

## Redeploy Illinois

### Appendix K: RENEWAL REQUEST TO SERVE YOUTH CHARGED with NON-STATUS RELATED MISDEMEANORS, NON-DJJ ELIGIBLE FELONY OFFENSES & PRE-ADJUDICATED YOUTH

Please complete the tables and answer the questions below. Provide data to support your answers when possible.

Date services began to expanded population: \_\_\_\_\_

#### Demonstration of Good Standing with Program Performance Measures

12-month time period used to measure compliance (Reporting period): \_\_\_\_\_ to 6/30/2019

| Measures   | Current Compliance |
|--|--------------------|
| <b>Measure 1: A Minimum 25% decrease in 12-month IDJJ commitments of Redeploy eligible youth from approved three-year baseline</b>                       |                    |
| Approved three-year baseline   |                    |
| Number of eligible commitments during reporting period   |                    |
| Percent reduction  |                    |
| Reason for commitments of eligible youth during reporting period   |                    |
|  |                    |
| <b>Measure 2: 100% of youth referred to the program are enrolled in the eCornerstone data system.</b>  |                    |
| Number of youth referred to Redeploy program   |                    |
| Number of referred youth enrolled in eCornerstone  |                    |
| Percent of referred youth enrolled in eCornerstone   |                    |
| <b>Measure 3: 100% of youth accepted into the program will receive an initial full YASI (INCLUDES ONLY YOUTH DISCHARGED DURING THE REPORTING PERIOD)</b> |                    |
| Of the youth discharged during this period, the number of youth accepted into the Redeploy program   |                    |
| Number of those accepted youth who received an initial full YASI   |                    |
| Percentage of those accepted youth who received an initial full YASI   |                    |
| <b>Measure 4: 100% of youth accepted into the program will have an individualized case plan.</b>   |                    |
| Of the youth discharged during this period, the number of youth accepted into the Redeploy program   |                    |
| Number of these youth with individualized case plans   |                    |
| Percent of these youth with individualized case plans  |                    |

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| <b>Measure 5: 70% of case plans will involve the family in the provision of services.</b>  |  |
| Number of youth discharged who had individualized case plans   |  |
| Number of youth with individualized case plans that involved the family in the provision of services (includes targeted services in the family domain) |  |
| Percentage of youth with individualized case plans that involved the family in the provision of services   |  |
| <b>Measure 6: 100% of Redeploy Illinois youth accepted into the program will receive a YASI closing re-assessment at program exit.</b>                 |  |
| Of the youth discharged during this period, the number of youth accepted into the Redeploy program   |  |
| Number of those youth who received a closing full YASI   |  |
| Percentage of those youth who received a closing full YASI   |  |
| <b>Measure 7: 70% of Redeploy Illinois youth will complete one or more case plan services.</b>   |  |
| Number of youth discharged who had an individualized case plan   |  |
| Number of those youth who completed one or more case plan services   |  |
| Percentage of those youth who completed one or more case plan services   |  |
| <b>Measure 8: 65% of Redeploy Illinois youth accepted into the program will experience increased protective factors.</b>                               |  |
| Of the youth discharged during the report period the number of youth accepted into the Redeploy program.   |  |
| Number of those youth who experienced an increase in protective factors.   |  |
| Percentage of those youth who experienced an increase in protective factors.   |  |
| <b>Measure 9: 65% of Redeploy Illinois youth accepted into the program will experience decreased risk factors.</b>                                     |  |
| Of the youth discharged during the report period the number of youth accepted into the Redeploy program.   |  |
| Number of those youth who experienced a decrease in risk factors.  |  |
| Percentage of those youth who experienced a decrease in risk factors.  |  |

**Description of Population Served Under Expansion**

Please restate each performance measure/outcome approved for the current year. For each measure, indicate whether the results were met, why or why not, and the data used to measure your results. Note that the following data should reflect the number of youth in the expanded population only and should include data through 3/31/2019.

|  | <b>Pre-adjudicated youth</b> | <b>Misdemeanants</b> | <b>Felons not eligible for commitment</b> | <b>Total</b> |
|--|------------------------------|----------------------|---|--------------|
| Approved project period from prior request (current year)          |                              |                      |   |              |
| Projected number of youth to be served from prior approved request |                              |                      |   |              |
| Number referred  |                              |                      |   |              |
| Number accepted  |                              |                      |   |              |
| Is the number served on track to meet current year projections?    |                              |                      |   |              |
| Explain:   |                              |                      |   |              |
|  |                              |                      |   |              |
| Number of youth discharged during reporting period                 |                              |                      |   |              |
| Projected number to be served next fiscal year                     |                              |                      |   |              |

**Describe the impact of Redeploy services to date with this population. Include data to support the impact.**

**Describe the need and justification for continuing services to each of the populations indicated above. Include relevant data that support the ongoing need. Indicate the source of the data cited.**

**Describe if and how the youth served in the expanded population differs from the primary population demographically (e.g. age, gender, race) or geographically? If so, how? Cite data as necessary.**

**Describe the commitment of local stakeholders regarding services to this expanded target population.**

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**Description of Services Provided**

**Describe how youth served in each of the expanded populations were identified and referred for Redeploy services. What criteria was used to determine eligibility? Is this different than the primary target population? How/why?**

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**What services were provided? Do these services differ from those available to the primary population? If so, why or why not? Do the services proposed for the next reporting period differ from those currently provided to the expanded population? If so, why/how?**

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**For youth captured in the previous table, please indicate if and how many of these youth were served by the Redeploy Program. For those served, indicate if their stay in detention was prior, during, or following their time in the program. Explain as necessary.**

**Describe changes, if any, in the detention practices in your service area. Do you believe providing services to this expanded population is having an impact on detention practices? Why or why not? Describe.**

## Statement of Understanding

\_\_\_\_\_ understands and accepts that all contract/grant deliverables, performance measures/standards, data collection/entry etc. required for the Redeploy program are to be applied to the expanded population.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## FY20 Redeploy Illinois Budget Breakdown

### Target Population and Expanded Population

Please provide a budget for your request. For each line item in the budget table below, please enter the total amount requested to serve the target population in column 1. In column 2, enter the total amount requested to serve the expanded population. In column 3, please enter the total amount that is requested for both the target population and the expanded population. This will be column 1 and column 2 combined.

| Budget Expenditure Categories  | Original target pop | Expanded pop | Total grant amount to serve both target and expanded populations |
|--|---------------------|--------------|--|
| 1. Personnel   |                     |              |  |
| 2. Fringe benefits   |                     |              |  |
| 3. Travel  |                     |              |  |
| 4. Equipment   |                     |              |  |
| 5. Supplies  |                     |              |  |
| 6. Contractual services/subawards  |                     |              |  |
| 7. Consultant  |                     |              |  |
| 8. Construction  |                     |              |  |
| 9. Occupancy – rent and utilities  |                     |              |  |
| 10. Research and development   |                     |              |  |
| 11. Telecommunications   |                     |              |  |
| 12. Training and education   |                     |              |  |
| 13. Direct administrative costs  |                     |              |  |
| 14. Other or miscellaneous costs   |                     |              |  |
| 15. Grant exclusive line item(s)   |                     |              |  |
| 16. Total direct costs (add lines 1-15)  |                     |              |  |
| 17. Indirect Cost  |                     |              |  |
| Base:  |                     |              |  |
| 18. Total costs state Grant Funds (Lines 16 and 17). Must equal revenue totals above |                     |              |  |

Include a narrative detailing how the specified resources are being allocated to ensure the tasks, activities, goals and objectives described in your request proposal will be implemented.