
COMPILED ANNUAL
PERFORMANCE OUTCOME
REPORTS OF CCDDDB &
CCMHB I/DD FUNDED
PROGRAMS FOR CONTRACT
YEAR 2023

Compiled Annual Performance Outcome Reports of CCDDB & CCMHB I/DD Funded Programs for Contract Year 2023

Champaign County Regional Planning Commission

Decision Support PCP - \$323,550

Champaign County Head Start/Early Head Start

Early Childhood Mental Health Svs - \$149,666 (CCMHB funded)

Community Choices

Customized Employment - \$217,500

Inclusive Community Support (Community Living) - \$193,874

Self-Determination Support - \$171,000

DSC

Clinical Services - \$184,000

Community Employment - \$435,000

Community First - \$847,658

Community Living - \$536,000

Connections - \$95,000

Employment First - \$85,000

Family Development - \$596,522 (CCMHB funded)

Individual and Family Support - \$390,000

Service Coordination - \$468,000

Workforce Development and Retention - \$227,500

PACE, Inc.

Consumer Control in Personal Support - \$27,367

Annual Performance Outcome Report Form

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

Agency Name: CCRPC
Program Name: Decision Support Person Centered Planning
Program Year: 2023

CONSUMER ACCESS

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

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

Yes, the stated criteria of eligibility for the program served the purpose of providing people the services and supports they were seeking in PY23.

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

Yes, the stated process for determining that the person and program were right for each other continued to work well in PY23.

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

Yes, outreach activities supported appropriate matches between people and program services in PY23.

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

The estimated length of time from assessment of eligibility/need to engagement in services is ten business days. The actual length of time from assessment of eligibility to engagement in services was greater than 30 days. There were various reasons for services beginning outside of the 10-day timeframe including difficulty contacting families, ISC staff changes, and staffing shortages. *Throughout much of PY23, staffing has been at a 67% deficit. However, the program is fully staffed entering PY2024, with high expectations for positive forward movement.*

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

It was estimated that 95% of referred clients would be engaged in services within five business days. However, we found that in PY23, it was closer to 25% of referred clients were engaged in services within 10 business days. There were various reasons for services beginning outside of the 10 days including difficulty contacting families, ISC staff changes, and staffing shortages. Throughout much of PY23, staffing has been at a 67% deficit. However, the program is fully staffed entering PY2024, with high expectations for positive forward movement.

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

The estimated length of participant engagement is one to three months. For person centered planning participants, it is estimated that they will be involved in the program for one to three years.

The actual average length of engagement, however, does fluctuate depending upon the service being provided.

The average length of engagement for transition consultant services was one month.

The average length of engagement for person centered planning services was one to five years. The average wait time for PUNS is currently estimated to be at five years. Individuals are remaining engaged with us until selections from PUNS.

It should be noted that the Dual Diagnosis program did not begin in PY23 due to staffing crisis. This program is now fully staff and moving forward to positive impacts in PY24.

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

Our program collected the following extra demographic information:

- Type of insurance (Medicaid, Medicare, private insurance, etc.).
- If applicable, Medicaid RIN number.

CONSUMER OUTCOMES

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

- Use (and expand) the space below to copy each numbered **Outcome** (expected program impact on participants) from your Program Plan. Include the specific **target** and add the **actual result**.
- For each outcome, list the specific **assessment tool** used to collect information. *If different from the tool indicated in the application, include a note explaining the change.*

- For each outcome, indicate the **source of information**, e.g. participant, participant's guardian(s), clinician/service provider, other program staff (indicate their role). Please report all sources of information that apply for each assessment tool, e.g. *"the XYZ survey may be completed by both a youth client and their caregiver(s)."*

Outcome #1

Individuals with I/DD will have greater choice of services and supports in Champaign County. (Persons with I/DD will have the opportunity to identify preference of services.)

Tool: This information will be collected via the preference assessment at PUNS intake and annual update. Information gathered has the potential to impact the development of services in Champaign County for persons with I/DD based on self-identified preferences. Discovery Tool and Person-Centered Plan were also listed on application as assessment tools that would be used.

Target Vs. Result: Due to low staffing in FY23 approximately 1/3 of clients received person-centered planning so this would not be a reliable measure for reporting preferences in this fiscal year. 100% of participants in our program were provided the opportunity & chose to participate in a preference assessment. Structuring preference assessments to take place during this existing area of PUNS services helped to ensure completion of every individual in the program, leading to an increase in participation in FY23.

Comment: Moving into FY24 with CCRPC no longer holding the DHS contract for PUNS completion, CCRPC Case Managers will be completing Preference Assessments with everyone at the time of intake and again at their annual Discovery meeting to ensure everyone has opportunity to participate. CCRPC Transition Consultant will also begin completing preference assessments with individuals who are not already in county-funded service.

Outcome #2

Individuals with I/DD transitioning out of secondary education will have a goal plan in place developed collaboratively with their Transition Consultant.

Target: (Transition Consultants will assist in transition planning which will allow for better matching of individualized services. Through this service, all families, regardless of socioeconomic status or other potential barriers, will have the opportunity to have an impartial advocate during the transition process.)

Tool/Means: Transition Consultants met with individuals/guardians at IEP's and provided them with information on PUNS (if not already aware). They assisted in connecting families with local resources/providers based on individual needs/preferences and provided information on guardianship, applying for social security, etc. Transition Consultants also assessed family's needs as a whole and provided information on other resources that were available to address any other potential areas of need that they family might have.

Result: Transition Consultants worked with a total of 18 Transition Plan Clients in FY23 implementing the above listed services.

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. (The Decision Support Person Centered Planning Program will work with individuals to gather documentation as required by the PAS process should they be selected from PUNS. **Goal:** This will minimize the amount of time it takes once someone is selected from PUNS until services begin. This program will also limit the number of individuals who wait on PUNS only to be found ineligible by DHS.)

Result: 11 out of the 23 PUNS selections from Champaign County in FY23 were assigned to a Case Manager through CCRPC’s Decision Support Person-Centered Planning Program. There were overall delays in the funding process for those selected from the PUNS list in Champaign County due to difficulty obtaining/maintaining ISC staff and prolonged turnaround times in receiving necessary psychological evaluations which are necessary in completing the DHS funding request packet.

Client Name	Award Letter Issue Date	Service	Explanation
Client 1	07/11/22	AHBS 11/03/22	No Delay
Client 2	07/11/22	AHBS- 02/17/23	Delay in receiving all necessary documentation for funding process.
Client 3	07/11/22	AHBS 03/29/23	Delay in obtaining all necessary documentation for funding for process; limited staffing
Client 4	07/11/22	CHBAS 06/22/23	Delay in obtaining all necessary documentation for funding for process; limited staffing
Client 5	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now been received and forwarded to Prairieland for PAS process.
Client 6	07/11/22	N/A	Delay in receiving all necessary documentation for funding request.
Client 7	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now

			been received and forwarded to Prairieland for PAS process.
Client 8	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now been received and forwarded to Prairieland for PAS process.
Client 9	07/11/22	N/A	Delay in receiving all necessary documentation for funding request. Documentation has now been received and forwarded to Prairieland for PAS process.
Client 10	07/11/22	N/A	Difficulty obtaining history & physical, due to fear of going into doctor's office
Client 11	07/11/22	N/A	Individual is awaiting CILA placement.
Client 12	07/11/22	N/A	Delay in receiving all necessary documentation for funding request. Documentation has now been received and forwarded to Prairieland for PAS process.
Client 13	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Sent to Prairieland for PAS to be completed.
Client 14	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now been received and

			forwarded to Prairieland for PAS process.
Client 15	07/11/22	N/A	Family delay in deciding what services they wanted – DD Waiver vs. DRS waiver
Client 16	07/11/22	N/A	Moved out of state.
Client 17	07/11/22	N/A	Difficulty in getting psychological scheduled with family.
Client 18	07/11/22		Delay in receiving all necessary documentation for funding request; limited staffing. Has been forwarded to Prairieland for PAS completion.
Client 19	07/11/22	N/A	Awaiting Medicaid Approval
Client 20	07/11/22	N/A	Delay in receiving all necessary documentation for funding request
Client 21	07/11/22	N/A	Difficulty getting in contact with individual and guardian.
Client 22	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now been received and forwarded to Prairieland for PAS process.
Client 23	07/11/22	N/A	Delay in receiving all necessary documentation for funding request; limited staffing. Documentation has now been received and forwarded to Prairieland for PAS process.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 264

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

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

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

3. How many people did you *attempt* to collect outcome information from? 100%
4. How many people did you *actually* collect outcome information from? NTPC 268/264- 100% of individuals were given the opportunity & chose to participate in the preference assessment process. ISC's in Champaign County administered preference assessment at PUNS intake and again at annual PUNS updates to ensure that all preference assessments were completed. This led to a higher rate of return on preference assessment results this year. It does appear however a few preferences assessments may have accidentally been entered more than once as indicated by collection number showing 268 out of 264. Moving into FY24, a new tracking method for entry will be utilized to prevent this from occurring in the future. As noted earlier, outcome information from TPC clients using person-centered plans was limited in FY23 due to an extreme staffing shortage throughout the entirety of the year. Heading into FY24, RPC's Decision Support Person-Centered Planning Program is fully staffed with high expectations for a full- turnaround of the program.
5. How often and when was this information collected? (*e.g. 1x a year in the spring; at client intake and discharge, etc*)

Outcome information was collected at time of PUNS registration and again at annual PUNS update. 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

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

Moving into FY24, we will be updating our internal process for how preference assessments are entered and tracked to avoid any future errors. As reported earlier, 268 preference assessments were entered for total of 264 participants. This tells us that at least four of the assessments completed were

mistakenly entered twice. Though preference assessments are entered into survey monkey confidentially, a copy will remain in individual's file with CCRPC to verify completion. It will then be saved with the word ENTERED behind it to verify that it has been entered into survey monkey. RPC Developmental Disability Services Program Coordinator will also maintain a spreadsheet of the date each preference assessment was entered into the system.

Additionally, RPC's Person-Centered Planning program has worked to formulate new methods of tracking for each "sub" project within the program. Each case manager and or transition consultant is has received training around specific goals and benchmarks as well as proactive planning and support to better meet the needs of their specific area of focus.

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

TPC- Transition Consultant Case Study:

CCRPC's Transition Consultant worked with STEP coordinator in advocating for individual to stay in school for at least part of his transition years so that he could experience internships and continue in his academics. This individual exited school in 2023 and works a 20-hour a week job. In addition to this, CCRPC Transition Consultant also provided the following information to the family: how to get employment support from community organizations, how the disability system works, how to apply for SSI and Medicaid and why, how and why to open an ABLE account, how to organize paperwork, and transportation options within CU and from outside the city limits.

TPC- Transition Consultant Case Study:

In addition to wanting to learn more about resources available for her daughter that was transitioning from high school to adulthood, a mother had reached out to CCRPC's Transition Consultant with specific questions regarding: applying for SSI, forms of protections, and special needs trusts. CCRPC's Transition Consultant described the process for applying for SSI and provided the link to do so. The mom was interested in alternatives to guardianship if there were any. The Transition Consultant explained Supported Decision-Making to the mother and sent her followed up materials on how to set up Supported Decision-Making. A worksheet was also sent to this mother to help her determine in which areas her daughter might need assistance. The mother discussed with the Transition Consultant that her daughter would be receiving a financial settlement and she would like to know where to put the money so that her daughter's entitlements to government benefits would not be jeopardized. The transition consultant spent time talking with the mother about the different types of trust funds available, as well as Able account, and the importance of working with an attorney that is familiar with these trust options.

TPC- Person-Centered Planning Case Study:

Two clients had been in a long-term relationship for several years. They have a son together who lives with his grandparents, and they visit with frequently. Over the past year, the couple decided that they would like to move forward with getting married. With the support of ISC, the individuals had conversations with their family and provider regarding their wishes. They were provided information regarding how their Social Security benefits would be affected by marriage. After weighing this information, the couple decided to move forward with marriage and were married in the fall of 2022 with their family members present.

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

In the spring of FY23 RPC leadership conducted a thorough analysis of the ISC DHS funded program structure required to deliver a quality program that meets the needs of the individuals and the families who are served by this program.

Additionally, RPC leadership evaluated the ISC program funding capacity to support RPC's ability to pay staff competitive wages and provide compensation aligned with the workload, while earning the necessary and adequate resources to cover overall program costs.

RPC leadership determined that we were unable to continue to meet these needs moving forward. On 03/09/23, RPC met with DHS-DDD leadership to share this information and provide notice to them that we would not be renewing our contract for Fiscal Year 2024. RPC shared our commitment to working collaboratively with the Division through June 30, 2023, to transition the ISC program and services to another provider in a manner that serves the needs of the individuals and families in the 13-county coverage area that RPC served under the DHS contract. Though this was a very difficult decision, we strongly believe that it was in the best interests of the individuals and families served by the program and the program staff.

Since that time, our coverage area under the DHS contract has been broken up and is now being served by three separate ISC agencies. RPC is excited to be able to continue serving the individuals of Champaign County through the funding from the Champaign County Developmental Disabilities Board in FY2024.

In FY23, CCRPC's staffing overall between the DHS funded ISC program and County funded Decision Support Person-Centered Planning Program struggled. We operated at approximately a 67% vacancy rate within our county funded program throughout much of the fiscal year. Despite multiple attempts to promote the program, obtain, and retain new staff, CCRPC was unable to do so. Multiple reasons for difficulties obtaining qualified staff were found including lack of qualified applicants applying, inability to pay the requested starting wage, and individuals not showing up to schedule interviews. Looking ahead to FY24, CCRPC feels confident in the ability to fully serve those in need of Decision Support Person-Centered Planning Services, Transition Consultant Services, and Dual Diagnosis Case Management Services. The CCRPC Developmental Disability Services program is fully staffed with six long-term CCRPC employees. All staff working in this program have experience working in the fields of case management and developmental disabilities. New organization tools and tracking systems are being developed for use in this program and all members of the team are committed to working together to bring positive change to lives of the individuals that they work with.

Annual Performance Outcome Report Form

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Agency Name: Champaign County Regional Planning Commission Head Start

Program Name: Early Childhood Mental Health Services

Program Year: 22-23

CONSUMER ACCESS

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

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

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

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

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

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

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

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

CONSUMER OUTCOMES

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

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

Outcome #1

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

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

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

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

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

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

Outcome #2

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

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

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

Outcome #3

Parents will demonstrate improvement in stress management and caregiving skills.

Parenting Stress Index; and Adult DECA

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

Outcome #4

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

TPOT/TPITOS - classroom management

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

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

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

Total

NTPC: 348

TPC: 74

First Q:

NTPC: 14

TPC: 31

Second Q:

NTPC: 206

TPC: 20

Third Q:

NTPC: 43

TPC: 13

Fourth Q:

NTPC: 85

TPC: 10

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

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

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

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

348

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

248

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

RESULTS

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

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

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

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

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

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

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

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

Annual Performance Outcome Report Form

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

Agency Name: Community Choices
Program Name: Customized Employment
Program Year: FY23

CONSUMER ACCESS

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

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

YES

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

YES

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

YES

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

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

For people who were starting from scratch with our employment department and beginning with discovery this fiscal year (not with our Workforce Empowerment Program, or some other time constraint, like graduation) was 35 days.

Since the end of the height of COVID (we're calling this 3/2021) the average was 56 days. Pre-covid, the average was 218 days.

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

Not everyone who begins with our employment program starts from "scratch". This means that there are people who reach out a year before graduating high school, or who reach out and then decide to start services with our Workforce Empowerment Program, which place time constraints on their initiation of services that are outside the linear process outlined in the application. Including their "wait" times in the

average would not be a good representation of the timelines presented in the application, as they are much more nuanced.

For people who do start from scratch, the average of 35 days is vast improvement from the wait times that our participants have experienced in the past.

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

People need vastly different amounts of time with support in the program. Some people find jobs very quickly, others take multiple years. Once hired, some people are very independent within a few weeks, while others need many months of job coaching and ongoing check-in for troubleshooting and other issues.

- The average of length of job searches is 160 days, but it varied greatly - there was a range of 2 weeks to 3 years in active job search.
- We did not begin tracking how long it takes for the person to begin working independently until recently. Based on that limited data, the average length of intensive job coaching is 35 days. (Additional job coaching continues after this period for many. Intensive job coaching indicates that a person was supported with all shifts by a job coach.) I would also say, based on my observations of the program over time, quite a few of the people we've supported in the past 1-2 years have needed intensive support for somewhat less time.
- The range of time that a person stays in the program varies widely and thus does not indicate a relevant picture, other than to say that people's needs are very individual when it comes to employment, just as with most other supports.

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

We recorded individuals' RIN numbers and PUNS status as part of our eligibility and reporting requirements. No conclusions can be based on this data except that all people were technically eligible for services.

CONSUMER OUTCOMES

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

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

Outcome #1

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

- a. **100% of participants with I/DD will report engagement and support in the employment process.**

ACTUAL:

Engagement: 14/15 – 93% of people responded that they felt engaged with the employment process.

Support: 13/14 – 93% of people reported feeling supported through the employment process

- b. **85% will report that their strengths and interests are important to the employment process.**

ACTUAL: 11/15 – 73% of people indicated that their strengths and interests are important to the employment process.

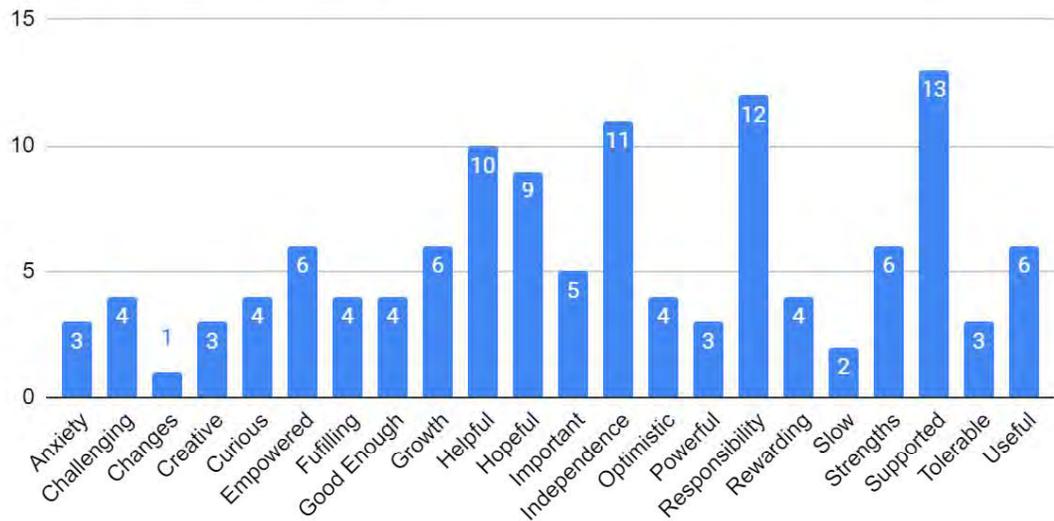
13/15 – 87% of people indicated that they have grown and built skills as part of the employment process.

Overall, when asked to choose words that described their experience with our Employment Process, the three most common words chosen were:

- o Supported*
- o Responsibility*
- o Independence*

Full Data is below: (There were a total of 28 words respondents could choose from. They were given the option to choose all that apply)

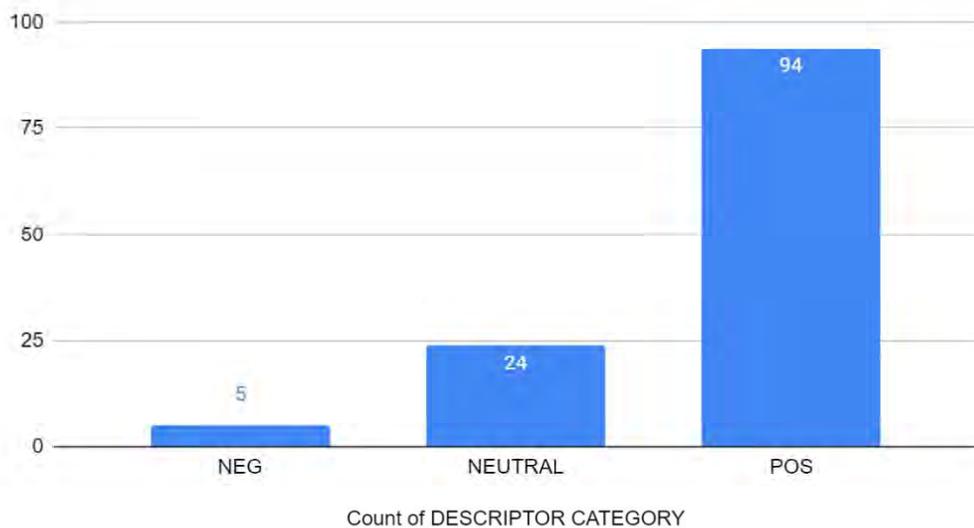
Count of DESCRIPTOR



Count of DESCRIPTOR

When sorted for whether the descriptors were Positive, Neutral, or Negative, 94% of the words chosen were in the positive Category.

Count of DESCRIPTOR CATEGORY



ASSESSMENT: Annual Satisfaction Survey

SOURCE: Participant Feedback

Outcome #2

Outcome A - DISCOVERY: Individuals develop a personalized employment plan based on interests and strengths.

c. 20 individuals identify their work interests and strengths in the Discovery process

ACTUAL: 13 people identified their work interests and strength through the Discovery process. An additional 5 people began job searches but completed discovery prior to the start of this fiscal year, thus are not counted here.

d. 75% of individuals begin the Discovery process within 30 days of engaging with the department.

ACTUAL: Of the people who began a full discovery and job development process since the height of COVID ended (we are calling this 3/30/21), 5/14 people or 36% have gotten started within 30 days. The average number of days from waiting list start until beginning discovery is 56 days.

People getting started pre-covid (13 people for whom we have good, matching records with current data collection methods) only 2/13 got started within 30 days. Their average was 218 days.

We did not include people who requested services between 3/15/2020 and 3/1/2021, as the pandemic disrupted normal service delivery.

These numbers do not reflect everyone who was served, as some people's circumstances do not correspond to this type of measurement of service delivery. (IE, they requested services, but then chose to start with our Workforce Empowerment Program, or they had life events that delayed or expediated service start. For those reasons, they were not included in these data)

ASSESSMENT: Discovery Assessment + Plan
SOURCE: Participant Responses, Staff Records

Outcome #3

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

e. 13 Individuals will work to obtain paid employment,

ACTUAL: 11 people found paid employment.

f. 7 individuals will work to obtain volunteer jobs or internships.

ACTUAL: 8 people found volunteer employment.

g. 100% of job matches relate to a person's employment themes

ACTUAL: 100% of matches related to the person's employment themes.

[NOTE: An additional 5 individuals will achieve this outcome with DRS funding]

ACTUAL: 3 People found paid employment. Another 4 continued with on-the-job support from jobs hired at during late FY22.

ASSESSMENT: Employment Tracking Sheet

SOURCE: Staff Records

Outcome #4

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

h. 20 individuals become independent at their jobs through job negotiation and coaching

ACTUAL: 19 people received short term job coaching. Participants were working independently for the majority of their shifts in an average of 32 days.

i. [NOTE: An additional 5 individuals will achieve this outcome with DRS funding]

ACTUAL: 7 people became independent at their jobs. Participants were working independently for the majority of their shifts in an average of 42 days.

ASSESSMENT: Case Notes & Quarterly Narratives

SOURCE: Staff Records

Outcome #5

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

j. 70% of individuals keep their jobs for at least 1 year.

ACTUAL: 72% of the people kept their jobs for at least one year. Of the 33 that we were supporting in active employment at the start of FY23, 72% (24 people were still employed at the same job at the end of the year)

Of the 9 people who were no longer at their positions:

- o 2 left their jobs after acquiring new, more desired, positions.
- o 3 chose to resign due to no longer liking their positions
- o 3 were fired for cause
- o 1 quit just prior to the business closing (they had stopped paying her)

As of 7/1/23 the average length of time that these 33 people kept their jobs was 2.3 years. (Note, this average does not include the total days worked by the individual who we've supported in several seasonal jobs that he's kept depending on the season for several years).

ASSESSMENT: Employment Tracking Sheet

SOURCE: Staff Records

Outcome #6

FIRST TIME JOB SEEKER PROGRAM: Participants build skills, experience, and employment self-determination through structured supports.

k. CC offers 2, 12-week FTJS Exploration Programs

ACTUAL: We offered 2, 12-week Workforce Empowerment Program (WEP) sessions – one in the Fall of 2022 and one in the Spring of 2023. We partnered with Urbana Park District, Curtis Orchard, and the Stevens YMCA for our job shadowing sites.

l. 10 total people with I/DD Participate

ACTUAL: 10 people signed up between the 2 sessions. 7 people participated in all 12 weeks of their session. (3 people dropped out early on)

m. Participants show growth in knowledge and professionalism after 12 weeks

ACTUAL: We only had pre and post session assessment data for 5 of the 7 participants. 3/5 or 60% showed a growth in knowledge and professionalism. None of the participants scored lower on their post-session assessment. The two participants who did not show growth started with higher-than-average scores.

n. Participants find community jobs within one year of program completion, if they choose to seek employment

ACTUAL: 2/3 participants in the Fall 21 session found employment within one year. One person chose not to pursue employment. 2/3 participants from the Spring 2022 session went on to find employment within one year. One person from this cohort also did not choose to pursue employment. From our Fall 2022 cohort 2/4 found employment before the end of the fiscal year. One is currently seeking employment, and one chose to participate in order to experience new jobs, though he is currently employed and has not started a new search yet.

ASSESSMENT: First Time Job Seekers Skills Pre/Post Assessment and Weekly Tracking

SOURCE: Participant Responses, Staff Records

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 53

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

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

For Outcome #1 - We attempted to gather information from all participants via an online survey sent to all participants and any involved family members. It was not mandatory, so not all participants or their families responded.

For Outcomes #2-5 - We collected information from each participant

For Outcome #6 - We attempted to collect pre-post data from all participants, but depending on attendance the day of the assessments, there was some data missing.

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

For Outcome #1 - We sent surveys to 67 people. 11 emails bounced, so the total possible N = 56

For Outcomes #2-5 - This was based on data collected from all 53 participants, though not all outcomes applied to each participant depending on where they were in the employment process.

For Outcome #6 - We attempted to collect data from all 10 program enrollees.

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

For Outcome #1 - We received 20 responses to the survey (not all respondents answered all questions). Of those respondents, 18 were people with disabilities, 2 were family members of participants with disabilities.

For Outcome #2-4 - We collected data from all 53 active participants depending on their point in the employment process.

For Outcome #6 - We collected pre and post assessment data from 5 participants. We collected just pre-assessment data from 7 participants.

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

For Outcome #1 - The survey was sent 3 times during the period of March-July, 2023.

For Outcome #2-4 - This data was collected on an ongoing basis.

For Outcome #6 - This data was collected at the beginning and end of each WEP session (Fall and Spring)

RESULTS

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

Outcome 1 Analysis:

For Outcome #1 our focus was to determine not just the concrete outcomes of our program, but how our participants feel about the process they've taken part in. Our hope is that not only will participants find, learn, and sustain jobs, it is also that they have an empowering and supported experience while working toward their goals.

To measure the outcome this year, we developed a new survey tool that we hoped would be simpler and more accessible for our members with disabilities. Rather than asking members to rate using a likert scale, we asked respondents to state if various aspects of the employment process was better, the same, or worse with CC support. This was accompanied with a visual scale using a green/red and thumbs up and down cues. This section was followed by a question where we asked respondents to choose words that best described their experience in the program.

In looking at the results, you can see connections between the participants who rated their experience the best and the words they chose. For those who rated us the "highest", the most common words they chose to describe their experience were Independence, Responsibility, and Supported. These words indicated, potentially, a sense of overall empowerment. Overall they chose many more words than the "lowest" raters did. For this other group, their most common descriptors were Hopeful, Tolerable, and Supported, which, in comparison, indicate less agency in the process toward employment. For example, one might feel "Hopeful" that good things will happen, while a more empowered person might feel a sense of "responsibility" toward working toward a desired outcome.

It was encouraging to see that so many participants chose the word "supported" to describe their experience, even if their other ratings were on the lower side. This indicates that regardless of their overall experience, they did at least feel that they were in it with a partner who was also working toward the same goal with them, which is a core value of the organization. For the "high" raters, the use of the words Independence and Responsibility seem to indicate that their sense of the employment process was an important marker in their lives, while for the "low" raters, the use of the words "tolerable" and "hopeful" indicates that it was not always a pleasant experience, even if they were eager for a positive outcome.

It is true that looking for a job can be a grueling process filled with rejection, frustration, and disappointment, even when it has a good outcome in the end. As hard as our staff work alongside our participants, these elements of experience are unavoidable for all people and likely to be reflected in a survey of personal experiences.

Outcome 2, 3, & 4 Analysis: Discovery, Job Matching, Short and Long term support

This year has continued to be a very successful period for employment supports. We found a total of 19 jobs or volunteer positions through our grant funding and an additional 3 jobs through our DRS funding. One of the things we spent a lot of time considering over the past year was the timing of people's participation in the department.

In the past we had found that people would wait for long periods between expressing interest in employment and being able to begin the process. As noted above, prior to the pandemic, the average wait time was over 200 days. We often found that by the time we had the capacity to work with someone, their priorities and motivations may have changed, lessening engagement and commitment to the process and making it more challenging for everyone involved.

The COVID shut downs was, in many ways, a reset for our employment department. Our waiting list was eliminated when many people were no longer interested in work. The nature of work changed across our entire country, and employers have also made adjustments to their mindset about workers. All these things allowed us to start fresh and work on addressing participants' employment interests and priorities in a more immediate way where we can capture the person's excitement and enthusiasm for what can be a challenging and long process. We have been able to drastically decrease wait times to an average of 56 days when looking at the program more broadly, and less than 35 days when looking at the few cases of people who did not have additional logistical or time barriers slowing our ability to get started.

At the same time, we've also identified that an immediate, intensive process is not right for everyone. Especially for younger job seekers, or those with less experience or higher support needs, a fast process is not always a good fit or what we want to provide. The addition of our Workforce Empowerment Program (called First Time Job Seekers program for the purpose of this grant), has provided an excellent option for people who are less sure about their employment path and priorities. It gives these individuals the opportunity to explore their interests and needs in a dedicated setting, then allowing our 1:1 employment specialists the ability to focus their energy on networking and job development with their caseloads.

We are hopeful that this more nuanced set of options will continue to be a recipe for success. Looking back at trends in years past, we had found that our participants were skewing younger and with less employment experiences over time, making the job development, matching, and coaching process more intensive and lengthy. This was another variable that changed during COVID. Many of the people we were supporting over the past 2-3 years had more prior experience but were in need of new jobs due to COVID and other factors. With the height of the pandemic receding (hopefully), we are beginning to see some of the pre-covid trends in participant demographics return. Given our efforts to create processes and supports designed for this range of job seekers, we are optimistic that we will continue to see similar success rates with placements into the coming year.

Outcome 5 Analysis:

As mentioned above, one of the aspects of our program that we have been reflecting on in the past year is the timeline and path of people's use of our services. While we have always worked to create clear, linear processes that are easy for potential participants to understand, we also know that few paths in life are linear. This is very much true of employment.

It was encouraging to see that such a high percentage of our participants were able to keep their jobs for over a year. Likewise, it was wonderful to see how so many people were able to sustain their employment for many years. As long as people are satisfied with their employment this is a wonderful outcome.

In looking at this job longevity data, there are additional narratives that can be seen which are just as, if not more important.

The first is that people with I/DD should be able to move their careers forward when they so choose. Many of us do not stay in one job for decades, but continue to grow our skills with a variety of roles throughout our lives. It is exciting when someone can come to us and express a desire to move on to something new and more challenging, even if that means quitting their current position or working on new job opportunities while still with a long-time employer.

The other narrative is that sometimes any experience, if even seasonal, can be amazingly beneficial to a person's overall career path. We have often discouraged people from looking for seasonal or short-term work. But in the past couple of years, we've begun to see this as a potential positive step on a person's employment path. While not for everyone, it can be a great way for someone to get their foot in the door, gain experience, and build relationships with employers. We've worked with several people who had been engaged in very long job searches (multiple years in some cases), who chose to take on seasonal work. These jobs are often easier to learn and are high-need from the employer's perspective, which gives our participants an advantage. The four or five people who we've supported in these types of jobs, have all gone on to find long-term work with that employer or elsewhere. In all instances the person and family anecdotally reported very positive impacts because of the experience.

Overall, we've found that we're continuing to look at all the paths that can lead someone with I/DD toward their employment goals in the long term. It has been encouraging so far to see how increasing the different options and methods for work toward employment goals can lead to positive outcomes overall.

Outcome 6 Analysis:

We are two years into our Workforce Empowerment Program(WEP) and are beginning to see its longer-term benefits and outcomes take shape. One of our hopes in developing this program was to create a more useful and efficient options for those interested in employment, but not fully ready to start their own dedicated job search. We'd found that we were working with many participants who were unsure of their own employment goals and who needed more significant coaching on the critical soft-skills vital to successful employment. Our Employment Specialists were taking significant amounts of time working through our discovery process and engaging in skill-building activities with these folks, only for them to decide that employment was not actually their priority or something they were interested in committing to. This program has given us an additional option to present to these participants. It gives them a service that more matches their needs and priorities and allows us to more efficiently use our staff's time toward job searches.

Overall, we have seen this be very effective over the past two years. For the participants who have engaged and attended their entire session (12 weeks), we have found that all of those who decided to move on with a job search have successfully found employment. Others were able to make decisions about their employment goals and interests based on their own real-world experiences, even if that

meant a choice not to pursue work. Others still were not able or interested in attending the entire program, which we believe is a good indicator of their overall commitment to working through a dedicated job search with a 1:1 Employment Specialist.

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

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

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

Sometimes, a job doesn’t work out. This could be because it was truly not a good fit, it was a seasonal position, or because they were laid off or fired. In these instances, we would begin a new job search with the person, but generally we would not redo Discovery unless the person requested or it had been more than 1 year. In these instances, the new job search would be part of our:

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

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

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

Finally, we will occasionally support a new person who is currently employed. This happens sometimes when a person has found themselves a job, the schools have supported them and they’ve graduated, or

services elsewhere have fallen through. In these instances, we'll step in and call this:

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

These tags have been helpful in our management of data for this program, but I believe that they are also helpful in understanding the different ways people work into, through, and out of our services.

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

As noted above with our process tags, our efforts at program evaluation have helped us to better organize and understand the flow of people through our services. I am hopeful that having this level of refinement in our data management will help us to make better decisions based on data in the future.

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

Overall, evaluation with employment has been on the easier side, as it has very clear measurable outcomes. Even with its relative simplicity, it is still a complicated process, but a very useful one that we are always looking to improve.

Annual Performance Outcome Report Form

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

Agency Name: Community Choices

Program Name: Inclusive Community Support

Program Year: FY23

CONSUMER ACCESS

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

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

YES

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

YES

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

YES

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

Our estimate was 60 days from completed assessment to start of services.

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

We estimated that 90% of eligible people would engage in Inclusive Community Support within 60 days.

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

Support is tailored to the person. It can last a few weeks or be ongoing.

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

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.

CONSUMER OUTCOMES

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

Include original information and comment on the actual results.

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

Outcome #1

1. FAMILY SUPPORT AND PLANNING: Whole Families have access to the supports that are important for them to fulfill their Community Living Plan.

a. Families feel that they have an achievable long-term plan for sustainable community living.

ACTUAL:

100% of families felt that they had at least a somewhat achievable plan for community living following their initial planning meeting.

b. Families indicate a decrease in time spent providing daily living support.

ACTUAL: We were not able to collect comparable data on the specific number of hours they spent supporting their family members from participants upon starting the program and again later. We expect this data to take multiple years to gather enough to make a comparison.

When asked to rate how manageable families support activities were, upon start in the program the average rating was 2.9/5 compared to families 1+ years into the program who reported an average of 3.7/5, or an increase of approximately 25%.

c. Families indicate an increase in their quality of life.

ACTUAL: 89% of families indicated the program had contributed to an increase in their quality of life.

- d. **Family members indicate that ICS has supported their person to achieve desired housing, and build natural supports, skills, and connections.**

ACTUAL:

88% of families felt that the program supported their family member in learning new skills.

14% of families felt that we supported their family member to achieve desired housing, though of those who responded, none included participated we actively supported with housing.

60% felt that we supported their family members to build connections and social networks.

88% felt that we were helpful in improving their family members' access to support beyond family.

ASSESSMENT: Family Evaluation Survey

SOURCE: Families of Participants in the program

Outcome #2

2. HOUSING, LEARNING, CONNECTING: Participants build lives in the community.

a. HOUSING

- i. **Participants maintain stable housing over time**

ACTUAL: 100% of participants maintained stable housing throughout the year

- ii. **Participants indicate they are satisfied with their housing**

ACTUAL: 91% of participants are satisfied with their housing; 6% of participants are not satisfied with their housing

- iii. **Participants indicate ICS has been helpful in finding or sustaining preferred housing.**

ACTUAL: 100% of people with housing goals said that we had been helpful

b. LEARNING

- i. **Participants develop the skills they identified as in critical for community living**

ACTUAL: 95% of people made progress in at least one goal; 80% of people made progress on multiple goals

- ii. **Participants indicate that Inclusive Community Supports have been helpful in skill building.**

ACTUAL: 18 participants completed their annual Independent Living Skills Checklist, not their initial Independent Living Skills Checklist. Of the 18 participants, 15 indicated that ICS has been helpful in their skills building - 83%

c. CONNECTING

- i. **Participants identify a desire to build connections, find belonging with people, places, or groups in their community.**

ACTUAL: Of the program participants who had connection goals, 75% made progress toward their goal

- ii. **Participants indicate ISC has been helpful to their building community connections.**

ACTUAL: 100% of participants with connection goals reported that ICS had been helpful in building community connections; 89% of all program participants, regardless of whether or not they had a connection goal, indicated that ICS had been helpful in building their community connections

- iii. **Participants have people and places where they are comfortable**

ACTUAL: 95% of all program participants report they have people and places they feel connected to

ASSESSMENT: Independent Living Skills Checklist, Quarterly Reports

SOURCE: Participants in the Program, Staff Reporting

Outcome #3

3. PERSONAL OUTCOME MEASURES

- a. Participants increase their POM scores in targeted outcomes over time
ACTUAL: The average participant POM scores in target outcomes in FY23 was 9.5, compared to 8.8 in FY22 - which is a 7% increase

- b. Participants increase their POM Supports present for targeted outcomes over time

ACTUAL: The average participant POM supports present in FY23 was 7, compared to 6.3 in FY22 - which is a 10% increase

ASSESSMENT: Personal Outcomes Measures

SOURCE: Participants in the program

Outcome #4

4. PERSONAL DEVELOPMENT CLASSES: Individuals with I/DD build distinct independent living skills

- a. **100% of participants [15] will indicate growth or skill development based on the course assessments.**

ACTUAL: A total of 29 people (17 unique individuals) participated in personal development classes in FY22; 87% of participants indicated that they learned new skills or felt more confident in the subject matter in the past class evaluations

ASSESSMENT: Class Pre/Post Evaluations

SOURCE: Participants in Personal Development Classes

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have?

Inclusive Community Support Program: 31 participants

Personal Development Classes: 29 people (17 unique individuals)

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

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

Outcome 1: Attempted to get information from all involved family members.

Outcomes 2 & 3: Outcome information collected from participants in the Inclusive Community Support program, but which information was dependent upon where they are at the program and the types of supports requested

Outcome 4: Collected data from people who participated in Personal Development Classes.

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

Outcome 1: 20

Outcomes 2 & 3: 31

Outcome 4: 29

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

Outcome 1: 15

Outcomes 2 & 3: 31

Outcome 4: 20

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

Outcome 1: Family members of ICS program participants are asked to complete a survey after the initial family planning session, and then annually thereafter as part of the annual planning process

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

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

RESULTS

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

FAMILY SUPPORT & PLANNING

After reviewing the data we realize that it is limited due to the long term nature of the ICS program, and the limited family response to surveys. Encouraging family members to complete their

initial or annual survey will be a focus for the coming year. We see FY23 as the first year of being able to collect any meaningful data about parents' experiences in our Inclusive Community Support program, and that data overwhelmingly shows a positive trend.

Now that we have established the ICS program and have completed a year fully staffed, we still need to develop extra resources for families to complete "futures planning" activities that are outside the bounds of CC support. We are learning that despite our efforts, the resources needed for parents to feel truly confident that their family member with I/DD could live in the community without them, just may not be there. This is based in a real and existential fear that our program is never going to be able to fully address. But helping families improve their lives to "somewhat" or "better" manageable and sustainable plans does feel significant for our outcomes, given the barriers that families are up against.

HOUSING, LEARNING & CONNECTING PERSONAL OUTCOME MEASURE

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

The most common types of goals that we're working with people on are based on skills. People are working on the concrete areas that they need to live independently cooking, managing a household, and accessing support when needed. For some people, our support has been very critical to fulfilling their basic needs. We've helped families with medical issues, benefits and long term planning, and stepped in when participants were in crisis. These supports sometimes look very different from regular appointments to work on discrete skills. This is where the combination of a case management and a skill building program really shows its value. People need different things and it's hard to have many unconnected services that are providing for those needs.

We are finding that many participants in our Inclusive Community Support program are choosing goals related to connection. This is interesting because within our Connect Department, we are having a more difficult time getting people to participate in 1:1 support for this very area. This could be because in ICS it is housed in a process that is familiar to the planning processes that they have been involved with throughout their lives.

In analyzing the goal progress data, it is clear that lasting change and improvement happens over a period of successful experiences. Program participants have built up comfort with old methods and ways of doing things - even if those methods aren't working. Participants need to be intrinsically motivated and active in working towards their goals in order for supports to be successful. This is true of all people, so of course it is true for folks with I/DD, too. For program participants who are making less or slower progress on their goals, we are beginning to identify barriers that are not captured in our formal evaluation. These include long-running patterns of family dynamics, cultural values, and mental health.

Personal Outcome Measures are an annual assessment used to identify if core targeted outcomes and support for those outcomes are present in an individual's life. Many of the targeted outcomes and supports are present in the program participants' lives. But we're not just looking at if the outcome is present in the program. We're also attempting to help program participants have more autonomy,

self-direction, and active engagement in ensuring those outcomes and supports are present. So while the Personal Outcome Measures is a good baseline measure, and ensures outcomes are present, it doesn't report on the progress participants are making in the "how" those outcomes are present. That is much more challenging data to quantify objectively.

PERSONAL DEVELOPMENT CLASSES

We continue to be thoughtful and intentional about choosing personal development class topics. We base our decisions on trends that have been noticed in each department, what our members say they need, and additional suggestions from family members. The classes held during FY23 include: Cooking 101, Communication Class, Healthy Sexuality, Cooking Fundamentals with Parkland's OT Clinic, and Practical Guide to Friendships.

Practical classes, like Cooking, are generally popular. We believe that cooking is exceptionally popular because participants don't have opportunities to do this elsewhere. It's difficult for families to carve out the time during the day to spend 60 minutes supporting their adult children to cook what might only take them 30 minutes to prepare on their own. We've also learned that while thought-based classes, such as Practical Guide to Friendships, are needed, it can be difficult to provide particular and meaningful content to meet the variety of needs of individual class participants. Content or skills that one participant needs are very different from what another participant may need in the same topic area.

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

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

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

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

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

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

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

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

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

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

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

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

With the redesign of this program, we wanted to build a clearer and more functional process for our participants, their families, and our staff. Our goal has been to create a program that can fill in the gaps and provide the support that a person may need in order to live in the community. We have found that it

is often one or two areas that participants and families feel are holding them back from taking bigger steps for community-based living.

Data, records and observations from FY23 supports this. Looking at the variety of ongoing supports we provided, it's evident that some people may need long term support with one vital thing in order to be successful living on their own. And that item might be different for everyone. Ongoing supports we provided in FY23 include assisting in reporting wages to social security, routinely organizing and discarding mail items, regular refrigerator clean outs, etc. Looking at the variety of skills we supported participants in gaining, it is also evident that the things that keep people with I/DD from thriving in their community vary greatly. Sometimes it's the skill of being able to cook a favorite meal, or the skill of locating community activities that match your interests, the skill of doing basic home repairs, or the skill of being able to communicate effectively with an annoying neighbor.

Sometimes participants may find they no longer need support in some areas, are continuing to make progress in other areas, and are not able to progress in a third area. Needing a small amount, or sometimes the same amount, of support over time shouldn't keep anyone from living in the community. Ultimately having a more flexible approach has allowed us to develop a program where our participants can live more independent community-based lives, while continuing to get the support they need to complete some of those vital tasks.

Annual Performance Outcome Report Form

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

Agency Name: Community Choices
Program Name: Self-Determination
Program Year: FY23

CONSUMER ACCESS

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

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

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

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

We estimated that 100 % of eligible people would engage with Self-Determination services at some point within FY23. The actual result was that 85% of eligible members with disabilities participated in Self-Determination services.

Members are continually given the choice and opportunity to engage with self-determination programs through a monthly social calendar and targeted communication about additional opportunities for participation. Members are encouraged to be active participants of programs to the greatest extent that they choose. It could be possible that for the 15% of members with disabilities who chose not to

participate in services, they became Community Choices members so their family members could take advantage of the Family Support services and connect to resources.

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

Membership lasts for one year, at which point individuals have the opportunity to renew which includes updating paperwork and eligibility. We found that 86% of FY22 members with disabilities renewed their membership for FY23.

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

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

CONSUMER OUTCOMES

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

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

Outcome #1

1. **FAMILY SUPPORT AND EDUCATION: Members support each other and gain knowledge of the DD service system**

GOAL:

- a. **5 Co-op meetings ~ 50 individuals reached.**
ACTUAL: 5 meetings held, 95 total attendees, 43 unique attendees, average of ~15 people per meeting.
- b. **3 Family Parties and 1 Holiday Event ~ 25 members attend each.**
ACTUAL: 3 Family Parties Held, 1 Holiday Event Held, average of 32 attendees at each
- c. **8 Family Support Group Sessions ~ 16 family members participate.**
ACTUAL: 8 Sessions held, 13 families represented, 22 unique participants/people

- d. **1 Members Only website with resources and calendar of opportunities**
ACTUAL: 1 member's only website created, launched. Included are calendars, event sign-ups, member to member communication forum, and CC resources

- e. **100% of Support Group participants indicate a strategy/resource learned or increased connection with others**
ACTUAL:
 - 8/9 (89%) respondents indicated they learned about a resource or strategy
 - 9/9 (100%) indicated that they built a connection with another family member and grew their sense of community through attending.

- f. **Family Members who participate, or who's adult participates in more events/activities, report higher rates of meaningful connections to other families.**
ACTUAL:
 - Of Family members who participated in more CC Events (6-12+ per year), 100% reported that their connection to other families was BETTER with CC support.
 - Of family members who participated in less CC events (5 and less per year) 93% reported that their connection to other families was better with CC support.

- g. **75% of Family Members indicate that CC Provides them with a supportive community.**
ACTUAL:
 - 94% of family members reported that CC at least "Somewhat" provides them with a supportive community.
 - 88% reported that CC "Definitely" provides them with a supportive community.

ASSESSMENT: Quarterly Narrative Reports, Member Surveys, Family Support Group Evaluations
SOURCE: Staff Reporting, Participant Feedback

Outcome #2:

2. BUILDING COMMUNITY: Members with I/DD engage with each other and community-based groups and opportunities

GOAL:

a. Community Social Opportunities

i. 48 Social Opportunities, 6 of which are lead by CC Members

ACTUAL: 43 Events held, 3 Events planned by members

ii. 2 Opportunities for Scaffolded Community Engagement (Park District Classes, Cooking classes, community-based ½ day social groups)

ACTUAL: 2 Scaffolded Community Engagement Opportunities Held

- "Urban Explorers" - Weekly (for 8 weeks) Supported Community Exploration
- Urbana Park District UrVana Collaboration - member lead engagement with parks and park-goers

iii. 156 Connection Zoom Sessions

ACTUAL: 353 Virtual Zoom Sessions Held

b. Personalized Community Connections

i. 12 CC members complete Connection Exploration process

ACTUAL: 2 members completed the Connection Exploration Process (despite outreach, interest in this process as explained, was minimal)

ii. 3 new Co-Op clubs, 3 continuing clubs ~ 19 members participate

*ACTUAL: 3 Clubs Continued in FY23, 2 New Clubs Supported in FY23
18 Unique Participants (some participants were part of multiple clubs)*

iii. 4 Community Connections ~15 Members participate

ACTUAL: 4 Community Connections, A total of 10 unique members participated

- *Member to a regular community group at the library*
- *Member to another member (support to develop and maintain a close personal friendship) x2*
- *Member to a community choir*
- *Group of members with a community organization*

iv. Members who participate in more events/activities report higher rates of Friendship and Leadership Skills.

v. 75% of Members with I/DD indicate that CC Provides them with a supportive community.

ACTUAL: 86% of members responding indicated that CC "Definitely" provides them with a supportive community.

Comparing members who were more active and less active in our programing:

- *71% of those who were more active (participating 6+ times per year) said their connection to other people w/ I/DD was "Better with CC"*
- *29% of those who were less active (participating 0-5 times per year) said their connection to others with I/DD was "Better with CC"*
- *84% of more active members said their knowledge of the DD service system and community resources was "Better with CC" compared to 42% of the less active members.*

ASSESSMENT: Quarterly Narrative Reports, Annual Member Survey

SOURCE: Staff Records, Participant Feedback

Outcome #3

3. LEADERSHIP AND SELF ADVOCACY: *Individuals with Disabilities build leadership skills to better direct their services, and shift mindsets in the broader community and service systems.*

GOAL:

a. 2 Leadership courses offered - 80% of participants indicate a growth in leadership skills or engage in a leadership project of their choosing.

ACTUAL: 2 Leadership Classes Offered, 100% of participants indicated growth in leadership skills, and opted to continue participating in leadership and self-advocacy activities.

b. The Human Rights and Advocacy Group (HRA) will

i. Identify areas of where they hope to grow their self-advocacy skills

ii. Rate their growth in those areas every 6 months showing improvement over time.

ACTUAL: 4 group members identified self-advocacy skills they wished to improve. 3/4 showed growth in these areas after 6 months.

HRA Activities Included:

- *6 Presentations to UIUC classes in the SPED and Social Work Departments.*
- *1 Presentation to youth self-advocates in the Unit 4 Young Adult Program*
- *Attendance at the Arc of IL Going Home Rally/Advocacy Day*
- *Ongoing work and collaboration on the Accessible CU project with Experience CU*

ASSESSMENT: Quarterly Narrative Reports

SOURCE: Staff Records (which include participant feedback)

CONSUMER PARTICIPATION IN DATA COLLECTION

1. **How many total participants did the program have?** *74 Members with I/DD, 109 Families of adults with I/DD - GRAND TOTAL: 183*

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

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

We collected data in our quarterly narrative reports for all applicable members and outcome activities. For our Annual Member Survey, we were dependent on members choosing to respond.

3. **How many people did you *attempt* to collect outcome information from?** *183*
4. **How many people did you *actually* collect outcome information from?** *39*
5. **How often and when was this information collected? (e.g. 1x a year in the spring; at client intake and discharge, etc)**

The Annual Member Survey is developed each spring and collected throughout our Membership Renewal Season, which goes from March through July.

RESULTS

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

FY23 was the first year that we were fully back in person for these activities after COVID and it was clear how much families had missed the opportunities for connection and community. Though not easily captured in our evaluations, the qualitative information about the ways that we support families are fundamental to our structure as a human services cooperative. We work hard to create an environment where families feel able to call or drop in to ask questions and get other types of informal support. Everyone on our staff frequently receives calls from parents asking how systems work, what strategies they can use to get support their adult to take action in their lives, how to plan transitions from high

school, to brainstorm ideas for future living arrangements, to see if we know about non-disability resources in the community, and simply for emotional support, reassurance, and a listening ear. These informal conversations are the cornerstone of community. This is shown in the data from our surveys. Families overwhelmingly feel that Community Choices provides them with a supportive community, especially when those parents are more actively engaged.

Beyond these informal supports we have been very active in providing a formalized set of opportunities for families to build their knowledge of systems and connections to each other. Based on our experiences with families, we designed our Co-Op Meetings over the year around the theme of “How to be a Parent to an Adult Living Their Best Life in the Community”. Here we offered our perspectives, resources, and stories from other members and families about their own experiences. Our discussions focused on Managing Expectation, Working through Failure, Taking First Steps, and embracing the Dignity of Risk. The feedback on these sessions was very positive and the conversation and idea generation between members was creative and encouraging.

Our Family Support Group was also an important part of our family resources. This group is always unpredictable. It is a drop-in event, so we don’t know who or how many people will come. Sometimes the group is quite small, just 3 or 4 people, while other times it’s a very large group, with as many as 17. Especially when the group is larger, it is immediately clear how much connection, conversation, and resource sharing is happening. These are the best meetings and the feedback we receive is always positive. We’ve given a lot of consideration to what brings in those larger numbers. We’ve decided that a consistent time is the best approach and have done a lot to get the schedule of these meetings out to our members early and repeatedly. We’ve also tried a variety of locations. This has been more challenging as no one place seems to satisfy the majority of people.

Most popular of all of our Family Support offerings are our Family Parties. This year in particular they were extremely well attended. We are fortunate to have two long time members who consistently open their homes to us. This peer hospitality is a meaningful gesture to many families as it is an indication of real connection and community and provides an ongoing tradition within the cooperative that people look forward to.

Moving into FY24 we’re still exploring more ways to support families and encourage their direct connections. We launched our Members Only Website this year with an addition of a Member Forum where people can post and respond to each other. This has been slow to catch on, despite this type of resources is something that people have consistently asked for. We are looking at new ways to provide this, such as a closed facebook group as a potential better alternative.

COMMUNITY BUILDING

This was a challenging area for us this year. What was clear from the data, as well as our experiences, was that getting people actively engaged with the community and each other was difficult. What we found was that there was a distinct mismatch between what people express they want and how they act on those personal goals. For example, it is common for people in our surveys and from the data from other community surveys to express that they would like more to do, more relationships, and more connections to community groups and places. We have found, in comparison, that people are much less likely to act on those statements.

We've spent a great deal of time reflecting on this and determining what we can do to improve participation, access, and involvement. We've made some observations and hypotheses about why this is true. First, there is a disconnect between our expectations of people and where some of them may be in their own journey of self-determination. Many people that we are supporting have not had the opportunity to experience first-hand what the organic experience of relationship development looks like. Many of them have always been part of systems where social experiences and interactions were part of planned, systemic supports. While there is nothing wrong with these opportunities and efforts, we believe that it can hinder a person's sense of agency in building their own community as they may be waiting for some other organization or person to present them with an environment or opportunity to engage socially with others. Our service options that are set up this way, such as social opportunities, our Urban Explorers groups, and classes all have strong participation. Those who take part in those options also express to us an interest in additional social engagement. But when we suggest that we begin a process to support them in gaining ownership and autonomy in those relationships, many of our members disengage. What we're seeing with this is that people do want close personal relationships, but they don't see a way forward without Community Choices (or some other organization) as the arbiter of those relationships. And this makes sense. Learned helplessness is real, the trauma of rejection is real, as are the messages from the world othering those with disabilities. Working past those barriers is a significant ask for our members and one that not everyone may be willing to attempt, especially when there are other options with lower expectations and risk.

Our evaluation data supports this observation. We see that those who are more engaged and have higher rates of participation do see Community Choices as a positive force in their connections with others and in their knowledge and connection to the community. While this is a positive and desired outcome, it is possible that a side effect of our "success" is that we are seen as more necessary for social engagement than we actually hope to be.

Our Community Building goals are multi-faceted. We want to provide low-barrier-to-entry opportunities for people with I/DD to connect with each other and the community. We acknowledge that some people will always need some level of support to sustain those connections. But our broader goals go beyond those basic opportunities. We want people to feel empowered to ask for support to build personalized connections, which is not a small ask. Admitting that one needs any sort of support, let alone support to have friends, is a challenge that should not be understated. And we want people to engage in a process where they can develop long-term, sustainable relationships with people who share their interests and values regardless of disability status. In this process we do not want to become that relationship. While a trusting, supportive staff member partnering and guiding is an extremely valuable resource, it should not take the place of an equal and organic connection. These are the areas where we have always had the most difficulty.

We are beginning to better understand our challenge, and with that understanding we are able to make better plans and decisions about how to push our services forward. We've taken time in the past six months to reflect on both what has worked well in our service structure and what might be missing. Besides the discussed systemic issues that our members face in the area of social capital, there are also some significant areas for skill development that our members may need more support. Logistical communication, how to use email, text messages, scheduling apps and calendars. These are some of the concrete skills that our members often have not mastered. Soft skills such as communication etiquette, reciprocity in friendships, and conflict resolution are also areas where attention may be needed as part of

a robust and meaningful community building support system. This is not a surprise, but it is an area that we are working to incorporate into a process and structure for services going forward.

The services that the Connect Department offer are unlike many others offered by disability service organizations that we've found. Because of this there are not clear systems that we can borrow from or that participants can easily identify. Through our reflection, we've taken note that some of our most effective programs are ones that either have a clear, goal-driven process that aligns with standard disability services (but with our focus and philosophy), and those that are concretely sign-up or RSVP based. Our plan in FY24 is to use this "sign-up" model for our personalized member connection services. We will define the parameters of what's offered and then open up a set number of slots per quarter and allow people to sign-up. We'll ask that people commit to at least 10 weeks of focused, supported exploration of potential connection development with an option to continue if needed or desired. These 10 weeks can be spent on skill building modules, on the ground experiences at community organizations, or time spent developing relationships with other members, depending on the goals and needs of the person. Our efforts, intent, and overall outcomes will remain the same, but the way that we communicate those to potential participants will be altered to support better understanding and a more approachable process.

We're hopeful that this structure will provide a bridge between our safe and comfortable RSVP based options and the more intensive and abstract exploration process that we have been offering.

LEADERSHIP

We were pleased with the success of our Leadership and Advocacy efforts over the past year. We offered two Leadership Classes - Leadership and You - and - Leadership in the Community. The first focused on the internal aspects of leadership, self-determination, choice making, and finding your voice in your life. Leadership in the Community focused more on active leadership and self-advocacy around specific issues. Each presented their own challenge. While Leadership and You is intended to be our "entry" level Leadership course, it also deals with the more abstract elements of leadership which participants found somewhat harder to grasp.

Similar to some of what we've seen in our Community Building services, there is an inclination from our members to default to us for instructions on what to do next. With social opportunities and connections, this might look like asking "When can I sign up?". Leadership in the Community deals with issues and efforts that are focused on specific topics and actually lend themselves better to a set of clear instructions - 1st you find purpose, 2nd you learn who is involved, etc. These processes were easier for the participants in the Leadership in the Community class to connect and engage with. Leadership and You did not have as clear a pathway to present to participants. Finding leadership within yourself requires self-reflection, actualization, and determination that are difficult to define and where many of our members continue to grow.

Our Human Rights and Advocacy group has continued to be active throughout the year and had an extensive reach into the community through presentations and collaborations. In addition, they set specific goals for themselves around the advocacy skills they'd like to grow. These included learning more about the interaction of mental health and I/DD, growing their work in intersectional activism, looking into issues around autistic people in the workforce, and learning more about supports for people with

I/DD and epilepsy. All of them showed growth in these areas, shared things they've learned, and incorporated it into presentations when appropriate.

There were some additional observations that we made about this group and our broad efforts at supporting self-advocacy. We spent considerable time working with the group to define what it is they want to advocate for. Within the I/DD world, there have been ongoing efforts to encourage and support people with I/DD to "Speak Up and Speak Out". What we have noticed is that there is much less effort given to supporting people to identify what it is they would like to speak up about. This is where we spent a lot of time with the group over the past year.

Within these efforts, we found that the issues and perspectives of our group members on community issues varied widely and were sometimes at odds with each other. This is an important reminder that people with disabilities are not one cohesive group, but just as diverse as all other people in their opinions and attitudes. It is also an important reminder that self-advocacy work is not something that should happen in a silo. It's critical that advocacy work broadly needs an intersectional approach that includes the voices of people with I/DD.

Toward the end of the fiscal year, the group decided to take a short hiatus and reform mid-summer with a recruiting kick-off to encourage new membership and ideas into the group. It's our hope that as the group reforms, new ideas, perspectives, and projects will continue the individual growth of the members as well as the reach of their voices within the community.

Taking a more birds-eye perspective on the efforts of our self-advocacy group and their work, we have reflected on how our community has changed in the past 8-10 years. Our group (in its many forms) and the work of others does seem to be having an impact on community perspectives on people with disabilities. There is obviously still significant work to be done, but we have seen the response and engagement of the community to our efforts shift markedly over time. Most notably, it used to be very difficult to find groups to collaborate with, or even groups who were aware enough to want to hear what we had to say. This is much less the case now. We have seen many businesses, organizations, and groups show real engagement with our work and collaborate with us in meaningful ways. The Urbana Park District shines as a particularly positive example of a group that is working actively to be welcoming to all people, and explicitly to people with I/DD. These are changes that are much more difficult to measure, but are clear when looking at the landscape advocacy and leadership over time.

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

Members of Community Choices have full freedom to participate or not in the supports and opportunities that we provide. Our goal is to help people be more connected and to build their relationships, self-determination, and social capital. Below you will read about what the services and supports, as well as some of the potential outcomes, might be for individuals who are both highly involved and those with more limited involvement during this past year.

Highly Engaged Participant

Member A and their family members have been members at Community Choices for over 3 years. Over the past year Member A participated in weekly social opportunities, and was also participating in another member's monthly co-op club where 4 friends would get together for coffee at a local coffee shop. Member A may also participate in occasional member-led zoom meetings to develop additional connections to other CC members.

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

Limited Engagement Person

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

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

Active Family Member

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

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

Member B attends 1-2 member-led zoom sessions each week as a step to building connections outside of their own family. Member C initiates a few interactions, but looks happy to answer questions when other members initiate conversations with them.

Less Active Family Member

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

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

In all our programs, and in our Connect Department in particular, we emphasize the importance of listening to our members as we design and build programs. The strongest voices in our organization are our Co-Op members. Some of this responsiveness comes from informal communication and observations of our members' needs and requests. Other evaluation and planning activities are based on our more formal evaluation processes, which are informed by our interactions and observations of member requests and needs. We regularly engage in member feedback sessions, have open door policies, and hold planning events with the whole of our cooperative. These have been the basis for the majority of our organizational growth and direction. Our 2020 Strategic Planning Event was the reason that we chose to expand and evolve our Community Living Department. Member feedback and observations were a source of motivation for the development of our Workforce Empowerment Program.

In Connect specifically, we have developed surveys to help measure the impact of our grant activities and outcomes. We have also engaged in other more formative evaluation and assessment activities that have been very important to our organizational planning and procedures. In the fall of 2022, we began looking at the ways our members' needs and the mindset of our cooperative had changed and been impacted by the pandemic. To be able to better adjust our programs to meet the needs of our current membership, we developed and circulated an extensive survey with questions about members' current use of services, barriers, potential ideas, and open ended questions where respondents could share their ideas, critiques, and suggestions.

We received 33 responses and some of the biggest takeaway included:

- Barriers to involvement were most often a lack of time, transportation, and money*
- Social Opportunities and Family parties were the most popular events because they allowed members to connect with each other in a low-stress way*
- Needs included more friends, more transportation options, and generally more things to do*

Thinking that we would like to address transportation challenges through our programming, we also asked extensive questions about what would be needed, what services were currently being used, and what barriers existed for current transportation resources. The feedback from these questions was directly integrated into the program design for our Transportation Program.

For our Connect Program, we used input that members gave us to better understand why some of the current supports were more used than others, and how we could make access to them easier and user-friendly. This helped significantly in the development of the strategies discussed in the Community Building Outcome results above. It also compelled us to better organize and communicate our

opportunities. We are now using sign-up genius to streamline our social opportunity sign-ups. We've developed a master calendar, and are using routine schedules for communicating what's going on so that people have consistent and clear means to learn about and remember when there is an event or opportunity they'd like to attend.

This is one more extensive example of how we use evaluation strategies and participant feedback to make decisions about the structure of our organization. We continue to use it and other formative assessments to do our best to listen to those we serve, so that we can best serve them.

Annual Performance Outcome Report Form

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

Agency Name: **DSC**

Program Name: **Clinical Services**

Program Year: **2023**

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

Once determined to need Clinical Services, three of the nine individuals opened for services this fiscal year engaged in services within 30 days. Three were engaged between 31-45 days. Three were identified last year as needing psychological evaluations, however the psychologist did not start work with DSC until May of 2023.

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

Of the nine opened within the fiscal year, 33% engaged in program services within 30 days. Target of 90% was not met.

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

Services remain available as long as needed. Quarterly reviews are conducted to confirm continued need. Of the 60 total people served this fiscal year, two disengaged from service participation; one moved and one decided she no longer wished to receive psychiatric services. Three others were closed once psychological evaluations were completed. All others, 55 in total, remain appropriate for clinical services based on the quarterly reports from the counselors and psychiatrist.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. **In addition to standard demographics, disability and referral source information were also collected. Of the screening contacts for this year referral sources included DSC team members, ISC, guardians, and individuals requesting services. Disability data continues to highlight that many of the individuals supported, especially in the psychiatric practice deal with multiple mental health diagnoses.**

CONSUMER OUTCOMES

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

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

Outcome #1 - Clinical Manager will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving counseling support. Target was 100%. Actual Result is 100%. Contracted counselors submit quarterly reports regarding progress and recommendations. These are reviewed by the Clinical Manager. In addition to the quarterly reports, communication between the Clinical Manager and counselors is ongoing as needs arise.

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

Outcome #3- Clinical Manager will conduct annual individual self-assessments regarding effectiveness of clinical services on the person’s overall sense of wellbeing. Assessment was created using resources from Evaluation Capacity Building Team online measure bank.

Target of 80% of the responses will have a rating of four or higher.

Thirty-two Clinical Wellbeing Assessments were distributed and 24 were returned. Ninety-six percent had a rating of four or higher indicating satisfaction in their counseling and/or psychiatric services and an overall sense of positive wellbeing.

Assessments utilized in Clinical Services in FY 23:

Wechsler Adult Intelligence Scale (WAIS)- Psychologist

Abnormal Involuntary Movement Scale (AIMS) – Psychiatrist

Mental Status Assessment – Psychiatrist

Clinical Wellbeing Assessment – Clinical Manger

Utilization Targets and Results:

- **Treatment Plan Clients: Target of 59. Fifty-eight were served in FY 23.**
- **Non-Treatment Plan Clients: Target of six. Two were served in FY 23.**
- **Service Contacts: Target of 10. Fourteen completed.**
- **Community Service Events: Target of two. Four completed.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 60

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

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

Outcome 1- 60 participants

Outcome 2- 60 participants

Outcome 3- Collected information from 32 individuals which were those that participated in Psychiatry and/or Counseling all year. Chose not to collect from those seeing a counselor that was set to retire due to any dissatisfaction in their services would not be addressed since counselor was ending his contract with us. Also, did not assess individuals that were opened for psychological evaluations only since their overall wellbeing would not be impacted merely by an evaluation.

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

Outcome 1 & 2: 60 people. Outcome 3: 32 people

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

Outcome 1 & 2: 60 people. Outcome 3: 24 people

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

Outcome 1- quarterly

Outcome 2- at each appointment, minimum quarterly

Outcome 3 – sent out assessment during second, third, and fourth quarters to a sample of participants each quarter

RESULTS

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

From the outcome information it has been noted that many individuals and their families feel an overall sense of satisfaction and wellbeing with their clinical services provider. Many families especially, have commented on how thankful they are for the services provided and that their quality of life in addition to their individual's quality of life overall has improved during the course of the last fiscal year. When a score came back lower than a four most noted that due to some communication challenges they felt it was hard to rate whether or not the individual's overall sense of wellbeing had improved due to the services provided. Going forward revision to the assessment tool to include more concrete examples that could be rated will be explored. In terms of counseling and psychiatry, the methods used to track the outcomes such as quarterly reports and progress notes highlight the various needs amongst individuals, common struggles or themes, as well as a steady pace of improvement for most opened within clinical services. The referral process continues to highlight the need for more providers in our community that take Medicaid, for more providers to have access to appointments in a reasonable time frame, and that more providers need training to improve their skill set when it comes to treating co-occurring issues of DD and mental health diagnoses.

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

The theme this year in the Clinical Services program seemed to be "Changes in Home Life". There are several examples of individuals being opened in the practice as well as continuing participants that had stressors this year related to moving or the makeup of their home life changing. One individual moved in with his father after his mother passed away and the father had little information about his son. He was struggling to work and the individual was struggling to find any meaningful activities within his day so was eloping, exhibiting OCD type tendencies, and refusing to complete daily tasks. Through day program services and psychiatry, as well as a combination of environmental/physical supports and medication to ease anxiety and frustration both the individual and his dad have evolved into a more cohesive sort of living arrangement where both are thriving now and enjoying their time

together. Psychiatry initially started out as a one-time per month visit and has moved to quarterly since the individual has stabilized.

Another individual had to move in with his sibling after his mother passed. This was a challenge for him and soon there was talk of him moving into a group home. He maintained his counseling relationship throughout this transition period and has been able to successfully move into his new group home arrangement. At the end of the fiscal year, the counselor commented on how much progress he had made and even recommended decreasing his weekly sessions to monthly. His Team does not feel the transition would have been as smooth had he not had access to his counselor and the individual has stated he really appreciates having someone to talk to about his problems that isn't family or a DSC staff.

A third individual lives at home with her mother and had a major increase in aggressive behaviors towards herself, her mom, and property. Although previously seen for psychiatry elsewhere, that doctor was at a loss and had no new ideas for the family. When the family called that doctor to state they needed help for major aggression the mom was told it would be three months before they could get in to see the doctor. Emergency CILA placement was requested, however until that comes, a more team approach to psychiatry might help this individual. She was opened in the DSC Clinical Services Program for psychiatry and is meeting with the psychiatrist each month. He tweaks medications and listens to the team's and family's concerns. Although there are still issues and placement outside of her home remains appropriate, the intervention provided has eased some of the aggression, and decreased the intensity and frequency of aggressive outbursts. This makes the current living arrangement safer for the mom and individual at this time.

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

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Community Employment

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The estimate of days from completed assessment to start of services was 45 days in the application. All of the 33 people new to the program in FY 23 were opened within 45 days of presentation to Admissions Committee.

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

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

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

Job coaching support is provided as long as needed for the person to maintain employment. Sixteen people closed from the program this fiscal year. At least four people closed because

they moved from the area, two people retired, two people no longer needed support at their jobs, and a number of people retired due to medical reasons.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. **Over 80% of the participants have an intellectual disability with 25% also having a diagnosed mental illness. Approximately 20% have a diagnosis of autism.**

Referrals to the program are generally from individuals, families, schools, community agencies, the ISC, and DRS.

CONSUMER OUTCOMES

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

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

Outcome #1

During the fiscal year, 20 people will participate in job development activities. An Employment Specialist is assigned and monthly progress is documented. Direct service hours are documented in the CCDDDB direct service hour database.

In FY 23, nine people completed the formal job development process which includes employment discovery and an initial individualized employment plan.

Outcome #2

During the fiscal year, 26 people will participate in supported employment. Names of people engaged in supported employment are maintained in a database.

In FY 23, this outcome was exceeded with 28 people working at supported employment sites in the community.

Outcome #3

Eighty percent of people will maintain employment over the fiscal year. Database is maintained.

In FY 23, 95% of the people employed maintained employment.

Outcome #4

Ninety percent of people who return the satisfaction survey will be satisfied with services. This outcome was met with 92% of people indicating satisfaction on surveys. Thirty-three surveys were mailed with only eleven being returned.

Utilization Targets and Results:

- Treatment Plan Clients with target of 88 was exceeded with 92 people receiving employment support during the fiscal year.
- Service Contacts with a target of 15 was exceeded with 20 service contacts.
- Community Service Events with a target of two was exceeded with five events in the community occurring to educate about services and supports provided by this program.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 92

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

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

Outcome information was gathered from all program participants except for a random sample was chosen to receive satisfaction surveys.

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

All for outcomes 1, 2, and 3. Thirty-three for outcome 4.

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

All for outcomes 1, 2, and 3. Eleven people returned completed satisfaction surveys.

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

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

RESULTS

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

Carved positions play an important role in Community Employment for both the employer and the job seeker. After the COVID pandemic, many employers found themselves with

vacant positions they struggled to fill. In some cases, job seekers are qualified to complete some of the tasks but may not hold all the qualifications for a particular position.

Employment specialists are well-versed in speaking to employers; highlighting the strengths of the job seeker and learning where the employer needs help can often times lead to a carved position for the job seeker and a valued employee for the employer.

Learning how to reach a healthy work-life balance can lead to enjoying both areas of your life more. In Community Employment we stress that job satisfaction means more than having a job in your area of interest. Social connections both at work and during personal time enrich a person's life; that is where Employment Plus comes in. Employment Plus is a group of employed individuals that gather to support each other, learn from each other and have fun. The Community Employment program has individuals employed in a variety of employment sectors. This allows for healthy representation and rich discussion at Employment Plus gatherings which meet in the community. Gatherings allow individuals to interact with each other in casual settings of interest.

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

Gail was employed at a local fast food restaurant for over a year. To the outside observer she appeared content and stable in her job. Gail, however, no longer enjoyed the job she once loved. Where she once found the hustle and bustle of a lunch rush energizing, she now found it too loud and very overwhelming. She became depressed, withdrawn, and was calling off work regularly. She felt comfortable disclosing her feelings about her job to her Employment Specialist and the decision to start looking into other employment was made. In addition to that, some changes were made at her current job. With the support of her Employment Specialist, Gail requested a reduction in her hours and her tasks changed to address her anxiety in regard to the lunch rush.

Gail’s self-stated employment goal of working in an office with little to no public interaction was met when she and her Employment Specialist contacted a small business owner. The owner of an insurance company was seeking part-time office help. Since becoming employed in her new position, Gail has become socially engaged, proud of her appearance, and loves to tell others about her new job!

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

Employment Specialists are continuing to use the Discovery Tool and Employment Plan to individualize each job development experience. The Discovery Tool is a comprehensive document which details the individual’s social history, employment history, job preferences, and employment goals. The completed Discovery Tool guides the Employment Plan which is a document that states the individual’s chosen field of employment as well as their specific desired job title. Once both documents are completed, the individual and the Employment Specialist are ready to begin applying for jobs.

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Community First

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The estimated length of time from assessment to engagement in services was 90 days in the application. All eleven people opened in the program in FY 23 were within this time frame with an average of 20 days.

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

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

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

People participate until they are no longer interested in services. Six people closed from the program in FY 23. Two people moved, two obtained community employment and no longer

wanted to be involved in group activities, one person received state funding for day program, and one person no longer wanted to attend.

7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program. **Over 80% of the participants have an intellectual disability with 23% also having a diagnosed mental illness. Approximately 20% have a diagnosis of autism.**

Referrals to the program are generally from individuals, families, schools, community agencies, and the ISC.

CONSUMER OUTCOMES

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

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

Outcome #1

Thirty-five people will participate in at least one new group. Documentation for each group includes rosters, leaders, and participants.

Result: Thirty-six people participated in at least one new group during the fiscal year.

Outcome #2

Five people will become a co-leader for a group. List is maintained and included in documentation for the group.

Result: Five people co-led a group over the fiscal year, increasing their confidence and pride in sharing their knowledge about a particular topic.

Outcome #3

Five people will be opened in Community Employment for active job exploration. Formal program participation is maintained.

Result: Four people in Community First chose to engage in job exploration during FY 23.

Utilization Targets and Results:

- **Treatment Plan Clients: Target of 50. Forty people received support this fiscal year.**

- **Non-treatment Plan Clients: Target of 50. Over the fiscal year, the program supported 93 non-treatment plan clients.**
- **Service Contacts: Target of five. Twenty-four were completed.**
- **Community Service Events: Target of two exceeded with presentations at five events.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 40

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

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

Outcome information is gathered from every participant.

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

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

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

RESULTS

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

- **Have noticed a balance between people trying new activities and finding hobbies/interests they want to continue to participate in long-term.**
- **Long-term interest is high among participants who have left high school within the past few years and is often based on the other participants in the group.**
- **There is an increase in people wanting to be more actively involved in planning group content as they develop long-term friendships with others in the groups.**

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

Tom participates in groups five days per week. He consistently chooses groups that involve physical activity. His current schedule includes Hiking Area Parks, weight lifting at Leonard Center, Gardening and Photography, Know Your Community, and Role Play/Fan Club. He has chosen the latter group for four consecutive group cycles now and has developed strong friendships with the other repeat participants. In fact, he spends time with another participant on weekends. The Know Your Community group focuses on learning more about

the Champaign-Urbana community and includes learning how to use the MTD. He hopes this will help him prepare for employment in the future including getting to work on his own.

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

Role Play/Fan Club has grown in popularity and is now offered multiple times per week. We have increased groups that include physical activity based on interests of younger participants.

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Community Living

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The application estimated 45 days from assessment to engagement of services. Out of the 31 people opened in the program this fiscal year, all 31 were opened within that time frame, averaging 32 days.

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

Application estimated 90% of people would engage in services within 45 days and this was achieved with 100% engaging in services within 45 days.

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

Services are provided as long as a person has a need and chooses to actively participate. Of the 76 people supported in the program over the fiscal year, five people closed. One person

moved from the state, three eventually transferred to long term care due to their medical needs, and one person chose to no longer participate in the program.

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

All participants have a diagnosis of a developmental disability with approximately 80% having an intellectual disability, 13% with an autism diagnosis, and 25% with a reported mental illness. Referrals for the new people enrolled in the program came from the Independent Service Unit, families, and self-referral.

CONSUMER OUTCOMES

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

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

Outcome #1

75% of the CLP participants will pass monthly housekeeping and safety reviews at 80% or higher.

Data is maintained by the Program Manager on a spreadsheet and is gathered from reviews completed by CLP staff and the individual.

This outcome was met at 80% for the fiscal year.

Outcome #2

65% of program participants will have an opportunity to connect with their community.

Data is gathered from the participants on new community activities (local events, new friendship, etc) they participated in.

This outcome was met at 92%.

Utilization Targets and Results:

- **Treatment Plan Clients: Target of 78. Seventy-six people served in FY 23.**
- **Service Contacts: Target of six. Exceeded with 15 being completed.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 76

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

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

All participants were included in both outcomes.

3. How many people did you *attempt* to collect outcome information from? 76

4. How many people did you *actually* collect outcome information from? 76

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

RESULTS

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

Percentage goal for outcome #2 was increased to 90% for FY 24. All participants access their community through shopping, banking, medical appointments, and leisure. In order to encourage more community involvement, the purpose of the outcome is to track new community connections.

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

The Community Living Program, CLP, provides an array of services to support someone to live in a least restrictive environment. Because each person requires an individualized service plan, this case will include many of the supports that are typically provided. Although this is a glimpse to the services CLP offers, in no way is it all inclusive.

The Community Living Specialist supports individuals with food security. This may entail supports with ordering on-line, transportation to the grocery store, actual assistance with shopping and budgeting, and/or locations and hours for local food pantries. Safety within their apartment is another area in which CLP pays close attention. Cleanliness is a priority in maintaining one’s health. CLP completes a safety review at least once a month to ensure the living environment is sanitized, organized, and emergency systems are in working order. Results are discussed so a plan of correction can be developed with ongoing support arranged where needed. Often times individuals in this program need support with finances. Many of the CLP participants have DSC as their Representative Payee. CLP supports individuals with budgeting, banking, and paying bills. Concerning housing, coordinating

communication with the Housing Authority is common as several individuals have vouchers through the HACC. Medical supports are by far the most imperative area that CLP oversees. Individuals may need assistance with scheduling appointments, transportation to and from, medication management, etc. Making connections in the community is also very important. CLP encourages individuals to seek out community opportunities for recreation and leisure experiences.

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

Over the past few months, the program has developed a monthly community experience for all members to have the opportunity to participate in. This opportunity is scheduled during non-traditional work hours. CLP staff provide training to elicit experience ideas, transportation resources, budgeting, and on-site support at the event itself. The intent is to develop a greater awareness of community opportunities with emphasis on individuals becoming more independent in navigating the immense number of community events that are offered in Champaign-Urbana and surrounding areas.

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Connections

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The estimate of days from completed assessment to start of services from the application was 90 days. This was met.

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

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

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

With the four-month rotation of groups, it was estimated that the length of participant engagement would be 120 days. Seven of the 25 people who received services at the Crow this fiscal year attended every quarter.

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

Referrals to the program were made by the participants themselves, joining the groups/activities that interest them. Of the 25 people, the majority have an intellectual disability and two have a diagnosis of autism.

CONSUMER OUTCOMES

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

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

Outcome #1

Twenty-five people will participate in artistic activities and classes at the Crow at 110. This outcome was met with 25 people attending over the fiscal year.

Outcome #2

Three special events will be hosted at the Crow. This was met with the Holiday Open House, Boneyard Art Event, and the AIR Art Sale occurring at the Crow.

Outcome #3

Four new classes will be developed as people continue to define areas of interest. Five new classes were developed this fiscal year: Sewing and Knitting; Papermaking; Pottery; Printmaking/Studio Art; and Sew, Knit and Crochet.

Outcome #4

Participants will be satisfied with experience at the Crow at 110. All participants were satisfied with experience at the Crow. Many offered new ideas and suggested activities they would like repeated.

Utilization Targets and Results:

- **Treatment Plan Clients defined as those people from the Community First Program interested in pursuing their creative interests and talents at the Crow at 110. Target of 25 people met with 25 people.**

- **Non-treatment Plan Clients defined as people participating in activities who are not receiving county funding. Target of 12 people exceeded with 25 people.**
- **Community Service Events defined as the number of events hosted at the Crow at 110 and engagement in community venues. Target of five was exceeded with seven events (Expo Art Sale, Crow Holiday Open House, Town and Country Show at Springer, Best in Show Photography, Boneyard Art Event, Eberfest Art Sale, and Air Art Event at the Crow)**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 25

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

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

Outcomes were gathered from all participants.

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

RESULTS

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

Art groups continue to be popular with participants discovering the artistic mediums they identify with. People are expanding their areas of interest to other mediums when they feel accomplished in a particular medium.

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

Ginny participates in art focused groups three days per week. She has an interest in photography and recently entered photographs in the Champaign Camera Club photo competition. It has inspired her to continue honing her skills so she signed up for the photography group again this group cycle which focuses on nature photography. The Nature Photography group is on Wednesdays. She arrives at The Crow at 8:30 via DSC transportation. While she waits for others to arrive she takes advantage of “downtime” art activities. The group talks about close up photography and then go to the Idea Garden to take pictures of flowers and insects. They stop by the Champaign Public library to look for books on

nature photography. Some people check out books they've found. They eat lunch and return to The Crow early afternoon to download their pictures. The group talks about/critiques the pictures each took. They will crop the photos they've selected at a later date.

3. **OPTIONAL:** In what ways has the evaluation supported the current practice or changes in practice? What changes were made or are planned, based on findings?
Feedback from participants reinforces our current practice of building on basic skills and expanding as their interests grow. Sew, Knit, and Crochet is an example of this. Some participants who were new to the art are now interested in learning more stitches and taking up the hobby.

Annual Performance Outcome Report Form

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

Agency Name: **DSC**
Program Name: **Employment First**
Program Year: **2023**

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The estimated 30 days from assessment/request to engagement was met.

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

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

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

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

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

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

- **Number of businesses LEAP certified in the fiscal year**
- **Zip codes of LEAP certified businesses**

- **Number of employees in attendance at trainings and their job titles**
- **Business sector of LEAP certified businesses**

CONSUMER OUTCOMES

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

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

Outcome #1: Twenty-five LEAP and front-line staff trainings for businesses will be conducted. Information was maintained by the LEAP Coordinator and reported on quarterly reports to DDB.

Results: In FY 23, a total of 61 trainings were conducted: 49 LEAP trainings and 12 frontline supervisor trainings.

Outcome #2: At least quarterly education/communication will be provided for employers. Education/communication was recorded and maintained by the LEAP Coordinator.

Results: This outcome was met. The following quarterly education/communication was provided during the fiscal year to employers: "Website Accessibility 101 Training"; Take the LEAP podcast with information about workplace accommodations; information on job carving; and challenging unconscious biases.

Outcome #3: Formal introduction of the Champaign County Directory of Disability-Inclusive Employers will occur.

Results: The Directory was formally launched in the first quarter of FY 23. During the fiscal year, 455 people were introduced to the directory and currently there are 50 businesses on the directory.

Utilization Targets and Results:

- **Community Service Events defined as the number of LEAP and front-line staff trainings conducted. Target was 25 and exceeded with 61 being completed.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 58 businesses

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

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

Information was gathered from all participating businesses.

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

RESULTS

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

A survey was given out to participants after a training. Sixty-one LEAP & Frontline Staff trainings were completed in FY 23 and 127 surveys were completed. The surveys were given to businesses digitally or in-person depending on the training format. Results from each survey is stored electronically and viewed by the LEAP team.

The following questions were asked on the LEAP training survey: 1.) Were there any topics missing you wish we had included? 85.2% responded “no.” 2.) Do you better understand accommodations? 89.2 responded, “Yes.” 3.) Would you like to schedule a consultation with a job coach to begin the process of creating a job carved-positions? 35.3% responded, “yes.” The following questions were asked on the Frontline Staff Training survey: 1.) Were there any topics missing you wish we had included? 91% responded, “No.” 2.) Did the training provide you with the tools needed to better offer supports to a co-worker with a disability? 93.6% responded, “Yes.” 3.) Was the information communicated in a way that was easy to understand? 91.7% responded, “Yes.”

The LEAP Coordinator attended the following network events each quarter: Chamber of Commerce (Morning Coffee & Business After Hours), BNI, Champaign Center Partnership (Morning Coffee & Business After Hours), Master Networks, and Mahomet Chamber of Commerce (Morning Coffee). During these events, LEAP Coordinator was able to share information about the LEAP Program and educate businesses on the use of "job carving." Job carving led to many job placements in FY 23. When job carving is used effectively it leads to higher employee retention. In FY 23, at least 14 individuals secured employment within LEAP trained businesses, including Supported Employment sites.

Networking events attended gave the LEAP Program the opportunity to discuss customized employment (job carving) with multiple businesses. Many businesses learned that jobs can be created based on their “current needs.” We create positions based on tasks that aren’t getting done within a business.

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

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

Annual Performance Outcome Report Form

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

Agency Name: **DSC**

Program Name: **Family Development**

Program Year: **2023**

CONSUMER ACCESS

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

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

Yes. Eligibility criteria included:

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

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

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

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

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

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

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

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

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

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

CONSUMER OUTCOMES

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

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

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

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

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

Utilization targets and results:

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

CONSUMER PARTICIPATION IN DATA COLLECTION

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

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

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

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

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

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

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

RESULTS

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

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

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

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

Annual Performance Outcome Report Form

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

Agency Name: Developmental Services Center

Program Name: Individual and Family Support

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The application estimated 90 days from completed assessment to start of services. This was met for seven of the seven people opened into IFS during the fiscal year.

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

The target that 75% would start services within 90 days of assessment was met at 100%.

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

Program engagement ranges from one specific event, to partial full or daily participation and can span the lifetime. The program started the fiscal year with 32 people enrolled. Seven opened and eight closed throughout the fiscal year – ending with 31 in services starting FY 24. The program provided various services to a total of 39 people over the fiscal year.

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

Of the 39 people in the program, all presented with a developmental disability or a developmental delay for those under the age of three. Referrals came from families, schools, and community agencies.

CONSUMER OUTCOMES

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

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

Outcome #1

All individuals receiving day services and requesting community activities, will participate on a weekly basis. Target was 85% and was met.

Outcome #2

All receiving Intermittent Direct Support (Respite) will be satisfied with services with a target of 90%. Only three of the 22 surveys were returned and were positive. Communication with families throughout the fiscal year and those interested in applying for respite shared their difficulty in finding providers.

Utilization Targets and Results:

- **Treatment Plan Clients – target of 19. Eleven people were provided support.**
- **Non-treatment Plan Clients – target of 27 was exceeded with 28 receiving services.**
- **Service Contacts with a target of eight was exceeded with fifteen being completed.**
- **Community Service Events with a target of two was exceeded with four.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **39**

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

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

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

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

RESULTS

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

The decision was made to revise application request for FY 24 to include a Resource Coordinator to provide more assistance to those families receiving respite including assisting them in finding providers.

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

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

The decision was made to discontinue the county-funded day program component of the grant due to many families receiving state-funded Home Based and Community Services Waiver (HCBS) funding. Those in the county-funded day program component were transferred to the county-funded Community First program so services continue with no changes or disruption in support.

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Service Coordination

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

The estimated 30 days from assessment of eligibility to engagement in services was met for 17 of the 27 openings.

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

The estimation that 75% of those eligible who would engage within 30 days was not met. Often times scheduling of program tours interfered with the opening dates into services as well as waiting for the end of school and/or families choosing start dates.

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

Since the program offers support in all aspects of a person's life, in many cases, support continues for their lifetime. Twenty-one people receiving DDB funding closed from the

program in FY 23 due to moving from area or into long term care for medical reasons, death, or no longer in need of services.

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

Referrals for services come from families, individuals requesting support, schools, physicians, other community agencies, and the Independent Service Coordination Unit.

Over 85% of those supported in FY 23, have an intellectual disability, 25% reported having a diagnosis of autism, approximately 20% have a reported mental illness, and almost 20% have epilepsy. Other diagnoses include hearing, speech and visual impairments; and physical disabilities including cerebral palsy.

CONSUMER OUTCOMES

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

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

Outcome #1

People will actively participate in the development of their personal outcomes driving the content of the implementation strategies documented by assigned QIDP with target of 98%. Personal Plans are reviewed as well as monthly QIDP notes in each individual's record. Self-report will be documented. Outcome met at 95%. Some individuals did not feel their opinions were heard and that their guardians may have had too much involvement. DSC will continue to address.

Outcome #2

People will participate in POM (personal outcome measures) interviews with target of 20 to be completed. Outcome not met with only five being completed. DSC continues to struggle with staff able to complete the interviews. People's opinions are solicited in many ways through various methods.

Outcome #3

People will maintain/make progress toward their chosen outcomes with target of 80%. Progress toward meeting personal outcomes is documented on a monthly basis and random files will be reviewed each quarter to review progress. Fifteen outcomes were reviewed each quarter and 78.3% showed progress.

Utilization Targets and Results:

- Treatment Plan Clients with a target of 280: 248 people were served during the fiscal year.
- Non-treatment Plan Clients with a target of 33: 31 people were served during the fiscal year.
- Service Contacts with a target of 70: 24 service contacts were completed.
- Community Service Events with a target of two was exceeded with four events.

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 248

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

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

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

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

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

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

RESULTS

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

DSC staff continue to remind people to speak up about outcomes they want to have. Some people seem to be reluctant to inform the ISC at their personal plan meetings about their thoughts since they might not have a long-term relationship with them. The ISC and DSC's Case Management continue to collaborate to address this concern.

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

Annual Performance Outcome Report Form

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

Agency Name: DSC

Program Name: Workforce Development and Retention

Program Year: 2023

CONSUMER ACCESS

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

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

Yes

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

Yes

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

Yes

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

n/a

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

n/a

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

n/a

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

n/a

CONSUMER OUTCOMES

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

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

Outcome #1

Three trainings will be identified and offered to support ongoing professional development. Two sessions each of Code of Ethics and Creating a Culture of Competency sessions were offered. These trainings were documented in the DSC employee database.

Outcome #2

Twenty bonuses will be given for new employees completing required training. A total of 23 training bonuses were provided during the fiscal year. A list of recipients was maintained by the Director of Program Assurance and provided to DDB.

Outcome #3

Retention bonuses will be provided to 140 employees. A total of 350 retention bonuses were provided to 131 different staff over the fiscal year. A list of recipients was maintained and provided to DDB.

Utilization Targets and Results:

- **"Other" defined as number of staff receiving bonuses with a target of 160 different staff. A total of 373 training or retention bonuses were provided to 139 different staff over the fiscal year.**

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? 139 different staff received bonuses

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

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

n/a

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

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

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

All staff greatly appreciate the training and retention bonuses. It appears that the grant has positively impacted hiring and retention of staff.

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

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

Annual Performance Outcome Report Form

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

Agency Name: **PACE, Inc.**

Program Name: **Consumer Control in Personal Support**

Program Year: **2023**

CONSUMER ACCESS

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

1. YES/NO - Did the stated criteria serve the purpose of providing people the services/supports they were seeking? If NO, comment on causes and possible solutions.
YES
2. YES/NO - Did the stated process for determining that the person and program were right for each other work well? If NO, comment on causes and possible solutions.
YES
3. YES/NO - Did the stated outreach activities support appropriate matches between people and program services? If NO, comment on causes and possible solutions.
YES
4. Compare year-end actual result with the application estimate of days from completed assessment to start of services. Comment on findings, especially if unexpected.
Typically, it takes 1-2 weeks after the orientation. To increase opportunity in recruiting PSWs, PACE adapted different ways to offer the PSW orientation such as in person 1:1 orientation, zoom orientation, in person small group orientation, and phone orientation. To boost the PSW recruitment, staff ensures that the materials for the orientations are available in the PACE foyer for perspective PSWs to pick up. The materials are also emailed to perspective PSWs with the zoom link. Several conversations, invitations and reminders for upcoming orientations are completed before the orientation to encourage attendance. Staff also follow up via emails and phone calls to encourage PSWs to complete the orientation.
For the opportunities to complete the paperwork, PSWs can sent the paperwork via email, by fax or drop it off in person at PACE. Post orientation activities were also necessary such as, follow up emails and phone calls reminders to return completed orientation paperwork. Also, follow up calls were done to ensure key topics were clearly

understood by the PSW. A lot of program and technological support were offered to PSWs via Zoom, emails, phone calls and limited in person appointments.

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

5. Compare the year-end result with the application estimate of % of eligible people who engaged in program services within the above timeframe. Comment on the finding.
This does not apply. We recruit potential PSWs only.
6. Compare year-end result with the application estimate of length of participant engagement. Especially if the result was unexpected, comment on this finding.
This is a PSW registry program. PSWs may remain on the registry indefinitely. Staff continues to call and email PSWs on the registry to update their information. All PSWs are updated quarterly to remain active on the registry.
7. If your program collected demographic information beyond the standard categories reported each quarter, comment on the data and what they suggest for the program.
PACE only collected the required demographic information from the PSWs.

CONSUMER OUTCOMES

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

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

Outcome #1 All consumers are NTPCs in this program, therefore no official outcomes. An unofficial outcome of this program was the matching of 12 PSWs with individuals seeking to hire a PSW.

Outcome #2 All consumers are NTPCs in this program, therefore no official outcomes

Outcome #3 All consumers are NTPCs in this program, therefore no official outcomes

Outcome #4 All consumers are NTPCs in this program, therefore no official outcomes

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

CONSUMER PARTICIPATION IN DATA COLLECTION

1. How many total participants did the program have? **33 PSWs registered, 12 successful PSW matches, 15 PSW consumers who received PSW referrals.**

The following updated information were provided as outcome for the PSW program throughout the FY23:

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

- Five (5) families found/hired a PSW from the registry.
- Four (4) families found PSWs and proceeded with the hiring process.
- Two (2) respite workers were chosen from the registry
- A PSW from the registry was also chosen as a possible supportive roommate/PSW and started a conversation with the family.

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

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

All consumers are NTPCs in this program, therefore no official outcomes. An unofficial outcome of this program was the matching of 12 PSWs with individuals seeking to hire a PSW.

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

RESULTS

1. What did you learn about the participants and the program from this outcome information? *Be specific when discussing any change or outcome and give quantitative or descriptive information when possible. You might report: Means and, if possible, Standard Deviations; Change Over Time, if assessments occurred at multiple points; Comparisons, e.g., of different strategies related to recruitment, of rates of retention for clients of different ethnic or racial groups, or of characteristics of all clients engaged versus clients retained.*
All consumers are NTPCs, therefore no official outcomes.

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

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

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

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