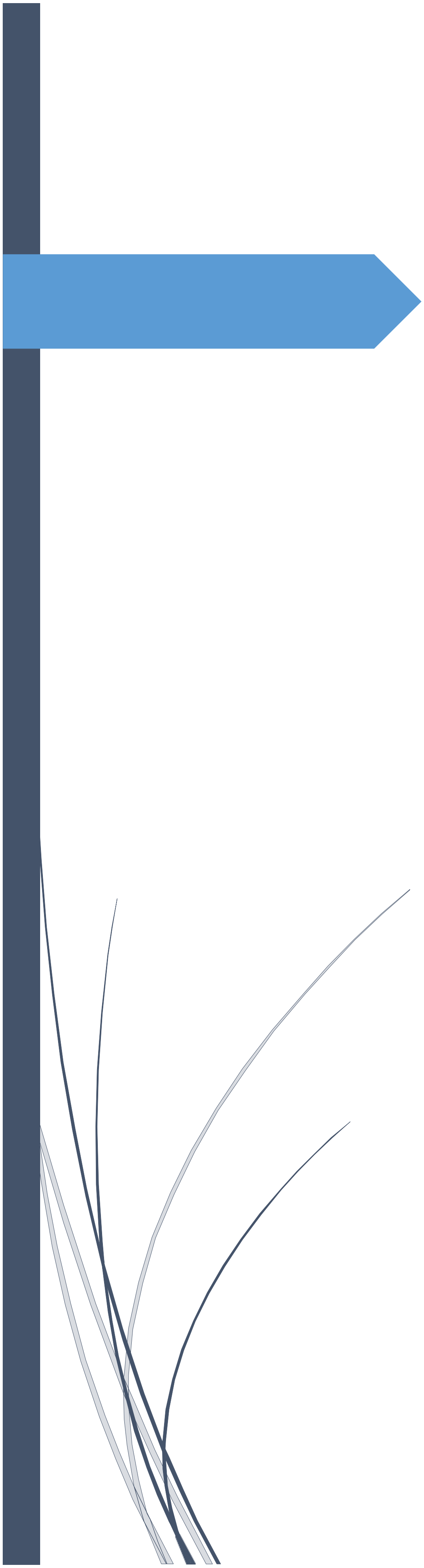

Compiled Annual Performance Outcome Reports of CCDDB & CCMHB I/DD Funded Programs for Contract Year 2020

Compiled Annual Performance Outcome Reports of CCDDB & CCMHB I/DD Funded Programs for Contract Year 2020

Champaign County Regional Planning Commission Community Services
  Decision Support Person for CCDDB - $319,420

CU Able, NFP Inc.
  CU Able Community Outreach - $17,285

Champaign County Down Syndrome Network
  Champaign County Down Syndrome Network - $15,000

Champaign County Regional Planning Commission Head Start
  Social-Emotional Development Services - $24,402 (CCDDB funded)
  $87,602 (CCMHB funded)

Community Choices
  Community Living - $81,000
  Customized Employment - $118,016
  Self-Determination Support - $138,000

Developmental Services Center
  Apartment Services - $442,757
  Clinical Services - $174,000
  Community Employment - $361,370
  Community First - $822,970
  Connections - $85,000
  Employment First - $80,000
  Family Development Center - $579,148 (CCMHB funded)
  Individual and Family Support - $416,561
  Service Coordination - $423,163

PACE
  Consumer Control in Personal Support - $23,721

Rosecrance Central Illinois
  Coordination of Services - DD/MI - $35,150

Champaign County Regional Planning Commission Decision Support
Person Centered Planning Performance Outcome Report – FY20

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 (CCRPC)
Program name: Decision Support Person Centered Planning FY20
Submission date: 08/24/20

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 following are eligibility criteria for services: 1) all individuals in Champaign County with a suspected I/DD diagnosis will be eligible for a PUNS meeting. Those who are determined to have an I/DD diagnosis and registering on PUNS are eligible to participate in a preference assessment; 2) adults with an I/DD who are in the seeking services category on PUNS are eligible for conflict free person centered planning; and 3) individuals with an I/DD diagnosis who are nearing graduation from high schools in Champaign County and requesting assistance with transition to adult I/DD services are eligible for Transition Consultant 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.)?

Eligibility criteria was determined in the following ways:

- As indicated in the DHS PUNS Manual, ‘‘The PAS/ISC agency is to use the guidelines put forward in the Level I screening process to ensure there is a reasonable basis to believe the person has a developmental disability. A reasonable basis would include the person has an intellectual disability (with onset before age 18), cerebral palsy (before 22), epilepsy (before 22), one of the Pervasive Developmental Disorders (PDD) (before 22), or other conditions, such as Autism Spectrum Disorders, that fall within the Related Condition category" (Independent Service Coordination Manual, Section 4: PUNS for Persons with Developmental Disabilities).

- For individuals completing a preference assessment and registering on PUNS, staff gathered any relevant IEP documentation, psychological evaluations, and/or medical records to indicate an intellectual or developmental disability. If those materials were not made available, staff relied on self-report or guardian report of an intellectual or developmental disability.
- Individuals who participated in person centered planning were required to be registered on PUNS and not currently receiving Home and Community Based Services, Medicaid waiver funding. Staff worked closely with DSC, Community Choices, Rosecrance, and PACE to coordinate person centered planning services for individuals receiving services through their CCDDB funded programs.
- Eligibility for transition consultant services was determined by referrals from high school professionals, participation in special education classes, and/or IEP documentation.
- In addition, all individuals served were assisted with registering on PUNS if they had not already done so.

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

Target populations learned about the program through:

- Referrals from other CCDDB funded programs
- Referrals from local community agencies
- Referrals from Champaign County school staff
- Outreach events
- CCRPC's website
- Direct contact from individuals with ID/DD and their families
- Inter-organizational referrals through CCRPC's community services programs

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 individuals who seek assistance or were referred to the Decision Support Person Centered Planning program will receive assistance if they meet program eligibility.

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

98% of individuals who sought assistance or were referred to the Decision Support Person Centered Planning program received services.

This was related to capacity of caseload size for the person centered planning Case Managers. Each Case Manager maintained a caseload of 45 clients. At times, new clients were referred to CCRPC for person centered planning services and due to Case Managers being at capacity, new clients would have to wait 1-2 months for 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):

It is estimated that the timeframe from request for services to assessment of eligibility will occur within 5 business 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):

95% of referred clients will be assessed for eligibility within the estimated timeframe described above.

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

95% of referred clients were assessed for eligibility within the designated timeframe described above for Person Centered Planning and Transition Consultant services.

90% of referred clients were assessed for eligibility within the designated timeframe described above for Preference Assessment services. Due to COVID-19 and only conducting remote visits with clients beginning in March, requests for PUNS appointments were not always able to be accommodated within 5 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):

The estimated length of time from assessment of eligibility/need to engagement in services is five business 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% of referred clients will be engaged in services within 5 business days.

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

90% of referred clients were engaged in services within 5 business days. Some clients referred to us for person centered planning services by provider agencies were difficult to get in contact with. However, provider agencies were very helpful in assisting us with gaining contact and explaining person centered planning services.

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

The estimated length of participant engagement is one to three months. For person centered planning participants, it is one year.

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

The average length of engagement for preference assessment clients was one month. The average length of engagement for transition consultant services was three months. The average length of engagement for person centered planning services was one 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)

The Decision Support Person Centered Planning Program will collect the required demographic data of zip code, race, ethnicity, age, and gender. Additional data to be collected is household income of Treatment Plan Clients (TPC), insurance information, and Medicaid RIN number.

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

We collected the following extra demographic information:

- Type of insurance (Medicaid, Medicare, private insurance, etc.).
- If applicable, Medicaid RIN number.
- Household income (TPC clients only).

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. Outcome # 1: Individuals with I/DD will have greater choice of services and supports in Champaign County.
2. Outcome #2: Individuals with I/DD transitioning out of secondary education will have a transition plan in place to adult I/DD services.
3. Outcome #3: Individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS.

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:
Individuals with ID/DD will have greater choice of services and supports in Champaign County.	Preference Assessment, Discovery Tool, and Person-Centered Plan.	Client/guardian, provider agency staff Information collected by: Case Manager and Program Manager
Individuals with ID/DD transitioning out of secondary education will have a transition plan in place to adult ID/DD services.	Transition Plan, Individualized Education Plan (IEP).	Client/guardian, school staff Information collected by: Transition Consultants and Program Manager
Individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS.	DHS required Pre-Admission Screening (PAS) paperwork and Medicaid Waiver Service award letters.	CCRPC staff, DHS Division of Developmental Disabilities Information collected by: Case Manager and Program Manager

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

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

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?

- NTPC = 244
- TPC = 353

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

100%.

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

NTPC (preference assessment) – 168/244 = 69%. 100% of individuals were given the opportunity to complete a preference assessment, however, for individuals who have been on PUNS for several years, they reported no changes to their preferences and thus did not choose to complete a preference assessment again. 69% for FY20 is an improvement from FY19 at 52%.

TPC – 325/353 = 92%. Due to COVID-19, the person centered planning process was difficult during Quarter 4 of FY20. As a result, 28 clients did not have a person centered plan completed during FY20. All in person visits were changed to remote visits via telephone, Facetime, or Zoom. For new clients, it was difficult at times for the Case Managers to develop rapport and get to know clients in order to thoroughly complete the person centered planning process without a face to face visit. Some clients and guardians also insisted the process wait until a face to face visit could be conducted. All remaining FY20 person centered plans will be completed (remotely) by October 1, 2020.

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

Outcome information was collected at the time of PUNS registration or annual update meeting. Clients served with transition consultant services completed a goal plan with their Case Manager and IEP information was provided to Case Manager at intake. Clients served with person centered planning services completed a Personal Plan annually and had (at minimum) quarterly visits with their Case Manager.

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)

Proposed Outcome: 100% of individuals will be given the opportunity to complete a preference assessment. 100% of individuals will be supported in identifying services based on their preferences through their person centered plan.
Results: 100% of persons eligible for DD services were given the opportunity to report their service preferences. This is standard practice during annual PUNS registration or PUNS update meetings. However, only 69% chose to participate in a preference assessment.

Proposed Outcome: 100% of eligible individuals working with a Transition Consultant will be registered on PUNS and provided support in developing a transition plan prior to graduation. Results: 100% of eligible individuals working with a Transition Consultant were registered on PUNS and provided support in developing a transition plan prior to graduation.

Proposed Outcome: 95% of individuals selected from PUNS who were provided service through the Decision Support Program will be found eligible for Medicaid Waiver Services and 90% will begin receiving services within three months.
Results: 10 individuals who received Decision Support Person Centered Planning services were selected from PUNS in FY20 (August 12, 2019). 100% of individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning program were found eligible for Medicaid Waiver Services.

A breakdown of when award letters were issued by DHS/DD is as follows:

Award Letter Issue Date	Service	Explanation
1/2020	HBS	Client was actively receiving services through the Department of Human Services, Division of Rehabilitation Services (DHS/DRS). Because one cannot receive both waiver services at one time, ISC worked with family to

		explain differences and guardian moved forward with ending DHS/DRS services.
1/2020	HBS	Difficulty in reaching guardian.
1/2020	HBS	Change in ISC staff.
2/2020	HBS	Client was experiencing a mental health crisis so Pre-Admission Screening process was delayed.
3/2020	HBS	ISC submitted Pre-Admission Screening information to DHS/DD for award letter in January 2020, however, client's Medicaid had lapsed, and it did not get resolved until March 2020.
3/20/20	HBS	Difficulty in reaching client and delay in ISC receiving physical documentation from guardian.
4/2020	HBS	Delay in individual applying for Medicaid due to family illness.
6/2020	HBS	Client was not sure he wanted to proceed with obtaining services and was not currently receiving any DDB funded supports.
TBD	CILA	Client waiting for a group home opening in Champaign County.
TBD	TBD	Difficulty in maintaining communication with client and obtaining needed documentation for Pre-Admission Screening.

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

Yes, for person centered planning services.

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

The Department of Human Services, Division of Developmental Disabilities has an outcome performance measure for all Independent Service Coordination (ISC) agencies that 100% of person centered plans will be updated within 365 days of the previous year's plan.

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

Approximately 65% clients served through person centered planning services were new to working with an ISC to develop a person centered plan. Of the clients served in FY20 who were NOT new to services, 92% had their person centered planning completed within 365 days of the previous plan. This was due to: difficulty in getting in touch with client and/or guardian, cancelled appointments, person centered plan being completed yet waiting on signature from individual and/or guardian and barriers with COVID-19.

(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)

<u>TPC – Preference Assessment Case Study</u>

DDB funded ISC staff met with client and his guardian at Brookens to update his PUNS and complete annual preference assessment. Per client and guardian, since the closure of UCP client was able to receive job development support from Community Choices and wants to volunteer at the disABILITY Resource Expo again this year.

Per guardian, they were able to find another roommate through DSC. Client informed ISC he likes having a roommate to help him stay focused. ISC also completed ICAP to have on file.

<u>TPC - Transition Consultant Case Study</u>

The student's father's first contact with the Transition Consultant Program was in May of 2018. The father reported Jim Mayer, Transition Specialist at Rural Champaign County Special Education Cooperative, had recommended he request support services from this program.

Dad was very knowledgeable about his son's needs and the services that would allow him to achieve a happy and productive life. He felt he needed someone to help him develop a plan for his son's adult life and to advocate for the student at his IEP meetings. Our final meeting was in May of this year. The student's plan was reviewed, and his services were somewhat altered due to COVID-19. The plan included employment, volunteer work and recreation. The student's after graduation days are full of meaningful activities. The student's father mostly needed affirmation that he had made good decisions of behalf of his son.

TPC - Transition Consultant Case Study

The Transition Consultant (TC) was contacted by a mother in rural Champaign County for assistance in the spring of 2018. The mom was concerned because her son wanted to drop out of school. The TC met with the mom and son. She told them about STEP (Secondary Transitional Experience Program), a program that he hadn't been offered at his high school. The TC contacted Jim Mayer and he worked with the rural school to set this up. The student entered the program in the fall and found a part-time job. He was able to go to school part time and still fulfill all his requirements for graduation in spring 2020. The TC also assisted the mom and son in applying for SSI and explained how the son needed to report his wages to the Social Security Administration (SSA). Since he was still in school, his SSI benefits would not be reduced because he qualified for the Student Earned Income Exclusion.

The mom contacted the TC again in the fall of 2019 to follow up on tasks to do before her son's 18th birthday. One task was to apply for DAC (Disabled Adult Child) status under his father's Social Security. The father is permanently disabled and is on SSDI. The TC sat in on the phone interview with SSA and coached the mom. SSA said the process would take several months.

The son was later approved as a DAC, but the family was given no information. The TC worked with the mom this summer on how to request a letter about his new status and to find out about new wage reporting responsibilities. The mom also found out that the son's Medicaid had carried over, but they weren't told. The TC coached mom to request his Medicaid card and to inform the pharmacy of this additional insurance. The mom would like to cancel Health Alliance, so the TC encouraged her to talk with the Medicaid office to see how this would affect his coverage as he likely would need to choose some kind of managed care plan.

TPC – Person Centered Planning Case Study

During client's annual PUNS update meeting, client's mother/guardian shared concerns about finding a capable adult outside of the family who can be trusted to manage client's Type 1 diabetes. Client is insulin dependent and his parents administer his insulin and monitor his health for him. It would benefit both the client and his parents if client were able to participate in chosen activities independent of his parents at times. In response to her concern, ISC provided information about PACE's PSW program and the ability to hire a PSW who is a good fit for the client and family. ISC also provided education about how the Medicaid waiver could benefit the client in this area. ISC followed up with guardians about
respite programs after the meeting. ISC emailed brochures for in-home respite providers in

our area- Envision Unlimited and Illinois Respite Coalition (IRC). ISC reached out to Timber Point Outdoor Center regarding adult camps and camp staffers' ability to provide support to individuals with Type 1 diabetes managed with an insulin pump. The program director's response was positive and ISC forwarded information along to client's guardians for consideration.

Client is an active member of Community Choices and receives employment support through the Customized Employment program. During the Discovery process, ISC learned that client and his family would like to find additional work or volunteer opportunities for him throughout the week. This would increase opportunities for independence and the likelihood that he will consistently be working or volunteering if something were to happen with his current volunteer position. ISC included client's desire to explore additional volunteering/ employment opportunities in the community in his PCP and presented client's PCP to Community Choices. Client's health is most important, so while COVID-19 is a concern, it may be some time before client and agency are able to make progress on this outcome.

TPC – Person Centered Planning Case Study

ISC was contacted by client's case manager from one of the county funded service providers that he is currently receiving supports from. Case manager informed ISC that client was in an emergency situation in which his live in girlfriend, who is also his caretaker, had a family emergency and needs to leave the state immediately for a few weeks, leaving the client in what could be potentially an unsafe environment. In the past when client has been left alone for a length of time there have been several situations in which he invited guests into his home that stole from him, destroyed his property, and caused physical harm to him. The client also relies heavily on his girlfriend/caretaker for meals and assistance with taking medication. The client does not have any friends or family that can act as a caregiver while his girlfriend is away and is not receiving any services that will allow someone to check on him as often as needed in this situation. Due to these reasons the client's case manager requested assistance from the ISC in locating respite placement or in-home services for the client while his caregiver is away.

The ISC contacted local respite programs to seek assistance and was able to connect to the Illinois Respite Coalition. The ISC explained the client's situation and requested assistance. Together the ISC and representative of IRC worked to determine the type of funding and care the client is eligible for. After IRC confirmed funding from DHS the ISC set up a conference call between ISC, IRC representative, and the client's case manager. A plan of action was discussed on this phone call and intake for the client was conducted. The IRC was able to locate a DSP that would be a good fit for client, and it was arranged for the client to have daily check ins in which the DSP will check on the client's safety and medication and food intake. This support provides both the client and caregiver with a sense of security and normal routine for the client while his caregiver is away.

TPC – Person Centered Planning Case Study

During a Quarterly Meeting with client, he identified that he would like to begin exploring volunteer opportunities to build his resume. He asked DDB funded ISC who he should contact. ISC helped to express his wishes of finding a volunteer opportunity at the Champaign County Humane Society. After speaking with the service provider agency, client identified that he was pursuing this goal on his own with the assistance of a friend.

Client contacted the Champaign County Humane Society to find out what he needed to do to sign up as a volunteer and scheduled to complete a training. Due to COVID-19 stay at home order, the training was cancelled. ISC was able to monitor this goal at Quarterly face to face meetings as well as phone calls with the individual. Once the stay at home order was lifted, client had reached back out to the Champaign County Humane Society to find when the next volunteer training is going to be held.

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)

Now that DHS/DD sends out early notification letters for all upcoming PUNS selections, the Decision Support Person Centered Planning program will ensure, at the time the early notification letters are sent out, all clients who will be selected from PUNS:

1. Ensure client would like to move forward with services
2. Have applied and received Medicaid approval
3. Have a physical exam completed within the last year on file
4. Have a psychological evaluation completed within the last 5 years on file
5. Have an Inventory for Client and Agency Planning (ICAP) completed within the last year on file
6. Have social security card on file

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):

Individuals registering on PUNS who need linkage/referral to community resources and brief conflict free case management including gathering of PAS documentation prior to being selected from PUNS; adults receiving conflict free person centered planning who are in the seeking services category on PUNS; and individuals/families receiving Transition Consultant services.

Proposed: 248
Actual: 353
Explanation: The caseload size of the person centered planning case managers extended beyond 45 people at times which resulted in serving more TPC clients.

Non-treatment Plan Clients (NTPC):

Individuals registering on PUNS and completing preference assessment and persons PUNS registered updating their preferences.

Proposed: 250
Actual: 244

Community Service Events(CSE):

Staff presentations and tabling at outreach events, meeting with Champaign County high schools and other professionals.

Proposed: 40
Actual: 37

Service Contacts (SC):

Individuals attending outreach events.

Proposed: 300 Actual: 232 Explanation: In FY20 Quarter 4, previously scheduled outreach events were cancelled due to COVID-19. This resulted in CCRPC attending fewer outreach events than anticipated and thus connecting with fewer people at outreach 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).

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: Cu Able
Program name: Cu Able Community Outreach
Submission date: September 4th, 2020

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 is to provide care to a person with a disability or be a person with a disability.

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 report

3. How did your target population learn about your services? (e.g., from outreach events, from referral from court, etc.)
   Facebook
   Word of mouth from other parents and also treatment professions
   Disability Expo
   Monthly Parent network meetings
   Referrals from professionals

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:
   86% of requests for membership were approved
   100% of attendees at monthly meetings and other events

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): **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%**
7.	**a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **Multiple years**
	b) *Actual* average length of participant engagement in services: **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) **For some events, we might ask if their child/family members is on the PUNS list**

2. Please report here on all of the extra demographic information your program collected. **We have had 92 responses from meetings/Walmart pick ups saying they are not on the PUNS list and 28 that have indicated they are on the PUNS. We are following up by asking if they would like information about the PUNS list and offering them that.**

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.

FY 2020 Measurable goals/outcomes are as follows:
1. CU Able will hold 12 regular meetings
2. CU Able will hold 4 educational opportunities annually
3. CU Able will reach 30 new TPC and 30 new NTPC
4. CU Able will plan 2 family events annually
5. CU Able will organize and host 1 moms retreat annually with at least 35 participants and 50% of them being located in Champaign County.
6. 90% of the Moms Retreat attendees will plan to attend a future retreat and learn something new at the 2020 retreat.
7. CU Able will record and post 7 events with closed captioning on the Facebook page and website, with virtual participants finding the recordings to be helpful.

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
CU Able will hold 12 regular meetings	Attendance sheets, demographic surveys	participants
CU Able will hold 4 educational opportunities annual	Attendance sheets, demographic surveys	Participants
CU Able will reach 30 new TPC and 30 new NTPC	Attendance sheets, demographic surveys, Facebook insights	Parent participants
Cu Able will plan 2 family events annually	Online sign ups, Facebook event comments	participants
CU Able will organize and host 1 moms retreat annually with at least 35 participants and 50% of them being located in Champaign County.	Demographic information collected at registration	participants
90% of the Moms Retreat attendees will plan to attend a future retreat and learn something new at the 2020 retreat.	Satisfaction survey the last day of the retreat	Participants
CU Able will record and post 7 events with closed captioning on the Facebook page and website, with virtual participants finding the recordings to be helpful.	Attending commenting	Participants

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

Attendance sheets are filled out by all participants. Satisfaction surveys were offered electronically and filled out by most, if not all participants.

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

N/A

4. How many total participants did your program have?

The following are the numbers of the family member (NTPC) that attended events in the FY. We did have some Facebook and Zoom live meetings for educational events and monthly meetings after March because of COVID 19, due to the live streaming we did not have attendance accounted for during these meetings.
We also
15 participants at family outings
11 participants at in person regular monthly meetings.
70 participants in our Walmart/Fedex donation give away program
37 moms at the mom's retreat

5. How many people did you *attempt* to collect outcome information from?
We attempted to collect outcome information from all meetings, events, and at the moms retreat

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

We collected information from all attendees.

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

We collected information at the end of each event or meeting.

Results

8. 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 that only about ⅓ of people surveyed during the Walmart Pickup/giveaway survey were on the puns list. If a person indicated they weren't on the PUNS list we then provided them information.

We learned that moms at the Mom's retreat indicated they learned new information to help their family members and one of the most important important aspects of the retreat is networking with fellow moms to figure out helpful resources.

Due to covid we actually did some surveys on FB to inquire what members needed during such an unprecedented time. Some of the responses indicated people needing more support with daily life balance, schooling, medical navigation. During covid it was apparent that families were much more isolated than normal and typical therapies and scheduled were severely disrupted. We decided to increase support meetings as well as make them all remote.

Due to feedback received via FB and the family support meetings we started a new partnership with Fedex to take donations of lost or items that couldn't continue the shipping process for whatever reason. This was extremely important to our members because we were able to receive many cleaning items, hand sanitizers and other hard to find items and distribute them to our members. We were able to distribute over 1500 items. Not only were these items incredibly hard for our families to find they were also extremely critical to many of our families who had high risk individuals. By distributing these items it allowed them to avoid going to many stores looking for the items. In addition due to so many families experiencing financial hardships during this time it also freed up some of the income for these families to purchase other needed items for their families.

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

N

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

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

(Optional) Narrative Example(s):

12. 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)

13. 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):
Person with a disability

Non-treatment Plan Clients (NTPC):
Family member of the person with a disability

Community Service Events (CSE):
All events

Service Contacts (SC):
Facebook members

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 Down Syndrome Network
Program name: Family Support Network
Submission date: 23 August 2020

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 DSN offers support to families with members with Down syndrome, the community and professionals by being a source of the most current information as it pertains to the various aspects of Down syndrome. The DSN provides support to new parents, foster, or adoptive parents who are guardians to children and adults with Down syndrome by providing home and/or hospital visits to talk about the experience of having a child with Down syndrome

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.)?

Members self-report on their Down syndrome diagnosis

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

   The annual Buddy Walk & associated advertising is the largest community outreach event, but many other events including special educational workshops, holiday breakfast and various social events bring member families & related professionals via word of mouth, Facebook, our web-site & direct email lists.

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):

Ongoing

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):

Ongoing

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):
Ongoing

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)

We do not collect demographic information beyond attendance counts and zip codes. Race, ethnicity, age, gender is approximated.

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.

   By request of the families we serve, the DSN provided targeted activities for age ranges. For example, the “teen and tween” group does activities with their peers to interact in a positive social setting. Second only to the Buddy Walk in attendance, is our holiday party in December which brings nearly all of our families together for a brunch as well as introductions of our new families. Of course, our largest event is the annual Buddy Walk which is usually attended by at least 1000 people each year. DSN hosted many other smaller events throughout the year as well.

   The DSN brochures and informational brochures are being revised in both English and Spanish. Both area hospitals in Champaign-Urbana receive brochures. The DSN has referred families to appropriate community services such as early intervention, respite, pre-school, early childhood, daycare, vocational and recreation programs. Advocate family members have also assisted families who have children with Down syndrome with support at IEP meetings, vocational and recreational meetings, as well as guardianship assistance. The DSN provides the opportunity for both the community and people with Down syndrome to raise awareness through the Buddy Walk. In September, several board members and their children appeared on WCIA's "Ci Living" to promote the Down Syndrome Network and the Buddy Walk.

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.)

N/A

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

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?

All programs & public interactions including the Buddy Walk, TPCs & NTPCs would be about 1200, see the utilization narrative below for more explanation. Generally, Buddy Walk numbers are excluded from the quarterly reporting.

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

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

8. 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

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

No

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

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

(Optional) Narrative Example(s):

12. 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)

This example used in the past continues to be how the CCDSN establishes connections.

A young couple looking forward to the birth of their first child receives an in-utero diagnosis of Down syndrome for their child. In the 7th month, the mother contacts DSN via our website or Facebook page inquiring about how to connect with other DS families in the area for support. Our new parent liaison calls the mother to encourage her & answer any

questions she might have, making her aware of services we provide, upcoming events & if interested, contact information for other mothers of young DS children to connect with.
At that time or shortly after the birth of the child, depending on the family's comfort level with direct interaction, a home visit is scheduled. During the home visit, a new parent packet with many books, brochures & DVDs are presented in a re-usable DSN book bag. If the family is Spanish speaking, a Spanish-speaking member may make the initial connection & present appropriate materials as well.

A friendship is established & the visitor's DS child may come along to meet the family. If interested & available, the father may also be connected with other member fathers too. A friendship connection is made; the new family is added to the email lists & Facebook group. As social events, educational workshops & other opportunities are presented, the family is always encouraged to participate & member families provide ongoing support follow-ups. Depending on any difficulties that we are made aware of regarding chronic medical or developmental issues, DSN may also try to help with an array of community resource connections or reach out regarding specific assistance needs. As the child grows, we provide topical support resources such as discussion panels, workshops (for families and/or professionals), IEP advice/consultations, parent/sibling support events or a variety of social/community parties/events. The 2 largest events of the year that seem to have the broadest appeal is the annual Buddy Walk, which usually attracts well over 1000 participants & the holiday brunch with around 350 DS family related attendees.

The above of course describes an ideal case scenario across a broad spectrum of experiences. Sometimes new families are not receptive to their DS diagnosis & require thoughtful support interactions & careful follow-up. We are sensitive to this & have found it may take months or years of contact for a family to fully embrace DSN participation. Some member families may attend all events, while others may only attend one or two per year. Lastly, we do see good engagement on Facebook & view that as additional critical means for online support for our member families, which often also leads to ad-hoc in-real-life member connections too.

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

N/A

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.

   TPCs are people within Champaign County with Down syndrome and/or their immediate family members who attended events (excluding the Buddy Walk)
   NTPCs are people outside of Champaign County or professional within the county involved in programs.
   CSEs are all of our sponsored events, excluding the Buddy Walk. It brings in people from all over east-central Illinois & there were about 1100 people & over 50 teams at the October 2019 Buddy Walk. CSEs also do not include DSN's major sponsorship of the local Penguin Project production of High School Musical Jr. which included about 16 DS children. This production was run by the Champaign Special Rec Dept.

Treatment Plan Clients (TPC):

145

Non-treatment Plan Clients (NTPC):

50

Community Service Events (CSE):
20

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).

Performance Outcome Report

Agency name: Champaign County Regional Planning Commission Head Start/Early Head Start
Program name: Social-Emotional Development Svs
Submission date: 9/11/2020

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 if parents or staff refer. The Social-Emotional Development Specialist (SEDS) determines eligibility through individual observation, functional behavioral assessment, and data collection from families and staff.

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.)?

Information is gathered by completing an individual observation, functional behavioral assessment, and parent/teacher data collection. The findings are discussed with the parents and support staff and a determination is made on how to support the child

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

   CCHS recruits throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. CCHS has outreach at community events such as the annual Champaign County Disability Expo, Read Across America, Week of the Young Child and local school district child-find activities.

   CCHS shares information with enrolled families about the social-emotional services provided by the 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:

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):

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):

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):

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):

90%

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):

The average length of services by the Social-Emotional Development Specialist is 9 months.

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

8 month

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.

Income- Head Start/Early Head Start served:
436 families income below 100% FPG
87 families at 100-130% FPG
90 homeless families,
24 families in foster care
2 families public assistance
74 over income families

Language:
English-595
Spanish-51
Middle Eastern & South Asian-32
African-2
East Asian-5
European & Slavic-23
Unspecified- 5

Education level:
Less than HS Diploma-84
Completed HS-256
Associate degree or some college- 224
Advanced degree-59

Employment:
Employed-380
Unemployed- 87

Marital status:
Two parent home-156
Single parent home-471

Military status-0

Housing status:
Families that Acquired housing with our support this year- 16

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 with behavior goals or support plans will have a reduction in frequency and duration of challenging behavior.
2. 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. 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. Reduction of frequency and duration of challenging behavior	Behavior tally and DECA	Teacher and Parent
2. Improvement in Self-Regulation	DECA and Teaching Strategies Gold	Parent and Teachers

3. Improvement in Initiative	DECA and Teaching Strategies Gold	Parent and Teachers
4. Improvement in relationship building/ friendship skills	DECA and Teaching Strategies Gold	Parent and Teachers
5. Improvement in Emotional Literacy	DECA and Teaching Strategies Gold	Parent and Teachers
6. Improvement in Problem Solving	DECA and Teaching Strategies Gold	Parent and Teachers
7. Parent Perspective on Social skills	Parent Satisfaction Survey	Parents

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

No, we were unable to gather outcomes data at the end of the year as we would normally because of COVID. For the DECA we only have pre- service assessments. For Teaching Strategies GOLD we have two checkpoints documented but not the third.

9. If only some participants, how did you choose who to collect outcome information from?
It wasn’t a choice, it was related to site closure and not having children in the classrooms.

10. How many total participants did your program have?

56 children received direct services or their teachers/parents received consultation. All teachers, and site managers received support and consultation regarding classroom management and school climate which impacted all enrolled students.

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

We made the decision to not collect end of the year data because of the unprecedented circumstances of a pandemic and in consideration of teacher and parent stress.

12. How many people did you *actually* collect outcome information from?
We collected data from 124 Early Head Start students and 369 Head Start students.

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

Typically, it is collected 2-3 times throughout the year. This year we only got one data point from the DECA and two data points from Teaching Strategies GOLD.

Results

14. 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)

This year we saw measurable growth in our EHS and HS classrooms in the areas of Social Emotional Development. The chart below describes the percentage of students who fit into one of three categories within specific S-E outcomes, Below developmentally appropriate expectations for their age; Meeting; or Exceeding expectations. The chart shows outcomes over two data points, October and January. A third checkpoint usually takes place in April however we were not able to collect that information because of the pandemic.

Something to note, a new site of mostly EHS classrooms was opened between the fall check points and the winter checkpoints. Those new students baseline assessments are included in the winter numbers. As you can see there was an increase in n between fall and winter. When documentation from that site is removed you see clear growth in Social-emotional development. Unfortunately, the software we use does not let us remove a site when aggregating data at the individual outcomes level. Looking at Social-Emotional development outcomes combined there was an increase in students meeting or exceeding developmental milestones from 91% in fall to 93% in winter.

Early Head Start S-E outcomes from Teaching Strategies GOLD

S-E Objective	***Fall n=73***	***Winter n=124***
1a. Manages Feelings	8.22% Below 86.3% Meeting 5.48% Exceeding	8.87% Below 87.9% Meeting 3.23% Exceeding
1b. Follows limits and expectations	6.85% Below 87.67% Meeting 5.48% Exceeding	8.94% Below 86.18% Meeting 4.88% Exceeding
1c Takes care of own needs appropriately	13.7% Below 83.56% Meeting 2.74% Exceeding	20.33% Below 76.42% Meeting 3.25% Exceeding

2a Forms relationships with adults	16.44% Below 79.45% Meeting 4.11% Exceeding	11.2% Below 88% Meeting 0.8% Exceeding
2b Responds to emotional cues	2.74% Below 89.04% Meeting 8.22% Exceeding	0% Below 92.68% Meeting 7.32% Exceeding
2c Interacts with peers	1.37% Below 84.93% Meeting 13.7% Exceeding	3.25% Below 81.3% Meeting 15.45% Exceeding
2d Makes Friends	0% Below 82.19% Meeting 17.81% Exceeding	.81% Below 83.74% Meeting 15.45% Exceeding
3a Balances needs and rights of self and others	8.22% Below 82.19% Meeting 9.59% Exceeding	10.57% Below 80.49% Meeting 8.94% Exceeding
3b Solves social problems	12.33% Below 84.93% Meeting 2.74% Exceeding	19.35% Below 75.81% Meeting 4.84% Exceeding

As evidenced in the chart below, we also so growth in Social Emotional Development in our Head Start classrooms between October and January.

Head Start S-E Outcomes from Teaching Strategies GOLD

S-E Objectives	***Fall***	***Winter n=369***
1a. Manages Feelings	25.97% Below 69.25% Meeting 4.78% Exceeding	22.22% Below 72.63% Meeting 5.15% Exceeding
1b. Follows limits and expectations	23.28% Below 69.55% Meeting 7.16% Exceeding	22.37% Below 71.16% Meeting 6.47% Exceeding
1c Takes care of own needs appropriately	22.85% Below 69.14% Meeting 8.01% Exceeding	19.07% Below 76.57% Meeting 4.36% Exceeding
2a Forms relationships with adults	27.38% Below 64.88% Meeting 7.74% Exceeding	25.68% Below 66.22% Meeting 8.11% Exceeding
2b Responds to emotional cues	29.04% Below 60.78% Meeting 10.18% Exceeding	28.88% Below 62.67% Meeting 8.45% Exceeding
2c Interacts with peers	17.56% Below 68.45% Meeting 13.99% Exceeding	16.89% Below 70.3% Meeting 12.81% Exceeding

2d Makes Friends	27.46% Below 57.01% Meeting 15.52% Exceeding	27.79% Below 60.76% Meeting 11.44% Exceeding
3a Balances needs and rights of self and others	19.1% Below 68.96% Meeting 11.94% Exceeding	18.85% Below 70.22% Meeting 10.93% Exceeding
3b Solves social problems	37.72% Below 58.08% Meeting 4.19% Exceeding	29.78% Below 66.94% Meeting 3.28% Exceeding

We also collected feedback from parents regarding their perspective of their children's social-emotional skills development, relationship with teacher, and enjoyment of their classroom. All important contributing factors to long term educational success and positive mental health outcomes. Out of the 203 surveys returned to us over 92% of parents responded positively to the questions. See the chart below for details.

Parent Satisfaction Survey Results (2019-2020)

Social & Emotional Well-Being	203 surveys returned
My child is learning to interact, and problem solve.	**96% of children are learning to interact, and problem solve**
My child has a good connection with their teacher.	**99% of children have a good connection with their teacher**
My child feels comfortable and safe in the classroom.	**96% of children feel comfortable and safe in the classroom**
My child is learning self-control and calming skills.	**92% of children are learning self-control and calming skills**

We are not reporting DECA outcomes this year because we were not able to collect reliable post-intervention data due to the pandemic.

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

Yes

16. 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.

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

56We met our goal with our youngest students, in January 93% of our early head start students were meeting or exceeding the S-E benchmark for their age group.

For the Head Start program we saw an increase in students meeting or exceeding their social-emotional benchmark from 63% in October to 67% in January.

(Optional) Narrative Example(s):

18. 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)

If a child has been referred to me for observation the teachers have already received support from their site manager, social skills and prevention coaches and have spent two weeks trying strategies in their classroom. If the behavior has not reduced I will go to the classroom to observe the child and meet with the teachers and parents to hear from them about the child, their strengths and challenges, what is happening or has happened in their lives, medical history, and relationships in the classroom. If the behavior was significantly unsafe early on, there is no need for a waiting period. Teachers are asked to collect data on frequency and duration of behaviors. Parents and teachers fill out the DECA and a functional behavior assessment. Following the observation and assessments I will meet with all the stake holders to facilitate a conversation about the child and we come up with a hypothesis regarding the function of their behavior (i.e. what is the behavior communicating/what needs are the child trying to meet with this behavior). After we make our best guess regarding function we come up with a plan for building skills of the child and teacher, identify a replacement behavior we want the child to learn to do instead of the current challenging behavior and we think about how to encourage this new behavior. Ideally, I then meet with the teachers weekly/biweekly to provide reflective consultation to support the implementation of their plan. We then collect data along the way to identify improvement or lack of improvement.

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

Something that stands out in the data is that around a quarter of our head start students aren't meeting developmentally anticipated milestones. In particular, we noticed the "solves social problems" and "makes friends" are two of the lower meeting percentages. This is striking to us in particular because of the use of gun violence in our community as a problem solving tool. We will increase our focus on the skills that support these outcomes during this next school year. We will also look at how we can involve caregivers in that effort.

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.

Our sites shut down in March because of the governor's shelter in place order. We didn't reopen our sites until after the end of this fiscal year. We did not meet our estimated numbers because of lack of access to families and children during shutdown.

Treatment Plan Clients (TPC): Estimated 80/Actual 28

TPC are students between the ages of 6 weeks to 5 years old who are enrolled in our program options and who need enough support to warrant a behavior plan or whose teachers requested ongoing consultation and support.

NTPC and TPC clients are often shared and reported by both the ECMHA's and the SEDS, which is funded by the DD board.

Non-treatment Plan Clients (NTPC): Estimated 70/Actual 28

NTPC are students between the ages of 6 weeks to 5 years old who are enrolled in our program options and have had one off interactions with staff or whose teachers requested one off consultation.

NTPC and TPC clients are often shared and reported by both the ECMHA's and the SEDS, which is funded by the DD board.

Community Service Events (CSE): Estimated 20/Actual17

Community Service Events: Attending and contributing to community meetings and training events.

Service Contacts (SC): Estimated 700/Actual 638

Service/Screening contacts: is defined as face to face services and supports given to NTP clients, TP Clients; consultation provided to teachers, and or parents related to NTPC/TPC; social-emotional skill building small groups in classrooms; large group guidance lessons in classrooms.

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: Community Choices

Program name: Community Living, FY20

Submission date: 9/11/2020 (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)

To be eligible for the Community Living Programs, individuals must be at least 18 years of age and have a documented developmental disability. For the Community Transitional Support services, participants must have the ability and willingness to ultimately live on their own, or with minimal support within one year. Anyone meeting general eligibility requirements and interested in gaining skills can participate in the Personal Development classes.

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.)?

Determination of Developmental Disability/need for services is made through the PUNS screening assessment completed by the PAS agent at the Regional Planning Commission. We ask that all persons seeking services verify that they have completed this screening tool or assist them in completing it. We also ask that they provide documentation of an I/DD diagnosis from a doctor or psychologist.

Determination of ability and willingness to live on their own and participate in the Community Transitional Support program is based on conversations with the person and their family. If they express a desire to move out, we will work with them to make that a possibility.

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

Many of the participants using our Community Transitional Support (CTS) program have been involved for longer than we have kept data on how they heard about our services. We have had 2 new participants in this program this year. One person was connected with our services as she aged out of high school. In our intake process they expressed a desire for help moving out. They were informed of the CTS program and chose to take part. The other person was a longtime member of the Community Choices Co-op and thus aware of the supports we offer. They and their family member were looking for additional support for their community living set up and requested to be part of the program.

During intakes for membership serval other individuals have expressed an interest in using CTS services in the future. Some of these people found out about our services through the school system, word of mouth, and one person was referred by a service provider in another area. One person found our website when planning a move to this area. Several of these people would likely have started the move-out process in FY20, but due to COVID-19 decided to delay their move-out plans.

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:

Five total people expressed interest in being part of this program during FY20. Of those, 2 began services right away. Three more engaged with us for future move-out plans and were not ready to begin the process right away. This was then extended due to COVID-19, though we continue to be in contact with these people and ready to start when they feel comfortable.

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

Note: Engagement in all Community Choices services begins with referral (formal or informal) and an intake meeting with the Membership Coordinator. This meeting is planned around the individual's schedule and typically held within two weeks of the initial contact. The length of time between intake and assessment for services is dependent upon how quickly individuals can provide the required documentation. Many individuals initiate services with the required assessment/eligibility information available.

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%

Note: Formal assessment and documentation of need is based on outside sources (PUNS screening, medical or psychological reports of diagnosis), thus is somewhat out of our control.

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

All referred clients were either connected with Regional Planning to complete their PUNS eligibility process or were verified as already eligible during their intake meeting. Because the PUNS enrollment process is outside of our hands, we are unaware of who long that process generally takes. All interested participants were engaged with at some level by the CC staff within this two week 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):

60 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:

100% of people (n=2) who were interested in beginning services right away were served in that timeframe. Three additional people were interested but not ready to begin when we engaged with them. At whatever point they are ready, we will be able to begin services within this timeframe.

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

Support is designed to last 2-3 years, but can increase with changes in circumstances. Classes are 8 weeks.

Support from this program is intended to last approximately 2-3 years from initial planning until the person is able to move to the informal consultation phase. There are some individuals who have received supports longer (4+ years) due to changes in life circumstances that warrant continued involvement. These circumstances have included: illness, loss/change of a living or work situation, or a change in natural supports. For individuals without these interrupting life events, we have found that 2-3 years is a good estimation of service engagement.

Individuals participating in classes receive support for the length of the class sessions, generally 8 weeks.

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

A total of 15 people were served in some capacity in the Community Transitional Support program during FY20.

3 people who are still being served by this program began before the phase-based approach was developed and implemented. For a variety of reasons, including living in group housing with other program participants, changes in life circumstances, and ongoing need, they have continued to be involved in the program for some minimal supports. Between FY19 and FY20 we worked on formally closing all those people who we had been serving for some time but that were showing greater stability. **Their average length of time in the program is 7.3 years (n=3)**

The additional 12 people who joined using the phase-based model have been part of the program for an average of 3.4 years (n=12)

- Of these 12, 5 were in the final reaching out phase. Their average length of time in the program is 4.2 years (n=5). Others were in the program for 1-4 years, also for a variety of reasons related to their life circumstances and support need.

Through observation and our work with the Evaluation Capacity team we have identified that it could be unrealistic to expect people to neatly work through each phase in order. In actuality, life is complicated and a person's priorities for growth and goals change depending on their circumstances. We are working to shift our model to be domain-based, giving people the opportunity to address their personal priorities as they develop. We believe that this will allow us to more accurately gauge the length of time people may need to spend in the program while ensuring that we address all the person's priorities. For someone who has more complex needs in all domains will likely need more time in the program, while someone with fewer goals or support needs across the domains will likely need less time. Future program structure will address these domains of **Housing, Skills, Resources, and Connections**.

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)

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

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

We collected RIN numbers, PUNs Eligibility, and what type of medical insurance the person had. There are a few people for who we are still unable to determine their RIN numbers, but continue to request this information. For individuals in the planning phase we also had informal discussions about their financial situation in order to budget for housing costs.

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. Program Outcome: **With planning and support individuals with I/DD can live in community based locations and build social connection.**

GOAL:

- 75% of participants will report that participation supported their efforts to live independently. 70% will indicate that participation helped them to connect with others and community.

2. Consumer Outcome A - **PLANNING:** ***Individuals with I/DD plan and develop community- based living options.***

GOALS:

- 4 individuals develop person-centered goals focusing on a move-out plan and skills they would like to work on.
- 4 individuals successfully complete the planning phase by moving into a community- based living situation of their choice.

3. Consumer Outcome B - **MOVE-OUT:** ***Individuals with I/DD develop the skills needed to live independently.***

GOALS:

- 5 individuals successfully complete the Move-Out phase by:
  - meeting their self-determined goals
  - improving their POM score in at least one area
  - showing the ability to complete critical areas for independence on the Independent Living Skills Checklist.
- Individuals will update their plans and goals annually

4. Consumer Outcome C - **REACH-OUT:** ***Individuals with I/DD develop connections to people and community.***

- 6 individuals successfully complete the Reach-out phase by:
  - meeting their self-determined goals
  - improving their initial POM score in at least 2 areas
  - regularly engaging in 1 new activity in the community

5. Consumer Outcome D - **PERSONAL DEVELOPMENT CLASSES:** ***Individuals with disabilities will develop their independent living skills***

- 15 individuals with I/DD will participate. 5 courses will be offered. Individuals can participate in multiple courses.

- 100% of participants will indicate growth or identify a new skill based off the course assessment.

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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. Assessment: The Annual Member Survey, designed with the support of the UIUC psychology department and their research-based recommendations to be accessible to those with I/DD, will be used to measure success/satisfaction and personal growth as a result of participation in the CL program.

Data Collection: The survey will be presented to all participants and their families (if they are involved). Full participation will be encouraged.

2. Assessment: Individuals complete Personal Outcome Measures (evidence-based assessment developed by CQL), and an Independent Living Skills Checklist to determine areas where skills development is needed and to refine personal goals for the move-out process. These are initial, baseline assessments of the CTS program.

Data Collection: All participants in the planning phase will complete these assessments as part of their plan development.

3. Assessment: Regular meetings with participants will serve as a formative assessment on progress toward their self-determined goals (these are generally skill-based in this phase). Annually, participants renew their POMs and Independent Living Skills Checklist and review their personal goals. This is a mid-program assessment of progress toward outcomes.

Data Collection: All program participants in the move-out phase will complete these assessments.

4. Assessment: Regular meetings with participants will serve as formative assessment on progress toward self-determined goals (these are generally connection/socially oriented in the Reach-out phase). Annually, participants renew their POMs, independent living skills checklist, and review their personal goals.

Data Collection: All participants in the reach-out phase will complete these assessments

5. Assessment: The number of courses and attendance rate will be recorded. A pre-post course assessment designed to be accessible for and completed by individuals with I/DD will be used to measure the skill growth by participants.

Data Collection: Assessments will be given to all participants, though their completion is not mandatory.

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. Program Outcome: **With planning and support individuals with I/DD can live in community based locations and build social connection.** GOAL: o *75% of participants will report that participation supported their efforts to live independently. 70% will indicate*	The Annual Member Survey, designed with the support of the UIUC psychology department and their research-based recommendations to be accessible to those with I/DD, will be used to measure success/satisfaction and personal growth as a	The survey will be presented to all participants and their families (if they are involved). Full participation will be encouraged.

that participation helped them to connect with others and community. **ACTUAL OUTCOME:** Unfortunately, the response rate for this year's participant survey was very low. We typically circulate the survey during the spring and offer an online and paper version. Participants in the program are given the option to complete it with the CTS staff person or anonymously. This year, the survey went out in the midst of the COVID- 19 lockdowns, so paper versions were not provided and less staff support was offered, than has been typical. The dramatic world events we believe also diverted attention from the survey. We did change and simplify the format this year in hopes of getting more data and in response to previous year's response rate. It is possible that this change could have also caused the problem, but it is unknown if this, distribution changes, or world events had the biggest impact. 2 Participants in the CTS program completed the survey. ○ 100% felt the program "Very Much" supported them to live independently. ○ 100% felt the program "Very Much" supported them to connect to people and the community.	result of participation in the CL program. Here is a link to the survey tool used for the Community Living Program (as well as our Connect and Employment programs): https://forms.gle/M9gwC5Syk22XPZo68	
2. Consumer Outcome A - **PLANNING:** ***Individuals with I/DD plan and develop community-based living options.*** GOALS: o 4 individuals develop person-centered goals focusing on a move-out plan and skills they would like to work on.	Individuals complete Personal Outcome Measures (evidence-based assessment developed by CQL), and an Independent Living Skills Checklist to determine areas where skills development is needed and to refine personal goals for the move-out process. These are initial,	All participants in the planning phase will complete these assessments as part of their plan development.

○ 4 individuals successfully complete the planning phase by moving into a community-based living situation of their choice. **ACTUAL OUTCOME:** ○ 3 People developed goals and a move-out plan. (1 person did not develop a plan as he was getting ready to leave the area when his renewal came up) ○ 4 people moved out into a community housing situation according to their plans and goals.	baseline assessments of the CTS program.	
3. Consumer Outcome B - **MOVE-OUT:** ***Individuals with I/DD develop the skills needed to live independently.*** GOALS: ○ 5 individuals successfully complete the Move-Out phase by: ▪ meeting their self-determined goals ▪ improving their POM score in at least one area ▪ showing the ability to complete critical areas for independence on the Independent Living Skills Checklist. ○ Individuals will update their plans and goals annually **ACTUAL OUTCOME:** In total 6 individuals were served within the Move-Out phase during FY20. ○ **4/6 or 67% met their self-determined goals** ○ 4 people completed their 2nd POM (2 person was newer to the program and had not yet completed their 2nd annual assessment at the end of FY20). **Their average score changed by an average (n=4) of +0.25. 2 people increased their score, 2 people had their score decrease**.	Regular meetings with participants will serve as a formative assessment on progress toward their self-determined goals (these are generally skill-based in this phase). Annually, participants renew their POMs and Independent Living Skills Checklist and review their personal goals. This is a mid-program assessment of progress toward outcomes.	All program participants in the move-out phase will complete these assessments.

o **6/6 individuals or 100%** showed the ability to complete priority skills from the Independent Living Skills Checklist.		
4. Consumer Outcome C - **REACH-OUT: *Individuals with I/DD develop connections to people and community.*** ○ 6 individuals successfully complete the Reach-out phase by: ▪ meeting their self-determined goals ▪ improving their initial POM score in at least 2 areas ▪ regularly engaging in 1 new activity in the community **ACTUAL OUTCOME:** In total 5 individuals were served within the Reach-Out phase during FY20. ○ 4/5 or 80% of participants met their self-determined reach-out goals. ○ 4/5 people increased their POM score (from the previous year). The average change (n=5 was 1.8). Scores increased by 1, 2, 4, and 6 and one person had their score decrease by 4. ○ 4/5 or 80% of people began a new activity, connection in the community.	Regular meetings with participants will serve as formative assessment on progress toward self-determined goals (these are generally connection/socially oriented in the Reach-out phase). Annually, participants renew their POMs, independent living skills checklist, and review their personal goals.	All participants in the reach-out phase will complete these assessments
5. Consumer Outcome D - **PERSONAL DEVELOPMENT CLASSES: *Individuals with disabilities will develop their independent living skills*** ○ 15 individuals with I/DD will participate. 5 courses will be offered. Individuals can participate in multiple courses. ○ 100% of participants will indicate growth or identify a new skill based off the course assessment. **ACTUAL OUTCOME:** ○ **16 unique people** with I/DD participated in our Personal	The number of courses and attendance rate will be recorded. A pre-post course assessment designed to be accessible for and completed by individuals with I/DD will be used to measure the skill growth by participants.	Assessments will be given to all participants, though their completion is not mandatory.

Development Classes. Many people participated in multiple classes. o **4 classes were offered** (Home Safety, Community Safety, Health Sexuality, and Healthy Relationships.) 2 more classes were planned for the spring, but were canceled due to the COVID pandemic. o Community Safety: • 3/5 people took both the pre and post eval • 2/3 or 67% of these indicated confidence or growing confidence in their community safety skills, in particular using ride-share services. o Home Safety: • 5 people took post eval (only 3 took the pre-eval) • 5/5 or 100% reported moderate to high confidence in all the skill areas covered in the class. o Healthy Relationships: • 0/7 people took both the pre and post eval • Attendance was low on the last day of class, but all declined to fill out the eval. It was also emailed out to all participants, but none were returned. o Healthy Sexuality: • 4/5 people took both the pre and post eval • 5/5 or 100% of these participants indicated that they learned about all the skills areas covered in the class.		

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

Overall program outcome data was gathered using our Participant Survey. **This survey is distributed all participants in all our programs and the involved family members of those participants. The survey is optional, though we strongly encourage everyone to respond**. The survey is structured to skip questions about programs or supports that the person or their family member does not use. In past years we created 2 surveys, one with questions formatted for families to answer and one for people using services to answer. We worried that having these two forms, with lots of questions, could have been confusing and causing a low response rate. This year we chose to collapse these two forms into one. Also different this year was our use of only an online option instead of a paper or online version. This was due to the COVID lockdowns which corresponded with the time period when we distribute the survey annually. These dramatic world events, we do believe have a big impact on our response rate.

- A total of 31 Surveys were returned. Of these only 2 were from Community Transitional Support Participants.
- Surveys were sent to 160 Member Emails as well as 50+ non-member participants.
- Links to the survey were also included in several CC Newsletters which is sent to over 500 addresses (Some of these overlap with our Member email list).

Consumer Outcome information related to our Community Transitional Support program was gathered from all participants actively working in the planning, move-out, or reaching out phase. After an individual has moved into the consultation (as-needed, informal support), they no longer have a formal plan and goals for which data is collected. For these individuals, service contact reports are kept to document support.

Consumer Outcome information related to Personal Development Classes is requested from all people who participate in classes. It is optional but strongly encouraged.

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

Data was attempted to be collected from all participants. The type of data that was gathered was dependent on which part of the program they participated in.

5. How many total participants did your program have?

A total of 15 unique people were served as part of the Community Transitional Support in FY20. (3 people were closed early in the fiscal year and are not included in this number)

A total of 16 unique people participated in at least 1 of 4 Personal Development Classes. (Several people took multiple classes.)

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

Overall Program Outcome Data – this was sent to over 200 people directly and was distributed in our newsletter.

Community Transitional Support Data – We collected Consumer Outcome Data from 11 of the 15 people participating in the program. These individuals were actively working through the phases of the program. The other 4 individuals were served through consultation services where there were not formal goals but support as needed related to resource coordination or as part of their group living set up with other participants. We have been working to close those individuals who are in consultation, but are stable, and to restructure the format of the program to address the changing needs people have over time.

Personal Development Classes – We made efforts to complete evaluations for each class. Sometimes participants do not want to complete the evaluation, are not present on the day they are completed meaning that they may not have a pre or post form to compare their responses to.
Community Safety: 6 people
Home Safety: 6 people
Healthy Sexuality: 7 people
Healthy Relationships: 9 people

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

Program Outcome Data – We received 31 responses, 2 of which were from participants in the Community Transitional Support.

Community Transitional Support – We collected Consumer Outcome Data for 11 of the 15 individuals in the program (all that we attempted to reach). The other 4 were in consultation.

Personal Development Classes –
Community Safety: 3/5 people took both the pre and post assessment Home
Safety: 2/5 people took both the pre and post assessment Healthy Sexuality: 4/5
people took both the pre and post assessment.
Healthy Relationships: 0/7 people took both the pre and post assessment

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

Overall Program Outcome Data – This is collected annually in the spring.

Community Transitional Support – Plans and assessments are completed annually. Data related to individual self-determined goals is collected continually in a formative way and synthesized and reported on quarterly.

Personal Development Class Evaluations – These are gathered at the beginning and end of each class 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)

Community Transitional Support

During FY20 we spent a great deal of time reflecting on the outcomes of this program and the needs of our participants as well as others in our cooperative and community. There were two main themes that came out of this period of reflection and analysis of data. The first had to do with our phase- based model. We addressed this in depth as part of our participation as one of the Evaluation Team's targeted partners.

Our observation over the past 3-4 years of using this phase-based model did not fully reflect the life experience or needs of the participants. The basic process includes a period of planning, followed by skill development, finishing with an effort to build community connections and friendships. What we have found is that people's movement through this process is not so linear, either because of their personal priorities or life circumstances. For some people working on building connections is critical to actually moving out and is thus a priority. For others, there are skills that need to be emphasized long into the program. For everyone there is also the likelihood that at some point in their time in the program life events may interrupt any process and shift priorities, sometimes to a pure focus on meeting basic needs.

In looking at our data from FY20, while quantitative, the life experiences of our participants reflect all of these circumstances. For some people we needed to jump directly to "Reaching Out" goals of building connections in the process of planning for a roommate. For others there continued to be a need for concrete skill building several years into the program. And for many, the pull and desire for connection was a priority from the beginning, so although they were still getting comfortable in their new living situation, we followed their lead to focus our support on building connections.

This mismatch of people's experience and priorities with the outlined process of the program has made it difficult to have strong evaluation data. In our work with the Evaluation Team, this was one of the main issues we wanted to address. In our partnership we were able to adjust and redesign our assessment, planning, and evaluation process to better reflect the individual needs and priorities of our participants, while still emphasizing a process that would encourage people to build self- sufficiency and need less support over time. Now, instead of using a phase-based process, we will use a domain-based process that allows people to identify needs and priorities within all four of our targeted domains, Housing, Skills, Connections, and Resources. Resources is a domain that was not directly addressed in our previous model, but one that we *frequently* worked with people on. It will
now be included explicitly. Participants will be able to identify their own priorities and goals within

each domain and we will have the ability to then shift our focus should a person's circumstances change since we will already have a sense of their needs within each domain. We have also re-designed the assessments and evaluation tools that we'll use for each of these domains. In particular this included identifying specific POM outcomes that this program is working to address. With this distinction we will be able to offer better data related to the effect of these specific set of services on people's life experiences. Often it was areas well outside the scope of the program that would end up having a marked impact on people's score from one year to the next. For the skills domain, we have re-worked our Independent Living Skills Checklist to be more streamlined, but also to include an option for identifying a person's specific priorities. This way we know that we are addressing the skills most important for that person. This shift will support our data evaluation as there will no longer be a mismatch with a person's identified phase, the assessment data and our intended outcome, the focus of the individualized goals or support we are providing and reporting on.

The second theme that emerged through our reflection on the needs of people and families looking for community-based living options was that for many, even if a person is living on their own, their family still provides an extremely high amount of support and coordination. As we speak with parents who are getting older, they are concerned that there will be few options for the type of support they provide should they be unable. As our service system changes and becomes more self-directed and open to allowing people a range of different services, service providers, community options, friendships, and jobs, the type of coordination that people are looking for is shifting. We presented this challenge, as well as others to our membership at a Strategic Planning session held in late February of 2020. There was a general consensus that designing these types of supports is a critical need and one that Community Choices should develop. Though the COVID pandemic emerged just following this event and decision, we kept this need in mind as we reimagined our Community Transitional Support program with the Evaluation team. We will need additional time to work out how growing support options might work, but we wanted to have a process and rough evaluation approach that could be built on when and if we expand the level of support that people can access from us.

In the upcoming year, we will finalize our new process for the Community Transitional Support program and work with our members to develop a framework for what an enhanced and higher- support version of community living services could look like. We are hopeful that not only will we be better able to meet the needs of our community, but that we will also be able to better evaluate if our efforts are having a positive outcome on the lives of those we serve.

Personal Development Classes

During FY20, CC again chose to focus on the theme of *Safety* in the selection of classes that were offered. This was chosen based on the observations from staff in their work directly with participants and members, and through suggestions by parents at our Family Support Group regarding the fears and concerns which they felt held them and their adult children back from fuller independence. We chose this same theme the previous year and a great deal of positive feedback. After having done the classes once, we were able to make tweaks and adjustments to lessons and activities to better meet people's needs. Classes included all areas of safety – Home Safety (kitchen and cooking safety, security, and emergencies) and Community Safety (transportation, navigation, and safely asking for help when needed). We also did a series on Healthy Relationships (safety and communication in interpersonal relationships) and Sexuality (safety in physical relationships and personally). We were planning a technology class and a family communication workshop as well, but due to COVID we decided to cancel these.

Discussion of Eval Results:
This year we began using a class evaluation template. It could be individualized to address the skill areas of each class, but the overall set of questions was the same from class to class. We designed this new form using the suggestions that we learned about from a targeted partner presentation at the CCMHDDAC meeting. The organization had used a matrix to score people's self-report on different skill areas. Rather than just rating from 0-5, or indicating yes/no, it asked people to rate their Knowledge, Skill, and Confidence about each specific area. We felt that this was wonderful breakdown of how people integrate knowledge into their actual lives and decided to work into a number of our evaluation tools.

Though we were excited about this new format, we did still have some challenges in getting a good response rate. This was often due to attendance changes from one class to the next, but also had to do with personal preference. For the healthy relationships class in particular, we wondered if everyone opting out of completing the post-survey had to do with the content being of a personal nature.

Though anecdotal, facilitator reports from each of the classes indicated that participants were highly engaged, asked good questions, and began showing increased comfort with some of the skills (particularly in the more hands-on Community and Home Safety classes).

There was still some mismatch that existed between some survey responses and the facilitator reports, but it the switch to this new assessment matrix and more consistent pre and post survey design did seem to garner more aligned results.

Noteworthy to mention about our classes this year, is that we were able to continue working with other community organizations to develop and teach our classes. We continued our partnership with both RACES and CU PHD for our Health Sexuality and Relationships classes. We had a technology class planned to be done in conjunction with a study through the UIUC Dept. of Special Ed, but due to COVID and changes within that department we were not able to move forward with it.

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)

The Community Transitional Support (CTS) program was designed to last at a minimum of 2 years, for those participating from start to completion. Below, I will share two examples, one of how service might look when all goes fully as planned, and another for when challenges and other life factors affect outcomes:

Example 1: All goes as Planned

Person A is an individual who experiences a development disability. He is 26, has Autism and lives at home with family. He has a few core interests, in this case sports. He likes helping other people, but doesn't have any friends or strong connections outside of his parents and a few other family members. His family is enthusiastic for him to move out into his own place, but also very worried about how it will work. He is motivated to move out, but is worried that he will disappoint people if it doesn't go well. During the planning phase, Person A and the CTS staff person spend time getting to know each other. They develop a rapport and are able to discuss the person's fears as well as their hopes for what living in their own place will look like. On the team side of things, the CTS staff person is able to facilitate conversations with the entire family about how to make the move successful and comfortable for everyone. He is able to serve as an advocate for Person A when there are disagreements or misaligned expectations. Through this communication and partnership, the entire team feels there is a clear plan and system ready to start up when Person A finds an apartment.

When the person moves into their new place, they focus on getting settled, learning how to get around, where to get groceries – all the essentials. The family is a strong part of this process and are enthusiastic to get the person settled. Once that initial phase has passed the CTS staff and Person A meet regularly. They work on the goals developed during the planning phase. When questions and concerns come up the team communicates with each other, and all parties play a role in offering support when needed.

As the person builds confidence in their skills, the focus of meeting begins to shift toward reaching out and developing stronger ties and connections with friends and community groups. The CTS staff person's role begins to involve more investigating social options and support in encouraging and coaching the person to make those relationships sustainable. As this happens the reliance on the CTS staff begins to fade and the person reaches directly to their landlord for issues with the apartment, to call their friends for rides, and to ask those personal connections for advice when needed. Once these connections are well established, the CTS staff person backs away more formally, but remains a support and resource available when needed.

Example 2: All does not go as planned

Person B is kind, thoughtful, and loves to joke. He recently moved into a new apartment but through a church connection was referred to the CTS program when it was clear that he was struggling to care of his dwelling. He didn’t have any family or many other supports in the area. He was working at a local restaurant as a dishwasher.

Though the person was already living in the community, it was not sustainable. The CTS staff person began the planning phase with them, but focused instead on goals that would help build sustainability, rather than on skills necessary for someone to move out for the first time. Meetings begin regularly. Though the initial focus emphasizes skills development, a secondary effort is put toward building the person’s connections from the beginning and helping them to grow the network of people they could look to when they need advice or support. Though this effort is going well, while the Person is walking to work, they slip on the ice and experience a back injury. They aren’t able to work and though their boss is understanding after a few weeks of him taking time off, he loses his job.

The focus of the CTS staff person then shifts to ensuring that Person B can keep their apartment, utilities, etc. They apply for assistance and research additional community resource to help the situation. With support the CTS staff is able to get the person on a waiting list of Employment support, but also helps out by meeting the person at the library to submit applications. After two months the person runs out of savings and is evicted.

The process at this point goes toward crisis management – keep the person from being homeless, negotiating with the landlord, and accessing additional community resources.
Once the crisis has been weathered, the process goes back to the start – with the planning phase.

Example 3: Cyclical Services
Person C and D have been living together with two other people in a house for several years. They were both part of the CTS program and had worked with CC staff to learn many practical skills for living on their own and built connections with others and with activities happening in the community. On paper, they had both completed or nearly completed the three phases of the CTS program.

During this their time living together, though, they eventually concluded that they’d like to leave the larger shared space and get a smaller apartment for just the two of them. Because of this their work with the CC’s Community Support Specialist shifted back from Consultation and Reaching Out back to Planning. Together they begin discussing finances, neighborhoods, and what housing characteristics they’d like. Once they move they have discussed a need to work on some new skills for the new space and how to work together and how to maintain the groups and outside friendships that hope to continue.

This example shows the cyclical nature that this program can take on. Like all people, the participants in this program do not tend to find one living situation and stick with it forever. The experiences, skills, and connections they develop can and do lead to new opportunities, which may need support.

These examples are based on actual participants in the CTS program. The affect that life events, current networks, and financial resources can have on the process can be significant.

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)

Evaluation findings have been critical to the evolution of this program. Some of our most important take aways were that the data we were seeing from our participants lived experiences did not align with the outcomes and timeline that we were working toward. Looking at this in combination with the qualitative data on the participant experiences we were seeing helped us to redesign a system which we think will help to build a stronger program and evaluation data that better aligns with people's needs, priorities, and life experiences.

We've also used the formative evaluation data from our communication with our members and community to begin the process to building additional supports that are designed to meet the long- term outcomes that participants and families are looking for. While not a formalized process of program evaluation, the continual conversation between us as an organization and the people who make up the cooperative has been an endlessly invaluable resource to us as we work to provide the best services possible.

Feedback and evaluation data are also always critical in the planning of our classes. We look to members to tell us their needs and priorities and are able build a class schedule around those specific needs.

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 (100 word limit)

This includes adults with I/DD who are participants in the Community Transitional Support Program. GOAL: 15 TPCs will be served

Actual Outcome: 15 People served

Non-treatment Plan Clients (NTPC):

Non-Treatment Plan Clients (100 word limit)

This includes adults with I/DD who participate in Personal Development Classes. GOAL:
15 NTCPs will be served
Actual Outcome: 16 People Served

Community Service Events(CSE):

Community Service Events (100 word limit)

This includes outreach events to organizations, community groups, area service providers and other events meant to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to live in the community.
GOAL: 2
Actual Outcome: 3 CSEs Completed

Service Contacts (SC):

Service Contacts (100 word limit)

Service contacts are now recorded as Claims through the online service reporting system. Service Contacts/Claims include activities directly working with individuals in the program as well as activities directly connected to providing support (including connecting to resources, collaborating with families and natural supports, and documenting the support provided). Service contacts for NTCPs will be reported in the traditional format (total count of contacts).
GOAL:
Community Transitional Support – 1170 Service Contacts
Personal Development Classes – 250 Service Contact ***Actual***
Outcome:
Community Transitional Support – 1164 Claims
*Personal Development Classes – 149 Service Contacts *We would have expected more SCs, but by canceling two classes because of COVID this number was lower.*

Other (100 word limit)

This includes direct hours by staff supporting people with I/DD. For TPCs these hours will be recorded via the Claims online reporting system. For NTCPs, these will be recorded and reported in the traditional format.
GOAL:
Community Transitional Support – 1482 Direct Hours
Personal Development Classes – 120 Direct Hours
Actual Outcome:
*Community Transitional Support – 1081.25 total Claim Hours *Due to COVID our supports during Q4 were more limited resulting in fewer in-person hours with participants.*
*Personal Development Classes – 278.5 Direct Hours *We emphasized follow up with participants and families for classes this year, so more hours were spent per interaction.*

NOTE: During the COVID period of FY20 we were offering 3x daily zoom sessions. This accounted for a significantly increased amount of staff time directly interacting with members as part of these offerings. Data collection of these efforts was housed within our Self-Determination data collection system. That program saw much increased contact levels which could account for the lower numbers reported here as staff were leading sessions instead of their supports that were made impossible during COVID.

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: Community Choices
Program name: Customized Employment
Submission date: 9/11/2020 (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)

To be eligible for Customized Employment services, individuals must be at least 18 years of age and have a documented developmental disability. Most importantly, individuals must be motivated to work. If individuals meet DRS criteria, their short-term services are funded through DRS, and they transfer to the grant for longer-term support. Those that do not meet DRS criteria start with the grant from the beginning.

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.)?

Determination of Developmental Disability/need for services is made through the PUNS screening assessment completed by the PAS agent at the Regional Planning Commission. We ask that all persons seeking services verify that they have completed this screening tool or assist them in completing it. We also ask that they provide documentation of an I/DD diagnosis from a doctor or psychologist.

Individuals with I/DD are invited to contact us or be referred for employment support if they are interested in finding a job. We do not "choose" people who we invite to be part of the program. When we initiate services we start with a pre-employment meeting when we talk about the person's general goals and our services. We use this self-report of the person's interest in our support, rather than a vocational assessment to determine if a person would like a job.

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

We had a total of 19 participants who were "new" or initiated services with us in FY20. Of these:

- 10 were individuals who had previously used services with Community Choices in some capacity and were aware of our Employment support options. They reached out to us with a desire to begin the employment process.
- 2 were individuals who were referred from the school system during their transition process.
- 7 were referred to us through RPC as former UCP clients. (NOTE: Only a few weeks after we had hired and been ready to move forward actively with these UCP referrals, the COVID lock- downs began. With things being in such flux, our expected number of UCP clients referred was less than projected. We continue to have 4 additional open places for referrals for this group of people.)

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 percent

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

15 people were added to the Customized Employment waiting list during FY20. Of those, 6 began services within the fiscal year, or 40%. The average length of time that they waited to start services was 5.6 months. This does include 2 people who were start discovery and job development in early March. These services were put on hiatus because of the pandemic, but will restart when and if the person feels comfortable to move forward.

Those who did not yet begin services will be served when they reach the top of the waiting list, unless their desire to do so changes.

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):
95 percent

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

Clinical eligibility for services (diagnosis of I/DD) is done through the PUNS screening process at CCRPC. Most individuals who come to us are already on the PUNs list and are able to begin their intake process with us within 14 days. This is generally dependent on the person's schedule. We reach out within 1 week, and generally sooner. If they indicate they are interested in employment when they initially contact us, we have an employment staff join their intake meeting to discuss possible services and interest in working.

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):

112 days (4 months) *This number was intended to be a rough estimate of how long someone who was eligible and on the waiting list would wait before beginning discovery/services with the Employment Department.*

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 percent – *This is the percentage of people eligible who we estimate would begin services within 112 days/4 months*

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

Of the last 10 people that we have started services with (pulled from the top of the waiting list), who were not preemptively placed on the list awaiting their transition date (this group waited longer, but was not ready to begin), **their average wait time was 5.85 months.** It is noted that this includes two people who we pulled post COVID. Their wait times were significantly higher since during the height of precautions, we were not engaging with any new people.

Of these 10 people, **4 people or 40% were served** within our 4 month estimate timeframe.

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

Discovery and Job Matching typically last 2-6 months, followed by up to 18 months of long-term support.

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

Looking back over the last 2 years, there were 18 people who newly began our employment process.

Of these 10 people were hired. The rest either decided to end their employment search for personal reasons, or are still looking for a job.

Of these 10, their discovery process and job development/matching took an average of 5 months. The range was from two weeks to almost one year.

Ongoing supports typically last at least 18 months, though some people have stayed open longer due to the continued intermittent need.

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)

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

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

We collected PUNS/Diagnosis information for all participants, as well as involvement with other providers (employment specific).

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

GOAL:

- 100% of participants with I/DD will report that they are getting the support they need to meet employment goals.
- 85% will report that their strengths and interests are important to the employment process.

2. Consumer Outcome A **- DISCOVERY: Individuals develop a personalized employment plan based off interests and strengths.**

GOAL:

- 15 individuals will complete the process and agree on a personal employment profile based on their strengths and interests.

3. Consumer Outcome B **- JOB MATCHING: Individuals will acquire community based employment based upon their strengths and interests.**

GOAL:

- 9 Individuals will obtain paid employment,
- 4 individuals will obtain volunteer jobs or internships.
- [NOTE: An additional 5 individuals will achieve this outcome with the support of DRS funding]

4. Consumer Outcome C **- SHORT-TERM SUPPORT: Individual with I/DD, negotiate and learn their roles and duties to be successful at their jobs.**

GOAL:

- 13 individuals will receive job negotiation and coaching leading toward greater independence (less reliance on job coach presence) when at their jobs.
- [NOTE: An additional 5 individuals will achieve this outcome with the support of DRS funding]

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

GOAL:

- 25 individuals receive on-going support according to their needs.
- 70% of individuals keep their jobs for at least 1 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.)

1. Assessment: The overall outcome will be measured using the Annual Member Survey, designed with the support of the UIUC psychology department and their research-based recommendations to be accessible to those with I/DD and to measure satisfaction with the support and results of the Customized Employment Program.

Data Collection: The survey will be presented to all participants and their families (if they are involved). Full participation will be encouraged.

2. Assessment: A discovery process based off the Griffin and Hammis’s Customized Employment Model, using asset-based assessment, multiple data sources including community based observation, individual and team interviews will be used to develop job seeker profiles.

Data Collection: All indivdiual’s initiating employment support and completing the discovery process will develop a plan.

3. Assessment: All job offers for people using employment supports will be tracked and communicated through regular meetings.

Data Collection: Staff will collect job offer information from all participants.

4. Assessment: Regular meetings with employment program participants including observation and discussion with stakeholders will be used as formative assessment data to inform the level and type of support offered on the job.

Data Collection: Employment staff will use contact notes to track support need and participant progress.

5. Assessment: Meetings and contacts with employment participants and their teams will be recorded in the individual’s file. These will be used to determine status and assess ongoing support needs.

Data Collection: Employment staff will use contact notes to track support need and participant progress.

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. Program Outcome - **With opportunities for strength-based vocational assessment and person-centered support, individuals with I/DD can find, obtain, and keep community-based competitive employment.** GOAL: ○ 100% of participants with I/DD will report that they are getting the support they need to meet employment goals. ○ 85% will report that their strengths and interests are important to the employment process. **ACTUAL OUTCOMES:** A total of 31 people responded to our survey. 13 respondents had participated in Employment Supports. ○ 9/13 or 69% of people said that they were very much or somewhat getting the support they needed to find work. ○ 11/13 or 85% of people said their interests and strengths were very important to the employment process.	The overall outcome will be measured using the Annual Member Survey, designed with the support of the UIUC psychology department and their research-based recommendations to be accessible to those with I/DD and to measure satisfaction with the support and results of the Customized Employment Program.	The survey will be presented to all participants and their families (if they are involved). Full participation will be encouraged.

2. Consumer Outcome A - **DISCOVERY: Individuals develop a personalized employment plan based off interests and strengths.** GOAL: o 15 individuals will complete the process and agree on a personal employment profile based on their strengths and interests. **ACTUAL OUTCOMES:** o **10 people** completed discovery and a personal plan.	A discovery process based off the Griffin and Hammis's Customized Employment Model, using asset-based assessment, multiple data sources including community based observation, individual and team interviews will be used to develop job seeker profiles.	All indivdiual's initiating employment support and completing the discovery process will develop a plan.
3. Consumer Outcome B - **JOB MATCHING: Individuals will acquire community based employment based upon their strengths and interests.** GOAL: ○ 9 Individuals will obtain paid employment, ○ 4 individuals will obtain volunteer jobs or internships. ○ [NOTE: An additional 5 individuals will achieve this outcome with the support of DRS funding] **ACTUAL OUTCOMES:** ○ 1 person found a new paid job ○ 1 person had a job but we were able to expand their role as part of the development process ○ 2 people found 3 volunteer jobs ○ 4 people found jobs with DRS funding. All but one of these required some consistent ongoing support that was funded through our grant.	All job offers for people using employment supports will be tracked and communicated through regular meetings.	Staff will collect job offer information from all participants.
4. Consumer Outcome C - **SHORT-TERM SUPPORT: Individual with I/DD, negotiate**	Regular meetings with employment program	Employment staff will usecontact

and learn their roles and duties to be successful at their jobs. GOAL: ○ 13 individuals will receive job negotiation and coaching leading toward greater independence (less reliance on job coach presence) when at their jobs. ○ [NOTE: An additional 5 individuals will achieve this outcome with the support of DRS funding] **ACTUAL OUTCOMES:** ○ 14 people received job coaching and/or short term support after obtaining a new job. (A number of people we worked with had been at their jobs, but needed more support) ○ 4 People received 90 days of job coaching through our DRS contract.	participants including observation and discussion with stakeholders will be used as formative assessment data to inform the level and type of support offered on the job.	notes to track support need and participant progress.
5. Consumer Outcome D - **LONG TERM SUPPORT: Individuals with I/DD maintain their jobs through ongoing support and job expansion.** GOAL: ○ 25 individuals receive on-going support according to their needs. ○ 70% of individuals keep their jobs for at least 1 year. **ACTUAL OUTCOMES:** ○ 23 people received ongoing/maintenance support. (At times this would shift back into job coaching as the situation needed). ○ 50% of the people (n=10) who were hired last year, still had their jobs 1 year later. Of those who did leave their jobs, 1 person moved away, and 3 chose to leave voluntarily, 1 because they found another job.	Meetings and contacts with employment participants and their teams will be recorded in the individual's file. These will be used to determine status and assess ongoing support needs.	Employment staff will use contact notes to track support need and participant progress.

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

Outcome information was collected from all participants, especially as it related to individualized support and outcomes. Overall program outcome data was sent to all participants and their involved family members, but it was optional, so not everyone responded.

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

We attempted to collect data from all participants.

oHow many total participants did your program have?

39 people received supports through the Customized Employment Program in FY20. 20 were continuing clients from FY19. 7 were people referred following UCP's closure.

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

We attempted to from all 39 of these participants as well as their involved family members.

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

We collected Overall Program Outcome data from 13 people, as response for this was optional. Consumer specific data outcomes were recorded for all participants. Outcomes for this program were generally related to participants being hired and receiving support for employment. Formal assessments were not a significant part of the outcome evaluation process. Information related the support offered to participants was collected for all those accessing services. This was generally done through service contact notes, meeting notes, etc.

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

Information related to participant outcomes was collected throughout their engagement in services with us. As support fades, collection of service contact and meeting notes decreases along with the
person's need for our involvement.

Survey data was collected annually in the spring.

Results

- 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)

Program Outcomes

This was a challenging year for our Customized Employment Program. This fact is reflected both in the number of new jobs that we are able work with people to find, as well people's responses about their experience with the program. It is not surprising that in our Overall Program Outcome data from our survey, that 38% of respondents said that they were getting either only a little or none of the support they needed to find employment. This is an understandable response given that many people who were looking for work this year did not find jobs quickly or were unhappy with some of the options most readily available to them. This would surely make someone feel that they were not getting what they needed, which was a job.

Respondents did indicate that overwhelmingly (92%) that their interests and strengths were either very (85%) or at least somewhat important (7%) to their Employment Specialist and the job search process. This also aligns with our overall success at finding new jobs and our own experience in those job searches. As has been the trend over the past few years, of the individuals who came to us looking for work many were first time job seekers, had higher support needs, or had had a number of unsuccessful work experiences in the past. Though a generalization, we have found that for many people who fall into these categories, that they are looking for very particular work environments or job duties and often have less experience with the wide scope of jobs and options that might be available in the community. This, we have found tends to make people nervous or uncomfortable trying potential leads, limiting our options. The responses indicating that we were interested in people's opinions and strengths seems to support the fact that we strive to be respectful and responsive to the desires that people express within the discovery and job development process, even if it means we are not as successful with job placement as we would hope.

The successful placements that we did find this year, we are quite proud of as they have turned out to be very positive matches for the people who were hired. The first was an individual who we'd found a previous job for but he had not been happy. It had been one of his first jobs and it lacked the structure he preferred and turned out to have more less-preferred tasks than preferred ones (we
always aim for at least an 80/20 split toward enjoyable activities at work). Since it was truly just not a

good fit, when we began our second search we had a better sense of what would work. We were able to find him a job doing administrative and clerical work at the Urbana Park District. He was responsible primarily for scanning projects with the HR department. He thrived here and was embraced by the other staff. The other very successful match was for a volunteer job. This individual was having trouble at her previous volunteer job as well and wanted something new, but also hoped to work a considerable amount of hours. We shadowed a number of possibilities with her based on the results of the discovery process. She was most excited about retail and clothing. We were able to find her a regular position (20+ hours per week) working at Salt and Light, where she is able to take advantage of their stipend program. She is doing very well there, reports loving her job, and is able to work with very little support – something that had been a challenge at her last position.

Throughout the year we also had several other examples of successes that do not fall exactly within the "Job Match" category, but are noteworthy. One was an individual who we worked with to find a job in FY19. She was still employed, but hoped to expand her role. We were able to work with her and her supervisors to build many additional tasks into her repertoire and expand her hours. Another individual we were able to retrain and restart his job at UIUC's Premium Seating for football games.
This is a seasonal job and one that he needs some retraining and support at each year, but we were happy to continue to make this opportunity a possibility for him.

Just as we were getting ready to ramp up our efforts for season of more spring hiring with a new and expanded employment staff, the COVID pandemic settled onto our community halting much active job development and putting the current jobs of many of our members in jeopardy. This is an experience that employment supports across the state have surely also experienced and it does continue to strain our efforts and put many new variables and considerations into the process. We have decided to look at this as an opportunity to look at the design of our program overall.
Discussions began throughout the spring and have continued about ways that we may be able to both support the participants who come to us looking for a first job, or who have less sense of the responsibilities of community employment and looking to get a better sense of their work goals based on real-world experience. We are also hoping to support those who are currently seeking work but are looking for ways to continue to build skills and sustain motivation should those searches take longer in our changed economic landscape. Along with our continued and individualized job support, this will be our secondary effort in the coming year.

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

No

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

N/A

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

N/A

(Optional) Narrative Example(s):

o 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)

Things go as planned:

Person A is a new member of Community Choices. They graduated from a local high school about 4 years ago and had several vocational experiences as part of their time there. Some of these were positive, others were not to the person's liking. After spending a few years mostly sitting at home during the day and doing some recreational activities and some volunteering with a church group, they decide they'd like to find a job. They still live at home with their parents, who have been enthusiastic about them finding a job, but knew that employment support was difficult to access, so hadn't pushed it until recently. After a membership intake meeting with Community Choices, they learned that support was available, so the Membership Coordinator helped set up a meeting with the Lead Employment Specialist to talk about moving forward. At this meeting the Lead ES explained the process and waiting list. She double checked eligibility documentation and briefly got to know Person A. Following this Person A was placed on the waiting list.

After about 3 months they were next on the list and a CC employment staff person gave the family a call to say they'd be ready to start in the next couple of weeks. They have a brief meeting to start things out and go over the process. From their the next few meetings are part of the Discovery process. The CC staff person meets with Person A in different settings to get to know them, build trust, and see what types of environments the person is the most comfortable in. The staff person also sets up some interviews (with Person A's permission) to talk with their parents about their ideas and insights on employment for their loved one. When this is all complete, the CC staff person sets up a team meeting where the direction for job development is decided on as a group.

During this next phase, the CC staff person spends time working on needed skills that might have come up during the discovery process and applying for jobs that are linked to the themes, environments etc. that are part of the person's plan. They visit some places that the CC staff thinks the person might like to see if they might be interested in applying. The person gets a couple of interviews in the first few weeks, but isn't offered a job. After another month or two they get an offer. The CC staff coordinates with the team to get all the needed supports in place for the person to start including logistics with the family, accommodations and scheduling with the employer, as well as working with the individual to answer any additional questions or concerns they might have.

For the first 2 weeks, the CC staff attends each shift with Person A. They support the person to learn their role, identify people they can look to for help as needed, and build good routines related to arrival, clocking in, asking for time off, etc. During week 3 the Person A is doing well and the CC staff begins to fade back. By week 5 the CC staff is providing check ins a couple of times per week. They are also checking in the Person A's family to make sure that there aren't other issues that need to be addressed. As Person A builds their confidence, the CC staff fades out more. Check ins move back to weekly and after a couple of months, they become less frequent. After 3 months, though the employer gets a new manager. The CC staff learns this when they call in to check with the supervisor about how things are going. At this point they come back in more frequently to make sure that routines and accommodations haven't changed and help to reaffirm the relationships that have been built between all parties. Check ins continue and the CC staff is available as needed if Person A or the employer have questions or concerns.

<u>Things do not go as planned:</u>
Person B is 35 and has just started the process of finding a job for the first time. They are excited to be making money and want to start right away. Their parents are totally on board and are also ready for them to start working right away. Person B is interested in computers and enjoys comic books.
They were referred to Community Choices through someone at their church. After about 4 months on the waiting list with period check-ins, Person B is next on the list to receive services. The CC staff person calls them to let them know and doesn't hear back. After a couple of days they try again, this time also calling Person B's parents. They again don't hear back and try emailing. After an additional week, Person B's mom responds and says that they are ready start too. They arrange the first meeting with the whole team to talk about the process and moving forward. Everyone comes, but Person B is not excited go through the discovery process and just wants to apply for jobs right away. The CC staff person explains why its important and encourages the person to give it a try. They arrange a first meeting and it goes well. At the end they set a date for the second meeting, but when the day comes, Person B doesn't show up. The CC staff follows up and talks with Person B's parents. They said they forgot and reschedule. This continues for the next few weeks with Person B missing several meetings, sometimes because they were sick, because they planned something else during that time, or simply because they forgot.

When they have finished up the discovery process, the team meets again and decides how to move forward. The themes that came out of the discovery phase don't get that deep into the person's interests and strengths, likely due to the rocky path through the process. The CC staff person continues to discuss with Person B and their family the importance of keeping meetings, as employers will expect a person to be punctual and reliable to keep a job. During the job development process the CC staff person and the team try several strategies to address the issues of punctuality and organize supports that will be necessary to make this consistent. Person B and the family are both frustrated at this point and express their concern that Person B has not yet found a job. They
indicated that they thought that's why they came to an agency looking to find a job.

Eventually after working on applying for jobs Person B gets an interview. Unfortunately they doesn't show up. Their parents are very upset. Person B says they still want a job and a new appointment communication routine is put in place. Things go pretty well for a few weeks and they get another interview in the book department of a store that sells graphic novels. The interview goes well and Person B gets the job. The first two weeks go well and the CC staff person supports and helps to get logistics and routines set up so that success can continue. This includes a plan to go over the schedule each week and plot out shifts on a white board calendar in Person B's apartment. After a few weeks Person B no call no shows for work and is fired.

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o 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 continually are looking at our process, our successes and our challenges and working to make adjustments. We did begin using our new Discovery process, which was framed using a significant amount of data and feedback from participants and staff, but it was not fully finalized until just before COVID pandemic began, so we were not able to get a good sense of it's impact on our outcomes.

We have also been tracking the length of time it is taking people to start services and to find jobs. Sharing these averages with new and current participants has been very beneficial and helped us to offer at very least a sense of transparency to those frustrated at a long wait for services.

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):

This includes adults with I/DD who are participants in the Customized Employment program. GOAL: 38 TPCs will be served

Actual Outcome:
39 Unique People Served (we would have expected to serve more people, but paused employment supports for new participants due to COVID)

Non-treatment Plan Clients (NTPC):
N/A

Community Service Events(CSE):

This includes outreach events to organizations, community groups, area service providers and other events meant to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to work in the community.

GOAL:
4
Actual Outcome:
5 CSEs completed

Service Contacts (SC):

Service Contacts (100 word limit)
Service contacts are now recorded as Claims through the online service reporting system. Service Contacts/Claims include activities directly working with individuals in the program as well as activities directly connected to providing support (including connecting to employers, collaborating with families and natural supports, and documenting the support provided).
GOAL:
1120 Service Contacts

Actual Outcome:
882 Total Claims

Other (100 word limit)
This reports direct hours by staff supporting people with I/DD and their employment goals. For TPCs these hours will be recorded via the Claims online reporting system.
GOAL:
1530 Direct Hours

Actual Outcome:
634.5 Direct Hours via Claims

***There were significantly less claims/hours in Q4 because of COVID and in Q2 because one of our staff was on maternity leave and we were also hiring for a ½ time position. We had hoped to make up some of the difference from these setbacks in Q4, but this was not possible. We also feel that the simplified Claims system is likely to garner a more accurate representation of hours, as staff did report forgetting to put in multiple claims if activities bridged between two possible options.*

Additionally, During the COVID period of FY20 we were offering 3x daily zoom sessions. This accounted for a significantly increased amount of staff time directly interacting with members as part of these offerings. Data collection of these efforts was housed within our Self-Determination data collection system. That program saw much increased contact levels which could account for the lower numbers reported here as staff were leading sessions instead of their supports that were made impossible during COVID.

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).

Self-Determination FY20 Program 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: Community Choices
Program name: Self-Determination
Submission date: 9/11/2020 (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)

To be eligible for Self-Determination/Connect Program services, individuals must be at least 18 years of age and become a member of Community Choices. Membership includes completing the intake process and appropriate paperwork, including verification of PUNS enrollment and documentation related to a developmental disability. Individuals must also be motivated and share the responsibility of working towards the outcomes and life they want.

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.)?

Determination of eligibility for the PUNS database requires a screening assessment through Champaign County Regional Planning commission. We ask the person to verify that they have completed the screening and have confirmed eligibility using the PAS screening tool. We also ask that all participants in the program provide documentation of a developmental disability from a doctor or psychologist.

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

Community Choices conducts formal and informal outreach within the Champaign-Urbana community and Champaign County. We can provide formal referrals to and from Developmental Services Center, Champaign County Regional Planning Commission, Champaign County Healthcare Consumers, The Autism Program, Champaign-Urbana Special Recreation, C-U Public Health and PACE. We informally reach out to the community through participation in outreach events – such as the Disability Expo, and through word of mouth information sharing in 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):

95%

NOTE: No one who is eligible is turned away within this program. Most services provided in this program function in an opt-in format, so once a person becomes a member, it is their choice to receive services or participate in program opportunities.

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

88% of members with disabilities participated in services during FY20. If we include family members, 74% of members participated in services and supports throughout the year. Additional family members also participated in events and opportunities that were open to the public.

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):

90 percent

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

Formal assessment is done outside of Community Choices. The time frame is based on the individual/family's schedule and their interaction with the PAS screener at CCRPC. If needed, Community Choices staff will assist individuals to get set up for PUNS screening.

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

Once a person completes their intake and eligibility documentation, they are able to participate in program activities immediately. Services/supports in this program are opt-in, so new members have the opportunity to participate in what is happening right away.
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 percent
c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: Once a person completes their intake and eligibility documentation, they are able to participate in program activities immediately. Services/supports in this program are opt-in, so new members have the opportunity to participate in what is happening right away. Due to the structure of the program, limited data is available related to this question. Members are continually given the choice and opportunity to engage with self-determination programs through a monthly social calendar and targeted communication about additional programs to the greatest extent that they choose.
7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): Membership lasts for one year, at which point individuals are offered the opportunity to renew, which includes updating their paperwork and eligibility.
b) *Actual* average length of participant engagement in services: Between FY19 and FY20, 86% of members renewed their membership. The renewal period occurs during the spring. Members returning after a membership lapse may also be asked to come in for a renewal meeting with the Membership Coordinator depending on changes to their circumstances. It is not uncommon for people to leave and then return to membership.
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)

Beyond the basic demographic information required for all CCMHB/CCDDB programs, Community Choices also gathers individual's RIN number, their PUNs eligibility, what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc), as well as information about involvement with other service providers to ensure supports are not duplicated.

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

Gathering and verifying PUNS enrollment data and medical insurance information has become a part of all current and regular intake meetings. We ensure that all individuals coming to us for services are actively enrolled on PUNS. There are some individuals who have received services in some capacity for many years who have either lost their PUNS registration or have been denied. We are working with these individuals when we are made aware to either register or to appeal their 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.

OVERALL PROGRAM OUTCOME: Participation within Community Choices will lead to greater supportive networks and connections.

Outcome Goal: *Previous annual survey data was used as a source to develop the following benchmarks*

- 70% of respondents with I/DD will indicate that they made a friend and 60% of those friendships will be defined as at least somewhat close. 75% will indicate that being a member of CC provides them with a supportive community.
- 50% of respondents who are family members of someone with I/DD will indicate that they connected with another family member and 45% of those connections were found to be meaningful. 75% will indicate that being a member of CC provides them with a supportive community.

SPECIFIC CONSUMER OUTCOME 1 – FAMILY SUPPORT AND EDUCATION: ***Individuals with I/DD and their Families support each other and gain knowledge of the DD service system***

Specific Outcome Goal:

- 5 public Co-op meetings will be offered. 1 Members-only meeting will be held. 45 individuals will be reached.

- 4 family parties will be held. An average of 20 members will attend each.
- 6 Family Support Group Sessions will be held. 16 family members will participate.
- 100% of participants in the Family Support Group will indicate a strategy or resource they learned or an increased connection with other participants

SPECIFIC CONSUMER OUTCOME 2 – BUILDING COMMNITY: ***Individuals with disabilities engage with each other and community-based groups and opportunities***

Specific Outcome Goal:

- 48 opportunities will be offered with an average of 8 participants attending each.
- 5 co-op clubs will be supported. 17 participants will be part of a co-op club.
- 2 collaboratively run events will occur. 12 individuals with disabilities will connect with a community group, organization, or project
- 5 members with I/DD build 1:1 community connections
- all individuals organizing co-op clubs or working on facilitated connections to the community will self-indicate a minimum of one additional connection to people and/or places on the Circles of Support tool.

SPECIFIC CONSUMER OUTCOME 3 – LEADERSHIP AND SELF ADVOCACY: ***Individuals with disabilities build leadership and self-advocacy skills, better direct their services and shift mindsets in the broader community and service system.***

Specific Outcome Goal:

- 1 course will be offered
- 80% of course participants will indicate an increase or example of a leadership skill or mindset that they gain.
- 10 individuals with I/DD will have opportunities to demonstrate their leadership growth by participating in Mentoring, Advocacy Board, and Media Engagement activities.

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
OVERALL PROGRAM OUTCOME: Participation within Community Choices will lead to greater supportive networks and connections. **EXPECTED OUTCOMES**: 70% of respondents with I/DD will indicate that they made a friend and 60% of those friendships will be defined as at least somewhat close. 75% will indicate that being a part of CC provides them with a supportive community 50% of respondents who are family members of someone with I/DD will indicate that they connected with another family member and 45% of those connections were found to be meaningful. 75% will indicate that being a member of CC provides them with a supportive community **ACTUAL OUTCOMES**: 60% of respondents with I/DD indicated that they made a friend and 52% of those friendships were defined as at least somewhat close. 76% indicated that being a part of CC provides them with a supportive community	Annual Member Survey	Members

66% of respondents who are family members of someone with I/DD indicated that they connected with another family member and 16% of those connections were found to be meaningful. 100% indicated that being a member of CC provides them with a supportive community		
SPECIFIC CONSUMER OUTCOME 1 – FAMILY SUPPORT AND EDUCATION: *Individuals with I/DD and their families support each other and gain knowledge of the DD service system* **EXPECTED OUTCOMES:** 5 public Co-op meetings will be offered. 1 Members-only meeting will be held. 45 individuals will be reached 4 family parties will be held. An average of 20 members will attend each. 6 Family Support Group Sessions will be held. 16 family members will participate. 100% of participants in the Family Support Group will indicate a strategy or resource they learned or an	The number and attendance rate of quarterly co-op meetings, Family Parties, and support groups will be recorded. The family support group will use a pre/post course evaluation to determine the outcomes of participation. Formative assessments via informal feedback from members will be used to direct the content of groups and resources offered by Community Choices.	Staff Records, Staff Observations, Members

increased connection with other participants. **ACTUAL OUTCOMES:** 4 public Co-op meetings were held. The 5th public meeting was cancelled due to COVID 1 Members-only strategic planning meeting was held. 3 family parties were held. An average of 32 members attended each. The 4th Quarter family party was cancelled due to COVID 2 in-person Family Support Group Sessions were held. 8 family members participated. 4 Family Member Check-Ins were held through zoom in Q3 and Q4. The sessions had an average of 2 attendees. End of the year surveys were not distributed to Family Support Group participants due to low number of attendees at the zoom check-ins at the end of the fiscal year.		
Specific Consumer Outcome 2 – BUILDING COMMUNITY: *Individuals with Disabilities engage with each other and*	The number and attendance rate of social opportunities, co-op clubs, and Open	Staff Records and Observations, Members

community-based groups and opportunities. **Expected Outcomes:** 48 opportunities will be offered with an average of 8 participants attending each. 4 co-op clubs will be supported. 17 participants will be part of a co-op club. 2 collaboratively run events will occur. 12 individuals with disabilities will connect with a community group, organization, or project 5 members with I/DD build 1:1 community connections All individuals organizing co-op clubs or working on facilitated connections to the community will self-indicate a minimum of one additional connection to people and/or places on the Circles of Support tool. **Actual Outcomes:** 34 in-person opportunities were offered with an average of 8 participants attending each. In addition, 195 zoom opportunities were held, with an average of 9 participants.	Champaign activities will be recorded. A pre-post model assessment using a modified Circles of Support worksheet (an established measure based off the Circles Curriculum) will be completed by participants with I/DD to assess facilitated connections.	

3 co-op clubs were supported. 11 participants were part of 1 or more co- op clubs. 1 collaboratively run zoom event occurred. 9 individuals with disabilities connected with a community group, organization, or project We did not distribute the modified Circles of Support tool to assess if Co-op Club Organizers experienced at least 1 new connection to a person, group, or location. With COVID, 2 groups stopped meeting, and one group continued to meet through zoom.		
Specific Outcome 3 – LEADERSHIP AND SELF ADVOCACY: *Individuals with Disabilities build leadership and self-advocacy skills, better direct services and shift mindsets in the broader community and service system.* **Expected Outcomes:** 1 course was offered 80% of course participants will indicate an increase or example of a leadership skill or mindset that they gain. 10 individuals with I/DD will have opportunities to	The number and attendance of the Step Up to Leadership Course will be recorded. A pre-post course assessment tool designed to be accessible to individuals with I/DD will be used to measure leadership skills in those participating in the Step Up to Leadership Course.	Staff records and observations, Members

demonstrate their leadership growth by participating in Mentoring, Advocacy Board, and Media Engagement activities. **Actual Outcomes:** 1 course was offered 63% of course participants indicated an increase or example of a leadership skill or mindset that they gained 9 individuals with I/DD had opportunities to demonstrate their leadership growth by participating in Mentoring, Advocacy Board, and Media Engagement activities.		

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

Much of this data was gathered through staff record keeping, so all pertinent events were included in the data collection.

Evaluations for the Step Up to Leadership Course were distributed during the final session date. Not all participants were present on that date.

Due to the state-wide shelter-in-place order, and complications due to COVID, evaluations and surveys were not distributed to Family Support Group participants. Circles of Support tools were also not distributed to Co-op Club organizers for the same reason. Two clubs stopped meeting entirely, and one club adjusted to meeting through zoom.

Some of the information in the above table reflected data gathered from our member survey. The survey is structured to skip questions about programs or supports that the person or their family member does not use. In past years we created 2 surveys, one with questions formatted for families to answer and one for people using services to answer. We worried that having these two forms, with lots of questions, could have been confusing and causing a low response rate. This year we chose to collapse these two forms into one. Also different this year was our use of only an online option instead of a paper or online version. This was due to the COVID lockdowns which corresponded with the time period when we distribute the survey annually. These dramatic world events, we do believe have a big impact on our response rate. It was sent to approximately 160 members. We received 23 responses from members.

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

Evaluations for the Step Up to Leadership Course was distributed during the final session date. Not all participants were present on that date.

Due to the state-wide shelter-in-place order, and complications due to COVID, evaluations and surveys were not distributed to Family Support Group participants. The Group transitioned to meeting through zoom, but participation numbers were very low.

Circles of Support tools were also not distributed to Co-op Club organizers due to COVID and Community Choices staff revamping programing to meet through zoom. Two clubs stopped meeting entirely, and one club adjusted to meeting through zoom.

Participants self-selected if they wanted to respond to the annual member survey. It was not mandatory. We typically offer an opportunity for members to complete the annual member survey at our Spring Member-only Co-op Meeting. Due to the shelter-in-place order and COVID health guidelines, we had to cancel this meeting. We were not able to collect survey responses in person, only through mail or online, which we believe decreased participation.

5. How many total participants did your program have?

180 – This includes members with disabilities, their self-selected family members, and family /community members who attend our public education and community events. Of this: 75 were members who have a disability, the rest were family members.

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

Due to the nature of this year's events, our normal routine for collecting information about Family Support Group and Co-op Clubs was interrupted.

Step Up to Leadership: 6 members with disabilities participated in the course. 5 were in attendance on the last session date and received evaluations and a request to complete.
5 people completed surveys

Member Survey: The member survey was sent to 160 people. This included members with disabilities and family members of those individual members with disabilities.

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

Step Up to Leadership: 5 evaluations were returned.

Member Survey: 23 responses were collected.

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

Due to the nature of this year’s events, our normal routine for collecting information about Family Support Group and Co-op Clubs was interrupted.

Step Up to Leadership: The course met once a week for 8 consecutive weeks. Evaluations were given on the last scheduled meeting.

Member Survey: This is competed once per year in the spring. We were not able to give paper copies to members at the Annual Member Meeting this year. Due COVID, staff was also not having regular in-person meetings with individual members, which is another way we have distributed surveys in the past. An online (Google forms) version is also available and emailed to all members.

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)

The focus of this program is to help people be connected. We believe that the more people with disabilities and their families have opportunities to learn about their options, see themselves as contributors and leaders in their communities, and have experiences of being contributor and leader, the more connected they will feel and the more relationships they will have. Because being connected is subjective, and because this program is designed with an opt-in structure with varying levels of engagement, it has been challenging to find evaluation techniques that will accurately tell the story of the impact our involvement has had on our members with disabilities and their families.

Using our annual membership survey to respond to our overall outcome of being connected has been challenging. In the past, we have tried using longer, detailed surveys, but struggled with getting responses. We have been attempting to streamline our evaluation process, but this approach hasn’t given us useful data. We’ve learned that our membership survey questions are general enough to apply to all of our program participants, but we are struggling to find to the questions that allow us to capture data that is reflective of the highly individualized work we do.

While we have had low return rates on our Annual Membership Survey the past two years, we have seen a pattern develop. This pattern indicates that members with I/DD and family members who are involved in more individualized Self-Determination supports and programming, are more likely to respond that they have developed a meaningful friendship or connection in the last year, and that Community Choices provides them with a supportive community. Members with I/DD and family members who respond indicating that they are involved in none, one or few Self-Determination supports and programs tend to also respond that they have not made a meaningful connection or friend over the past year, and do not feel a part of a supported community.

In response to this pattern, we have begun to implement a new "Exploration" process within our Connect Department. The Self-Determination/Connect program is an opt-in program. The Exploration process will help new members learn how to become involved in the Connect program, support options, and a chance to explore potential interests. Exploration begins with meeting with one of the Connect Department staff to conduct an informal Performance Outcome Measure (POM). The POM is a tool recommended by The Council on Quality and Leadership. By completing a POM and having conversations with the person entering Community Choices services and their family member, we hope to gain knowledge of where the person with I/DD wants supports in their life, and how Community Choices can assist with those supports. Connect Staff will work with the person and their family to create some options for connecting the person to additional people, groups, or locations and/or exploring a new or enhancing a known interest all within a community based setting. The person with I/DD can choose to opt-in to these supports and work with a Connect Staff on their individualized connection. The person can also choose to wait and complete this at a later time.

We have also discovered that people respond to Connect Services because they have built a trusting relationship with one of the Connect Staff who act as a bridge to Self-Determination supports and programs in the Connect Department. Going forward Community Choices members will be divided between the three Connect Staff. Each Connect Staff will contact the members on their list at various times to ensure they are aware of program and support opportunities within the Connect Department, recommend a program that may be of particular interest to a specific person, or check in about starting to work on an individualized connection with a person, group or location.

<u>Family Support and Education</u>

Helping families support each other, learn about the services systems, and advocate for what they are looking for is an important element of this program. We offered 4 Co-op meetings this year focusing on different topics relating to disability services and supports. We also held a members-only meeting that focused on which department members felt was a priority for growth as Community Choices expands, and the beginning of a strategic planning process. This meeting had the highest number of attendees.

Our Family Support Group provides more opportunities for families to look to each other for support, and for us to learn about how we can support families and members with disabilities in different ways. Family Support Group is an open, but facilitated group where families share their experiences, trouble shoot potential strategies for change with support from CC staff, and explore their role as a parent of adult with a disability. Family members were asked to complete a survey about potential group topics at the beginning of the year. The schedule was then based on their feedback.
Community Choices staff facilitated the following Family Support Groups before needing to change programming due to COVID: October – "Supportive Housing and Encouraging Your Adult Child to

Take the Next Step," December – "Dating, Sexuality, and Healthy Relationships," and February – "Experiences Using Local Resources, PUNs, SSI, etc."

Quantitative data from our Membership Survey supports these more informal or qualitative reports and records. 66% of family members indicated that they connected with another family member, and 16% of those connections were found to be meaningful. 100% of family members responded that being a member of CC provides them with a supportive community.

Building Community

During FY20 we continued to offer regular social opportunities to our members with disabilities until mid-March 2020. These were in both group opt-in settings and in smaller, personalized, and person driven settings. For our group social opportunities we continued to emphasize community events that would be welcoming and fun, but also ones that pushed people to explore options slightly outside what their normal activities might be, or ones that we could see people being able to become "regulars" at. During the shelter-in-place order, Community Choices transitioned to daily zoom opportunities that allowed our members to stay connected with each other. We were still able to become "regulars" at CU Lockdown Trivia, a weekly zoom trivia night held through zoom. Community Choices members started attending with CC staff support, but after connecting with the person who facilitates the trivia night, CC members quickly started creating their own teams and now attend trivia together without staff support. During May, we invited community members to be guests at some of our morning zoom check-ins. We focused on using these opportunities to connect our members to community resources and groups, such as Makerspace, The Urbana Park District, CUSR, Champaign County Healthcare Consumers, Champaign-Urbana Public Health, RACES, Uniting Pride of Champaign County, The Urbana Free Library, etc.

With our Co-op Clubs and Open Champaign opportunities, members with disabilities had the opportunity to develop more personalized connections with people and to more directly learn and put into practice the skills they need to keep those relationships going without our support. One of the clubs continued to meet during Q3 and Q4, when activities had to be transitioned to online. The club meet weekly on Sundays through zoom.

Due to COVID, we were not able to create in-person events with partner organizations. We were however, able to establish a partnership with CUSR that allowed us to partner on bi-monthly zoom game nights. Community Choices members were able to create new connections with CUSR participants and staff. Both CUSR participants and Community Choices members were able to connect to a new resource.

In our Membership Survey, we asked individuals with disabilities was if our supports and opportunities within this program helped them build friendships, and also if those friendships were close. Respondents indicated that 60% of members felt that involvement helped them make friends and 52% felt that the connection they built was at least somewhat close. It is difficult to conclude much from the small sample size of data and varying levels of involvement people have in the services and supports we provide. We continue to have work to do in supporting people to build sustainable relationships and finding evaluation tools that provide helpful data, given the structure of the services and supports.

Leadership and Self-Advocacy

Members with disabilities had opportunities to demonstrate their leadership growth through events and opportunities to take on new roles in their lives, within the organization, and the community. The Advocacy Initiatives Board (AIB) presented to other self-advocates at the annual Speak Up & Speak Out Summit about the “Healthcare Provider’s Guide to Working with Patients with Disabilities” they created. Last year, the AIB was facilitated by two Community Choices staff. But this year, a self- advocate agreed to co-facilitate the board with a CC staff. COVID interrupted and changed the normal plans for the AIB, but the board continued to meet through zoom, and even participated in a conversation with Senator Bennett through zoom. In the conversation, CC self-advocates encouraged Senator Bennett to listen to people with intellectual disabilities about their lived experience and value their input. At the end of FY20, the AIB decided on their major project for FY21. They will be creating workshops for CC members about the history of the disability rights movement in the United States, and how it relates to struggles of other groups. To prepare for creating the workshops, AIB members will be learning about the history of the following marginalized populations in the United States: people with disabilities, African Americans, women, the LGBTQ community, Native Americans, and immigrant populations.

We offered our Step Up to Leadership course once in FY20, during the summer. 63% of the class participants indicated that they increased their leadership skills.

In looking at the quantitative data from our membership survey, 65% of members with disabilities felt that opportunities CC offered helped them be a leader in their own life. 50% of family member respondents felt that the member with a disability had gained leadership skills. It is difficult to draw conclusions from this data. The data represents a relatively small sample of the full membership, and each member has a unique level of participation.

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)

Members of Community Choices have full freedom to participate or not in the supports and opportunities that we provide. As explained above, our goal is to help people be more connected and to build their relationships, self-determination, and social capital. Anecdotally, we have seen that member participants who choose to be involved can build strong, meaningful connections and social roles. Below you will read about what the services and supports, as well as some of the potential outcomes, might be for individuals who are both highly involved and those with more limited involvement:

Highly Engaged Participant

Person A recently moved to Champaign from another part of the sate. They are in their late 20s and have a diagnosis of autism. Being new to town, they don't know many people. They have a strong relationship with their mother, but she did not move to the area. The hope was that this area would provide additional opportunities in terms of supports. Person A became a member of the organization. Initially their mother was the main point of contact. She received our monthly social calendar and took care of arranging RSVPs, rides, etc. Person A attended a few different social opportunities that we offered – a dinner, a lunch, some local music downtown on a Friday evening. Over time, they became more comfortable with the staff and the routine of doing things in the community. After a couple months, Person A heard about an opportunity to be part of one of our Open Champaign events. This event was part of the partnership with a local poetry group and photography group. Poetry was something Person A had some interest in, so they decided to drop in. During the event they shared with a CC staff person that they liked to take photos, also. After the event, the CC staff person followed up with Person A about their interest in photography. They discussed what some possible next steps would be. Person A had really enjoyed the event and was comfortable with the people CC had partnered with, so he and the CC staff decided that potentially joining this photography group made sense. The CC staff person worked with Person A to find out more details about the club and how one might join. They went together for the first few times. The CC staff person helped facilitate relationships directly between the photo group members and Person A. Over a few months of meetings, Person A had started getting emails and texts about meetings directly from the group and was comfortable going on their own. CC staff would meet with Person A periodically to make sure things were going well. Person A was able to maintain their involvement with the photo group. Person A's confidence in their own art increased and they would frequently show it to others and talk about the experience. As other opportunities to be involved in self-advocacy and community building came up, Person A was also more eager to participate, having had such a positive and welcoming experience the first time. With increased independent communication between Person A and the photo group, and continued support throughout the process from CC staff, Person A began taking over the communication, logistics, and follow up necessary for his participation in other CC supports.

Limited Engagement Person

Person B is in their 50s and lives in a small town in rural Champaign county. They don't have any family in the area, but has a brother a couple hours away who is involved. Person B gets some support from a couple neighbors that they've known for most of their life. Person B enjoys gardening and watching TV. Trying new activities and getting to know new people is generally something that they are uninterested in doing. They have been a member of Community Choices from the early days, but did not participate in much for the first few years. Person B and their neighbor would always come to one or two of the CC family parties each year, often bringing a dish Person B made with vegetables from their garden. At these events, Person B and their neighbor got to know a few of the staff and a few of the other members. With the support and encouragement of their neighbor, Person B agreed to try out a trivia night. Because this was a relatively stable group of attendees, Person B was able to get to know the other people they'd see there. They also got to know the routine of the event and agreed to come back most every month. It became a highlight of the month for Person B. They are still unsure about trying additional classes and opportunities, but have consistently been a part of this group and reports enjoying and valuing their time there.

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)

Using our annual membership survey to respond to our overall outcome of being connected has been challenging. In the past, we have tried using longer, detailed surveys, but struggled with getting responses. We have been attempting to streamline our evaluation process, but this approach hasn't given us useful data. We've learned that our membership survey questions are general enough to apply to all of our program participants, but we are not asking the questions that allow us to capture data that is reflective of the highly individualized work we do. While we have had low return rates on our Annual Membership Survey the past two years, we have seen a pattern develop. This pattern indicates that members with I/DD and family members who are involved in more individualized Self-Determination supports and programming, are more likely to respond that they have developed a meaningful friendship or connection in the last year, and that Community Choices provides them with a supportive community. Members with I/DD and family members who respond that they are involved in none, one or few Self-Determination supports and programs tend to respond that they have also not made a meaningful connection or friend over the past year, and do not feel a part of a supported community.

In response to this pattern, we have begun to implement a new "Exploration" process within our Connect Department. The Self-Determination/Connect program is an opt-in program. The Exploration process will help new members learn how to become involved in the Connect program, be aware of support options, and a chance to explore potential interests. Exploration begins with meeting with one of the Connect Department staff to conduct an informal Performance Outcome Measure (POM). The POM is a tool recommended by The Council on Quality and Leadership. By completing a POM and having conversations with the person entering Community Choices services and their family member, we hope to gain knowledge of where the person with I/DD wants supports in their life, and how Community Choices can assist with those supports. Connect Staff will work with the person and their family to create some options for connecting the person to additional people, groups, or locations and/or exploring a new or enhancing a known interest. The person with I/DD can choose to opt-in to these supports and work with a Connect Staff on their individualized connection. The person can also choose to wait and complete this at a later time.

We have also discovered that people respond to Connect Services because they have built a trusting relationship with one of the Connect Staff who act as a bridge to Self-Determination supports and programs in the Connect Department. Going forward Community Choices members will be divided between the three Connect Staff. Each Connect Staff will contact the members on their list at various times to ensure they are aware of program and support opportunities within the Connect Department, recommend a program that may be of particular interest to a specific person, or check in about starting to work on an individualized connection with a person, group or location.

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):

This program does not have TPCs

Non-treatment Plan Clients (NTPC):

Individual Co-Op Members with I/DD will be counted. Their involved family members will be counted as well as family members/individuals from the broader community who attend our public events will be counted.
Goals:
70 NTCPs with I/DD

75 NTCPs without I/DD (Family/Community Members)

Actual Outcome:
190 Members (NTPCs)

Community Service Events (CSE):

This includes outreach events to organizations, community groups, area service providers and other events meant to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to meaningfully connect with and engage in their communities.
Goals:
4 CSEs held

Actual Outcome:
9 CSEs Held

Service Contacts (SC):

Service Contacts are direct interactions with a participant or activity directly related to their support. Goals:
Community Building – 1229 Total Service Contacts (SCs)

- Social Opportunities: 384 SCs
- Co-Op Clubs: 250 SCs
- Togethering/Open Champaign: 245 SCs
- Informal Support/Screening/Referral: 350 SCs

Leadership and Advocacy – 360 Total Service Contacts

- Leadership Class: 80 SCs
- Mentoring, Advisory Board, Media: 280 SCs

Family Support and Education - 405 Total Service Contacts

- Co-Op Meetings: 115 SCs
- Family Support Group: 70 SCs
- Family Parties: 100 SCs
- Informal Support and Consultation: 120 SCs

Grand Total: 1994 Service Contacts

Actual Outcome:
3665 Service Contacts *More SCs than expected were held as a result of our 3x daily Zoom sessions open to members during the COVID stay at home period.

Other (100 word limit)
This accounts for Hours worked directly with a person or on activity directly related to their support Goals:

Community Building –1030 TOTAL Direct Hours (DHs)

- Social Opportunities: 300 DHs
- Co-Op Clubs: 200 DHs
- Togethering/Open Champaign: 320 DHs
- Informal Support/Screening/Referral: 230 DHs

Leadership and Advocacy –257 TOTAL Direct Hours

- Leadership Class: 40 DHs
- Mentoring, Advisory Board, Media: 217 DHs

Family Support and Education – 216 TOTAL Direct Hours

- Co-Op Meetings: 24DHs
- Family Support Group: 42 DHs
- Family Parties: 60 DHs
- Informal Support and Consultation: 60 DHs

Grand Total: 1503 Direct Hours

Actual Outcome:

2383 Direct Hours *Here again our use of 3x daily zoom sessions significant increased the amount of staff time directly interacting with members as part of this program. This increased number could account for some of the discrepancy in our other Direct Hours and Service Contact/Claim totals in other programs as staff were leading these sessions instead of their supports that were made impossible during COVID.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Apartment Services**

Submission date: **FY 20**

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)

Person must have a diagnosis of a developmental disability as defined by the State of Illinois and be on the PUNS wait list.

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 based on psychological assessments that include IQ test scores, with a person with a full scale score below 70 or a documented developmental disability with deficiencies in three life areas as being considered eligible. The person must also be eligible for the PUNS list.

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

Some of the major outreach efforts are completed at the Champaign County Transition Planning Committee Roundtable, disability Expo and information included on our website.
We are responsive to requests; for example, meeting with Mahomet-Seymour CUSD #3 Special Education department.

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): **75%**

b) *Actual* percentage of individuals who sought assistance or were referred who received services:
Ten people's requests for services were presented to the Admissions Committee during the fiscal year. Two of those ten were opened in the program during the fiscal year (20%). One person changed their mind about services, one ended up not qualifying for services due to level of skills, the other seven were placed on the wait list with four of them planned to be opened in March/early April. These openings did not happen due to the public health pandemic. Anticipate opening them in first quarter of FY 21.

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):
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): **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): **90%**

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

The two people that were opened in the program during the fiscal year were engaged in services within 30 days. 100%

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **Services are provided as long as the person has a need.**

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

The average length of participant engagement for the 55 people provided support during the FY is 12 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)

Disability and referral source are included in the intake process.

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

Referrals came from schools, Independent Service Coordination Units across Illinois, DSC Case Coordinators, families, and individuals.

88% of the people supported in the program have an intellectual disability. 20% have autism and 22% have a diagnosis of a mental illness.

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: Individuals will maintain/make progress toward their defined outcomes. Program activiites are expected to support people to live in the community rather than a more restrictive setting while achieving self-identified outcomes.

Outcome 2: Individuals will be given opportunities to explore and/or participate in new activities or hobbies.

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:
Outcome 1: Maintain/make progress toward defined goals.	**Monthly program reviews and contact notes**	**Data collected by staff**
Outcome 2: New activities or hobbies explored or participated in.	**Information collected from participants on quarterly basis by program staff.**	**Individual receiving services reported to program staff.**

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

Only some for outcome 1 and every participant for outcome 2.

Outcome 1: Random goals are reviewed every quarter.

Outcome 2: All participants are asked. Information reported on those who respond or staff may report on something they know occurred.

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

Randomly chosen for outcome 1.

5. How many total participants did your program have?

During FY 20, there were 55 total participants provided support by the staff.

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

Outcome 1: Reviewed 60 different goals.

Outcome 2: All participants.

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

55 people

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

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)

Outcome 1: 45 out of 60 goals reviewed showed progress or maintenance of skill. Those people who have been in the program the longest were more likely to meet their defined goals over the fiscal year.

Outcome 2: Participants reported engaging in 66 new hobbies or activities.

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?

Benchmarks/targets are derived from the annual Program Evaluation process based on results from previous years.

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

Outcome 1: Target of 85% was not met as results were 75% of those goals reviewed showed progress or maintenance of skills.

Outcome 2: Target of 40 opportunities was exceeded with 66 new hobbies or activities being reported.

(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 in the Apartment Services Program may receive assistance in scheduling medical/dental/psychiatry appointments, transportation to and from the appointments along with prescription refills. Financial support is also provided through Rep Payee accounts. Budgeting and banking is supported through collaborating with the individual in determining the budget, paying bills and monitoring cash flow. Other living skills addressed include grocery shopping, cooking, cleaning, etc. Staff also facilitates researching and securing housing; including signing leases. Other needs surface when individuals are navigating independent living. Short-term rehabilitative stays resulting in needed accommodations to return home are also supports provided.

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)

Recently, the Apartment Service Program collaborated with the U of I Psychology Dept/Evaluation Capacity Building Team offered through the boards in better defining our evaluation process for this program. With the onboarding of Therap, a software program to include data collection, reports will be utilized to analyze the data and modify the service approach as needed. A more constructive apartment inspection tool was derived as well. This tool will now provide an assessment so the individual's needs are better defined and tracked.

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):

Individuals receiving support through the Apartment Services Program funded by the Champaign County Developmental Disabilities Board. Target is 60 people. During FY 20 55 people were provided support. Target was not met. Four people were lined up to be opened in the program in late March/early April. Due to the public health pandemic this did not happen.

Non-treatment Plan Clients (NTPC): **n/a**

Community Service Events (CSE): **n/a**

Service Contacts (SC):

Individuals screened for Apartment Services support. Target is five. During FY 20, 15 people were screened for community living support. Some chose to not pursue support at this time, a few people did not qualify, and five were placed on the wait list for services. The program plans on opening those five individuals if possible in FY 21.

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

In your CCDDB 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: **Clinical Services**
Submission date: **FY 20**

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)

People with a formal diagnosis of ID/DD seeking clinical support 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.)?

Eligibility is determined by psychological assessments that include IQ test scores, resulting in a full scale IQ score below 70 or a documented developmental disability with deficits in three life skill areas. The person must be eligible for the PUNS list. The determination of the need for clinical services is assessed by DSC's clinical consultants.

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

The disAbility Expo, the Champaign County Transition Planning Committee's Round Table presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

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):

Current data reflect that approximately <u>85%</u> of referrals result in the individual receiving DSC Clinical services and the other 15% of referrals were directed to Family Services of Champaign County.

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

5/9 (55.6%) received services funded by this grant; the other four individuals were referred to other providers – Carle and Promise Healthcare.

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):

Within <u>30</u> days, however, emergency referrals will be expedited to either be responsive or refer to more appropriate services

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% of people referred for services will be assessed for eligibility within 30 days.

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):

Contingent upon available resources and the type of clinical services needed/requested, services may occur within 30 days, although in emergency situations, eligibility and the initiation of clinical supports can occur sooner.

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):

Utilizing a month unit measure, counseling engagement 6-18 months, psychiatry 12-36 months.

b) *Actual* average length of participant engagement in services:
Average length of participation in services ranges from twelve months to long term support.

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 and referral source are also collected at time of intake.

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

Referrals come from families, ISC and DSC Case Coordinators, physicians, and other provider agencies.

99% of those receiving services have an Intellectual Disability; 15% have autism; 17% have epilepsy, 24% have cerebral palsy, and 46% have a diagnosed mental illness.

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: Clinical Coordinator will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving counseling support.

Outcome 2: DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.

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:
Outcome 1: quarterly reviews for those receiving counseling	**Quarterly reviews are maintained.**	**Clinical Coordinator**
Outcome 2: review of patient progress to reduce medications	**Psychiatric notes are maintained.**	**Clinical Coordinator**

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

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? **70**

6. How many people did you *attempt* to collect outcome information from? **70**

7. How many people did you *actually* collect outcome information from? **70**

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) **Quarterly reports are completed by all counselors and the psychiatrist consults with individuals at least every three months.**

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)

The Clinical Coordinator has consistent contact with an individual's team and the consultants to be aware of status and to continually evaluate the need. Quarterly reports are completed but often there is contact in between the quarterly reports.
Outcome 1 results: 270/270 quarterly reviews completed = 100%
Outcome 2 results: 82/82 reviews completed = 100%

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?
The target for both outcomes is 100%. The target was established based on past program evaluation of these outcomes.

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Both outcomes had targets of 100% and both were met at that percentage.

(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 who receives community day services started struggling with anxiety, obsessive compulsive tendencies, aggression towards objects, peers, staff and his family. Many behavioral approaches were tried including reward programs, visual support for schedules, and establishing a clear set of expectations. These strategies alone were ineffective at making significant change in the person's maladaptive behaviors. His DSC Team submitted a referral for Clinical Services in an effort to obtain support for this individual and his family.

DSC's Clinical Manager contacted providers within the community to see if a psychiatric referral could be obtained. Options for psychiatric intervention outside of DSC was limited due to extremely long wait times of six months to a year for an initial consultation. The Clinical Manager and the individual's family discussed counseling as a possible interim solution, however it was decided that due to this person's disability, counseling would not be an effective method. The individual was clearly in emotional distress, was at high risk of losing his services without immediate intervention, and his family was also experiencing emotional and physical distress as a result of the frequent maladaptive behaviors displayed. An appointment with the DSC psychiatrist was made. Within one week the psychiatrist met with the individual and his support team which included his parents, day services staff, Case Coordinator, Clinical Manager/Behavior Support Chair, and Director of Community Day Services. All presented information and behavioral reports which aided the doctor in seeing the whole picture and the whole

person. After evaluation, this individual was started on medications to decrease compulsions, anxiety, and aggression. Behavioral strategies were discussed with his DSC team and family. A new behavior support strategy was put into his plan. Safety Care Training for DSC staff occurred with the support of the Clinical Manager. New data collection methods were designed by the Clinical Manager and day program staff to gather the information needed by the psychiatrist. The family and DSC staff monitored for side effects of the medications or behavioral interventions. The DSC Psychiatrist followed up with the individual and his team each month for several months until a significant decrease in maladaptive behaviors were reported. Once the individual appeared to be in a stable condition the appointments decreased to once every three months.

Nine months later the maladaptive behaviors increased at which point the Clinical Manger was consulted and the individual was immediately scheduled for an appointment with the DSC psychiatrist. Team members presented data summaries pinpointing which behaviors increased and when which was helpful in assisting the doctor in making medication adjustments. After the medication changes were made, potential serious side effects were reported by the parents and team members. A call was placed to the DSC psychiatrist and a medication decrease occurred the same day. In addition to medication changes at follow up appointments the team was also able to discuss schedule and activity changes with the psychiatrist. These changes helped alleviate some of the individual's stressors. Within three months the individual had a significant decrease in maladaptive behaviors.

Currently the individual is able to participate in activities both at home and in community day services. His family is able to do things with him in the community and with other family members now that the maladaptive behaviors are under control. Most importantly the individual appears calmer and often has a smile on his face which was difficult for him when he was experiencing so much anxiety.

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) **n/a**

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):
Individuals with case records and Individual Service Plans (ISP) funded by CCDDB.
Target: 65 67 were served in FY.

Non-treatment Plan Clients (NTPC):
Residents of Champaign County with service and support records but no formal Individual Services Plans who are funded by CCDDB. Target: Five Three NTPC were served in FY. Intake calls received for this service were minimal and all were successfully referred to other resources in the community such as Rosecrance, Promise Healthcare and Carle.

Community Service Events (CSE):
Contact/meetings to promote the program, including public presentations, consultations with community groups, or caregivers, and small group workshops.
Target was two with one CSE being completed. Covid 19 prohibited the scheduled disAbility Expo from occurring.

Service Contacts (SC):
Phone and face-to-face contacts with people who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.
Target was 10 with nine being completed in FY 20.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Community Employment**

Submission date: **FY20**

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)

People with a formal diagnosis of ID/DD, 18 years of age or older who want help finding a job or maintaining a job 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.)?

Eligibility is determined by psychological assessments that include IQ test scores, resulting in a full scale IQ score below 70 or a documented developmental disability with deficits in three life skill areas. The person must be eligible for the PUNS list.

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

Department of Rehabilitation Services, school programs, Champaign County TPC, Champaign County Transition Services Directory, community events such as the Disability Resource Expo, family meetings through the Employment First program, and current employers.

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): **75%**

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

Eighteen people requested Community Employment services this fiscal year. Twelve were opened in the program, two were referred to DRS, two were placed on wait list, and two were set to be opened in March but services have been delayed due to Covid.

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): **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): **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): **75%**

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

Of the 12 people opened in the program this fiscal year, 11 were opened within 90 days for 91.6%. Of the 16 people to eventually receive services, 11 were opened within 90 days for 69%.

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

Job coaching support is provided as long as needed for the person to maintain employment.

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

Average length of participation for participants is five 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) **Referral source and primary disability are also recorded.**

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

Referrals come from schools, Independent Service Coordination Units, DSC Case Coordinators, families, and individuals. The primary disability of those in the program is an intellectual disability. Twelve percent have a diagnosis of autism and 17% have a documented mental illness.

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: People will actively participate in job development activities including job club and employment discovery.
Outcome 2: People will participate in supported employment.
Outcome 3: People will maintain employment over the fiscal year.
Outcome 4: People will be satisfied with their Community Employment services.

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:
Outcome 1	**A referral is completed for each person referred for job development. When the person is opened in the program, a movement form is completed and kept in the main clinical file. An Employment Specialist is assigned to start job development.**	**Monthly progress is documented in the main clinical file by the Employment Specialist. Direct service hours are documented in the CCDDB direct service hour data base.**
Outcome 2	**Names of people engaged in supported employment are maintained in a database.**	**Program Staff**

Outcome 3	**Database is maintained.**	**Program Staff**
Outcome 4	**Satisfaction Surveys are distributed in May.**	**Surveys reviewed by Quality Assurance Committee.**

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? **Random selection.**

5. How many total participants did your program have? **75**

6. How many people did you *attempt* to collect outcome information from?
For outcomes 1-3 all are counted. For outcome 4, satisfaction surveys were sent out to 40 participants.

7. How many people did you *actually* collect outcome information from?
10 surveys were returned.

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

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)

Outcome 1: 25 people actively participated in job development activities including job club and employment discovery.
Outcome 2: 23 people participated in supported employment.
Outcome 3: 80.5% people maintained their job for at least a year.
Outcome 4: 100% of satisfaction surveys returned were positive.

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?
Outcome 1 target was 20 people.
Outcome 2 target was 26 people.
Outcome 3 target was 80%.
Outcome 4 target was 90%.

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Outcome 1: Target of 20 people was exceeded with 25 people actively participating in job development activities.

Outcome 2: Target of 26 people was not met with 23 people participating in supported employment.

Outcome 3: Target of 80% was met at 80.5% of people maintaining their job for at least a year.

Outcome 4: Target of 100% was met at 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)

Scenario One:

Joanne has worked at Clark Road since graduation from high school 12 years ago. In addition to having mastered work skills necessary for any entry level job, she also has mastered many of the soft skills necessary to navigate the social nuances in a work environment. She is engaging and energetic and likes to feel like she is an asset to her supervisors. She has wavered back and forth about leaving Clark Road and had worked with an Employment Specialist on several occasions but had backed out of a few jobs early in the past. An Employment Specialist began developing a relationship with her. She had explored her preferences and interests through participation in Job Club so her employment plan took little time to develop. The most important factor in any job was her relationship with her supervisor and coworkers. She was hired to work at the Champaign Park District in the concession stand at Sholem Pool. Her supervisor and coworkers were young and energetic. She posted pictures of her with her coworkers on Facebook and had support from her Employment Specialist as well as Employment Counselors throughout the first six weeks of her employment. They faded support as the natural support of her supervisor and coworkers flourished. Within three months, her enthusiasm waned and she found reasons not to go to work. Following consultation with her supervisor and encouragement from her team, she resigned from her job in good standing. She indicated that she just wanted to work at Clark Road. Over time she expressed an interest in working as part of the supported crew at Carle Hospital. She was given the opportunity and has quickly become a valued member of the team. For now, she will remain in that setting until she is ready to again step outside her comfort zone.

Scenario Two:

John was referred for help finding a job two years after graduating from high school. He had participated in a job experience through school but was unable to perform the job tasks without the support of a job coach so the company didn't hire him upon graduation. He was assigned an Employment Specialist who met with John and his mother. The Employment Specialist also interviewed his previous teachers, job coach, and boss. They met one to two times per week, visiting businesses, practicing conversational skills, and narrowing areas of strengths and interest. The employment plan focused on jobs that were slow paced, repetitive, and included clearly defined job responsibilities. John's strength is attention to detail rather than speed. Location of the job was also important as John has limited ability to navigate complicated bus routes. His mother has a visual impairment and is unable to drive. Although the Employment Specialist had met with the previous employer and negotiated a set of identified task that John could do at the previous place of employment, they also continued their job search. This Employment Specialist has a longstanding relationship with a local health club. He approached the manager knowing there was a need for increased sanitizing of exercise equipment. The Employment Specialist took John to the health club to meet the manager. After giving John a tour and introducing him to other employees, the manager was won over by John's engaging personality. He agreed to a job shadow and two-day trial. At the end of the two-day trial John was offered a job. The Employment Specialist had little work to do in teaching John how to take care of the equipment, but speed proved to be more challenging. The manager approved the introduction of a timer as an adaptive device. The timer was set for four minutes and then one minute. John knew when the timer went off the first time, he had one more minute to finish with the machine he was on before he had to move to the next machine. John needed this aid for the first three months on the job. Eventually he was able to complete each machine well within the acceptable timeframe and no longer needed the timer. John

continued to need help arranging transportation. John's boss and coworkers are aware that John needs ongoing help navigating transportation and have called the Employment Specialist when John has missed the bus. He has become a favorite of the patrons as he encourages everyone with a "Good job buddy!" as they work out.

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) **n/a**

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):
Champaign County residents with a documented diagnosis of ID/DD formally opened in this program who do not receive state funding for these services. Target is 70. During FY 20 a total of 75 people were supported in this program.

Non-treatment Plan Clients (NTPC): **n/a**

Community Service Events (CSE):
Community Service Events include formal presentations or tours to organizations, civic groups, school personnel, or other community entities. Target is two. Target exceeded with five CSE being completed.

Service Contacts (SC):
Service contacts includes contacts with people or anyone in their support network seeking information about the Community Employment Program. Target is fifteen. A total of 19 service contacts were recorded for the FY.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Community First**

Submission date: **FY 20**

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)

People with ID/DD who are interested in participating in their community with staff support through our Community First Program are eligible for services. A documented diagnosis of a developmental disability and enrollment in the PUNS database are required.

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 based on psychological assessments that include IQ test scores, with a person with a full-scale score below 70 or a documented developmental disability with deficiencies in three life areas as being considered eligible. The person must also be eligible for the PUNS list.

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

People learn about services through tours for families that include discussion of possible services and their availability, and distribution of information at community service events like the disAbility Resource Expo. Referrals are received from people and their families; high school vocational coordinators who have been unsuccessful in obtaining employment for a student nearing the end of their educational eligibility and other advocates of the person; the Champaign County Regional Planning Commission; the local DRS office when individuals with ID/DD are in search of day program support; and employed people who are seeking additional connections.

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:

Fifteen requests were presented to Admissions with four receiving services in the fiscal year for 27%. Five were placed on wait list as no capacity for level of support needed. One was placed on wait list as still in school. One person was denied due to poor peer match and was referred to Community Choices. Four were delayed opening due to Covid.

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): **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): **180 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: **Of the four people opened in the program in FY 20, all or 100% were opened within 30 days of presentation to Admissions.**

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

There is no time limit. People participate until they are no longer interested in services or are selected from PUNS.

b) *Actual* average length of participant engagement in services: **Average length of participation of the 52 people from FY 20 is seven 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)

DSC also collects disability and referral source information at time of intake.

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

84% have an intellectual disability; 15% have an autism diagnosis and 22% have a documented mental illness. Most of the referrals for this program were from DSC Case Coordinators, ISC, family members or individuals.

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: People will try new things by participating in at least one new group.
Outcome 2: People will become a co-leader for a group.
Outcome 3: People will be opened in Community Employment for active job exploration.

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:
People will participate in at least one new group.	**Group rosters are established at the beginning of each trimester noting the group, the leader, and the group participants.**	**Direct Support Professionals**

People will become a group co-leader.	**Documentation noted in group rosters.**	**Direct Support Professionals**
People will be opened in Community Employment.	**Movement form prompting entry of opening in agency database.**	**Assigned DSC Case Coordinator**

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? **n/a**

5. How many total participants did your program have? **52**

6. How many people did you *attempt* to collect outcome information from? **52**

7. How many people did you *actually* collect outcome information from? **All relevant to each goal.**

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

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)

Outcome 1: 46 unduplicated people participated in at least one new group over the fiscal year.
Outcome 2: Five people became a group co-leader over the fiscal year.
Outcome 3: One person from the program was opened in Community Employment.

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? **Based on prior program evaluation process and estimates of targets by the Director of the program.**

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Outcome 1: Target of 35 was exceeded with 36 people participating in at least one new group over the fiscal year.
Outcome 2: Target of five was met with five people becoming a group co-leader.
Outcome 3: Target of five was not met with one person from the program being opened in Community Employment.

(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)

Lori was referred to the Community First Program by her mother five years after graduation from high school. Lori had preferred to spend time exclusively with family, but the diagnosis of her mother's terminal illness prompted her mom to reach out to DSC for services. Her goal was to help Lori develop a network of people who would support her in her absence. Initially Lori was resistant to participating, but after a few meetings with her mom and Community First staff, she agreed to participate in one group, Women's Group. Although it is not possible to join some groups mid-cycle because of group content, Women's Group, a group of like-minded women, make new plans each week for what they want to do or learn about that week. Lori was very quiet initially, but she did attend weekly. As others reached out to her, soliciting her involvement, she became more engaged. She added Health Matters, a group of people who wanted to improve their physical health, when the next session of groups was offered in addition to remaining in Women's Group. She continued to attend weekly, but was withdrawn and sometimes short tempered with other group members some days. Staff have noted that when her hair isn't styled in a particular way, that is an indication she is having a difficult day. Although staff are there to support her, the other women in Women's group have also learned to step up as friends, having recognized that the best response to harsh words or being given the cold shoulder is to reach out in compassion in recognition of someone else's need for kind words or just some space. Although not a normal variable in service delivery, the Covid 19 shelter in place orders started just as topics of interest for new groups in June were being developed and in-person services were suspended. Staff scrambled to develop topics that could be delivered in a virtual format. Lori needed help learning how to use the digital format, but was open to doing so. Both Health Matters and Women's Group started to "meet" virtually in May. She also added Adult Coloring, her first group that explored the arts. She recently moved into C-U Independence, DSC's supported apartment building. When Illinois moved into Phase 4 of the plan to reopen Illinois in June, in-person groups were introduced. Although a Women's Group is offered there, she has chosen to continue participation in the virtual group. She has also added music and drawing groups as well as occasional participation in the weekly bingo group. We are happy to support her as she moves into this next stage in her life.

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) **n/a**

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):

Champaign County residents with ID/DD participating in the program who do not receive state funding for these services. Target is 55. Fifty-two were enrolled in the program during the fiscal year. Four people were scheduled to begin services when the Covid 19 shut down began. Initiation of services is being evaluated as face-to-face services are resumed. Additionally three were closed when they received HBS funding.
Non-treatment Plan Clients (NTPC): **Peers who accompany the TPCs for activities and events. Target is 40. Total NTPCs for the fiscal year was 107.**
Community Service Events (CSE): **Informational meetings or tours requested by parents, teachers, and other professionals as well as formal presentations to organizations, civic groups, and other community entities. Target is four. Six Community Service Events were completed.**
Service Contacts (SC): **Meetings with prospective participants and tours of the program by those interested in services. Target is five. Nineteen service contacts were completed.**
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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Connections**

Submission date: **FY 20**

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)

People with ID/DD who are interested in participating in developing their creative side are eligible for services. A documented diagnosis of a developmental disability and enrollment in the PUNS database is required.

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 based on psychological assessments that include IQ test scores, with a person with a full scale score below 70 or a documented developmental disability with deficiencies in three life areas as being considered eligible. The person must also be eligible for the PUNS list.

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

People learn about services through tours that include discussion of possible services and their availability, distribution of information at community service events like the disAbility Resource Expo, and attended art shows.

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: **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): **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): **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): **270 days**

Ability to engage in services is determined by the number of people already served in the program. Additionally, most groups are four months in duration and entry into some groups mid-course may not be possible. Therefore, the estimated length of time from assessment of eligibility of need to engagement in services is six to nine months.

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):

There is no time limit. People participate until they are no longer interested in services.

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

It is rare for participants to disengage group participation prior to the end of the four month group length. Participants choose new groups approximately every 16 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)

Referral source and primary disability are also collected.

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

Interest in the activities offered at the Crow through this grant are almost always expressed from individuals supported through the Community First Program. All individuals' primary disability is a developmental disability.

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: People will participate in artistic activities, classes, or events at The Crow at 110.
Outcome 2: Special events will be hosted at The Crow at 110.
Outcome 3: New classes/groups will be developed.

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:
Outcome 1: People will participate in artistic activities, classes, or events.	**List of those participating every quarter.**	**Program Staff**
Outcome 2: Special events will be hosted.	**List of events hosted.**	**Program Staff**
Outcome 3: New classes/groups will be developed.	**List of new classes/groups.**	**Program Staff**

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

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? **30 people**

6. How many people did you *attempt* to collect outcome information from? **30**

7. How many people did you *actually* collect outcome information from? **30**

8. How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc) **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 ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Outcome 1: 30 people participated in activities
Outcome 2: Two events were hosted.
Outcome 3: Eight new classes/groups were introduced based on participant suggestions.

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?

The targets chosen were estimates from the Director of the program as to what could be accomplished during the fiscal year.

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

Outcome 1: Target of 25 was met with 30 people participating.
Outcome 2: Target of four events was not met with only two occurring. Events planned for fourth quarter were not held.
Outcome 3: Target of four new classes/groups was met with eight new classes/groups being introduced.

(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)

Jaime was referred to the Community First Program by her mother. Her interests were in art and she was particularly interested in the Soap-making group. Group leaders helped the participants research soap-making methods including bases, scents, molds, and colors. They experimented with different techniques and selected a variety of soaps for production. Their goal was to sell their product at Open Houses at The Crow at 110. As they built inventory, they also prepared packaging for the soap. A few trips to the Idea Store provided most of the supplies they needed. The group worked together to prepare for the Open House held in March. The event drew more than 100 people. Jaime was on hand to talk to customers about product available for sale. Although this is Jaime's favorite group, she also participates in other groups geared toward artistic expression including Introduction to Music, Card-making (she also had cards available for sale at the Open House) Painting, and Recycled Crafts. Jaime participates five days per week so she is able to take advantage of non-art groups as well, including Bowling, Swimming, Salt & Light volunteering, Exercise, Learning How to Navigate the Library, Women's Group, Social Charades, Yoga and Tai Chi, and IDEA store volunteering. She participates in bowling every time it is offered. When groups were restructured to a virtual format due to Covid 19, she took advantage of the Journaling, Adult Coloring, Women's, Health Matters, Music, and Short Stories groups. Although Jaime isn't able to navigate media platforms, her mother is available to help her get connected.

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) **n/a**

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):

People participating in DSC's Community First Program interested in pursuing their creative interests and talents at The Crow at 110. Target is 25 people. Target exceeded with 30 people participating.

Non-treatment Plan Clients (NTPC):

People participating in activities who are not receiving county funding. Target is 12 people. Eleven people participated.

Community Service Events (CSE):
The number of events hosted at The Crow at 110. Target is four. Two events were hosted. Two events planned for fourth quarter did not occur due to the public health pandemic.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Employment First**
Submission date: **FY 20**

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 businesses in Champaign County who want to receive disability awareness certification through the LEAP training are eligible for the training at no charge.

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.)?

Businesses must be located in Champaign County as evidenced by their zip code.

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

Businesses learn about LEAP through other employers, social media, CIB Magazine, and cold calls from staff.

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:

85% of businesses who agreed to or requested to participate in LEAP training were able to do so. Due to Covid 19, two trainings were postponed. Virtual training will be offered in FY21.

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. The length of time from when a business voices interest and the actual training varies and depends upon the business' schedule for the most part.

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 Champaign County business requesting to participate in the training is able to do so.

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. LEAP training is scheduled at the convenience of the business.

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:

85% - Due to Covid 19 closure, two LEAP trainings were postponed. A virtual training will be offered to businesses wanting to participate in FY21.

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

The training takes under two hours. Engagement or follow-up occurs three months later unless the company reaches out first.

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

The average length of LEAP training is two hours including time for questions or comments.
The average length of Frontline Staff Training is 45 minutes including time for questions or comments.

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 number of businesses that participate in the certification process, LEAP staff track zip code, the number of employees who attend the sessions, and the business sector for each company.

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

Business sectors for LEAP/Frontline-trained businesses included:

- **Entertainment – Alpha Dog Entertainment 60949**
- **Healthcare – Omni Prosthetics 61801, Planet Fitness 61802, Regency 61822**
- **Industrial/Manufacturing – Surface 51 61820, Wagner Machines 61822**
- **Public – Mahomet Public Library 61853**
- **Technology – Dixon Graphics Technology 61820, Pixo Technology 61801**
- **Tertiary – Best Western 61874, Riggs Brewery 61802**

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. **Two informational family meetings will be held based on interests of participants.**
2. **Employment First will be included in DSP training.**
3. **Customized Employment training will be coordinated by LEAP Coordinator.**
4. **Fifteen LEAP trainings will be scheduled with interested employers.**
5. **Training for frontline staff for businesses will be created and conducted to inform about natural supports.**
6. **A quarterly newsletter including information about the disability community and employment of people with ID/DD will be provided for employers.**

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. Informational family meetings to be held.	**List and dates of meetings maintained.**	**Program Staff**
2. Employment First will be included in DSP training.	**Presentation available.**	**Trainer**
3. Customized Employment training will be coordinated.	**Documentation of training.**	**Director of Program**
4. LEAP trainings will be scheduled.	**List and dates of LEAP trainings maintained.**	**LEAP Coordinator**
5. Training for frontline staff for businesses will be created and conducted to inform about natural supports.	**List and dates of frontline trainings maintained.**	**LEAP Coordinator**
6. Quarterly newsletter for employers.	**Copies of newsletter.**	**LEAP Coordinator**

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?

Eleven businesses completed training this fiscal year.

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

More than 160 contacts were attempted with businesses, via mail, e-mail, and in person, in Champaign County to solicit participation in the trainings.

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

All participating businesses.

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

Quarterly

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)

Outcome 1: Informational family meetings scheduled to coincide with the end of the school year were cancelled due to Covid 19.
Outcome 2: Employment First training is included in monthly DSP training for all staff.
Outcome 3: The Customized Employment training was attended via webinar the week of June 8th.
Outcome 4: LEAP trainings were completed.
Outcome 5: Frontline training was created and conducted at one business.
Outcome 6: A newsletter was provided to Champaign County employers every quarter.

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?

Targets were derived from what was thought could be achieved over the fiscal year.

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

Outcome 1: Target of two informational meetings was not met as scheduled for Spring semester and were cancelled due to the public health pandemic.
Outcome 2: Target to include Employment First training in monthly DSP training was completed.
Outcome 3: A Customized Employment training was attended by staff via webinar.
Outcome 4: Target of 15 LEAP trainings was not met. Ten were completed.
Outcome 5: Target of five frontline trainings was not met. One was completed.
Outcome 6: Target of four newsletters was met.

(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)

The LEAP Coordinator conducts outreach to the local business community to provide information about LEAP training and to solicit interest in participating in both LEAP and Frontline Staff training. Business outreach is prioritized by location and business sector. Outreach to businesses in outlying communities has been a priority. Given the size of the communities outside Champaign-Urbana, outreach is made by covering all businesses within the area rather than focusing on business sector. Staff approach businesses hoping to make contact with HR staff, business owners, or managers. If no one is available to talk, contact information is gathered and a handout of the training is left for the appropriate person. Follow-up contact is made, often multiple times, before either a time is scheduled for the training or the business declines participation. Contact is made prior to the training date to confirm and to ascertain the number of participants. The LEAP Coordinator provides a copy of the PowerPoint presentation for all participants as well as a hard copy of the presentation and other resources for disability awareness in a binder for the management team that can be used for future new employees. Following the presentation, a picture is taken of the participants with a copy of the certificate of completion. This is posted on DSC and Community Choices social media pages. Contact is made a few days later via a thank you card and requests for feedback and offers to follow-up if the business is interested in pursuing employment of a person with a disability. Continued contact follows at three months and intermittently beyond to maintain contact with potential employers.

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) **n/a**

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):

NTPCs are the number of people attending informational meetings. Target is 50. Target not met. Both family meetings were scheduled for spring semester to coincide with transition from school to adult services. Both were cancelled due to Covid 19 closure.

Community Service Events (CSE):

The number of businesses that attend the LEAP training and are certified following the training as well as the number of businesses represented at the frontline staff training. Target is 20 total for the two different trainings. Eleven businesses participated in trainings.

Ten businesses completed the LEAP training during the fiscal year and one business completed the frontline training. Five LEAP/Frontline trainings were cancelled due to Covid 19. Virtual trainings will be offered in FY21 in anticipation of the on-going effects of Covid 19 on in-person contact.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **FY20**

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:

(a) are residents of Champaign County as shown by address;
(b) have evidence of a need for service based on an assessment;
(c) children, birth through age 5, with or at-risk for 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 under three years of age, have a 30% delay in one or more developmental areas and/or an identified qualifying disability. These same services and enhanced services for children up to age five are provided with CCDDB funds for children deemed "at-risk" but may be ineligible for state funding through the early intervention system.

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, the Autism Walk, and the Buddy Walk. 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% of individuals were Screened and Assessed**

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 initial assessments are scheduled within seven days of initial contact.

   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 referred were assessed within the given timeframe of 7 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): **It is estimated that children will be engaged in services within seven days of the eligibility assessment.**

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% will engage in services within seven days.**

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

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application): **Children may participate for one-time screening or for up to three years in the therapy program, depending on the age of child at entry.**

b) *Actual* average length of participant engagement in services: **For FY20, participants averaged 25 months of services.**

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 is language spoken, primary disability, and referral source.**
2. Please report here on all of the extra demographic information your program collected.
    - **For those receiving services in FY 20, 84% of the families primarily spoke English in their homes; in 9% of the families, Spanish was the primary language and in 2% of the homes French was the primary language spoken. The remaining 5% consisted of Arabic, Mandarin, Korean, Russian, and unspecified.**
    - **The primary disability reported for those children receiving services was 51% for at risk of a developmental disability. Twenty-nine percent were referred because of speech delay and 12% for overall delay.**
    - **12% of the referrals came from parents; 5 % from daycares; 7% from physicians/clinics; and 5% from Child and Family Connections. Most of the remaining were referred by other local providers and agencies.**

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:
<u>Outcome 1:</u> Families will identify progress in child functioning in everyday life routines, play and interactions with others.	**Quarterly file review of parent report regarding the child's functional skills, play skills, and interactions as recorded on the home visit contact note.** **Family surveys**	• **Families** • **Quarterly file reviews** • **Service Notes** • **Family Surveys** • **Parent input and feedback**
<u>Outcome 2:</u> Children will progress in goals identified on their Individualized Family Service Plan (IFSP).	**Review of assessments quarterly.**	• **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? **724 children received services in FY 20**
6. How many people did you *attempt* to collect outcome information from? **72 files were reviewed for both outcomes**
7. How many people did you *actually* collect outcome information from? **72 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 67/72 files reviewed for 93%. Parents noted improvement in children's skills in motor, communication, problem-solving, socialization, and confidence. Parents report appreciation for therapists' flexibility in scheduling, in-home therapy sessions, therapeutic techniques shared, communication, understanding, relationship-based styles, and patience. Additionally, parents' value the educational information provided that is tailored to their individual child.

Children made progress in goals identified by families on the IFSP in 68/72 reviewed for 94%.

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?
Comparative targets were established from averaging past results.

12. If yes, how did your outcome data compare to the comparative target or benchmark? The target/benchmark was met.
Outcome 1: Target of 90% was met with result of 93%.
Outcome 2: Target of 90% was met with result of 94%.

(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)

***Name changed for anonymity**
Matthew began receiving services in November 2019 after having qualified for Early Intervention a few months previously. Matthew's services included weekly developmental therapy from one of DSC's therapists and weekly speech therapy from a therapist at another agency. Matthew also received an occupational evaluation and qualified for services in December 2019. Once Matthew was making progress in his development, his mother decided to end developmental therapy but continue with the other therapies. Matthew's mother requested PLAY Project services after having concerns with his social development. Matthew and his family began PLAY Project in January 2020 provided by a therapist at DSC.

In May 2020, the IFSP team conducted annual assessments and held an annual meeting to review the results of the assessments and determine if any changes to the IFSP plan were needed. It was determined that continuing with services as outlined until Matthew reaches at least the age of three would be appropriate. Once he turns three in August 2020, the PLAY Project and speech therapy services will continue to be provided by therapists at DSC through this grant.

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)
Evaluations demonstrated that services are being helpful. This assists in making treatment decisions for each child.

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 is 655; 470 continuing children and 254 new openings = 724 children provided services in FY 20.

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, Read Across America, Ready Set Grow, and the CUPHD fair. In addition, consultation to child-care centers and preschools for children enrolled in FD program services continues. FD staff participates in community groups including the Birth-to-Three Council, Infant Mental Health Learning Group, Home-Visiting Task Force, Local Inter-Agency Council (LIC), the Rantoul Community Providers, Local Area Network (LAN), and the Kindergarten Readiness group. Target is 300 and 374 events occurred.

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 is 200 and 146 were completed this year.

With the original DSC Screening Coordinator retiring, the replacement started towards the end of the first quarter. Screenings often took place at screening events and daycare facilities. Due to COVID, screenings were completed for most of third quarter and all of fourth quarter virtually.

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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Individual and Family Support**

Submission date: **FY 20**

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 is determined by psychological assessments that include IQ test scores, resulting in a full scale IQ score below 70 or a documented developmental disability with deficits in three life skill areas. The person must be eligible for the PUNS list. Children and adults with intellectual and developmental disabilities (I/DD) residing in Champaign County are eligible.

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.)?

Evidence of I/DD diagnosis; medical, psychological, and school documentation presented during the intake process, as well as residency documentation is obtained. PUNS enrollment is verified.

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

The families of program participants inform the parents of individuals in the target population, the disAbility Expo; the Champaign County Transition Planning Committee's Round Table presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

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):

Seventy-five percent of those who seek services will be served within the fiscal year as resources allow, based upon the support needs of the person seeking support and those in the program.

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

A total of nine were opened in the program this fiscal year. Of the 10 requests presented to the Admissions Committee this fiscal year; seven were opened for services for 70%. The other two openings were presented in FY 19 and not opened until FY 20. Three of the 10 requests were referred to the state-funded respite programs.

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):

People asking for services will be presented to the Admissions Committee within 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):

90% of people referred will be assessed for eligibility within 30 days.

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

100% 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): **180 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:
All seven people assessed and opened in the program this quarter were opened within 30 days from time of assessment.

7. **a)** *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
Program engagement range is from one event/day to decades. Appropriate measure is years.

b) *Actual* average length of participant engagement in services:
Of the 47 people who received services during FY 20, the average length of participation was four years. Two people have been in the program for 12 years each.

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 and referral source are collected at time of intake.

2. Please report here on all of the extra demographic information your program collected.
All participants in the program have a documented developmental disability. Most referrals come from families and other agencies.

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: All individuals receiving day services and requesting community activities will participate on a weekly basis.
Outcome 2: All receiving Intermittent Direct Support will be satisfied with services.

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. Community Activities	**Documentation of activities will be maintained.**	**Program Manager**
2. Satisfaction with services	**Satisfaction Survey**	**Participants and families**

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 1: Community activities were monitored for those in day program or receiving day support.
Outcome 2: Surveys were sent to families receiving Intermittent Direct Support.

5. How many total participants did your program have?
A total of 47 participants received support in FY 20 (16 TPC and 31 NTPC).

6. How many people did you *attempt* to collect outcome information from?
Outcome 1: Five people receiving day support.
Outcome 2: Fifteen of the people receiving Intermittent Direct Support.

7. How many people did you *actually* collect outcome information from?
Outcome 1: Five people
Outcome 2: Three families returned a completed satisfaction survey.

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: Every quarter
Outcome 2: Fourth 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)

Outcome 1: 100% of those receiving day support were able to access the community at least once a week.
Outcome 2: 100% of the surveys returned were positive.

Families often struggle to find providers for Intermittent Direct Support hours. Will continue to advice families of available community resources such as the PACE Personal Support Worker Program, college education classes with students looking for part-time employment, and TAP.

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?

Previous program evaluation results.

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Outcome 1: Target of 85% was exceeded with 100% accessing the community at least once a week.
Outcome 2: Target of 90% was exceeded with 100% of the surveys returned being positive.

(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)
Staff continued to support families that struggled during COVID-19 and had no other support systems available. Staff reached out more to families over the phone or virtually, as well as did some 1:1 support as able. IFS staff were creative in finding ways to be supportive to families despite DSC buildings being closed and limited places to access in the community. For the IFS-Intermittent Direct Support families, contact was increased to assess current needs, discuss what supports DSC could offer and to direct families to other resources that might be available in their communities.

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)
For IFS-IDS plans are being made to re-shape program guidelines for families and providers. Will increase contact with families to better understand their needs.

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):
Those individuals with case records and Individual Service Plans (ISP) funded by CCDDB. Target is 18. Sixteen TPC were provided supports this FY. Most of those requesting services at this time want full-time day support which the program is not able to support at this time.

Non-treatment Plan Clients (NTPC):
Those individuals with service and support records but no formal Individual Service Plans who are funded by CCDDB. Target is 36. Thirty-one NTPCs received support in FY 20. Most of those requesting services want full-time day support which the program was not able to support at that time.

Community Service Events (CSE):
Contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers, and small group workshops. Target is two. One Community Service

Event was completed this fiscal year. Events planned for the latter half of the fiscal year did not happen due to the public health pandemic.
Service Contacts (SC): **Phone and face-to-face contacts with consumers who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services. Target is five. Nine service contacts were completed.**
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).

FY 20 Performance Outcome Report Template

In your DDB/MHB 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: **Service Coordination**
Submission date: **FY 20**

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 and adults with intellectual and developmental disabilities who reside in Champaign County are eligible for DSC Service Coordination.

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 by psychological assessments that include IQ test scores, resulting in a full scale IQ score below 70 or a documented developmental disability with deficits in three life skill areas. The person must be eligible for the PUNS list.

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

The disAbility Expo, the Champaign County Transition Planning Committee's Round Table presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

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:

Nine people were opened in the program this fiscal year. Because everyone opened for DSC support automatically receives services from this program as they are assigned a Case Coordinator, six were opened based upon availability into another program. Six people were presented to Admissions requesting only Service Coordination. Three were opened; one was denied due to not being able to meet needs, and two found services elsewhere. In summary, nine of the 12 (75%) who sought services, received those services during the fiscal year.

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): **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): **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): **75%**

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame: **Of the nine opened in the program, 77% were engaged in services within that time frame.**

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

Since the program offers support in all aspects of a person's life, in many cases, support continues for their lifetime.

b) *Actual* average length of participant engagement in services: **Overall participant engagement averages 15 years, six 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)

Disability and referral source are also collected at the time of intake.

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

Ninety percent of those served have an intellectual disability with 23% having autism. Besides having a developmental disability, 15% also have a documented mental illness. Most referrals come from the local ISC, families, and schools.

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: People will actively participate in the development of their personal outcomes driving the content of the implementation strategies documented by assigned QIDP.
Outcome 2: People will participate in POM (personal outcome measures) interviews.
Outcome 3: People will maintain/make progress toward their chosen outcomes.

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:

Outcome 1: participates in developing personal outcomes	**Personal Plan will be reviewed and documented at annual meeting, with monthly QIDP notes recorded in each individual's records and by Service Coordination staff in monthly notes. Self-report on specified survey questions will be documented.**	**Individual**
Outcome 2: People will participate in POM (personal outcome measure) interviews.	**POM interview booklets will be maintained. Participation in interview will be documented in the person's file.**	**Spreadsheet maintained**
Outcome 3: People will maintain/make progress toward their chosen outcomes.	**Progress toward meeting personal outcomes is documented on a monthly basis and twenty-five random files will be reviewed each quarter to review progress.**	**Documentation maintained**

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? **Randomly chosen.**

5. How many total participants did your program have? **266**

How many people did you *attempt* to collect outcome information from? **100 for outcomes one and two**

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) **Quarterly**

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)

Outcome 1: 89/94 (94.7%) actively participated in the development of their personal outcomes.
Outcome 2: Thirteen POMs were completed over the fiscal year.
Outcome 3: 69/80 (86.25%) of people maintained or made progress toward their chosen outcomes.

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?
Targets were estimated based on desired level of performance for goals.

12. If yes, how did your outcome data compare to the comparative target or benchmark?
Outcome 1: Target of 98% was not met with 94.7% completing outcome.
Outcome 2: Target of 35 was not met with 13 POMs being completed.
Outcome 3: Target of 80% was exceeded with 86.25% of people maintaining or making progress on their chosen outcomes.

(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 DSC Case Coordinator assisted an individual who became homeless navigate the system and solidify a place to live. In completing the homeless intake process, the HUD system was ignited and their name was pulled for a HUD housing voucher. The staff took guidance from the individual in trying to secure housing after establishing a list of desires the person wanted in a home. The Case Coordinator helped to arrange tours and accompanied them as requested. This led to a positive experience and finding a place to live quickly that met their 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 evaluation has helped to see the importance of building better team connections. During this time of COVID-19 it has been challenging to keep people connected since it is limited to the phone and virtually. DSC's relationship with the ISC has been strengthened and DSC staff continue to encourage communication between families and their assigned ISC.

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):

Those individuals with case records and Individual Service Plans (ISP) funded by CCDDB. Target is 300. Two-hundred and sixty-six people were provided services through this grant. Efforts continue to expand capacity in this program as needed supports for those currently in the program continue to increase.

Non-treatment Plan Clients (NTPC):

Those individuals with service and support records but no formal Individual Service Plans who are funded by CCDDB. Target is 36. Thirty-four NTPCs were provided support through this grant. NTPC number is based on those served in Clinical Services and Individual/Family Support Programs.

Community Service Events (CSE):

Contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers, and small group workshops. Target is two. Target was met with two events.

Service Contacts (SC):

Phone and face-to-face contacts with consumers who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services. Target is 100. Fifty-three service contacts were recorded. Not as many intake calls were received as in past years.

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 FY2020

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: PACE, Inc.
Program name: Consumer Control in Personal Support
Submission date: 08/28/2020

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)

   To be part of this program, people seeking work as a PSW must; **Go through an orientation to learn the role and rules of being a PSW, must pass the post-orientation quiz and must successfully pass the Illinois and National Sex Offender background check, Healthcare Registry check, and DCFS CANTS check.**

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 ran each name through the health care registry, the Illinois and National Sex Offender background check and conducted DCFS CANTS checks. These checks came back clear. Each completed the orientation prior and passed the post-orientation quiz prior to being eligible to be added to the registry.

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

   PACE did extensive advertising about this program at CCDDB and TPC functions and created a continuously running Facebook job advertisement as well as advertising on Indeed employment website. We created flyers that are posted at the front entrance of PACE, Inc. We continued outreach and collaboration with DSC, Community Choices and Illinois Worknet.

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):
   This item does not apply. Our program works with NTPC.

b) *Actual* percentage of individuals who sought assistance or were referred who received services:
We have begun tracking this information in FY21.

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):
We have begun tracking this data effective FY21.

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):
Does not apply to our program.

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

Data on this difference wasn't kept due to this being the first year of this report asking for it to be tracked. Will begin tracking in FY21

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):
Does not apply.

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):
This does not apply. We recruit potential PSW's only.

c) *Actual* percentage of clients assessed as eligible who were engaged in services within that time frame:
This program is intended to recruit PSW's.

7. a) *From your application*, estimated average length of participant engagement in services (Consumer Access, question #9 in the Program Plan application):
This is a PSW registry program. PWS may remain on the registry indefinitely. All PSW's are updated quarterly.

b) *Actual* average length of participant engagement in services:
PSW's remain on the registry indefinitely depending on the information gather during quarterly evaluation.

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. **The collected demographics are used to insure potential PSW can be reached for possible matching with a TPC.**

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). Number of Potential/actual Personal Support Workers (PSWs) who went through orientation.
100
2). Number of PSWs hired through our referral.
This data was not tracked in FY20.
3). Average number of hours of service per week PSWs from out list are providing services.
We do not track this data. This is based on the hours a consumer determines.
4). As a measure of impact, we will also show the number of people utilizing PACE's PSW referral service (although any time spent from this side will be paid for by other funding)
We did collect this data by maintaining the PSW registry. Twelve consumers received PSW referrals from our registry and three consumers were matched with a PSW.

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
All NTPCs in this program, therefore no official outcomes		

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

All NTPCs in this program, therefore no official outcomes

An unofficial outcome of this program was the matching of 3 PSWs with individuals seeking to hire a PSW

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

All NTPCs in this program, therefore no official outcomes

3. How many total participants did your program have?

All NTPCs in this program, therefore no official outcomes

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

0

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

All NTPCs in this program, therefore no official outcomes

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

All NTPCs in this program, therefore no official outcomes

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 ethno racial groups; comparing characteristics of all clients engaged versus clients retained)

This program is for recruiting and maintaining a PSW registry for potential referrals for TPC's.
This program met our goal by holding 12 CSE's and exceeded our target goal of 200 by completing screening contacts for 255 potential PSW's.
In FY 20 PACE had 89 NTPC's, exceeding our goal of 50.

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

Y

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

The comparative data comes from our target goals for FY2020

- **Target CSE=12, actual number achieved 12**
- **Target SC=200, actual total achieved 255**
- **Target NTPC=50, actual total achieved 89**
- **Target TPC=0, actual total achieved 0**

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

The PSW program met or exceeded all goals.

(Optional) Narrative Example(s):

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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)

PACE advertises regularly on Facebook to attract people to attend the PSW orientation so they can be put on our registry. After a person comes across our posting, they send us a Facebook Message, and it starts a conversation about the position. The person then attends the PSW orientation, gets checked to make sure they are eligible for the registry, and if all goes well, they get matched with a consumer looking to hire a PSW

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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)

Each quarter, all PACE programs host a program advisory meetings to seek feedback from consumers on how our programs could provide more assistance. The quarterly advisory topics are based on consumers and PSW's stated needs and interests.

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):

This program has no TPCs due to the participants be funded by CCDDB are people seeking employment as PSWs, and therefore are not typically people determined to be PUNS eligible.

Non-treatment Plan Clients (NTPC):

Target: 50 Actual: 89

Community Service Events (CSE):

Target: 12 Actual: 12

Service Contacts (SC):

Target: 200 Actual: 255

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: Rosecrance Central Illinois
Program name: Coordination of Services DD MI
Submission date: 8-26 -20

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 target population are individuals who are 18 years of age or older who reside in Champaign County and who are dually diagnosed with both a developmental and mental health disability.

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 consumers receiving services must have a Mental Health Assessment which indicates their need for coordinated services. While the services are available to any consumer or family meeting eligibility requirements, special emphasis will be placed on serving consumers that:

- Are presently residing in residential settings for persons with developmental disabilities.
- Are living in other settings (families, friends, or self) but are struggling in caring for self in these environments.
- Are at-risk of hospitalization or homelessness due to inadequate supports for their co-occurring conditions.

Some of the consumers screened may have limited financial resources or another type of insurance that does not cover case management services. The grant will be used to support the costs of their services until which time Medicaid services can be obtained. These cases will be prior approved by the Champaign County Mental Health & Developmental Disabilities Board.

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

Referrals come from developmental disabilities providers, mental health providers, pre-admission screening (PAS) agents, physicians, community members or families.

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 80% 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:

7 new clients were screened and 6 clients entered into services therefore 86%.

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 clinician engages consumers within two weeks or sooner from the time of the referral unless otherwise requested by client of their family. The clinician works with community partners and adjust~~s~~ schedule to accommodate meetings and opportunities offsite to introduce the program, consult on potential referrals, and make service entry for new clients welcoming and with ease. This includes school systems which at times has older, special education students who meet criteria and need to transition into case management services. Families are also involved in these meetings.

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):

The estimated percentage of referred clients who will be assessed for eligibility within the 2 week time frame would be 75%.

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

7 clients were screened for services. Of these 86% or 6 clients were found eligible and engaged in services of the program within 20 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):

Per Medicaid Rule 132, the maximum length of time from assessment of eligibility (mental health assessment) to engagement (treatment plan development) is 45 days. Our goal is within 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):

The estimated percentage of eligible clients who will be engaged in services within this time frame would be 75%.

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

83% or 5 out of 6 that were screened were found eligible and engaged in services within 20 days. 1 was delayed due to the COVID-19 outbreak.

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 is 18 months.

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

The actual length of participant engagement in services was 2.85 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 will be collecting only the demographic information that is required.

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.

By participating in this program we want clients to experience improved mental health and increased access to services and supports. We will demonstrate this by conducting the following surveys on admission of any new clients this FY and at discharge of any existing clients:

1. We will measure the overall improvement in mental health by administering the Global Assessment of Functioning (GAF) Scale. Clients are scored based on a 1-100 point range with 100 representing superior functioning. The clinician assigns a score based on the psychological, social and occupational functioning of the client. This assessment score is required by the State of Illinois for any client receiving Rule 132 Medicaid services.
2. We will measure improved Access to Services by administering the Self-Sufficiency Matrix, created by the Snohomish County Self-Sufficiency Taskforce. The Matrix includes a range of dimensions (i.e., In-Crisis, Vulnerable, Stable, Safe, and Thriving) to score the clients progression on this life domain.

While neither the GAF Scale nor the Matrix are validated tools, given the extensive purposes for which they have been utilized historically, we believe them to be a dependable tool with which to measure change in clients' functioning and provide program outcome data.

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
10 point improvement on the GAF Scale for 75% of clients at initial screening and discharge.	Global Assessment Functioning (GAF) Scale	Client
1 Level Improvement on the Matrix for 75% of the clients who have participated in services for at least 6 months (at initial screening and discharge).	Self-Sufficiency Survey Matrix	Client

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

Outcome information was gathered only from clients who were discharged from the program during the FY

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

Since this was a new Outcome Instrument we were using this FY and last we decided to complete them only on new admissions or discharges from the program.

5. How many total participants did your program have?

27. 21 carry-over cases from FY 19 and 6 new cases.

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

3

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

3

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

At the time of the initial mental health assessment and discharge from 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 ethnoracial groups; comparing characteristics of all clients engaged versus clients retained)

Three clients were discharged from services during this program year. 1 out of 3 or 33% required a higher level of care than what this program or their families could provide and so was transferred to a residential group homes out of the area. 2 clients or 67% declined the need for further services having achieved their goals in the program and requested discharge from the program.

GAF Scoring: The scoring sheet we were using for the GAF scale administered to clients changed during FY19 that the agency was using. This skewed the numbers on all 3 clients who originally scored higher on admission and lower on discharge, when in fact they had shown improvement. (53 to 36, 55 to 45 and 63 to 35).

The Self-Sufficiency Matrix: During FY19 we were to report the Self-Sufficiency Matrix scores at the initial mental health screening and at discharge of any new clients starting in this program. 3 clients were discharged from this program during the FY. All of these clients were admitted to the program prior to FY19, so we do not have admission data to report for comparison in relation to an increase in level of improvement to occur.

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)

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)

We will be revising the way the Outcomes are collected for the GAF scores and the Self-Sufficiency levels. We will collect both these scores/levels twice a year from clients who have participated in the program for a minimum of at least six months. We feel this will better describe our Outcomes.

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: 27 verses 30
Community Service Events: 9 verses 12
Service Contacts: 8 verses 15

The reason these numbers were not met this FY was due to the COVID -19 outbreak which slowed everything down and hindered new referrals to this program. The Service Coordinator worked from her home during March-May due to the Governor's Stay-at-Home Order. She provided services to her existing clients. The outbreak also hindered the Community Service Events she was able to provide and the Service Contacts. We anticipate the ability to engage in these type activities will increase once she is able to return from work and agencies begin opening up again.

Treatment Plan Clients (TPC): Consumers with a completed Mental Health Assessment and a Treatment Plan. We projected 20 Continuing TPC's, 10 New TPC's for a total of 30 TPC's.

Non-treatment Plan Clients (NTPC): N/A

Community Service Events (CSE): The number of contacts (meetings) to promote the program including speaking engagements, presentations at workshops, consultations with community groups and/or caregivers, meetings between agencies to plan community service events, interviews with media and attendance at open houses of other agencies to share information about services provided. We projected participating in 12 CSEs.

Service Contacts (SC): Engaging in a phone call or face-to-face contact with consumers who do not have a completed MHA, information and referral contacts, initial screenings/assessments, or crisis services. This may also include contacts for non–case specific consultations. We projected completing 15 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).