

MENTAL HEALTH BOARD

Saturday, November 16, 2019, 9:00 AM
Lorraine H. Morton Civic Center, 2100 Ridge Avenue, Room G300

AGENDA

I. CALL TO ORDER/DECLARATION OF QUORUM

II. 2020 MHB PROGRAM — REVIEW OF APPLICATIONS

<u>App.#</u>	<u>EST. TIME</u>	<u>Agency/Program</u>
1	9:00 AM	Childcare Network of Evanston/ <i>Learning Together</i>
2	9:10 AM	YOU/ <i>Trauma Informed Youth & Family Services</i>
3	9:20 AM	Metropolitan Family Services/ <i>Family Support and Prevention</i>
4	9:30 AM	Trilogy Inc./ <i>Evanston Mental Health Program</i>
5	9:40 AM	NAMI Cook County/ <i>Family Support Services for Mental Illness</i>
6	9:50 AM	PEER Services/ <i>Substance Abuse Treatment & Early Intervention</i>
7	10:00 AM	Shore Community Services/ <i>Lois Lloyd Center Residential Center</i>
BREAK		
8	10:30 AM	Northwest Center Against Sexual Assault/ <i>Sexual Assault Intervention</i>
9	10:40 AM	Center for Independent Futures/ <i>Support for Individuals with Disabilities</i>

III. PUBLIC/STAFF COMMENT

IV. CHAIR REPORT

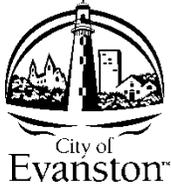
V. ADJOURNMENT

The next meeting of the Mental Health Board is scheduled for **7:00 p.m. Thursday, December 12, 2019 in room G300.**

Order of Agenda Items is subject to change. Information about the Mental Health Board is available at: www.cityofevanston.org/government/boards-commissions. Questions can be directed to Jessica Wingader, Public Services – Grants & Compliance Specialist, at 847-859-7889 or via e-mail at jwingader@cityofevanston.org.

The City of Evanston is committed to making all public meetings accessible to persons with disabilities. Any citizen needing mobility or communications access assistance should contact Facilities Management at 847/866-2916 (Voice) or 847/448-8052 (TDD).

La ciudad de Evanston está obligada a hacer accesibles todas las reuniones públicas a las personas minusválidas o las quines no hablan inglés. Si usted necesita ayuda, favor de ponerse en contacto con la Oficina de Administración del Centro a 847/866-2916 (voz) o 847/448-8052 (TDD).



Memorandum

To: Members of the Mental Health Board

From: Johanna Leonard, Community Development Director
Sarah Flax, Housing and Grants Administrator
Jessica Wingader, Grants & Compliance Specialist

Subject: 2020 Funding Applications and Scoring

Date: November 16, 2019

The City evaluates each program for which City funding is requested. Considerations include: prior experience with the same or similar awards, results of audits and City monitoring efforts (if applicable), and whether the agency/program has new personnel or new or substantially changed systems. Staff reviews recipients' financial and programmatic reports to assess that performance goals were achieved and timely and appropriate action was taken by agencies to correct all identified deficiencies. Additionally, staff is reviewing how programs deliver services to an underserved population to ensure equity in keeping with City Council Goals.

The following guidelines should be used when evaluating applications:

- Whether the program provides equity of access, particularly if it addresses barriers to receiving services or reaches underserved populations. Consideration should also be given to the impact on needs from expanding to serve new clients versus providing greater depth of services to existing clients.
- The types and levels of services delivered to Evanston residents should be evaluated, in addition to the number of residents served. Programs that serve very few Evanston residents may have very limited impact on the total need in the community, as well as having disproportionately high grant management costs to the City and agency.
- Programs funded in 2019 that request increased funding for 2020 should provide proportionately quantifiable increases in services to Evanston residents and address a high need that is disproportionately underserved if funding at a higher level. This also pertains to first-time requests for City funds for new or existing programs. City funds should not be used to replace other funding sources.
- As a general rule, City funds should not exceed 30% of the program budget to prevent over dependence on City funding. New applicants in particular should be evaluated for feasibility and sustainability, particularly if other funding sources are

limited or nonexistent. Exceptions can be made for programs implemented at the request of the Mental Health Board in partnership with the City.

- Grants under \$10,000 are often inefficient for the City and the grantee, particularly for agencies that have struggled with reporting and compliance in the past. City staff time to manage and monitor each program ranges from \$1,375 to \$3,200, regardless of the size of the grant. In addition, awardees may not take resources required for compliance into account.

The following information about scoring applications in ZoomGrants is provided for review:

- To access scoring information, first open an individual application and click on the grey “Review Tools” button in the turquoise banner at the top of the application.
 1. Be sure to change the Vote from Undecided to Approve, Decline or Abstain/Recuse.
 2. Do not provide a Recommended Amount. Please leave this box blank for all applicants.
- Provide numeric scores for all questions pertaining to each application. Questions left blank will not be counted and will artificially inflate the applicant’s score.
- Private notes can be recorded in the My Private Notes box to the right of the scoring questions. These notes will not be made visible to other board members or agencies.
- Members have the ability to comment on responses to individual questions or the application as a whole. Any comments provided for individual questions or under the box at the bottom of each scoring page labeled “My Scoring Comments” will be made visible to applicants and board members. These comments will be included in the meeting packet and may be helpful to future applicants.



2020 MHB Application Review Meeting
November 16, 2019

1. Childcare Network of Evanston – Learning Together

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$40,000	\$33,600	\$50,000	49%

2019 Evanston Residents Projected: 40 **Evanston % of total served: 85%**
2020 Evanston Residents Estimated: 65 **Evanston % of total served: 93%**

2019 MHB Proportion of Actual Budget: 40%
2020 MHB Proportion of Proposed Budget: 49%

FY 2018 Audit – Financial statement presents fairly
FY 2018 Single Federal Audit – No Findings

Childcare Network of Evanston’s Learning Together program provides consultants specializing in child mental health, speech-language, occupational, and other developmental therapy to children 3 to 5 years old. Program fills a need as IDHA Early Intervention program serves 0 to 3 year olds; program also keeps children in early childhood education and increases school readiness. All services are free and available at centers serving primarily low to moderate income families including, but not limited to, Reba Early Learning Center, Learning Bridge, and the McGaw YMCA. Children participate in weekly small group sessions for 1 to 2 hours per session for up to 10 months depending on needs. Participants are identified by teachers and families. The agency also offers professional development trainings to teachers and support/training to parents/caregivers. There is no wait list, but during periods of high demand service hours at centers are reduced or participants experience increased wait times to accommodate needs of all. With additional funding, program can provide more service hours to children. 82% of participants are people of color. Agency has included Commitment to Equity; 59% of staff and 67% of executive team are women of color. Outcomes are measurable. Majority of award will support contract staff including mental health, speech and occupational therapists. Agency has the capacity to manage program and is compliant with all reporting requirements.

2. YOU – Trauma Informed Youth & Family Services (MHB)

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$100,000 - MHB	\$70,250 - MHB	\$100,000 - MHB	42%

2019 Evanston Residents Served: 750 **Evanston % of total served: 79%**



2020 Evanston Residents Estimated: 750

Evanston % of total served: 79%

2019 MHB Proportion of Budget: 7%

2020 MHB Proportion of Budget: 8%

FY 2018 Audit – Financial statements present fairly

FY 2018 Single Federal Audit – No findings

YOU offers after school programming with integrated mental health services; programs include Project-Based Learning, Psychoeducational groups, and Sexual Health/Healthy Relationships. Programming is trauma informed and offered 3 hours after school Monday-Thursday for 36 weeks during the school year, for 7.6 hours each weekday, and for 8 weeks during the summer. There are no eligibility requirements; agency works with 8 highest-need Title 1 schools and can have wait lists of 5-10 students at each site. YOU staff target youth in need of academic, social, and emotional supports. Agency serves youth 8 to 18 years old; 91% of participants are youth of color and Agency estimates that 15-20% are Limited English Proficient. To mirror participants served, 67% of YOU program staff are people of color, 21% are male, and 6% identify as non-binary. Agency partnerships include, but are not limited to, Erie Family Health, Moran Center, PEER and CJE. Award would support one Afterschool Program Manager and a Youth and Family Counselor. YOU’s indicators include surveys and attendance; outcomes remain relatively unchanged. Program reporting is consistent and compliant with all requirements.

3. Metropolitan Family Services – Family Support and Prevention

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$ 80,000	\$ 67,200	\$ 80,000	19%

2019 Evanston Residents Projected: 60

Evanston % of total served: 100%

2020 Evanston Residents Estimated: 60

Evanston % of total served: 100%

2019 MHB Proportion of Actual Budget: 53%

2020 MHB Proportion of Proposed Budget: 61%

FY 2018 Single Federal Audit – Requested, waiting to receive

FY 2018 Audit – Financial statements present fairly

The Family Support and Prevention Program provides home-based services including individual and group counseling, case management, and the education program Parenting Fundamentals with referrals to community supports. The goal is to prevent families from entering the child welfare system. Parenting Fundamentals is an evidence based series of parenting classes run for 8 to 10 weeks that focus on child development, non-violent discipline, communication and problem solving; classes are offered in English and Spanish along with home-based counseling services. There is no wait list for services. In FY 2020, program will expand to offer direct services to the children of families enrolled in program. No equity statement provided;



application includes discrepancies between demographic information of population served reported and information reported in prior years. Program outcomes are clearly defined and measurable; agency has capacity to deliver the program and staff is accredited. Agency is compliant with reporting requirements. Outcomes are consistent with prior year reporting; indicators are measurable through various assessments including the Global Assessment of Functioning and the Parenting Stress Inventory. Award would support the Mental Health Practitioner, the Clinical Program Supervisor and fees associated with the Parenting Fundamentals class; requested increase would further cover Parenting Fundamentals classes.

4. Trilogy Inc. – Evanston Mental Health Program

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$30,000	\$28,800	\$30,000	4%

2019 Evanston Residents Projected: 60 **Evanston % of total served: 23%**
2020 Evanston Residents Estimated: 75 **Evanston % of total served: 23%**

2019 MHB Proportion of Actual Budget: 47%
2020 MHB Proportion of Proposed Budget: 38%

FY 2018 Audit – Financial statements present fairly
FY 2018 Single Federal Audit – NA

Trilogy offers a Mental Health Care Coordinator (MHCC) charged with providing assessments to 60 Evanston residents who may qualify for individualized treatment plans; people identified for intake come from referrals from partnering agencies including Connections for the Homeless and St. Mark’s church. There is no wait list for services and referrals to additional resources are provided. Proposed partnerships for FY 2020, include YOU, Family Focus and the Moran Center; these partnerships were also identified in 2019 application. Program outcomes are defined and measurable and remain unchanged; they include linkage to additional services for 44 identified through intake, 32 clients referred to outside service providers, and 40 clients utilizing drop-in center. To be eligible for services, participants require a mental health diagnosis. People of color comprise 27% of leadership team and, 68% people of color received services in the first three quarters. Also according to quarterly reports, program has exceeded outcomes and service goal. Budget shows slight variation, but award allocation is similar to prior year. Agency is compliant with all reporting requirements

5. NAMI Cook County – Family Support Services for Mental Illness

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
NA	NA	\$15,000	NA

2019 Evanston Residents Projected: 435 **Evanston % of total served: 10%**
2020 Evanston Residents Estimated: 478 **Evanston % of total served: 10%**



2019 MHB Proportion of Budget: NA

2020 MHB Proportion of Program Budget: 4%

FY 2018 Audit – Financial statements present fairly

FY 2018 Single Federal Audit – NA

NAMI offers a variety of programs including peer support for individuals with a mental health disorder and their families, family/caregiver education classes (Family to Family classes), social groups for people with a mental health diagnosis and crisis intervention services. Direct staff comprised of volunteers trained and certified through NAMI Illinois and programs are run at community-based locations. Request appears to be for all agency services and not for a specific program. Agency does maintain a wait list for Family to Family classes and works to accommodate eligible individuals in all other programs; all services are offered at no charge to participants. It is unclear how agency tracks demographics and family income. Board members may have lived experience or a family member with a mental illness diagnosis. Agency projects expansion of Evanston residents served, but it is unclear how award would increase capacity by program; information about outreach, including circulation of flyers and program brochures is not specific. Agency received funds from Niles Township and Park Ridge; it is unclear if agency has the capacity to comply with reporting requirements. Provided budget seems to exceed prior year budgets as reflected by audit; budget narrative does indicate increase in local government support to agency.

6. PEER Services – Substance Abuse Treatment & Early Intervention

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$92,610	\$88,200	\$88,200	0%

2019 Evanston Residents Projected: 268

Evanston % of total served: 39%

2020 Evanston Residents Estimated: 342

Evanston % of total served: 55%

2019 MHB Proportion of Actual Budget: 5%

2020 MHB Proportion of Proposed Budget: 5%

FY 2018 Audit – Financial statement presents fairly

FY 2018 Single Federal Audit –

PEER Services offers four trauma-informed, substance abuse prevention programs to youth and adults (Adult Treatment, Adolescent Treatment, Early Intervention and DIMENSIONS); service hours vary by program, standard hours of operation are Monday-Thursday from 7 am to 9 pm and Fridays 7 am to 5 pm. PEER’s Adult and Adolescent programs are licensed by Illinois Dept. of Human Services; Early Intervention is not required to be licensed and is the only program that provides early intervention. DIMENSIONS program is unique in that it works with individuals with a dual diagnosis of substance abuse and mental illness. Wait times for



services in 2019 were less than a week; for Adult and Adolescent programs appointments are typically scheduled within a few days of initial contact. Services are offered on a sliding scale and agency works with those who have Medicaid or are uninsured. Demographic information for participants reported by program and agency outreaches to minority communities through partnerships with the Moran Center, schools, hospitals and the Police Department. Request would cover clinical supervision and psychiatric consultation; it would support 9 staff including the Clinical Director and 4 counselors. Clients complete Satisfaction Surveys used to evaluate programs and services; equity statement provided and 44% of staff are people of color. Outcomes remain relatively unchanged; they are clearly defined and measured at specific intervals during the treatment process. PEER Services is stable and has the capacity to manage programs which are compliant with all programmatic and financial requirements.

7. Shore Community Services – Lois Lloyd Center

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$19,000	\$15,300	\$15,300	0%

2019 Evanston Residents Projected: 7
2020 Evanston Residents Estimated: 9

Evanston % of total served: 7%
Evanston % of total served: 8%

2019 MHB Proportion of Budget: 1%
2020 MHB Proportion of Budget: 1%

FY 2018 Audit – Financial statements present fairly
FY 2018 Single Federal Audit – Financial statements present fairly

Shore’s Lois Lloyd Center houses the Adult Services & Seniors Program (AS) which offers developmental training for adults diagnosed with an intellectual or other developmental disability; the program operates Monday – Friday from 8:45 am to 2:45 pm. Agency also offers the Early Intervention program (working with infant to 3 year olds) and the Life In Motion - Your Choice program (LIM) - all takes place at the Lois Lloyd Center. All who are eligible receive services and the program does not have a wait list. In FY 2016, center served 19 Evanston residents; it is unclear how award would expand capacity for Evanston residents. Program site is in Skokie; clients are transported by a parent/guardian, PACE or Shore staff. Agency attends resource fairs and works with schools including Kirk, Camelot and Community Alternatives Unlimited to advertise services. Award would support the Developmental Activities Trainer, Registered Nurse, and LIM Program Manager. Less than 25% of staff is people of color and Equal Employment Opportunity and Anti-Harassment policies provided. Outcomes comprised of individual client goals and are measurable and agency is compliant with all reporting requirements.

8. Shore Community Services – Residential Program

2019 Request	2019 Award	2020 Request	% Increase of 2020
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assault; clients live in north/northwest suburban Cook County and McHenry County. Services are available in English and Spanish and are offered at no cost to participants. According to 2019 quarterly reports, 47 residents have received services and comprise 7.5% of total population served. Northwest CASA has a satellite office at the Civic Center; counselors also meet with clients at different locations throughout the community. Outcomes are measurable and based on the Trauma Symptom Inventory and participant reports. Diversity and Inclusion statement provided; 7 of 19 staff members are Latina. Majority of award would support two bi-lingual counselors and full time advocate; both work at the Civic Center; award would also support occupancy and provide supplies.

10. Center for Independent Futures – Support for Individuals with Disabilities

2019 Request	2019 Award	2020 Request	% Increase of 2020 Request over 2019 Award
\$13,442	\$10,000	\$13,095	31%

2019 Evanston Residents Projected: 55 **Evanston % of total served: 89%**
2020 Evanston Residents Estimated: 65 **Evanston % of total served: 93%**

2019 MHB Proportion of Actual Budget: 22%
2020 MHB Proportion of Proposed Budget: 32%

FY 2018 Audit – Financial statement presents fairly
FY 2018 Single Federal Audit – NA

Center for Independent Futures (CIF) serves people with intellectual/developmental disabilities, many of whom are dually diagnosed with mental illness. Award requested to support the following: a conflict resolution group that meets twice per month and is facilitated by a licensed clinical psychologist; free, drop-in programming to reduce isolation, loneliness and depression; 2 in service trainings for staff. Agency collaborates with many agencies including Albany Care, PEER Services and Impact Behavioral Health Partners; all who are interested in services are accommodated. Program outcomes remain relatively unchanged; agency has the capacity to manage program and is compliant with all reporting requirements. Agency’s Commitment to Equity, Diversity and Inclusion Statement provided; staff comprised of 24% people of color and 60% of program participants are people of color. Agency also includes perspectives of population served at staff and Board level. Award is 32% of program budget and would be used to support staff salaries and staff consultant. Number of people served has been consistent since the program originally received City funding in 2017.

City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Childcare Network of Evanston Learning Together

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 50,000.00 Requested
\$ 50,000 MHB Request

Submitted: 10/21/2019 12:36:24 PM (Pacific)

Project Contact

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Executive Director

Carol Teske
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Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Childcare Network of Evanston - Learning Together

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.
NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years

☐ Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
50,000	MHB (Human Services Fund)
50,000.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required?

Attached Documents *

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).

✓

[CNE FY20 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards

✓

[CNE Board October 2019](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form
[download template](#)

[Conflict of Interest Form](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus Care, Supportive Housing and Youthbuild Programs
[download template](#)

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

CNE's Learning Together ("LT") program provides mental health and other developmental therapeutic services and supports to Evanston children enrolled in full-day preschool programs where LT services are offered, which are programs serving primarily children from low-and moderate income families. It is no surprise that children from these families can experience trauma, mental health issues, behavioral problems and/or developmental delays at higher rates than the general early childhood population. In addition, their parents or caregivers often struggle to access adequate services to address these issues for the children for a variety of reasons: they may be unable to take time off from work to access therapies, are unfamiliar with resources available, or fewer supports may in fact be available due to decreased government funding. Furthermore, teachers often lack the capacity to address children with these types of challenges because of limited professional development opportunities and/or inadequate classroom and staff supports. Without intervention, children with behavioral or developmental problems are often unable to continue in their early learning programs, which further disrupts their learning and home life as parents/caregivers must find alternative early learning services while maintaining their own employment.

This is where the LT program can make a critical contribution to the well-being of Evanston's children and families. LT supports early learners by providing highly-qualified consultants specializing in child mental health, speech-language, occupational and other developmental therapy in the classroom environment. Children are first assessed by an LT therapist after either a classroom teacher or parent identifies a need for support, and individual goals are set for each child. The LT therapist draws on a variety of practices and supports to help each child achieve these goals: observation, assessment, individual and group intervention, collaboration with classroom teachers, staff and families, referrals to appropriate outside resources and therapies, and transition support to kindergarten or another preschool program.

LT services are provided weekly at no charge, with time spent at each preschool depending on the needs and number of children. The amount of therapist support an individual child receives may vary over time. Typically, children receive LT services for 1-10 months as needed, with more intensive services at the outset with a gradual reduction in services as children progress towards their goals. LT therapists also spend time collaborating with each other, as well as teachers, staff, and other outside partners and providers. LT therapists also work with parents/caregivers to provide feedback and specific strategies designed to most effectively address their child's challenges.

Another important component of the LT program is teacher training and mentoring. LT therapists collaborate closely with teachers and staff at LT sites to provide professional development and modeling to help expand knowledge of child development and provide effective tools for working with children who need additional support. This approach gives teachers skills and confidence, designed to reduce staff turnover, which can negatively impact families and children. CNE proposes to expand the LT program in the coming year to provide 4 training opportunities to Evanston early childhood teachers and family child care home providers.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. In 2019 to date, LT has supported 47 unduplicated individual children with LT services, 62% of whom are Black/non-Hispanic, 2% Black/Hispanic, 19% White/non-Hispanic, 9% White/Hispanic, and 8% identified as being Multi-Racial. Of these children, 60% are from single-parent households that are primarily female-headed, and 47% identify as having children with disabilities or special needs. In addition, 87% of children served to date in 2019 are from families whose income is very low, low or moderate (based on the "median area household income" criteria), and only 13% of children served are from families whose income is not low/moderate. 32 of the 47 children served are male, and 15 are female. It is important to note here that the number of children served decreased from last year at this time due at least in part to the temporary suspension of LT services at one site after that particular site received funding for a pilot program providing similar, although not identical, classroom therapeutic services.

Eligibility for LT services is based on an individual child's need for specific therapeutic interventions, and not a child/family's socioeconomic or demographic status. However, CNE is quite intentional in selecting those early childhood programs through which to offer LT services. By partnering with programs who serve primarily low- to moderate-income non-White children and families, we can maximize our reach to minority populations and make sure LT services are targeted to populations where the need is most critical.

With this application, CNE is seeking increased funding for the LT program which, if granted, will allow the program to expand the scope and reach of LT services (including to minority populations) and make professional development opportunities available to early childhood educators and family child care providers throughout our community. These expansions to the LT program are highlighted here:

1. Occupational Therapy: Increased funding would allow us to add occupational therapy back into the program. Some years ago, the LT program included OT support, but over time it had to be eliminated due to funding constraints. The proposed program budget includes 20 hours of occupational therapist services to be accessed based on referrals from LT sites.
2. Additional Therapist Hours: Feedback from the current LT therapists indicates that the number of hours they are allotted for services is inadequate to meet the needs of the children at the sites, so we propose to increase each LT therapist's time by 15-20 hours per year.
3. Additional LT site: We know that there are other early childhood programs in Evanston where the need for services like those provided by the LT program is high. We are actively investigating an additional site to partner with if increased funding is granted. It is our intention to continue to partner with local programs serving primarily children from non-White and/or low- to moderate-income families.
4. Global Speech/Language Screenings: Language delays are the most common types of developmental delay in children. In fact, the American Academy of Pediatrics estimates that 1 out of 5 children will learn to talk or use words later than other children their age. Children experiencing these delays often exhibit behavioral problems because they are frustrated when they can't express what they need or want. Early detection and intervention are key to effectively addressing these issues. Therefore, the proposed budget includes funding for global speech/language screenings for all children in LT classrooms for referral to Early Intervention, D65 or other outside therapy.
5. Consultant Collaborations: Quarterly meetings of LT therapists will enhance collaboration across disciplines to more comprehensively support children in the program, as well as provide a forum for therapists to learn from one another and exchange best practices.
6. Community Professional Development: New to the program would be quarterly trainings provided through CNE, available to all early childhood educators and family child care providers in the community. These out-of-classroom opportunities for teachers to gather, learn and share, would spread the work of the LT program through even more classrooms in Evanston.

We feel strongly that these enhancements will increase the reach and impact of the LT program, and this was one factor in our decision to end CNE's Scholarship Program in 2020, which had been generously funded by the Mental Health Board. It was a decision that was not reached lightly, but after an analysis of how Mental Health Board (and other) funds could be best utilized to maximize impact and pursue kindergarten readiness for all children in our community. We are currently working with our Scholarship families to offer resource and referral support to those who need help accessing alternative forms of financial assistance for their childcare needs after 2019.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

One of the City's 2019-2020 City Council goals is to "Ensure Equity in All City Operations." Equity is also at the core of the LT program. We believe that we can contribute to the creation of a stronger, more equitable Evanston by beginning with its youngest learners. Helping to level the playing field at this stage by broadening access to critical therapeutic interventions in early childhood will promote kindergarten readiness and longer term positive outcomes for ALL Evanston children.

The LT program currently partners with 4 local early childhood centers to provide mental health and other therapeutic services to children and families who would likely be unable to access them otherwise: Learning Bridge Early Education Center, Reba Early Learning Center, the

McGaw YMCA Children's Center and Kindercare. All of these centers serve primarily low-income children whose families qualify for a childcare subsidy from the IDHS Child Care Assistance Program (CCAP). To be eligible for CCAP funding, a family's income must be less than 200% of the Federal Poverty Limit – for a single parent with two children, this translates to an annual income of less than \$42,660. In addition, although many of these children received free, in-home therapeutic services through the IDHS Early Intervention program (designed to serve children from 0-3 years old), there are far more limited services for children 3-5 years old. As a result, these children often enter an early learning program with no continuing support, and the family's income level leaves them unable to access outside therapies. Although financial need is not a criteria for receiving LT services, recent demographic data from the LT program illustrates that the majority of the children are non-White and come from families whose income is low to moderate (meaning less than 80% of the median income).

The City's funding of the LT program through the Mental Health Board promotes equity by making critical therapeutic supports available to the kids who need them and who would have the most difficulty accessing them without a program like LT. Making sure all children have access to the supports they need can put them in the best position for success in kindergarten and beyond. Indeed, the partners in Evanston's Cradle to Career initiative (including CNE) have invested considerable time and resources pursuing the "bold" goal of having 85% of Evanston children ready for kindergarten by 2025, yet recent data on local kindergarten readiness has been disappointing: the percentage of Evanston children considered "ready" for kindergarten has declined in each of the last 3 years (Evanston Roundtable, "Cradle to Career Committee Unveils 'Bold Goal' for Kindergarten Readiness," 3/5/19). From our perspective, this only highlights the importance of this work and why we must continue to invest in children's futures by providing the supports they need in early childhood.

The teacher training and mentoring component of the LT program also promotes equity. By supporting early childhood teachers and family child care home providers with the professional development and strategies they need to more effectively address difficult classroom situations as well as children with a variety of needs, the LT program is equipping them to create a more equitable learning environment where all children can learn and thrive.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

205	Intake/assessment
75	Referrals
70	Individual case management plan/services
0	Services delivered on an individual basis (e.g. home delivered meals)
30	One time event or activity (e.g. field trips, tax preparation)
0	Multi-session program (e.g. after school program)
50	Focused topic activities (e.g. workshops, trainings)
0	Drop in services (e.g. computer lab, tutoring, help desk)
0	Phone or online help (e.g. 24-hour help lines)
430.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

The LT program strives to serve all children who are identified as in need of services. No children are turned away, and as a result, there is no wait list for the program. Given the constraints of available funding and therapist time, however, during periods of high demand for services (often near the beginning of a school year when needs are first identified), children may have to wait longer to be seen by an LT therapist and/or spend less time with the therapist. The increased funding sought with this application would make more hours available to therapists, and would greatly improve their ability to respond to identified needs quickly and thoroughly. Regardless of funding level, our LT therapists continue to demonstrate their passion for the program, and work diligently (often in excess of their compensated hours) to impact as many children as possible. Likewise, funding and time constraints may also limit the amount of time the therapists have to work with and support early childhood educators.

Obviously, the more funding the LT program has, the more children and teachers it can reach. As outlined in our response to Question 2 above, we are seeking increased funding for the LT program this year to enhance it in a variety of ways we feel will maximize its impact. At the same time, we have decided not to seek continued funding for CNE's Scholarship Program because we feel those dollars can have a greater impact through a program like Learning Together.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, LT therapists have a variety of referral sources for the children they serve, both within CNE's organization and out to other agencies and therapists. Within CNE, children can be referred to our Head Start/Early Head Start Home Visiting program, but if the child is already in full-day programming, time constraints may preclude this option for some families. Outside of CNE, LT therapists have referred children for services to District 65 and outside mental health, occupational and physical therapists and pediatricians, including those accepting Medicaid. Tracking of referrals is done by therapists individually. There is a privately shared on-line document where LT therapists may enter intake information, notes from visits and referral information.

LT therapists have also referred children in crisis for no-cost trauma informed mental health services using grant funding from United Way through the Evanston Cradle to Career initiative. In the fall of 2018, CNE spearheaded and wrote a grant in collaboration with Evanston/Skokie School District 65 and 8 other Evanston early learning programs (3 of which are LT sites), which resulted in renewed and increased funding to provide crisis trauma mental health services to children in their programming. Because adverse childhood experiences (like trauma) can often lead to issues that surface in early childhood classrooms which might require therapeutic support, getting children in crisis the support they need quickly and effectively can help lead to more positive outcomes for the child and a more productive classroom environment for all. As administrator of this grant, CNE collects and tracks initial referrals ~~into~~ ^{into} the program as well as secondary referrals made after the treatment

period is completed. CNE also serves as the fiscal agent for the grant. At this time, this grant has been fully spent, but we anticipate applying for additional funding as soon as it becomes available.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Although there are other agencies in Evanston that provide mental health and developmental therapeutic services to children, LT is the only program that provides on-site services to Evanston preschool programs on a consistent and comprehensive basis. There are no other services in the community that offer the same level of accessibility and affordability to low-income families whose young children are at risk for developmental and academic delays. LT fills a critical gap for 2.5- to 5-year olds in need of support, especially since a very limited number of these children would be able to access government-funded support. If support is offered, it is often limited in scope and requires parents to take time off of work to get their child to these services at an off-site location. Instead, LT addresses the needs of these children in their own classroom – regardless of whether they qualify for government assistance. This offers them the chance to succeed in preschool, to form attachments with their teachers and peers, and to feel safe. LT also supports teachers and staff through professional development and mentoring, imparting practical skills that support the needs of their most challenged students while also building robust, research-based intervention skills for those teachers. Teachers are therefore better prepared to meet the particular behavioral needs of one child, while at the same time maintaining the integrity of the classroom environment for the benefit of all students.

While LT consultants address the unique needs of children in an innovative way to build their skills, we recognize that children may have multiple needs beyond the goals of LT. Therefore, we collaborate with other partners to coordinate supports for families we serve, such as child development specialists and clinics, mental health agencies, pediatricians, and District 65. In addition to referrals for crisis trauma services through the grant described in Question 6, CNE also refers families to the District 65 screening process for evaluation for additional developmental services if the LT services are not adequate to meet the child’s intensive needs. LT also collaborates with NorthShore University HealthSystem to access additional services for children.

In terms of successes and challenges, LT always succeeds when a consultant is able to help a child manage a difficult situation and/or access programs that are better suited to their particular needs, and many of those stories have been previously reported to the Mental Health Board through required quarterly reports. In addition, teachers in the program continue to report feeling more confident in their ability to address challenging classroom behaviors, which results in a better classroom environment for all students. The primary challenges this year were due to funding constraints, which limited the time and services the program was able to provide, leading us to the decision to try to expand the LT program as described in this application.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

The overall goal of LT is to improve educational and developmental outcomes for children, by improving the quality of early learning in the classroom and providing teachers, caregivers and parents the tools to support this goal. LT outcomes are measured by periodic assessment and observed changes in children’s behaviors, i.e., their ability to be more regulated, engaged and successful with peers and teachers. Teacher outcomes are based on changed behavior in the classroom observed by the LT consultant, who meets regularly with teachers in the program. Parent and teacher feedback are also utilized to assess program success. Initial program data for each family is recorded on an intake form, with progress data collected through observations, teacher consultation and parent feedback.

Specific goals and assessments for 2020 remain the same as for 2019:

Goal 1: 85% of participating children will make progress towards their goals. Therapeutic goals are developed for each child receiving services, with progress towards those goals assessed on therapist’s clinical knowledge and observation, as well as reports from the LT teacher.

Goal 2: 85% of participating children will remain enrolled throughout the school year. LT site supervisors and therapists will provide data for children receiving LT services who are unable to remain in care.

Goal 3: 75% of teachers will have implemented techniques and strategies in working with participating children as provided by the LT therapists. Progress towards this goal will be assessed through reflective supervision meetings with LT teachers and observations by therapists and site supervisors.

The LT program is administered by a dedicated Learning Together lead consultant/clinical supervisor, who is overseen by CNE’s Director of Programs. They have joint responsibility for ensuring that the program is implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

70	Unduplicated people to be served in 2020
65	Unduplicated Evanston residents to be served in 2020
60	Unduplicated low/moderate income people to be served in 2020
55	Unduplicated low/moderate income Evanston residents to be served in 2020
47	Unduplicated people served in 2019
40	Unduplicated Evanston residents served in 2019
41	Unduplicated low/moderate income people served in 2019
36	Unduplicated low/moderate Evanston residents served in 2019
414.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Since 1970, CNE has been linking local families to high quality early education, childcare and other community resources to help promote school readiness and family stability. As a Head Start/Early Head Start grantee, CNE oversees a variety of programming: home visiting, 1 family childcare home, 2 Early Head Start classrooms, and 3 Head Start classrooms, in total serving over 100 children. In addition, CNE is the administrator of (1) a grant from the Illinois State Board of Education to provide preschool services at 5 local early childhood centers to 118 children and (2) funds from the IDHS Child Care Assistance Program to provide childcare subsidies to over 120 children. As a supplement to these services, and funded in large part by the City of Evanston Mental Health Board, CNE has the LT program as well as a Scholarship Program (through 2019) to help families afford high quality care.

CNE is led by an Executive Director, who is supported by a highly-qualified leadership team, including a Director of Programs/Head Start Director and Fiscal Officer. They in turn are supported by teams of Intake Specialists, Home Visitors (Parent Educators) and Family Support Specialists.

The Board is composed of 12 members, with expertise in law, accounting, real estate, social services, government and early childhood education. A parent from one of the families in our programming also sits on the Board to ensure constituents' voices influence policies. The Board oversees execution of the strategic plan, supervises and develops executive leadership, ensures strong succession plans for staff and board, oversees compliance with federal and state regulations, reviews financial statements and participates in annual program and financial planning. There are also active Executive, Finance, Governance and Development committees of the Board.

Beginning in the summer of 2019, CNE was fortunate to obtain the pro bono services of a seasoned community volunteer to begin a strategic planning process. In addition to being a longtime Evanston resident, this volunteer has significant professional experience with strategic planning, marketing and communications, as well as non-profit board experience. Throughout the summer, she conducted a variety of focus groups (staff, board, policy council, and community leaders) to gather feedback about CNE. She presented the results of the focus groups research to CNE staff members at an all-staff meeting as well as CNE Board members at an August retreat. CNE is in the process of building a Strategic Planning committee to begin formulating a Strategic Plan. PowerPoint slides of the staff/Board presentation are uploaded with this application.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

The CNE team is made up of 22 women employed as staff or consultants, 13 (59%) of whom are women of color. The executive leadership team of 3 consists of the Executive Director, Director of Programs/Head Start Director, and Fiscal Officer. 2 of the 3 members of the executive leadership team (67%) are women of color. The staff as a group maintains a very collaborative relationship, and there are multiple avenues available for involving people of color in the decision-making process. All supervisors conduct regular/weekly reflective supervision meetings with individual staff members, there are weekly team meetings, monthly all-staff meetings, and annual "check-ins" for each staff member with the Executive Director.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

CNE adopted the model to blend Child Care Assistance Program funding with Head Start and Early Head Start dollars several years ago and also leverages City of Evanston, Illinois State Board of Education, Illinois Department of Human Services, private foundation, individual donor and other non-governmental funding streams to sustain an annual budget of over \$3.5 million. This diverse funding mix allows CNE to maintain a strong and flexible early childhood support system, and to continually enhance the quality of care for children and families. All CNE services are delivered with the highest performance standards and in alignment with donor intent.

Standard CNE fiscal policies include the requirement for contractors/sub-recipients, such as partners, to submit supporting documents with all invoices and for CNE fiscal staff to check the supporting documentation and budgetary compliance before making payments. CNE fiscal controls are tested annually as part of the single audit process, as required by Federal Uniform Guidance. The Finance Committee of the Board, chaired by an accountant, oversees and ensures financial compliance and integrity.

The Board Treasurer provides the following: oversight of all CNE's funds, review and oversight of financial records, including an annual report of CNE's financial condition as of the end of each fiscal year, and other budgets or financial reports as the Board may direct.

The Executive Director, Director of Programs/Head Start Director and Fiscal Officer are collaboratively responsible for the fiscal and administrative oversight and monitoring of all CNE programs, including reporting and tracking outcomes. They also ensure coordination of associated funding streams.

As with all CNE programs, early childhood services are provided to clients without regard to sex, race, color, religion, national origin, age, marital status, sexual orientation, political affiliation, gender identity or expression, disability or protected veteran status. All submitted information is strictly confidential. CNE staff and Board members and their children are not eligible for LT services.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

The Learning Together team is composed of highly-trained expert consultants in mental health and speech-language therapy. This team is coordinated and supervised by an experienced and committed clinical supervisor who also serves as an LT therapist in a direct service capacity. Brief biographies of the team members are uploaded with this application.

Clinical Supervisor: Chava Alpert, LCSW. Chava has 20 years' experience working with young children and families as a mental health consultant and psychotherapist. She holds a master's degree in social work from Yeshiva University and advanced training in Social Thinking and Theraplay. Chava stays in ongoing contact with the other LT therapists regarding all administrative and clinical work. As an LT therapist herself, she has over 15 years of experience working with young children and families and 10 years as an LT therapist.

Mental Health Consultants: LT contracts with 1 additional mental health consultant (other than the clinical supervisor) to provide LT mental health services. She holds a PsyD in Clinical Psychology and is new to the LT program this year. She has over 10 years of experience working with young children and families.

Speech-Language Therapist: LT contracts with a speech-language therapist with a doctorate in speech/language pathology and a master's degree in special education with over 30 years of experience treating young children and families as well as 6 years as an LT consultant.

Student Interns: LT has in past years trained master's and doctoral level student interns from the University of Chicago, University of Illinois and the Erikson Institute who, under the close supervision of LT therapists, support LT with 15-20 hours weekly of their time.

If increased funding is awarded with this application, (1) an occupational therapist will be retained to provide a prescribed number of service hours across the participating sites, (2) a third mental health consultant will be hired for the program to provide services at an additional site, (2) current consultants will be allocated additional hours to serve their current sites, and (3) the speech-language therapist will be allocated additional hours to conduct global language screenings at LT sites. If LT funding is reduced or maintained at current levels, additional funding from other sources will be necessary to implement these program enhancements. The LT staff already work at a discounted rate, 40% below standard professional compensation, and in addition they provide approximately 15-20 hours per month of critically important uncompensated care and treatment. All staff are properly licensed and credentialed and ratios in the classroom are well within the range of accepted professional standards.

Staff demographics for the LT Program Staff are as follows:

Director of Programs: early 40s, female, Indian

2 of the 3 current LT therapists are in their early to mid 50s, female, White Evanston residents, the other is a White female resident of Skokie in her late 30s.

In addition to the above, the site directors at 3 of the 5 LT sites are Black women, and a significant majority of the teachers at most of the LT sites are men and women of color.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Carol Teske, teskec@childcarenetworkofevanston.org, 847-475-2661 x302

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)
NA

17. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

One step to the front door, but 2 accessible side entrances and 2 accessible bathrooms on the 1st floor. Client intake, family programming and socialization all occur on the 1st floor.

19. Where (address/location) does your program take place and how will clients get to the location or facility?

CNE's office is at 1335 Dodge in Evanston and accessible from 3 bus routes (93, 206 and 250). There is street parking available and a new bike lane on Dodge, making accessibility by bike easier. Staff also meets clients in their homes or other locations.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Carol Teske, Executive Director

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 33,600.00	\$ 50,000.00	
Social Emotional Learning Grant	\$ 0.00	\$ 52,800.00	
Foundation Grants and Private Funding	\$ 50,400.00	\$ 0.00	

Total		\$ 84,000.00	\$ 102,800.00	\$ 0.00	
Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB	
Personnel and Fringe	\$ 7,056.00	\$ 4,873.00		\$ 4,873.00	
Office Supplies	\$ 1,386.00	\$ 200.00		\$ 200.00	
Occupancy (Rent, Phone, Utilities)	\$ 3,708.00	\$ 1,827.00		\$ 1,827.00	
Contractual (Mental Health, Speech, and OT Consultants)	\$ 71,400.00	\$ 93,300.00		\$ 40,500.00	
Contractual-Other (HR, IT, Admin)	\$ 450.00	\$ 500.00		\$ 500.00	
Professional Development-Consultants (Trainer, Food, Materials)	\$ 0.00	\$ 2,100.00		\$ 2,100.00	
	\$ 0.00	\$ 0.00		\$ 0.00	
Total	\$ 84,000.00	\$ 102,800.00	\$ 0.00	\$ 50,000.00	

Budget Narrative

Childcare Network of Evanston's fiscal year is July 1st through June 30th. The Learning Together Program budget for calendar year 2020 is \$102,800 with \$95,400 (92.8% of the total budget) for mental health, speech/language, and occupational therapy consultants who work with children with special needs. The budget also includes \$4,873 (4.7%) for CNE staff who work to provide support to the program. The remaining costs of \$2,527 (2.5%) are for office supplies, occupancy, and other administrative expenses.

Funding for the program is provided by the MHB (48.6%) and a Social Emotional Learning grant (51.4%) secured by CNE. The funding for the Social Emotional Learning grant is not dependent on federal or state revenue.

Of the \$50,000 funding request from the MHB, \$42,600 (85%) is for mental health, speech/language, and occupational therapy consultants who work closely with the children with special needs.

Of the remaining amount sought from the MHB, \$4,873 (10%) is for personnel costs to manage the program and \$2,527 (5%) is for supplies, occupancy, and other administrative expenses. The MHB contract would fund 0.053 FTE: 0.03 FTE of a Director of Programs/Head Start and 0.023 FTE of operations and accounting support staff. All positions are currently filled.

With this application, CNE is seeking increased funding for the LT program which, if granted, will allow the program to expand the scope and reach of LT services (including to minority populations) and make professional development opportunities available to early childhood educators and family child care providers throughout our community. These expansions to the LT program are described further in our response to Question 2 in the application, and include (1) incorporating occupational therapy back into the program, (2) providing additional hours for therapists to serve the LT sites, (3) increasing the number of preschool programs through which the LT program provides services, (4) providing global speech/language assessments to children in LT classrooms, (5) incorporating quarterly meeting of LT therapists to strengthen the provision of services across disciplines and share best practices, and (6) enhancing community-wide professional development through 4 community trainings throughout the year, focused on supporting educators serving young children who may be experiencing challenges. If funding is received, budget figures may be adjusted according to award amount.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total	
1	85% of participating children will make progress towards their goals.	Therapeutic goals are developed for each child receiving services, with progress towards those goals assessed on therapist's clinical knowledge and observation, as well as reports from the LT teacher.	60	60	50	55	225					0
2	85% of participating children will remain enrolled throughout the school year.	LT site supervisors and therapists will provide data for children receiving LT services who are unable to remain in care.	60	60	50	55	225					0
3	75% of teachers will have implemented techniques and strategies in working with participating children as provided by the LT consultants.	Progress towards this goal will be assessed through reflective supervision meetings with LT teachers and observations by therapists and site supervisors.	30	30	30	30	120					0
4												0

5						0				0					
Total						150	150	130	140	570	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, 19 of 130

Required?

Attached Documents *

[FY18 Audited Financials](#)

[FY18 Single Audit](#)

[Form 990](#)

[FY18 Annual Report](#)

[Strategic Planning Presentation](#)

[Summary of FY19 Accomplishments](#)

[501\(c\)\(3\) letter](#)

and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information. ✓ [Biographies of Key Staff](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[CNE Org Chart 2019-2020](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities. ✓ [Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1- June 30, this will be for FY2019. ✓ [FY19 P&L](#)

Organizational commitment to equity, diversity and inclusion.

[CNE Commitment to Equity](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149987

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Youth & Opportunity United (Y.O.U.)
Youth & Opportunity United - Trauma-Informed Youth and Family Services

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 100,000.00 Requested
\$ 100,000 MHB Request

Submitted: 10/21/2019 12:00:41 PM (Pacific)

Project Contact

Leslie Warner
lwarner@youthopportunity.org
Tel: 847-801-0242

Additional Contacts
none entered

**Youth & Opportunity United
(Y.O.U.)**

1911 Church Street
Evanston, IL 60201
United States

Chief Executive Officer

Maggie Blinn DiNovi
mblinndnovi@youthopportunity.org

Telephone 847-866-1200
Fax 847-866-9143
Web www.youthopportunity.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Youth & Opportunity United - Trauma-Informed Youth and Family Services

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NA

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
100,000	MHB (Human Services Fund)
100,000.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	✓	Budget
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards	✓	Board of Directors
REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form download template		
HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus Care, Supportive Housing and Youthbuild Programs		

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Y.O.U. seeks funding of our Trauma-Informed Youth and Family Services Program. We offer free, high quality out-of-school time (OST) programs and integrated mental health services at eight Evanston Title I school-based sites. Our holistic programs are trauma-informed, relationship based, and offer innovative and accessible social-emotional supports for under-served youth.

Needs Addressed: Our program is designed to address the complex needs of Evanston youth and families. We: 1) provide mental health services in safe, familiar locations; 2) draw on partnerships between community, school, and institutional resources; and 3) integrate clinical services into our high-quality OST programs to lower access barriers and improve school retention among low-income, immigrant, and refugee populations (Ellis 2011). Our OST programs enhance our mental health services by offering a network of caring adults and peers with whom youth can build trusting relationships and realize their fullest potential.

Services Provided: Alongside an hour of academic supports each day, we offer a holistic set of social emotional supports. Our OST staff and licensed clinicians are trained in building deep, positive relationships to support youth coping with trauma and social and economic hardship. We offer:

-Project-Based-Learning: Youth participate in enrichment activities, civic engagement, and experiential learning to build agency and competencies while practicing leadership skills.

-Sexual Health/Healthy Relationships Programs: Our trauma-informed, age-appropriate sexual health education program for middle and high school youth follows an evidence-based curriculum addressing topics such as relational violence, positive body image, healthy relationships, gender stereotypes, consent and boundary communication, and puberty. LGBTQ+ middle and high school youth receive targeted supports through two separate Safer Spaces groups that meet weekly.

-Psychoeducational Groups: Our therapeutic groups are offered alongside our other OST activities to destigmatize counseling and provide a low-risk entryway for youth. Our clinicians also provide effective alternatives for refugees, immigrants, and youth of color in recognition of historical cultural barriers to traditional psychotherapy.

-Individual/Family Counseling: Our Master's level clinicians provide individualized and family counseling to youth with significant mental health needs to improve family functioning and communication.

-Family Engagement: Y.O.U. hosts quarterly Family Nights where families and staff share a meal and build support networks. Our staff present to caregivers on social-emotional learning (SEL) goals covered in each OST learning cycle. We also facilitate trauma-informed support and skill-building groups for caregivers.

-Refugee/Immigrant Supports: Y.O.U. supports immigrant and refugee youth and families through psychoeducational counseling to support youth's acculturation process; advocacy and mediation for caregivers within unfamiliar institutions; and workshops and case management to meet basic needs.

Frequency/Duration: Our programs operate for 3 hours (M-Th) after school for 36 weeks and for 7.5 hours each weekday for 8 weeks during summer. Consistent attendance is highly encouraged.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

Y.O.U.'s Trauma-Informed Youth and Family Services Program will serve 750 Evanston youth attending the 8 highest-need, Title I schools in Evanston: Chute, Dawes, Evanston Township High School (ETHS), King Arts, Nichols, Oakton, Walker, and Washington. Because these youth must often deal with multiple stressors such as living in poverty, family trauma, racism, and violence, their ability to succeed is threatened. By providing holistic social and emotional supports for these youth, we ensure they have the opportunity to realize their full potential.

Youth who enroll in Y.O.U. programs typically experience one or more of the following challenges: baseline achievement gaps in core subject areas; disconnection from school; social and emotional challenges that impact a child's ability to learning; failing grades in one or more classes; and/or frequent failure to complete homework. Moreover, the majority of these youth do not have access to mental health services and other social, emotional, and academic supports due to financial, transportation, cultural, language, and/or other access barriers.

Demographic Description: The youth in this Y.O.U. program are:

-8 to 18 years of age (grades 3-12)

-53% female;

47% male

-91% youth of color (56% African American; 18% Latino; 17% multiracial or other)

-at least 71% low-income (eligible for free or reduced lunch)

Based on available data, we estimate that 15-20% of our families are Limited English Proficient (LEP) and that many families are single-parent households.

Eligibility Requirements: While Y.O.U. does not have formal eligibility requirements, we conduct intentional outreach to target youth who are from limited-income families and who have academic, social, and emotional needs. We find that by targeting high-need youth, instead of using strict eligibility requirements, we are best able to uphold our commitment to serving all youth who lack the opportunity to participate fully in their communities. Furthermore, we avoid the stigma that can be created by formal eligibility requirements.

Increasing Participation of Minorities: We work with teachers and social workers at our partnering schools to identify and encourage youth and families of color to participate in our programs. Our staff follow a four-step protocol to engage youth identified as high-need in our programs: 1) working with school staff to better understand family needs; 2) developing a personal outreach plan for the youth and their family; 3) placing a phone call to the youth's caregiver to request a meeting; and 4) making a home visit to personally invite them.

In addition, 67% of Y.O.U. program staff members are people of color and 21% are male. This helps attract diverse youth to our programs by ensuring that they have relatable role models.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

Y.O.U. programs align with City goals, as they: 1) offer free, accessible mental health services to Evanston residents; 2) meet the basic needs of Evanston youth through OST programs and case management; 3) enhance the mental health, safety, and protection of Evanston residents through clinical and youth development services; and 4) support Evanston's diversity through accessible services for immigrant and refugee families.

Trauma-based, comprehensive clinical services are key to supporting youth in their socialemotional and academic development. Low income families in Evanston are forced to grapple with issues such as long-term unemployment, homelessness, and food-insecurity. These needs can create insecurity and lack of a sense of safety in the lives of the youth we serve. Indeed, Y.O.U. clinicians have seen community based youth referrals increase over 200% since 2010. Accompanying these trends is an unprecedented increase in treatment demand for chronic trauma and suicidal pre-adolescents. Funding for Y.O.U.'s trauma-based counselling allows Y.O.U. to continue to fill this gap in services for some of Evanston's most vulnerable residents. Research supports that the need for mental health care services is especially acute among non-white and low income populations. The National Institute of Mental Health's 2015 Strategic Plan for Research identified access to equal care for marginalized groups as a key issue and found that while the quality of services has improved, access to mental health services for non-white and low-income groups has decreased in recent years. Y.O.U. recognizes this gap and is conscious of the diverse needs of our population in designing and implementing our mental health programming. Our services improve equitable service delivery in the community by targeting under-served populations that do not have easy access to services. By providing our services in schools—familiar, accessible—locations—and developing trusting relationships with youth and families, we are closing the equity gap and creating impact. Y.O.U. also engages parents. At quarterly site-based Family Nights, programs for parents focus on social emotional learning goals that are incorporated into our OST programs and how to support the social-emotional growth of youth.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

<input type="text" value="200"/>	Intake/assessment
<input type="text" value="50"/>	Referrals
<input type="text" value="115"/>	Individual case management plan/services
<input type="text" value="175"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="750"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="750"/>	Multi-session program (e.g. after school program)

250	Focused topic activities (e.g. workshops, trainings)
	Drop in services (e.g. computer lab, tutoring, help desk)
15	Phone or online help (e.g. 24-hour help lines)
2,305.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Y.O.U. enrollment occurs at the start of each school year and again at the beginning of each summer. Programs are filled with many returning, and some new, youth each year. Y.O.U. has short waiting lists at some of its Evanston sites. The list at each school site is approximately 5-10 youth, and we are typically able to enroll these youth in our programs within six months.

In order to ensure high-quality programming for our youth, Y.O.U. is committed to maintaining a best-practice youth-to-staff ratio of 10:1 in our programs. Unfortunately, this means that we occasionally do not have the staffing capacity to immediately accept all youth who have been referred to our programs. To support these youth and families during the waiting period, we provide referrals and assistance on an as-needed basis.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Y.O.U. provides referrals both within our organization and to other agencies. For internal referrals, our OST staff refer youth to our clinicians for individual services. The most frequent external referral that our staff provides is connection to psychiatric services, however, our staff also connect youth and families to housing, education, health, employment and other services. Our clinicians provide case management to support youth and families who are offered referral services; this can range from providing transportation to partner agencies, to aiding families in making calls and initiating contact with service providers. Our case managers track referrals by working closely with staff at our referral agencies to ensure youth and families follow through on referrals. We systematically track referrals to other organizations on an aggregate level by type of service and whether or not the family is able to connect with the services.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Both Family Focus and McGaw YMCA address similar needs; however, we offer complimentary services to ensure collective impact, rather than a duplication of resources. Family Focus provides similar afterschool services at its Evanston headquarters but focuses on youth at nonTitle I elementary and middle schools. Meanwhile, Y.O.U. serves youth grades 3-12 at Evanston's Title I schools. Because we serve distinct school populations, our services are not duplicative. Meanwhile, we partner closely in order to learn from one another and collaborate on numerous joint projects (e.g., EvanSTEM, Cradle to Career).

The McGaw YMCA provides two collaborative services to our target population: a summer reading program and MetaMedia digital arts drop-in center. Once again, we collaborate to ensure collective impact. The YMCA's summer reading program serves youth in grades 1-2, whereas our summer programs begin in 3rd grade. Moreover, we have created linkages between these programs, encouraging youth in the YMCA's summer reading program to join Y.O.U. in 3rd grade. Meanwhile we are a core collaborator in MetaMedia, serving as a co-designer and partner, and utilize the space to offer our middle schoolers opportunities not available on-site in our schools. Our Maker Manager serves as a liaison to ensure a pathway between MetaMedia's middle school programming and Y.O.U.'s Makerspace programming (which targets elementary and high school youth).

While Y.O.U. deeply values the services provided by our peers and our community, we believe that our holistic approach and accessibility set our no-cost services apart. By integrating clinical counseling, family engagement, and wraparound social services into our OST programs, we offer a program model that is uniquely designed to meet the needs of the whole child. Moreover, since we are on-site at each school, we uniquely eliminate transportation barriers for our youth and families.

Y.O.U. maintains deep cooperative relationships with other service providers across the community, including both Evanston/Skokie school districts, the Evanston Police Department, Erie Health Center (sexual health education), the James B. Moran Center for Youth Advocacy (legal representation), Metropolitan Family Services (general and mental health counseling and case management), PEER Services (substance abuse counseling/treatment), and the Ethiopian Community Association and Jewish Child & Family Services (refugee services). Our formal partnerships with both Evanston/Skokie school districts ensure our use of school space as well as access to data sharing resources and teachers, administrators, and social workers. These relationships are essential to our mental health and afterschool services because they enable communication across all of youths' settings—home,, school, and –afterschool—to ensure a comprehensive, complementary support system. A second strength of these collaborations is the increased mental health supports they create for our youth. By partnering with organizations to meet youth and families' basic needs and mental health needs, we ensure that youth in Y.O.U. programs are safe, healthy, and able to meet their full potential.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Goals: Our program promotes the academic, social, and emotional development of youth. Thus, we have three core goals:

- Academic: Youth will be academically successful in core subject areas; Outcome: 55% of regular attendees will improve their academic performance and another 20% will maintain their academic performance based on teacher assessments.
- Social: Youth will develop self-awareness and self-management skills to achieve school and life success; Outcome 1: 75% of participants will meet Illinois Social Emotional Standards; Outcome 2: 80% of enrolled youth will attend program regularly (30+ days).
- Emotional: Youth will believe in themselves and see that others believe in them; Outcome: 75% of participants will demonstrate self-confidence.

We show the above goals and the corollary outcome indicators of success on the program outcomes tab.

Changes from 2019: Our program goals and outcomes have not changed from 2019.

Y.O.U. is committed to ongoing program evaluation and continuous improvement. We conduct a rigorous annual evaluation of our programs that includes assessing the academic performance and social-emotional growth of youth participants. Our evaluation process includes both qualitative and quantitative data and offers a formative and summative assessment of our effectiveness and impact. Our evaluation is structured around academic (e.g., grades), social (e.g., resiliency), and emotional (e.g., self-confidence) goals and performance indicators.

We utilize three sets of data to measure our progress against these goals and indicators:

- Customized reports and self-reports from our stakeholders, including youth, teachers, and parents;
- Assessment data, such as grades and standardized test scores received through our robust data-sharing partnership with both Evanston/Skokie school districts; and
- Clinical and social emotional evaluation data, such as participant scores on the nationally recognized Devereux Student Strengths Assessment (DESSA).

Beyond measuring our program's progress toward our goals and indicators, Y.O.U.'s annual evaluation analyzes program practices; assesses the strengths and weaknesses of each program; investigates how the program's structures and supports contribute to the academic success, social development, and emotional health of the participants; and explores how we promote family involvement and engagement.

Ensuring Program Implementation as Planned: All of the above programmatic and evaluation implementation will be supported and monitored by Y.O.U.'s CEO, Maggie Blinn DiNovi (15+ years of non-profit/education experience, J.D. University of Chicago); Director of Elementary and Middle Programs, Megan Orleans (6+ years of experience, M.Ed. Slippery Rock University of Pennsylvania); Director of High School Programs, Emily Roth (6+ years of experience, B.A., DePaul University); and Director of Youth and Family Counseling, Melody Rose (15+ years of experience, LCSW, MSW, University of Indiana). Meanwhile, our Board Program Committee (composed of community leaders and education experts) meets regularly across the year to assess progress and annually reviews evaluation findings.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

950	Unduplicated people to be served in 2020
750	Unduplicated Evanston residents to be served in 2020
950	Unduplicated low/moderate income people to be served in 2020
750	Unduplicated low/moderate income Evanston residents to be served in 2020
950	Unduplicated people served in 2019
750	Unduplicated Evanston residents served in 2019
950	Unduplicated low/moderate income people served in 2019
750	Unduplicated low/moderate Evanston residents served in 2019
6,800.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Y.O.U. was founded in 1971, after a group of parents, teachers, and government leaders from the community determined the need to create a new organization to serve "young people whose needs are not being met by more traditional agencies." Over the last 48 years, as the needs of youth in our community have changed, Y.O.U.'s programs have adapted to meet these emerging needs. Our current focus on limited-income youth and families began in the early 1990s in response to the growing disparity in accessing vital community services. Y.O.U. currently serves 1,600 youth and their families each year through school-based OST programs, as well as community youth outreach and housing crisis support.

Y.O.U. is overseen by a Board of Directors and by a staff executive team composed of the Chief Executive Officer, Chief Talent Officer, Chief Advancement Officer, and directors of OST Programming, Clinical and Outreach Services and Strategic Partnerships. This Executive Team oversees a diverse staff that includes AmeriCorps and VISTA fellows as well as permanent staff and interns from Loyola University and Northwestern University. The 24-member board meets ten times/year and is governed by an executive committee of 8. Board members are individuals who are representative of the community and support Y.O.U. both financially and with their unique skill sets and donated time. The board is responsible for defining mission and policies, gathering resources, monitoring the CEO, and managing funds and other assets of the organization.

Y.O.U. has not made any significant changes to its structure within the last year.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Our executive team composition includes 14% persons of color. We have a Race Equity staff committee that meets bi-monthly to explore and discuss issues of racial justice and representation. Our Race Equity Committee has sub-committees that address issues of racial equity in programming, human resources, and communications. Serving a large percentage of youth of color, Y.O.U. makes it a priority to consider their complex needs when developing programming. We are currently in the process of collecting feedback from a variety of stakeholders in our middle school programs to help inform our program refresh/restructure initiative. Through youth and caregiver surveys, as well as focus groups, we will collect feedback to ensure we are designing program that incorporates their voices. In addition to this staff focus, Y.O.U. builds community and collaborative relationships to keep an open line of communication between the community and Y.O.U. on issues of programming to the surrounding community.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

Programming Capacity: Y.O.U.'s capacity to undertake successful programming is evidenced by the success of our holistic and evidence-based program model. Our integrated model combines intensive, integrated clinical counseling and mental health supports with high-quality afterschool enrichment, parental engagement, and wraparound support. These services are intended to meet youth at their points of development and empower them to realize their full potential. Our program manual outlines our curriculum, goals, and objectives in order to ensure consistency on expectations, policies, and standards across all of our sites. This structure allows us to uphold our service model and reliably support our participants' social and emotional growth, as well as their academic achievement.

Our evaluation data demonstrates that our holistic, integrated program model works. For example, youth and families who participated in our programs during the 2018-19 school year made significant academic, social, and emotional gains:

-Academic: 93% are improving or maintaining their academic performance and 95% are improving or maintaining performance in turning in their homework on time (according to teacher reports).

Social/Emotional: 82% of participants met or exceeded Illinois Social Emotional Learning standards; 92% of participants improved or maintained their ability to persist when tasks become challenging; 93% of participants improved or maintained in getting along well with others.

Meanwhile, among parents of youth participating in Y.O.U. programs, 88% reported that Y.O.U. helped them feel more involved in their child's learning.

Organizational Capacity: Y.O.U. is also committed to ensuring our success and integrity from an administrative standpoint. Our finances and procurement are directly overseen by our Chief Financial Officer, Laura Knisley, and our Chief Executive Officer, Maggie Blinn DiNovi, respectively. Ms. Knisley has more than 12 years of experience working in finance and accounting at a wide variety of non-profits, as well as an MBA from the Northwestern University's Kellogg School of Management. Ms. DiNovi has more than a decade of experience in education consulting and has a JD from the University of

Chicago and BA in Accounting from the University of Illinois.

We implement procedures to ensure accountability. Y.O.U. operates in accordance with an annual budget that has been approved by the Board prior to the beginning of each fiscal year. Our Board Finance Committee and staff leadership team review monthly revenue and expense reports in comparison to our budgeted numbers and update our projections on an as-needed basis. Likewise, Y.O.U. implements systems to report our financial information and data to our external constituents. We maintain written policies governing the investments of assets, internal control procedures and purchasing practices. One example of an internal control procedure is that all Y.O.U. checks above \$10,000 must be signed by both a board member and a staff member. Lastly, each year, Y.O.U. completes a full financial audit under the supervision of Cohn Reznick, a nationally recognized C.P.A. firm; this audit is in accordance with all federal auditing standards and includes all OMB Circular A-133 requirements. Our audited financial statements are reviewed and approved by Y.O.U.'s Board of Directors. To date, Y.O.U. has received no findings in these audits, indicating the effectiveness of its procedur

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Each of our OST sites is managed by an Afterschool Program Manager (APM) (minimum of Bachelor's degree in education, psychology, sociology, social work, human services, or a related social service field; minimum of 3 years of experience working with youth and managing complex programs). Our APMs develop, coordinate and facilitate age-appropriate, holistic OST programs, build collaborative relationships with school staff and other partners, and identify and recruit youth who will benefit most. Each APM supervises a team of 3-4 staff composed of Part Time Youth Workers (PTYWs) and/or AmeriCorps Y.O.U.th Serve volunteers (see Organizational Chart).

Each of our OST sites also has a dedicated Master's level clinician (Youth & Family Counselor position or YFC) embedded in the program on a part-time basis who has at minimum two years of supervised experience. Our YFCs provide ongoing counseling services, including crisis response, advocacy, respite, individual and family counseling, and case management while serving as clinical consultants to OST program staff and they design and lead psychosocial/psycho-educational groups that are based on identified need.

Our program staff are supervised by a team of qualified and experience program directors (see question 8 above) while our elementary and middle school APMs are supported by Senior APMs, who coach, supervise and monitor them in developing and implementing high-quality programming. The Senior APMs, who have a Bachelor's degree at minimum and at least 4 years of relevant experience, also build and maintain relationships with key stakeholders and lead strategic initiatives.

We will not hire new staff through this funding and, thanks to our diversity of funding sources, our program staff positions could be retained without City funding.

Our program staff demographics are: 40% African-American/Black; 22% White; 19% Latinx; 8% Asian; 73% female, 21% male, and 6% non-binary.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Jennifer Simpson Leigh jsimpsonleigh@youthopportunity.org, 847-801-0226

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

826322919

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Our programs take place at Chute, Dawes, ETHS, King Arts, Nichols, Oakton, Walker, and Washington schools in Evanston. Programs begin immediately after the school day ends, so youth are already onsite. We offer bus transportation home as needed.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Leslie Warner, Grants Manager

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed	
City of Evanston CDBG	\$ 70,250.00	\$ 100,000.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 0.00	\$ 0.00	\$ 0.00	
Illinois State Board of Education	\$ 586,230.00	\$ 658,569.00	\$ 658,569.00	
Illinois Department of Human Services	\$ 175,000.00	\$ 177,372.00	\$ 177,372.00	
Private Sources	\$ 120,181.00	\$ 313,843.00	\$ 313,843.00	
Total	\$ 951,661.00	\$ 1,249,784.00	\$ 1,149,784.00	

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Personnel	\$ 646,090.00	\$ 821,399.00		\$ 86,207.00
Fringe Benefits	\$ 103,374.00	\$ 131,424.00		\$ 13,793.00
Travel	\$ 10,000.00	\$ 15,000.00		
Equipment				
Supplies	\$ 110,000.00	\$ 168,345.00		
Contractual				
Facilities/Construction				
Other				
Indirect Costs	\$ 86,946.00	\$ 113,616.00		
Total	\$ 956,410.00	\$ 1,249,784.00	\$ 0.00	\$ 100,000.00

Budget Narrative

Our fiscal year runs from 7/1 through 6/30. Our 2020 program expenses have increased approximately 20% over 2019 due to expanded summer programming and enhanced enrichment provider programming in our afterschool programs. To support this increase, we have obtained additional funding through an Illinois State Board of Education (ISBE) Healthy Communities Investment grant, while our ISBE 21st Century and Illinois Department of Human Services funding for FY20 is secured. We have a robust base of private donors (individuals, foundations, corporations) and will aggressively pursue additional funding opportunities in 2020.

Mental Health Board funding will support the staffing costs of existing/filled program staff as follows:

One Afterschool Program Manager Salary: \$44,343
 One Youth and Family Counselor Salary \$41,864
 FICA/Benefits @16%: \$13,793

Program Outcomes [top](#)**Program Outcomes**

Outcome	Indicator (How was success measured?)	Goal # (G):	G:	G:	G:	Goal Total	Actual # (A):	A:	A:	A:	Actual Total
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	
1 Youth will be	% of Y.O.U.	29 of 130 Data	Data	80%	Data	0					0

	academically successful.	participants improving or maintaining academic performance according to teacher surveys.	n/a	n/a	n/a						
2	Youth will demonstrate self-awareness and self-management to achieve school and life success	% of Y.O.U. participants who meet Illinois Social Emotional Learning Standards as measured by youth surveys.	Data n/a	Data n/a	75%	Data n/a	0			0	
3	Youth will develop self-awareness and self-management skills to achieve school and life success	Unduplicated # of youth participating in individual or group clinical counseling	40	20	15	10	85			0	
4	Youth will develop self-awareness and self-management skills to achieve school and life success	# of youth attending program regularly (20 or more days of program)	160	140	110	160	570			0	
5	Youth will develop self-awareness and self-management skills to achieve school and life success	Unduplicated # of youth attending program regularly (30 or more days) during the program year.			500		500			0	
Total			200	160	625	170	1,155	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[Audited financial statement](#)
[Form 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[IRS Letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Staff Bios and Demos](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Organization Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

[Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1- June 30, this will be for FY2019.

[Financials](#)

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149990

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Metropolitan Family Services 2020 Family Support and Prevention Program

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 80,000.00 Requested
\$ 80,000 MHB Request

Submitted: 10/15/2019 12:04:49 PM (Pacific)

Project Contact

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Tel: 312-986-4145

Additional Contacts

none entered

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Web www.metrofamily.org

President and CEO

Ricardo Estrada
estradar@metrofamily.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Metropolitan Family Services-Evanston/Skokie Center Family Support and Prevention Program

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
80,000	MHB (Human Services Fund)
80,000.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	✓	MFSEvanstonOperatingBudget
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards	✓	MFS Board of Directors MFS Evanston Community Board
REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form download template		MFS Conflict of Interest Disclosure
HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus Care, Supportive Housing and Youthbuild Programs		

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Metropolitan Family Services-Evanston (MFS-Evanston) Family Support and Prevention Program (FSP) is an intensive, case management, clinical and education program that works exclusively with Evanston families who struggle with parenting their children because of internal and external barriers and stressors that the family faces. In 2019, MFS expanded the program to include direct services with children in addition to their parents. MFS recognized the need to expand services to children. Many families cannot access services for their children because of barriers, including not being able to get to office appointments and not having Medicaid or any other type of insurance. Working directly with the children as well the parents has provided an additional layer of support for the families. The program addresses the mental health needs of the clients as well as linking them to services to meet basic needs, such as housing, food and medical care. By strengthening the functioning of families, the program reduces the risk that families will enter the child-welfare system due to abuse or neglect of their children. This program has been serving the Evanston families for 22 years. Participating clients receive individual/family counseling, advocacy and case management. Parents are supported in learning more effective parenting skills and in creating a stronger home environments with improved family dynamics. Interventions are based on the Centers for Disease Control's (CDC) research reflecting program components essential for effective service delivery for families at risk of abuse and neglect. The services are provided Monday-Friday and include daytime and evening hours, and the average length of service is six months.

MFS-Evanston also provides expanded parenting development resources through its Parenting Fundamentals (PF) program for client families. Founded in 1996, Parenting Fundamentals promotes the social-emotional development of children, prevents child abuse, strengthens families and improves school readiness and achievement. The program is an eight-to-ten week series of parenting classes that focuses on positive parenting such as non-violent discipline, knowledge of child development, parent-child communication and problem solving. Group sessions are led by skilled educators in either English or Spanish. PF is developmentally, culturally and linguistically designed. Modules support parents with children birth to 4, parents with children 4-8, parents with children 8- 12, and parents with children 12 to 18. Evidence from studies conducted through randomized control trials have demonstrated positive outcomes qualifying Parenting Fundamentals to be included in the federal (SAMHSA) registry of Evidence-based Programs and Practices. Program staff have collected data on communication, non-violent discipline, problem solving and knowledge of child development and participating parents have historically shown statistically significant improvements on all measures from pre-to post-tests that are conclusively due to the program.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

MFS-Evanston's Family Support and Prevention (FSP) Program served 52 clients in calendar year 2018 and year to date 2019, the program has already served 48 clients, including 13 children. All of them are residents of Evanston. There is at least one child per family and most of the parents are between the ages of 18 and 64. The program also serves older adults who are raising grandchildren. The percentage breakdown by race in calendar year 2018 was 23% African-American, 64% Hispanic, 12% white, and 1% Asian and multiracial and so far in calendar year 2019 for the first two quarters the breakdown is 24% African-American, 68% Hispanic, 8% white; 98 percent of the client population is lower income, with many families being single-parent female households. For this program, one eligibility criteria for services is that the client must be a resident of Evanston. At the time of intake, clients are asked to present identifying information including their address and the provision of home-based services ensures that client families meet the criteria.

The following is a family success story that highlights the work in FSP and Parenting Fundamentals, including the expansion into children's services: Client is a 61-year-old African American male and single father of an 8-year-old boy. Client was referred to FSP by another MFS therapist because of the need for intensive case management. FSP therapist began working with client and understanding more about client's story and the parenting responsibilities that client had when his wife passed away. Client stated that he had a limited role in parenting when his wife was alive; however, after her death, he knew he had to raise his child. Client did not imagine raising a child would be as difficult as it has been. Hearing client's struggles of parenting, FSP therapist knew the Parenting Fundamental classes would be extremely helpful. Since the parenting classes began, client has attended every session. Client reports how much he has learned from the classes and how helpful they are. Client expresses the difference he has seen at home since he has implemented consistent rules and reports increase positive communication with his son. Client shared that he is learning that although parenting is difficult, there are techniques he can use to help it be easier for him. FSP therapist helped client to reduce stress in other areas through case management. The client's child is an 8-year-old African-American male and here is his story. At first, it was difficult for the child to talk about his feelings about the loss of his mother. Whenever client was asked to express his feelings, he would stay quiet and never knew what to say. When client began working with the FSP therapist, he was shy and would answer questions with one word.

Therapist engaged him with games and coloring book activities, which he enjoyed, and therapist helped to reduce his stress during the sessions. Client was able to open up and express his feelings. He has even been able to talk about his mom and share the happy memories he has of her. Client has been working on learning to communicate with his father and share his feelings with his father. Client has told the therapist how much happier he feels at home and with his father, something that client never thought could be possible. The client and his father had the opportunity to go to a circus through tickets provided by MFS.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

MFS-Evanston shares the commitment to equity and empowerment with the City of Evanston and the Mental Health Board through their MHB funding priorities. MFS's mission is to provide the services needed to strength families and communities. MFS uses a community-centered service delivery model to provide high-quality, accredited services in four strategic areas: education, empowerment, economic stability, and wellness. It delivers these services to Evanston residents through FSP. MFS has significant administrative, technological, programmatic, and financial capacity is one of the largest, most respected social service agency in Illinois.

The Family Support and Prevention program promotes the mental and behavioral health of Evanston residents throughout their lifespan. The FSP program addresses mental health and social inclusion for marginalized populations through individual and family therapy. The majority of clients are Hispanic and African-American and all clients are low to very low income. MFS-Evanston is a trauma-informed agency and supports the social, emotional and developmental needs of all clients, including children and adolescents. The FSP program enhances mental and behavioral health by providing clinical case management, including referrals for clients' basic needs and direct client financial assistance. All programs are client-centered and voluntary, trusting that families have the expertise needed to thrive.

MFS-Evanston, through the FSP program and with support of these City of Evanston MHB funds, helps to promote equity by continuing to reduce the barriers that can hinder a parent and their child's well-being, development and success, and by promoting positive parenting, social emotional skills, and family development. The impact is measured in several ways: the benefits for the individual in services, the benefits for all the family members, the ripple effect of benefits for the schools and community and other relationships with which the family interacts.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

<input type="text" value="60"/>	Intake/assessment
<input type="text" value="50"/>	Referrals
<input type="text" value="45"/>	Individual case management plan/services
<input type="text" value="0"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="15"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="0"/>	Multi-session program (e.g. after school program)
<input type="text" value="10"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="0"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="10"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="190.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

There is no waiting list and eligible clients are not turned away. All clients who engage in services receive an assessment. If it is determined that the program cannot meet their needs, then the client may be referred to another service; however, this is a rare occurrence because of the broad scope of FSP. The demand does fluctuate and referrals increase in the fall, especially when the schools re-open and programming resumes at the District 65 Family Center.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

The MFS-Evanston FSP program provides both internal referrals to other programs/services offered by MFS-Evanston as well as to external partner agencies. Internal referrals are made to programs including Child & Adolescent Mental Health and Parenting Fundamentals. External referrals are made to Erie Family Health Center, McGaw YMCA, District 65 Family Center, Evanston Township and a variety of programs to assist clients with education, food, housing, legal aid and immigration.

MFS requires clients to sign consent forms to better coordinate referrals made by MFS staff ensuring a warm-hand-off to the receiving MFS program or external partner agency. Referrals are identified through assessment and ongoing case

management; and are made if there is a need for added support for the client family. MFS FSP staff will provide the referral source, complete a referral follow-up form with name, date of referral, and date of service received so as to track its completion. The FSP staff therapist will also provide assistance in connecting the family, whether it's to assist with any paperwork that needs to be completed to apply for and receive service, engagement of the receiving agency's/ MFS program point of contact to schedule the first visit/initial appointment for the client family, and/or accompanying the client family on their initial visit to support the transition of the client the receiving program/partner agency. FSP staff will conduct a follow-up after the referral is made to ensure completion and success of the relationship or as needed will provide added support if a challenge or barrier to completion. All referrals are tracked in the client's case file, as well as through the Smartcare, an electronic health record (EHR) system.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

There are no other agencies in the community that provide a similar home-based parenting service model like MFS-Evanston. The FSP Program provides needed services for client families who are difficult to outreach or engage and is unique because it combines home-based services with community supports for families in reducing family stressors and increasing family functioning. Other agencies provide case management and counseling but do not offer wrap-around services and the depth of assistance that FSP can offer. Only MFS-Evanston FSP Program offers at-risk families a well-coordinated, comprehensive and individualized array of services that are both community-based and in the home to strengthen their overall family functioning and development. MFS-Evanston also offers FSP families the opportunity to participate in the agency's Parenting Fundamentals program. This curriculum is recognized by the National Review of Evidence-Based Practices where a randomized control trial was conducted with results showing that experimental group participants had a better understanding of parenting strategies, fostered a better home environment for their children, and reported better child behavior after 8 weeks of intervention and at 4 months of follow-up. Behavior improved in the following categories: internalizing problems (anxiety, depression, somatization), adaptive skills (adaptability, activities of daily living, functional communication, social skills), and the behavioral symptoms index (hyperactivity, aggression, depression, attention problems, atypicality, withdrawal).

In support of coordination with other partners, MFS-Evanston engages the community to: introduce services, strengthen partnerships/linkages, and identify service recipients. Staff actively participate in community activities, sit on community-wide coalitions and networks, and are active via presentations, dissemination of materials/brochures, attendance at conferences/fairs and participating at meetings with the local schools and other community-based agencies. Direct service staff are cross-trained to know all program requirements and resources available in the community so they can help clients transition from one program to another and provide the necessary referrals to meet client needs. MFS-Evanston continues to be a member and leader of LAN 40 and Evanston Cradle to Career. For the past few years, MFS staff have organized the annual resource fair of the LAN, held in October. Staff provide leadership to older adult collaborations through the Adult Protective Services program. Specific examples of partnerships are the District 65 Early Childhood Center where the FSP therapist co-facilitates a parent-support group in English and Spanish. The FSP program staff also offer parent workshops, assist with resource fairs; and participate on the District 65 Family Center's Advisory Committee. MFS-Evanston has a partnership with the McGaw YMCA in Evanston to provide financial support for children and families in Metropolitan's programs, including FSP, to attend Camp Echo.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

The goal of FSP is to strengthen families, identify and address mental health needs, improve parent-child difficulties and provide intensive individualized case management for the basic needs of housing, food and medical care. 2019 Outcomes will be: 1) family functioning and parent-child difficulties to improve; 2) parents to improve parenting, self-care, and coping skills; 3) family to be linked to additional community resources and support. For data collection and reporting, the MFS Department of Quality and Outcomes led by a Director of Quality and Outcomes and supported by three full-time Master's Evaluation Associates. This department is responsible for logic model review, client satisfaction surveys, data base systems to collect client data, service utilization and costs, and create customized data reports for program evaluation and analysis.

The FSP evaluation uses multiple assessments to identify treatment gains and provide valid and reliable reporting: 1) A structured clinical assessment interview observes the family/parent in their environment and identifies challenges/strengths. The Family Together Form is completed when the case opens and then every 3 months to assess family conflict, relationships, communication, safety, financial resources and residential stability. 2) The Global Assessment of Functioning (GAF) rates a person's psychological, social and occupational functioning on a point scale of 1 (lowest) to 100 (highest), is linked to diagnostic criteria from the DSM and is used pre-post intervention. 3) Treatment goals are defined in partnership with client families and along with other tools determine client progress/changes resulting from services. 4) The Parenting Stress Inventory (PSI) determines the service delivery impact on parental mental health and family functioning. The PSI yields a Total Stress score from three scales: Parental Distress, Parent-Child Dysfunctional Interaction, and Difficult Child to see changes that occur and is recognized as a valid measurement for at-risk families (ACF 2010). Parenting Fundamentals participants are assessed through a pre-test and a post-test.

While the clients' stories tell of individual or family successes, the FSP program outcomes speak to larger successes among all families served. For the outcome of improvement of family functioning and parent-child difficulties, 80% of clients in the FSP program reported having an improvement in family conflict, in better communication, and in sibling relationships (Data from 1/1/18-12/31/18 and 1/1/19 to 8/30/19). In working toward an outcome of parents will improve parenting, self-care and coping skills, 70% of clients improved functioning from the initial appointment to closing (measured by the GAF and at the time of case closing). Additionally, 80% of families partially, substantially or fully achieved their treatment goals (Data from 1.1.2019 to 8.30.2019). Finally, 94% of clients improved functioning from their initial appointment to closing as measured by the GAF, and at the time of case closing, 84% of families partially, substantially or fully achieved their treatment goals (1.1.2018 to 12.31.2018).

MFS-Evanston's leadership staff ensure the FSP program is implemented as planned. The Executive Director comes with years of leadership and community engagement experience. The Clinical Program Manager and the Clinical Program Supervisor provide leadership, supervision and general support of the program.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

60	Unduplicated people to be served in 2020
60	Unduplicated Evanston residents to be served in 2020
58	Unduplicated low/moderate income people to be served in 2020
58	Unduplicated low/moderate income Evanston residents to be served in 2020
60	Unduplicated people served in 2019
60	Unduplicated Evanston residents served in 2019
58	Unduplicated low/moderate income people served in 2019
58	Unduplicated low/moderate Evanston residents served in 2019
472.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

MFS, a 501 (c) 3 not-for-profit corporation, has served Chicago and its suburban communities for over 160 years. Its mission is to provide and mobilize the services needed to strengthen families and communities. MFS uses a community-centered service delivery model, concentrating resources in over 70 communities within Chicago, suburban Cook and DuPage counties. MFS-Evanston is one of seven centers and has served the Evanston community for 20 years. In FY2017, MFS Evanston/Skokie Valley served over 2,900 clients annually through a comprehensive range of services to include Family Support and Prevention, Child and Adolescent Mental Health, Adult Protective Services, General Counseling, Substance Abuse Prevention and Adoption Preservation. Clients range in age from newborn babies of teen mothers to older adults needing care. MFS reaches a diverse population: 68% are minorities (African American, Latino/Hispanic), 54% are women, and the vast majority of clients are low-income, with approximately 80% earning less than \$20,000 annually.

The parent agency has a 61-member board of business and community leaders who are fully engaged and committed and who oversee all aspects of agency finances. The agency also has numerous auxiliary boards. MFS's Evanston local board has 12 members that represent the Evanston/Skokie Valley community. The local board provides direction for programming, helps identify emerging community issues, and assists with fundraising. There is an Executive Director who oversees MFS-Evanston who is responsible for staffing, budget and meeting agency strategic goals. The Executive Director of North/Evanston/Skokie Valley reports to MFS's Chief Operating Officer. Evanston Supervisors hire their own staff and set program goals based on community needs, funder requirements, quality/accreditation standards and agency goals. The Senior Program Supervisor and direct service Master's level clinician have been with the program since 2014. Local staff are given significant authority because of their experience, expertise, and community history/knowledge. All revenue for MFS-Evanston programs are deposited directly into its program accounts and are fully accounted for in Metropolitan Evanston budgets and agency wide audits. MFS-Evanston is expected to be fully-funded. Programs are financed by public funding, the United Way, foundations and private donations. Locally, MFS-Evanston raises funds through direct appeals, board support and community events and are designated specifically to the Evanston site. The parent organization completes agency-wide fundraising and raises over \$6 million annually. The money raised in Evanston directly supports Evanston-based programs. MFS has strong accounting and auditing procedures to ensure all restricted dollars are used as directed by the funder. Unrestricted funds raised by the parent organization provide monetary support for the Evanston site. Administrative services are centralized with the parent agency and include: HR; financial management; continuous quality/evaluation; fundraising;

technology; and program support. Costs are allocated across all MFS programs based on the full-time employees assigned to each site. 11% of MFS-Evanston's budgeted costs are allocated for these administrative support expenses.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

The executive leadership team is made up of 13 professional staff: the CEO, COO, CFO, VP of Human Resources, VP of External Affairs, the Executive Director of Legal Aid Society, Executive Director of the Metropolitan Peace Initiative and the Executive Directors of MFS's North/Evanston Skokie, Calumet, Southeast, Southwest, Midway and DuPage community centers. Of these 13 leaders, nine are staff of color (69%).

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

MFS has significant administrative, technological, programmatic and financial capacity as one of the largest, most respected social service agencies in Illinois. MFS is a Council on Accreditation (COA) certified organization. COA is an objective and reliable verification that provides confidence and support to an organization's service recipients, board members, staff, and community partners. The COA reaccreditation process involves a detailed review and analysis of both the organization's administrative operations and its service delivery practices. All are measured against national standards of best practice. These standards emphasize services that are accessible, appropriate, culturally responsive, evidence-based, and outcomes-oriented, in addition, they confirm that the services are provided by a skilled and supported workforce and that all individuals are treated with dignity and respect.

MFS manages a budget of \$82 million and has a staff team of more than 1,000 full- and part-time professional staff. The portfolio of funding is varied and extensive. For its most recently completed fiscal year (2019), MFS had over 78 programs that received governmental funding from a variety of state, local and federal funding sources. For all programs, MFS has maintained compliance in all programmatic and fiscal auditing requirements. Fiscal staff are experienced in completing the necessary vouchers for reimbursement of contracts in a timely manner and well-versed for fiscal reporting purposes. MFS has the necessary fiscal controls and accounting procedures in place to oversee and monitor expenditures for all of its services. MFS uses Financial Edge Accounting software and Ultipro manages payroll. Program expenditures are reviewed quarterly to ensure their alignment with budgeted projections. Budget reports are provided to funders as required. MFS is audited annually by an external independent auditing firm, RSM. The most recent audit shows a continued pattern of financial stability.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

MFS-Evanston requests \$80,000 to fund a full-time equivalent Program Therapist who will provide direct service hours to 60 adults and children to include comprehensive home-based family intervention, counseling/case management support and referrals for basic needs; and to provide Parenting Fundamentals groups to Evanston residents through FSP. The direct staff designated to FSP is a Master's level clinician who is bilingual Spanish-English to meet the cultural and linguistic service needs for the Spanish-speaking families in this program. The clinician is a 31-year-old Hispanic-Mexican female. This staff member has also completed the 40-hour domestic violence training. The Clinical Program Supervisor is a Licensed Clinical Social Worker and the Clinical Program Manager is a Licensed Clinical Social Worker and an Illinois Certified Domestic Violence Professional. The Clinical Program Supervisor is a 35-year-old white female. The Clinical Program Manager is a 54-year-old Asian-Indian female. The supervisor provides trauma-informed direct supervision and case consultation regularly. The average length of service for the FSP Program is six months, so the estimated staff to participant ratio is 1 to 30. Staff work one-on-one with these families throughout their enrollment. For the PF component, expenses will cover the implementation of the program curriculum by a trained group of Parenting Education Practitioners who have extensive knowledge and experience of providing education resources on child development, effective communication tools, non-violent discipline, and anger management techniques. There are members of this education team who are bilingual/bicultural Spanish-English to provide the Parenting Fundamentals curriculum in Spanish as well as English.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Jennifer Jenks, jenksj@metrofamily.org, 773-371-3711; Clare O'Shea, osheac@metrofamily.org, 312-986-4212

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's

DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

079745246

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."
NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Most of the services are home based where the clinician will seek families in their home. Otherwise, clients can visit the office at 820 Davis Street, Suite 218, Evanston, Illinois 60201. CTA cards available for clients, as needed.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Jennifer Michel, Director of Public Grants

Budget [top](#)

Funding Sources/Revenues	2019	2020 2020 Committed		
City of Evanston CDBG				
City of Evanston Mental Health Board Funds	\$ 67,200.00	\$ 80,000.00		
Metropolitan Family Services Fund Raising/Unrestricted	\$ 60,096.00	\$ 50,662.00		
Total	\$ 127,296.00	\$ 130,662.00	\$ 0.00	

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Salaries	\$ 71,331.00	\$ 73,471.00		\$ 56,284.00
Fringe Benefits	\$ 16,533.00	\$ 17,029.00		\$ 13,041.00
Program Expenses	\$ 1,250.00	\$ 1,250.00		
Staff Mileage	\$ 1,450.00	\$ 1,450.00		
Professional Fees	\$ 10,675.00	\$ 10,675.00		\$ 10,675.00
Staff Supplies	\$ 2,148.00	\$ 2,212.00		
Technology/Telecommunication	\$ 2,466.00	\$ 2,540.00		
Occupancy	\$ 7,209.00	\$ 7,425.00		
Other	\$ 1,713.00	\$ 1,713.00		
Administrative	\$ 12,521.00	\$ 12,897.00		
Total	\$ 127,296.00	\$ 130,662.00	\$ 0.00	\$ 80,000.00

Budget Narrative

City of Evanston MHB funds will be used to support the salaries of a 1.0 FTE Mental Health Practitioner, 0.18 FTE salary of a Clinical Program Supervisor, their related fringe benefits and (1) Parenting Fundamental class. Positions are currently filled. We are requesting additional funds to fully cover the costs of the Parenting Fundamental class (we were not before) plus the increased costs of staff salaries/fringe. Funded staff positions will serve Evanston clients exclusively.

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Family functioning and parent-child difficulties will improve.	The Family Together form will be completed at baseline, every 3 months and at closing. The PSI will be collected at baseline, 6 months, and/or closing (if in service beyond 6 months).	20	10	12	14	56					0
2	Parents will improve parenting, self-care, and coping skills, and children will show improvement in symptoms and coping skills.	Treatment plans will be reviewed at 3-month intervals and will report on client's progress toward goals. GAF scores collected at baseline, 3-month intervals and closing.	18	8	10	12	48					0
3	Family will be linked to additional resources and support within the agency and in the community.	Referrals and assistance will be provided to clients and outcomes will be tracked in the case file.	16	6	8	10	40					0
4							0					0
5							0					0
Total			54	24	30	36	144	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[MFS Audit](#)
[MFS Form 990](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[MFS Annual Report 2018](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[MFS IRS Letter](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[MFS Bios](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[MFS Evanston Org Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

[MFS Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1- June 30, this will be for FY2019.

[Memo_2019audit](#)

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149973

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Trilogy Inc
Trilogy Behavioral Healthcare - Evanston Mental Health Program

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 30,000.00 Requested
\$ 30,000 MHB Request

Submitted: 10/21/2019 11:56:39 AM (Pacific)

Project Contact

Samantha Handley
shandley@trilogyinc.org
Tel: 773-382-4051

Additional Contacts

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Trilogy Inc

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Fax 773-262-4841
Web www.trilogyinc.org

President and CEO

Samantha Handley
shandley@trilogyinc.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Trilogy Behavioral Healthcare - Evanston Mental Health Program

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

N/A

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

CARF - the most recent accreditation was in December 2016 and is good through February 2020. The next review will commence in early 2020.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
30000	MHB (Human Services Fund)
30,000.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

N/A

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

N/A

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Trilogy 2020 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[Trilogy Board List](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form [download template](#)

[Trilogy COI Form](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Trilogy addresses the need of adults who are showing the signs of mental illness to receive services to help them on their road to recovery. This includes an initial assessment to determine a mental health diagnosis, if any; an individualized treatment plan; and linkage to services, including psychiatric and psychological support, primary medical care, substance use treatment, intensive case management, housing, supported employment, and peer support. Trilogy refers clients to community providers to receive additional services; in Evanston, this includes Connections for the Homeless, PEER Services, Erie Family Health Center, Impact Behavioral Health Partners, Evanston Public Library, various local churches and the Vet Center.

The Program has been developed and modified in response to the Evanston community wishing to compassionately and effectively support people with mental illness. Recent initiatives highlight Trilogy's commitment to these priorities. Trilogy was awarded a grant through the Community Evanston Foundation to expand therapy services in District 65. We are in the process of developing partnerships with several schools to begin the implementation phase of developing a school-based therapy program. In addition, we received additional funding from St. Francis Hospital to continue our expansion of assessment and linkage services in the Evanston community.

The Coordinator works closely with Evanston social service agencies, health care providers, businesses, government agencies (e.g., police and fire departments, public library, and parks and recreation), and schools to identify people who may have mental health issues. She conducts intake assessments on Tuesdays and Fridays at Hilda's in partnership with the nurse, psychiatrist, and case managers. In addition, we are also offering assessments at St. Mark's church every Wednesday to reach a larger community population. If she is not present, another intake worker will conduct an assessment, rather than having the person return another day.

Prior to conducting an assessment, it may take several contacts for the Coordinator to earn the trust of a person who is experiencing symptoms of mental illness. The Coordinator works hard to maintain contact with the person during this phase, including determining locations the person frequents and connecting with family members, friends, businesses, and providers that have contact with the person. She also conducts in-community outreach at agencies and public places that are often frequented by transient individuals to build and maintain rapport with new referrals and to help locate clients in need of linkage services. The purpose of these outreach efforts is to reach a larger population that may not be utilizing or accessing specific services in the community.

The frequency and duration of contacts between the Coordinator and clients varies based on the level of rapport building and the time required to transfer them to other Trilogy service providers for ongoing services. There are three phases in this process: intake (including relationship building), assessment, and transfer (including development of a treatment plan and soft hand off for services).

If the assessment indicates that the person does not have a mental health diagnoses that qualifies for Trilogy services, the Coordinator will refer the person to the appropriate services within or near Evanston.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

The direct beneficiaries of Trilogy's Evanston Mental Health Program are Evanston adults who are living with mental illness. This includes homeless adults, many of whom have never been assessed for mental health issues and have never received mental health services; people with untreated substance abuse issues who don't know what treatment options exist; people living in one of Evanston's nursing homes that house people with mental illness; and other adults with undiagnosed and untreated mental illness.

Currently in FY 2019, the third year that the Evanston Mental Health Program received funding from the Evanston Mental Health Board, Trilogy provided services to 222 Evanston residents, with over 95% having annual incomes of less than \$10,000. More than half (60%) of Evanston clients were African-American, while 35% were White and 5% were Hispanic. There were more male clients (57%) than female. By age, 7% of clients were under 30 years old, 36% were between 30 and 49 years old, and 57% were over 50 years old.

To be eligible for services and become a Trilogy client, there must be a diagnosis of a mental illness. The primary mental health diagnosis for Evanston clients in FY 2019 was bipolar disorder (23%), schizoaffective disorder (26%), schizophrenia (14%), major depression (22%), and other (ADHA, mood disorder, PTSD, or anxiety) (14%). Further, more than one in three (36%) clients have mental illness with co-occurring substance use disorders, a key focus of the organization's Integrated Dual Disorders Treatment program.

With Trilogy's Mental Health Care Coordinator reaching out to Evanston social services organizations, primary care providers, first responders, schools, libraries, and businesses, the broader Evanston community also benefits from this program. The Coordinator provides education to community members on best practices for responding when someone presents with a mental health issue and receives referrals from throughout the Evanston community. In addition, she serves as a resource to providers in the community who may be unfamiliar with working with people with mental illness; for example, she has worked with Erie Family Health Center to assist doctors and nurses who have patients who may have a mental illness.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

Trilogy is not applying for CDBG funds but the following are highlighted as priority programs and services by the Mental Health Board in 2020:

- Promote the mental and behavioral health of residents throughout the lifespan
- Address mental health and social inclusion for marginalized populations
- Support social, emotional, and developmental needs of children and adolescents through trauma informed care
- Enhance mental and behavioral health by providing emergency or long-term housing, case management or nutritional services.

Central to the philosophy of all Trilogy services is a belief in the possibility of long-term recovery from mental illness and mental illness with co-occurring substance use issues. We operate under the assumption that people can and do make good choices for themselves when offered accurate information, a wide array of recovery options, acceptance, and support. Our services are designed to maximize individuals' independence, self-sufficiency, and quality of life, by helping people identify their own strengths, talents and interests and to develop their own recovery plans.

Trilogy is a Trauma-Informed Care organization. We have an appreciation for the high prevalence of traumatic experiences in persons who receive mental health services. Every single client served by our organization experiences a safe and trusting physical and social environment that provides trauma-informed and trauma-specific services that are easily accessible; person-centered, competently delivered, culturally respectful and consistent with recovery-oriented principles of collaboration: shared decision making and self-direction.

Trilogy feels that this program, our current array of services available to Evanston residents as well as continuing expansion through such initiatives as our school-based programs meets all of the priorities listed above. While not all of our initiatives are funded directly through the Mental Health Board, this grant is one of the primary sources of funding that allows Trilogy to maintain a dedicated presence in Evanston.

Our partnership with Hilda's drop-in, the Community Evanston Foundation, and Suburban Cook County is designed to be able to help community members access and maintain affordable and safe housing options with wrap around supports in the individual's natural setting. It is our hope that with such supportive services, individuals can succeed and thrive in their communities and have ease of access to care without having to rely on emergency services to meet daily needs. With these initiatives, Trilogy and its partners are invested in the Evanston community and its residents.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

<input type="text" value="60"/>	Intake/assessment
<input type="text" value="32"/>	Referrals
<input type="text" value="44"/>	Individual case management plan/services
<input type="text" value="0"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="0"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="0"/>	Multi-session program (e.g. after school program)
<input type="text" value="0"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text" value="40"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="0"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="176.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

There is no wait list. We offer immediate linkage services following the assessment period to begin the process of helping individual's access care such as psychiatry, primary care, case management, therapy services, among other supports. Clients can then access more long-term, intensive supports as needed.

As mentioned above, if the mental health assessment indicates that the person does not have a mental health diagnoses that qualifies for Trilogy services, the Coordinator will refer the person to the appropriate services within or near Evanston.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Yes, referrals for programs within the organization are available and offered to those individuals that link to Trilogy services. For example, if the Coordinator engages a client into care for intensive case management services and later learns that the client would also like individual therapy, the Coordinator can submit a referral to the Outpatient Services Department. The referral process is completed via the client's Electronic Medical Record (ECR). Each client has an established ECR once they are enrolled into services. A referral section is designated for staff to refer within programs if a client has an identified interest or need. The referral form is titled 'Intra-Agency Referral Guide.' This is completed and submitted via the client's ECR which prompts an alert to be sent to the department in which the client is referred. The department head will contact the client and/or staff to begin linkage to programming.

For referrals submitted to other agencies, we utilize our charting system known as Carelogic. Carelogic offers staff the ability to track referrals and contacts with community members. Each encounter and/or referral is tracked via Intake Tracking.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Several Evanston organizations work with people with mental health issues, including Presence St. Francis Hospital, Evanston Hospital, Erie Family Health Center, Connections with the Homeless, the Vet Center, PEER Services, and Impact Behavioral Health Partners. Trilogy works closely with these agencies, referring clients to them for supportive services and receiving referrals of potential clients. In addition, if an Evanston resident who receives an assessment is not diagnosed with a mental illness, Trilogy will seek to find the appropriate services in or near Evanston for that person.

With the expansion of the client base to include children, youth, and families, Trilogy will develop relationships with youth- and family-serving organizations in Chicago, Evanston, and neighboring suburbs, including Districts 65 and 202, Y.O.U, Youth Job Center, the Moran Center, and Family Focus. Likewise, as the organization reaches out to more immigrants and undocumented individuals who may have experienced significant discrimination, stigma, stress, and trauma, staff will work with the school districts, primary care providers, and organizations that reach out to this population, including Asian Human Services and Hamdard Center for Health and Human Services.

Through close and ongoing communications with the organizations listed above, Trilogy seeks to avoid duplication of services and works to assure that services are unique and needed by community members. Trilogy is the only organization on the far north side of Chicago and in Evanston, Skokie, and other neighboring suburbs that provides intensive outreach services where staff members, who are part of Assertive Community Treatment teams and Community Support Teams, work with clients in their homes and elsewhere in the community to provide a wide range of supportive services and assistance, including helping clients get to appointments and shop for groceries and other necessities, safely take prescribed medications, obtain benefits and housing, and improve their independent living skills and quality of life. Further, Trilogy is unique in providing a wide range of integrated services, including primary and behavioral health, substance use treatment, supported employment, housing, and peer support.

Trilogy also partnered with St. Francis Hospital starting in January of 2019. The purpose of the partnership is to provide quality discharge planning which includes linkage to behavioral health supports post discharge from an inpatient psychiatric or ER setting. The Trilogy staff works in-conjunction with ER and crisis staff to identify immediate patient behavioral health needs with linkage to psychiatry within 7 days of discharge. Our hope is to minimize high utilization of emergency services by providing linkage to community-based behavioral health services so that patients can easily access the services they are most in need of instead of returning to high-cost public services such as ER's. We have received over 200 referrals and provided linkage to care to nearly 80 patients. Also, this is an example of Trilogy's presence in Evanston streamlining access to community services and linkage by being directly on-site and further reducing duplication of services, inefficiencies and recidivism.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

The Coordinator will complete at least 60 mental health assessments of Evanston residents referred by the Evanston Department of Health and Human Services or by other members of the Evanston community, as well as by residents who self-

refer. Depending on the needs of the individual, the initial assessments can take place at their residence, in the community (e.g., the library, Hilda's Place, Erie, or a coffee shop), or at Trilogy's Evanston or Rogers Park offices.

Following the assessment, people who receive a primary mental health diagnosis, typically bipolar disorder, depression, schizoaffective disorder, schizophrenia, or anxiety, are eligible to become Trilogy clients. The Coordinator will link at least 44 individuals to services at Trilogy based on their need for care. Levels of care include Assertive Community Treatment (ACT), Community Support Teams (CST), Recovery Services (RS), and Outpatient Services (OPS). All individuals who are engaged in services will be offered Trilogy's wide array of programming including Supported Employment, Family Services, Therapy, Psychiatry, Case Management, Group Therapy, Integrated Dual Disorders Treatment, and Drop-In Center.

The Coordinator will work with the team that the client is assigned to assure the handoff from Intake to a care team is done with the highest level of attention to the client's needs. In addition, the Coordinator will work with the care team in the development of individualized treatment plans for each client.

The Coordinator will refer at least 32 people to outside providers, including people who are not eligible to become a Trilogy client (e.g., not having a primary mental health diagnosis) and clients who need services not provided by Trilogy.

In addition, at least 40 clients will use the Beacon, Trilogy's peer-run drop-in center in Rogers Park, which has a computer lab, daily activities, and access to peer support and recovery counselors, all in a safe, supportive environment.

Several instruments are used to gather data to measure program outcomes. Intake staff gathers monthly statistics which track the number of crisis contacts, assessments completed, and clients who enroll in Trilogy's services. Staff track the number of individuals living with mental illness who are engaged through community outreach efforts. Trilogy completes an IM+CANS (Illinois Medicaid Comprehensive Assessment of Needs and Strengths) - a standardized assessment tool used by all State certified clinicians that includes a diagnostic assessment, family background, trauma history, and suicide and violence risk screenings as well as interests and goals - for all clients open to the agency for services.

Trilogy recognizes the importance of data collection and analysis for program development, enhancement, and evaluation to ensure participant access to quality services. Trilogy uses CareLogic, an electronic medical record system, to improve quality of care, improve consumer safety, and eliminate inefficiencies to reduce the cost of care. This allows Trilogy to quickly and accurately report on a variety of demographics and outcomes.

Trilogy is committed to evaluating the performance of all clinical programs. Trilogy's Data Department is tasked with collecting, coding, analyzing and interpreting quantitative and qualitative data; and reporting evaluation reports to funders and other interested parties. Data reported is used at all levels of leadership to critically evaluate programs.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

<input type="text" value="325"/>	Unduplicated people to be served in 2020
<input type="text" value="75"/>	Unduplicated Evanston residents to be served in 2020
<input type="text" value="325"/>	Unduplicated low/moderate income people to be served in 2020
<input type="text" value="75"/>	Unduplicated low/moderate income Evanston residents to be served in 2020
<input type="text" value="260"/>	Unduplicated people served in 2019
<input type="text" value="60"/>	Unduplicated Evanston residents served in 2019
<input type="text" value="260"/>	Unduplicated low/moderate income people served in 2019
<input type="text" value="60"/>	Unduplicated low/moderate Evanston residents served in 2019
<input type="text" value="1,440.00"/>	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Trilogy is a private not-for-profit behavioral healthcare organization with nine offices in Chicago and one office in Evanston. The organization also has five group homes housing 45 clients, with four homes on the north side of Chicago and one on the south side.

Trilogy's mission is to assist people in their recovery from mental illness by helping them discover and reclaim their own

capabilities, life direction and well-being. Central to the philosophy of all Trilogy services is a belief in the possibility of long-term recovery from mental illness and mental illness with co-occurring substance use issues. We operate under the assumption that people can and do make good choices for themselves when offered accurate information, a wide array of recovery options, acceptance, and support. Our services are designed to maximize individuals' independence, self-sufficiency, and quality of life by helping people identify their own strengths, talents and interests and to develop their own wellness recovery plans.

Trilogy makes a significant effort to ensure that peers are well-represented throughout the organization. There are 17 individuals on the Board of Directors of which 25% percent can be described as primary or secondary consumers. One Board member self-identifies as a peer, which helps ensure that the consumer viewpoint is articulated and represented. Trilogy currently employs 30 primary consumers, most of whom are service providers and several frequently speak at presentations and on panels across the country about the impact that working as peer specialists at Trilogy has on them and the people we serve.

During FY 2017, Trilogy's Board of Directors, with the input of senior staff, updated the organization's strategic plan for the period from 2017 to 2020, which is included as supplemental information in the documentation section.

Trilogy's Board of Directors has 17 members from Chicago and the suburbs. The Board oversees the President and CEO, assures that the long-range goals of the organization are being met, and works with senior staff through committees, including Finance, Development, Program Quality, and Human Resources.

Trilogy's Intake Department, displayed in the attached organizational chart, is overseen by the Director of Intake, Megan Miller, and has six intake workers. The Intake Department is a key segment of the clinical services provided by Trilogy, essentially the warm welcome to Trilogy services to potential clients. The Chief Clinical Officer, Susan Doig, oversees Intake and recovery-focused client services, including Outpatient Services, Intensive Outreach Services, Residential Services, Peer Services, and Employment Services. Additional services overseen by other senior staff include Williams and Colbert Implementation (consent decrees to assess and move nursing home residents into the community), Occupational Therapy, Impact Youth and Family Services, Integrated Health Care, and Integrated Dual Disorders Treatment. The clinical services organization chart is also included in the documentation.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Trilogy's leadership team consists of 15 members; 4 staff are persons of color and/or Hispanic or Latino background.

Our CEO and clinical leadership team conduct monthly workgroups to engage staff from all levels, backgrounds, and service areas from across the agency to discuss client needs, agency initiatives, and our strategic plan. The purpose of these workgroups is to gather information and ideas from front line staff regarding the community needs and to gather feedback about the direction of our agency.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

Trilogy is well established to support the financial roles needed to carry out the proposed program. Trilogy's Financial Department operates organization finances through Sage MIP Fund Accounting and manages purchases with Sage's Account Receivable module. The department is overseen by the Chief Financial Officer, who has more than 20 years of financial management experience. He supervises an Accounting Manager; an Accounts Payable Clerk; and a Staff Accountant.

Trilogy's financial policies lay out an authorization matrix with proper authorizations and documentation to complete any transaction. The policies cover 14 areas, including document retention, conflict of interest, whistleblower, governance, information technology, budgeting and financial reporting, grants and contracts, personnel and payroll, accounts payable and cash disbursements, purchasing, the control environment, and the accounting system. Additionally, Trilogy's Board Finance Committee is comprised of several finance experts, who meet once a month to review the previous month's financial results. Trilogy Annual Audits are completed within four months of year-end and have all been unqualified.

Trilogy is licensed by the Illinois Department of Human Services Division of Mental Health (DMH) as a Medicaid provider. Trilogy staff assists clients with enrolling in healthcare plans made available through the Affordable Care Act. Trilogy has provider contracts signed with twelve Managed Care Organizations. We continue to develop workflows and procedures to efficiently and accurately bill through these contracts. Trilogy's Chief Operations Officer and Chief Financial Officer works closely with the Managed Care Department to oversee administrative needs of this area.

Government contracts and grants comprise 95% of Trilogy's funding. Through building strong relationships with a diverse range of funders including foundations, corporations, and individual donors, Trilogy works to strengthen and expand our current programming while developing innovative initiatives that further increase access to quality care for those we serve. Trilogy receives philanthropic support from foundations such as the Crown Family Foundation, and Baxter International Foundation. Trilogy also works to strengthen and expand our current programming while developing innovative initiatives that further

increase access to quality care for those we serve.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Staff 1: 33-year-old Caucasian, Female

Staff 2: 31-year-old Caucasian, Female

Staff 3: 30-year old Caucasian, Female

We have 2 Licensed Clinical Social Workers (LCSWs) in the program, 1 Master's Level Clinician; all staff are Quality Mental Health Provider (QMHP) or higher. Our staff have 8+ years of community mental health experience.

The intake team does not carry a caseload. Their responsibility is to open and link clients to services within the agency. They do not work with client's long term. Each intake staff opens between 0-10 client's to services a week via Open Access or scheduled intake referrals. The linkage team provides intake and linkage (brief case management services) and carry a caseload of 20 clients. The 7th person in the department is the Director of Intake and does not carry a caseload.

We recognize the limited diversity of our team and therefore, utilize other departments and staff with lived experience across the agency to provide supportive services, outreach and engagement services to reach a larger demographic of clients seeking behavioral health services.

There will be one staff member on this program. Ms. Brittany Ramenani, QMHP, MSW. She was hired in June of 2019 to be the Evanston Mental Health Care Coordinator. She was hired on after the previous transitioned. Ms. Brittany Ramenani received a Bachelor of Arts in Sociology from North Park University in Chicago and a Master's in Social Work from Jane Addam's School of Social Work at University of Illinois at Chicago. Brittany has been working with Trilogy for four years initially starting as Trilogy's housing coordinator where she served as a point of contact for community landlords, managed Trilogy's Housing First Permanent Supportive housing program, provided trainings around best housing practices and offered technical assistance to teams around navigating subsidies and locating affordable housing. Brittany's current role at Trilogy is serving as Community Liaison in Trilogy's Intake Department. In this role, she has connected with many Evanston service providers to identify individuals with mental illness who would benefit from Trilogy and has worked to connect with individuals through assessment and rapport in order to link them to services.

Ms. Brittany Ramenani will be overseen by Trilogy's Director of Intake, Ms. Megan Miller, who has been with Trilogy for 7 years. Highlighting the importance of this program, Trilogy will frequently have its Chief Clinical Officer, Ms. Susan Doig, and/or Vice President, Ms. Samantha Handley, attend EMHB meetings and meet with EMHB staff.

No new or additional staff will be hired for this program. The position will not be retained as it currently exists without City funding, unless another public or private funding source replaces it. There still would be intake of Evanston residents seeking mental health services, as well as the provision of these services to eligible clients. There would, however, be significantly less outreach within the Evanston community to identify adults, and eventually children, youth, and adolescents, who would benefit from receiving a mental health assessment and services and support from Trilogy.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Megan Miller, mmiller@trilogyinc.org, 773-382-4005/ Kyu Yup Kim, kkim@trilogyinc.org, 773-382-4026

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

040888943

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with

disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

N/A

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Services are provided in community within the City of Evanston. Care Coordinator's office is located in the main office, 1400 W. Greenleaf, Chicago

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Samantha Handley, President and CEO

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00
City of Evanston Mental Health Board Funds	\$ 28,800.00	\$ 30,000.00	\$ 0.00
St. Francis Grant	\$ 0.00	\$ 50,000.00	\$ 0.00
Medicaid FFS Billing	\$ 32,500.00	\$ 0.00	\$ 0.00
Total	\$ 61,300.00	\$ 80,000.00	\$ 0.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Mental Health Care Coordinator	\$ 40,000.00	\$ 43,500.00	\$ 0.00	\$ 24,060.00
Fringe Benefits	\$ 8,628.00	\$ 9,383.00	\$ 0.00	\$ 5,190.00
Travel	\$ 2,000.00	\$ 750.00	\$ 0.00	\$ 750.00
Supplies	\$ 300.00	\$ 300.00	\$ 0.00	\$ 0.00
Occupancy	\$ 2,720.00	\$ 3,435.00	\$ 0.00	\$ 0.00
Training	\$ 1,300.00	\$ 145.00	\$ 0.00	\$ 0.00
Indirect/ Administrative Costs	\$ 5,880.00	\$ 16,265.00	\$ 0.00	\$ 0.00
Total	\$ 60,828.00	\$ 73,778.00	\$ 0.00	\$ 30,000.00

Budget Narrative

Trilogy's \$30,000 funding request to the Evanston Mental Health Board (EMHB) equals the request submitted in 2018 but \$1,500 higher than actual award. However, the total costs associated with providing this service remains constant. EMHB enables program to provide non-Medicaid funded services such as outreach and engagement as well as ensure that any Evanston resident in need of mental health services can access services, funded or not. This funding is vital to our ability to provide comprehensive coverage.

Details of Funding Request below:

Mental Health Care Coordinator: This position provides direct services in the community as described in the program narratives. The annual salary for the current person in the position, Ms. Brittany Ramenani, is paid an annual salary of \$43,500. We are requesting that \$24,060 of her salary be funded by EMHB to enable Trilogy to deploy her efforts at that rate to support grant activities.

Fringe Benefits: Trilogy provides Fringe benefits to all staff at an estimated rate of 21.57%

- FICA: 7.65%
- Unemployment Insurance: 0.5%
- Workers Compensation: 1.58%
- Health Insurance including Employer share of Dental and Vision: 11.84%

Supplies and Training: These line items will also not be budgeted in this year's application as Trilogy is confident that costs savings can be achieved through shared costs and price negotiations.

Occupancy: This line item will also not be budgeted in this year's application due to funding limitations. This program's home office is located in our main building at 1400 W. Greenleaf and costs listed in budget represents this program's share of maintaining operations of building.

Travel/ Mileage Reimbursement: Trilogy reimburses staff at 54.5 cents per mile for travel with their own vehicles. The EMHB Coordinator currently averages about 115 miles of local travel per month. (114.68 miles x \$0.545 x 12 months = \$750)

Indirect Costs/ Administrative Costs: Trilogy has a Federally Negotiated Indirect Cost Rate of 28.28% against Modified Total Direct Costs. This line item is not budgeted in this year's application due to funding restrictions.

Trilogy currently does and will continue to provide services to the City of Evanston and will do so through a variety of funding sources such as Medicaid Fee for Service billing revenue, Community Foundation and St. Francis Hospital grants. EMHB funding will allow us to dedicate capacity to Evanston in terms of time spent, services rendered (non-billable) and people served (non-funded.)

The cost of operating this program is expected to increase by at least \$10,000 in the coming year due primarily to salary increase and increased overhead allocations. While EMHB funding and Medicaid Fee for Services is not expected to change drastically, the addition of grant funding from St. Francis will allow the program to be less dependent on providing services restricted by Medicaid guidelines and allow the Mental Health Coordinator more freedom to provide client-focused services.

Trilogy's fiscal year is from July 1 to June 30.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Complete mental health assessments for 60 Evanston residents.	15	15	15	15	60					0
2	Complete 44 individual recovery plans and "soft handoff" of client to Trilogy recovery teams.	11	11	11	11	44					0
3	Refer 32 Evanston residents to outside service providers.	8	8	8	8	32					0
4	Have 40 Evanston residents visit the Trilogy Beacon, the organization's drop-in center.	10	10	10	10	40					0
5						0					0
Total		44	44	44	44	176	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0

5									\$ 0
6									\$ 0
7									\$ 0
8									\$ 0
9									\$ 0
10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	0	\$0							

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Required? Attached Documents *



[Trilogy Audit](#)
[Trilogy 990](#)

[Trilogy Annual Report](#)



[Trilogy 501c3](#)

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Trilogy Staff Bio](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[Trilogy Applicant Schedule](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Trilogy Org Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[Trilogy Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[Trilogy FY19 Operations](#)

Organizational commitment to equity, diversity and inclusion.

[Trilogy Values Statement](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

NAMI Cook County North Suburban Family Support Services for Mental Illness

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 15,000.00 Requested
\$ 15,000 MHB Request

Submitted: 10/10/2019 1:17:38 PM (Pacific)

Project Contact

Anne Kroemer
anne.kroemer@namiccns.org
Tel: 8477162252

Additional Contacts

none entered

NAMI Cook County North Suburban

8324 Skokie Blvd
Skokie, IL 60077

Executive Director

Nathaniel Ekman
nekman@namiccns.org

Telephone 8477162252
Fax 8477162253
Web namiccns.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

NAMI Cook County North Suburban; Program Name: Family Education Support Services for Mental Illness

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

We are affiliated with the nation-wide National Alliance on Mental Illness (NAMI), headquartered in the Washington, D.C. area; however, we are an independent non-profit with our own 501(c)3 status and designation, and an independent Board of Directors (list attached below).

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

NAMI (National); 2016

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NAMI CCNS provides peer support to individuals living with mental illness; teaches family and loved ones how to appropriately support and advocate for someone with mental illness; and works to end the stigma of mental illness through public education and advocacy.

At no cost to them, families can obtain the knowledge, information, skills and personal resources from NAMI CCNS to provide housing, "case management" and supportive services for their loved one. The cost of supportive care for individuals with mental illness is prohibitive and beyond the reach of the majority of families, particularly those who have more than one child.

All NAMI CCNS programs are delivered at no cost to participants; our fiscal year 2019 program budget is approximately \$403,000. Class teachers and group facilitators must have direct experience with mental illness, either their own or a loved one's, and undergo professional training by NAMI to become certified. NAMI CCNS regularly evaluates programs through evaluations and on-line surveys to ensure they meet participant needs.

Overall Description of Programs

NAMI CCNS offers peer-to-peer support for families and for individuals with a mental health disorder: Family Support Groups, Connections Recovery Support Groups and a new Dual Solutions peer support group for young adults experiencing co-occurring mental health and addictions.

Family education for caregivers of adults with mental illness is delivered through the 12-week Family to Family class; education for parents of children under 18 with a psychosocial condition is provided through the 6-week Basics for Parents. Community education and advocacy for the needs of our neighbors with a mental health disorder is achieved through six Community Education Forums a year, covering a variety of mental health topics; NAMI Reads, a quarterly presentation featuring the author of a memoir about mental illness; and, a speakers program called In Our Own Voice, in which an individual in recovery shares her/his story. We have delivered all of this programming to Evanston residents in recent years.

Sundays at One is a social group for adults with serious mental illness that combats the isolation that tends to come with (and often worsens) the disease. Balance for Success is a support group for young adults seeking to incorporate their mental

health recovery with their careers and educational pursuits. NAMI CCNS offers a new equine therapy support group, Stability, in partnership with Equestrian Connections in Lake Forest.

NAMI CCNS has created a crisis intervention awareness program to address the need for an alternative to formal crisis intervention training, which is costly and out of the reach for many police and fire departments. NAMI CCNS now is turning attention to the military veterans and their families who live in our service area in coordination with the launch of NAMI Homefront nationally. Other programs in development include a support group for people with epilepsy and co-occurring depression, in partnership with the Epilepsy Foundation; and NAMIMoves, a program that engages people living with mental health conditions in physical activities.

We serve an average of just under 300 Evanston residents based on our catchment area; another 500 residents of Evanston are involved with us through our annual walk, annual gala, contact with our warm line, etc.

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

Research shows that between 30% and 80% of people with mental health concerns never receive treatment. Average non-treatment rates for specific disorders are: schizophrenia, 32%, bipolar disorder, 50%, panic disorder, 55%, major depression, 56%, generalized anxiety disorder, 57%, obsessive compulsive disorder, 59%, and alcohol dependence, 78%. It's also widely known that these rates are under-represented; the actual number of people who do not receive treatment is probably quite a bit higher.

The population of Evanston is currently at 74,899. Based on the latest data concerning rates of mental illness among Illinois residents, we can infer the following:

9,673 Evanston residents aged 18+ are living with a mental health disorder, 2,337 have serious mental illness, 23,276 have reported experiencing poor mental health in the past year, and over 900 children have been identified as having socio-economic difficulties. Of these children, 700 are children of color; many more children remain undiagnosed.

Anywhere from 2,900 to 7,700 of these Evanston residents with a mental health disorder are not seeking help. The reasons are myriad and include fear and shame, lack of insight, limited awareness of where help can be found, feelings of inadequacy, distrust, hopelessness, and practical barriers such as cost of mental health services and location of services. Complicating the situation even more are socioeconomic and cultural differences that make any of the afore-mentioned reasons more or less of an obstacle.

When we look at the median household income of Evanston, which is \$66,165, we also find that almost 30,000 lower income Evanston households with incomes under \$50,000 presently reside in the community. For these families, the cost of mental health care -- which may or may not be covered by insurance -- puts it out of reach. Even for middle-income families, few funds are available after basic expenses have been met for costly mental health care. Consequently, the majority of these families have no option but to care for their loved one themselves. They will spend an average of 32 to 40 hours per week and at least \$26,000 per year to provide care for their loved ones. They will, quite simply, become de facto case managers.

Research reveals that educated, middle class families are far from immune from the fear and stigma of mental illness. Shame, fear and feelings of inadequacy are powerful obstacles to addressing behavioral issues in school-age children; in fact, rates of depression and anxiety are rising alarmingly among this population group (social media is viewed as a contributing factor).

Among minority populations, stigma about mental health tends to be even more prevalent, Ethnic minority groups, who already confront prejudice and discrimination, suffer double stigma when faced with the burdens of mental illness. In the Black community, which is 20% more likely than the general population to experience serious mental health problems, many people misunderstand what a mental health condition is and simply don't talk about this topic. Even young adult Black Americans, especially those with higher levels of education, are less likely to seek mental health services. And among Latinos with a mental disorder, fewer than one in 11 contact a mental health provider. Furthermore, less than 55% of Hispanic adults -- and only 30% of adolescents -- with a major depressive episode receive treatment for depression.

In Evanston, there are 12,800 Black residents, 7,500 Hispanic/Latino, and 7,500 Asian residents.

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[NAMI CCNS Current Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[NAMI CCNS Current Board Of Directors](#)

Board of Directors, including demographic information, professional affiliations and home

58 of 130

address. If a regional organization with a local board of directors, attach listings of both boards

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form [download template](#)

[NAMI CCNS Disclosure Document](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus Care, Supportive Housing and Youthbuild Programs [download template](#)

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

NAMI CCNS provides peer support to individuals living with mental illness; teaches family and loved ones how to appropriately support and advocate for someone with mental illness; and works to end the stigma of mental illness through public education and advocacy. At no cost to them, families can obtain the knowledge, information, skills and personal resources from NAMI CCNS to provide housing, "case management" and supportive services for their loved one.

The cost of supportive care for individuals with mental illness is prohibitive and beyond the reach of the majority of families, particularly those who have more than one child.

All NAMI CCNS programs are delivered at no cost to participants; our fiscal year 2019 program budget is approximately \$403,000. Class teachers and group facilitators must have direct experience with mental illness, either their own or a loved one's, and undergo professional training by NAMI to become certified. NAMI CCNS regularly evaluates programs through evaluations and on-line surveys.

PROGRAM DESCRIPTION

NAMI CCNS offers peer-to-peer support for families and for individuals with a mental health disorder: Family Support Groups, Connections Recovery Support Groups and a new Dual Solutions peer support group for young adults experiencing co-occurring mental health and addictions.

Family education for caregivers of adults with mental illness is delivered through the 12-week Family to Family class; education for parents of children under 18 with a psychosocial condition is provided through the 6-week Basics for Parents. Community education and advocacy for the needs of our neighbors with a mental health disorder is achieved through six Community Education Forums a year, covering a variety of mental health topics; NAMI Reads, a quarterly presentation featuring the author of a memoir about mental illness; and, a speaker's program called In Our Own Voice, in which an individual in recovery shares her/his story. We have delivered all of this programming to Evanston residents in recent years.

Sundays at One is a social group for adults with serious mental illness that combats the isolation that tends to come with (and often worsens) the disease. Balance for Success is a support group for young adults seeking to incorporate their mental health recovery with their careers and educational pursuits. NAMI CCNS offers a new equine therapy support group, Stability, in partnership with Equestrian Connections in Lake Forest.

NAMI CCNS has created a crisis intervention awareness program to address the need for an alternative to formal crisis intervention training, which is costly and out of reach for many police and fire departments. NAMI CCNS now is turning attention to the military veterans and their families who live in our service area in coordination with the launch of NAMI Homefront nationally. Other programs in development include a support group for people with epilepsy and co-occurring depression, in partnership with the Epilepsy Foundation; and NAMIMoves, a program that engages people living with mental health conditions in physical activities.

We serve an average of just under 300 Evanston residents based on our catchment area; another 500 residents of Evanston are involved with us through our annual walk, annual gala, contact with our warm line, etc.

The need for the programming is described under [Question 2](#) below.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

Research shows that between 30% and 80% of all people with mental health concerns never receive treatment. The average non-treatment rates for specific disorders vary, but they range from 32% of those with schizophrenia to 78% of those with alcohol dependence.

The population of Evanston is 74,899. Based on the latest data on rates of mental illness among Illinois residents: 9,673 Evanston residents age 18+ are living with a mental health disorder; 2,337 residents 18+ have a serious mental illness; 23,276 residents 18+ have reported experiencing poor mental health in the last year; and over 900 children have been identified as having socio-emotional difficulties; of these, 700 are children of color; many more children remain undiagnosed. Anywhere from 2,900 to 7,700 Evanston residents with a mental health disorder are not seeking help. The reasons are myriad: fear and shame, lack of insight, limited awareness, and feelings of inadequacy, distrust, hopelessness, unavailability, and practical barriers such as location or cost of mental health services. Complicating the picture are socioeconomic and cultural differences that make any of these reasons more or less of an obstacle.

Research shows that educated, middle class families are not immune from the fear of stigma. Shame, fear and feelings of inadequacy are powerful obstacles to addressing behavioral issues in school age and adult children. "Children of affluence are generally presumed to be at low risk. However, recent studies have suggested problems in several domains—notably, substance use, anxiety, and depression—and two sets of potential causes: pressures to achieve and isolation from parents," according to an influential peer-reviewed study. Social media is known to be a causal factor to these added pressures.

In Evanston, there are 12,800 Black residents, 7,500 Hispanic/Latino, and 7,500 Asians. Among minority populations, stigma about mental illness tends to be more prevalent. Ethnic minority groups, who already confront prejudice and discrimination, suffer a 'double stigma' when faced with the burdens of mental illness. Factors driving these statistics include attitudes, lack of culturally and linguistically appropriate services, distrust and stigma.

In the Black community, which is 20% more likely than the general population to experience serious mental health problems, many people misunderstand what a mental health condition is and don't know how to communicate about this topic. This lack of knowledge leads many to believe that a mental health condition is a personal weakness or even a punishment from God. Even young adult Blacks, especially those who are more highly educated, are less likely to seek mental health services than their White counterparts.

Among Latinos with a mental disorder, fewer than one in 11 contact a mental health specialist, and fewer than one in five contact a general health care provider. Moreover, less than 55% of Hispanic adults -- and only 30% of adolescents -- with a major depressive episode seek treatment for depression. Asian Americans also demonstrated stronger negative implicit attitudes toward mental illness.

We increase participation of minorities by circulating flyers and other program brochures in areas that are frequented by minorities, including local churches and community centers, and actively encouraging word of mouth.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

Evanston CDBG/MHB programs must "address the needs of Evanston residents who are unable to acquire resources to meet basic needs or access mainstream services without assistance." Our programming does just that in the broader field of mental health.

An estimated 50,000 adults -- people from the core communities NAMI CCNS serves -- are living with a mental health disorder; among them are 12,000 who have a diagnosis of a serious mental illness. Anywhere from 15,000 to 40,000 are not seeking help. Mental illness is the largest risk factor for suicide, and deaths from suicide are rising. In 2017, the most recent year available, 47,173 people died from suicide, up from 29,350 in 2000, according to the American Foundation for Suicide Prevention and the Centers for Disease Control and Prevention. It is the 10th-leading cause of death, according to the CDC, with almost every demographic group moving in the wrong direction.

NAMI CCNS Family Education and Support programs foster the ability of families to provide the stable, caring environment their loved one needs. Our Family to Family class has been demonstrated to show that those who have taken the course have improved knowledge, problem solving and coping skills, and less anxiety, at three and nine months after the program. In the face of funding cuts for mental health services, families are assuming the challenges of caring for their loved one to the best of their ability and resources. NAMI CCNS trains numerous "family case managers" every year, at no cost to them, so that their loved one who is mentally ill can reach their potential, and not end up living on the streets, in prison or in other institutions, or taking their own life.

Among the children living in NAMI CCNS communities, over 6,500 are diagnosed with moderate to serious socio-emotional difficulties. Astoundingly, we estimate that more than 125,000 of our core community residents reported concerns about poor mental health in the past year.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

<input type="text"/>	Intake/assessment
<input type="text" value="56"/>	Referrals
<input type="text"/>	Individual case management plan/services
<input type="text"/>	Services delivered on an individual basis (e.g. home delivered meals)
<input type="text" value="615"/>	One time event or activity (e.g. field trips, tax preparation)
<input type="text" value="26"/>	Multi-session program (e.g. after school program)
<input type="text" value="435"/>	Focused topic activities (e.g. workshops, trainings)
<input type="text"/>	Drop in services (e.g. computer lab, tutoring, help desk)
<input type="text" value="56"/>	Phone or online help (e.g. 24-hour help lines)
<input type="text" value="1,188.00"/>	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

We do not turn people away from services. Occasionally, our class demand outstrips supply for our Family to Family classes, in which case we maintain a wait list and contact any individuals on that list as soon as an opening is available.

The only time we would turn people away from services is if they require something specific that we do not or cannot provide. For example, we cannot safely and professionally take a call from someone who is suicidal; in a case like this, we refer people to appropriate services (in this case, we send them to the National Suicide Prevention Lifeline or we ask them to call 911).

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Absolutely; in fact, we depend on these referrals! We receive referrals from multiple community-based and regional institutions and organizations, and we refer individuals to these organizations as well. We collaborate with 18 hospitals, 14, community mental health services and 22 community-based agencies throughout our 17 catchment areas. In Evanston, we collaborate with Evanston Hospital Department of Psychiatry, Presence/St Francis Hospital, Evanston Police Department, Evanston Public Library, Children's Home & Aid, Family Institute at Northwestern University, Housing Options, Jewish Child and Family Services, Moran Center, Peer Services, Evanston YWCA, Metropolitan Family Services and Institute for Therapy Through the Arts.

We also partner with multiple organizations in providing services: we rely on collaborations with local facilities to deliver classes and educational programs, for example. Additionally, NAMI CCNS partners with Equestrian Connections of Lake Forest to offer equine assisted support groups and is working with the Epilepsy Foundation Chicago affiliate to develop a program for individuals with epilepsy and depression.

We track referrals via written cal log: two of our staff members accept calls and make referrals, taking brief notes on who called and the nature and disposition of the call. All actions are documented.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

There are no other agencies that address this need. There are, of course, additional mental health services available in Evanston, but to our knowledge, no other free programming exists that addresses the need the way we do. Our programming is offered free of charge, with highly accessible and convenient community-based locations. There are no eligibility requirements, our programming is open to everyone, and anyone in Evanston and the 17 neighboring communities in which we offer programs and services. There are no tangible barriers to participation in our programs. Also, all of our programs are peer-led and hence relatable. Our trainers, teachers and group facilitators are trained in accordance with rigorous National and State standards and practices.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the

program is implemented as planned?

Our program goals are unchanged from previous years.

The overarching goal of all our programs is to eliminate the harmful stigma associated with mental illness at the individual, family, and community levels. We do this by providing peer support to individuals living with a mental health disorder, educating family and loved ones on how to best support and care for a person with mental illness, and advocating for people with mental illness through public education and advocacy. Goals for each of our programs are drawn from the outcomes identified by NAMI National for each signature program.

Our goal is for 95% of our family education class participants to:

- More effectively manage crises, solve problems and communicate.
- Learn how to take care of yourself and handle stress
- Understand the challenges and impact of mental health conditions on your entire family
- Learn about current treatments, including evidence-based therapies, medications and side effects
- Advocate for your child's rights at school and in health care settings (Basics)
- Find and use local supports and services for your loved one (Family to Family)
- Gain an overview of the public mental health care, school and juvenile justice systems (Basics)

Our goal for our peer support groups are for 95% of participants to:

- See the individual first, not the illness
- Recognize that mental illnesses are medical illnesses that may have environmental triggers
- Understand that mental illnesses are traumatic events
- Aim for better coping skills
- Find strength in sharing experiences

Evaluation

We use quantitative and qualitative information to evaluate our programs. Evaluation forms are distributed at the end of Family to Family and Basics classes, and following Public Education Forums, NAMIReads and Crisis Intervention Awareness sessions. Results are compiled and used by our Program Director to share with NAMI National and to improve our local programming.

We also issue an annual online survey to our entire e-mail list (presently 7,000+) to obtain demographic information about our participants and satisfaction with our programs. The survey requests suggestions for program topics, which are carefully considered by our Board Program Committee and Program Director.

Finally, we rely on the insight and feedback of our class teachers, support group facilitators, and board members to identify what is working or not working in our program offerings.

Our program director, Dr. Christine Somervill, manages and maintains all signature and local programming in coordination with NAMI National and NAMI IL., including classes, support groups, and public education forums. She also creates new programs that meet the changing mental health needs of each of the communities in our service area. Formal changes to Family to Family or Basics for Parents are made by NAMI National, although we have the latitude to expand or contract discussions of particular topics based on a class's particular interests.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

5028	Unduplicated people to be served in 2020
478	Unduplicated Evanston residents to be served in 2020
1961	Unduplicated low/moderate income people to be served in 2020
187	Unduplicated low/moderate income Evanston residents to be served in 2020
4571	Unduplicated people served in 2019
435	Unduplicated Evanston residents served in 2019
1783	Unduplicated low/moderate income people served in 2019
170	Unduplicated low/moderate Evanston residents served in 2019
14,613.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the

Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

The mission of NAMI Cook County North Suburban is to give help and hope to individuals who have mental health conditions and those who love and care for them. NAMI CCNS is a self-sustaining affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI CCNS provides peer support to individuals living with mental illness; teaches family and loved ones how to appropriately support and advocate for someone with mental illness; and, works to end the stigma of mental illness through public education and advocacy. Over the past five years, NAMI CCNS has helped more than 10,000 people living with mental health disorders, either their own or a loved one's. Without NAMI CCNS, more people with mental illness would experience discrimination, never reach their potential, end up living on the streets, in prison or in other institutions, and – at worst – dying by suicide.

NAMI CCNS was founded in 1991 and has been operating in good fiscal and operating health since then. The history of NAMI CCNS begins in the early 1900s when several Chicago north suburban residents who had experienced mental illness in their families gathered in a family home for mutual support. This meeting led to the formation of a local affiliate of NAMI for Evanston-area residents. NAMI CCNS remained a totally volunteer organization for nearly a decade. In 2007, NAMI CCNS hired its first Executive Director. A small part-time staff was assembled and the organization began to expand its programming and outreach throughout our north suburban communities. Today, NAMI CCNS has a staff of 12 part-time professionals.

Our Board of Directors governs our overall operations and activities. Each of our board members is on our board for a reason – they may have lived experience with mental illness, have a loved one with mental illness, or otherwise have a passion for helping those who have been touched by mental illness. Our board meets every other month to discuss operational procedure and/or issues, and holds an annual meeting that is open to the public. Board members are not set up to be permanent; we set term limits for board officers. Our board focuses on our organization's mission, strategy and goals, while staff members are responsible for implementing this mission.

Our nonprofit's governance is different from our paid staff to ensure neutrality and objectivity; we believe dual-capacity board members would lead to issues and we want to avoid inurement.

Our board's officers are elected by the board. Officer roles and terms are specified in our organization's bylaws. Our president heads up the board and supervises all of the business and affairs of the board. The Secretary keeps the minutes and oversees our activities to

Ensure that our actions are in accordance with our bylaws. Our treasurer keeps accounts of receipts and disbursements in our organization's books and keeps track of our financial condition and health.

None of our board members receives compensation and all are expected to contribute in some way to NAMI CCNS operations.

As for demographics, we don't keep formal records on this, but all are over 40, most over 50, most are women, they are a mixture of ethnic and racial backgrounds, with the majority Caucasians.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

We do not discriminate on the basis of race, ethnicity, gender, religion or any other dimension. Our paid staff spans all genders, ethnicity, race and religion. We presently do not have any Black individuals in our immediate paid staff, but this is coincidental.

Our Board of Directors contains all races, ethnicities, genders and religions, as do our 80+ volunteers.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

NAMI CCNS is a self-sustaining, local affiliate of the National Alliance on Mental Illness. As such, it operates under the umbrella of its national parent, receiving certification to offer signature NAMI programs. Likewise, NAMI National approves the participation of NAMI CCNS in the annual NAMI Walk, and two years ago approved the addition of a NAMI Run. NAMI National, which raises awareness of mental health issues and advocates at the national level, provides no financial support to any of its affiliates, including NAMI CCNS.

NAMI Illinois is an organization of state NAMI affiliates. Its primary purpose is to advocate at the state government level on behalf of those with a mental health condition. NAMI Illinois also provides teacher and facilitator training. NAMI Illinois provides no financial support to any Illinois affiliates, including NAMI CCNS. NAMI CCNS retains only \$10 of each membership dues (now \$40 annually), with the remainder passed on to NAMI Illinois and NAMI National.

Please also see our description of our staff, described for question 14 below.

Sustainability

NAMI CCNS has secured a healthy mix of public and private funding. We have increased overall funding by 50% from fiscal year 2014 to 2019, supporting increased capacity to fulfill our mission. Giving to our Fall 2017 annual appeal set a record in the amount raised. NAMI CCNS continues to work to diversify our funding sources. Grant funding alone has increased by 25% from fiscal year 2015 to 2017. We strive to advance toward our goal of becoming a full service mental health support organization. NAMI CCNS is an organization with a small budget and a powerful mission in which the investment of comparatively small grant awards can have a huge impact.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Our staff includes 9 part-time professionals, including our part time Executive Director. Our staff consists of six women and five men, most over 40 years of age, all over 30. Our direct staff is primarily Caucasian. Our direct services are delivered mainly through our trained and certified volunteers who facilitate family and individual support groups, teach family education classes, and speak at public education events, under the guidelines of NAMI national and in collaboration with our Program Director. Our volunteers include all genders, ethnicities and races.

The NAMI CCNS office is open 24 hours per week, although programs are offered off site, primarily in the evenings and on weekends. We have 9 part-time staff, including our Executive Director, for a total of 4.35 full time equivalent employees.

Staff Members:

1. Executive Director (Part Time)
2. Director of Finance/Administrator (Part Time)
3. Director of Development (Part Time)
4. Grant Writer (Part Time)
5. Director of Programs (Part Time)
6. Office Administrator & Resource Specialist (Part Time)
7. Peer Program Coordinator (Part Time)
8. Social Media Coordinator (Part Time)
9. Web & Digital Media Coordinator (Part Time)

NAMI CCNS presently has 80+ trained and certified volunteers who facilitate family and individual support groups, teach family education classes, and speak at public programs, under the guidelines of NAMI national and with the support of our part-time Program Director. All teachers, facilitators and public speakers must have lived experienced with serious mental illness personally or in their families, and all are required to complete training and receive certification from NAMI Illinois.

NAMI CCNS participates in the national NAMIWalks program, which requires approval by NAMI National. Local affiliates must demonstrate organizational stability in order to become official walk participants. Since 2015, NAMI CCNS has included an officially timed 5K run with the NAMI Walks event.

Our programming is delivered by our trained and certified volunteers, and to expand our programming in Evanston, we would bring on additional volunteers, ensuring that they are trained and certified through NAMI National. These volunteers would be retained if City funding were not received in future years; they would be placed in nearby neighborhoods instead.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Nathaniel Ekman, nekman@namiccns.org, 847-716-2252

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

Our DUNS number is 066508621. We are currently updating the business name to NAMI Cook County North Suburban versus NAMI CCNS to reflect the full name.

17. Is the facility and program in compliance with the Americans with Disabilities Act?

✓ Yes

⊖ No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."
NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?
We offer our programming in multiple community-based locations throughout our service area.s, and these are chosen based on how convenient they are to our participants. Since our services are located in the community, participants can easily get to them.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Anne Kroemer Hoffman, Grant Writer

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed	
City of Evanston CDBG	\$ 0.00			
City of Evanston Mental Health Board Funds	\$ 0.00			
Local Government/Townships	\$ 34,520.00	\$ 40,430.00	\$ 10,000.00	
Events & Annual Appeal	\$ 340,000.00	\$ 288,000.00	\$ 145,000.00	
Program Revenue & Other	\$ 5,870.00	\$ 9,310.00	\$ 3,000.00	
Foundations	\$ 22,250.00	\$ 29,460.00	\$ 15,000.00	
Corporations	\$ 4,250.00	\$ 2,515.00	\$ 1,000.00	
Individuals	\$ 4,150.00	\$ 10,000.00	\$ 2,500.00	
Civic Organizations	\$ 16,000.00	\$ 13,900.00		
Total	\$ 427,040.00	\$ 393,615.00	\$ 176,500.00	

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Programs: Payroll and Taxes	\$ 163,174.00	\$ 161,250.00		\$ 6,000.00
Program Delivery	\$ 157,106.00	\$ 141,311.00		\$ 6,000.00
Administration: Payroll and Taxes	\$ 32,635.00	\$ 32,250.00		\$ 1,500.00
Administration: General Operations	\$ 31,421.00	\$ 28,262.00		\$ 1,500.00
Fundraising: Payroll and Taxes	\$ 21,756.00	\$ 21,500.00		
Fundraising: Other Expenses	\$ 20,948.00	\$ 18,842.00		
Total	\$ 427,040.00	\$ 403,415.00	\$ 0.00	\$ 15,000.00

Budget Narrative

Our fiscal year runs from July 1 through September 30.

From FY19 to FY 20, we increased local government funding due to expanded relationships with existing funders and cultivation of new municipal partnerships. We also increased foundation giving by hiring a new grant writer which allows us to increase submissions of Letters of Inquiry and proposals. Our overall individual giving remains level, while we've slightly decreased our budget to project conservatively.

Our service levels are not significantly adversely affected because we expect to increase revenue; this will actually allow us to expand our program.

Our efforts to secure funding include applying and submitting proposals to local governments because our programming is offered to local governments' residents, and it is provided free of charge. Consequently, our programming helps local governments' residents. We also seek support from civic organizations, charitable foundations who support mental health efforts, corporations with philanthropy interests, and individuals via donations. We also helm two large annual events to raise funds: these include an annual Walk/Run and an annual Gala.

All of our funding will support the overall delivery of NAMI CCNS's 23 programs in our service area of Cook County Northern Suburbs, with a focus on those programs that serve and/or are provided in the City of Evanston.1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Class participants are more effectively manage crises, solve problems and communicate	Evaluation forms, online surveys and class teacher/facilitator feedback	95%	95%	95%	95%	0					0
2	Class participants learn to take care of themselves and manage stress	Evaluation forms, online surveys and class teacher/facilitator feedback	95%	95%	95%	95%	0					0
3	Understand impact of mental health conditions on entire family	Evaluation forms, online surveys and class teacher/facilitator feedback	95%	95%	95%	95%	0					0
4	Learn About treatments, medications and side effects	Evaluation forms, online surveys and class teacher/facilitator feedback	95%	95%	95%	95%	0					0
5	Find and use local supports and services for self and/or loved one	Evaluation forms, online surveys and class teacher/facilitator feedback	95%	95%	95%	95%	0					0
Total			0	0	0	0	0	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0

13									\$ 0
14									\$ 0
15									\$ 0
Total	0	\$0							

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or

Required? Attached Documents *



[NAMI CCNS Most Recent Audited Financial Statements](#)

[NAMI CCNS Annual Report 2018/19](#)



[NAMI CCNS IRS Letter 501\(c\)3 Certification](#)



[NAMI CCNS Key Staff Members](#)

agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[NAMI CCNS Organization Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[NAMI CCNS Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[NAMI CCNS Operating Budget FY2019/20](#)

Organizational commitment to equity, diversity and inclusion.

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

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Application ID: 149615

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

PEER Services, Inc.
Substance Abuse Treatment for Teens and Adults

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 88,200.00 Requested
\$ 88,200 MHB Request

Submitted: 10/21/2019 11:34:59 AM (Pacific)

Project Contact

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none entered

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Executive Director

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Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

PEER Services - Substance Abuse Treatment for Teens and Adults

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
88,200	MHB (Human Services Fund)
88,200.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[PEER Services FY20 Approved Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[PEER Services Board of Directors List](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form [download template](#)

[PEER Services Conflict of Interest Disclosure Form](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus Care, Supportive Housing and Youthbuild Programs

[PEER Services HUD Rules Acknowledgement Doc](#)

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

/Early Intervention

Our Youth Early Intervention Program is designed to stop the progression in youth substance use from experimentation to addiction. We conduct substance abuse assessments to help young people and their families identify problems early on so they can access resources to address problems before they grow. We provide individual counseling and educational and skill-building groups designed to 1) increase each young person's knowledge of the risks and consequences of substance use; 2) strengthen each youth's decision-making skills by teaching them a specific decision-making model and helping them to apply it in situations that they face in their current lives; and 3) clarify their values by helping to prioritize their long-term goals against their current desires for fun, risk-taking and peer acceptance. Our services also include FACTS Education sessions and summer College Boot Camp sessions. The program is not required to be licensed or accredited.

/Adolescent Substance Abuse Treatment

We recognize that the use of alcohol and other drugs interferes with the physical, emotional, social, intellectual, spiritual and vocational growth and development of Evanston's youth. Our Adolescent program operates 7am-9pm Monday-Thursday and 7am-5pm on Fridays, and is licensed by IDHS. We take a holistic approach to identifying and addressing substance abuse problems. This program provides much needed treatment services to youth in our community who are struggling with substance abuse. The majority of teens are referred by a parent, school, social worker, or probation officer. We also provide weekly onsite counseling services to students at Evanston Township High School.

/Adult Substance Abuse Treatment

Our Adult program operates 7am-9pm Monday-Thursday and 7am-5pm on Fridays and is licensed by IDHS. We provide drug education, individual counseling, group counseling, family counseling, as well as aftercare and discharge planning. We use several evidence-based practices in our program including: Cognitive-behavioral therapy, motivational enhancement therapy, relapse prevention training and case management. These practices help us to move clients through the stages of treatment: 1) treatment engagement, 2) early recovery, 3) maintenance of positive change, 4) relapse prevention, and 5) community support. We have nurses and a physician on our team to address the physical components of addiction. For clients addicted to heroin or other opiates, medication is available to stabilize the client and prevent withdrawal symptoms from interfering with treatment engagement. We also have referral relationships with local hospitals and other organizations to ensure clients receive the level of care they need and receive referrals.

/DIMENSIONS

DIMENSIONS was developed in 1999 in response to a need identified by the Mental Health Board through a community needs assessment process, seeking creative approaches to serving adults who are struggling with both mental health and substance abuse issues. Services include: outreach and case management, clinical screening and assessments, group therapy, individual therapy, physician consultation and medication management, drug testing, health screening and assessment, and long-term recovery management. The program operates Monday through Thursday 9am- 9pm and Fridays 9am - 5pm.

We engaged an onsite consulting psychiatrist in spring 2018 to help address clients' mental health issues.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

PEER Services offers a range of substance abuse services addressing the needs of Evanston residents from adolescents through adulthood and into the senior years. When community members decide to seek help, it is critical to be able to respond rapidly and compassionately. PEER Services employs masters level providers who care deeply about people who struggle with drugs and alcohol and who are able to provide support and direction at this critical time. The people who participate in our programs are described here in brief.

/Early Intervention & Adolescent Program

PEER's Early Intervention program supports teens whose alcohol and/or drug use is causing problems in school, family and community. The Adolescent Treatment program serves those teens whose use has progressed to biological dependence. The majority of clients served are high school students. Approximately 70% are male, largely because young men are still more likely to become involved with the criminal justice system and to be referred to treatment by police, or court professionals. Approximately 50% are Black/African American, 40% are White, and 10% are Latino/Hispanic, based on their self-identification. We also serve the families of these youth by providing services for families in crises.

/Adult Substance Abuse Treatment

The adult program serves individuals ages 18 and above who meet the DSM criteria for a substance abuse or dependence diagnosis. Our clients range in age from 18-83. It is difficult to profile our client population; we do not have a typical client and work with individuals from a broad range of demographics. The average age of adults in our treatment program is 38. Approximately 60% of our clients are male. The ethnic breakdown of the Evanston individuals we serve is: 32% Black/African American, 57% White, 2% Latino/Hispanic, and 9% Other Multi-Racial.

/DIMENSIONS

The consumers we have served through our collaboration with the Mental Health Board have tended to have long histories of both substance abuse and mental illness. These individuals tend to have few vocational skills or support systems and have often had previous failed attempts in more traditional mental health and/or substance abuse treatment programs. They have a high need for structure and support. DIMENSIONS is comprised of lower income adults: 30% Black/African-American, 60% White, 5% Latino/Hispanic, and 5% Other Multi-Racial. The average age is 45.

Overall, more than 84% of PEER Services' Evanston clients are low-income. While some are enrolled in Medicaid health plans, others have purchased health insurance with high deductibles and copays, and many remain uninsured. Our commitment to serving everyone in the community, regardless of their ability to pay, leads us to offer services on a sliding scale. In addition, reimbursements provided through the new plans cover part but not all the costs of high-quality care such as clinical supervision and psychiatric consultation. Mental Health Board funds are crucial to providing low-income residents with continued access to life-saving substance abuse services.

In the last year, we worked extensively with community partners to further expand participation of minority community members, especially those in crisis. Major initiatives include:

We are a founding member of The Collective, a partnership led by the Moran Center to learn more about how teens and young adults have encountered barriers to local human services and figure out ways to increase access to services, especially for minority residents (race, language, culture, sexual orientation);

Partnering with community agencies to expand conversations about substance use and how to address it with young people involved with their services; and

Outreach through schools, health centers, hospitals, law enforcement and community organizations to encourage people in need of help around their substance use to seek it -- whether at PEER or at another organization.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

PEER Services helps the City meet its Livability Goals by increasing Health & Safety and by building Equity & Empowerment. We also help the Mental Health Board achieve three of its goals. We do this in several ways:

First, we provide effective substance abuse treatment that helps people substantially reduce, and even eliminate, their reliance on drugs/alcohol to "solve" problems. We help people find their natural strengths and build new coping skills and healthier relationships. In this way, we build health in the community, increase safety and prevent future emergencies due to opiate overdose, binge drinking, driving under the influence of alcohol/other drugs and other dangerous situations. (City Goal: Health & Safety/Equity & Empowerment; MHB Goal: Promote mental and behavioral health across the lifespan; Also a stated priority in the surveys conducted by City agencies this year.)

Second, PEER Services is the safety net substance abuse treatment provider for Evanston and the northern suburbs. This means that the majority of our clients are those often overlooked and underrepresented by the traditional healthcare system due to their financial status and structural inequities. Over 84% of our Evanston clients are low-income. While some are enrolled in insurance plans, others have purchased insurance with high deductibles and co-pays, and many remain uninsured. Reimbursements from the new plans also do not cover all the costs of high-quality care. Mental Health Board funds would thus help offset the costs of providing low-income Evanston residents with continued access to life-saving substance abuse services. (City Goal: Equity & Empowerment, Health & Safety)

Third, we provide substance use prevention, early intervention and treatment to people from age 12 to age 90. We truly promote mental and behavioral health across the lifespan!
(MHB Goal: Promote mental and behavioral health across the lifespan)

Fourth, we work with our clients to address the experiences of exclusion that have contributed to substance use, whether this takes the form of bullying, discrimination in community, jobs or housing, or social exclusion in the community. We address the pain this causes and help clients find their own strength to face or even address their situations. This happens in individual counseling and also, and sometimes more powerfully, in treatment groups. Building positive peer support is a primary goal in our work, as addiction is a disease of isolation and positive relationships are a primary part of the solution. (MHB Goal: Programs and services that address mental health and social inclusion for marginalized populations.)

Fifth, we use trauma-informed practices to address the extensive underlying trauma that our clients have experienced. This trauma may stem from childhood abuse, community violence, incarceration, intimate partner violence and other causes. We help our clients identify and name the traumatic experiences that have led them to use drugs/alcohol to numb and cope with extreme stress. Depending on duration, severity and symptoms, we may also encourage clients to seek mental health care in addition to substance abuse treatment.

(MHB Goal: Trauma-informed services)

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

324	Intake/assessment
360	Referrals
260	Individual case management plan/services
294	Services delivered on an individual basis (e.g. home delivered meals)
240	One time event or activity (e.g. field trips, tax preparation)
312	Multi-session program (e.g. after school program)
300	Focused topic activities (e.g. workshops, trainings)
0	Drop in services (e.g. computer lab, tutoring, help desk)
360	Phone or online help (e.g. 24-hour help lines)
2,450.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

People come to us in crisis, so it is extremely important to us that we serve them immediately, beginning with their first phone call.

The consequences of continued use can be disastrous, whether due to overdose or driving under the influence. We are committed to preventing such tragedies.

For all Adolescent and Adult programs, we generally schedule appointments within a few days of initial contact. If we cannot accommodate individuals at our agency, we work with them to put support services in place, depending on their needs (medical, toxicology, housing, financial, etc.). We may also refer to other organizations for crisis care until we can serve the person.

Given the severity of the symptoms and needs of the population we serve, we work extremely hard to provide an immediate response to all clients seeking services in the DIMENSIONS program. If we cannot accommodate individuals at our agency, we work with them to put support services in place, depending on their needs.

In the 2019 program year, we rarely had any waiting times of more than a week to receiving services. We try to accommodate same day services whenever possible. We have been working on increasing efficiency and productivity following the transition to electronic health records and modern IT infrastructure so that we may serve clients in an even more timely manner.

Demand fluctuates throughout the year. At this moment, we have immediate availability to see clients.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

PEER Services does provide referrals both within the organization (if the client demonstrates a need for a different program during their assessment) and to other agencies (if they require a higher level of care and/or need additional resources). We work extensively with a variety of agencies for emergency psychiatric services, medical services, housing options, financial assistance and employment support. These referral relationships help us meet the complex needs of our clients and improve their treatment engagement/progress.

A client's individual clinician reaches out to these agencies to make referrals depending on the client's needs and follows up as necessary. Referrals are tracked in our electronic health records and in clinician notes.

In 2019, we worked with our IT vendor to greatly improve our ability to capture referrals made to each client on an ongoing basis. The vendor built a program that allows our staff to identify referrals in a standard way every time they complete a treatment progress report. Over the next year, we will have even more information about the types of referrals we make and how often we make them.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

PEER Services is the only substance abuse provider dedicated to serving Evanston residents, regardless of age, race, ethnicity, sexual orientation and ability to pay. We work with people who have face sanctions in school, have been arrested, and who have lost jobs due to drug/alcohol use. We help them reduce and even eliminate their use, build positive relationships and find their way back into school/work.

/Early Intervention

There is no other agency that specifically addresses substance abuse early intervention in Evanston. Alternatives in Chicago and Omni Youth Services in Buffalo Grove have similar programs.

/Adolescent Substance Abuse Treatment

PEER Services is the safety net provider in Evanston licensed by the state of Illinois to provide adolescent substance abuse treatment services. Other family service agencies in the north suburbs such as Rosecrance and Compass focus on providing services to commercially-insured populations.

/Adult Substance Abuse Treatment

PEER Services is a free-standing program not affiliated with any larger institution. Evanston Hospital does offer adult treatment, but they do not have a sliding fee scale nor do they accept as many Medicaid insurance plans for treatment. They refer to us when income is an issue. In client satisfaction surveys we find that clients experience PEER Services as an extremely friendly, welcoming, supportive environment which makes tackling the difficult issue of addiction much easier. We strive to avoid duplication of efforts.

The hospitals and Erie Family Health Center are regular referral sources as is Cook County Probation. Our specialized treatment for older adults includes close collaboration with Seniors Action Services, Evanston Skokie Valley Senior Services, and other social service agencies in the north suburbs.

This year, we conducted a pilot project with St. Francis Hospital's Emergency Department to serve people presenting with overdose or acute intoxication. Our clinicians met with patients to discuss their options to begin recovery, enter treatment or just consider ways to avoid using again. We helped several people enter treatment and encouraged many others to take steps toward healing. The pilot was funded by the Evanston Community Foundation; we are working with St. Francis to secure permanent funding for this important work.

/DIMENSIONS

Our mission is to provide quality integrated treatment that simultaneously addresses both the mental health and substance abuse recovery needs of Evanston residents who are living with dual disorders. While many local organizations have long histories of serving clients with mental health issues, DIMENSIONS is the only program designed to address these co-occurring disorders through integrated programming. We have successfully collaborated with Connections, Housing Options, Thresholds, Trilogy, Albany Care, Greenwood Care, the YWCA and the YMCA to provide services to individuals whose lives are impacted by substance use as well as mental health issues. Because all of the clients in this program have multiple needs, it is essential that we provide extensive case management services and work closely with other service providers. Without these partners, we could not achieve the level of stability that we are able to achieve. This year, we have also engaged an onsite consulting psychiatrist to further address the mental health issues of our dual-diagnosis clients and improve their treatment engagement.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

/Early Intervention

Our program goals are to 1) help teens to discontinue their substance use, 2) strengthen teens decision-making skills, 3) increase teens knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics and, 4) help teens develop a positive support network of individuals who are drug-free and can provide support during a client's time of need. In addition to client outcome data, we collect and analyze data on client demographics including drug use trends as well as staff productivity. The early intervention counselor and adolescent services coordinator are primarily responsible for ensuring the program is implemented as planned. Data is analyzed by our leadership team and board as part of our ongoing quality assurance activities.

/Adolescent Substance Abuse Treatment

Our program goals are to 1) help teens discontinue their substance use; 2) strengthen teens' decision-making skills; 3) increase teens knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics; and, 4) help teens develop a positive support network of individuals who are drug-free and can provide support during a client's time of need. Our goals have remained constant but we have adapted some of our methods in response to the increase in heroin use. We collect data on client demographics including primary drugs used,

outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have primary responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

/Adult Substance Abuse Treatment

Our program goals are to 1) help adults discontinue their substance use 2) strengthen adults' decision-making skills 3) increase adults' knowledge of the risk and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics 4) help adults develop a positive support network of individuals who are drug-free and can provide support during a client's time of need.

We collect data on client demographics including primary drugs used, outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have primary responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

/DIMENSIONS

Our program goals to 1) help adults discontinue their substance use; 2) strengthen adults decision-making skills; 3) increase adults knowledge of the risks and consequences of continued use specifically by increasing their knowledge of pharmacology and addiction dynamics; and, 4) help adults develop a positive support network of individuals who are drug-free and can provide support during a client's time of need. We collect data on client demographics including primary drugs used, outcome measures and staff productivity. We analyze this data as part of our ongoing quality improvement process. Counselors and the program coordinator have responsibility to deliver the program as planned. The agency leadership team and board of directors review aggregated data to ensure that quality is being maintained.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

625	Unduplicated people to be served in 2020
342	Unduplicated Evanston residents to be served in 2020
485	Unduplicated low/moderate income people to be served in 2020
273	Unduplicated low/moderate income Evanston residents to be served in 2020
684	Unduplicated people served in 2019
268	Unduplicated Evanston residents served in 2019
403	Unduplicated low/moderate income people served in 2019
107	Unduplicated low/moderate Evanston residents served in 2019
3,187.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Our mission is to alleviate and prevent, to the greatest degree possible, the problems related to substance abuse in our community. Our goal is to improve the quality of life for everyone in Evanston by working to eliminate substance abuse in our community. We do this by educating our community and preventing substance abuse from developing, intervening early in emerging substance abuse problems, and providing treatment for those teens and adults struggling with abuse or addiction.

PEER Services, Inc. was founded October 7, 1975 as a result of recommendations made to the Evanston City Council. These recommendations were based on a report submitted by a task force assigned to study the problem of drug abuse in Evanston. We are the only freestanding, community-based program in Evanston that focuses on the prevention and treatment of substance abuse.

Over the years, we added programs and services including outpatient counseling for teens and adults, the Dimensions program, and outreach to older adults at our offices. We also added direct clinical services at ETHS at the request of the school. Today we are open to the community for more than 85 hours per week, providing every level of outpatient substance abuse treatment services. Community members continually tell us that they rely on PEER for critical services for their family members.

Our prevention work began in the 1980s, from the establishment of the Evanston Substance Abuse Prevention Coalition (ESAP). We worked with the schools to pioneer social norming educational campaigns and implement interventions that reduce alcohol/drug use among students. We worked with police and community members to reduce availability of alcohol and tobacco to teenagers. We continue this work today as the prevention provider for ETHS and District 65 schools, funded by the Illinois Department of Human Services.

Our board currently has 9 members. Our goal is to have 10-12 board members; we are in active recruitment. Our board has one committee, the Audit/Finance Committee and one task force, the Strategy Task Force.

The Audit/Finance Committee works closely with management, our auditor and accountant to assure the agency has sufficient funds to operate, manages its assets well, and that revenues and expenses meet.

The Strategy Task Force was formed to identify strategic options for growth over the next 3-5 years and beyond. Our intention is to remain a vital healing resource for this community.

In June, our board also increased our fundraising goal for FY20 by 45%. Board members have been very active in fundraising. We expect to continue this effort as a "committee of the whole" for the foreseeable future.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

2 out of 8 staff (25%) are people of color in leadership positions at PEER Services.

We value ideas/feedback from staff of diverse backgrounds and regularly engage them in decision-making through weekly leadership meetings, program team meetings and supervision meetings. In our 2019 Employee Engagement Survey, conducted through anonymous surveys by ADP, our employees agreed with this statement at a high level:

"The organization embraces diversity in the workplace". Our Board and our Leadership Team work hard to model collective problem-solving through exploration of different views and perspectives.

We also value our clients' feedback about their experience at PEER Services. We discuss client feedback regularly in team meetings and we conduct an annual, anonymous Client Satisfaction Survey. Results are used to improve services each year.

PEER is a founding member of The Collective, a project led by the Moran Center. The goal of this project is to seek feedback from community members, especially young people of color and young parents, to learn about barriers they have found to accessing needed services in Evanston. We hope to learn about ways we can make getting help with problem alcohol/drug use more friendly, more accessible, less "scary" and less stigmatized. The Collective will be developing ways that we as human service agencies can create shared engagement processes/infrastructure that will engage community members of color in thinking broadly and energetically about the future of human services in Evanston.

The demographic mix of board members has varied over the years. We are actively recruiting people of color to join our board. We have 2-3 openings and are happy to accept suggestions.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

PEER Services has been delivering substance abuse services to Evanston residents for the past forty years. We are licensed by Illinois Department of Human Services Division of Alcoholism and Substance Abuse (DASA) and accredited by the Joint Commission. We have a strong management team. Our current Director has over 30 years of experience working with the treatment and criminal justice systems in Illinois. PEER Services has managed government funding for the past forty years. We utilize an external accountant to review all of our financial transactions and prepare a monthly financial statement. We undergo an external financial audit in compliance with the Office of Management and Budget A-133 circular. The board meets ten times yearly to set policy, provide fiscal oversight, donate pro-bono services including legal and financial expertise, raise funds and move the organization forward in achieving our mission.

Our services for Evanston residents are provided at our location at 906 Davis Street in Evanston, IL as well as offsite services in the Evanston community, such as in Evanston Township High School. Therefore, our projections for 2019 and 2020 unduplicated clients served reflect statistics from only the PEER Services' Evanston location. In 2020, we plan to focus on expanding our services to Evanston residents. We will continue to build our relationships with Evanston Cradle to Career agencies, local hospitals, local schools, child welfare agencies, parent groups and community healthcare providers who encounter individuals struggling with substance use.

We look forward to integrating feedback from The Collective survey of community members to make our services even more accessible to the community.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Our Evanston Adult and Adolescent Team consists of one Program Coordinator (licensed clinician) and 4 counselors, supported by our Clinical Director. All of our clinicians are master's educated and either have or are working towards their full clinical licenses.

Our counselors see 20-25 clients per week and provide extensive case management and care coordination as well. Our staff:client ratio varies, but a full caseload is 40 clients.

Counselor Demographics (4 people):
25% African-American, 75% White
50% <40, 50% >40
75% female, 25% male

Mental Health Board funding supports a portion of all of these positions. None are new positions. Should Mental Health Board funding be reduced, we would have to reduce our positions proportionately. This would result in increased waits for service, which would be problematic or even dangerous since the people who come to us are in crisis.

Our services are licensed by the Illinois Department of Human Services, Division of Substance Abuse Prevention & Recovery.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Maureen McDonnell, mmcdonnell@peerservices.org, (847) 492-1778

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

1696851610000

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Our services are delivered at our licensed treatment site at 906 Davis Street in downtown Evanston. We are located at the hub of Evanston's public transportation. We have some targeted funding to help clients with transportation.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Maureen McDonnell, Executive Director

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 88,200.00	\$ 88,200.00	
State of Illinois	\$ 697,538.00	\$ 739,660.00	
Township/Local Government	\$ 189,297.00	\$ 188,096.00	
Client Fees	\$ 90,590.00	\$ 93,885.00	
MCO/Third Party	\$ 565,214.00	\$ 605,187.00	
Grants	\$ 61,951.00	\$ 82,000.00	
Fundraising	\$ 52,383.00	\$ 79,500.00	
United Way NNW	\$ 40,000.00	\$ 32,800.00	
Total	\$ 1,785,173.00	\$ 1,909,328.00	\$ 0.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Personnel	\$ 1,582,466.00	\$ 1,621,242.00	\$ 0.00	\$ 88,200.00
Supplies	\$ 69,496.00	\$ 57,881.00	\$ 0.00	\$ 0.00
Occupancy	\$ 143,575.00	\$ 57,182.00	\$ 0.00	\$ 0.00
Travel	\$ 4,445.00	\$ 4,600.00	\$ 0.00	\$ 0.00
Equipment	\$ 18,090.00	\$ 15,000.00	\$ 0.00	\$ 0.00
Lease/Rent	\$ 49,003.00	\$ 48,700.00	\$ 0.00	\$ 0.00
Depreciation	\$ 14,773.00	\$ 14,000.00	\$ 0.00	\$ 0.00
Interest/CC	\$ 6,517.00	\$ 4,400.00	\$ 0.00	\$ 0.00
Other	\$ 107,881.00	\$ 109,870.00	\$ 0.00	\$ 0.00
Total	\$ 1,996,246.00	\$ 1,932,875.00	\$ 0.00	\$ 88,200.00

Budget Narrative

Fiscal Year is July 1 to June 31.

We receive IL DHS funding for: Opioid Maintenance Therapy, Global Addiction Services, DCFS, Prevention Services, and the State Targeted Response for Opioid Maintenance Therapy. We also receive IL DOT funding for prevention work and IL HFS funds for services through the state's Medicaid program. Federal funds form a portion of each of these state funding streams.

MHB Funds will go towards staff salaries for Evanston-based clinical staff:

25% Clinical Director @ 72,000/yr
 50% Adult and Adolescent Program Coordinator @ 56,000/yr
 35% DUI and Evening Program Counselor @ 42,000/yr
 35% 2 Counselors @ 38,000/yr
 20% 1 Counselor @ 40,000/yr
 18% 1 Counselor @ 40,000/yr

Fringe benefits include paid time off and dental/health/life/disability insurance.

Explaining Significant Differences From FY18 to FY19 to FY20:

FY18 was our first year of billing insurance/Medicaid for direct services, and we achieved a substantial positive financial result: \$180,860 (revenues over expenses). On advice of our auditor, we held those funds in reserve as we were sure that at least some of our bills would not be paid.

FY19 was a year of extensive transition characterized by:

Temporary revenue losses in programs as a result of necessary turnover of long term staff who found new billing procedures and productivity requirements difficult to achieve;

Need to address infrastructure issues including heating and cooling equipment and a more secure front door in our Evanston facility;

Upgrades to our IT and data infrastructure to continue billing insurance/Medicaid;

Result: a net loss of \$296,878 (revenue under expenses)

Our Board, Executive Director and Leadership Team worked together during Spring 2019 to achieve a balanced budget in FY20. The following steps were taken:

Significant expense reductions including changing vendors and renegotiating contracts to reduce costs;

Measurable and realistic increased earnings expectations for clinical staff providing direct services; and

Increased and realistic fundraising goals (increased by 45%) from \$111,500 to \$161,500 from individual, corporate, foundation and special events

We are on track to accomplish all of these objectives based on several months performance. We expect substantially better financial results for FY20.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	At least 55% of Evanston clients will be drug-free at time of re-assessment	Measured through regular drug screens and assessment summary. Numbers indicate # of Evanston clients.				0					0
2	At least 60% of Evanston clients will have a positive support network at time of re-assessment	Measured every 60 days as part of the intervention plan review. Numbers indicate # of Evanston clients.				0					0
3	At least 75% of Evanston clients will demonstrate improved decision-making skills at time of re-assessment.	Measured every 60 days as part of the intervention plan review. Numbers indicate # of Evanston clients.				0					0
4						0					0
5						0					0
Total			0	0	0	0	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0

10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	0	\$0							

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.

Plan to address accessibility issues, including who to contact with questions/issues, policies for

Required? Attached Documents *

✓ [FY18 Audit Report](#)
[FY18 990](#)

[FY20 Strategic Plan](#)
[Annual Report \(FY19\)](#)

✓ [501\(c\)3 letter](#)

✓ [Key Staff Bios](#)

responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[PEER Services Brochure \(Clients/Family Members\)](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[PEER Services Organizational Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[PEER Services Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1- June 30, this will be for FY2019.



[PEER Services FY19 Revenue Statement](#)

[PEER Services FY19 Expense Statement](#)

Organizational commitment to equity, diversity and inclusion.

[Org Commitment Statement](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Shore Community Services, Inc. Lois Lloyd Center

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 15,300.00 Requested
\$ 15,300 MHB Request

Submitted: 10/21/2019 11:37:50 AM (Pacific)

Project Contact

Mary K. Matz, CFRE
mmatz@shoreservices.org
Tel: 847-982-2030

Additional Contacts

none entered

Shore Community Services, Inc.

8350 Laramie Avenue
Skokie, IL 60077
United States

Telephone 847-982-2030
Fax 847-982-2039
Web www.shoreservices.org

Chief Executive Officer

India Alexis Ehioba, MNA, CFRE
india@shoreservices.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Shore Community Services, Inc. - Lois Lloyd Center provides developmental training, enrichment and community integration activities for adults who have moderate to severe/profound intellectual and other developmental disabilities.

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA

below.

CARF International - Shore has received 16-consecutive 3-year accreditation's, which is the highest awarded from this prestigious organization. April 1, 2018 was our most recent accreditation, and we received 100% compliance on nearly 1,000 standards.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other: Individuals with intellectual and other developmental disabilities

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
15,300	MHB (Human Services Fund)
15,300.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Agency Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[Board of Directors](#)
[Board Demographic Information](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form
[download template](#)

[Conflict of Interest Disclosure Form](#)

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Shore serves over 350 children and adults with intellectual and other developmental disabilities annually. In Fiscal Year 2019 (7/1/18-6/30/19), 319 individuals received services. Clients came from 18 communities with the largest representation coming from Skokie, Evanston and Chicago. Over 35 additional individuals received evaluations/referral and follow-up services but they are currently not enrolled in any of our programs or services. Shore classifies these individuals as Non-Registered Clients and tracks the numbers because there is no reimbursement available for the time staff spends with the individual and/or their family.

The Lois Lloyd Center is home to the Adult Services & Seniors Program (AS) and the Director oversees the Early Intervention and Life In Motion-Your Choice Program. The AS Program offers developmental training for adults with severe and profound levels of disabilities and provides programs and services to maintain and improve their adaptive daily living skills. Life In Motion offers more empowerment for clients to make decisions about how they spend their day.

The ability to realize a fulfilling quality of life can easily be taken for granted, except when you have an intellectual or developmental disability. Our mission is to provide all the necessary supports to give individuals with disabilities the best options and opportunities to become a more integral part of community living while enjoying a life filled with hope, happiness and optimism. Currently, individuals with disabilities who want to be more community involvement receive services in segregated settings like the Lois Lloyd Center operated by Shore. Our top priority is to transition our day program towards total inclusion by offering a comprehensive range of options that include community-based activities, vocational options, volunteering, learning, and overall neighborhood engagement.

For decades, we have tried to offer a multitude of choices to our individuals so they can self-select how they want to spend their days. This, in turn, enriches their lives. We believe that choice promotes enhanced personal autonomy, and lets others know when they need assistance or when they wish to participate, or not, in a given activity. Shore's goal is to transition the AS Program to model LIM, which would expand the Person Centered Approach for our individuals served. Additionally, five clients from Shore's Joseph Koenig, Sr. Training Center volunteered at the center to experience this program.

The Adult Services Program runs Monday-Friday from 8:45 a.m.-2:45 p.m. for 240 days a year. In Fiscal Year 2019 (7/1/18-6/30/19), Shore provided a total of 93,820 hours of service to 86 adults with intellectual and other developmental disabilities, of which 8,931 hours were provided to Evanston residents.

Early Intervention serves infants to 3 year olds who are experiencing developmental delays. These children range from at-risk infants with drug or alcohol exposure to children with mild to severe delays. Currently, Occupational Therapy and other services are provided at the child's home or day care. Research has demonstrated that working on prevention type activities with children at a very young age is much more cost effective than remedial type programs with children at a later age.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

Since 1980, the Shore Adult Services & Senior (AS) Program serves individuals 18 years or older who have severe and profound developmental disabilities, are physically challenged and medically fragile. Many of these individuals are non-ambulatory and require assistance in eating and personal hygiene. The program offers a specialized form of education, which is necessary for an individual to maintain and improve their skills, especially once they age out of the public school system at the age of 21. Individualized goals are set, focusing on improving daily living activities, self-care, socialization and pre-vocational skill development. A Developmental Activities Trainer plans weekly enrichment activities i.e. arts and crafts, music appreciation, literature hour, health and wellness, cooking, and community integration outings. A sensory room is also available. Services are provided to stimulate the motor, language, and cognitive and social development of the adults in order to promote their functional independence, and ensure the highest level of community integration possible. Shore is one of the few programs in the Chicagoland area with a full-time nurse on staff. With this coverage, individuals that require daily medication or G-tube feedings are able to receive community services, as opposed to staying at home without programming or moving into a nursing based residential facility. One example is a program participant who is an insulin dependent diabetic, and would not be able to leave their skilled nursing residential program without a nurse on staff.

The majority of the individuals in the AS Program are non-verbal. Shore uses a variety of methods to facilitate communication, including: Augmentative Communication Devices, pictures, sign language, gestures, eye movements and pointing or retrieving the desired item. Choice making is an integral program component, as well. Using a customized, person-centered service plan, individuals are encouraged to choose their own enrichment and/or community integration activities. The national movement is towards community integration, and Shore is fully committed to that end by providing a full complement of outings to restaurants, shopping, parks, and other places and activities of interest.

Life in Motion - Your Choice Program is designed to offer opportunities and choices for individuals who have chosen an alternative day program. Individuals can try out new experiences, have direct input into the services offered and make informed choices to expand their horizons. The objectives are as follows:

To provide choices to individuals and develop ability to make informed choices.

Expand experiential learning by providing community integration opportunities.

Provide individual and group activities in both facility based and in community settings.

Maintain and or improve activities of daily living skills and social skills.

Eligibility requirements include: a diagnosis of an intellectual or other developmental disability; 18 years old; free of communicable, contagious or infectious disease; sufficient behavior adjustment to function in a group setting without continuous one-to-one supervision, sufficient medical stability not requiring frequent on-site medical care; Medicaid/Medicaid Waiver eligibility for selected programs; preference of the parent/guardian/applicant/person served to enroll in the program; obtained appropriate government and/or other third party authorization for service and completed all required admission documentation.

In FY 19, 105 people received services from the AS Program (86), 14 from EI and 5 from LIM. The demographics are from the AS and LIM Program since funding is being sought from the MHB.

Age: 38% -18-39, 40% - 40-59, 22% - 60-65+

Gender: 59% Male & 41% Female

Race/Ethnicity: 54% White, 25% Black, 12% Hispanic, 8% Asian & 1% Pacific Islander

Family Status: 25% Have State Guardians, 65% Have a family member or friend as guardian & 10% Self Guardians

Income: 99% Low, 1% Medium

Primary Diagnosis/Intellectual Disability: 4% Autism, 3% Mild, 20% Moderate, 33% Severe, 39% Profound & 1% Cerebral Palsy

Mobility: 62% Walks, 8% Walks with Aides & 30% Use a Wheelchair

Toileting: 28% Independent, 46% Need Assistance/Training & 26% Dependent

Eating: 26% Independent, 61% Need Assistance, 11% Dependent & 2% G-Tube Feeding

Shore makes every effort to increase participation of minorities in our day program, by attending Transition Fairs at high schools; providing tours to students and their families from area schools e.g. Kirk, Camelot and Malloy and coordinates intake with CAU (Community Alternatives Unlimited).

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

An estimated 4.6 million Americans have an intellectual or developmental disability (Larson, 2000). More school-age children are receiving the diagnosis of a learning disability, developmental delay, or behavior disorder than ever before. In the Chicagoland area, there are over 2 million individuals with support needs that include the soaring diagnosis of autism.

Participants at the Lois Lloyd Center have profound developmental disabilities and are fragile, both physically and medically. In addition, the vast majority (99%) have extreme financial challenges, the mean falling in the low-income and poverty level. More importantly, participants in this program would most likely be turned away at other organizations, and have no other options for care and development. With the social service financial crisis, especially in Illinois, many organizations have closed their doors. Remaining providers have been forced to reject this population due to the fact the care of individuals with severe and profound developmental disabilities, physical disabilities and medical issues is both challenging and expensive. They simply don't have the financial resources to serve and support participant aspirations to reach their unique potential and enjoy the benefits of community inclusion.

For nearly 69 years, Shore has been providing services to individuals with intellectual and other developmental disabilities and their families. This group of individuals has always been underrepresented. Since the majority of individuals in this group tend to not vote, they have a limited lobby both in Springfield and Washington D.C. Shore strives on limited reimbursement from the State to guide individuals to reach their greatest potential and live the lives they want. Funding from EMHB will help Shore help this population. Through funding more individuals will participate in various community experiences. As individuals are more visible in the community the stigma of a developmental disability will slowly fade away. Individuals will be able to enhance relationships and receive support from people who are not paid to interact with them.

Shore would measure the community integration activities that our clients participate in annually.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

5	Intake/assessment
5	Referrals
9	Individual case management plan/services
5	Services delivered on an individual basis (e.g. home delivered meals)
9	One time event or activity (e.g. field trips, tax preparation)
9	Multi-session program (e.g. after school program)
9	Focused topic activities (e.g. workshops, trainings)
NA	Drop in services (e.g. computer lab, tutoring, help desk)
NA	Phone or online help (e.g. 24-hour help lines)
51.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

No eligible people are being turned away for services as the program has no wait list. If an individual is interested in enrolling in the program, space would be available at a minimum of 30 days after the initial intake is conducted and the State of Illinois approves funding. If the individual is planning to privately pay for services then a 30 day wait would be required. Demand for services does not fluctuate throughout the year.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Shore operates three programming divisions, two community day programs and a variety of residential options. The agency strives to find the most appropriate program for each individual. As with the general population, as individuals age, their skills may deteriorate. With that foresight, 20 years ago Shore started a Seniors Program for individuals who wanted to participate in leisure activities after they retired from community employment or no longer wished to work a full day. The Senior Program was moved to the Lois Lloyd Center in 2016 in order to provide more enrichment activities e.g. cooking, arts & crafts, music, performances (fashion show, play), horticultural, and community experiences to name a few.

If it is determined that Shore is unable to provide the best possible programming to an individual, that individual will be referred to Community Alternatives Unlimited, which the local PAS agency who will help them find the most appropriate program to help serve their needs.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Rimland is another area agency that addresses the needs of adults with intellectual and other developmental disabilities. The Adult Services Program will refer clients to them since they serve individuals primarily with Autism.

The Adult Services Program collaborates with Human Services Management Services (HSMS), which has over 20 developmental disabilities organizations in the Chicagoland area and offers streamlined case management and other utilities for staff, and Infinitec which is a coalition of over 30 developmental disabilities organizations throughout Chicagoland offering unified, online and onsite training programs. These programs are designed to meet requirements of most state and federal funding sources including: Illinois Department of Human Services, Illinois Department of Public Health and HUD.

Others include: Therapy Providers - provides physical and occupational therapy to persons served; Community Alternatives Unlimited – referral source; Illinois Masonic Dentistry for the Handicapped Program - provides free dental screenings once a year; Nessel Family Practice, which is an affiliate of Lutheran General Hospital – Many of Shore's residents that attend the center have doctors at this location; and Active Visions – Home Based Services. These residential facilities send their residents to our day program: Orchard Village – Community Integrated Living Arrangement (CILA), Diane Home Care – CILA, LEEDA Services – CILA, Achieve Developmental Center – CILA, Lutheran Social Services – CILA, Lake Shore Nursing and Rehab (Skilled Nursing Home), and Mulford Homes. Students from Evanston Township High School, Niles West and Christ the King have completed volunteer service hours. Students from Wright Junior College's Occupational Therapy Assistant Program have completed internship hours. In fact, many students from Wright have specifically asked to be placed at Shore based by the positive recommendations received from former interns.

As for successes, we consistently receive the highest marks (96-100%) by all of our certifying bodies and high satisfaction (95% and above) on program service surveys from clients, parents and other stake holders. We have a high staff retention rate that is around 94% while others in the industry typically experience much higher turnover and retain fewer than 50% of their employees year to year. Securing resources for the program and to implement new ones has been an on-going challenge.

The Lois Lloyd Center is set apart from others by providing services to children and adults with developmental delays and disabilities, medically fragile and physical limitations, including those with autism. We accept all individuals regardless of their level of disability including those who have toileting needs, which is rare for similar programs. A full-time nurse is on staff, which makes Shore one of the few programs in the Chicagoland area that offers nursing services. With this staff coverage, individuals that require daily medication or G-tube feedings are able to receive community services as opposed to staying at home without programming or moving into a nursing based residential facility. One prime example is that an a client is an insulin dependent diabetic who would not be able to leave his skilled nursing program without a nurse on staff.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

1. 88% (8/9) Evanston clients enrolled will improve their expressive language skills, verbally or non-verbally using sign language or an augmentative communication system as measured by staff evaluation of Individual Program Plan (IPP) goals by 12/31/2020.

2. 88% (8/9) Evanston clients enrolled in the Adult Services Program will participate in six enrichment activities per week as measured by enrichment activity records by 12/31/2020.

3. 88% (8/9) Evanston clients will improve their appropriate community behavior skills by participating in two community integration activities for two out of four quarters as measured by outing attendance records by 12/31/2020.

Shore tries to keep goals realistic and achievable based on the special needs of the individuals we serve, and that is why the goals are similar to 2019. The ultimate goal for each individual is to live a more fulfilling life that focuses on self-governance. The most realistic goal is be semi-independent in the least restrictive setting. An important aspect of our programs and services are the outcomes are developed from a person-centered perspective.

The Adult Services & Seniors Program and Life In Motion-Your Choice Program does initial assessments on individuals to determine their functioning level and then on an annual basis. These assessments include the ICAP (Inventory for Client and Agency Planning) as a standardized adaptive behavioral scale, and the PACG (Prevocational Assessment and Curriculum Guide) for prevocational work skills adjustment needs. A Strengths and Needs Assessment is then developed based on these results and other identified areas from the Interdisciplinary Team (IDT), which includes: the individual served, the individual's case manager at Shore, family member or guardian, if applicable a residential representative, State appointed case coordinator and other disciplines or advocates that may be involved with the individual. As the State of Illinois moves towards more Person Centered Planning, Community Alternatives Unlimited (CAU), which is the authorized funding agent, will meet with the individual to complete a discovery process. The individual expresses their desired outcomes, then Shore develops an implementation plan based on their outcomes. The staff collects ongoing daily data and Shore's case manager develops a monthly summary of results. At a minimum, an annual staffing of the IDT is held to evaluate and determine new or revised goals and objectives.

The agency has an extensive Program Outcomes Plan, which establishes goals which are based on best practices in the field as identified by national accreditation, for example: community integration, health and wellness, person centered planning, etc. The plan monitors service delivery improvements through an analysis of caseload, consumer satisfaction, efficiency and effectiveness measures, cost per unit of service, service access and capacity. External monitoring agencies do on-site surveys of the programs including: CARF International, Department of Public Health, Department of Human Services, Healthcare and Family Services, Department of Housing and Urban Development, Evanston Health Department, local and state fire departments and peer quality reviews. Persons served and other stakeholders also complete annual satisfaction surveys.

Lanisa Abrams, QIDP, Director of the Lois Lloyd Center, is responsible for ensuring the program is implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

Unduplicated people to be served in 2020

Unduplicated Evanston residents to be served in 2020

108	Unduplicated low/moderate income people to be served in 2020
9	Unduplicated low/moderate income Evanston residents to be served in 2020
105	Unduplicated people served in 2019
7	Unduplicated Evanston residents served in 2019
105	Unduplicated low/moderate income people served in 2019
7	Unduplicated low/moderate Evanston residents served in 2019
458.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Shore has been meeting the needs of children and adults with intellectual and other developmental disabilities throughout Chicago and its North and Northwest suburban communities. Our tagline is "Guiding Individual Abilities," which aims to empower every individual to achieve greater independence and a higher quality of life. We are providing hope, passion and purpose to individuals and our mission to improve the quality of life for their lives through educational, residential, vocational and related programs provided with community integrated supports and services. Shore envisions a world where individuals at every level of developmental, intellectual and physical ability enjoy vibrant and fulfilling lives while enriching the communities where they live, work and play.

In 1951, the late Lois and Thomas Lloyd, along with a group of Evanston parents, co-founded Shore Community Services. The Lloyd's had a daughter named Patricia, fondly called Patty. In the late 1940's, the Lloyd's were unable to find proper services for Patty because nothing was available for children with developmental disabilities. As a school teacher, Mrs. Lloyd believed that Patty, and other children with special needs, deserved the very best education possible. By collaborating with other families in Evanston and neighboring communities, a school program was started in the basement of the Lloyd's home. Rapid growth necessitated the need for larger accommodations. This was accomplished by aligning the organization with local churches and area businesses.

In 1953, Shore was selected to be 1 of 6 schools to participate in a statewide research project to determine if children with developmental disabilities could benefit from public education. The school's success led to its incorporation in 1954, when it became part of Evanston-Skokie School District 65. As the progressive idea of inclusion moved to the forefront, and institutionalized care diminished, Shore continued to grow and develop more diversified programs.

Today, Shore now provides a comprehensive array of services that benefit over 350 individuals each year, including: small group homes, CILAs (Community Integrated Living Arrangements), SLAs (Supported Living Arrangements), Vocational Training & Employment Services, Adult and Seniors Program, Life in Motion, True North - Find Your Path, Early Intervention, Clinical and Behavioral Health Services, Home Based Support and Service Facilitation.

The organizational structure consists of the Board of Directors overseeing the CEO India Alexis Ehioba, MNA, CFRE. The CEO is responsible for running the agency and the Program Directors supervise their respective staff.

The Board is encouraged to support the following three areas: Development: fundraising events, marketing, recruiting attendees, sponsorships and acting as representatives for the agency; Policy: approves annual budget, capital expenditures, approves operational policies and employs CEO who in turn employs Program Directors and other staff; and Accountability: attends board and committee meetings, monitor monthly financials and efforts to improve quality and quantity of programs, and performs all functions in an objective manner without personal interest affecting the agency. There are currently 20 Board and 11 Honorary Board Members.

New staff were hired: Matthew Cahill, Miles Zaben and Sheri Lees and Clinical and Behavioral Health Services were added.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Out of 100 employees at Shore, we have six African Americans, one Asian and one Hispanic in leadership/decision-making positions, which is 13%. Shore's Chief Executive Officer is African American. The agency always tries to hire qualified staff for all open positions regardless of race/ethnicity. We have four inservices throughout the year that are used for staff trainings. As part of a Strategic Planning for the agency's future, staff of all color and position were asked for feedback on ways to improve Shore through programming, marketing, technology upgrades and other pertinent issues through SWOT (Strengths, Weaknesses, Opportunities and Threats) that were conducted by a consultant. Directors work closely with their staff and have meetings, some daily, to discuss programming and other issues. In addition, DISC trainings are being offered to leadership and program managers to learn how to better communicate with others, which will help in engaging all staff in decision making.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

Shore has a long history of successfully implementing programs/services and capital improvements that have received funding through the Evanston Mental Health Board and CDBG (Community Development Block Grants) i.e. Evanston, Skokie and Cook County. In the agency's Administrative Procedures for Division Directors manual, there is an entire section on purchasing and procurement. All funds are immediately booked in a computerized accounting program (Quick Books) at our Administration Center by the accounting department. Shore also adheres to all requirements and submits reports in a timely manner.

From day one, nearly 69 years ago, Shore has grown from providing essential services to one child to meeting the needs of over 350 individuals throughout Chicago and it's North and Northwest suburban communities. The organization is accredited by CARF International, formerly Commission on Accreditation of Rehabilitation Facilities, which is an independent, nonprofit accelerator of health and human services.

CARF accredited providers are recognized for their ongoing innovation and adherence to the highest 'best practice' standards. In addition, Shore has received the highest accolade: 16 consecutive 3-year accreditations. We are a member of the Illinois Association of Rehabilitation Facilities (IARF) and recently achieved the highest donor rating from GuideStar for transparency and best practices in operations with a Platinum Level Approval Rating. Less than 5% of charities nationwide receive this rating.

For over 40 years, Shore has had a comprehensive Program Outcomes Plan in place, formerly called Program Evaluation, which monitors the program effectiveness and provides data for formulating improvements and modifications. The Short and Long Range Plans are submitted by each division/program to strategically set goals for the upcoming fiscal year. New plans are formulated on the basis of goals yet to be met, and new needs that have emerged. These goals are formulated with the assistance of committees comprised of Board Members, Program Directors, Chief Executive Officer, and other stakeholders, including parents and individuals served by Shore. We take great pride in the fact that we have been successfully implementing plans that are detailed and data driven from Direct Service Professionals (DSPs) to Directors. Our approach is also a model for other developmental disabilities agencies. It should be noted that in a recent CARF Survey, a surveyor commented that our "Program Outcomes are informative, thorough and far more extensive than any plan they have seen before."

Shore Community Services consistently achieves the highest marks in evaluations and audits from:
BALC – Bureau of Accreditation Licensing and Certification at the Illinois Department of Human Services.
The Illinois Department of Public Health
US Department of Housing and Urban Development

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

There are 19 staff at the Lois Lloyd Center. Lanisa Abrams is the Director of the Lois Lloyd Center. She has a Bachelor of Arts Degree and over 10 years of experience with individuals with intellectual and other developmental disabilities. Eileen Mikota, Registered Nurse, is Licensed by the State of Illinois; has 15 years at Shore and 30 overall. Tanasha Slaton, Developmental Activities Trainer, has a High School diploma, 21 years at Shore and 27 years overall. Keisha Unger is a Program Manager who has been at Shore for over 1 year. She has a Bachelor of Science/Rehabilitation Services Degree and has 13 years of experience. Matthew Cahill is also a Program Manager. He has a Bachelor Degree and over 8 years of experience. One DSP has a Bachelor Degree and the other 13 Direct Service Professionals (DSPs) have High School Diplomas. See attached resumes and demographic information for Mikota, Slaton, Unger and Abrams.

These positions will be retained in the future if no City of Evanston funding is received.

Due to the severity and medical issues of our clients, the client to staff ratio is 6 to 1.

The main requirements for program licensing and accreditation that the programs at the Lois Lloyd Center adhere to are the following: Through the Illinois Department of Human Services (DHS), the Bureau of Accreditation Licensure & Certification (BALC) survey's the program annually. They review an individual's program plan, work activities, staff training and environmental conditions. The Bureau of Quality Management (BQM) reviews the services an agency provides to an individual. They select an individual; review their file and observe them at home and their day program. The State Fire Marshall inspects the facility annually. As for accreditation, the center adheres to 978 standards set by CARF International.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Mary K. Matz, CFRE, mmatz@shoreservices.org, (847) 982-2030 ext. 221

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

06-861-8826

17. Is the facility and program in compliance with the Americans with Disabilities Act?

Yes

No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Adult Services, Seniors Program and Life In Motion-Your Choice Program take place at the Lois Lloyd Center, 8350 Laramie Avenue, Skokie. Clients are transported by a parent/guardian, PACE or Shore Staff to the day programs.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Mary K. Matz, CFRE, Senior Philanthropy Officer

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00
City of Evanston Mental Health Board Funds	\$ 15,300.00	\$ 15,300.00	\$ 0.00
Fees for Service	\$ 968,124.10	\$ 1,156,196.00	\$ 1,156,196.00
Grants - Foundations, Corporations & Businesses	\$ 8,000.00	\$ 2,295.00	\$ 2,295.00
Client & Family Payments	\$ 19,892.00	\$ 15,674.00	\$ 15,674.00
Contributions	\$ 35,462.16	\$ 53,000.00	\$ 53,000.00
Special Events	\$ 8,724.00	\$ 207.00	\$ 207.00
Other Revenue	\$ 142.20	\$ 356.00	\$ 356.00
Total	\$ 1,055,644.46	\$ 1,243,028.00	\$ 1,227,728.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Salaries	\$ 588,685.12	\$ 658,008.32	\$ 0.00	\$ 11,475.00
Program/Administrative Salaries	\$ 58,221.60	\$ 66,670.68		
Health, Worker's Comp & Retirement Benefits	\$ 135,618.47	\$ 134,986.00		\$ 3,000.00
Payroll Taxes	\$ 51,011.30	\$ 51,979.00		\$ 825.00
Professional Fees & Contracts	\$ 18,693.55	\$ 1,909.00		
General Operating	\$ 105,620.50	\$ 117,827.02		
Occupancy	\$ 59,395.27	\$ 67,403.00		
Misc./Depreciation	\$ 67,670.72	\$ 85,690.00		
Total	\$ 1,084,916.53	\$ 1,184,473.02	\$ 0.00	\$ 15,300.00

Budget Narrative

Shore Community Services' Fiscal Year is July 1, 2018-June 30, 2019.

Between delay of payments from Illinois for services rendered with their budget impasse and construction costs on our new facility, Shore has had to increase borrowing from its line of credit. Measures to help reduce budgetary costs throughout the agency are always explored. What must be noted is that Shore did everything within its financial capability to maintain its programs and services without disruption.

After 9+ years, Shore received an increase from the State of Illinois that was passed onto staff with a \$.75 per hour raise. In addition, the mandatory \$1.00 an hour incremental raise is being paid to employees to be in compliance with Cook County's \$15.00 per hour minimum wage by 2022. This is why the salaries vary from 2019 to 2020.

Even with the increase, the State caps the number of reimbursable hours to 115 a month or a total of 1,100 per year for each individual who attends the program, which is not enough to cover an entire year of service. For example, if a person served attends the program everyday they will use their allocated hours in about 10 months and Shore is responsible for the other two months of programming. Shore offers 240 days of service at six hours a day, which totals 1,440 hours available to the individuals we serve. The State covers only the Developmental Training aspect of the program but no program supplies i.e. paper, food for cooking, materials for arts and craft projects, community outings, etc. No maintenance or upkeep costs are covered nor are staff benefits, utilities or other operating expenses.

The biggest change in filling the deficit the Lois Lloyd Center has experienced for years was spearheaded by Shore's CEO, India Alexis Ehioba, and that was the exploration of billable codes that are available by the Illinois Department of Human Services (DHS). Ms. Ehioba had staff go through the codes line by line, and she made several trips to meet with the Director of DHS in Springfield to get clarification on how funding can be obtained for services rendered. For many years, Shore provided specialized services but did not receive the additional payment from the DHS. With the proper paperwork submitted, Shore now receives significantly more funding, which falls under 53D (1 to 1 care).

Although there is now a small surplus, Shore will apply these funds towards raising \$2,200,000 by March 2022 through Phase II of its Capital Campaign "Our Heritage Our Future." This campaign allowed for the continuation of our Adult Services Program by providing a newly renovated home for nearly 90 individuals who attended the Lois Lloyd Center that was in Evanston for 55 years. Shore borrowed extensively to purchase and renovate this building as only 40% was raised to date. The mortgage and interest are a financial burden on the agency especially when 15-20% of our operating budget must be raised annually to have a balanced budget.

The State of Illinois does not have a Life In Motion mandate as to how many individuals can participate in a community integration experience. Because we want as many participants possible to receive the benefits of inclusion, we have elected to have 3 or 4 slated to participate in a particular experience. This is a huge challenge because we do not have enough staff to accommodate the required ratio. Another challenge is having appropriate and reliable vehicles/transportation. Approximately half of the individuals receiving services at the Lois Lloyd Center are non-ambulatory, which means lift vehicles are necessary to complete community experiences. Shore will use agency vehicles and adjust the outings based on client preferences and space.

Shore continues to increase performance and energy efficiency to reduce costs. Grants were obtained to replace an old HVAC unit; install five new Variable Air Volume Boxes, which controls air flow with the HVAC unit, and a new Direct Digital Control Panel was installed, which replaced an outdated Pneumatic Control Panel. Shore explores other revenue resources to diversify income sources to cover operating and capital needs as rising costs occur in transporting individuals to/from home; repairing aging vehicles, general maintenance; and worker's compensation insurance.

The positions with salary, benefits and taxes, that funding is being sought from the MHB are the Developmental Activities Trainer-\$39,000, Registered Nurse-\$67,000 and Program Manager who will oversee the Life in Motion (LIM)-Your Choice Program - \$43,000, this is 10%. The positions are currently filled and serve all clients including Evanston residents.

* Shore did not commit any MHB funding under 2020 as it has not been determined if any funding will be awarded

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	88% (8 out of 9) Evanston clients enrolled will improve their expressive language skills, verbally or non-verbally, using sign language or an augmentative communication system.	Measured by staff evaluation in their Personal Plan by 12/31/20.	7	7	8	8	30					0
2	88% (8 out of 9) Evanston clients enrolled in the Adult Services Program will participate in at least 10 center based enrichment activities monthly.	Measured by enrichment attendance records by 12/31/20.	7	7	8	8	30					0
3	88% (8 out of 9) Evanston clients will improve their appropriate community behaviors skills by participating in two community integration activities for two out of four quarters.	Measured by outing attendance records by 12/31/20.	7	7	8	8	30					0
4							0					0
5							0					0
Total			21	21	24	24	90	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 Salaries	658,008		11,475					\$ 0
2 Program/Administrative Salaries	66,671							\$ 0
3 Health, Worker's Comp & Retirement Benefits	134,986		3,000					\$ 0
4 Payroll Taxes	51,979		825					\$ 0
5 Professional Fees & Contracts	1,909							\$ 0
6 General Operating	117,827							\$ 0
7 Occupancy	67,403							\$ 0
8 Misc./Depreciation	85,690							\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	1,184,473	0	15,300	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date

1 City of Evanston Mental Health Board Funds	15,300	0	153,000						\$ 0
2 Purchase of Service & Other Grants	1,156,196								\$ 0
3 Grants - Foundations, Corporations & Businesses	2,295								\$ 0
4 Client/Family Payments	15,674								\$ 0
5 Contributions	53,000								\$ 0
6 Special Events	207								\$ 0
7 Other Revenue	356								\$ 0
8									\$ 0
9									\$ 0
10									\$ 0
11									\$ 0
12									\$ 0
13									\$ 0
14									\$ 0
15									\$ 0
Total	1,243,028	0	153,000	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.



[Fiscal Year 2018 Audited Financial Statements](#)
[Form 990 \(1 of 3\)](#)
[Form 990 \(2 of 3\)](#)
[Form 990 \(3 of 3\)](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

[Fiscal Year 2018 Annual Report](#)

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).



[501\(c\)3](#)

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[Staff Resumes & Demographics](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

[Accessibility Plan FY 19 & 20](#)

Supplemental information relating to your program or agency, as applicable.

[Marketing Plan](#)
[Spring 2019 Newsletter](#)
[Strategic Plan](#)
[Strategic Plan FY 18-FY 21](#)
[Board Demographic Info](#)
[Short & Long Range Goals](#)

[Short & Long Range Plans - LLC](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Organizational Chart](#)

[Organizational Chart Key](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

[Lois Lloyd Center Budget](#)

[FY 20 Agency Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[Statement of Operating Revenue](#)

Organizational commitment to equity, diversity and inclusion.

[Diversity and Inclusion](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149908

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Shore Community Services, Inc. Residential Services

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 22,000.00 Requested
\$ 22,000 MHB Request

Submitted: 10/21/2019 12:41:42 PM (Pacific)

Project Contact

Mary K. Matz, CFRE
mmatz@shoreservices.org
Tel: 847-982-2030

Additional Contacts

none entered

Shore Community Services, Inc.

8350 Laramie Avenue
Skokie, IL 60077
United States

Telephone 847-982-2030
Fax 847-982-2039
Web www.shoreservices.org

Chief Executive Officer

India Alexis Ehioba, MNA, CFRE
india@shoreservices.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Shore Community Services, Inc. - Residential Services provides a variety of housing options, Home Base Support and Clinical Health Services for youth and adults with intellectual and other developmental disabilities that promote independent living.

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA

below.

CARF International - Shore has received 16-consecutive 3-year accreditation's, which is the highest awarded from this prestigious organization. April 1, 2018 was our most recent accreditation, and we received 100% compliance on nearly 1,000 standards.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other: Individuals with intellectual and other developmental disabilities

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
22000	MHB (Human Services Fund)
22,000.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Agency Operating Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[Board of Directors](#)
[Board Demographic Information](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form
[download template](#)

[Conflict of Interest Disclosure Form](#)

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Shore serves over 350 children and adults with intellectual and other developmental disabilities annually. In Fiscal Year 2019 (7/1/18-6/30/19), 319 individuals enrolled in our programs and services. Clients came from 18 communities with the largest representation coming from Skokie, Evanston and Chicago. Over 35 additional individuals received evaluations/referral and follow-up services but they are currently not enrolled in any of our programs or services. Shore classifies these individuals as Non-Registered Clients and tracks the numbers because there is no reimbursement available for the time staff spends with the individual and/or their family.

Shore's Residential Services Program provides quality adult residential, Home Based Support and Service Facilitation to children and adults with intellectual and other developmental disabilities. Primary residential eligibility includes: a diagnosis of an intellectual or other developmental disability; age 18; free of communicable, contagious or infectious disease; behavior adequate to avoid being of harm to self or others; sufficient medical stability to live in a group setting without frequent on-site medical care; recent application filed for social security benefits or receipt of such benefits; employment in a competitive or vocational work setting, approval of the regional Pre-Admission Screening (PAS) agency; preference of the parent/guardian/applicant/person served to enroll in the program; obtained appropriate government and/or other third party authorization for service; and completion of all required admission documentation.

In Fiscal Year 2019, 99 unduplicated individuals received services from the Residential Program (24 at Shore Homes, 17 at CILAs (Community Integrated Living Arrangements), 14 Supported Living Arrangements, 1 Respite and 43 Home Based Support and Service Facilitation). Out of the 99, 35 individuals reside in Evanston. In addition, Clinical and Behavioral Health Services were added this year to help our clients reduce maladaptive behaviors and increase their skill development to promote more independence. We have two part-time certified Behavioral Analysts and a full-time Counselor who are collaborating with staff to identify clients who need these services.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

Shore offers the following programs under Residential Services: residential and Home Based Support. First, Buehler House/Shore Homes East & West have 24 residents in a yearly 24-hour staff supported living arrangements that meets each individual's respective needs. Community integration is encouraged and programming and support is provided to improve independent living skills. All residents are in daytime employment, training or senior leisure programming. Person-Centered Individual Program plans are developed by an Interdisciplinary Team annually, with measurable goals that focus on areas of self-care, self-direction, mobility, money management and capacity for independent living. Behavior programs are developed for those individuals who need self-direction support, and the Human Rights and Behavior Management Committees review behavior plans quarterly. The homes are a transitional facility with the goal to move residents to a more independent residential setting. However, in some cases, a resident may spend most of his/her life at this home, many times by their choice.

The Supported Living Arrangements (SLA) provides services to individuals who are more independent. The Patricia Lloyd Townhomes (PLT) is comprised of five two-story homes serving adults functioning in the mild range of intellectual and other developmental disabilities. A Support Services Manager provides support and intervention. Other individuals served live in apartments or condos in Evanston and surrounding communities. Residents live as independently as possible with intermittent support and direction. They take responsibility for their living areas and training is provided in budgeting, banking, self-care, meal planning, healthy living, exercise, medical needs, socialization and other independent living skills. Many residents have jobs in the community and Shore aims to secure inclusive employment for them when it is appropriate and possible. Due to the economy, some individuals have lost their jobs and staff is assisting them in finding employment.

Community Integrated Living Arrangements (CILAs) are homes for 2 to 7 residents, and meets the needs of each resident on a long-term basis. Shore has three CILAs - 1 in Evanston and 2 in Skokie that provides 24-hour staff supervision on a yearly basis to individuals with more moderate to severe/profound disabilities. The two men who reside in Evanston have severe Autism and unique behavioral needs. The second floor of this CILA was recently renovated in order to provide housing for a third resident. Once licensing is approved, a resident will be selected. We also work with two families that are provided CILA

services in their own homes.

Home Based Support (HBS) Services are provided to families and individuals with an intellectual or other developmental disability who have received an IL Department of Human Services award letter that states that they have access to funding for services, which includes: Service Facilitation, Personal Support Work, Developmental Training and Supported Employment, provided by the HBS Program. HBS is designed to provide the support necessary to maintain persons with a disability in the least restrictive setting possible, their own home. Hours vary depending on the State allocation. Numerous SLA residents receive additional support, which is needed to help them maintain independence especially as they age and encounter more health issues. Persons served are encouraged to participate in one of Shore's day programs, if not employed in the community, and integrate often.

Residential Services provided 18,336 nights of service. The demographics are as follows:

Age Range: 16-80+

Gender: 59% Male and 41% Female

Race/Ethnicity: 58% White; 16% Black; 10% Hispanic; 8% Pacific Islander, 1% Native American & 7% Asian

Family Status: 9% Have State Guardians; 64% Have a family member or friend as guardian and 27% are Self Guardians

Income: 100% Low

Disability: 100% have an intellectual and/or other developmental disability, which varies from 34% mild to 66% moderate/profound.

The majority of these individuals (75%) require 24-hour supervision because of the severity of their disability.

Shore makes a conscious effort to address minority populations by employing a diverse staff who are able to communicate in 13 other languages aside from English. We actively participate in community outreach and educational fairs to inform the public of our services along with collaboration with CAU (Community Alternatives Unlimited), state authorized referral agency, and flyers are posted at the Asian Community Services and St. Peter's Church in Skokie.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

An estimated 4.6 million Americans have an intellectual or developmental disability (Larson, 2000). More school-age children are receiving the diagnosis of a learning disability, developmental delay, or behavior disorder than ever before. In the Chicagoland area, there are over 2 million individuals with support needs that include the soaring diagnosis of autism.

Participants at the Lois Lloyd Center have profound developmental disabilities and are fragile, both physically and medically. In addition, the vast majority (99%) have extreme financial challenges, the mean falling in the low-income and poverty level. More importantly, participants in this program would most likely be turned away at other organizations, and have no other options for care and development. With the social service financial crisis, especially in Illinois, many organizations have closed their doors. Remaining providers have been forced to reject this population due to the fact the care of individuals with severe and profound developmental disabilities, physical disabilities and medical issues is both challenging and expensive. They simply don't have the financial resources to serve and support participant aspirations to reach their unique potential and enjoy the benefits of community inclusion.

For nearly 69 years, Shore has been providing services to individuals with intellectual and other developmental disabilities and their families. This group of individuals has always been underrepresented. Since the majority of individuals in this group tend to not vote, they have a limited lobby both in Springfield and Washington D.C. Shore strives on limited reimbursement from the State to guide individuals to reach their greatest potential and live the lives they want. Funding from EMHB will help Shore help this population. Through funding more individuals will participate in various community experiences. As individuals are more visible in the community the stigma of a developmental disability will slowly fade away. Individuals will be able to enhance relationships and receive support from people who are not paid to interact with them.

Shore would measure the community integration activities that our clients participate in annually and their placement in the least restrictive environments.

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

36	Intake/assessment
20	Referrals
36	Individual case management plan/services
36	Services delivered on an individual basis (e.g. home delivered meals)
36	One time event or activity (e.g. field trip, tax preparation)

12	Multi-session program (e.g. after school program)
36	Focused topic activities (e.g. workshops, trainings)
NA	Drop in services (e.g. computer lab, tutoring, help desk)
NA	Phone or online help (e.g. 24-hour help lines)
212.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Residential Services currently have 20 individuals on a wait list. The wait time can be years, depending on the individual needs of the applicant and availability of resources to expand services. The turnover rate is limited due to life-long nature of the needs of the individuals with intellectual and other developmental disabilities. In the interim, many individuals attend one of Shore's day programs.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Shore operates three programming divisions, two community day programs and a variety of residential options. The agency strives to find the most appropriate program for each individual. Shore's Social Worker handles all inquiries and intake for the Residential Services Program. She documents an individual's interest for residential placement and makes periodic contact with individuals on the waiting list and information/referrals are offered as needed.

If it is determined that Shore is unable to provide the best possible programming to an individual, that individual will be referred to Community Alternatives Unlimited (CAU), which is the local PAS agency who will help them find the most appropriate program to help serve their needs.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Rimland and Leeda provide residential services to adult individuals with intellectual and other developmental disabilities. Shore will refer others to these agencies as Rimland focuses more on Autistic needs and the others are private paid programs that may have openings for residents that are looking for CILAs (Community Integrated Living Arrangements) or intermittent support that Shore cannot provide due to capacity issues. Search and Douglas Center - Skokie offer day programs that two residents attend because one has aggressive behaviors that are too challenging for Shore to handle in our day program and the other attends by family choice.

We collaborate with Human Services Management Services (HSMS), which has over 20 developmental disabilities organizations in the Chicagoland area and offers streamlined case management and other utilities for staff, and Infinitec which is a coalition of over 30 developmental disabilities organizations throughout Chicagoland offering unified, online and onsite training programs. These programs are designed to meet requirements of most state and federal funding sources. Other include: Northwestern University Best Buddies Program has helped residents who need companionship. Residents attend the YadR'Yad program facilitated by Jewish Family and Children's Services that provides integrated socialization opportunities for Jewish adults with and without disabilities. Many residents participate in Evanston Special Olympics; Levy Center, Keshet, YWCA's New Year Co-Ed's, Center for Enriched Living and Maine-Niles Association Special Recreation (MNASR) for exercise and community integration activities. The Levy Center also provides free tax preparations for many of our residents. Some residents are members of Evanston Churches and Synagogues and others have attended Shabbat activities at the Beth Hillel Congregation in Wilmette, which offers a community integration experience for people without disabilities to be introduced to individuals with disabilities. Our residents have enjoyed the social interaction and have forged friendships with members of this congregation. Additional counseling is available to residents of the Supported Living Arrangements Program through a private Social Worker. Patricia Lloyd Townhomes residents receive healthy food delivered through St. Francis' Meals at Home Program.

Shore's programs are set apart from others because we provide a variety of residential settings that are well maintained to meet individuals needs including: 24-hour staff assisted residential options - two 12 bed facilities (group homes), two 7-bed and one 2-bed CILA; Supported Living Arrangements for individuals that can live independently include: the Patricia Lloyd Townhomes (PLT), offers staff assistance to individuals as needed to scattered-site apartments and condos where individuals live independently and receive intermittent staff assistance. The PLT is unique in the respect that residents have their own units; their rent is affordable through a subsidy received from Shore, additional support is provided with their rent, and the Support Services Manager is available 24 hours a day if an emergency arises. Home Based Support is also provided so that the individual can remain in their own home.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

1. 89% (32/36) Evanston residents will improve their independent living and community integration skills based on staff

attendance records.

2. 90% (18/20) Evanston residents will live healthy by maintaining their ideal body weight measured by tracking logs.
3. 100% (36/36) Evanston residents will maintain their residential placement, preventing placement in a more restrictive setting.

The 2020 goals are similar to 2019 but there is an increase in the number of Evanston residents having the goal. Shore tries to keep goals realistic and achievable based on the special needs of the individuals we serve.

For individuals in the residential settings, initial assessments are conducted on residents to determine their functioning level and then they are reassessed on an annual basis. These assessments include the ICAP (Inventory for Client and Agency Planning) as a standardized adaptive behavioral scale, the Mid-Nebraska Community Living Skills Evaluation and the Human Sexuality Assessment. A Strengths and Needs Assessment is developed annually based on these results and other identified areas from the Interdisciplinary Team (IDT), which includes: the individual, the individual's case manager, family member, State appointed case coordinator and other disciplines or advocates involved. As the State of Illinois moves towards more Person Centered Planning, Community Alternatives Unlimited (CAU), which is the authorized funding agent, will meet with the individual to complete a discovery process. The individual expresses their desired outcomes, then Shore develops an implementation plan based on their outcomes. The staff collects ongoing data and a monthly summary of results is developed. A health and safety checklist is conducted weekly on all independent living environments (apartments/condos) where individuals live. At a minimum, an annual staffing of the IDT is held to evaluate and determine new or revised goals.

The agency has an extensive Program Outcomes Plan, which establishes goals based on best practices in the field as identified by national accreditation, for example: community integration, health and wellness, person centered planning, etc. The plan monitors service delivery improvements through an analysis of caseload, consumer satisfaction, efficiency and effectiveness measures, cost per unit of service, service access and capacity. External monitoring agencies do on-site surveys of the programs including: CARF International formerly Commission on Accreditation of Rehabilitation Facilities, Department of Public Health, Department of Human Services, Healthcare and Family Services, Department of Housing and Urban Development, Evanston Health Department, Skokie Health Department, local and state fire departments and peer quality reviews. Clients and other stakeholders also complete annual satisfaction surveys.

Uma Muppidi, Senior Director of Residential Services, and Alexandra Hailovic, Director of Shore Homes, will ensure the programs are implemented as planned.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

102	Unduplicated people to be served in 2020
36	Unduplicated Evanston residents to be served in 2020
102	Unduplicated low/moderate income people to be served in 2020
36	Unduplicated low/moderate income Evanston residents to be served in 2020
99	Unduplicated people served in 2019
35	Unduplicated Evanston residents served in 2019
99	Unduplicated low/moderate income people served in 2019
35	Unduplicated low/moderate Evanston residents served in 2019
544.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

The mission at Shore is to improve the quality of life for individuals with intellectual and other developmental disabilities. Our goal is to help children and adults reach their full potential so they can lead more independent and productive lives. This is accomplished through educational, residential, vocational and related programs, along with community integrated support services.

In 1951, the late Lois and Thomas Lloyd, along with a group of Evanston parents, co-founded Shore Community Services. The Lloyd's had a daughter named Patricia, fondly called Patty. In the late 1940's, the Lloyd's were unable to find proper services for Patty because nothing was available for children with developmental disabilities. As a school teacher, Mrs. Lloyd believed that Patty, and other children with special needs, deserved the very best education possible. By collaborating with other

families in Evanston and neighboring communities, a school program was started in the basement of the Lloyd's home. Rapid growth necessitated the need for larger accommodations. This was accomplished by aligning the organization with local churches and area businesses.

In 1953, Shore was selected to be 1 of 6 schools to participate in a statewide research project to determine if children with developmental disabilities could benefit from public education. The school's success led to its incorporation in 1954, when it became part of Evanston-Skokie School District 65. As the progressive idea of inclusion moved to the forefront, and institutionalized care diminished, Shore continued to grow and develop more diversified programs.

From humble beginnings filled with hope, passion and purpose, Shore now provides a comprehensive array of services that benefit over 400 individuals each year, including: small group homes, CILAs (Community Integrated Living Arrangements), SLAs (Supported Living Arrangements), Vocational Training & Employment Services, Adult and Seniors Program, Life in Motion – (Choices Program), True North, Early Intervention and Home Based Support Services.

The organizational structure consists of the Board of Directors overseeing the Chief Executive Officer (CEO) India Alexis Ehioba, MNA, CFRE. The CEO is responsible for running the agency and the Program Directors supervise their respective staff.

The Board is encouraged to support the following three areas: Development: fundraising events, marketing, recruiting attendees, sponsorships and acting as representatives for the agency; Policy: approves annual budget, capital expenditures, approves operational policies and employs CEO who in turn employs Program Directors and other staff; and Accountability: attends board and committee meetings, monitor monthly financials and efforts to improve quality and quantity of programs, and performs all functions in an objective manner without personal interest affecting the agency. There are currently 21 Board and 10 Honorary Board Members.

Changes from last year include: Clinical and Behavioral Health Services were added; Brown CILA in Evanston renovated its second floor to provide housing for a third person. and Debra Albert was hired as the Program Manager for the CILAs (Community Integrated Living Arrangements).

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Out of 100 employees at Shore, we have six African American and one Asian in leadership/decision-making positions, which is 13%. Shore's Chief Executive Officer is African American and the Senior Director of Residential Services is Asian. The agency always tries to hire qualified staff for all open positions regardless of race. We have four inservices throughout the year that are used for staff trainings. As part of a Strategic Planning for the agency's future, staff of all color and position were asked for feedback on ways to improve Shore through programming, marketing, technology upgrades and other pertinent issues through SWOT (Strengths, Weaknesses, Opportunities and Threats) that were conducted by a consultant. Directors work closely with their staff and have meetings, some daily, to discuss programming and other issues. In addition, DISC trainings are being offered to leadership and program managers to learn how to better communicate with others, which will help in engaging all staff in decision making.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

Shore has a long history of successfully implementing programs/services and capital improvements that have received funding through the Evanston Mental Health Board and CDBG (Community Development Block Grants) i.e. Evanston, Skokie and Cook County. In the agency's Administrative Procedures for Division Directors manual, there is an entire section on purchasing and procurement. All funds are immediately booked in a computerized accounting program (Quick Books) at our Administration Center by the accounting department. Shore also adheres to all requirements and submits reports in a timely manner.

From day one nearly 69 years ago, Shore has grown from providing essential services to one child to meeting the needs of over 400 individuals throughout Chicago and it's North and Northwest suburban communities. The organization is accredited by CARF International, formerly Commission on Accreditation of Rehabilitation Facilities, which is an independent, nonprofit accelerator of health and human services.

CARF accredited providers are recognized for their ongoing innovation and adherence to the highest 'best practice' standards. In addition, Shore has received the highest accolade: 16 consecutive 3-year accreditations. We are a member of the Illinois Association of Rehabilitation Facilities (IARF) and recently achieved the highest donor rating from GuideStar for transparency and best practices in operations with a Platinum Level Approval Rating. Less than 5% of charities nationwide receive this rating.

For over 40 years, Shore has had a comprehensive Program Outcomes Plan in place, formerly called Program Evaluation, which monitors the program effectiveness and provides data for formulating improvements and modifications. The Short and Long Range Plans are submitted by each division/program to strategically set goals for the upcoming fiscal year. New plans

are formulated on the basis of goals yet to be met, and new needs that have emerged. These goals are formulated with the assistance of committees comprised of Board Members, Program Directors, Chief Executive Officer, and other stakeholders, including parents and individuals served by Shore. We take great pride in the fact that we have been successfully implementing plans that are detailed and data driven from Direct Service Professionals (DSPs) to Directors. Our approach is also a model for other developmental disabilities agencies. It should be noted that in a recent CARF Survey, a surveyor commented that our "Program Outcomes are informative, thorough and far more extensive than any plan they have seen before."

Shore Community Services consistently achieves the highest marks in evaluations and audits from:
BALC – Bureau of Accreditation Licensing and Certification at the Illinois Department of Human Services.
The Illinois Department of Public Health
US Department of Housing and Urban Development

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Residential Services (RS) has 40 employees. The education levels include: 19 High School Degree; 8 Bachelor Degree; 5 Master Degree; 3 with some college; 2 Registered Nurses, 2 Certified Nursing Assistant. The Senior Director of Residential Services has a Master Degree in Public Health and the Director of has a BA in Psychology.

There are no vacancies so new staff will not be hired nor are new positions dependent on City funding. However, 6% of the salary, (including benefits and taxes), for a full-time Support Services Professional (SSP) for the Supported Living Arrangements (SLA) Program, Training Manager & Manager of Home Based Services and the Director of Buehler House/Shore Homes East & West are being sought from MHB. The SSP has been at Shore since May 2017. She has over 15 years of experience, is 50 years old and is Caucasian. She provides supervision to 10 residents living semi-independently at the Patricia Lloyd Townhomes and 6 who live in scattered-site apartments in the community. The SSP monitors the physical and mental health of the SLA individuals and sees that they visit their doctor (i.e. Psychiatrist, Psychologist or Social Worker) at the recommended intervals. She monitors the individual's medication pillboxes and supervises that refills are obtained at the intervals prescribed by the doctors, but SLA residents self-administer their own medications. The Manager observes the health and behavior of each individual and implements programming for each Individual and Behavioral Plan. Other duties include: complying with reporting and documentation requirements; completing health and safety checklist, conducting fire and evacuation drills, holding council meeting, running an arts and crafts club, coordinating social/recreational activities, and more.

The Training Manager & Manager of Home Based Services (HBS) has been at Shore for over a year, is a Qualified Intellectual Disability Professional (QIDP); @1 year at Shore and is a 69 year old African American female. Her responsibilities include: assisting families in identifying and accessing the services of the HBS program; develops an Individual Service Plan (ISP) which describes the services, programming and objectives which will be worked on throughout the year; monitors services and programming regularly; links to other services and support; assists families to connect with a personal support worker, and additional case management services as needed. She also works closely with the DSP to ensure that SLA residents receive the support needed and oversees the HBS Program.

The Director at Buehler House/Shore Homes East & West has been at Shore over 5 years and is a QIDP; 43 year old Caucasian female. She acts as a case manager for 12 residents and is available 24-hours a day/7 days a week for crisis intervention. This position organizes an individual's services including: quarterly Interdisciplinary Team meetings; ongoing communication with the family, State Guardian or State assigned Case Coordinator; develops goals and objectives in accordance with the resident's needs; oversees staff in providing training to individual's and the daily data; completion of monthly summary reports and annual assessments; referral, linkage and follow-up with other organizations for each individual and insuring individual's rights are upheld.

These staff positions will be retained in the future even without City funding.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Mary K. Matz, CFRE, mmatz@shoreservices.org, (847) 982-2030 ext. 221

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's

DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

06-861-8826

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

Buehler House/Shore Homes East & West and some scattered-site locations are ADA compliant but the Townhomes and Brown CILA are not. Our Administration Center in Skokie is used for meetings if accessibility is an issue for a family member or guardian.

19. Where (address/location) does your program take place and how will clients get to the location or facility?

Buehler House/East-503 Michigan Avenue, Shore Homes West-8167 Lincoln, Townhomes-1823-31 Brummel, 727 Brown and other private homes in Evanston and Skokie. These are residences and clients can either self-transport or are transported by Staff.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Mary K. Matz, CFRE, Senior Philanthropy Officer

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	\$ 0.00
City of Evanston Mental Health Board Funds	\$ 20,000.00	\$ 22,000.00	\$ 0.00
Fees for Service & Public Grants	\$ 406,909.74	\$ 661,862.00	\$ 661,862.00
Foundation, Corporation & Private Grants	\$ 0.00	\$ 10,000.00	\$ 10,000.00
Client/Family & HUD Rent Payments	\$ 164,745.12	\$ 377,779.00	\$ 377,779.00
Contributions	\$ 11,453.00	\$ 2,070.00	\$ 2,070.00
Special Events	\$ 16,322.50	\$ 28,502.00	\$ 28,502.00
Other Revenue	\$ 3,251.00	\$ 98.00	\$ 98.00
Total	\$ 622,681.36	\$ 1,102,311.00	\$ 1,080,311.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Salaries	\$ 340,935.02	\$ 499,264.68	\$ 0.00	\$ 19,000.00
Program/Administrative Salaries	\$ 29,646.52	\$ 43,411.32		
Health, Worker's Comp & Retirement Benefits	\$ 76,837.47	\$ 107,949.00		\$ 2,000.00
Payroll Taxes	\$ 32,709.66	\$ 40,180.00		\$ 1,000.00
Professional Fees & Contracts	\$ 42,470.09	\$ 37,795.00		
General Operating	\$ 119,359.15	\$ 203,780.08		
Occupancy	\$ 34,269.13	\$ 73,385.00		
Misc./Depreciation	\$ 7,712.50	\$ 34,155.00		
Total	\$ 683,939.54	\$ 1,039,920.08	\$ 0.00	\$ 22,000.00

Budget Narrative

Shore's Fiscal Year runs July 1st-June 30th. The budget for 2020 is significantly higher than 2019 because it includes our Brown CILA, the Patricia Lloyd Townhomes - Supported Living Arrangements, Buehler House/Shore Homes East, and Home Based Services. The CILA, which is a single family home in Evanston, will add a third resident to the home this year after renovations were made to the second floor. Since there is a great demand for affordable housing, we felt the additional resident would benefit from community living while helping to turn the operating budget for the CILA to a surplus, which annually ran over a \$40,000 deficit.

As a result of continued delay of payments from Illinois, Shore has had to increase borrowing from its line of credit for payroll and cash flow needs. Reimbursement for services rendered take on average 30-45 days and 80% of Shore's funding comes from State Medicaid Payments. Shore is doing everything within its financial capability to maintain our programs and services without disruption.

After 9+ years, Shore received an increase from the State of Illinois that was passed onto staff with a \$.75 per hour raise. In addition, the mandatory \$1.00 an hour incremental raise is being paid to employees to be in compliance with Cook County's \$15.00 per hour minimum wage by 2022. This is why the salaries vary from 2019 to 2020.

The agency focuses on ways to increase performance and energy efficiency to reduce costs. Grants to upgrade lighting and HVAC units, which decrease energy costs, have been received. Shore explores other revenue resources to diversify income sources to cover operating and capital needs as rising costs occur in transporting individuals to/from home; repairing aging vehicles, general maintenance; and worker's compensation insurance. Shore's Joseph Koenig, Sr. Training Center created a new electronic recycling business called Shore eCycle and is a partner with Cyclepoint from SourceAmerica's electronic recycling program. This business has the potential to be a new revenue stream for the agency while providing valuable employment opportunities and an environmental friendly initiative. In addition, our resale shop Second Time Around Thrift & Gift Shop is an important revenue source and is used as a job site for clients who are acquiring job skills because it offers retail experience.

Shore currently must raise 15-20% of its total annual budget from philanthropic contributions. In June, a part-time Director of Annual Giving was hired to help the one-person Development Department with fundraising efforts. She is responsible for special events, marketing, grant writing and will assist with the agency's Capital Campaign to raise \$2,200,000 by 2022.

The positions with salary, benefits and taxes, that MHB funding is being sought are the Support Services Professional for the Supported Living Arrangements Program (SLA) - \$35,000; Director of Shore Homes (Buehler House/Shore Homes East & West) - \$55,000 and Training Manager & Manager of Home Based Support Services - \$51,000, which represents 6% of their salaries. All three positions are currently filled and serve all clients including Evanston residents. Shore is seeking an increase because additional service hours are being provided to two additional residents at the Patricia Lloyd Townhomes. The services Shore provides will enable our clients to build their confidence in order to live a more self-sufficient lifestyle.

Last year, we partnered with a family to offer private CILA (Community Integrated Living Arrangement) services in the home owned by the family. This type of service is becoming more in demand as clients and their families want total input on the type of residency and other services that will help them/their child maintain their level of independence.

The Training Manager & Manager of Home Based Support (HBS) Services also supports the Support Services Professional. She serves 14 SLA residents and 8 additional Evanston families that receive Home Based Support. The HBS program continues to grow and additional Personal Support Workers are being sought in order to expand services for our clients and open new cases as well. In fact, the majority of the individuals who receive HBS would not be able to maintain residency in a least restrictive environment without this support. This extra support is needed for the SLA residents to help them remain independent as they age.

Program Outcomes [top](#)

Program Outcomes

	Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	89% (32/36) Evanston residents will improve their independent living and community integration skills.	Based on staff attendance records and Activity Log by 12/31/20.	32	32	32	32	128					0
2	90% (18/20) Evanston residents will live healthy by maintaining their ideal body weight.	Measured by tracking logs by 12/31/20.	18	18	18	18	72					0
3	100% (36/36) Evanston residents will maintain	Based attendance records by	36 104 of 130	36	36	36	144					0

their residential placement, preventing placement in a more restrictive setting.	12/31/20.												
4								0					0
5								0					0
Total			86	86	86	86	344	0	0	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 Salaries	499,265		19,000					\$ 0
2 Program/Administrative Salaries	43,414							\$ 0
3 Health, Worker's Comp & Retirement Benefits	107,949		2,000					\$ 0
4 Payroll Taxes	40,180		1,000					\$ 0
5 Professional Fees & Contracts	37,795							\$ 0
6 General Operating	203,780							\$ 0
7 Occupancy	73,385							\$ 0
8 Misc./Depreciation	34,155							\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	1,039,923	0	22,000	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1 City of Evanston Mental Health Board Funds	22,000		22,000					\$ 0
2 Fees for Service & Grants Public	661,862							\$ 0
3 Grants - Foundations, Corporations & Businesses	10,000							\$ 0
4 Client/Family & HUD Rent Payments	377,779							\$ 0
5 Contributions	2,070							\$ 0
6 Special Events	28,502							\$ 0
7 Other Revenue	98							\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0

Total	1,102,311	0	22,000	0	0	0	0	\$0
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Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

Evanston Livability Principles and MHB Funding Priorities.
[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items

Required? Attached Documents *



[Fiscal Year 2018 Audited Financial Statements](#)
[Form 990 \(1 of 3\)](#)
[Form 990 \(2 of 3\)](#)
[Form 990 \(3 of 3\)](#)

[Fiscal Year 2018 Annual Report](#)



[501\(c\)3](#)



[Staff Resumes & Demographics](#)

[Accessibility Plan](#)

[Spring 2019 Newsletter](#)
[Board Demographic Info](#)
[Marketing Plan](#)
[Strategic Plan FY 18-FY 21](#)
[Short & Long Range Goals](#)
[Short & Long Range Goals - Homes](#)
[Short & Long Range Plans - Residential](#)
[Strategic Plan](#)



[Chart of Accounts](#)

for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

[FY 20 Agency Operating Budget](#)

[FY 20 Residential Services Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.



[Statement of Income & Loss](#)

Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.

Organizational commitment to equity, diversity and inclusion.

[Diversity and Inclusion](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149907

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Northwest Center Against Sexual Assault Northwest Center Against Sexual Assault-Sexual Assault Intervention Program

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 19,000.00 Requested
\$ 19,000 MHB Request

Submitted: 10/11/2019 9:04:11 AM (Pacific)

Project Contact

Jim Huenink
jhuenink@nwcasa.org
Tel: 847-806-6526

Additional Contacts

none entered

Northwest Center Against Sexual Assault

415 West Golf Road, Suite 47
Arlington Heights, IL 60005

Executive Director

Jim Huenink
jhuenink@nwcasa.org

Telephone 847-806-6526

Fax 847-806-6531

Web www.nwcasa.org

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Northwest Center Against Sexual Assault: Sexual Assault Intervention Program

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

N/A

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA

below.

Northwest CASA is a certified sexual assault center by the Illinois Coalition Against Sexual Assault.

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other: Victims of sexual violence and their significant others

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

N/A

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

N/A

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[Northwest CASA FY 20 Budget](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[Northwest CASA FY 20 Board of Directors](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form

[Northwest CASA Conflict of Interest Form](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

According to the National Center for Victims of Crime, 1 in 4 girls and 1 in 6 boys will be sexually abused before they reach the age of 18. 18% of adult women report being raped or having had an attempted rape. Many of these crimes go unreported because victims often experience shame, guilt or fear. For many survivors, the traumatic effects of sexual violence require professional help. Victims can experience depression, anxiety, flashbacks, phobias, and interpersonal problems. Victims of sexual violence have a higher incidence of substance abuse, depression, and poverty. These problems can undermine a survivor's ability to work or engage in school. Sexual assault can create stress in a family and can strain marriages and interpersonal relationships. Many victims do not have the financial resources to obtain quality professional help to address the traumatic effects of sexual violence. Many social service providers do not have the experience and training to provide effective interventions for survivors. That is why Northwest CASA's services are vital to the community.

Northwest CASA's Sexual Assault Intervention Program provides: 1. Trauma informed individual, family and group counseling to victims of sexual violence of all ages and their significant others. This service is provided in English and Spanish. Counseling services are generally provided on a weekly basis for as long as a victim needs to resolve her trauma. On average a victim is in counseling for 6 months. 2. 24/7 telephone crisis intervention through our hotline. 3. 24/7 in-person victim centered medical advocacy in response to hospital emergency room requests when a victim seeks out emergency room medical care. 4. 24/7 criminal justice advocacy at local police stations and at the Skokie, McHenry and Rolling Meadows courthouses. 5. We provide professional training to allied professionals and first responders. 6. We offer trauma informed yoga in Evanston and Schaumburg for Northwest CASA clients.

All these services are provided free of charge.

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

Northwest CASA provides comprehensive services to victims of sexual violence and their significant others who live in north/northwest suburban Cook County and in McHenry County. Almost 34% of the victims we serve are under the age of 18 with our youngest client being 3 years of age. 33% of the victims we serve are Latina/Hispanic and many of them need Spanish language services. 12% of the victims we serve are Black/African American. While the majority of persons we serve are age 18-64 we do serve many seniors (2.3%) who are victims of sexual violence.

Northwest CASA's services are designed to ensure that lower income households, persons in need of Spanish speaking services and persons without access to public or private transportation have access to services.

Northwest CASA accomplishes this by providing all services at no cost to the client; providing services either off site, like in a nursing home or school so long as confidential space is provided; providing taxi fare to and from appointments for clients who do not have access to public/private transportation; providing Spanish speaking counseling and advocacy services at each Northwest CASA location; having interpreter services available so that staff can communicate with any non English/Spanish speaking client in need of our services; having literature and forms in English and Spanish.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

N/A

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

Intake/assessment

Referrals

Individual case management plan/services

55	Services delivered on an individual basis (e.g. home delivered meals)
	One time event or activity (e.g. field trips, tax preparation)
	Multi-session program (e.g. after school program)
	Focused topic activities (e.g. workshops, trainings)
	Drop in services (e.g. computer lab, tutoring, help desk)
5	Phone or online help (e.g. 24-hour help lines)
125.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

No one is refused services at Northwest CASA. 24/7 telephone crisis intervention, 24/7 medical advocacy, 24/7 criminal justice advocacy are available to any survivor of sexual violence. When there is a waiting list to receive counseling services Northwest CASA will provide in person crisis intervention and 24/7 telephone crisis intervention to support the survivor while she/he awaits counseling services to begin. A waiting list is partly determined by when a client is available for counseling services and what type of counseling service is needed. For example clients requiring an evening appointment may have a wait for service if no evening counseling slots are available; if a client needs Spanish speaking counseling services then it must be assigned to a Spanish speaking counselor; if a child client needs trauma therapy then it is incumbent that a therapist with play and child therapy experience and training be assigned. In 2019 Northwest CASA increased its staffing of the Evanston office to eliminate any wait list for counseling services and to increase the provision of advocacy and crisis services.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Northwest CASA does provide referrals both within Northwest CASA and to outside organizations whose services may benefit our clients. In general if a Northwest CASA client is in need of other Northwest CASA services then the primary worker speaks to the other Northwest CASA staff person to facilitate that process. If other Northwest CASA services are provided a new section of the case file is opened to document such services. If referrals are made to an agency outside of Northwest CASA then the Northwest CASA staff person will first contact the agency being referred to confirm the appropriateness of the referral and to determine the process for a client to obtain those services. The Northwest CASA staff person will sit down with the client to explain the process and answer questions. When referrals are made to outside agencies Northwest CASA staff document that in our data system called Infonet as well as in the client file.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

Northwest CASA is the only certified rape crisis center providing comprehensive sexual assault services in north/northwest suburban Cook County. What sets Northwest CASA apart from other providers is that all of our staff/volunteers receive specialized training to work with victims of sexual violence of all ages. We also are the only provider offering: 1. 24/7 telephone crisis intervention. 2. 24/7 in person medical advocacy at 8 Cook County hospitals including Evanston and St. Frances. 3. Specialized counseling that is free and unlimited. 4. Specialized counseling services in English and Spanish. 5. Services that are certified by the Illinois Coalition Against Sexual Assault that audits both the programmatic performance and fiscal performance of Northwest CASA. 6. Services that provide absolute confidentiality to victims of sexual violence by statute (which can be critical to protect clients in court matters).

Other agencies in north/northwest suburban Cook County that serve victims of sexual assault are Porch Light Counseling which offers counseling to college age victims of sexual assault but charges a fee for services; Northwestern University has a crisis response team for students who have been sexually assaulted on campus but does not provide follow up advocacy and limited counseling services; Children's Advocacy Center which provides forensic, advocacy and counseling services but only serves children; Zacharias Center which has a counseling center in Skokie but is not a certified rape crisis center and does not provide comprehensive sexual assault services in Cook County; Women Care which is a group private practice in Evanston which charges fees for services. All of these agencies are aware of Northwest CASA's services and make referrals to Northwest CASA.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Goals of the Sexual Assault Intervention Program are: 1. Reduce the negative effects of the sexual trauma. 2. Improve the victim's capacity to manage the traumatic effects of trauma. 3. Insure that callers in crisis receive effective support in dealing with their crisis.

In 2020 Northwest CASA expects to serve about 55 Evanston residents who are victims of sexual violence with counseling, crisis intervention and advocacy services as needed. Specific outcomes for 2020 are: 1. 85% of clients who receive 6 or more counseling sessions will report improved ability to cope. 2. 85% of clients who receive 6 or more counseling sessions will report reduced trauma symptoms based on the Trauma Symptom Inventory (TSI). 3. 85% of clients receiving in person crisis

intervention or medical advocacy services will feel supported and helped.

Northwest CASA conducts a semi-annual survey of clients to assess progress in reducing anxiety/fear; increasing coping skills; increasing quality of life. Northwest CASA conducts a six month follow to all clients who receive in-person crisis and medical advocacy services to assess the need for additional services and to evaluate Northwest CASA's initial crisis response. Northwest CASA uses the TSI to initially assess client trauma and to evaluate progress every three months. Clinical supervisors and the executive director review findings from the counseling services evaluation. Each counselor and their supervisor review TSI results plus we conduct an agency wide evaluation of TSI results.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

900	Unduplicated people to be served in 2020
55	Unduplicated Evanston residents to be served in 2020
	Unduplicated low/moderate income people to be served in 2020
	Unduplicated low/moderate income Evanston residents to be served in 2020
	Unduplicated people served in 2019
	Unduplicated Evanston residents served in 2019
	Unduplicated low/moderate income people served in 2019
	Unduplicated low/moderate Evanston residents served in 2019
955.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

Northwest CASA (originally called Northwest Action Against Rape) was formed in 1975 by community members in response to the need for victim centered services for sexual assault victims and the need for community education and awareness about sexual violence in our communities. Our mission is to end sexual violence in our communities and facilitate healing from the traumatic affects of sexual assault. Our guiding philosophy is to be victim centered and to empower victims. We advocate for victims and their rights, promote social change through education and training and reach out to victims in under served populations. A voluntary board of 12 community representatives meet ten times annually to oversee Northwest CASA. The executive director reports to the board and is responsible for the development of an annual budget which the board approves at its

annual meeting in June. The board of directors has four standing committees: 1.Executive. 2 Governance. 3. Fundraising. 4. Finance. Committees report to the full board at board meetings. At each board meeting, board members receive a productivity report of Northwest CASA services for the prior month, a report of community contacts and grant applications' status, and a financial report. Northwest CASA maintains two offices that serve north/northwest suburban Cook County-Arlington Heights and Evanston.

Evanston has always been one of the communities served by Northwest CASA since Northwest CASA was formed in 1978. In the late 1990's Northwest CASA, with a special federal grant, opened a satellite office in Skokie to better serve sexual assault survivors in need of trauma services who lived in the north suburbs. The Skokie satellite office closed around 2001 as a result of budget cuts. In 2014 Northwest CASA revisited providing a satellite office in the north suburbs to better serve survivors living in the north suburbs and opened an office at the YWCA in Evanston providing trauma informed counseling services. In 2015 Northwest CASA moved its satellite from the YWCA to the Civic Center in Evanston. This provided Northwest CASA with more office space so that additional staff could be hired to address the community's need for these services. Currently the Evanston satellite office has a full time advocate and three part time counselors providing services to residents of Evanston and nearby communities.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Northwest CASA is comprised of a staff of 19 individuals with 7 staff being Latina. 95% of Northwest CASA's staff are female. While Northwest CASA does not have a formal leadership structure the primary managers are the Executive Director, the Counseling Services Manager, the McHenry County Services Manager and the Volunteer Coordinator, all of of whom are white and 75% are female. Most decision making is done in consultation with this group but staff are often consulted to obtain feedback on budget priorities, new staff hiring, programmatic problems, staff development needs, program supplies, etc. Northwest CASA has recruited staff, volunteers and board members from the Evanston community. Currently three board members are associated with Evanston: one is an Evanston Police Officer (B,F); one is a nurse residing in Evanston (H,F) and one is a financial advisor (M,W) who resides in Evanston.

Last year Northwest CASA provided an internship for an Evanston resident (W,F) attending undergraduate school at the University of Wisconsin.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

Northwest CASA has over 40 years of experience managing state, federal and local government grants. Northwest CASA receives several grants from local 708 mental health boards as well. Northwest CASA also has a long history of providing sexual assault services. Founded in 1975 and incorporated in 1978 and one of 12 founding members of the Illinois Coalition Against Sexual Assault (ICASA), Northwest CASA has grown from an all volunteer service agency to an operation with 19 professional staff, 25 hotline volunteers, 2 graduate school interns, and two volunteer counselors, working out of three offices (Arlington Heights, Evanston, McHenry) to provide direct services to over 900 victims of sexual violence and educate more than 29,000 youth in our communities.

Each year Northwest CASA obtains a financial audit from an independent certified public accountant and each year the audit demonstrates that Northwest CASA is a good shepherd of the grants and contributions it receives. In December 2017 & January 2018 ICASA conducted both a financial and programmatic audit of Northwest CASA's operations and found it in complete compliance with ICASA fiscal and programmatic standards.

Northwest CASA has a diligent board of directors who take seriously their responsibility to oversee Northwest CASA's operations. The board meets 10 times a year and receives monthly program and financial reports. Northwest CASA has updated its by-laws and personnel policies to reflect changes in federal and state laws.

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

For FY 20 Northwest CASA's Sexual Assault Intervention Program will have a total staff of 15. All counseling staff (9) have masters degrees in social work or counseling and specialized training in working with victims of sexual trauma. Counseling staff are trained to provide EMDR, Cognitive Processing Therapy and Trauma-Informed CBT. Staff also receive training in child and play therapy. Five of the counseling staff are bi-lingual and fluent in Spanish and English. All are licensed in their profession. Four have clinical licenses in their profession.

All Advocacy staff (6) have bachelor's degrees and specialized training working with victims of sexual violence. Our SART Coordinator, who also provides advocacy services, has a law degree. Advocates receive additional training on providing medical and criminal justice advocacy to victims of sexual violence.

Four Northwest CASA staff work out of the Evanston office. All four are women; two are Hispanic and Spanish speaking while the other two are Caucasian; their ages range from mid-twenties to forty.

Northwest CASA expanded counseling and advocacy services in Evanston in FY 19 to eliminate the waiting list for counseling services. Funds from the Evanston mental health board are used to support the counseling and advocacy staff who work out of the Evanston office and who provide services to Evanston residents. If Evanston mental health board funding were significantly reduced there would most likely be a reduction in staffing that serve Evanston survivors of sexual violence.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Jim Huenink, jhuenink@nwcasa.org; 847-806-8526 x140

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

933788663

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes
- No

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

N/A

19. Where (address/location) does your program take place and how will clients get to the location or facility?
 Northwest CASA at the Civic Center is located at 2100 Ridge Avenue, Rooms G101;G102;G203, Evanston, IL. 60201. For clients who do not have access to public or private transportation, Northwest CASA can provide taxi service.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Jim Huenink, Executive Director

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG	\$ 0.00	\$ 0.00	
City of Evanston Mental Health Board Funds	\$ 19,000.00	\$ 19,000.00	
Townships/Cities	\$ 34,755.00	\$ 36,000.00	\$ 10,000.00
Attorney General	\$ 46,420.00	\$ 46,420.00	\$ 46,420.00
Cook County	\$ 13,227.00	\$ 9,179.00	
McHenry County 708	\$ 22,000.00	\$ 22,000.00	
Fundraising/Contributions	\$ 15,538.00	\$ 15,538.00	\$ 6,700.00
ICASA	\$ 696,490.00	\$ 799,757.00	\$ 799,757.00
United Way	\$ 13,000.00	\$ 15,000.00	\$ 15,000.00
MEF	\$ 0.00	\$ 500.00	\$ 500.00
Total	\$ 860,430.00	\$ 963,394.00	\$ 878,377.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Salaries	\$ 608,568.00	\$ 667,091.00		\$ 14,882.00
Benefits	\$ 124,529.00	\$ 125,977.00		\$ 2,368.00
Accounting	\$ 14,211.00	\$ 14,320.00		
Audit	\$ 5,525.00	\$ 5,570.00		
Banking	\$ 275.00	\$ 286.00		
Contractual Staff	\$ 0.00	\$ 22,475.00		
Computer/IT	\$ 500.00	\$ 2,387.00		
Dues	\$ 1,421.00	\$ 1,432.00		
Equipment Lease	\$ 2,763.00	\$ 2,785.00		
Insurance	\$ 4,800.00	\$ 5,171.00		
Payroll	\$ 3,000.00	\$ 3,819.00		
Postage	\$ 780.00	\$ 795.00		
Occupancy	\$ 58,028.00	\$ 68,164.00		\$ 1,500.00
Staff Development	\$ 3,950.00	\$ 7,304.00		\$ 0.00
Telephone	\$ 11,368.00	\$ 9,670.00		
Miscellaneous	\$ 1,608.00	\$ 5,960.00		
Travel	\$ 7,698.00	\$ 8,481.00		\$ 0.00
Supplies	\$ 8,543.00	\$ 9,124.00		\$ 250.00
Printing	\$ 2,013.00	\$ 1,591.00		
Depreciation	\$ 850.00	\$ 992.00		
Total	\$ 860,430.00	\$ 963,394.00	\$ 0.00	\$ 19,000.00

Budget Narrative

Northwest CASA's fiscal year runs July 1 through June 30. We are requesting support for our Sexual Assault Intervention Program in Evanston which received mental health board funding last year. The budget for our Sexual Assault Intervention Program increased significantly in FY 20 with additional federal and state funding. We plan to use the increased funds to increase the staffing in our Sexual Assault Intervention Program with the hiring of additional counselors and advocates. We plan to use the mental health funds to support direct services to Evanston residents who are victims of sexual violence. About 35% of Evanston staff time is spent serving Evanston residents who are victims of sexual violence. A small amount of the Evanston mental health funds (\$1750) will be used for occupancy and office supplies. 92% of the Evanston mental health grant will be used to support Evanston

staff salaries and benefits. The specific positions that will be funded with this grant are: 1. 15% of the salary (\$47,663) and benefits (\$11,743) of a Bi-lingual Counselor who currently works 3 days a week in the Evanston office. 2. 10% of the salary (\$47,663) and benefits (\$10,289) of a full time Bi-lingual counselor who will work 4 days a week in the Evanston office. 3. 7.0% of the salary (\$41,000) and benefits (\$4231) of a full time advocate who works in Evanston 5 days a week and also provides 24/7 crisis intervention. These three positions receive most of their funding from State (General Revenue) and Federal (VOCA,) sources that pass through our state coalition, ICASA. All of these positions are currently filled.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	Provide trauma informed counseling to 45 Evanston residents who are victims of sexual violence or significant others	85% of 45 counseling clients TSI scores will reflect reduced trauma symptoms.	9	9	9	9	36				0
2	Provide 24/7 victim centered crisis/advocacy services to 10 Evanston victims of sexual violence.	85% of 10 crisis/advocacy clients will report feeling supported and helped.	8	8	8	8	32				0
3	Provide trauma informed counseling to 45 Evanston residents who are victims of sexual violence or significant others.	85% of 45 counseling clients will reported reduced anxiety/better coping/increased quality of life.	9	9	9	9	36				0
4							0				0
5							0				0
Total			26	26	26	26	104	0	0	0	0

Program Line Item Expenditures

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0

13									\$ 0
14									\$ 0
15									\$ 0
Total	0	\$0							

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Required? Attached Documents *

✓ [Northwest CASA FY 18 audit](#)
[Northwest CASA 990 Part 1](#)
[Northwest CASA 990 Part 2](#)

[Northwest CASA Annual Report](#)

✓ [Tax exempt letter](#)

✓ [Northwest Staff Biographies](#)

Supplemental information relating to your program or agency, as applicable.

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.
[download template](#)

Evanston Livability Principles and MHB Funding Priorities.
[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS.
Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[Northwest CASA Organizational Chart](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.

[Northwest CASA Chart of Accounts](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. ✓
Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.

[Northwest CASA FY 19 Statement of revenue/expenses](#)

Organizational commitment to equity, diversity and inclusion.

[Northwest CASA Non-Discrimination Policy](#)
[Northwest CASA Diversity & Inclusion Statement](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.
[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 149998

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City of Evanston
Community Development
2020 CDBG Public Services & Mental Health Board
10/20/2019 deadline

Center for Independent Futures
**Center for Independent Futures: Supporting Individuals with
Intellectual/Developmental Disabilities and Mental Health Needs**

Jump to: [Pre-Application \(Letter of Intent\)](#) [Application Questions](#) [Budget](#) [Program Outcomes](#) [Documents](#)

\$ 13,095.00 Requested
\$ 13,095 MHB Request

Submitted: 10/21/2019 1:56:55 PM (Pacific)

Project Contact

Gerilyn Miller-Brown
gmillers-brown@independentfutures.com
Tel: 847-328-2044

Additional Contacts

none entered

Center for Independent Futures

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Fax 847-328-2665
Web www.independentfutures.com

Executive Director

Ann Sickon
asickon@independentfutures.com

Pre-Application (Letter of Intent) [top](#)

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Center for Independent Futures: Supporting Individuals with Intellectual/Developmental Disabilities and Mental Health Needs

2. Type of organization

- Section 501(c)(3) Organization
- Government agency
- City of Evanston Department
- Faith-Based Organization (Program must meet requirements of HUD Notice CPD 04-10)

3. Is your organization an affiliate of a regional or statewide social service agency?

- No
- Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board, describe its decision-making authority. If no, enter NA below.

Attach the list of local board members as well as the parent organization board below.

NA

5. Is your organization accredited?

- Yes
- No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA

below.

NA

7. People served:

Check all that apply.

- Youth 0-15 years
- Youth & young adults 16-24 years
- Adults 25-54 years
- Older adults/seniors 55+ years
- Other:

8. 2020 Funding Requested from the City of Evanston

Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

	CDBG
13095	MHB (Human Services Fund)
13,095.00	TOTAL

9. Funding request is:

Programs funded in 2019 should be classified as renewal even if amount requested is different from 2019 grant.

- Renewal of 2019 CDBG funding
- Renewal of 2019 MHB funding
- New request for CDBG
- New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2018 APPLYING FOR A PROGRAM NOT FUNDED IN 2019 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

NA

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

NA

Documents Requested *

Required? **Attached Documents ***

Current year agency operating budget. (City of Evanston applicants, please upload a blank page).



[CIF 2019 Budget Overview](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home address. If a regional organization with a local board of directors, attach listings of both boards



[CIF Board of Directors](#)

REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest in the provision of Federal or local funding. Complete and upload the attached form

[CIF - Conflict of Interest Disclosure Form](#)

HUD Notice CPD 04-10: Guidelines for Ensuring Equal Treatment of Faith-based Organizations participating in the HOME, CDBG, HOPE 3, HOPWA, Emergency Shelter Grants, Shelter Plus

Application Questions [top](#)

1. Describe the specific program for which funding is requested, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.

Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Nationally, 33% of individuals with intellectual/developmental disabilities (IDD) are dually diagnosed with mental illness. Many are socially isolated, 25% have no friends (only paid staff and family) and 40% feel lonely at least half the time (National Core Indicators) which increases their vulnerability to underlying mental illness. Many lack interpersonal skills and self-regulating behaviors leading to conflict escalation and need for crisis intervention. Those with chronic and acute mental illness require episodic crisis intervention and coordination with their mental health care team.

Separate mental health and disability service systems leave many underserved. Illinois' disability services system leaves 19,000+ waitlisted for services on the PUNS Active list, including 7,000+ declaring need for Behavioral Supports (behavioral intervention, therapy, counseling) (<http://www.dhs.state.il.us/page.aspx?item=56036>). While most with IDD are Medicaid-eligible, finding a mental health practitioner accepting Medicaid is very difficult. Few clinicians are trained to recognize mental illness in those with IDD, and often attribute presenting behaviors as developmental delay rather than underlying mental illness. Few, too, have worked with individuals with speech, language and cognitive challenges.

Historically, 40% of CIF participants with IDD have a mental health dual diagnosis. CIF is grateful for having received Mental Health Board funding years FY2017-FY2019. Through Conflict Resolution Group, participants with IDD are learning to use positive strategies for handling interpersonal conflict. Attendance is strong in Social Hour for adults age 25+ and is increasing in Transition Social Hour for ETHS transition students. Transition students have few social connections apart from school peers. This programming offers them a safe and welcoming community space to build social skills and stay engaged with classmates. Program need is high, as students with IDD exit special education with few programs or services to help them adjust to adult living, leaving many isolated, lonely and prone to depression.

Our FY2020 Mental Health Board grant request of \$13,095 would provide:

- Conflict Resolution Group facilitated 2x a month by a licensed clinical psychologist, and supported 4+ hours a week by a CIF facilitator for reinforcing learned strategies.
- Monthly Transition House Social Hour.
- 2 Mental Health Inservice Trainings by Drs. Chaban and Fox to expand staff skills for supporting participant mental health issues.

Other mental health program components made possible through fee-for-service dollars, grant project funding, and development funds, include:

- Free drop-in programs that reduce social isolation, including Social Hour age 22+; Walking Club; etc. (Development funds).
- Crisis Intervention to address participant chronic and acute mental health issues. (Personal Support Services funds).
- Projects regarding: Sexual/Physical Assault Prevention; Crisis Intervention Team Training/Community Safety; Community Connectors & Bridge Builders for reducing social isolation (Grants).

2. Who participates in/benefits from the program? Include any eligibility requirements. Describe steps taken to increase participation of minorities.

Provide participant demographics; age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics.

CIF has built and supports a growing community of young adults with varied disabilities living independently within and near Evanston. They include 60 young adults receiving 1:1 Life Skills Tutoring (some also living in CIF supported community living residences), and another 50+ attending CIF activities. CIF also helps ETHS Transition House students with disabilities build life skills and connections for adult community living to keep them engaged with their peers and community, and reduce their social isolation. CIF's transition programming targets 30+ students, many low-income and minority in need of these supports.

Mental Health Board grant funding has been instrumental in enabling CIF to offer programs and services that address participant mental health issues. This funding has enabled facilitation of Conflict Resolution Group by a licensed clinical psychologist to help participants build strategies for managing and deescalating interpersonal conflict. It has also enabled facilitation of Transition House Social Hour and other free CIF drop-in programs to help participants expand social connections for reducing social isolation, loneliness and depression. To date in 2019, CIF has supported the mental health needs of 55 Evanston participants with IDD through Conflict Resolution Group, Social Hour for age 25+, Transition Social Hour and other drop-in programming, and anticipates serving a total of 65 or more by year end.

CIF's FY2020 programming for individuals with IDD and mental health needs would be similar to its FY2019 programming and serve similar numbers. This will enable continuity of service to those currently supported plus engagement of some new individuals. We expect FY2020 client demographics to closely mirror demographics of FY2019 clients served. As such, the majority served would be Evanston residents age 18-64, about half-and-half male and female. All would have an intellectual/developmental disability such as Autism, Down Syndrome, cerebral palsy, Fragile X/other genetic disorder, profound learning disability, etc. Many will have a mental health dual diagnosis, or be at-risk. Race/ethnic mix would be approximately 40% White, 37% Black-African American, 15% Hispanic, 5% Asian, and 3% Other Multi-Racial. Regarding income status, approximately 70% would be from "very low income" households (less than 30% of median income), 20% from "low income" households (less than 50% of median income), and 10% from "moderate and higher income households." Some individuals would be from female-headed households, and a few may be homeless. As such, the mix of individuals of color we have served through MHB funding exceeds the ethnic minority figures noted for Evanston.

Of participants age 22+ living in community, the majority to be served through FY2020 MHB funding would be at poverty level, un/underemployed, unmarried and living alone. Reflecting the mix of ETHS transition students currently served through FY2019 MHB funding, the majority to be served in FY2020 would be Black-African American from "very low" and "low" income households (most receiving free-and-reduced lunch).

There would be no eligibility requirements for programs and services provided through FY2020 MHB funding.

3. Describe how the program meets City goals.

If applying for CDBG funds, describe the priority need(s) that your program addresses.

Individuals with IDD are underrepresented and underserved, with few health care providers trained to support their medical or mental health needs. These individuals experience behavioral and emotional issues that challenge their community and work participation, family and peer relationships, and quality of life.

Investing in mental health services for residents with IDD supports nearly all of the City's goals. Indeed, the City's 2015-2019 Consolidated Plan identifies the need to address housing, economic, and social service needs of low- and moderate-income residents, the homeless and special needs populations. CIF programs and services help Evanston residents with IDD gain and maintain employment and housing.

CIF also serves a population identified in the City's equity goals. The City's equity goals include identifying and eliminating all barriers that limit or prevent residents' full access to programs, processes and facilities regardless of "physical or mental disability" as well as other factors. Lastly, providing mental health programs and services to Evanston residents with IDD serves the goal of stabilizing long-term City finances in that prevention of mental health crisis and the resulting consequences is a profoundly more cost-effective and humane strategy than waiting until untreated mental health issues devolve into crisis.

As noted above, separate mental health and disability service systems in Illinois leave many dually diagnosed with IDD and mental illness dramatically underserved, with neither system well-equipped to address their complex needs. These individuals need supports and interventions more specialized and adapted than what is generally available within the mental health field.

MHB funding would help reduce these barriers and promote greater equity of service delivery to these individuals. It would provide them access to group therapy by clinical psychologists specialized in serving this dually diagnosed population. It would enable CIF staff to create opportunities for connection and socialization, thereby reducing social isolation, loneliness and risk of depression. CIF staff is experienced in working with this population and in recognizing behaviors characteristic of disability and underlying mental illness. Additionally, MHB funding would expand staff knowledge and strategies for addressing the unique mental health needs of this population.

Specifically, CIF participants served through Conflict Resolution group would learn skills for managing and diffusing interpersonal conflict, resulting in fewer crisis calls to staff or police to deescalate the situation. In addition, those attending social hour or other drop in programs would experience greater quality of life with less incidence of depression or other mental health issues.

These programs for which we seek MHB funding are part of a larger organizational goal of holistically serving the mental health needs of Evanston residents with IDD. Recognizing that individuals with disabilities are disproportionately survivors of sexual and physical assault, CIF has developed trauma-informed targeted programming aimed at sexual and physical assault prevention. In addition, CIF is currently working with Evanston police officers in Crisis Intervention Team Training and community safety for youth and adults with disabilities. Ultimately, all of CIF's programs support Evanston's goal of creating the "Most Livable City in America."

4. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

Intake/assessment

Referrals

	Individual case management plan/services
6	Services delivered on an individual basis (e.g. home delivered meals)
	One time event or activity (e.g. field trips, tax preparation)
14	Multi-session program (e.g. after school program)
	Focused topic activities (e.g. workshops, trainings)
50	Drop in services (e.g. computer lab, tutoring, help desk)
	Phone or online help (e.g. 24-hour help lines)
70.00	TOTAL

5. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2019 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Conflict Resolution Group engages a close-knit group of participants who both support and conflict with one another. It initially engaged 6 participants and later accommodated several more who were closely connected and wanting to better manage their emotions and interaction with one another. We have not turned anyone away who has been interested in participating. If there is increased interest, we may look into forming a second Conflict Resolution Group.

Our Social Hour, Transition Social Hour and other free drop-in programs welcome all interested individuals, and provide opportunity to socialize and expand connections which is important for reducing social isolation, loneliness and depression. While attendance fluctuates, many individuals consistently attend creating a supportive community.

There is no waitlist for crisis intervention services. Participants are supported as their needs require and often regardless of their ability to pay.

6. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

We have collaborative relationships with Albany Care, Turning Point, Thresholds, Josselyn Center, Peer Services, and Impact Behavioral Partners. In addition, some of our participants are seen privately by Associates in Psychotherapy in Evanston.

Should an individual require mental health supports more intensive than we can provide, we would refer them to these agencies, as appropriate. Our process involves informing participants and their families about these organizations and having them select one. We would collaborate and stay engaged in their plan of care. We would also help the participant learn how to access transportation to get there.

7. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evanston residents but are not located in Evanston.

CIF collaborates with traditional mental health agencies and therapists on behalf of individuals mutually served, as a partner in their care. Numerous CIF participants are currently served by Turning Point and Albany Care, and seen privately by Associates in Psychotherapy (<http://www.associates-in-psychotherapy.com/>). Additionally, CIF has collaborative relationships with Thresholds, Josselyn Center, Peer Services, and Impact Behavioral Partners.

In this regard, CIF's role is complementary rather than duplicative. It supports the mental health needs of the disability community in its many complexities, and in ways most traditional mental health care practitioners have been unable to do. CIF staff is knowledgeable about behaviors and functional challenges associated with various disabilities. They also understand how social stigma and low expectations of those with disabilities can negatively affect self-esteem. In this regard, CIF staff can often help distinguish between behaviors stemming from disability, feelings from social stigma, or underlying mental illness.

CIF values this complementary role of supporting individuals with IDD dually diagnosed with mental health issues, and providing a level of expertise generally not found within the traditional mental health care field.

8. Describe program goals and outcomes anticipated in 2020, including any change from 2019 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Executive Director, Ann Sickon, and Program Director, Megan Madigan, will provide project leadership, oversight and supervision to ensure effective program implementation.

Conflict Resolution Group outcomes are yielded through participant responses to a "Conflict Resolution Self Questionnaire" developed by the clinical psychologist who has been working with the group, as well as by facilitator observation.

Goal #1: To expand participants' strategies for self-regulating anxiety and conflict through use of learned coping skills.

Outcomes: 6 of 8 Conflict Resolution Group participants will try utilizing learned coping strategies together to mediate anxiety and conflict, before calling CIF staff or police for help, 50% of the time crisis escalates.

Indicator: Reduced crisis calls to staff or police, and participant self-report of increased self-reliance in managing anxiety and conflict.

Goal #2: To expand participants' strategies for reducing anxiety and conflict through use of learned "perspective taking" strategies.

Outcomes: 6 of 8 Conflict Resolution Group participants will utilize "perspective taking" strategies and consider the verbal and non-verbal expressions of others, before reacting on impulse in ways that may escalate the interaction, during 50% of 2020 CRG sessions held.

Indicator: Greater understanding and respect observed among members during CRG, and participant self-report of being more aware of both the verbal and non-verbal expressions of others.

Goal #3: To reduce participants' social isolation and risk of loneliness and depression through access to activities that promote social connection.

Outcome: 38 (75%) of 50 participants attending Social Hour, Transition Social Hour, Walking Club and other free CIF drop-in programming will engage with peers during the facilitated programming.

Indicator (How was success measured?) Staff observation of participant social engagement with others at the activity.

Goal #4: To expand staff capacity to address emerging and challenging mental health issues of participants through knowledge of varied therapeutic interventions.

Outcome: 10 of 15 direct services staff who have attended in-service trainings with Psy.D. (Associates in Psychotherapy) will utilize newly learned therapeutic strategies, as appropriate, to address mental health needs of participants.

Indicator (How was success measured?) Staff self-report regarding use of newly learned therapeutic interventions.

9. Complete the chart below with the unduplicated total of people you expect to serve in 2020, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2019.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2019 must show an increase in people served if applying for an increase in CDBG funding.

70	Unduplicated people to be served in 2020
65	Unduplicated Evanston residents to be served in 2020
65	Unduplicated low/moderate income people to be served in 2020
65	Unduplicated low/moderate income Evanston residents to be served in 2020
62	Unduplicated people served in 2019
55	Unduplicated Evanston residents served in 2019
58	Unduplicated low/moderate income people served in 2019
52	Unduplicated low/moderate Evanston residents served in 2019
492.00	TOTAL

10. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

CIF was founded in 2002 by two mothers of daughters with disabilities. Its mission is to create innovative product and service models that give individuals with disabilities and families the skills and opportunities to realize full lives.

CIF supports individuals with disabilities in pursuing hopes and dreams for the future, and in building life skills and natural supports for increased independence, social connection, employment, community engagement and community living. CIF also provides training and consultation to schools, human service agencies and families within the Chicagoland area, across Illinois and nationally. Locally, CIF serves a growing community of individuals with IDD living independently within Evanston. 40% have a mental health dual diagnosis, and the majority is low income. At Evanston Township High School, CIF helps transition students with IDD increase preparedness for community living after graduation.

Programs: CIF's web-based My Full Life™ helps individuals identify hopes and dreams, set goals, and create action plans for achieving them. Life Skills Tutors help individuals learn skills and gain new experiences for independent living. Ongoing social, cultural and educational activities offer opportunities to socialize and explore new interests, reducing social isolation. Conflict Resolution Group and crisis intervention supports are also provided. A person-centered employment process matches an

individual's skills and interests to employer need, and cultivates natural supports. Individuals in 4 CIF residences, and others living in community, are supported to live more independently. New Futures Initiative™ engages families across the country in community partnerships to create housing for loved ones with disabilities. Organizations and volunteers are mentored to support full participation of individuals with disabilities. Web-based and Spanish-language resources are being developed.

Overall, CIF serves 400+ individuals with varied disabilities (autism, Down syndrome, cerebral palsy, fragile X, learning disability, etc.), youth to adult and of varied ethnicities, as well as families. Many served are at poverty level (on public assistance and unemployed). 40% have a mental health dual diagnosis.

CIF has 4 primary areas of operation: Program (direct service, housing, employment, activities); Schools and Agencies (implementation of CIF models); Operations (HR, finance, development, marketing); and Special Projects.

CIF currently has a dedicated and talented 16-member Board of Directors (3 new members recently added) with 5 subcommittees: Development; Governance; HR; Finance; and Technology. They set policy and strategic direction, are fiduciaries of the organization's financial and legal interests, evaluate organizational performance and progress, fundraise, and are ambassadors to raise awareness on behalf of CIF for supporting individuals with IDD in building full lives within community. CIF also has a 13-member Young Professionals Board with 4 subcommittees (Recruitment; Finance; Event Planning; and development). It is comprised of individuals with and without disabilities who raise funds and awareness to support CIF's mission, including planning SPARK (our largest fundraiser) and hosting social events to engage a broader audience with our community.

11. How many staff of color are in leadership/decision-making positions? Describe how the agency is engaging people of color and other minorities in decisions?

Center for Independent Futures strives to engage a diverse staff and board of directors reflecting the demographics and voice of those it serves, to ensure diverse perspectives regarding policy and decision-making.

CIF currently has 34 staff. Eight (24%) are of color. Two staff of color are in a leadership/decision-making role. CIF seeks the perspectives and ideas of its entire staff regarding growth and strategic planning, and their voices are well reflected in organizational decision-making.

Twelve full-time staff have attended the Evanston Cradle to Career (EC2C) two-day Beyond Diversity Training. These staff have initiated an in-house Diversity Committee that meets monthly to build our organizational capacity for supporting and serving a diverse mix of individuals with disabilities

Additionally, CIF's 16-member Board of Directors includes 2 members of color (1 Asian; 1 African-American who recently joined). Over the years, board member resignations have diminished ethnic and racial aspects of board diversity. The Governance Committee has developed, and is taking steps toward implementing, a recruitment plan to more fully expand board diversity for voicing the perspectives of those of color in organizational decision-making.

CIF's 13-member Young Professionals Board includes 2 members who are Asian, and 1 who is Hispanic.

Perspectives of individuals with IDD are well represented in organizational decision-making. Board composition is strong with regard to addressing the perspectives and needs of the disability community (2 board members with disabilities; 7 having a family member with disabilities; several in special education or special needs law). CIF staff is strong regarding disability (2 staff with disabilities; 9 having a family member with disabilities). This collective impact helps promote equity of opportunity and access to services for individuals with IDD.

12. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

CIF has proven expertise and years of experience developing innovative best-practices and collaborative relationships in supporting individuals with varied disabilities, and is among a handful of organizations providing high-level customized supports and services to address individual needs. Staff has backgrounds in special education, psychology, social work, healthcare and vocational rehabilitation, and supports individuals with disabilities dually diagnosed with anxiety, depression and other mental health issues. CIF is increasingly sought for its expertise, innovative approaches, and person-centered models, and is a valued resource to many agencies, schools, organizations and families.

CIF has proven experience with federal record keeping, eligible uses of federal funds, procurement and other requirements per "Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards." It has received and fiscally managed Illinois Council on Developmental Disabilities federal grant dollars, as well as flow-through federal funds through the Illinois Department of Human Services. Additionally, CIF complies with MHB grant record keeping and reporting requirements.

CIF maintains customary and accurate accounting and record keeping systems, and undergoes an annual audit by a certified accounting firm. In this regard, its auditor stated, "in our opinion, the financial position of Center for Independent Futures as of

December 31, 2018 and 2017, and the changes in net assets and its cash flows for the years then ended, are in conformity with accounting principles generally accepted in the United States of America.”

13. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- Limited Clientele (include form used to document income in document upload section)
- Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- NA (applying for MHB only)

14. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

Our FY2020 program supporting mental health needs of individuals with IDD will be implemented by 8 CIF staff and 1 consultant licensed clinical psychologist.

Executive Director, Ann Sickon (Caucasian/age 63), provides leadership and program oversight, with experience in community health nursing and conflict resolution. Program Director, Megan Madigan (Caucasian/age 38), provides supervision and program management, with 10+ years direct service experience with this population and collaborating with mental health providers.

Conflict Resolution Group will have a staff to participant ratio of 2:8. Dr. Samantha Fox, PsyD (Caucasian), will provide 2 hours a month group psychotherapy and psychoeducation. CIF facilitator, Joe Jackson (African-American/age 66), will provide 4+ hours group facilitation a week to support practice of learned strategies. He has 15+ years experience working with individuals with IDD dually diagnosed with anxiety, depression, bi-polar, schizoaffective and other mental health issues, and completed both Individual Rights training and Conflict Resolution training.

Social Hour for age 25+ will be led by CIF Activities Director, Jeff Morthorst (Caucasian/age 47), who is a CNA with 10+ years of experience providing life skills tutoring and supports to individuals with IDD dually diagnosed with mental health issues. Jeff facilitates groups as well as connections among individuals to reduce social isolation. Transition House Social Hour, Walking Club, Crisis Intervention Team Training/Community Safety, and Travel-the-Town will be led by CIF School Consultation staff, Sharon Purdy (Caucasian/age 63). Sharon is a special educator who supports students with varied disabilities, behaviors and mental health issues with transition planning and self-advocacy. Additional staff will help facilitate these programs yielding a staff to participant ratio averaging 1:10.

Crisis Intervention will be facilitated by 4 CIF staff who support individuals with IDD dually diagnosed with borderline personality disorder, chronic anxiety, depression, schizophrenia, and other mental health conditions. They include: Megan Madigan; Jeff Morthorst; Rob Larson (Caucasian/age 38), with 10+ years experience supporting this population and collaborating with their therapists; and Cynthia Witherspoon (Caucasian/age 58), who is a special educator with 20+ years experience working with individuals with varied disabilities, behaviors and mental health challenges.

Tara Ahern (Caucasian/age 35) will support participant learning about healthy sexuality, sexual assault prevention and reporting. Tara has been with CIF since 2009. She completed a 40-hour training to support survivors of sexual violence, is co-chair for the IL Imagines Chicago team, and has 10+ years of experience supporting individuals with IDD and mental illness. Jeff Morthorst will also be involved in this effort.

Jamie Annenberg (Caucasian/age 60) will facilitate CIF's Community Connectors and Bridge Builders Program within Evanston, which reduces the social isolation of individuals with disabilities by supporting their mainstream participation in community activities, classes or causes together with volunteers sharing similar interests.

All CIF staff engaged in program implementation will be retained beyond this funding. One licensed clinical therapist would be engaged as an independent contractor. Her ongoing engagement would be dependent on continued MHB funding.

15. Provide the name, email and phone number of the individual who attended the pre-application meeting.

Gerylyn Miller-Brown gmilller-brown@independentfutures.com 847-328-2044

16. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

112474973

17. Is the facility and program in compliance with the Americans with Disabilities Act?

- Yes

18. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."
 NA

19. Where (address/location) does your program take place and how will clients get to the location or facility?
 Programs and services take place at CIF (1015 Davis St.), its HUB 930 venue (930 Chicago Ave.) and within Evanston. Participants are supported in accessing public transportation and using handicapped-accessible Metra and CTA bus/train routes.

20. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2020 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Ann Sickon, Executive Director

Budget [top](#)

Funding Sources/Revenues	2019	2020	2020 Committed
City of Evanston CDBG			
City of Evanston MHB Funds (Chart of Accts 4043)	\$ 10,000.00	\$ 13,095.00	
Development (Chart of Accts 4000)	\$ 14,817.00	\$ 8,505.00	
Grants (Chart of Accts 4040)	\$ 10,000.00	\$ 8,500.00	\$ 8,500.00
Personal Support Services (Chart of Accts 4125)	\$ 6,000.00	\$ 6,000.00	
Occupancy (Chart of Accts 5310 & 5320)	\$ 1,107.00	\$ 1,107.00	
Admin @ 10% (Chart of Accts 5400)	\$ 4,192.00	\$ 3,721.00	
Total	\$ 46,116.00	\$ 40,928.00	\$ 8,500.00

Funding Uses/Expenses	2019	2020 Total	2020 CDBG	2020 MHB
Salaries (Chart of Accts 5010)	\$ 37,552.00	\$ 33,212.00		\$ 12,047.00
Fringes @ 8% (Chart of Accts 5015)	\$ 3,265.00	\$ 2,888.00		\$ 1,048.00
Occupancy (Chart of Accts 5310 & 5320)	\$ 1,107.00	\$ 1,107.00		
Admin @ 10% (Chart of Accts 5400)	\$ 4,192.00	\$ 3,721.00		
Total	\$ 46,116.00	\$ 40,928.00	\$ 0.00	\$ 13,095.00

Budget Narrative

CIF's Fiscal Year is January – December.

FY2020 Program Budget is \$40,928.

\$13,095 in FY2020 Mental Health Board funding is requested for staffing costs regarding Conflict Resolution Group and Transition Social Hour, as well as Psy.D. speaker fees for 2 MH staff inservice trainings.

- \$10,000 for Conflict Resolution Group:
 Psy. D./independent contractor (25 sessions x \$160/hr = \$4000).
 CIF Facilitator/current staff member (4 hrs a week x \$30/hr x 50 weeks = \$6000).

- \$1815 for Transition House Social Hour:
 (2 staff x 11 programs x 2.75 hrs each x \$30/hr x = \$1815)

- \$1280 for 2 MH Inservice Training speaker fees:
 (2 PsyD trainers x 2 trainings x 2 hrs each x \$160/hr = \$1280)

\$8505 Social Hour age 22+; Walking Club; staff time at 2 MH inservice trainings (Development funds).

\$6000 Crisis Intervention (Personal Support Services funds):
 (5 staff x 15 hrs/quarter x 4 quarters x \$20/hr = \$6000)

\$8,500 Grants in process: Sexual/Physical Assault Prevention, Crisis Intervention Team Training/Community Safety;

Community Connectors & Bridge Builders (Grant funds).

Please note that CIF will cover occupancy and administrative Overhead costs in-kind.

\$1107 for Occupancy:

(\$3690 per month/20 days/half of office space = \$92.25/day)

Average of 1 day a month for all programs (\$92.25/day x 12 months = \$1107)

\$3721 for Admin Overhead @ 10%.

Program Outcomes [top](#)

Program Outcomes

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1	6 of 8 Conflict Resolution Group participants will try utilizing learned coping strategies together to mediate anxiety and conflict, before calling CIF staff or police for help, 50% of the time crisis escalates.	2	2	1	1	6					0
2	6 of 8 Conflict Resolution Group participants will utilize "perspective taking" strategies and consider the verbal and non-verbal expressions of others, before reacting on impulse in ways that may escalate the interaction, during 50% of 2020 CRG sessions held.	2	2	1	1	6					0
3	38 (75%) of 50 participants attending Social Hour, Transition Social Hour, Walking Club and other free CIF drop-in programming will engage with peers during the facilitated programming.	10	10	10	8	38					0
4	10 of 15 direct services staff attending inservice with Psy.D. (Associates in Psychotherapy) will utilize newly learned therapeutic strategies, as appropriate, to address mental health needs of participants.	3	3	2	2	10					0
5						0					0
Total		17	17	14	12	60	0	0	0	0	0

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Program Line Item Funding

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								\$ 0
2								\$ 0
3								\$ 0
4								\$ 0
5								\$ 0
6								\$ 0
7								\$ 0
8								\$ 0
9								\$ 0
10								\$ 0
11								\$ 0
12								\$ 0
13								\$ 0
14								\$ 0
15								\$ 0
Total	0	0	0	0	0	0	0	\$0

Documents [top](#)

Documents Requested *

REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement, federal single audit (if applicable), and Form 990 for the most recent completed fiscal year.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments including strategic plan.

Federal 501(c)(3) letter of determination verifying tax-

Required? Attached Documents *



[CIF - 2017&2018 Audited Financials AND 2018 Form990](#)

[CIF - 2018 Annual Report](#)

[CIF - 501c3 Letter](#)

exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2018 only if changed).

Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2018 only if changed).

Brief biographies of key staff including demographic information.



[CIF - Bios of Key Staff FY2020](#)

Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).

Supplemental information relating to your program or agency, as applicable.

[CIF - 2019-21 Strategic Goals & BOD demographics](#)

Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.

[CIF - FY2020 Intake Form](#)

HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.

[download template](#)

Evanston Livability Principles and MHB Funding Priorities.

[download template](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.

[CIF - Org Chart re MH Programs FY2020](#)

REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.



[CIF - Chart of Accounts 2019](#)

Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of \$20,000 or more, attach detail for categories such as Foundation Grants here.

REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most recently completed fiscal year (not required for City programs). Example, if your fiscal year is July 1-June 30, this will be for FY2019.



[CIF - 2018 Budget Overview](#)

Organizational commitment to equity, diversity and inclusion.

[CIF - Diversity Equity & Inclusion Statement Apr2019](#)

Section 3 New Hire Certification: To be used for any new hire who has an income below 80% AMI at time of hire, for job that does not require more than a H.S. diploma unless on the job training is provided.

[download template](#)

* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 150221

