (PSQ) in the electronic health record with the Patient Health Questionnaire (PHQ-9), and the AUDIT screening tool are collected for every patient engaged in therapy as part of the initial assessment and after six months of engagement. Psychiatry does not use a tool but instead subjective clinical judgement.

Promise will also survey about 20-30 patients per provider as part of our annual patient experience survey. We expect our health center to perform at or above the Midwest community health center average on all items and providers to exceed 95% of patients scoring them as good or very good.

Promise will screen for depression as part of medical visits for all eligible patients throughout the year. The CDC's Healthy People 2020 has set a goal for 87% of patients screened with follow up plans. As Promise works to reach the HP2020 goal, we have set an internal target of 80%.

12. If yes, how did your outcome data compare to the comparative target or benchmark?

PSQ/PHQ-9/GAD-7 – PHC will use national PHQ-9 score data as a benchmark, where a score below 5 indicates a patient is in remission and a score below 9 indicates a move to mild depressive systems. There were 16 patients who scored below 5 on their PHQ-9 and 47 patients who scored below 9.

Promise Healthcare's internal patient satisfaction surveys shows general improvement in the scoring of "Excellent" in the counseling questions.

Depression screening of medical patients – Promise screened and—when appropriate—provided follow-up for over 90% of eligible patients. This exceeds the 2020 Illinois and national rates.

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

<u>Treatment Plan Clients (TPC):</u>

Continuing treatment plan patients and new patients to counseling or seeing a psychiatrist (unduplicated) will be counted in TPCs as Treatment Plan Clients.

Non-treatment Plan Clients (NTPC):

Non Treatment Plan Clients will include patients who receive their behavioral health medications from their Promise Healthcare primary care provider due to the support provided by Dr. Chopra—usually tracked in psychiatry. We believe that we have built capacity for serving an additional 800 patients a year through PCPs. When a patient does not complete assessment or choses to not engage in therapy with one of our therapists, this is tracked in NTPC in counseling.

Community Service Events (CSE):

Community service events tracked as CSE includes our therapists promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. As we have other staff with this responsibility, we do not project counseling CSE. For psychiatry reporting, CSE is where we will track staff and provider trainings related to behavioral health issues. In FY21 we are projecting four trainings related to behavioral health care from all-staff training on how to handle patients in crisis to bringing outside speakers to talk about managing chronic pain.

Service Contacts (SC):

Counseling encounters and appointments with our psychiatrists will be tracked using SC to count each encounter or kept appointment.

Other:

We are not projecting Other for counseling. In the adult psychiatry tracking Promise business office will report the percentage of denials addressed as Other. As this will be a new position for Promise, we believe that the position can address at least 50% of denied claims.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Psych	CSE	SC	NTPC	TPC	Other
Continuing	0	0	0	0	0
Q1	0	1946	266	1173	25
Q2	0	1883	243	1203	4
Q3	0	1975	298	1204	3
Q4	3	2033	257	1221	3

Total	0	7837	580	1809	35
Target	5	8000	900	1650	60

The adult psychiatry program served more unique patients (TPC) with more visits (SC) for psychiatry than the previous year. In Q4, there were lunch and learns and trainings for medical providers and staff related to behavioral health.

Counseling	CSE	SC	NTPC	TPC	Other
Continuing	0	0	0	90	0
Q1	0	456	0	136	0
Q2	0	435	0	144	0
Q3	0	470	0	144	0
Q4	0	409	0	149	0
Total	0	1,770	0	336	0
Target	0	2,750	0	500	0

The adult counseling program was executed as proposed.

Promise Healthcare Wellness
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Promise Healthcare
Program name: Wellness
Submission date: August 2, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Promise Healthcare coordinators assist anyone who is a Promise Healthcare patient of any program. Outreach and Enrollment assists all community members. Promise Healthcare's primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Any Promise patient is eligible.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Promise Healthcare's Wellness Program is primarily referred from our own staff and providers. Coordinators are paged to rooms and tasked in the electronic health record.
4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 100%
b) *Actual* percentage of individuals who sought assistance or were referred who received services:

98%. Nearly all requests are served. The most common need that we cannot assist with is applications for disability.

5. a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

3 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100%, staff assist while patient is in the clinic or within 1 to 2 business days if tasked a request in the electronic health record.

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):
3 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

100%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

100% of those who have requests we can assist with receive assistance. Requesting help with disability applications is the most common request we cannot assist.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Average length of engagement varies from one day to ongoing.

b) *Actual* average length of participant engagement in services:

If a patient has been assessed as eligible for wellness services, they are eligible for the entire year. If only served once, they would still remain eligible. Average length of engagement varied dramatically from one day to the full grant year. Some patients were helped twice at different times in the same day for two different issues.We worked with some patients two different times eight months apart or more. When a patient is getting assistance with medications, the engagement can be ongoing.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In FY 2022, we continue to collect race/ethnicity, age, gender and zip code for bothcounseling and psychiatry services. PHC outlined in our application that we would also collect health coverage, veteran, migrant worker status, homelessness and preferred language.

2. Please report here on all of the extra demographic information your program collected.

3370 or 29.6% of all patients did not have health coverage.
133 or 1.17% of all patients identified as veterans.
97 or 0.85% of all patients identified as migrant workers. 1,306
or 11.48% of all patients were homeless.
1,717 or 15.09% are best served in another language.

Information from UDS report—which is a calendar year report for 2021

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Promise Healthcare's Adult Wellness Program will work to

1. Help patients remove barriers to their treatment plan.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollments and help 2,200 people enroll in coverage (all programs, includes non-Promise patients as well).
3. The program will work to support patients to achieve their optimal health by tracking clinical care gaps.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

1. Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2200 people enroll in coverage (all programs, includes non-Promise patients as well). Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured. This will be a ratio of unique patients and count of people enrolled in coverage.
3. The program will work to support patients to achieve their optimal health which can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through the ongoing patient experience survey.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Treatment plan barriers are reduced.	Interview	Enabling staff will document patient/provider communication in the electronic medical record.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).	Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured.	Coverage verification through the State of Illinois Medicaid system (MEDI), Availity, Medicaid Managed Care plans and commercial insurance portals.
3. The program will work to support patients to achieve their optimal health.	Clinical care gaps are HRSA and CMS evidence-based standards of care. Patient experience survey	The program will work to support patients to achieve their optimal health which can be measured by patients who are also medical patients through tracking clinical care gaps. Patients of the mental health program can also anonymously report program experience through the ongoing patient experience survey.

3. Was outcome information gathered from every participant who received service, or only some?

No

4. If only some participants, how did you choose who to collect outcome information from?

Only collected data from people who we provided services for. If we were not able to complete a form for an individual, then outcome information was not able to be collected.

5. How many total participants did your program have?

355 - Adult Wellness only, Champaign County only
2235 – Estimated number of patients enrolled in coverage in grant year

Our number of unique patients provided with Adult Wellness support compared to prior year was about the same as 2020. However, our number of patients enrolled in a health insurance program to gain coverage increased during this time frame. PHC anticipated to serve 635 participants.

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

All patients

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

All patients that we were able to assist.

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

While providing assistance.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnicity and/or racial groups; comparing characteristics of all clients engaged versus clients retained)

We track outcomes for the Wellness program in three areas:

1. Patients assisted with barriers to care;*
2. Health coverage, counting those enrolled in care and % of behavioral health visits for patients that are low income and uninsured; and
3. Clinical care gaps for all patients including patient surveying

*Wellness program data for "Patients assisted with barriers to care" reported is forChampaign County only.

355 unique patients
Relatively the same number of unique patients as the prior year. 873 encounters/visits/contacts with adult wellness
4% less encounters than last year (904 contacts GY 20; 1120 contacts in GY19, 948 issues addressed to reduce barriers to executing treatment plan
Average 2.67 issues per patient

01	- transportation	81
02	- food	33
03	- housing/utilities	46
04	- occupational/job resources	3
05	- medication/medical assistance	675
06	- internal forms/fee waivers	32
07	- coverage/insurance	34

08 - other	40
09 - justice involved	4
948	

The program saw 160 fewer patients than the previous year. By far at nearly 80%of assists, the area of greatest need was to help patients access medications due to financial barriers. Our second greatest patient need was transportation. This is consistent with prior year.

Numbers below are for all patients and not just Champaign County. Over 90% of Promise Healthcare patients live in Champaign County.

2. 2460 – estimated enrolled in insurance coverage in grant year. *Note many patients are enrolled in SFS program as well but those numbers are not included in this enrollment figure. 8.99% of behavioral health patients were low-income and uninsured at the time of service during the grant year. 23% of all Promise patients were low-income and uninsured at the time of service during the grant year.

3. Patient Survey Feedback

Number of surveys collected from BH Department during the grant year: Midwest Clinicians Survey: Approximately 136 and Internal Survey – 57 (March through June 30). Promise has conducted two patient satisfaction survey efforts in 2021 and 2022. The first was completed in July of 2021 and utilized a national tool offered by the Midwest Clinicians Network. That survey is conducted annually. Additionally, in March of 2022, we developed a custom survey tool and tracking to offer more real-time data analysis and appropriate action steps. The internal survey offers a patient feedback option and comments are reviewed in the quality committee as well as by the Director of Behavioral Health.

10. Is there some comparative target or benchmark level for program services? Y/N

1. No, other than year over year.
2. No, other than year over year.
3. Yes.

11. If yes, what is that benchmark/target and where does it come from?

Regarding patient survey feedback, Promise Healthcare is able to compare our clinical quality against other FQHCs in Illinois and nationally.

12. If yes, how did your outcome data compare to the comparative target or benchmark?

1. Promise served 73% more patients than last year.
2. Promise enrolled 2460 people in coverage. This is more than GY21 with 651 and GY20 which was 1990 enrolled and more than our goal of helping 2400 people enroll in coverage.

Staff workflow and prioritizing enrollment helped support these increases.

3. For patient surveying, PHC collected 138 Midwest Clinical surveys and 57 internal survey patient experience surveys from Behavioral Health Department patients. The internal survey is an ongoing process. The results in table 1 reflect only the Midwest Clinicians scorings. Our custom survey asks questions a bit differently and shows general improvement in the scoring of "Excellent" in the counseling questions.

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be complete at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly different from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Patients who are engaged with more than one contact or assisted through several barriers are considered case management (TPC).

Non-treatment Plan Clients (NTPC):

NTPC patients are ones who are just helped once in a program year. A service contact may be a referral from their primary care provider, mental health provider, or referring partner.

Community Service Events (CSE):

Promise Healthcare's Wellness Program will participate in at least twelve community service events during the grant year. Promise Healthcare will welcome referrals and seek out outreach events that will help target those involved in the criminal justice system. That could include area church programs, job fairs, and education programs.

The Wellness Program will execute fifteen appropriate collaborations with area agencies. These collaborations are all supported by our Adult Wellness Coordinator. Both events and collaborating agencies are tracked in CSE.

Service Contacts (SC): Service contacts are encounters with patients assisted either through adult wellness or medication assistance program.
Other: Other is where we record the number of people estimated to have been enrolled in health coverage including Medicaid and the Medicaid managed care organizations.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Wellness	CSE	SC	NTPC	TPC	Other
Continuing	0	0	89	24	0
Q1	14	153	97	31	775
Q2	8	358	182	50	585
Q3	13	184	82	52	585
Q4	3	178	117	54	550
Total	38	873	478	187	2495
Target	30	1600	480	205	2400

The program saw more total patients seen in the previous year.

RACES Prevention Education

Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: RACES
Program name: Prevention Education
Submission date: 8/25/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

RACES Prevention Education programming is offered for free to all schools and community organizations in Champaign County. An anticipated benefit of creating asynchronous versions of all of our content will be an ability to do more programming (synchronous and asynchronous simultaneously), which can be especially impactful for reaching the K-5 grade level. Due to ongoing adaptations to the pandemic (by schools, and others), we anticipate this will take a few years to be fully realized.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

All people are eligible for services; there is a specific focus on the school-age population for the prevention aspect of our programming. Champaign County schools are contacted and offered RACES' services (curriculum based on Erin's Law). School-age population (ages 5-18) represent the majority of these services provided, however any community organization is eligible to receive RACES' services at no cost. The University of Illinois and Parkland College have long-standing histories of working with RACES to inform staff and students of prevention strategies and education that RACES offers.

In the schools that RACES serves, we work to ensure that the environment allows for fidelity to the curriculum, allowing for high quality programming. A minimum of three days is required to provide the curriculum to the students or group receiving the instruction. Currently, we provide four days as we have determined that adding a day to review and reinforce the information has been beneficial. Students receive programming in a classroom setting rather than an auditorium or assembly setting.

https://www.wcsap.org/prevention/concepts/9-principles-prevention

This school year marked a return to in-person service provision, with the use of COVID-19 preventative measures, such as masking and social distancing as appropriate. Although we had a reduced number of educators (reduced by ½ FTE), no school or organization was denied services, and other related trainings such as "Darkness 2 Light: Stewards of Children" were also provided upon request. Organizations such as A Place for Children with Autism and the Champaign County Public

Health Department were provided the "Darkness 2 Light: Stewards of Children" training, as well as their Bystander Intervention program.

RACES embodies the belief that ALL people are eligible and entitled to these services. For the first time, RACES has gained entrance to special education classes, including self-contained classrooms serving children and youth with significant disabilities. Materials have been adapted (altered for access only), and other programs that are not copyrighted have been modified (altered in scope/sequence/assessment) to make the material accessible to all students. This has been very successful, and students have been able to demonstrate varying levels of comprehension and engagement. The population of students with disabilities, especially those with developmental disabilities, is among the highest risk populations for sexual violence victimization and must be served to the maximum extent possible.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

All previous client schools and organizations were contacted by the Prevention Education Coordinator, with follow up emails as needed. Services were described, and the data on sexual assault were shared to emphasize the timeliness and level of need for this programming. Most schools that RACES served in the past called or emailed proactively to request services.

Our website also contains a tab that allows individuals to request prevention programming. Table presentations at organizations such as Wal-Mart (for a health fair), Uniting Pride, and the Bruce D. Nesbitt African American Cultural Center (to give information to new U of I students) also provided information about our services to the community.

All schools within Champaign County received an email outlining the benefits of RACES' services and then received a follow up email.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

80 (of *schools*, not persons in our case, who contact us)

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

100% of schools or community organizations that requested our services were provided with the full array of RACES' programming.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):
3 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

100%

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):

8 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):

80%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:

100% of eligible schools or other organizations had a potential schedule within 1 workweek, and we set those schedules based on school/organization availability.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

School programs consist of 3-4 sessions, depending on the program and/or modality (synchronous, asynchronous). Adult programming is typically one session.

b) *Actual* average length of participant engagement in services:

All students received a minimum of 3 sessions per grade per year, when the timeframes were extended for each session. When shorter periods were available, students received 4 sessions per grade per year, to cover all the material as well as encompass a review/reflection period.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Our data collection is comprised of the zip code of the school or organization where the presentation takes place.

Due to the fact that this service is provided to large groups often over multiple sessions, we cannot collect data on race, ethnicity, age, and gender.

2. Please report here on all the extra demographic information your program collected.

N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

As with most education initiatives, the ultimate desired outcome is to change behaviors and attitudes for a lifetime; we seek to reduce the overall rates of sexual violence and to create more appropriate and sensitive societal response to sexual victimization.

Measuring such longitudinal change is outside the scope of a small, local agency. However, RACES uses age appropriate pre- and post-tests to measure three key outcomes.

1. Knowledge gained
2. Attitude change related to risk factors
3. Attitude change related to protective factors

We are looking for increased knowledge (1), decreased acceptance of measures related to risk factors (2) and increased acceptance of measures related to protective factors (3).

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:

1. Increase in knowledge of age-appropriate risk factors and strategies to reduce potential for sexual violence.	Pre and Posttests that were created in coordination with CCMHB Consultation Bank	Students
2. Positive changes in response to questions re survivors' responsibility for assault	Pre and Posttests that were created in coordination with CCMHB Consultation Bank	Students
3. Increase in positive responses to questions that define protective factors to reduce exposure to risk of sexual assault.	Pre and Posttests that were created in coordination with CCMHB Consultation Bank	Students

3) Was outcome information gathered from every participant who received service, or only some?

There is not a 1:1 return rate on pre/post evaluations, potentially due to self-selection ability, comfort with material, presence in classroom on the day of test administration. Each student was given both pre- and post-tests in a classroom setting, with directions to provide anonymous results. No identification was allowed on the tests. Students were allowed to self-select participation in this process; however, they were strongly encouraged to complete the tests to, "help us do a better job teaching children how to be safe."

4) If only some participants, how did you choose who to collect outcome information from?

All students were given the ability to self-select participation in tests; this was done to reduce negative reactions to content, depending on students' life experiences. All pre and posttests were counted and included in the final data.

5) How many total participants did your program have?

5757

6) How many people did you *attempt* to collect outcome information from?

100% of participants were encouraged to complete both pre and posttests. See above for challenges and limitations on return rate.

7) How many people did you *actually* collect outcome information from?

3016

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

Students were asked to complete the pretest before our first in-person lesson, and teachers were asked to administer the posttest 3-5 days after our last lesson. This was to allow processing time and time to talk to teachers and other staff if students were emotionally upset by the test/material.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

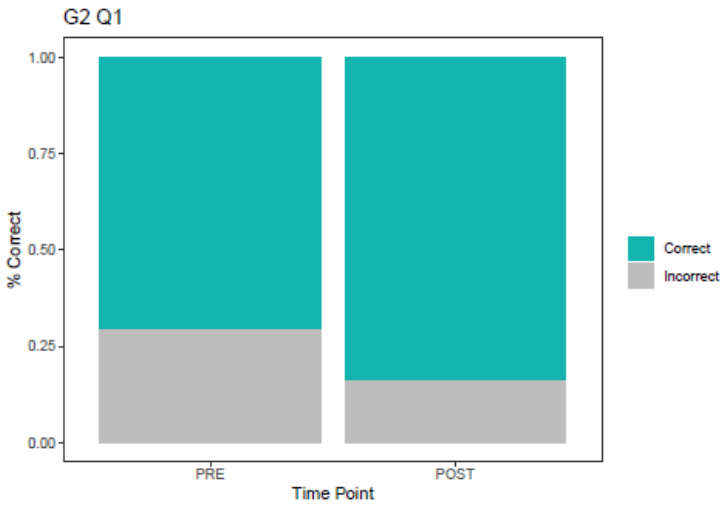
i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno-racial groups; comparing characteristics of all clients engaged versus clients retained)

In previous years, all data was collected and analyzed with the assistance of the CCMHB Evaluation Consultation Bank. Although RACES staff expected a transition from this high level of support at some point, the shift was significant during this reporting period and left RACES without adequate internal support or knowledge to provide a meaningful evaluation. In previous year, consultation bank graduate students compiled and processed evaluation data for RACES. For the first time, RACES staff and volunteers had to compile the data in-house without support from the consultation bank. Staff were told that this was due to the project ending. The agency was fortunate to receive support analyzing the data from a community member who chose to donate their time to this project. This resulted in a variation in the information that is available for this report, compared to previous years. RACES is taking the necessary steps to ensure a sustainable process to continue this important evaluation work in future years.

The specific methodology and tools used for the 2021-2022 school year data varied from previous years, due to the unexpected change in evaluation support. Previous results were entered into Microsoft Excel. Data for this report was processed using the statistical program R. The benefit of the latter is that it allowed for the creation of bar charts that clearly demonstrate the impact, see below for examples. Colors for the charts were chosen to ensure accessibility for individuals who are unable to see red/green color differences (aka red/green color blindness). Proportion tables for each question, pre and post, were generated and corresponding inferential statistics tables (chi squared tests) were used to assess statistical significance. For brevity, the proportion tables and inferential statistics tables are only included for the K-2 findings. One bar chart, and a description of its related statistical significance, is included for each program, to highlight some of the key changes that were demonstrated.

Pre and post evaluations were uses for all programs and key examples are included below for each.

- Second Step (Kindergarten-2nd grade)



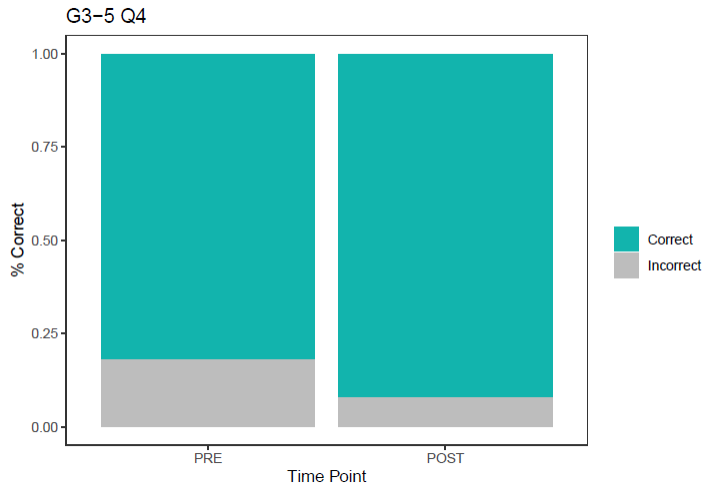
There was statistically significant (P<.001) difference in the proportion of K-2 students with correct responses to question 1, "Circle the box that shows what to do if someone asks to see or touch your body parts," with a greater proportion of students answering question 1 correctly (84%) in the post intervention assessment compared with the pre intervention assessment (71%).

A proportion table for all questions pre and post and the corresponding inferential statistics table (chi squared test) are included below. The Var column corresponds to the evaluation question.

	pre.vector	post.vector	var
Correct	0.7070896	0.84007353	Q1
Incorrect	0.2929104	0.15992647	Q1
Correct1	0.7860539	0.85117967	Q2
Incorrect1	0.2139461	0.14882033	Q2
Correct2	0.8294574	0.79341865	Q3
Incorrect2	0.1705426	0.20658135	Q3
Correct3	0.8197343	0.92481203	Q4
Incorrect3	0.1802657	0.07518797	Q4

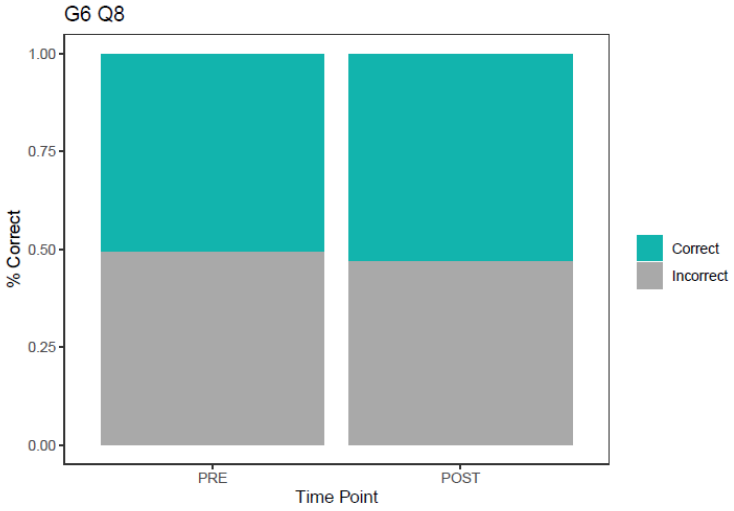
	chisq.test.cst..p.value	var
1	4.795739e-07	Q4
2	1.296802e-01	Q3
3	4.957497e-03	Q2
4	2.572574e-07	Q1

- Second Step (3rd-5th grade)



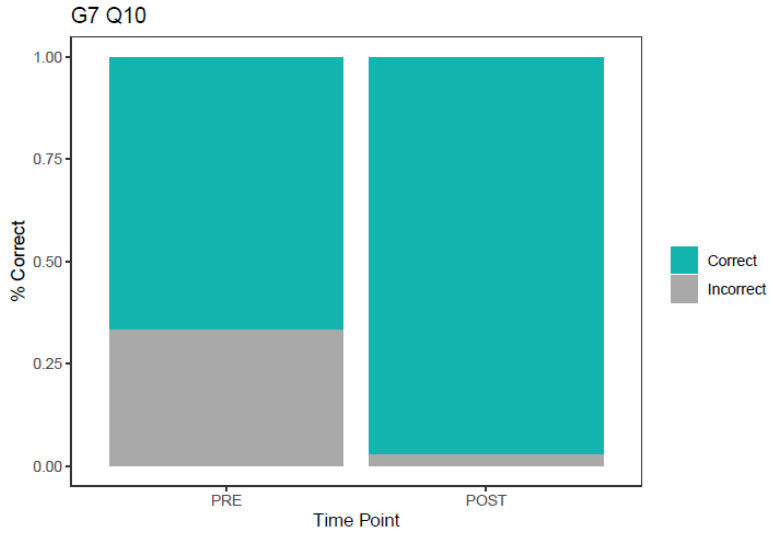
There was statistically significant (P<.001) difference in the proportion of 3rd-5th grade students with correct responses to question "If Sarah's dentist asked to see her private body parts, what could she do to help stay safe?" with a greater proportion of students answering question 4 correctly (92%) in the post intervention assessment compared with the pre intervention assessment (82%).

- Boundaries Matter (6th grade)



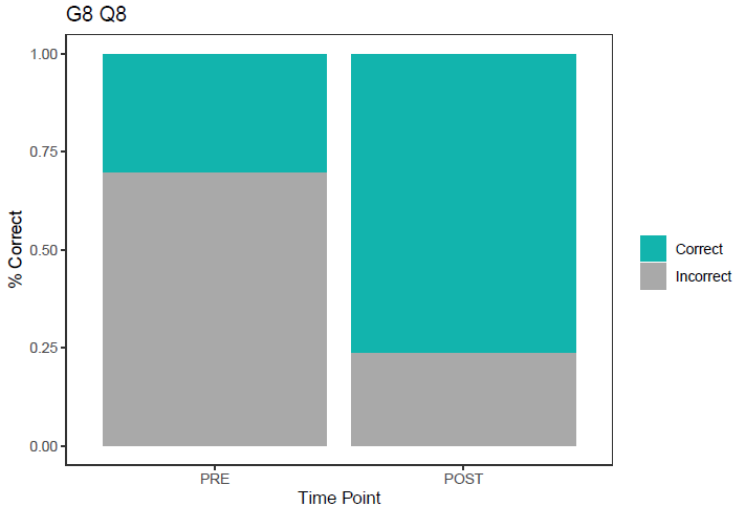
There was statistically significant (P<.001) difference in the proportion of 6th grade students with correct responses to statement "Trolling/mean comments are just a normal part of social media, so there's nothing you can really do about them," with a greater proportion of students answering question 8 correctly (53%) in the post intervention assessment compared with the pre intervention assessment (51%).

- Safer Relationships (7th grade)



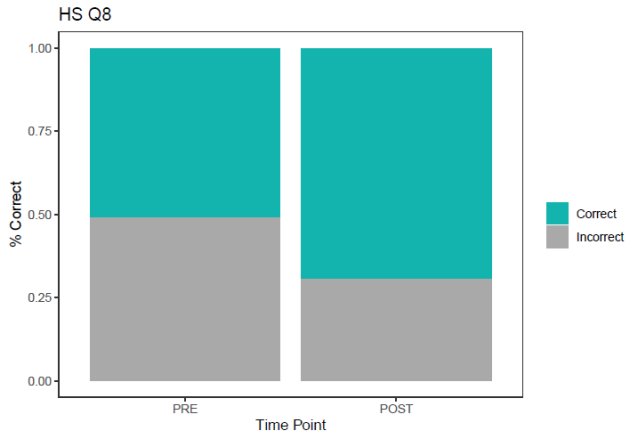
There was statistically significant (P<.001) difference in the proportion of 7th grade students with correct responses to question "What is the most important thing in determining if something is sexual harassment?" with a greater proportion of students answering question 10 correctly (97%) in the post intervention assessment compared with the pre intervention assessment (67%).

- Dating Without Violence (8th grade)



There was statistically significant (P<.001) difference in the proportion of 8th grade students with correct responses to question "Most survivors of sexual assault are assaulted by strangers or people they just met," with a greater proportion of students answering question 8 correctly (76%) in the post intervention assessment compared with the pre intervention assessment (30%).

- I ❤ Consent (High School)



There was statistically significant (P<.001) difference in the proportion of high school students with correct responses to statement "Sexual assault is about sex," with a greater proportion of students answering question 8 correctly (69%) in the post intervention assessment compared with the pre intervention assessment (51%).

10) Is there some comparative target or benchmark level for program services? Y/N

Yes.

11) If yes, what is that benchmark/target and where does it come from?

The previous year's data (2020/2021 school year) was used as a benchmark. However, because the previous year was composed largely of asynchronous delivery, this benchmark may not be an effective benchmark for comparison. The previous year's data did not include evaluations for elementary school students, since this programming was not provided that year. However, during the 2021/2022 school year, RACES staff was able to return to providing the "Second Step: Child Protection Unit" curriculum through in-person programming. This increased the number of students impacted, and advanced student's knowledge of rights, resources, and signs of concerning behaviors related to sexual violence. The change in data analysis methodologies also made it difficult to compare this school year's data to the benchmark.

12) If yes, how did your outcome data compare to the comparative target or benchmark?

Due to the different methodological differences and the new inclusion of grades K-5, it is difficult to provide a direct comparison. However, both approaches showed positive outcomes overall. Responses from 6th grade students are an outlier in that they were stronger during the previous year. This may reflect the impact of the synchronous vs asynchronous format of the program and/or the impact of classroom management issues. RACES staff had to communicate with school administration specifically regarding untenable classroom dynamics in 6th grade classes, including situations in which students were throwing items as the facilitators while they tried to present. RACES staff are review the evaluation tools, the delivery method, and the curriculum to ensure stronger outcomes for the next school year.

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

n/a

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

RACES reviews survey results for each school year and uses this information to finetune the program for the following year, while maintaining their core components. The evaluations demonstrate areas that need additional emphasis and situations in which the evaluation tool itself may be flawed (ex. questions that are worded in a confusing way). Students at most grades in returning schools have already been exposed to the Erin's Law curriculum; their pretest responses indicate familiarity with the curriculum as well as retention of the correct information (# of correct answers).

Utilization Data Narrative –
The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e., reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): N/A. Attendees are not considered clients for this purpose.
N/A. Prevention education attendees will not have treatment plans and will not be considered clients of the agency for these purposes.

Non-treatment Plan Clients (NTPC): N/A. Attendees are not considered clients for this purpose.
N/A. Prevention education attendees are not considered clients of the agency for these purposes.

Community Service Events (CSE):
Number of in-person educational presentations provided by RACES staff. Target of 600 presentations. We will NOT count asynchronous presentations in this number, and the target is based on an assumption of a return to in-person presentations following the pandemic. (Should schools continue to not allow in-person guests / increase use of asynchronous presentations in FY21, this number will be lower, and the definition revised in future applications.)

The total live number of presentations was 964. The previous year was 36 (pandemic year) and prior to that was 624 (with significant loss at the end of that year due to the pandemic). This year's numbers suggest a return to "normal" with a meaningful increase, despite the reduction of the prevention education staff by a half-time position, due to the loss of another funding source.

Service Contacts (SC):
Number of individuals who participate in one of our sexual violence prevention education cycles. We define a cycle as a series of three-four sequential sessions delivered to the same group of children or

youth. Target of 4,000 unduplicated participants. We will count participants from both synchronous and asynchronous cycles here.

Total number of service contacts was 5,757 unduplicated participants. The previous two years were 2,653 and 4,242 with the same challenges noted above for CSEs. Accordingly, we would draw the same conclusions.

We defined the "Other" category as the "Number of sexual violence presentations provided at the Champaign County Juvenile Detention Center (JDC). Because the population at the JDC changes frequently we do not offer cycles to these individuals; each session is a stand-alone presentation. And because almost all of the youth at the JDC return to their home schools, many of them also participate in a cycle at their home school. Sessions delivered at the JDC provide a vital service to a very vulnerable population. Target of 40 sessions (75% of weeks available when not under pandemic restrictions)." In FY22, pandemic-influenced protocol changes and extensive short-staffing at the JDC meant we never were able to access the location, despite numerous outreach attempts, direct conversations with the Superintendent, and an offer to provide programming remotely. We remain committed to this population, and are ready to resume programming whenever we are allowed to do so.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Criminal Justice
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Rosecrance
Program name: Criminal Justice
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

The Criminal Justice program serves individuals with mental health or co-occurring mental health and substance use disorders that have involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, or are on conditional release because they were found not guilty by reason of insanity. Individuals may engage in services from a number of entry points, including the Jail, Drug Court, or the community.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Jail staff completes an initial screening using the Brief Jail Mental Screening Tool (BJMHS) and the Texas University Drug Screening tool (TCUDS) for all intakes into the jail. Positive screenings from the BJHMS and/or TCUDS prompt referrals from the jail staff to this program. Rosecrance staff completes a more thorough secondary screening interview to determine the need for mental health and/or substance abuse services. Once a client determines they want to participant in treatment they are scheduled for a full mental health or substance abuse assessment.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

The following list indicates the various methods by which individuals are identified and referred to the program:

a) Jail staff
b) The mental health staff in the jail
c) Self-referrals within the jail
d) Names gained through the Illinois Jail Data Link program

e) Prior clients of Rosecrance who are incarcerated at the Champaign County Jail
f) Individuals that are sentenced to Problem Solving Court
g) Individuals that are referred by local law enforcement, courts, probation or parole
h) Self-referrals from the community

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

We estimate that 50% of the people who are referred or seeking assistance will receive the initial screenings

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

- 69 % of jail clients engaged or received services
- 100 % of clients referred were screened

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 15 days or less

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 70%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 75%

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 20 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 70%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 68%

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 5 months

b) *Actual* average length of participant engagement in services: 2.72 months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) None

2. Please report here on all of the extra demographic information your program collected. **N/A**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application)

1. Increase clients' access to resources. The UIUC evaluation team will take a lead role in data analysis of linkage to resources and services

2. Increase clients' self-sufficiency in at least one of the four life domains being measured; Access to services, Mental Health, Substance Abuse, and Primary Health.

3. Data on the length of stay in the jail for people with MI/COD; by collecting the date of booking into the jail and the date of release for each client who engages in the program from the jail, length of stay data for the MI/COD population could be compared with that of the general population in the jail. A collaborative effort between the jail data collector, the University of Illinois evaluation team, and Rosecrance would be needed to obtain this data. This could be an area of focus for enhanced data reporting in FY21.

2) For each outcome, what specific survey or assessment tool did you use to collect information on this outcome? (Please remember that the tool used should be evidence-based or empirically validated.)

1. Case managers enter linkage data into a spreadsheet that the U of I Evaluation team helped design. This data will be pulled by a Rosecrance employee.

2. The Self-Sufficiency Matrix will be used to collect the data. The scores will be entered by program staff into a spreadsheet. A Rosecrance employee will provide the data.

3. Length of stay data will be obtained by program staff as they have access to the jail data. Staff will enter booking and release data into the excel spreadsheet for analysis by a Rosecrance Employee.
3) Was outcome information gathered from every participant who received service, or only some? Due to COVID restrictions at the jail, we were not able to collect data from every participant
4) If only some participants, how did you choose who to collect outcome information from? Typically outcome data was only taken from treatment plan clients
5) How many total participants did your program have? 74 New Treatment Plan Clients and 233 New Non-Treatment Plan Clients
6) How many people did you *attempt* to collect outcome information from? 74
7) How many people did you *actually* collect outcome information from? 44
8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc). Some data will be collected at year-end and other data will be collected throughout the client's participation in the program. This data will be pulled by a Rosecrance employee.
Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., recruitment, retention, treatment, intervention)

At the time of this report, a full analysis was not completed due to the lingering Covid-19 restrictions throughout the year in the jail. Full service array was not available in the jail until June 2022, which greatly limited data available.

We were able to link 100% of clients who sought linkage to MRT, Anger Management, Insurance, Primary Care Provider, Benefits, Mental Health Treatment, Substance Use Disorders Treatment, Transportation, and Other services. Only one client was not able to be linked with Housing, Employment, and Education due to being re-incarcerated.

100% of Jail Request Slips were completed.

10) Is there some comparative target or benchmark level for program services? No

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s)

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings?

Utilization Data Narrative – *complete at the end of each quarter using the online reporting system. Complete this section at end of year only.*

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual outcomes of service categories in the Part II Utilization/Production data form (located on the online system).** If your estimated service category outcome significantly differs from your actual service category outcome, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): 74

TPCs will represent all clients engaged in case management services.

Non-treatment Plan Clients (NTPC): 173

Non-treatment Plan Clients (NTPC) will represent everyone who receives screening and referral information but chooses not to engage in case management services.

Community Service Events (CSE): n/a

Service Contacts (SC): 463

One service provided at the jail is collecting request slips that are reviewed by a jail case manager. Requests slips are for the inmates to communicate to our case manager for referrals, assistance, messages, and questions regarding mental health and substance abuse services. Our case manager at the jail receives these request slips and will communicate to coordinate services within Rosecrance or outside entities, and linkages to community resources. Collectively 463 requests slips were made for FY22

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Central Illinois
Crisis, Access, & Benefits
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Rosecrance Central Illinois
Program name: Crisis, Access, & Benefits
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Any individuals seeking and in need of behavioral health services are eligible for services.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Through direct referrals, first responder requests, phone referrals, and walk-ins, individuals will be screened and assessed by a clinician to determine current behavioral health needs and to provide linkage to appropriate services and needed levels of care.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Through local outreach events, brochures, cards, word of mouth, agency websites, and communications with our collaborations with other community agencies (such as counselors, hospitals, doctors, and police).
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): It is estimated that 100% of those seeking information, screening, or referral will receive those services.
b) *Actual* percentage of individuals who sought assistance or were referred who received services: Actual percentage of individuals seeking information, screening, or referral services who received this service was 100%.
5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): It is estimated that clients seeking services will be screened the same day they are referred, call, or walk-in.
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

It is estimated that 100% of referred clients will be assessed for eligibility.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:
Actual percentage of clients assessed for eligibility same day they were referred, called, or walked-in was 100%.

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):
If it is determined the individual is in crisis, services are provided same day. For all other services, such as psychiatric, case management, counseling/therapy, capacity will dictate the length of time from assessment to engagement.

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):
It is estimated that 100% of eligible clients experiencing a crisis situation will be engaged in services same day.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
Actual percentage of eligible clients engaged in crisis services same day was 100%.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

For Crisis, Crisis Line, or Access, average length of engagement is 1-3 days with most individuals being served same day.

b) *Actual* average length of participant engagement in services:
Actual average length of participant engagement in Crisis services is 1.29 days.
Actual average length of participant engagement in Crisis Line is not able to be tracked based on the electronic health record tracking.
Actual average length of participant engagement in Benefits Case Management is not able to be tracked as these clients are grouped in with all Community Support clients in the electronic health record.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Demographic information, including residency zip code, race, ethnicity, gender, and date of birth, is tracked in the electronic health record for all Rosecrance services, and will be reported quarterly to CCMHB. Additionally, Rosecrance also collects income level, education level, living arrangement, and #of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

2. Please report here on all of the extra demographic information your program collected.

When clinically appropriate and client provides demographic information Rosecrance was able to collect income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. It is estimated that 100% of those seeking information, screening, or referral will receive those services.
2. It is estimated that clients seeking services will be screened the same day they are referred, call, or walk-in.
3. It is estimated that 100% of referred clients will be assessed for eligibility.
4. If it is determined the individual is in crisis, services are provided same day. For all other services, such as psychiatric, case management, counseling/therapy, capacity will dictate the length of time from assessment to engagement.
5. It is estimated that 100% of eligible clients experiencing a crisis situation will be engaged in services same day. For internal referrals, the estimated percentage of eligible clients who will be engaged in services within that time frame is estimated to be less than 50%. This estimate comes from the knowledge that for those referred for full mental health assessments, typically only 50% follow through. For all referrals outside the organization, this information is not available.
6. For Crisis, Crisis Line, or Access, the average length of engagement is 1-3 days with most individuals being served same day. The exception to this is Benefits Case Management engagement which could take several months for benefits determination and/or acquisition.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Outcomes 1 -6 are measured in our records. The goal is to stabilize and restore functioning, and minimize disruption within the family and community. In addition, these clinicians complete intake screenings for people who present during walk-in times and are available to consult with police regarding incidents in the community. Crisis clinicians use a proprietary crisis assessment, founded in best practices and developed based on the Suicide Assessment Five-Step Evaluation and Triage (SAFE-T). The SAFE-T assists clinicians in conducting suicide assessments, using a 5-step evaluation and triage plan to identify both risk factors and protective factors, suicide inquiries, determining risk levels and potential interventions, and documenting treatment plans.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
1. Determine level of care	Suicide Assessment Five-Step Evaluations and Triage (SAFE-T)	Client, Collaterals

3. Was outcome information gathered from every participant who received service, or only some?

Yes, For every client assessed in crisis, a disposition regarding level of care was determined in part based on the SAFE-T.

4. If only some participants, how did you choose who to collect outcome information from?

Not Applicable

5. How many total participants did your program have?

We assessed 668 clients had a crisis assessment completed.

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

100% of clients assessed clinicians attempted to collect outcome information.

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

Collected outcome information from 100% of clients assessed in crisis.

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

This information was collected during every crisis assessment.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

Not Applicable

10. Is there some comparative target or benchmark level for program services?

No

11. If yes, what is that benchmark/target and where does it come from?

Not Applicable

12. If yes, how did your outcome data compare to the comparative target or benchmark?

Not Applicable

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

2. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):
Not applicable

Non-treatment Plan Clients (NTPC): 668
Non-TPC's (NTPC's) will represent the number of Crisis assessments for adult and youth for those who are Champaign County residents and who are seeking Rosecrance services.

Community Service Events (CSE): 8
Community Service Events (CSE's) will continue to reflect the number of educational presentations, community events or requests for consultations attended by the Crisis Line liaison and/or Supervisor of Crisis/Crisis Residential.

Service Contacts (SC): 3,505 Service Contacts (SC's) will continue to represent the number of Crisis Line calls. Other: 213 Other represents the number of people served by the Benefits Case Manager.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Central Illinois CU Fresh Start
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Rosecrance Central Illinois
Program name: CU Fresh Start
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) The Eligibility criteria are that participants must be 18 Y/O or older; be currently on probation or parole; have a prior felony arrest; have a prior gun arrest or a violent crime conviction; law enforcement must have credible information of recent involvement in violent crime, and have no current unresolved case(s).

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Law enforcement and referral sources submits an individual or list of individuals who meet the 6 criteria a meeting is held between law enforcement and a subset of MDT steering committee members to review packets of information on each potential participant. Once the packets are reviewed and questions asked the 3 MDT steering committee members. Law enforcement officials notify Probation/parole officers of the selections.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Members of the target population are notified about the program through probation officers, parole officers, law enforcement, court personnel, and other service providers.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

The estimated % of individuals referred who received services for FY22: 50%

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 100% of participants who were referred received services this would include an "Information Packet" on community resources and services given at the Custom Notification to all attendees even those who eventually choose not to participate in the program.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

The estimated length of time from Referral to Assessment for FY22 is 14 days/2 weeks.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):

50% of Referred clients who will be assessed within 2 weeks.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:

FY22 Actual: 100%

6. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

The estimated average length of time engaged in services is 9 months.

b) *Actual* average length of participant engagement in services:

Actual average length of stay for FY22 was 13 months.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
FY 22 Actual: 100%

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

The estimated average length of participant engagement in services for FY22 is 13 months.

8. **b)** *Actual* average length of participant engagement in services:
FY22 Target: 11 months
FY22 Actual: 13 months

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Other demographic information collected utilizing the ANSA: living situation; family makeup; basic needs/financial; mental health history; alcohol or other drug abuse; social and recreational; educational/vocational; legal; medical/dental; and independent living skills.

2. Please report here on all of the extra demographic information your program collected.

Data collected from the Adult Needs and Strengths Assessment (ANSA): Number of clients with identified needs in each area:
2 Crisis/Safety Issues; 6 Living Situation; 3 Family Makeup; 4 Basic Needs/Financial; 2 Mental Health history; 4 Alcohol or Other Drug Abuse; 3 Social and Recreational; 5 Education/Vocational; 6 Legal; 3 Medical/Dental; and 0 Independent Living Skills.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) From your application, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

a) Estimated percentages for 3 target areas listed below with benchmark data reported for FY22: a) of those who agree to engage in the program will receive case management services from the Community Outreach Liaison. FY 22 Target: 100%; FY22 Actual: 100%; FY22 Target: 100%; FY22 Actual: 100%.

b) % of the participants successfully linked to at least one identified community service (especially substance use disorder and mental health treatment services), housing, employment, education, benefits enrollment, or vocational support and/or resources.
FY Target: 100%; FY22 Actual: 100%

2) For each outcome please indicate the specific survey assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated).

Additionally, in the chart below, please indicate who provided this information (e.g., participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g., 1. Increased empowerment in advocacy of participants.	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Participant

Decrease in Gun violence	Tracked and calculated by area police departments in Champaign County.	Mary Catherine Roberson, city of Champaign
Participants receive case management services	Adults Needs and Strengths Assessments (ANSA)	Community Outreach Liaison and Participants.
Participants are referred/linked to Community Service Resource	N/A/ (Tracked by Case Manager in Excel Spreadsheet (Documented in electronic health record as a Progress Note)	Community Outreach Liaison and participants (through participation in Monthly meetings of the Resource sub-Committee.

3) Was outcome information gathered from every participant who received service, or only some? No

4) If only some participants, how did you choose who to collect outcome information from? Client Satisfaction Surveys were sent to all participants via mail. Despite efforts by the case manager only 12 were returned.

5) How many total participants did your program have?

There were 2 treatment plan clients carried over from FY21 and 12 new treatment plan clients in FY22 for a total of 14 participants for FY22.

6) How many people did you *attempt* to collect outcome information from?
14

7) How many people did you *actually* collect outcome information from?
12. Surveys were mailed out to participants and returned to the Rosecrance Walnut facility office. In some cases participants shared their opinions about the program one-on-one with the Community Liaison and in some cases with their assigned Champaign County Probation Officer.

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

The Rosecrance Client Satisfaction Survey is administered twice a year. The Community Liaison collects informal feedback from clients throughout the fiscal year during face-to-face or telephone contacts with participants. Participants also provide feedback to the Community Relations Specialist with the City of Champaign's Office of Equity, Community & Human Rights who staffed clients with the Community Liaison weekly and their assigned Champaign County Probation officer-Officer Siders.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations, if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for participants of different ethno-racial groups; comparing characteristics of all participants engaged versus participants retained)

The increase in gun violence in the community includes shots fired verified by gun shell casings/property damage due to gun violence; verified shootings resulting in injury; and verified shootings resulting in death. The Street Crimes Task Force, States Attorney Office, City officials and Community Services Organizations are actively working together to address the uptick in gun violence and their efforts.

10) Is there some comparative target or benchmark level for program services? N/A

11) If yes, what is that benchmark/target and where does it come from? N/A

12) If yes, how did your outcome data compare to the comparative target or benchmark? N/A

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional).

An "At-risk offender" name is submitted and referred to the Law Enforcement Committee then passed on to a sub-set of the Law Enforcement to the Custom Notification Team. Participants are referred by law enforcement due to high profile case/re-entering community/suspected involvement in illegal community activity involving guns or Referrals (e.g., self, family, or a community service organization). Having these additional methods of entry into the program, has greatly enhanced program participation as compared to previous years. The Custom Notification Team is composed of five members (e.g., law

enforcement, community members, CU Fresh Start Liaison and a representative from the city of Champaign). The participant is encouraged but not required to attend nor participate in the Custom Notification meeting. During the Custom Notification meeting, and only if the potential CU Fresh Start participant agrees, an appointment is set to meet with the Community Outreach Liaison at Rosecrance for an Intake. The Community Outreach Liaison completes an Adults Needs and Strengths Assessment (ANSA) and a Service Plan with the client at Intake. The Assessment determines what areas of life the participant needs assistance in. Typical areas include: finding full-time employment, securing housing, obtaining medical coverage through the Affordable Care Act (ACA), and providing transportation for court and probation meetings. The Community Outreach Liaison has telephone and/or face-to-face contact with the participant several times per week to assist them in following through with Referrals and Service Linkage(s). With the support of intensive case management services, the participant is able to make improvements in their daily living skills, employment, housing, education, and health with the goal of deterring them from activities that may result in gun violence. Participants may be in the program anywhere from 2 months to 15 months depending on their needs, motivation, and legal outcomes.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Call-ins have been discontinued based on public and participant feedback. All participants who join the program will either come through Custom Notification, referral or self-referral. Based on feedback from participants conversation with the Community Liaison and probation staff that indicated their discomfort with the Call-in format being "public" and feeling they were being subjected to "public shaming" the MDT conducted research into other methods of engagement in different cities and decided to implement a Custom Notification and Referral process.

15) In what ways w the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)
Due to the evaluation used to support changes in practices, Custom Notifications were instituted in July 2019. Custom Notifications proved to be a more effective method to deal with those re-entering our community after being incarcerated.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

Treatment Plan Clients (TPC): TPC: Number of unduplicated persons identified by the Fresh Start Steering Committee who engage in the program and develop a strengths-based individualized services plan with the Community Liaison.
FY22 Actual: 14

Non-treatment Plan Clients (NTPC): Number of persons identified by the Fresh Start Steering Committee who choose not to engage in the program.
FY22: Actual: 12

Community Service Events (CSE): Number of MDT (formerly Steering) Committee and other service coordination/planning meetings attended by Community Outreach Liaison, Supervisor, and/or Administrator. For example, Rosecrance RCI Administrator currently participates in the Specialty Court Steering Committee, Champaign County Re-entry Council, and Crisis Response Planning Committee. The collaboration which results from participation on all of these committees/councils results in more coordinated care for individuals served by Rosecrance RCI Walnut and other organizations.
FY22 Actual: 103

Service Contacts (SC): SC: Number of Screenings completed.
FY22 Actual: 6

Other: Number of linkages (to transportation, employment, housing, education, healthcare, and behavioral health treatment) which the Case Manager helps develop while working with Fresh Start participants who engage in the program and develop a strengths-based individualized services plan with the Case Manager.
FY22 Actual: 226

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Prevention Program
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Rosecrance
Program name: Prevention Program
Submission date: 8/9/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Youth at schools throughout the county are eligible to participate. Afterschool sessions are based on the request of the school/youth-based organization making the request and may include sessions on life skills, substance abuse education, and violence prevention. Parents and communities in Champaign County interested in Prevention services or resources may also request special presentations.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Prevention services are available to any student, parent, or community in Champaign County wishing to partner with the Rosecrance Prevention Department.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Outreach to schools, youth-serving organizations, parents, and communities are ongoing. Outreach activities include face-to-face interactions, correspondence, community events, and communication campaigns. Our Prevention Team continues to increase involvement in our community to help our program reach more students, parents, and community members.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

Unless there is a scheduling conflict, all persons seeking resources from our Prevention Department will receive prevention services. This is a collaborative effort in which the Prevention staff work directly with schools, youth-serving organizations, parents, and communities to provide the requested services. Every effort is made to find an available Prevention Team member to cover requests for presentations and other services.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

100% of individuals seeking resources from the Prevention Department received prevention services.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):

The length of time from request for services to the services being performed is variable and dependent upon the type of request, as some services require more preparation than others.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **Unless there is a scheduling conflict, all schools and community partners wishing to receive prevention services will receive the requested services as jointly planned.**
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **100% of individuals seeking resources from the Prevention Department received prevention services.**
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **The length of time from request for services to the services being performed is variable and dependent upon the type of request, as some services require more preparation than others.**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **Unless there is a scheduling conflict, all schools, youth and community partners wishing to receive prevention services will receive the requested services as jointly planned.**
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **100% of individuals seeking resources from the Prevention Department received prevention services.**
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **The 10-session Too Good for Drugs curriculum is presented weekly on a quarterly basis. The Too Good for Violence curriculum is a 7-session series also presented weekly during a quarter. After school programming is also coordinated on a quarterly basis. Community events and other presentations are generally a one-time engagement.**
b) *Actual* average length of participant engagement in services: **The participants in the 10-session Too Good for Drugs curriculum attended, on average, weekly on a quarterly basis. The participants Too Good for Violence curriculum attended the 7-session series also, on average, weekly during a quarter. After school program participants also, on average, attended weekly on a quarterly**

basis. Community events and other presentations are generally a one-time engagement.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

N/A

2. Please report here on all of the extra demographic information your program collected.

N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

It is the intent of the Prevention services offered to youth, parents, and communities to improve Champaign County youth knowledge and attitudes about alcohol, drugs and/or violence.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Improve Champaign County youth knowledge and attitudes about alcohol, drugs and/or violence	**Too Good for Drugs and Too Good for Violence pre and post-tests**	**Youth (Students)**

3) Was outcome information gathered from every participant who received service, or only some?

All Too Good for Drugs participants were able to take the pre and post-tests evaluations either in person or online.

4) If only some participants, how did you choose who to collect outcome information from?

Data on the youth knowledge and attitudes about alcohol, drugs and/or violence is only compiled from eligible students at participating schools.

5) How many total participants did your program have?

4714

6) How many people did you *attempt* to collect outcome information from?

4714

7) How many people did you *actually* collect outcome information from?

4714

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

Too Good For Drugs pre-test is given at the first day of the program at the beginning of each quarter, and the post-test is give on the last day of the program at the end of each quarter.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

From our pre/post test results we can see an average of about 10 % increase in knowledge from the beginning of the program to the end of the program for all grades. There is also a 8% increase in knowledge between 6th and 7th grade pre-test scores, and a 7% increase in knowledge from 7th grade to 8th grade pre-test scores. This shows that there is an initial improvement in knowledge during a single school year, and retained knowledge through the grade levels.

10) Is there some comparative target or benchmark level for program services? Y/N

There is no national or state benchmark for the Too Good For Drugs/Too Good For Violence pre/post-test results. The intent of the program is to provide an improvement from pre-test to post-test. These improvements are tracked and measured.

11) If yes, what is that benchmark/target and where does it come from?

N/A

12) If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Non-treatment Plan Clients (NTPC):

Community Service Events (CSE): **Community Service Events (CSE's) include the number of prevention presentations performed throughout the county. Presentations may be in such places as classrooms, afterschool programs, community-based organizations, and the like. Past year (FY22) projected total for Community Service Events (CSEs) was 4150. The actual # of CSEs completed was** 4714**, which was 114% completion rate.**

Service Contacts (SC):

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Recovery Home
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: ROSECRANCE
Program name: RECOVERY HOME
Submission date: 8/26/2022

Consumer Access – *complete at end of year only*

Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

A licensed recovery home is an alcohol and drug free housing component whose rules, peer-led groups, staff activities and other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Persons interested in participating in Recovery Home services must complete an application for services. They must meet the American Society for Addiction Medicine (ASAM) criteria for Level II (intensive outpatient) or Level I (outpatient) care, and exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environment.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Clients most often learn about our services from either treatment, completion of residential, court referral, Drug Court, AA and NA or other support group meetings

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):

The estimated percentage of persons who seek Recovery Home services who receive the services will depend upon program eligibility and bed availability. It is estimated that 30% of those referred will receive a bed.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:

44%

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **3 days**
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **100%**
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **100%**
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **Rosecrance coordinates access to Recovery Home services with the residential treatment provider, to offer a seamless transition at time of discharge from residential to admission to the Recovery Home. If a bed is available at time of referral, access to services will be within 1-2 days**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **70%**
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **100% when a bed was available**
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **The average length of stay is 3-6 months.**
b) *Actual* average length of participant engagement in services: **3.2 months**
Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

Demographic information, including residency zip code, race, ethnicity, gender, and date of birth, is tracked in the electronic health record for all Rosecrance services, and will be reported quarterly to CCMHB. Additionally, Rosecrance also collects income level, education level, living arrangement, # of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

2. Please report here on all of the extra demographic information your program collected.

Unable to run a report out of our EHR to report on all the information collected

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

One of the foundational principles of lasting recovery is a strong support network and longer engagement in treatment. Recovery home settings provide on-going learning to help decrease the likelihood of relapse and a chance for residents to practice living their new lifestyle in a supportive environment.

Measurable outcomes include:

1) Successful linkage to items in individualized plan: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services; engagement in 12-step support groups;
2) Step down to less intensive services
3) Secured housing
4) Secured employment or engagement in education program

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Successful linkage to items in individualized plan: affordable housing, vocational/educational resources, medical, dental, psychiatric/counseling services	EHR	EHR
Engagement in 12-step support groups	Client meeting sheet	Client
Step down to less intensive services	Counselor report	Counselor
Secured housing	Lease	Client
Secured employment or engagement in education program	Pay Stub	Client

3) Was outcome information gathered from every participant who received service, or only some?
Only some

4) If only some participants, how did you choose who to collect outcome information from?

Only persons who were Champaign County residents at time of admission to program

5) How many total participants did your program have?

27 Champaign County Residents

6) How many people did you *attempt* to collect outcome information from?

27

7) How many people did you *actually* collect outcome information from?

27

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

Throughout services

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

We look at the change from admission to discharge, by reviewing their service plan with them, behaviors in the recovery home, engagement in 12 steps, and employment. The clients who are engaged in 12 step and employment continue to have more favorable outcomes than those who have not.

10) Is there some comparative target or benchmark level for program services? Y/N

No

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC): **27 We exceeded the total estimated for FY22 by 5 clients.**

Non-treatment Plan Clients (NTPC): **0**

Community Service Events (CSE): **0**

Service Contacts (SC):**61** We estimated 70 unduplicated individuals would be interviewed for access to Recovery Home services. We have seen the number of total applications for the Recovery Home continue to increase.
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Rosecrance Central Illinois Specialty Courts
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Rosecrance Central Illinois
Program name: Specialty Courts
Submission date: August 26, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Eligibility criteria includes the participant being a convicted felon, not classified as high risk dangerous, not be convicted of a non-probationable offense under 20 ILCS 301/40-5; not have a mental illness or developmental disability which would interfere with completing requirements to graduate from Drug Court; complete a Drug Court Assessment; be willing to engage in and comply with the treatment and supervision requirements of drug court; and be residents of Champaign County at time of assessment and time of offense.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Participants must be assessed as MEDIUM-HIGH RISK/HIGH NEEDS on a Validated Risk and Needs Assessment approved by the Champaign County Drug Court. Assessment must show the participant has a drug or alcohol addiction or dependency.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)

Potential participants are identified by defense counsel, state's attorney, law enforcement, family, and friends. Defendants can request to be assessed for drug court through their attorney/counsel.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): Estimated percentage of persons requesting/referred to drug court who receive services for FY22 is 62%. In 2021, 53 % of the individuals that requested an assessment for drug court were found eligible and accepted into the program.

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 54% of those who applied to drug court were found eligible. 83% of those assessed were accepted into the program.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): Consumers who received assessment within three business days of sentencing to Drug Court.
FY22 Target: 100% FY22 Actual: 100% Due to Champaign County Drug Court changing program policy to require substance abuse assessments for referred clients be completed prior to sentencing to drug court, all admitted drug court clients are assessed. And meet this criteria.

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): Consumers who received assessment within three business days of sentencing to Drug Court.
FY22 Target: 100% FY22 Actual: 100% Due to Champaign County Drug Court changing program policy to require substance abuse assessments for referred clients be completed prior to sentencing to drug court all admitted drug court clients are assessed and meet this criteria.

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 100%; This measurement is no longer valid due to changes in the drug court program. All individuals requesting drug court are now assessed prior to being considered. A substance abuse assessment is completed at the jail while the individual is still incarcerated and awaiting a court date. Once the individual is assessed then the drug court team will staff the applicant to determine eligibility. If accepted then the individual is scheduled for intake at residential or intensive outpatient services.

6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): Clients who began treatment within three business days of assessment.
This measurement is no longer valid due to changes in the drug court program. All individuals requesting drug court are now assessed prior to being considered. A substance abuse assessment is completed at the jail while the individual is still incarcerated and awaiting a court date. Once the individual is assessed then the drug court team will staff the applicant to determine eligibility. If accepted then the individual is scheduled for intake at residential or intensive outpatient services.
(100% of clients engaging in outpatient services began treatment within three business days. 100% of

clients who did not begin treatment within three business days were court-ordered to remain incarcerated until residential services were available.)

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): Clients who began treatment within three business days of assessment. This measurement is no longer valid due to changes in the drug court program. All individuals requesting drug court are now assessed prior to being considered. A substance abuse assessment is completed at the jail while the individual is still incarcerated and awaiting a court date. Once the individual is assessed then the drug court team will staff the applicant to determine eligibility. If accepted then the individual is scheduled for intake at residential or intensive outpatient services. (100% of clients engaging in outpatient services began treatment within three business days. 100% of clients who did not begin treatment within three business days were court-ordered to remain incarcerated until residential services were available.)

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: FY22 Actual: %100

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Estimated average length of participant engagement in services is a minimum 1 year of sobriety, however most participants are in the program for 1.5 years.

b) *Actual* average length of participant engagement in services:

Average length of participant engagement in services is a minimum 1 year of sobriety, however most participants are in the program for 1.5 years. This has not changed from previous fiscal year reports due to the drug court program being set up for participants to progress through phases towards graduation from the program.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

In addition to the required demographic information Rosecrance also collects income level, education level, living arrangement, number of dependents, contact information, primary language, religion, veteran status, marital status, employment status, and legal status.

2. Please report here on all of the extra demographic information your program collected.

Additional client demographic is collected and entered into the electronic health record on each individual client, ability to aggregate data for total clients would take a considerable amount of time, however this information is available in the electronic health record and can be reviewed during the annual site visit conducted by CCMHB staff.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

a) Drug court aims to eliminate substance abuse among the participants, decrease recidivism, help participants to achieve and maintain sobriety, and decrease the costs of crimes associated with substance abuse.
   - Of our graduates with 5 or more years post-graduation, 22 of the counted charges are for driving on revoked or suspended licenses. If you were to remove these Class A Traffic Misdemeanors we would have a 73% success rate over 5 years.

b) The Drug Court Coordinator tracks the recidivism rate of the drug court graduates. Recidivism refers to graduates who are convicted of a new charge (excluding minor traffic offenses or ordinance violations) or are returned to court on a revocation of probation. Client charts also are used to track progress in treatment, including admission and discharge data required for SAMHSA National Outcome Measures (NOMs). The following is the most recent data available from the Drug Court Coordinator:

   - There are 309 clients who have graduated more than 1 year ago. Of these 309 graduates 23 recidivated in the first year. There are 267 Graduates who have at least two years post-graduation who did not recidivate in year 1. Of these 267 eligible graduates, 33 recidivated in year two.

   - There are 216 graduates who have at least three years post-graduation and did not recidivate in years 1 or 2. Of these 216 graduates 20 recidivated in year 3.

   - There are 177 graduates who have at least 4 years post-graduation and did not recidivate in years 1-3. Of these 177 graduates, 17 recidivated in year 4.

   - There are 150 graduates who have at least 5 years post-graduation and did not recidivate in years 1-4. Of these 150 graduates, 12 recidivated in year 5.

   - Overall, 105 of the 309 graduates with at least 12 months post-graduation, have recidivated with equals a recidivism rate of 33.9%, or a success rate of 66%.

c) The Champaign County Drug Court Coordinator provides the data for the recidivism rate of the drug court graduates. Clinical staff enter admission and discharge data required

for SAMHSA NOMs in the client chart at intake and at time of discharge. Positive changes in substance use, employment/education, and 12-step group involvement are anticipated for those who engage in the program. The following is the most recent data from the Drug Court Coordinator:

- 7% Recidivism rate in year 1 post-graduation.
- 12% Recidivism rate in year 2 post-graduation.
- 9% Recidivism rate in year 3 post-graduation.
- 9% Recidivism rate in year 4 post-graduation.
- 8% Recidivism rate in year 5 post-graduation.

d) The Champaign County Drug Court Coordinator provides the data the recidivism rate of the drug court graduates. Clinical staff enter admission and discharge data required for SAMHSA NOMs in the client chart at intake and at time of discharge. Positive changes in substance use, employment, education, and 12-step group involvement are anticipated for those who engage in the program.

5) Rosecrance benchmarks against previously reported data year by year for quality of services provided and NOMs outcomes.

6) a) No. of Graduates: FY22 Target: 22; FY22 Actual: 7; b) % of Graduates who do not experience recidivism: FY22 Target: 65%; FY22Actual: 71%;
b) Individuals with potential barriers who received Case Management services.
FY22 Target: 100%; FY22 Actual: 100%

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
See #9 below	Rosecrance Client Satisfaction Survey	Clients
6) a) No. of Graduates: 20	Not applicable	Rosecrance Staff /Champaign County Drug Court Staff Report
6) b) Individuals with potential barriers who received Case Management services: 100%	Not applicable	Progress Notes in electronic health record Avatar

3) Was outcome information gathered from every participant who received service, or only some?

Only some, the client satisfaction survey is provided to all clients twice a year, but it is completely voluntary with clients having the option to not participate.

4) If only some participants, how did you choose who to collect outcome information from? Clients chose whether or not to complete the survey.

5) How many total participants did your program have?

For fiscal year 2022, Rosecrance served 28 (19 continuing/9 new) unduplicated Drug Court consumers.

6) How many people did you *attempt* to collect outcome information from?

21

7) How many people did you *actually* collect outcome information from? 19

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc.) The client satisfaction survey is distributed twice a year.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethno-racial groups; comparing characteristics of all clients engaged versus clients retained)

Sample of some of the Client Satisfaction Survey questions/answers:

1) I am aware of my progress toward the goals of my treatment plan.
    a. Strongly Disagree 3 18.75%
    b. Disagree 0 0%
    c. Neutral 2 12.5%
    d. Agree 3 18.75%
    e. Strongly Agree 8 50%
    f. Total Responses: 16
2) I am satisfied with the services I receive from Rosecrance.
    a. Strongly Disagree 2 12.5%
    b. Disagree 1 6.25%
    c. Neutral 1 6.25%
    d. Agree 4 25%

e. Strongly Agree 8 50%
f. Total Responses: 16

3) I feel prepared to continue my recovery and wellness outside of Rosecrance.
   a. Strongly Disagree 2 12.5%
   b. Disagree 0 0%
   c. Neutral 0 0%
   d. Agree 5 31.25%
   e. Strongly Agree 9 56.25%
   f. Total Responses: 16
4) I am satisfied with the services I have received overall.
   a. Strongly Disagree 2 12.5%
   b. Disagree 0 0%
   c. Neutral 2 12.5%
   d. Agree 7 43.75%
   e. Strongly Agree 5 31.25%
   f. Total Responses: 16
5) I feel better as a result of my experience at Rosecrance.
   a. Strongly Disagree 2 12.5%
   b. Disagree 0 0%
   c. Neutral 2 12.5%
   d. Agree 6 37.5%
   e. Strongly Agree 6 37.5%
   f. Total Responses: 16
6) Treatment at Rosecrance helped me deal with my problem/addiction.
   a. Strongly Disagree 2 12.5%
   b. Disagree 1 6.25%
   c. Neutral 2 12.5%
   d. Agree 5 31.25%
   e. Strongly Agree 6 37.5%
   f. Total Responses: 16
7) Rosecrance provides high quality care and services.
   a. Strongly Disagree 2 12.5%
   b. Disagree 3 18.75%
   c. Neutral 1 6.25%
   d. Agree 4 25%
   e. Strongly Agree 6 37.5%
   f. Total Responses: 16

10) Is there some comparative target or benchmark level for program services? Y/N

Rosecrance benchmarks against previously reported data year by year for quality of services provided and NOMs outcomes, however this is the first full year as Rosecrance so there is no data to benchmark against/no comparison data.

11) If yes, what is that benchmark/target and where does it come from?

N/A

12) If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

A typical drug court client is referred to Champaign county drug court by their defense attorney in hopes of deferring a jail/prison sentence in exchange for participation in the drug court treatment program. The client is assessed typically in jail while awaiting court, then the assessment is reviewed and if accepted the client is referred to drug court. The client is admitted into either residential or outpatient treatment services based on the results of the substance abuse assessment. The client will spend 28-30 days at residential and then be transferred to intensive outpatient treatment services and eventually stepped down to continuing care treatment services as they work through the drug court phases. The client typically is followed from admission to graduation by the same addiction counselor. The client will receive case management (transportation and referral services), individual and group sessions, as well as toxicology testing. Upon completion of all treatment program requirements and drug court phases the client will participate in a graduation ceremony. Also, the client is required to have a sponsor, participate in AA/NA support groups, have a job and return once a month to sit in on a treatment group for the first 6 months following graduation.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

Number of Drug Court clients with a strengths-based, individualized Treatment Plan.
FY21 Target: 60 (30 Continuing, 30 New)
FY21 Actual: 53 (40 Continuing, 13 New)
FY22 Target: 50 (25 Continuing, 25 New)
FY22 Actual: 28 (19 Continuing, 9 New)

Non-treatment Plan Clients (NTPC): Not applicable for this program

Community Service Events (CSE): M = Number of times media reports on Champaign County Drug Court
G = Number of Drug Court Graduation Events
FY21 Target: 4 total (2 M, 2 G)
FY21 Actual: 4 total (2 M, 2 G)
FY22 Target: 4 total (2 M, 2 G)
FY22 Actual: 3 total (1 M, 2 G)

Service Contacts (SC):

Number of weekly Drug Court reports completed and submitted to Champaign County Drug Court.
FY21 Target: 1500
FY21 Actual: 1037
FY22 Target: 1400
FY22 Actual: 663 These numbers impacted by lower number of participants

OTHER (CM.SH)

CM = Number of Hours of Case Management provided for Drug Court clients by RCI outpatient treatment staff
SH = Number of Service Hours for individual and/or group treatment services provided to Drug Court clients by RCI outpatient treatment staff.
FY 21 Target: 6000
FY21 Actual: 4368
FY22 Target: 5,000
FY22 Actual: 3,425 These numbers impacted by lower number of participants

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Terrapin Station Sober Living NFP
Terrapin House
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Terrapin Station Sober Living NFP
Program name: Terrapin House
Submission date:8/20/22

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Men from ages 21-60**

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?

Minimal 28 days of sobriety, the nature of their criminal history, the level of care they need and their mental health diagnosis that coincide with their addiction.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
We gain most of our clients through recommendation via rehabilitation centers, task force officers, recommendations from counselors as well as probation officers and various servants of the court.

4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 20%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:
Roughly 10% of people who sought assistance followed through and were accepted into the program.

5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 3 Days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 100%. Any persons who were ready and willing to come to our house once they were accepted came within 24 hours of their departure from an inpatient facility/ prior halfway house.

6.	**a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 1 day.
	b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **100%**
	c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 100% were engaged in services who both met criteria and choose to enter our program upon acceptance within this time frame.
7.	**a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 3 Months
	b) *Actual* average length of participant engagement in services: 8 months
Demographic Information	
1.	*In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application) The length of stay.
2.	Please report here on all of the extra demographic information your program collected. **On average our length of stay per client is roughly 8 months.**

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

The program's intended impact is to assist the target population with decreasing the likelihood of relapse

- **This was successful for 5/6 Clients for 6 months plus and successful for 3/6 clients up until present day.**

homelessness, recidivism and gradually adjusting to community living, while increasing sustainability of recovery efforts. - This was successful for 5/6 clients for over 6 months and has remained true for 4/6 clients up until present day.

We estimate that 1 out of 5 individuals will successfully complete the program.

- **W**e have had 1 total success, 1 lateral transition along with 2 persons with 10 plus months clean who are on track to complete the program successfully. So 1/6 success, 1/6 lateral transition, 2/6 on track to complete programming. Out of all of our clients this past year 3/6 have shown true success.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Permanent Housing	Measure successful clients who transition to permanent Traditional Housing.	1 Client has successfully graduated from the house to permanent traditional housing. Another current resident is on track to by early next year and the other is on track to but his outcome is dependent on courts decision during trial.

Successful completion	Measure the client's length of sobriety in conjunction with seeking trad. Housing/ transferring to trad. Housing.	1 client completed drug court to make a full transition to move in with fiancée. Two other current clients are on track to move into trad. Housing with 10+ months clean.
Recidivism Rates	Measure number of clients who retain further legal troubles after/ during their stay.	Out of the 2/6 clients who failed the program and 1/6 with lateral transition, only 1 was sent back to Jail for his actions.
Length of Sobriety	Measure length of sobriety for clients.	4/6 clients maintained 6+ months of sobriety while staying with us. 2/6 currently have 10 months sober with another 2/6 having had well over 12 months of sobriety (with one of the two having relapsed due to ongoing stress from courts).

3) Was outcome information gathered from every participant who received service, or only some?

I deal with every client on a personal level. Everyone who received services had information gathered from that that is applicable to our standards.

4) If only some participants, how did you choose who to collect outcome information from? We collect data from all of our clients.

5) How many total participants did your program have?

We had roughly half of what we had anticipated, but the length of stay was significantly longer. 6 clients in total.

6) How many people did you *attempt* to collect outcome information from?

6/6 clients had outcome information collected.

7) How many people did you *actually* collect outcome information from?
6/6 had outcome information collected on them.

8) How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
The information is gathered through one on one and group conversation slowly over time, sometimes through text, often without the person being aware that data is being collected. It is on an as needed basis with each client dependent on where they are at with their sobriety.

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

-In one case, we found that the person preferred or minimally was indifferent to prison, due to its routine structure and low expectations by comparison to life at TSSL. This was in part due to Traumatic Brain Injury.

-For those awaiting trial we've learned that the closer that one gets to their pending trial, the more at risk they are for relapse, and that they require more attention than those who have undergone trial.

-We've come to find that those who have already undergone trial, and successfully completed IOP, drug court…etc are far less likely to relapse with a significantly higher probability of transitioning into traditional housing.

-For all clients we have come to find that Mental Illness and Addiction near unanimously go hand in hand, and that upkeep of one is essential for the upkeep of another.

10) Is there some comparative target or benchmark level for program services? Y/N
No

11) If yes, what is that benchmark/target and where does it come from?

12) If yes, how did your outcome data compare to the comparative target or benchmark?

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
N/A / don't understand.

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

   We ended up with a total of 6 NTPC for the year due to our underestimating the necessary length of stay per client. Instead of 3 months our average length of stay was 8 months. With only 3 beds available this makes our outcome of 6 NTPC sensible.

Treatment Plan Clients (TPC):
0

Non-treatment Plan Clients (NTPC):
13

Community Service Events (CSE):
0

Service Contacts (SC):
0

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Uniting Pride of Champaign County
Uniting Pride
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Uniting Pride of Champaign County
Program name: Uniting Pride FY22
Submission date: Aug 25, 2022

Consumer Access – *complete at end of year only*
Eligibility for service/program

1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application)

Self-identified LGBTQ people and their partners and family members who reside in Champaign County are eligible for the programs for which we are requesting CCMHB funding. Any group or organization in Champaign County is eligible to request educational workshops, and any individual is eligible to attend Uniting Pride public events.

2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)?
During intake, participants provide demographic information and confirm that they are part of the LGBTQ+ community and families in Champaign County.

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
Participants report hearing about our programming from a variety of sources including the Uniting Pride website, Facebook, Instagram, service professionals (e.g. counselors, therapists, social workers) and community programming (e.g. annual Pride Festival and Parade). Uniting Pride staff visit and/or maintain contact with high school and middle school GSAs in Champaign County and partner with religious groups, after-school programs, and youth service providers to provide education and promote our programming. Flyers are also posted in public gathering places around the county.

4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application):
100%

b) *Actual* percentage of individuals who sought assistance or were referred who received services:
90%
No one who is eligible is turned away. Most services provided in this program are opt in. Once a person receives the needed information, it is their choice to receive services or participate in program opportunities.

5. a) *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application):
4 days

b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application):
100%

c) *Actual* percentage of referred clients assessed for eligibility within that time frame:
95%

6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application):
0 days

b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application):
100%

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
Once a person receives the needed information about service, they are able to participate in program activities immediately. Services in this program are opt-in, so people have the opportunity to participate right away.
Due to the structure of this program, there's limited data available for this question. People are continually given opportunities to engage in programs through targeted communication.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
Individuals may participate as long as they continue to meet specific group requirements. Average length of participation is one year.

b) *Actual* average length of participant engagement in services:
Due to the structure of this program, there's limited data available for this question. People tend to participate in our various support programs as they are going through difficult transitions, and individual participation in support programs ebbs and flows.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
No other demographic information

2. Please report here on all of the extra demographic information your program collected.
N/A

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application*, what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

Uniting Pride has established a logic model outlining activities and outcomes, in which we identify the following outcomes for the LGBTQ people we serve:
Outcome 1: improved sense of belonging Outcome
2: improved social support

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
Outcome 1: improved sense of belonging	Uniting Pride Youth Survey & Adults Surveys	Those who participated in more than 1 quarter of the year
Outcome 2: improved social support	Uniting Pride Youth Survey & Adult Surveys	Those who participated in more than 1 quarter of the year

3. Was outcome information gathered from every participant who received service, or only some?

Only some.

4. If only some participants, how did you choose who to collect outcome information from?

Those who participated for more than 1 quarter of the year were asked to respond to the survey. But of those asked, some chose not to respond.

5. How many total participants did your program have?

114

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

39 – this represents people we know to have participated in programs for more than 1 quarter of the year.

7. How many people did you *actually* collect outcome information from?
16, 41%

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)
1x per year at the end of Q4

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Youth Survey Assessment, Comparison, and Conclusions:

- From FY21 to FY22, we saw a shift in responses about the importance of local and online LGBTQ+ communities to participants. In FY22, participants were more likely to report a strong connection to their local LGBTQ+ community, and placed less importance on their connection to online LGBTQ+ communities than in FY21. *This can be interpreted as indicating that our youth support groups are succeeding in helping youth feel rooted in their local communities, rather than relying solely on online communities for support.*

- Responses to the questions about how often participants felt comfortable talking about their sexual orientation with different groups saw a concerning shift from FY21 to FY22. Respondents were generally less likely in FY22 to feel comfortable talking to immediate family, extended family, school personnel, and other students about these topics. *This trend may be linked to both the national and local rises in anti-LGBTQ+ rhetoric over the past year.*

- Stats for the presence of supportive adults in different settings stayed nearly identical. Most respondents had at least one supportive adult in their immediate family and among school personnel, about half had a supportive adult among extended family, and none at all had a supportive adult in a religious institution.

- Responses about support structure stayed largely the same. While responses about support from family were mixed, participants largely feel comfortable relying on their friends for support.

- Responses about general feelings about oneself also stayed largely the same, and indicated generally low self-esteem among participants.

- Responses about problem-solving saw some improvement, with participants reporting overall slightly higher confidence in their ability to solve problems.

- A majority of respondents reported making a new friend through the group, although slightly less than last year.

Comment from a participant:
"You have all helped me a lot and have given me a place where I can explore my identity and grow to become comfortable with my gender identity and sexual orientation which I can not thank you enough for."

Parent Survey Assessment, Comparison, and Conclusions:

- 80% of respondents indicated that the statement "Uniting Pride's UParent group is a safe and affirming place for me to connect with other caregivers" was extremely true for them.

- 66% of respondents indicated that the statement "I feel I have become a better ally/supporter to my child by attending UParent groups" was extremely or moderately true for them.

Comments from participants:
"When attending, I always felt supported and accepted, even when I was feeling doubtful about my child's situation. My concerns were affirmed, which helped me to deal with them."

"Your teen group saved my kid's life. Prom event and weekly groups were a major part of her social life during high school."

Trans-Specific Group Survey Assessment, Comparison, and Conclusions:

- All respondents either agreed or strongly agreed with the statements "I identify strongly with the local LGBTQ community," "I am very attached to the local LGBTQ community," "Participating in the local LGBTQ community says a lot about who I am," and "The LGBTQ online community means a lot to me."

- All respondents reported that the people they socialize with (e.g. friends and acquaintances) are "highly aware" of their sexual orientation and/or gender identity, which (in combination with the previous point) indicates that these participants are highly engaged with the LGBTQ+ community in their social lives.

- Responses indicate that most participants have some form of adequate support structure, although this does not tend to include extended family and never includes a religious organization.

- Responses indicate a slight trend towards negative self-esteem.

- Responses indicate middling confidence in problem-solving abilities.

Comment from a participant:
"I love this group and our community."

Training Survey Assessment, Comparison, and Conclusions:
*As part of the Evaluation project through CCMHB, we spent Q1-3 building and re-shaping an evaluation tool for our trainings. We finally implemented a model we feel will yield strong results in Q4 and began to roll this out at that time. Due to the lateness of being able to roll this out this year, we have limited data. But some trends emerged that we feel are noteworthy:

- Nearly all of those surveyed reported an overall increase in knowledge of LGBTQ+ terminology and definitions.
- Nearly all of those surveyed reported an overall increase in confidence to identify non-affirming behavior and take action in response to it.
- Nearly all of those surveyed reported significant value from the training and said they would strongly recommend it to others.

Comments from participants:
"In all honesty the training as a whole was informative and information I will take with to apply this at work."

"I liked learning about the different terms of things and what was once an acceptable term is not so much now. Language adaptation and pronouns and the importance of correctly using them is also a big take away, as well as the permission to make mistakes as we learn. I liked practicing the "thank you" and apology and move quickly on tactic for what to do when you make a mistake. I also took away that I need to change my use of "guys" for addressing people. I actually did use the term "guys" in the breakout session and had to correct myself."

"I really did learn alot from this, even as someone who knew alot coming in."

10. Is there some comparative target or benchmark level for program services? Y/N
No

11. If yes, what is that benchmark/target and where does it come from?
N/A

12. If yes, how did your outcome data compare to the comparative target or benchmark?
N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
People who participate in Uniting Pride programming have full freedom to opt in to the

support groups, programs, and opportunities we provide. As written above, our goals are to help the LGBTQ+ community in Champaign County have access to affirming and knowledgeable resources, and have increased support and feelings of empowerment. We have seen people who choose to be involved and connect with resources build meaningful connections and a close community. Below are two examples. One is an example of services, supports, and potential outcomes for someone who is highly involved in our programming, and the other is someone with more limited involvement.

Highly Involved Participant

Teenager A recently disclosed to their parents and teacher at school that they are queer. Teenager A's teacher connected them with the school GSA, who's sponsor communicates regularly with Uniting Pride staff. The GSA referred Teenager A to the Uniting Pride staff, who in turn connected Teenager A with Uniting Pride's Talk It UP facilitator. After talking with the group facilitator, Teenager A begins to attend Talk It UP and connects with LGBTQ+ teens from all over Champaign County. As Teenager A's self-esteem and empowerment grows, they attend Uniting Pride's Queer Prom, workshops, and the annual Pride Festival and Parade. Teenager A's parents are not sure how to be supportive of their queer child. So they ask to be referred to Uniting Pride's UParent group. At UParent, they connect with other parents who are learning how to best support their LGBTQ+ children at school, at home, and in the community. Because Teenager A and their parents are plugged into Uniting Pride, they learn about which healthcare professionals in Champaign County provide inclusive care, as well as community and state action that affects them.

Limited Involved Participant

Teenager B hasn't disclosed to their family or friends at school that they are questioning their gender identity. They came across Uniting Pride's Facebook page and sent a private message asking what kind of help was available for them. Uniting Pride staff responded with an offer to answer any questions, and provided information about the Talk It UP program. Teenager B talked to the group facilitator a few times and after a couple months, decided to attend the group. Teenager B has come once a month to group for the past 9 months, and engages with the other teens at group. They aren't ready to disclose anything to anyone outside of the group but feel like they have a safe place to ask questions and be themselves each month.

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

We are shifting the operations of several of our support groups to mirror ones that report the strongest outcomes. Some of our groups remained entirely online this year, while others did a hybrid approach with alternating meetings between in-person and online, along with a 24/7 social media community where people could interact whenever there was need. The hybrid + social media model showed much better outcomes than online meetings only. And so we are looking at shifting other groups to the hybrid model for this year in the hope that this benefits the other groups in similar ways.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

We do not have treatment plan clients.

Goal: 0

This program did not have any treatment plan clients in FY22. The program does not plan to have treatment plan clients in the future.

Non-treatment Plan Clients (NTPC):

Non-treatment Plan Clients will be reported as LGBTQ children, adolescents, adults, and family members attending one of our support groups. NTPCs will be asked to complete a form asking for the needed demographic information and performance metrics. New NTPCs include individuals attending a support group for the first time in FY22. Individuals who attended a support group meeting in FY21 and again in FY22 will be counted as continuing NTPCs. We anticipate a total of 25 new NTPCs for FY22.

Goal: 90

Actual: 114 new, 31 returning
We believe the difference here is related to the increase in Community Service Events referenced below.

Community Service Events (CSE):

Community Service Events will be reported as events held in the community with the goal of promoting community and inclusion of LGBTQ individuals. They will also include organization and school/GSA visits with the intention of both assessing community need for LGBTQ education and services and promoting the support group programs. CSEs can include the annual Pride Festival, Queer Prom, education events, fundraising events and social gatherings. We anticipate 50 CSEs during FY22.

Goal: 50

Actual: 273

This dramatic increase is due to creating a new organization leadership position, and the person who was hired having a fundamentally different approach to reach and programming. A new strategy was put in place that focused on significantly more public programs and events. Some were programs we created and produced entirely on our own, but many were partnerships or participation in programs run by other organizations. This is in service to a long-term goal of increased fundraising, and expansion of programs and services across the board.

Service Contacts (SC):

Service Contacts will be recorded as individuals who contact Uniting Pride inquiring about support group services or seeking referrals for LGBTQ resources. Service Contacts will also include recording the number of individuals attending our support group programs and educational events, and opportunities for connection through technology, such as Discord. Participants will be tracked only by their reason for contacting Uniting Pride in a spreadsheet. We anticipate 250 service contacts during FY22.

Goal: 250

Actual: 333

We believe the difference here is related to the increase in Community Service Events referenced above.

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Urbana Neighborhood Connections Center
Community Study Center: Access Initiative
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Urbana Neighborhood Connections Center
Program name: Community Study Center: Access Initiative
Submission date: 8/26/22

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) Residents of Champaign County who have evidence of a need for service and have limited financial resources to meet the cost of their care.
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? Parents/guardians complete a registration form with this information (self-report) and face-to-face meeting with parent and youth.
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) Members of the targeted population learn about UNCC's Community Study Center via outreach events, word of mouth, school district events, UNCC parent/family events, school personnel and informational fliers
4. **a)** *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): 100%

b) *Actual* percentage of individuals who sought assistance or were referred who received services: 95%
5. **a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): 1 day
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): 95%
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: 95%
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): 2 days
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): 100%
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: 100%
7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): 1 year with the longest being 8 years (K-8th)

b) *Actual* average length of participant engagement in services:
1.3 years

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)
Income level via free and/or reduced lunch or SNAP

2. Please report here on all of the extra demographic information your program collected.
95% are eligible for free lunch and/or SNAP

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1) *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

1. Engage targeted youth in structured out of school time educational, social emotional development and recreational activities.
2. Reduced and/or minimal criminal activities by engaged youth.
3. Expose targeted high school students to various college and career related activities.
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

2) For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
E.g. 1. Increased empowerment in advocacy clients	Measure of Victim Empowerment Related to Safety (MOVERS) survey	Client
1. Maintain and/or increase the number of hours spent investing in academic and social-emotional skill developments.	Daily Attendance and Activity Participation records Graduation records, verification of employment, college admission letter	UNCC staff
2. Exposure to new and/or increased amount of involvement in physical fitness and cultural arts activities designed to promote acceptable behaviors, attitudes and confidence needed to maintain positive and healthy lifestyles at home, school and in the community.	Daily Attendance and Activity Participation records	All stakeholders

3. Exposure to juvenile delinquent indicators and prevention services to reduce and/or minimize criminal activities by engaged youth.	Daily Attendance and Activity Participation records Consultation with parents and school personnel Use of Skyward Data Base per Urbana School District and parent approval	UNCC staff and sign-in sheets Contact notes
4. Increased knowledge, awareness and skill performance related to Cultural Competency planning and implementation.	Hard copies of language information, agendas and attendance records from focus groups and meetings	UNCC Administrator

3) Was outcome information gathered from every participant who received service, or only some? All participants

4) If only some participants, how did you choose who to collect outcome information from? N/A

5) How many total participants did your program have? 97

6) How many people did you *attempt* to collect outcome information from? 97

7) How many people did you *actually* collect outcome information from? 97

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

Results

9) What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

i. Means (and Standard Deviations if possible)
ii. Change Over Time (if assessments occurred at multiple points)
iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Having a consistent safe supportive place to go afterschool is important for our youth, our families, and our community. The youth are welcomed back where they have staff and peers who care about them. Particularly during these unpredictable times of health issues and local violence, it is important that the youth in our community have supportive staff/mentors who can help to guide them. By providing academic support, social/emotional guidance and recreational activities, the youth engage in safe supportive activities during the potentially risky 3-6 pm time period. Progress in the developmental areas looks different for each youth. UNCC is able to meet individual needs and provide assistance and support as needed. Parent/family support along with collaboration with school personnel are necessary components in engaging children and youth throughout their day.

In addition to outcomes related to the overall operation of the Community Study Center, special efforts will continue to be made to incorporate essentials of Illinois State Social Emotional Learning Standards that 1) develop self-awareness and self-management skills necessary to achieve school and life success; 2) use self-awareness and interpersonal skills ot establish and maintain positive relationships; and 3) demonstrate decision-making skills and responsible behaviors in personal, school, and community context. By incorporating these Social and Emotional Learning (SEL) skills during non-school hours, youth will be able to recognize and model healthy social emotional academic functioning in multiple environments.

10) Is there some comparative target or benchmark level for program services? Y/N
No

11) If yes, what is that benchmark/target and where does it come from?
N/A

12) If yes, how did your outcome data compare to the comparative target or benchmark?

N/A

(Optional) Narrative Example(s):

13) Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)

14) In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):
Non-treatment Plan Clients (NTPC): UNCC Community Study Center program offers community based academic support, tutoring, Reading/literacy/Math instruction, social/emotional development, prevention, intervention, and career opportunities for Non-Treatment Plan Clients (NTPC). UNCC will be counting multiple programs and/or activities within one category called the Community Study Center (CSC). UNCC will only be reporting the number of Unduplicated NTPC's receiving multiple programs within the Community Study Center.
Community Service Events (CSE):
Service Contacts (SC):
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

The Well Experience
Family Service
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: **The Well Experience**
Program name: **Family Service**
Submission date: 11/21/2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) *TWE programs are open to families in the community and has a specific focus on underrepresented and marginalized populations who walk in, are referred, or through partnering organizations. Some families are identified through crises and receive support accordingly.*
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? *Trauma assessment tools are utilized for the girls and women who desire counseling. All children enrolled in the after-school program receive social-emotional learning and group therapeutic session. Wraparound Support is providing by referral and case by case based on the crisis and needs of the family. Clients also self-report by calling or walking in to request services. The Well Experience has built relationships with several community organizations to support families. We frequently receive referrals by email, website, calls, and walk-ins.*
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) *Clients have learned about services at The Well Experience through outreach events, website, social media platforms, schools and other community partners and other organizations, word of mouth, and the word is spread through other networking opportunities such as business meetings, advertisements, and special events.*

4. a) *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): **80%**
b) *Actual* percentage of individuals who sought assistance or were referred who received services: **75%** **5. a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **14 days**
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **80%**
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **100%**
6. **a)** *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **14 days**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **75%**

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **100%**

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
6 months to a year. Universal Supports may continue long after the program is completed

b) *Actual* average length of participant engagement in services: **1 year**

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

2. Please report here on all of the extra demographic information your program collected.
race, zipcode, gender, socioeconomic, marital status, age

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.
Youth and family/caregivers involved in wraparound support will develop and enhance their understanding of their traumatic experiences and core beliefs.

Through restorative programs, supports, and services and participation in authentic communication about identity, youth and families will increase family connection (frequency and perceived quality), enhance emotional and physical safety, increase positive family relationships, and develop and enhance a positive home, school, and community identity.

Youth and families participating in wraparound will experience a decrease in violent encounters in their homes, schools, and community.

Through mentoring, counseling, and life coaching, youth and family/caregivers will cultivate, enhance, and apply a growth mindset.

Through engagement with the Moms Grow program, young mothers will develop and enhance parenting skills, increase social-emotional learning, develop and enhance understanding of their traumatic experiences and core beliefs, and decrease the number of repeat teen pregnancies.

Youth, teens, and families will develop and enhance their social-emotional intelligence and positive coping skills and tools for self-regulation and decrease self-harming behaviors.

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

TWE's programs are evaluated using a mixed-method design, which incorporates both formative and summative evaluation. This design allows a more in-depth and contextual understanding of the progress of the participants or identification of areas in need of improvement. The rationale for the goals and objectives of TWE's programs and services have been developed in collaboration with input from stakeholders, feedback from families, and a review of evidence-based models regarding effective systems of support.

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Through restorative programs, supports, and services and participation in authentic communication about identity, youth and families will increase family connection (frequency and perceived quality), enhance emotional and physical safety, increase positive family relationships, and develop and enhance a positive home, school, and community identity	Self-Assessment, Family Surveys, School and community data	Trauma Assessment, DART, TWE jFamily and Individual assessment tools: Developed with Lead4Equity
Youth and families participating in wraparound will experience a decrease in violent encounters in their homes, schools, and community.	Wraparound Quality and Fidelity Assessment, Self-Assessment, Family Surveys, School and community data (juvenile, social service partners, etc.)	The Document Assessment and Review Tool (DART) for Assessing Fidelity and Quality of Wraparound Care Coordination, The Well Experience Family surveys and Assessment tools: developed with Lead4Equity,
Through mentoring, counseling, and life coaching, youth and family/caregivers will	Self-Assessment, Check-Ins,	The Well Experience Family surveys and Assessment tools: developed with Lead4Equity

cultivate, enhance, and apply a growth mindset.		
Through engagement with the Moms Grow program, young mothers will develop and enhance parenting skills, increase social-emotional learning, develop and enhance understanding of their traumatic experiences and core beliefs, and decrease the number of repeat teen pregnancies.	Self-Assessment, DART, Check-Ins,	The Document Assessment and Review Tool (DART) for Assessing Fidelity and Quality of Wraparound Care Coordination, The Well Experience Family surveys and Assessment tools: developed with Lead4Equity
Youth, teens, and families will develop and enhance their social-emotional intelligence and positive coping skills and tools for self-regulation and decrease self-harming behaviors.		The Document Assessment and Review Tool (DART) for Assessing Fidelity and Quality of Wraparound Care Coordination, The Well Experience Family surveys and Assessment tools: developed with Lead4Equity

3. Was outcome information gathered from every participant who received service, or only some? **No. Outcome information was not gathered at all events, services, and programs offered to families. Information was gathered from all treatment plan clients and some of those who attend programs repeatedly.**

4. If only some participants, how did you choose who to collect outcome information from? **We utilize information that is gathered from all treatment plan clients and some of those who attend programs repeatedly.**

5. How many total participants did your program have? **416**

6. How many people did you *attempt* to collect outcome information from? **416**

7. How many people did you *actually* collect outcome information from? **302**

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) **At intake, mid-year, end-of-year, and at events hosted by TWE.**

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:

The data collected is used to determine specific client service, recognize when a treatment or plan is not working, discuss and troubleshoot methods and systems of care, and help families reach the best possible outcome in their situations. The Well Family Care Outreachworkers review data as a team and compares client data based on outcomes and saturation of service and support.

- **It was found that youth who attend the after-school program had greater outcomes in behavioral and academic data, which we believe is due to their access to mental health support and social-emotional learning activities that happen daily and weekly and are embedded in their care plan.**
- **It has been found that parents who attend sessions with their children and participate in home visiting plans see sustainable positive changes in their children's behavioral at school and at home.**
- **It was found that youth whose parents participated in counseling and parental support through the Wraparound process experienced greater success in school and community behavioral and had a lower percentage of recidivism in school disciplinary actions and juvenile justice and court system concerns.**

- **It was found that 75% of the clients who participated in life coaching, financial literacy and career development plans, had proven evidence of growth and development.**

10. Is there some comparative target or benchmark level for program services? Y/N

No, not in previous years. However, The Well Experience worked with the capacity building team to develop a benchmark tool that will be used in FY23.

11. If yes, what is that benchmark/target and where does it come from?

This tool was developed in collaboration through work with the U of I Capcity Building program.

12. If yes, how did your outcome data compare to the comparative target or benchmark?
N/A

(Optional) Narrative Example(s):

13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
Service delivery is based on a client's specific needs, crisis, strengths, abilities, and capacity. The typical process of service delivery is as follows:

- **Call to for appointment or respond to referral**
- **Intake appointment and complete assessments**

Discuss and score information with team in weekly Supervisory meeting

- **Assign clients to Well Family Care Outreach (WFCO) team member based on assessed needs; or refer clients to other facilities for care**
- **Meet with client/family for deeper discussion and to develop a strength-based intervention plan and system of care and support**
- **Initiate Treatment Plan**
- **Help client create, meet, and celebrate goals**
- **Evaluate Outcomes**
- **Discuss and adjust plan according to family needs**

14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)
The Well Experience utilizes traditional and nontraditional treatment plans to support clients' care. Evaluating the programs is important to our team because we want to support clients in the best way possible by providing relevant care for each

client/family. The evaluation tools we have used helped us see what our clients need and determine the best ways to serve them. Through surveys, we found out the mental health concerns parents have for themselves and their children, and we developed programs to address their concerns. Teen surveys helped us better understand the support the teen girls needed as a group and individually. The staff at The Well Experience frequently meet to discuss evaluation data to avoid maintaining practices that do not work or creating arbitrary programs without sound data.

Utilization Data Narrative –

The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.

Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.

Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.

1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your estimated number of clients/contacts/community events for reported service categories significantly differfrom your actual numbers, you may give a narrative explanation for that discrepancy here.

Treatment Plan Clients (TPC):

50

Non-treatment Plan Clients (NTPC):

150

Community Service Events (CSE):

4

Service Contacts (SC): **300**
For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).

Women In Need Recovery
Reentry & Recovery Home
Performance Outcome Report Template

In your CCMHB program plan (application), you identified performance outcomes in three domains: consumer access, consumer outcomes, and utilization data. Now, you must report on the actual outcomes your program activities achieved in those three domains.

Agency name: Women In Need Recovery
Program name: Reentry & Recovery Home
Submission date: 9.1.2022

Consumer Access – *complete at end of year only*
Eligibility for service/program
1. *From your* application, what are the eligibility criteria for your services? (I.e., who is eligible for your services?) (Consumer Access, question #1 in the Program Plan application) **Eligible clients are women or individuals of the LGBTQ2+ community who come straight from jail, prison, halfway house, transitional house, recovery home, or treatment center. Additional eligibility criteria that we consider are on parole, probation or pretrial services, have DCFS involvement, Mental Health Issues/Diagnosis, Substance Abuse Disorder, history of trauma, are Homeless under the State and Federal Poverty Level, from the Champaign County as shown by their address, have evidence of a need for services based on an assessment and have limited financial resources to meet the cost of care.**
2. How did you determine if a particular person met those criteria (e.g., specific score on an assessment, self-report from potential participants, proof of income, etc.)? **We determined by completing an assessment form that is carefully reviewed. The determination is made by if individual needs assistance in at least 3 sections of the assessment, they have met the criteria to participate in our program/housing.**
3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.) **Outreach Events, Other non-profit organization that works with similar populations, Re-Entry Summits, Probation/Parole, Drug Courts, IDOC, Treatment Centers, and referrals from State Agencies.**

4. *From your application,* estimated percentage of persons who sought assistance or were referred who would receive services (Consumer Access, question #4 in the Program Plan application): **98%**
b) *Actual* percentage of individuals who sought assistance or were referred who received services: **Of the individuals that reside in Champaign County 100% of the individuals that sought assistance or referred to us received services.** **5. a)** *From your application, estimated* length of time from referral/assistance seeking to assessment of eligibility/need (Consumer Access, question #5 in the Program Plan application): **2 days**
b) *From your application,* estimated percentage of referred clients who would be assessed for eligibility within that time frame (Consumer Access, question #6 in the Program Plan application): **100%**
c) *Actual* percentage of referred clients assessed for eligibility within that time frame: **100%**
6. a) *From your application,* estimated length of time from assessment of eligibility/need to engagement in services (Consumer Access, question #7 in the Program Plan application): **2 days**
b) *From your application,* estimated percentage of eligible clients who would be engaged in services within that time frame (Consumer Access, question #8 in the Program Plan application): **100%**

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
100% of the eligible client were engaged in services within the time frame, unless they sought out assistance before their release or discharge date. The client received services immediately upon release or discharged from institution or facility.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):

Residents live in transitional housing from 275-365 days. Completion depends on each individual's mental and economic stability

b) *Actual* average length of participant engagement in services:

WIN Recovery tracks Phase 1 average length of our program/housing and Phase 2 of our program/housing. The first Phase is the 1st Step Home. In this Phase, the average length is approximately 180 days. In Phase 2 at the independent home, the average stay is about an additional 120 days. When they transition to Independent Living in the 3rd Phase, we continue to provide services following the needs of the individual even though they are not residing in our home.

Demographic Information

1. *In your application* what, if any, demographic information did you indicate you would collect beyond those required (i.e. beyond race/ethnicity, age, gender, zip code)? (Demographic Information, question #1 in the Program Plan application)

WIN Recovery collects data on the required demographic data as well as; (a) obtaining Identification Documents, (b) Family Reunification, (c) Criminal History, (d) treatment, (e) Social Economic Status, (f) Income, (g) Employment Status, (h) Education, (i) Recovery Milestones, (j) Formerly incarcerated (h) number of children.

2. Please report here on all of the extra demographic information your program collected.
In June 2022, WIN Recovery recently began collecting additional HMIS information. Additional HMIS Information currently being collected include the type of insurance, physical disability, developmental disability, Chronic Health, HIV/Aids, Mental Health,

Substance Use Disorder, and income/source of assistance recently also collected additional HMIS.

Consumer Outcomes – *complete at end of year only*

During the application process, you identified participant outcomes that your program activities would impact. Here, report the actual participant outcomes achieved as a result of your program activities

1. *From your application,* what impact on consumers did you expect your program activities to have? That is, what outcome(s) did you want your program to have on the people it is serving? (Consumer Outcomes, question #1 in the Program Plan application). Please number each outcome.

What impact will this program have on the people it serves? Provide Numbered Outcomes. (300 word limit)

WIN Recovery's outcomes are all based on the client's individual needs upon entering our program. The client's needs change through each stage of our program, and we adjust our services to continue to assist them to improve their health and quality of life. Because of our broad scopes of services, we can provide the best care to help our clients become productive members to reenter society.

COVID impacted our delivery of services as we could not participate or facilitate any community or outreach events. Program staff could also not go into the prisons to participate in the Reentry Summit to educate women about our program. Also, some of our clients that had jobs were unable to work

Maintain Sobriety
A decrease in Mental/Behavioral Health Services
Obtain Stable Housing
Obtain Employment
Access to Education
Family Reunification
Program Completion
No Recidivism

2. For each outcome, please indicate the specific survey or assessment tool you used to collect information on this outcome in the chart below. (Please remember that the tool used should be evidence-based or empirically validated.)

Additionally, in the chart below, please indicate who provided this information (e.g. participant, participant's guardian(s), clinician/service provider, other program staff (if 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:	Assessment Tool Used:	Information Source:
Maintain Sobriety	**Informal Checklist through Client Interviews during Case Management**	**Client**
A decrease in Mental/Behavioral Health Services	**Informal Checklist and Client Interviews during Case Management & Certificates of Completion**	**Clients & Counselors**
Obtain Stable Housing	**Informal Checklist and Client Interviews during Case Management & MTW Program Requirement Assessment for Voucher Readiness conducted by the Champaign County Housing Authority**	**Clients & Case Management & Housing Authority**
Obtain Employment	**Informal Checklist and Client Interviews during Case Management**	**Client**
Assess to Education	**Informal Checklist and Client Interviews during Case Management**	**Client**
Family Reunification	**Informal Checklist through Case Management**	**Client**
Program Completion	**Informal Checklist during Case Management**	**Case Management**

No Recidivism	**Developed Internal Tool to track & trend reoccurring criminal justice system involvement**	**IDOC Records** **Illinois State County Circuit Clerk Databases**

3. Was outcome information gathered from every participant who received service, or only some?

Outcome information was gathered from all participants who received services.

4. If only some participants, how did you choose who to collect outcome information from?

N/A

5. How many total participants did your program have?

38 participants

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

100%

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

100%

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

During the first interaction with the client, we collect the initial information from the client. WIN Recovery continuously contains additional details throughout the 9 to 12-month period as the client navigates through the 3 phases of the program.

Results

9. What did you learn about your participants and/or program from this outcome information? Please be specific when discussing any change or outcome, and give appropriate quantitative or descriptive information when possible. For example, you could report the following:
    i. Means (and Standard Deviations if possible)
    ii. Change Over Time (if assessments occurred at multiple points)
    iii. Comparison of strategies (e.g., comparing different strategies related to recruitment; comparing rates of retention for clients of different

ethnocidal groups; comparing characteristics of all clients engaged versus clients retained)

WIN Recovery brainstormed many ways to measure our outcomes by using assessment tools but realized that the benchmarks we measure are not measurable benchmarks that an official assessment tool can measure. WIN Recovery learned that the assessment tool would have to be an internal checklist/questionnaire completed through informal client interviewing throughout their participation at WIN Recovery. We also realized that not every benchmark we try to meet in our program is a benchmark every client needs.

To measure the change and progress clients make, we analyze the weekly accomplishments spoken about in the one-on-one case management. During the one-on-one, the client coordinator uses informal client interviewing to assess what benchmarks and the program outcomes they have met.

We can see the changes that occur over time by using the initial intake assessment to gather the needs. Determining these needs lets us know what benchmark applies to that client. It helps the client coordinator create an individualized plan that lists the benchmarks needed to accomplish during their participation in our program. After the individualized plan is in place for the client, we assess them at every Phase. The information is continuously collected throughout the 9 to 12-month period as they navigate through the 3 phases of the program.

WIN Recovery took a record of the referral of each client. After we analyzed the participants who participated with longevity, we noticed that the number of individuals who received referrals from treatment without mandated services was lower. There was more extended program participation of individuals that had mandated requirements and faced the consequences if they did not get assistance with the areas of their life that they needed to address to be successful in rebuilding their life.

We also noted the individuals who came to WIN Recovery that understood that WIN Recovery is a program that provides services and resources and not just a place to receive housing remained in the program longer vs. individuals that thought that we were providing housing only.

10. Is there some comparative target or benchmark level for program services? Y/N **No**
11. If yes, what is that benchmark/target and where does it come from?
12. If yes, how did your outcome data compare to the comparative target or benchmark?
(Optional) Narrative Example(s):
13. Describe a typical service delivery case to illustrate the work (this may be a "composite case" that combines information from multiple actual cases) (Your response is optional)
14. In what ways was the evaluation used to support changes in practice? What changes were made based on evaluation findings? (Your response is optional)

Utilization Data Narrative – *The utilization data chart is to be completed at the end of each quarter (including quarter 4) using the online reporting system.* *Comparative yearly totals (i.e. reporting estimates and actual numbers) and the narrative section described below are to be completed at end of year only.*
Here, you will report on the different types of service categories specified in your program plan application. Please remember that programs **do not** need to collect and report on every category- instead, you are to report only the ones that are most useful for understanding program impact.
1. Please copy and paste the definitions of service categories your program specified in your program plan application in the sections below**. You will report the actual numbers of clients/contacts/community events for each reported service category in the Part II Utilization/Production data form (located on the online system).** If your

estimated number of clients/contacts/community events for reported service categories significantly differ from your actual numbers, you may give a narrative explanation for that discrepancy here.
Treatment Plan Clients (TPC): **Treatment Plan Clients are the number of clients that meet our eligibility and become accepted into our program. Our TPCs reside in our homes and have a recovery support plan when entering the program. WIN Recovery plans to collect and report on the completion rate of participating individuals completing their TPC plans recommendations. For case management, we plan on monitoring inpatient discharge plans, behavioral health therapy goals and objectives for clients, outpatient substance-use treatment plans, mandatory parole requirements, drug court plan, and DCFS service plans.** **No Discrepancies**
Non-treatment Plan Clients (NTPC): **WIN Recovery considers NTPC any family member that the client reunites with during their engagement in our services. It is difficult to put a target number on our NTPC as family reunification looks different for each TPC. However, we do keep track of mothers that regain custody from DCFS.** **No Discrepancies**
Community Service Events (CSE): **WIN Recovery held a free community drive-in viewing of the movie "Just Mercy" in partnership with Salt & Light in Urbana.** **Discrepancies: We had a larger amount of Community Service Events than expected**
Service Contacts (SC): **Service Contacts are individuals that contact our program but are not eligible. We make referrals to other similar organizations within their community. This number is hard to target based on potential clients eligibility, parole dates and our bed availability.** **Discrepancies: The service contacts targeted number was increased due to the high volume of individuals that needed referrals and other services in the community that Community Service Events than expected**

For more information on SCs, CSEs, TPCs, and NTPCs, see the Service Definitions at the end of the glossary (located at the end of the Performance Outcome Report Instructions).