



AGENDA
Social Services Committee
Thursday, November 10, 2022
Virtually at 7:00 PM

Pursuant to 5 ILCS 120/7(2), SSC members and City staff will be participating in this meeting remotely. It has been determined that in-person meeting of the City's Boards, Commissions, and Committees are not practical or prudent due to the ongoing coronavirus pandemic. Accordingly, the Social Services Committee may be convened, and members may attend by means other than physical presence consistent with 5 ILCS 120/7. Residents will not be able to provide public comment in-person at the meeting. Those wishing to make public comments at the Social Services Committee may submit written comments in advance or sign up to provide public comment by phone or video during the meeting by completing the Social Services Committee online comment form available by [clicking here](#) or visiting the [Social Services Committee webpage](#): and clicking on Public Comment Form.

Community members may watch the SSC meeting online through the Zoom platform:

Please click this link:

<https://us06web.zoom.us/j/83961283626?pwd=STdURINmaGxsY0Rld3FhVmJNYVVPZz09>

Passcode: 741501

Or join by phone:

Dial US: +1 312 626 6799

Webinar ID: 839 6128 3626 Passcode: 741501

Page

1. CALL TO ORDER/DECLARATION OF A QUORUM

2. SUSPENSION OF THE RULES

Members participating electronically or by telephone.

3. APPROVAL OF MEETING MINUTES

- A. **[Approval of the September 22, 2022 Meeting Minutes](#)**
[ssc-minutes-20220922.docx](#)

4 - 5

4. PUBLIC COMMENT

5. NEW BUSINESS/OLD BUSINESS

- A. **Discussion and Vote to Recommend Approval to City Council Mental Health Service Provider(s) for Participants Referred by Holistic Case Managers/City Staff and Program Budget for FY 2023 and FY2024** 6 - 83

Staff recommend that the Social Service Committee discuss and approve for recommendation to City Council a provider or providers of mental health services for Evanston residents referred by City staff and partners providing holistic case management services; staff additionally request the Committee discuss and approve recommending to City Council an initial budget for the program.

Funding for the program comes from the Human Services Fund, account: 176.21.4651.XXXXX; specific business unit to be assigned once a provider/providers have been identified.

For Action

[Discussion and Vote to Recommend Approval to City Council Mental Health Service Provider\(s\) for Participants Referred by Holistic Case Managers/City S - Pdf](#)

- B. **Discussion and Vote to Recommend Approval to City Council Allocation of \$190,000 of CARES Act (CDBG-CV) Funds to Support Ongoing Needs for Food, Staff and Safety Protocols to Prevent, Prepare for, and Respond to COVID-19** 84 - 86

Staff requests that the Social Services Committee approve and refer to City Council an allocation of \$190,000 in CARES Act (CDBG-CV) funds to prevent, prepare for and respond to COVID-19; funds will be used to provide food, cleaning services and appliances to agencies providing congregate shelter to vulnerable populations.

\$190,000 in CDBG-CV CARES Act Funds from account: 215.21.5226.62970

For Action

[Discussion and Vote to Recommend Approval to City Council Allocation of \\$190,000 of CARES Act \(CDBG-CV\) Funds to Support Ongoing Needs for Food, Staff - Pdf](#)

- C. 87 - 89

Discussion and Vote to Recommend Approval to City Council Allocation of \$60,400 of CARES Act (CDBG-CV) Funds for Health Staff Responding to the COVID-19 Pandemic

Staff recommends the Social Services Committee approve and recommend to City Council the funding request of \$60,400 for health staff to continue to respond to COVID-19 related activities which are eligible expenses under the CARES ACT, CDBG-CV grant.

\$60,400 in CDBG-CV CARES Act Funds from account: 215.21.5226.XXXXX

For Action

[Discussion and Vote to Recommend Approval to City Council Allocation of \\$60,400 of CARES Act \(CDBG-CV\) Funds for Health Staff Responding to the COVID- - Pdf](#)

D. **Approval of Chair and Vice Chair**

For Action

6. STAFF REPORT

7. PUBLIC COMMENT

8. ADJOURNMENT



Draft

MEETING MINUTES
SOCIAL SERVICES COMMITTEE
Thursday, September 22, 2022 7:00 PM

Social Services Committee

Members Present: S. Olds Frey, D. Ohanian, A. Sood, A. Ngola, S. Lackey, K. Hayes, Councilmember Reid

Members Absent: Councilmember Burns

Staff: S. Flax, J. Wingader, A. Elizarraga

Call to Order / Declaration of Quorum

Chair Olds Frey called the meeting to order at 7:03 pm.

Suspension of the Rules

Vice Chair Ohanian moved approval to suspend rules to allow for participation electronically or by phone, seconded by Ms. Sood; a roll call vote was taken and the motion passed 5-0.

Approval of Meeting Minutes for August 11, 2022

Vice Chair Ohanian moved approval of the meeting minutes for August 11, 2022, seconded by Ms. Ngola; a roll call vote was taken and the motion passed 5-0.

Public Comment

Stephanie Mendoza, Rebeca Mendoza, Rocio Mancera, Sonia Robles, and Sergio Hernandez spoke in support of funding the Welcoming Center.

Discussion and Vote to Approve ARPA Funding for a Welcoming Center

Mariana Osoria, SVP of Partnerships & Engagement for Family Focus provided additional information about services the welcoming center will provide and how services would be measured; she also addressed questions from members. Dottie Johnson, CFO for Family Focus, provided additional information about the budget. Members expressed general support for the services Family Focus provides currently in the community. After discussion, Councilmember Reid moved to approve \$500,000 in ARPA funding for the Welcome Center at Family Focus, seconded by Vice Chair Ohanian; a roll call vote was taken and the motion passed 6-0.

Discussion and Approval of Child Care Premium Pay Program Award Structure

Staff provided a brief summary of recommended restrictions including awards for staff who work full-time, part-time and less than 15 hours per week; staff who spend at least 35% or more of time in direct contact with children and families or who work on site, and an income cap of \$60,000. Ms. Hayes moved to open the discussion of an award

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Social Services Committee
September 22, 2022

structure, seconded by Ms. Ngola. Members agreed to award staff working full time, part time, and less than 15 hours per week. There was discussion about income caps and award levels.

Vice Chair Ohanian recommended the following award amounts: \$1,550 for full time staff, \$800 for part time staff, and \$400 for staff working less than 15 hours per week. While the total recommendation exceeded the \$500,000 allocated budget for the program, staff confirmed that some full time providers would be ineligible due to the salary cap. The Committee further decided that staff could maximize awards using any remaining funds, provided the increase to full time staff would be halved for part time staff and quartered for staff working less than 15 hours per week. Vice Chair Ohanian moved approval of the award levels to full time, part time, and staff working less than 15 hours per week making \$60,000 or less, seconded by Ms. Ngola; a roll call vote was taken and the motion was approved 5-0.

Nomination of Chair and Vice Chair

Members reviewed the nomination process with staff. Chair Olds Frey and Vice Chair Ohanian accepted nominations from members and both agreed to serve for a second term.

Staff Report

Staff provided an update about public services applications; the Mental Health application will close October 17 and the applications for Case Management and Safety Net services will close at the end of October. Staff suggested canceling the October meeting due to a lack of agenda items requiring action by the Committee; members agreed. Staff also presented an outline of agenda items for the November and December meetings.

Public Comment

Staff presented a written comment from Alejandra Ibañez submitted in support of the Welcome Center.

Adjournment

The meeting was adjourned at 9:15 pm.

Respectfully submitted,
Jessica Wingader
Senior Grants and Compliance Specialist



Memorandum

To: Members of the Social Services Committee
From: Jessica Wingader, Social Services Grants & Compliance Specialist
CC: Sarah Flax, Interim Community Development Director, Marion Johnson, Housing & Grants Supervisor
Subject: Discussion and Vote to Recommend Approval to City Council Mental Health Service Provider(s) for Participants Referred by Holistic Case Managers/City Staff and Program Budget for FY 2023 and FY2024
Date: November 10, 2022

Recommended Action:

Staff recommend that the Social Service Committee discuss and approve for recommendation to City Council a provider or providers of mental health services for Evanston residents referred by City staff and partners providing holistic case management services; staff additionally request the Committee discuss and approve recommending to City Council an initial budget for the program.

Funding Source:

Funding for the program comes from the Human Services Fund, account: 176.21.4651.XXXXX; specific business unit to be assigned once a provider/providers have been identified.

CARP:

Vulnerable Populations

Commission Action:

For Action

Summary:

The Social Services Committee dedicated Support Service funds to providing mental health services to individuals and families referred by case management providers and City staff. Staff requests Committee members:

- Review community needs
- Determine program criteria including “up to” budget amounts
- Discuss criteria used to compare applications
- Identify provider(s)

The recommendation, including an outline of services and preliminary budget, will be sent to City Council for approval at the November meeting.

Needs:

To understand and quantify participant needs, staff held meetings with internal and external case management and referring partners including:

CoE Victim Advocates	CoE General/Emergency Assistance
CoE Youth & Young Adult	Connections for the Homeless
James B. Moran Center	Infant Welfare Society Evanston
Family Focus	Childcare Network of Evanston

Case management/referring partners defined the populations in need of services, types of service needed and preferred service delivery models.

1. Populations in need of services: youth and adults who have experienced racial trauma, trauma caused by poverty, justice-involved participants, recent immigrants/households with undocumented members, LGBTQIA+ participants, families and children affected by domestic violence, young parents and women experiencing postpartum depression.
2. Types of services needed: Individual and family counseling for children, youth and adults focused on grief, trauma, depression, and anxiety, anger management, life-coaching and development of life skills, conflict resolution, and emotional regulation, PTSD, and addiction/substance misuse. There is also a need for practitioners who could provide court reports for families. Group counseling needed to address trauma, grief and loss, divorce and partner violence, support for abusers using a violence prevention model, postpartum depression, parenting strategies, mental illness/ substance abuse, addiction recovery, and medication compliance.
3. Service delivery: providers with the ability to meet with clients in crisis and possibly more than once per week. Individual and group meetings at discrete locations that are easily accessible by public transportation or that are familiar to clients including community venues, in homes, at schools or care facilities.

Barrier Reduction:

An emergent goal of the program is to reduce barriers to participation. Case management partners and City staff providing referrals noted that, across populations, many need services, but only a small number would access them - even though services are free. In addition to arranging services at community locations like Family Focus or Infant Welfare Society, community centers including Robert Crown and Gibbs-Morrison, or the Margarita Inn, staff also recommends allocating a portion of funds to provide additional participant support. Staff recommends factoring an additional \$100-\$150 for food and \$75-\$100 for childcare staff for group sessions intended for parents with children.

Budget:

The current reserve for support services is approximately \$386,000. Staff anticipate a conservative, annual addition of \$150,000, to Support Services beginning in 2023. This estimate is based on 20% of the estimated funds available for public services. The City allocates \$736,373 from the Human Services Fund; this is combined with 15% of the CDBG award from HUD allocated to public services (est. \$247,500) for a total estimated public services budget of \$983,873. Historically, 20% of the total Public Services budget has been reserved for Support Services.

In 2021, the Committee considered the following guidelines for Public Services funding:

- 40% case management
- 40% safety net
- 20% support services

In practice, FY2021 and FY2022 awards were distributed accordingly:

- 30% case management
- 50% safety net
- 20% support services

Staff recommend an initial budget of \$150,000 for individual, family, and couples counseling and suggest the Committee define a cap to the number of sessions participants would receive through this program. Based on applications, referrals with mild needs would feel better and increase coping skills after 10 sessions and referrals with severe needs may need 25 or more sessions. Depending on the selected provider rate, staff approximate the recommended budget would provide 1,000 - 1,500 hours of service. Community partners indicate up to 50 households might access services in the first year. Provider(s) would invoice monthly for services and staff would provide quarterly budget/report updates to the Committee.

Staff recommend an initial budget of \$200,000 for group sessions. Applications indicate a range of \$30 to \$80 per participant, per session for psychoeducational and support groups; session lengths vary from 8 to 12 weeks for 60 to 90 minutes per session. Staff estimate that food/childcare could add \$200 per group session for participants with young children.

Scenario 1: Approximate cost of a single group held at Family Focus for 10 to 12 participants meeting for 8 weeks = \$8,000 (including food and child care)

Scenario 2: Approximate cost of a single group held at the Margarita Inn for 8-12 participants meeting 8 to 12 weeks = \$3,200 to \$5,760 (food and child care not included for this group)

Criteria:

The Mental Health Services application focused on soliciting BIPOC and Spanish-speaking/bilingual practitioners who could provide individual, family and couples counseling, group counseling for targeted/defined populations, and medication management. The City received 12 applications ranging from large practices to individual practitioners; all of the applications received were strong and offered services that would benefit people referred to the program.

Most applicants are able to provide evidence-based therapeutic techniques such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, and Eye Movement Desensitization and Reprocessing, among others, with additional varying areas of specialization. Most report similar cost structures for individual counseling (\$100-\$160 per hour) and group sessions (\$30 to \$50 per participant per session) and offer to run group sessions for a similar period of time (8 to 12 weeks). Two applicants (Turning Point & YWCA) are not able to work with participants off-site and two applicants (Christine Leone Therapy & Coaching and Impact Behavioral Health Partners) did not apply to provide group services. All applicants work with individuals, primarily adults and adolescents. It is unclear how many applicants work with children 5 years old and younger and in what capacity; service to this population was identified as an emergent need after the application was released.

Staff recommends the Committee select a large practice based on capacity, the range of focus areas and populations served, demonstrated ability to work at community venues to connect with participants who face disproportionate challenges to receiving services, and ability to help participants transition into ongoing services as needed. Additional preferred attributes include expertise in serving clients who have experienced depression or anxiety due to race-based trauma or poverty, clients who are recent immigrants or come from families with undocumented members, those who are justice-involved, identify as LGBTQIA+, families and children affected by domestic violence, young parents and women experiencing postpartum depression.

Implementation & Timeline:

Selected provider(s) and budget structure will go to City Council for approval in November and staff will work with providers to finalize agreements by January. Referrals for individual/family services and connections to providers will begin in February. Also, group service providers will qualify participants and establish groups at defined locations; staff project groups will begin in March.

Attachments:

[Art Therapy for Evanston Partners-AppID420940 \(4\)](#)

[Care Relief LLC-AppID418644 \(4\)](#)

[Christine Leone \(2\)](#)

[Creative Arts Therapy Services for Evanston residents-AppID417377 \(2\)](#)

[Impact Behavioral Health \(2\)](#)

[Josselyn Mental Health Services to City of Evanston-AppID420622 \(3\)](#)

[MFS Evanston Mental Health Services-AppID418486 \(3\)](#)

[Monica Garcia Counseling Services PLLC \(aka Lakeshore Counseling-AppID417729 \(3\)](#)

[Skylight Counseling \(2\)](#)

[Turning Point Application - Mental Health Services-AppID421248 \(3\)](#)

[Urban Balance -AppID420341 \(2\)](#)

[YWCA EvanstonNorth Shore Mental Health Services -AppID418366 \(2\)](#)



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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Open Studio Project, Inc.
Art Therapy for Evanston Partners

Jump to: Pre-Application Application Questions Documents

USD\$ 80,000.00 Requested

Submitted: 10/18/2022 11:51:00 AM (Pacific)

Project Contact

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UEI FVVVYWC2LD6
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SAM
Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

Open Studio Project

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Open Studio Project provides art therapy, an integrative approach to improving and maintaining one's mental wellbeing through artmaking and discussion.

Individual Art Therapy:

OSP employs a full-time art therapist and several part-time art therapists, who are trained to promote change through involvement in art making within the context of a therapeutic relationship. A master's degree is required to practice art therapy and an additional 1,000 hours of supervised clinical work qualifies the individual to become a registered art therapist (ATR). Individual art therapy sessions will be provided by art therapists with a minimum of a master's degree and an ATR-P, an ATR, LPC, LCPC, or LCSW. A Board Certified Art Therapist and a Licensed Clinical Professional Counselor provide supervision, including to graduate level art therapy students from Adler University and the School of the Art Institute of Chicago who may assist in art therapy sessions.

OSP's therapeutic process is rooted in a humanistic and client-centered theoretical perspective. A client will journal and create artwork alongside the therapist, with the expectation that their art and writing will be shared judgment-free. Therapists model expressive artmaking and reflective journaling and individual clients are free to use any art medium they are drawn to during the session. Clients are invited to create in silence or engage in conversation during artmaking. This co-creative environment helps put the client and the therapist on the same level. Art therapy is well-suited to individuals looking for an alternative to traditional talk therapy or can be utilized as an additional therapeutic resource in conjunction with psychotherapy, rehabilitation from substance use, cognitive behavioral therapy, or other therapeutic intervention. OSP works with ages 3 and up.

Group Art Therapy:

Art therapy groups give clients the opportunity to use art as an expressive tool to communicate their feelings. Participants work on mindfulness, journal about their intentions and feelings, learn how to process their artwork verbally and with creative writing, and, if they choose, share with the group. In this safe space, participants use drawing, painting, collage, clay, sculpture, and other media to learn healthy emotional expression. Self-expression is taught over technique, and the art produced is not evaluated by teachers or peers.

We offer art therapy groups for behavioral intervention, anxiety, depression, substance abuse, gender identity, and school refusal, among others. OSP has experience providing SEL programs at schools, working with children as young as 3, and adult workshops that allow participants to work alongside an Art Therapist/Teaching Artist to engage in the OSP process.

Family Art Therapy:

In addition to the benefits of traditional group therapy, family art therapy can help improve communication, cooperation, and working through family dynamics. The therapist introduces creative tasks in order to promote healthy relationships while highlighting actions or habits that may be causing issues. Facilitating artmaking activities with families in this way promotes playful and cooperative problem solving. The art therapists at OSP are well-versed in navigating group dynamics, including those exhibited between siblings or other family members. Using communal artmaking, they can de-escalate tense situations while providing a safe outlet for expression and non-judgmental communication.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Open Studio Project began offering group therapeutic artmaking sessions almost 30 years ago. The organization was founded by three art therapists and the methodology they developed is used in graduate art therapy programs nation-wide. As part of OSP's mission to bring the creative process for self-awareness and healing to individuals of all ages and backgrounds, we develop partnerships to offer art therapy for community well-being in Evanston and surrounding areas. Through our collaborations with community members, social service agencies, schools, and other local organizations, we are able to bring these opportunities to broad and diverse groups of people. We encourage individuals of our partner agencies to empower themselves and turn to art for self-awareness, expression, and clarity in challenging or transitional times. As we start to build a new partner relationship, OSP will guide a collaborative effort to design and implement a strategic way to address the group's needs through OSP's art therapeutic process. Since every group is unique, OSP and the partner organization enjoy a great freedom in tackling the needs of the specific group. We have worked with clients as young as age 3 through seniors, including with families and many youth through after-school and summer programs.

Through OSP's collaboration with Evanston organizations, including Family Focus, the CNE/McGaw Evanston YMCA after school programs, Connections for the Homeless working with adults and children at Hilda's Place drop-in center and the Margarita Inn shelter, Youth Opportunities United and Evanston Township High School, OSP's art therapists and teaching artists have developed connections with program staff and the clients/students at these organizations. As individuals participate in the therapeutic artmaking process in a group setting, our therapists can identify people who would greatly benefit from individual or family sessions to work through more complex and deep-rooted issues. OSP has been able to provide some individualized opportunities within the partner context, however we have not been able to fully engage with them in individual therapy due to the expense of providing this type of therapy to people who cannot afford it.

As an organization, OSP is developing the capacity to offer individual art therapy services in order to meet the need in the community for alternative therapies. OSP is drawing on the expertise of its experienced part-time therapists to implement services with individual clients as well as provide supervision to art therapists and students who are working toward their certifications. We are also fortunate to have a new full-time art therapist on staff who serves as the client intake coordinator and provides art therapy services. OSP seeks funding to be able to tie these services back to the partner clients who would benefit from working with an individual or family art therapist.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Open Studio Project is committed to promoting racial equity throughout its organizational structure as well as in its service to the community. All Open Studio Project art therapists and teaching artists are supported and trained to listen empathically. As a recipient of the Healing Illinois grant initiative to advance knowledge and understanding toward racial healing, we have provided our staff with training at Enrich Chicago. As a result of this training, OSP created a workshop on "Deconstructing Bias for Creative Space Safety," which has since been updated to include more gender and body awareness content. This workshop is provided to all of our therapists and teaching artists to instruct them in equity, mental health first aid, gender awareness, and anti-bias training. All of our youth and teen facilitators participate in our social-emotional learning training, which includes anti-bias and equity topics.

OSP has recognized the disparities in availability, accessibility, and quality of art therapy programming especially in lower income, BIPOC areas. One of the ways that OSP has addressed this is through our recent establishment of a beautiful new studio at the Family Focus building in Evanston's Fifth Ward. The studio opened in the Spring of 2022 and has since welcomed 83 Pre-K through middle school students, all of whom are African American, for social emotional learning art programs. This increased presence in the Fifth Ward has helped OSP develop partnerships with organizations that serve the residents of the area, and facilitated our outreach to BIPOC community members to bring SEL, after school and drop-in programs right to the community where these families live. By supporting Evanston's BIPOC residents who have faced barriers to equity over multiple generations, OSP is recognized as a trusted community resource.

4. Describe types of services currently provided; include average case load and length/duration of services.

Homeless & housing insecure populations: drop-in groups that run long-term (over several months); the number of participants varies since the clientele changes, typically we see about 10-12 per session. As it is a drop-in program, the issues addressed during the artmaking process are more immediate in nature, such as processing the trauma and struggles of the ongoing pandemic and the day to day experience of facing homelessness.

Art & Health workshops: includes diverse adult populations and needs, serves long-term participants in weekly sessions with the option for single session drop-in by participants who have already taken an introductory class. Since these are structured sessions, participants are encouraged to set an intention, explore materials and their creativity, and then journal and reflect on their artmaking process. Participants who engage weekly may build upon their work from a previous session, making connections and working through issues on a deeper level. Classes typically run with 4 to up to 12 participants and have been presented in person, virtually and hybrid.

School-based SEL programs: we currently have school SEL programs in Evanston, Skokie and Chicago that engage a group of students in weekly classes that typically run from 6 to 12 weeks. The group size averages at around 20+ students and the facilitators utilize OSP's newly published SEL and Art for School and Life Curriculum with the students. Children are still dealing with the effects of the pandemic and most of the schools we work with are low income, predominantly BIPOC and have suffered additional impacts.

Evanston Township High School - drop-in program offered throughout the school year at Wildkit Academy Saturday mornings and a more structured after school art therapy program. These programs are well attended, but vary in caseload because students can come when they are available. Many of the same students do attend week to week, so they have the opportunity to fully engage in recurring themes and process long-term issues. There are typically 10 students participating at a time.

Community based studios and groups:

Crown Teen Night - drop-in arts program at Crown Community Center offered free of charge to youth in Evanston and surrounding communities.

Art & Wellness - one-day programs for a variety of groups, including serving at-risk clients at our partner organizations and

staff workshops for community organizations.

Individual therapy: OSP is in a growth phase and working to develop new ways to address the needs of the community. We have a new full time art therapist on staff as well as a group of experienced art therapists who work with us on a part-time basis. We know that mental health issues are often not addressed in BIPOC and other at-risk communities and therefore they seek out help from community resources. We hope to further our art therapy services to reach people who are seeking help, but do not have the individual resources to access specialized services like art therapy. When they engage with OSP in therapeutic groups that we offer with our partner organizations, they may recognize the artistic method as a preferred mode of engaging with their emotions and the process of healing. OSP is beginning to offer individual art therapy services with a talented and experienced group of art therapists, led by our full time art therapist, and strives to make this accessible to more people in the community.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

OSP will measure outcomes of group sessions using both quantitative and qualitative methods. Desired outcomes include an increase in the development and use of social and emotional skills (e.g., self-awareness, awareness of others), and a corresponding decrease in negative responses (stress, anxiety). Participants will also increase self confidence and develop a more positive sense of self as well as build a connection with their community. When a part of an ongoing program, outcomes will be measured with participant surveys at the beginning and end of the program, to capture both quantitative data (e.g., Likert scales measuring emotional responses and engagement levels) and qualitative data (e.g., personal stories, session notes recorded by instructors, and reflective writing done by participants). The success of the program will be determined by tracking these data and observing positive social-emotional outcomes on an individual basis for participants. The therapeutic process requires participants to come together to make art and share personal reflections, so success will also include assessing the development of an authentic sense of community within the group.

For individual sessions, measurements of outcomes will include session notes and other observations of the art therapist as well as photographic documentation of clients' progress through artmaking and journaling. A large portion of the OSP process, including our work with individual clients, is focused around journaling and self-reflection. The documentation of this reflective writing will be a strong indication of therapeutic progress.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Maira Egan, ATR-P joined the OSP community as an Art Therapy Intern, is now a full time Art Therapist on staff and a recent graduate of the Adler University's Master of Arts in Counseling: Art Therapy program. Maira has been engaging in the OSP process since she was an undergrad at the School of the Art Institute in Cal Calvird's class. She is also a talented ceramicist and painter. The skill and empathy she brings to her work allows us to better serve the needs of our participants and community. Maira serves as the Art Therapy Intake Coordinator and will be offering individual and group art therapy.

Elena Kaiser, LCPC, ATR-BC Consulting Clinical Supervisor

For more than two decades Elena has created a warm and inviting setting to help children, adolescents, young adults, families and couples tackle a range of issues. Using a combination of traditional and progressive therapies, she works closely with clients to restore a true sense of healing and balance. Elena draws on a range of integrative techniques, from art and play therapy, to mindfulness, EMDR, and brain science. Her techniques are holistic and customized to each client, providing a very different experience to traditional talk therapy. Her creative, free-flowing session frees clients, and helps address a range of issues, from parenting to bereavement, divorce, and sibling rivalry, to anxiety and depression, OCD, Sensory Integration disorder, and ADHD.

Erik Engel, LCSW, has been clinically counseling for over 25 years in a variety of treatment settings with various traumatized populations. He has worked in therapeutic schools, hospitals, residential settings, aftercare community mental health centers, private practice, and military installations. Erik Engel is the senior School Social Worker in DuPage High School District 88, where he is also the Willowbrook High School Social-Emotional Learning Instructional Coach. Erik holds masters degrees in Art Therapy, School Social Work, and Educational Leadership, and holds a License in Clinical Social Work which he uses in private practice to counsel first responder clients. As a military veteran himself, Erik speaks at Yellow Ribbon Reintegration events supporting the mental health of military deployers and their families.

Joselyn Arana, LPC, ATR-P is an art therapist who is passionate about using artistic self-expression and art-based interventions to promote healing, relaxation, and recovery. Joselyn integrates various art techniques, psychoeducation, mindfulness, trauma awareness, and culturally informed methods into her therapeutic approach to help clients navigate their own path of healing as well as finding a balance between the collective and the individual. Much of her work has focused on the treatment of mood and anxiety disorders, intellectual and developmental disabilities, adjustment to life transitions, and multicultural identity issues. Joselyn is a bilingual Spanish speaker. She is a graduate of Mount Mary's Graduate Art Therapy program.

7. Provide a description of clinical consultation, if applicable.

While the primary goal of clinical supervision is to achieve credentialing/licensure, it is important to the supervision process

that therapists are self-aware and reflective of their own professional journey, goals, strengths, and challenges. Supervision is meant to develop skills beyond the graduate level to create a more competent, fulfilled therapist.

Elena Kaiser, LCPC, ATR-BC, will be responsible for clinical supervision of our art therapists. Supervision is required of all clinicians who are eligible to accrue hours toward credentialing and licensure. Supervision focuses on professional development including clinical diagnosis and case consultation, therapeutic skills, workplace issues, ethics and standards, and therapist identity.

Rochele Royster, PhD, LCPC, ATR-BC, provides clinical supervision virtually for our art therapists and serves on the board of Open Studio Project. She is an assistant professor of art therapy in the Department of Creative Arts Therapy at Syracuse University. Royster was a learning behavior specialist in Chicago Public Schools (CPS) and lecturer in the Department of Art Therapy and Counseling at the School of the Art Institute of Chicago, DePaul University (Department of Education), and Adler School of Psychology (clinical psychology department doctoral program).

Royster has worked for the last 20 years integrating art therapy into the educational setting and has worked with youth, adolescents, and young adults with various learning differences such as autism, traumatic brain disorders, and attention deficit hyperactivity disorder. Using a trans-disciplinary approach, she is interested in community and school-based art therapy; race, power and policy in education; multi-sensory methods in reading and literacy; trauma-informed classrooms; environmental justice; black disability; and special education as it relates to decolonization of pedagogy and practice in institutional and public settings.

Open Studio Project Supervision groups: in addition, Sarah Laing, Executive Director & Art Therapist, ATR provides weekly supervision to the art therapy teams.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

OSP has developed the following record keeping systems and assurance of HIPAA compliance:

- Intake forms: Clients submit information to be reviewed by the intake coordinator (this is done through the HIPAA compliant use of confidential Google Forms sent to our Art Therapy Services email – arttherapy@openstudioproject.org)
- Release forms: Parents and adults sign release forms for artwork and media
- Confidential record keeping: OSP has a closed data system through Google Drive for note taking and will utilize the TheraNest notetaking and calendar system for its art therapy services
- Photo documentation: client artwork is documented to track treatment progress, and is secured in a password-protected GoogleDrive account, only accessible by those who are on the OSP art therapy team

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

Open Studio Project provides Art Therapy, which is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. All of our clinicians are board-certified art therapists. We work from a humanistic lens, viewing the client as the expert in their own life, with our role being that of a guide and facilitator for artmaking and healing.

The principles of art therapy:

- An integrative approach to improving and maintaining one's mental wellbeing through artmaking and discussion.
- The creation of artwork in a judgment-free environment alongside a qualified art therapist can uncover repressed emotions, reveal hidden narratives in one's life, and allow one to reflect on their aspirations and goals.
- A skilled art therapist can facilitate conversations between the artwork and the artist, forging a meaningful relationship between the two.

The benefits of art therapy:

- The unique combination of clinical psychological theory and creative artistic practice that exists in art therapy has proven to be helpful in alleviating a variety of challenges experienced throughout life.
- Calming and mindful aspects of artmaking in a therapeutic environment can ease anxiety, depression, and other common psychological concerns.
- A creative therapeutic process can act as a catalyst for introspection and initiate a shift in regular thought patterns, moving one into a more creative headspace that allows for self-acceptance, compassion, and empathy.

- Art therapy allows space for nonverbal communication with those who might benefit from it.
- Utilizing creative processes with conventional therapeutic interventions makes therapy less intimidating and can make the therapeutic space more accessible and welcoming for neurodivergent and non-verbal individuals.

Our Perspective

At Open Studio Project, we approach the therapeutic process from a strength-based and client-centered theoretical perspective. In using an open studio style of facilitation, we provide our clients with the space necessary to make their own creative decisions, while being available for assistance when necessary. Promoting choice in this way leads to an increase in autonomy, confidence, and sense-of-self.

Art therapy for kids: Children and adolescents experience a wide array of difficult situations throughout their everyday life. Through our social emotional learning (SEL) curriculum, the art facilitators at OSP address many of the common issues young people experience that influence their physical and mental wellbeing. The SEL work we do through this curriculum is a significant influence on our therapeutic work with kids and teens. This program provides our therapists with a framework to promote choice and autonomy while in a clinical therapeutic setting.

Art therapy for adults: Open Studio Project has a long history of facilitating artmaking as a therapeutic exercise for adults who are interested in practicing mindfulness and the creative process. By incorporating OSP's established studio methodologies and philosophies with clinical psychological perspectives, our art therapists can address specific therapeutic goals and treatment tactics with adult clients.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

OSP's Art & Health workshops for adults will run for a 10 week session four times a year. Each class is 2 hours long, runs with 4 to 12 participants and can be presented in person, virtually or hybrid.

OSP's Art therapy/SEL program for children will run for 10 weekly sessions, each session is typically 1 - 1.5 hours long, ideally with 12 children in the group. OSP developed the SEL curriculum to meet Illinois state guidelines for SEL education in the classroom and most frequently uses it in this setting, but we have also used the curriculum with after school programs and will use it for these group sessions.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

Open Studio Project plans to run adult group therapy sessions in 10 week cycles four times a year. Multiple groups can run per session, so the capacity could range from four groups a year (if one group per cycle) up to twenty groups (five groups per cycle) depending on participant interest and funding.

OSP plans to run group therapy sessions for children in 10 week cycles four times a year. Multiple groups can run per session, so the capacity could range from four groups a year (if one group per cycle) up to twenty groups (five groups per cycle) depending on participant interest and funding.

Outcomes for participants of all ages include an increase in the development and use of social and emotional skills (e.g., self-awareness, awareness of others), and a corresponding decrease in negative responses (stress, anxiety). Participants will also increase self confidence and have a more positive sense of self as well as build a connection with their community.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

Our typical program budget for an adult or child group is: 10 weeks, 1.5 to 2 hour sessions, for 12 participants would cost \$4,200; includes 1 Art Therapist, 1 Teaching Artist, Program Management & Supervision, Materials and Prep time.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Mild cases of anxiety, socialization issues, emotional dysregulation, etc. will begin to see improvement within 3-6 sessions of our SEL curriculum and communal artmaking programs. More severe cases will begin to see improvements starting between 6-8 weekly sessions. The length of the weekly sessions vary from 1-2 hours.

For individual therapy, development of coping strategies and improvements for individuals experiencing mild symptoms of anxiety, depression, adjustment issues, etc. should begin around 4-6 weeks. For those experiencing more severe symptoms, individuals might see improvements starting around 8-10 weeks. These weekly sessions would last roughly an hour.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

We will be able to take new clients for groups at the beginning of each quarterly session. The group therapy and individual therapy discussed in this proposal will be newly formed groups and new individual therapy clients, so we will be able to assume as many clients as sign up for the group slots previously discussed (for adult and children's groups: 12 clients per 10-week session x 20 sessions = 240 adults and 240 children) as well as 3-4 individual therapy clients per day, four days a week (total number of clients depends on how many sessions, which will be individualized for each client). We will run the groups seasonally: fall, winter, spring, summer on 10 week cycles around holidays. Each group can have up to 12 participants.

The anticipated outcomes for all clients include helping them with processing trauma, decreasing anxiety, supporting sensory integration and self-expression, creating healthy boundaries, learning to identify and manage strong feelings, replacing unhelpful thinking patterns, and increasing resilience.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

A regular 50-minute individual art therapy session ranges from \$100-150; includes studio rental fee, supplies, and administrative expenses. An additional Clinical Supervision Expense is \$125 an hour (one hour per week) from Elena Kaiser, LCPC, ATR-BC.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

OSP has three of our own studio sites in Evanston for individual art therapy or art therapy groups of up to 12 participants:

- Our main Open Studio Project Studio and Gallery: 903 Sherman Avenue (near Main Street)
- Family Focus Studio in the Family Focus building at 2010 Dewey, Room 202
- Robert Crown Community Center Studio (2nd floor)
- Individual therapy can be virtual; groups may also transition to virtual, if necessary

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Open Studio Project will provide the following services to clients:

Art therapy groups for children and adults will involve 10 sessions on a weekly basis. Each session will be held with 12 participants and the reimbursement will be charged per group, \$4,200.

Individual counseling/art therapy for children or adults will be charged per therapy session at a rate of between \$100 - 150 per session depending on the art therapist conducting the sessions, the age of the client and the length of the session (typically 50 minutes).

Family/couple counseling/art therapy sessions will have a structure that is a combination of art therapy groups and individual therapy specially tailored to the unique family group. The typical reimbursement expected for a family or couple therapy group will start at \$150 per session.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Sarah Laing, Executive Director, Art Therapist, ATR

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Maira Joselyn Erik Elena
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Maira Joselyn Erik

Brief biography of key staff including demographic information.	Staff Biographies
Documentation of credentials for staff and supervisors.	Erik
	Elena
	Maira
	Joselyn
Practitioner's Fee Schedule.	
For individual practitioners, upload documentation showing the medical insurance you are paneled with.	Erik insurance
W-9 Request for Taxpayer Identification Number and Certification <input checked="" type="checkbox"/>	W9
Documentation of non-profit status (if applicable).	Illinois tax exempt
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).	Annual Report
Statement of operating revenues and expenditures for most recently completed fiscal year.	Fiscal statement

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

Application ID: 420940

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Care Relief LLC Care Relief LLC

Jump to: [Pre-Application](#) [Application Questions](#) [Documents](#)

USD\$ 50,000.00 Requested

Submitted: 10/16/2022 4:37:32 PM (Pacific)

Project Contact

Claudette Henderson
intake@carereliefllc.com
Tel: 872-221-2585

Additional Contacts

none entered

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United States

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(N)CAGE
SAM Expires

CEO

Claudette Henderson
chenderson@carereliefllc.com

Pre-Application [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
 Organization/private practice

2. Organization name:

Care Relief LLC

3. Type of organization

- For-profit
 Nonprofit
 Partnership
 Limited Liability (LLC)
 Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
 No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Individuals currently served by Care Relief range in age from 12 to 65 years old. However, our organization is qualified and competent to work with individuals starting at the age of 6 until end of life. The services/therapies provided by clinicians are Cognitive Behavioral Therapy, Psychoanalytic or Psychodynamic Approaches, Psychoeducation Methods, Strengths-Based and Empowerment Interventions, Family Therapy Models/Approaches, Couples Treatment Approaches, Harm Reduction Techniques, Client Self Monitoring Techniques, and Role Playing Techniques are just some of the therapies utilized by our clinicians. Care Relief incorporates several factors such as an individual's cognitive abilities, strengths, cultural beliefs and practices, communication skills, and environmental changes.

Our organization focuses heavily on individuals with Trauma, Adjustment Disorder, Depression, Anxiety, Schizophrenia, Intellectual Disabilities, and much more clinically complex conditions. Some of our clinicians practiced areas of focus are victims of crime, complex family interventions, harm reduction, behavior modification, and medical/medication compliance. Care Relief also has experience working closely with treatment teams to treat individuals with co-occurring disorders such as substance abuse and chronic behavioral health conditions.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Care Relief's primary therapeutic approach is to meet individuals where they are mentally. Most of our youth are experiencing signs and symptoms of depression and/or anxiety. It is very important that we do not appear as an authoritative figure in their eyes. Youth require a very different therapeutic approach than an adult. Our clinicians are able to appropriately assess a child and communicate with them in their desired way.

For example, we connect with our youth by familiarizing ourselves with their school, the racial make up of their school, the immediate environment surrounding their school, how they prefer to communicate to openly voice their concerns, and understanding environmental behavior of youth and their family within urban and poverty-stricken communities. These are just a few techniques our clinicians adapt when working with youth and their families to build a positive rapport and movement towards a therapeutic goal.

Most of the youth, families, and individuals we serve prefer meeting in community settings and in-home. We provide treatment in their preferred setting. Home settings allow for our clinicians to assess the home environment and gain a better understanding of the individuals' and family functioning. A few experiences we have had working with families are: blended families, trauma and loss, domestic violence, and child/parent communication conflict.

Care Relief's group experience is providing group services at Community Integrated Living Arrangements (CILA). Our clinicians work with individuals with mild to severe intellectual disabilities who benefit from interpersonal skill development, problem-solving techniques, anger management, coping skill development, positive and negative reinforcement, etc.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Care Relief has experienced an influx of treating individuals who are Black and Latinx. We have also experienced an influx of Black and Latinx individuals contacting our office just to increase their knowledge of what therapy consists of even if they do not engage in services. Majority of Care Relief's individuals served are Black and Latinx and we strive to have our clinicians represent our clientele. The clients we serve from these backgrounds have presented with trauma related to being a victim of a crime, witness of a violent crime, domestic violence, etc.

Our clinicians are culturally competent to work with individuals who are marginalized, have low literacy levels, experienced systemic oppression, reside in poverty-stricken communities, and much more. We engage our clinicians in yearly cultural competency training that not only address race, culture, and ethnicity, but also includes education on individuals who identify as LGBTQ. Care Relief understands and incorporates the effects of culture, race, and ethnicity on behaviors. Our clinicians are aware of worldviews, values, and traditions that many culture groups define themselves by. We value the various types of family and kinship dynamics that each culture group may have.

4. Describe types of services currently provided; include average case load and length/duration of services.

Care Relief's services are individual therapy, family therapy, crisis intervention, and group therapy. A clinician's average caseload consists of 10 clients. Individual therapy sessions are typically 60 minute sessions. Our family therapy sessions

can range between 60 to 90 minutes. We accommodate longer family sessions as typically several individuals are involved and this allows all individuals equal participation. Our group sessions are 60 minutes. Crisis interventions can vary based on a client's assessment at time of crisis. Most crises can be stabilized within 60 minutes. However, if additional helping professionals and/or hospitalization is warranted for stabilization, clinicians will provide support up unto hospitalization which can extend beyond 60 minutes.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

Care Relief works closely with clients to develop a treatment plan (goal-setting). Our clinicians complete clinical notes post sessions which has simplified goal tracking. Clinical notes are written to capture client progress toward their goal(s). A clients' treatment plan goal is observable and measurable. We strive to ensure that data is appropriately captured as clinical interventions and techniques may not be addressing a client's need. This treatment plan (goal-setting) is reviewed every six (6) months with our clients.

Clients who are discharged from treatment due to goal completion, discharge request, and/or need for higher level of care, are contacted by our office no more than 30 days post discharge to ensure clients are maintaining and progressing post treatment. At this time of outreach, if new symptoms are reported, the client is contacted by a clinician to discuss re-engaging to address any new onset of symptoms. We also strive to inform clients post treatment that they are not alone as they implement what they have learned. Clients are encouraged to complete a post treatment survey that captures the effectiveness of their treatment. Our surveys also allows for constructed feedback to be provided to Care Relief so that we are always focused on quality treatment.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Care Relief currently has licensed clinical social workers and masters level interns that rotate based on college course requirement. Interns are provided clinical supervision and guidance by licensed professionals to ensure any service/treatment provided is within compliance and or quality service. Certifications are included with this application.

7. Provide a description of clinical consultation, if applicable.

Clients that are complex and /or have a concern that requires the knowledge of an additional expert in a specific area to better assist with developing a solution. Our clinicians' first step is to enlist the expertise of an internal clinical colleague. However, when symptoms are severely complex, clinicians will seek external consultation from an clients' medical providers, interdisciplinary treatment team, and/or an external expert in the specific area of need. If external consultation is needed, the confidentiality of the client is upheld. Clients are informed of any external consultations and can provide consent for confidential information sharing.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Care Relief utilizes Google Workspace and Cloud Identity Business Enterprise for it's record keeping database and communication with individuals. Care Relief has a signed Business Associate Amendment illustrating that our database is secure with record-keeping and HIPAA compliant. Clinicians and interns also utilize SecurID VPN which serves as an additional protection. Our clinicians are educated on the importance of limiting personal health information to protect an individual's identity both internally and externally. Due to the COVID pandemic, which limited our ability to screen clients in person, we ensure we utilize two client identifiers when engaging in telephonic communication with clients. Virtual/video communication is done through Doxy.me which is completely HIPAA and HITECH compliant.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

Care Relief provides groups such as: interpersonal skill development, problem-solving techniques, anger management, coping skill development, and positive and negative reinforcement. We also offer groups based on community needs and on the frequency of referrals for specific conditions. Individuals who are appropriate for group settings should also have a desire to enhance their social functioning as group therapy is member engaged.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Care Relief requires a minimum of three (3) individuals, and no more than eight (8) individuals in a group setting. Each group session is held weekly for 60 minutes each session. Groups are formed to be able to provide members with the tools needed to address their symptoms based on severity. Groups are lead for eight (8) weeks. Clinicians strongly encourage group

members to lead and shape the progression of their group. Group session duration and frequency can vary if group members cohesively agree on altering the group structure. Care Relief clinicians take into account the conditions and present symptoms of group members to ensure group treatment is the appropriate treatment modality for an individual.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

Care Relief can organize and implement a maximum of six (6) groups per year. Individuals who participate and successfully complete group treatment should be able to identify triggers of their symptoms, identify and apply coping skills, enlist the assistance of natural supports (non-emergency), increased ability to effectively communicate needs, and much more. Outcomes are based on an individuals' personal goal that can be obtained in a group setting.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

A group session at 8 weeks for 60 minutes each with 8 participants would cost \$3,200.00. Each individual in a group setting is billed at \$50.00 per individual/per group session.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

A clinician takes into account a client's insight/judgment, appearance, orientation, speech pattern, affect/mood, impulsive/potential for harm, thought process, intellectual functioning/memory, psychosocial stress, danger to others, and any other pertinent data that is available. This is in addition to a comprehensive biopsychosocial history and collateral data.

A general mild case can be someone who has no recent crisis, no current/past suicidal and homicidal ideation, may have feelings of depression and slight feeling of hopelessness, support system in place, and baseline symptoms are manageable. This individual may be engaged once a week for 12 sessions at 45 minutes each.

A general severe case can be someone who is experiencing a recent crisis, current suicidal and/or homicidal ideation, has coping skills but are not effective and inability to use skills, no support system, physical aggressive. This individual may be engaged twice a week for 24 sessions at 60 minutes each.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

Care Relief is able to assume approximately 40 new clients for the duration of the pilot program. Client anticipated treatment outcomes are: 1.) Able to identify triggers of their symptoms, 2.) Able to effectively apply coping skills, 3.) Enlist the assistance of natural supports (non-emergency), 4.) Increased ability to effectively communicate emotions and needs, 5.) Able to be self-sufficient within their environment. Outcomes are based on an individuals' "baseline" condition and can vary per individual.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

A 60 minute session is an average length of service and is billed at \$118.10.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

Care Relief prides itself on providing services based on an individuals ability to gain access to treatment. Our clinicians provide treatment in-home, residential housing, long term care facilities, in-office, virtually, and community settings such as libraries, community centers, etc. A clients' right to privacy and confidentiality is always considered when considering community settings. The organization's employee travel budget is estimated at \$3,600 annually based on \$300 per month travel costs.

Care Relief also budgets monthly for client travel. We have experienced the effect and barrier transportation has on our clients. Government insured clients have a free transportation benefit; however the contracted vendors can be unreliable at times. Care Relief has a monthly transportation budget of \$200 for clients, so that they have reliable transportation to and from treatment on an as need basis only. In case of need, our clinicians utilizes the company's Lyft or Uber accounts to assist a client with transportation. This budget is not used often, however, is available in the time of need. The organization's client travel budget is estimated at \$2,400 annually based on \$200 per month.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

90791

In-home/Office/Telehealth
Psychiatric Evaluation
\$132.00

90837
In-home/Office/Telehealth
Psychotherapy-60 minutes
\$118.10

90834
In-home/Office/Telehealth
Psychotherapy-45 minutes
\$75.00

90832
In-home/Office/Telehealth
Psychotherapy-30 minutes
\$60.00

90839
In-home/Office/Telehealth
Psychotherapy-Crisis
\$150.00

90840
In-home/Office/Telehealth
Psychotherapy-Crisis add. 30 mins
\$75.00

90847
In-home/Office/Telehealth
Psychotherapy-Family
\$180.00

90846
In-home/Office/Telehealth
Psychotherapy-Family w/o patient
\$130.00

90853
Off-site/Office/Telehealth
Psychotherapy-Group
\$50.00

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Claudette Henderson

Documents [top](#)

Documents Requested *

Required? **Attached Documents ***

Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.



[LCSW License](#)

Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.



[Masters Degree](#)

Brief biography of key staff including demographic information.

[Biography](#)

Documentation of credentials for staff and supervisors.	Organization Documentation
Practitioner's Fee Schedule.	Fee Schedule
For individual practitioners, upload documentation showing the medical insurance you are paneled with.	
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/> W9
Documentation of non-profit status (if applicable).	
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).	
Statement of operating revenues and expenditures for most recently completed fiscal year.	

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Application ID: 418644

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Christine Leone Therapy & Coaching, PLLC
Grants for Mental Health Providers

Jump to: Pre-Application Application Questions Documents

USD\$ 50,000.00 Requested

Submitted: 10/18/2022 11:02:31 AM (Pacific)

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EIN 92-0706261
UEI
(N)CAGE
SAM Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Checked: Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

-answer not presented because of the answer to #1-

3. Type of organization

-answer not presented because of the answer to #1-

4. Is your organization an affiliate of a regional or statewide organization/agency?

-answer not presented because of the answer to #1-

5. What license do you hold?

LCSW

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

I identify as a white/Ecuadorian daughter of immigrants who is bicultural and bilingual in English and Spanish. I provide individual outpatient therapy for adults 18 and over and primarily work with BIPOC and LGBTQIA+ individuals who are managing depression, anxiety, PTSD, race-based stress, or seeking alcohol/cannabis moderation counseling.

I also have completed the required 40 hour training to work with survivors of domestic violence and survivors of sexual assault and abuse. I have advanced training in EMDR (Eye Movement Desensitization Reprocessing) for treating trauma related disturbances and I use interventions grounded in CBT, DBT, attachment theory, motivational interviewing, and solution-focused therapy.

I have extensive training and experience working with Black, Indigenous, Latine/x, East Asian, and South Asian folks including those who also identify as LGBTQIA+. Some of the trainings I have taken include Decolonizing Therapy for Black Folks with Shawna Murray-Brown and Chicana/o/x Affirmative Therapy with the Institute of Chicana/o Psychology.

I am continuously learning how to incorporate culturally responsive, liberation-minded, affirming care in both English and Spanish to those whose identities have been pushed to the margins.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

I have been providing therapeutic and counseling services since I obtained my MSW in 2008 and I have had my LCSW license since 2019 and it is in good standing. I have primarily provided individual therapy to adults. I have also led several coping skills groups for women recovering from traumatic experiences. My clinical experience includes working with survivors of migration trauma, survivors of violence, acculturative and race based stress.

My experience also includes working with folks experiencing symptoms of depression, anxiety, and PTSD. I am also adept at leading groups for adults recovering from trauma such as support groups and coping skills groups.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

I identify as Latinx and have cultural and familial ties in Latin America which makes me bi cultural and I also speak Spanish. I have extensive experience working with folks who are undocumented and young adults who are 1st and 2nd generation immigrants. I am also aware of the diversity that comprises the Latine/x identity in terms of country of origin, migration history, race and how that relates to one's positionality. Additionally, I just completed a 4 module training with the Institute of Chicano/a Psychology named Chicana/o/x Affirmative Therapy and am currently in consultation for advanced training in providing EMDR in Spanish.

I have provided therapeutic services for many Black folks experiencing race-based stress and self doubt as a result of living in an anti-Black culture. I have been intentional about seeking out the training I need so I can provide therapy that is affirming and mindful of not replicating white supremacy values. I have completed an 8 module training through the organization, Therapy that Liberates led by Shawna Murray-Brown, which also included training focused on working with Black folks who also identify as LGBTQIA+. I take this part of my work very seriously and I continuously seek out educational opportunities and consultation to ensure I am providing the highest quality care to Black people I am in service to.

Additionally, I lived in South India for 18 months which has provided me with a more nuanced understanding of South Indian culture and the acculturative stress that comes with living in the United States. Notably, I have worked with people of Indian and Pakistani origin from different religions, ethnic groups, and regions which has strengthened my ability to form strong therapeutic alliances when working with South Asian folks.

Although I have worked with children in the past, I prefer to work with individuals 18 and older.

4. Describe types of services currently provided; include average case load and length/duration of services.

I provide outpatient individual therapy and alcohol/cannabis moderation counseling via telehealth. On average, I have a caseload of about 15-20 people. I usually meet with people weekly or bi-weekly and the average duration of services is anywhere from 6 months to 3 years depending on the needs of the individual.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

I typically use tracking logs and other diagnostic measures when therapeutically appropriate or when requested by the client. I have access to measures such as the MID for dissociation, TSC-40 for trauma symptoms, BDI for depression, and the GAD for anxiety and have been trained in administering measures and interpreting the results.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

I have over 14 years of experience providing counseling and therapeutic services for individuals. I have extensive experience working with people who identify as Black, Indigenous, or a person of color. I have also worked with folks who identify as bi-racial and multiracial and people who identify as LGBTQIA+. I have been very intentional about seeking out specific trainings in order to provide the highest quality care while being culturally responsive. I use a trauma informed and an anti-racist lens to therapeutically support the people I am in service to. Here is a list of my certifications:

40 hour training in Domestic Violence sexual assault crisis response 2016
EMDR Therapist 2020
Illinois Certified Domestic Violence Professional 2021

7. Provide a description of clinical consultation, if applicable.

I engage in weekly clinical supervision and additional consultation for EMDR specific training twice a month.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

I use the digital practice management software called SimplePractice for clinical notes, billing, and charts. SimplePractice is HIPAA compliant and HITRUST certified. I do not keep any client information in hardcopy format.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

-answer not presented because of the answer to #9-

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

-answer not presented because of the answer to #9-

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

-answer not presented because of the answer to #9-

13. Provide the total cost for a single series of group sessions or a flat rate for services.

-answer not presented because of the answer to #9-

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Sometimes the most healing part of therapy is the consistent supportive relationship and sometimes someone just needs temporary crisis support or EMDR processing that can last as short as 16 sessions. It really depends on the goals of the person.

For people who just require support for a temporary crisis, relational issues, additional coping skills, or looking for EMDR sessions in addition to therapy they are receiving from another therapist, the number of sessions can range anywhere from 4 - 16. This would be meeting weekly for 1 hour or twice a month.

For people whose emotional or mental disturbance is severe in that it is getting in the way of functioning within their family, social circles, work, or self care the number of sessions can be anywhere from 16 to 52 sessions. This would be for 1 hour once a week or twice a month. Or for those who have had emotional or psychological challenges and have never had access to care before, the session number might look similar.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

No more than 5.

It is hard to anticipate outcomes without knowing the person or presenting problem. Whoever the person or presenting problem is, I anticipate that after engaging in therapy, they will feel more connected to services, feel more empowered to advocate for themselves, and feel like they have moved significantly towards the goals they have set for themselves and their loved ones.

If requested or required, we will assess outcomes by reviewing treatment goals and using measures to identify progress towards goals.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

\$180/hr per appointment per person.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

I would provide primarily telehealth services. I would also make myself available to meet at the library, community center, or outdoors during weekday business hours as needed.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Psychiatric Diagnostic Evaluation 90791 - \$200

Individual psychotherapy 60 min 90837 - \$180

Late cancel/No call no show - \$180 (negotiable)

If I were to run groups it would be \$350/hr

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Christine Leone

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	LCSW License
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Proof of Master's Degree (MSW)
Brief biography of key staff including demographic information.		
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	W9
Documentation of non-profit status (if applicable).		
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		
Statement of operating revenues and expenditures for most recently completed fiscal year.		

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Application ID: 416870

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Institute for Therapy through the Arts (ITA)
Creative Arts Therapy Services for Evanston residents

Jump to: Pre-Application Application Questions Documents

USD\$ 250,000.00 Requested

Submitted: 10/17/2022 10:46:30 AM (Pacific)

Project Contact

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Tel: 7739106678

Additional Contacts

none entered

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SAM Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

Institute for Therapy through the Arts (ITA)

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

The Institute for Therapy through the Arts (ITA)'s mission is to empower individuals, families and communities to grow and heal through advanced approaches in Creative Arts Therapy; setting the standard for treatment, practice and training within the field. An Evanston-based nonprofit, ITA believes in a world where limits are challenged, and possibilities are expanded. When people struggle to find the right path to growth and healing, ITA offers the Creative Arts Therapies as powerful tools for changing lives. Our services motivate children, youth and adults to tap into their innate drive to create and discover new strengths and abilities, empowering them to achieve the impossible.

Types of Counseling Provided: ITA delivers Creative Arts Therapies to individuals, families and groups, and through community-based partnerships. ITA is the only nonprofit organization in the region offering four Creative Arts Therapies — art, dance/movement, drama, and music — within one group practice. In greater detail, modalities include:

- Art Therapy – Through the art-making experience and therapeutic relationship, clients express and examine feelings, learn about cause-and-effect interactions, improve problem solving, promote social skills, develop independence, cope with symptoms and enhance self-esteem.
- Dance/Movement Therapy – The psychotherapeutic use of movement facilitates healthy experiences that foster growth through the body-mind connection to increase self-awareness and self-esteem as well as to explore connections to others, building social skills.
- Drama Therapy – The use of written, verbal and non-verbal means of expression derived from theatre practices to explore roles, create narrative, embody experience and work on social interaction for insight, behavior change and to promote healthy functioning.
- Music Therapy – The clinical application of musical elements and evidence-based practice to elicit change in individuals within the context of a therapeutic relationship to facilitate, maintain or restore achievement of the individual's fullest potential in cognitive, emotional, physical and social functioning.

Ages/Issues of Focus: In FY2021, ITA served 2,360 individuals between the ages of 2-100, from private therapy offered in our Evanston and Highland Park clinics, to public school-based programs in the Chicago suburbs. ITA's services have helped children, adolescents, adults and seniors explore their emotions, improve self-esteem and social functioning, alleviate symptoms of anxiety and depression, cope with a physical illness or disability, manage addictions, relieve stress and support personal independence.

Most of ITA's clients have needs that are not ideally addressed through traditional forms of therapy. They need a more active, "whole person" approach that considers their unique abilities, communication methods and learning style.

A growing body of research points to the national, upward trend in rates of mental health complications since the COVID-19 pandemic's onset. Cases of major depressive and anxiety disorders have skyrocketed (The Lancet, 2020), and expert pediatric groups consider the crisis in children's mental health a national emergency (Chicago Sun Times, 2021). Many of ITA's clients rely on us to help manage challenges like anxiety and depression using a unique and alternative therapeutic approach.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

ITA believes that all people have the potential to benefit from the power of the arts, and that the arts are essential tools for catalyzing human growth and healing. Therapeutic approaches are at the cutting edge of treatment and informed by the most current research and literature in psychology, neuroscience and Creative Arts Therapies.

Individual Therapy: Sessions are designed to identify and foster personal strengths thereby decreasing anxiety and increasing feelings of self-worth. The creative arts are used as a vehicle for expression and creativity where internal thoughts and feelings can be safely expressed and contained.

Individual therapy clients set unique goals with their therapist, based on their individual strengths and challenges. These goals may include symptom reduction, such as decreasing anxiety. They also may focus on skill development, rehabilitation and/or improving relationships. These goals are monitored and revised as needed through the course of therapy, reflecting the changes and progress made by each client.

Services for Youth: In FY2021, ITA served 365 clients between the ages of 5-18. ITA partners with several Chicago-area school districts including Districts 88, 62, 65 and 89, offering Creative Arts Therapies for students who are dealing with histories of intensive trauma and experiencing significant mental health needs. New for the 2022-23 school year, ITA has also initiated a partnership with Special Olympics Chicago and other key Chicago leaders to serve as the primary service provider for an expansion program offering Art and Music Therapies in approximately 76 Chicago Public Schools sites.

ITA Therapists are experienced with writing IEP goals for students, with areas for treatment including a focus on social awareness and interaction, emotional expression, receptive/expressive language and/or sensory regulation. As part of our collaborative approach, ITA works with schools and other service providers to provide a treatment model that best meets the expectations, needs and goals for each youth.

Families: ITA offers Creative Arts Therapy for couples and families. Therapists use the arts to help family members connect and communicate with each other. Families and couples are provided with opportunities to create projects collaboratively, renewing their relationships and practicing new techniques designed to strengthen the family unit.

With family therapy, treatment is focused on a set of family goals. These goals are measurable just as individual treatment is measurable, but the entire family will work towards reaching these goals in a unified fashion. Certain goals may focus on dyadic goals such as with parents or parent-child relationships, but overall goals are centered on the health and wellness of the family.

Group Therapy: ITA's dynamic and engaging therapy groups use the arts to create an environment where peers are working collaboratively. Therapists help clients learn to accept the ideas of others and compromise, while Creative Arts Therapy provides unique opportunities for clients to create and perform together through interactive music-making, story-creation, visual art projects and movement.

Group Creative Arts Therapy sessions are offered at ITA clinics, and according to specialized timelines that have been developed to meet the unique needs of our partner sites. Within each therapy group, ITA enrolls ten or fewer participants for optimal therapeutic engagement.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Given the ongoing urgency of combatting racism in all forms, ITA is committed to centering its work around racial equity. Through a robust network of community partnerships in Evanston and beyond, ITA provides Creative Arts Therapy services in diverse, underserved areas. In recent years, staff and leadership have led efforts to identify barriers that may inhibit BIPOC families from accessing Creative Arts Therapy in greater numbers, and we are committed to breaking down these barriers to make our services more accessible.

ITA therapists regularly engage in staff trainings so that we can better serve BIPOC youth, children and families. All ITA Therapists have engaged in trainings on anti-oppressive frameworks in the Creative Arts Therapies, anti-carceral approaches and liberatory psychology practices. These trainings focus on oppressive systems that disproportionately affect BIPOC communities. Therapists have been trained to notice and reduce the harms of carceral care (e.g., involuntarily hospitalization), policing, cultural appropriation and colonization. A liberatory practice empowers ITA and our clients to use the arts to heal, build community and resist oppressive systems.

ITA also supports learning opportunities to other providers in the community that work with BIPOC youth, children and families. We offer a webinar on anti-oppressive frameworks in the Creative Arts Therapies, which is available for purchase and eligible to provide continuing education credits. ITA also hosts an Annual Integrated Creative Arts Therapy Conference which consistently addresses relevant topics affecting our communities, such as healthcare inequities, racism and trauma. A criterion of our anonymous peer review process for presentations is "responsiveness to culture and social issues (e.g., naming social contexts, cross-cultural interactions, privilege, and oppression as they relate to your topic)," which ensures that presentations selected for our program align with our value of increasing equitable and culturally responsive services to minoritized communities.

Finally, ITA has partnered with Ingenuity, Inc. to provide a free guidebook to teaching artists on trauma-informed and healing-centered practices in arts classrooms. The guidebook addresses the trauma that can occur from marginalization and racism and outlines how the arts can promote community, healing, and restorative justice.

4. Describe types of services currently provided; include average case load and length/duration of services.

Over 45+ years, ITA has treated 70,000+ individuals with psychological challenges, neurological dysfunction, physical impairments and developmental delays. ITA aims to ensure that through their engagement in Creative Arts Therapies, at least 80% of our clients achieve their treatment goals. ITA's Therapists are educated, credentialed and board-certified according to the requirements of their profession. Therapists carry an average case load of 25 clients at any given time.

Besides services in our Evanston and Highland Park offices, through a broad network of partnerships, ITA offers services on-site at numerous metropolitan Chicago-area community organizations including hospitals, adult day vocational and workshop programs for individuals with neuro-developmental disorders, healthcare and wellness facilities, and schools throughout

Chicago as well as Cook, DuPage, Lake and Kane counties. ITA is a responsive practice that modifies programs to meet the needs of organizations who reach out to us for service provision. In FY2021, ITA worked with 28 community and school partners at 42 distinct locations. For partners, we have developed programs ranging from art therapy for chronically homeless individuals to music therapy through Memory Cafés to dance/movement therapy for therapeutic day school participants.

At intake, ITA clients have the opportunity to try out each of the Creative Arts Therapies to see which is the modality of best fit. The primary goal of the intake process is for our Intake Coordinator to explain each of the modalities and have the client experience them so that they can get a sense of art as an expressive form rather than a skill-based form.

The time required for progress in creative arts therapy is different for every person since the goals of treatment are unique to everyone. From intake to program exit, ITA aims to meet with all private therapy and community partnership clients for at least 12 therapeutic sessions, when possible, though many clients stay with their therapists for years. The average length of treatment is approximately 30 weeks.

The following client story is illustrative of the efficacy of Creative Arts Therapy with clients who may be experiencing Depression and/or Anxiety:

Bella, a bright young woman engaging in Art therapy for more than five years, first came to ITA at the age of 13. To cope with severe anxiety, she wore earbuds at all times. She had no friends and felt that her future was bleak. In previous therapy experiences, her anxiety prevented her from speaking — her parents were desperate to help.

As Bella developed a relationship with her therapist, Dr. Rosen, she learned how to use the pressure of her drawing pencil to calm her nerves. Bella began to experiment with other art supplies to work through emotions when words failed her. Her first therapeutic breakthrough came on a difficult day, as she worked with her therapist to smash Styrofoam with a hammer and then turn it into art. She says, "I learned how to explore my anger, reframe it, and turn it into something beautiful."

In time, Bella learned skills to self-soothe in times of stress and began leaving her earbuds at home. She joined her high school's theater program, took acting classes, performed for an audience and worked on more than 30 plays. She has friends, has successfully tackled college interviews, was accepted at her first-choice college and earned a leadership scholarship.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

ITA regularly tracks and analyzes client data, and is prepared to demonstrate periodic and annual client progress as well as overall program effectiveness, through the following measures:

1. Number of individuals receiving mental health services: Tracked and reported continuously by ITA Therapists and summarized annually across several dimensions including number of individuals receiving private therapy services and those who are engaged via community partnerships.
2. Number of mental health screenings/referrals to treatment: ITA tracks the number of screenings that have been performed for clients during intake and as treatment progresses, as well as the number of external referrals that have been provided, reporting on this information monthly.
3. Number of participants in mental health sessions: ITA also tracks the number of individual, group and family therapy sessions it provides and includes annual totals in its end-of-year report.
4. Number of participants in mental health sessions demonstrating improvement: ITA measures client progress by the individual's ability to meet their defined goals as observed by their Therapist, utilizing measurement tools appropriate for the type of data collection being implemented. ITA also measures program impact by surveying community partners and clients on an annual basis. We strive to offer services that receive ratings of a "4" or "5" on a five-point Likert scale, indicating that clients are satisfied or very satisfied with our services.

Individuals who participate in services through community-based partnerships engage in pre- and post-test reporting that marks progress toward their goals through their Creative Arts Therapy program, typically through a group setting. Overall, data collected by ITA informs program managers of how services may need to be altered during programs to be most effective.

5. Measures of client self-efficacy: Beginning in 2022, ITA has utilized the NIH Toolbox PROMIS v2.0 assessment to collect pre- and post-test data on a General Self-Efficacy scale, reflecting healthy beliefs about one's own capabilities. The NIH Toolbox is a comprehensive set of neuro-behavioral measurements that quickly assess cognitive, emotional, sensory, and motor functions from the convenience of an iPad. Through this assessment tool, ITA aims to demonstrate that at least 75% of longer-term clients ages 8 and up receiving therapy in one of ITA's clinic sites will increase self-efficacy scores after 12 months of therapy.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Key staff who will be responsible for accomplishing the activities for which funding is requested will include ITA's Creative Arts Therapists. ITA's Therapists are educated, credentialed and board-certified according to the requirements of their profession. Within its community partnerships, ITA therapists are integral within the multidisciplinary team and co-treat with other professionals including occupational/physical therapists, physicians and nurses.

In addition to their exceptional talents as Creative Arts Therapists, they are published authors, researchers, public speakers and leaders in their professional organizations. ITA's Therapist team holds the following credentials and qualifications:

- ATR-P: Registered Art Therapist Provisional
- ATR-BC: Art Therapist Registered–Board Certified
- R-DMT: Registered Dance/Movement Therapist
- IMH-E: Infant Mental Health Specialist Endorsement
- LCPC: Licensed Clinical Professional Counselor
- LPC: Licensed Professional Counselor
- MA: Master of Arts
- M.Ed: Master of Education
- MM: Master of Music
- MT-BC: Music Therapist—Board Certified
- NMT: Neurologic Music Therapist
- NMT-F: Neurologic Music Therapy-Fellow
- RDT: Registered Drama Therapist

Also key to the program's success, Jeff Wolfe, MT-BC, ITA's Chief Operating Officer, will oversee services that are provided through ITA's Evanston partnerships. Mr. Wolfe holds a Master of Music in Music Therapy with an emphasis in counseling from Ohio University. Among other distinctions and in addition to his clinical work, Jeff chairs the Student Affairs Advisory Board for the American Music Therapy Association and is a member of the Evanston Mental Health Task Force, Clinical Services Working Group.

7. Provide a description of clinical consultation, if applicable.

Overall, ITA fills a unique niche in its nationally recognized leadership of training programs for Creative Arts Therapy students and practitioners. Offerings include our clinical internship program, professional development presentations and workshops, webinars, supervision and consultation for professionals working in medical and mental health fields.

ITA's leadership and staff consists of a creative and dedicated team that values innovative, evidence-based approaches and ongoing professional development. ITA continues to focus on developing the professional expertise of our staff through weekly team meetings, individual supervision and regular trainings.

ITA has a rich team of clinical supervisors that provide supervision for those not fully credentialed in their respective profession. These clinical supervisors include Cara Wellvang, LCPC, ATR; Akash Bhatia, LCPC, MT-BC, Annie Arnold, LCPC, ATR, Elizabeth Klinger, MA, MT-BC, Bradley Drozdowski, MT-BC, and Jessica Young, LCPC, BC-DMT, GL-CMA. All Music Therapists are fully credentialed and receive ongoing supervision by a master's level, fully credentialed clinician. Art, Dance/Movement, and Drama Therapists are licensed eligible as pre-LPC or LPC and require ongoing supervision for their LCPC.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

ITA is fully HIPAA-compliant with appropriate encryption and electronic storage, as required by law. ITA stores all electronic files using secure TheraNest software – a practice management and therapy notes platform used by mental health and social service professionals.

From initial phone calls to treatment planning, ITA's client onboarding process establishes assurance of HIPAA compliance from the earliest point in treatment. All client services begin at the intake process. Our Reception or Therapy staff refer the client to our Intake Coordinator, whose responsibilities include ensuring all legal and ethical documentation is completed including informed consent and HIPAA and setting up the electronic record properly.

After an individual contacts ITA to obtain more information about services, s/he is provided ITA's HIPAA Rights Form. The HIPAA Rights Form is completed prior to the client's initial appointment. The form explains that ITA has secure policies in place regarding the release of protected health information (PHI) beyond the appropriate purposes of payment, health care operations and treatment.

ITA notifies clients of releases of PHI, when appropriate, and keeps a record of these releases. ITA staff are required to respect individuals' rights to privacy and to treat as confidential all information supplied to them on that basis. Among other staff policies, ITA prohibits disclosure and discussion of confidential information obtained from official records, either during or after service with the organization (unless explicitly authorized to do so), such as personal and financial information about ITA clients.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
 Individual services
 Both

10. Define what types of group counseling or therapy you offer.

Within group therapy offerings, ITA's experienced Therapists promote dialogue between group members and address social skill development, facilitating opportunities to enhance empathy, initiation and cooperative play. Groups are formed continuously to meet the ever-changing needs of clients. ITA Therapists determine if group placement is appropriate after the intake evaluation is conducted. Each individual sets a goal that is addressed in the group setting. These goals may include enhancing interpersonal social and communication skills, meeting emotional needs and increasing one's overall quality of life.

Recent ITA clinic-based group therapy offerings include:

CBT/DBT Creative Arts Therapy Groups for Pre-Adolescents, Adolescents, and Adults: This series introduces a new skill each week and a creative arts experience incorporating that new skill. CBT/DBT (Cognitive/Dialectical Behavioral Therapy) skills are beneficial in helping clients manage strong emotions, develop healthy coping strategies and enhance interpersonal relationships. Creative Arts Therapy directives offer a hands-on, process-oriented learning experience to develop strategies for emotional and behavioral growth and regulation.

BEATS (Building Expression with Autism through Song): Through a series of 10 sessions, clients work on increasing attention and task-oriented behavior necessary for social and school environments through movement to music, instrument play and singing. This group is ideal for children ages 3-5 with a diagnosis of autism spectrum disorder.

Game On - Gameplay for Young Adults with Intellectual and Cognitive Disabilities: This group is designed to help clients discover the power of play. ITA Therapists use games as teaching aids to promote progress and growth in social and communication skills, team building, and accommodation, collaboration and flexibility practices.

TEAM - Therapeutic Expression in Adults through Music: Helps young adults with social and communication difficulties and moderate intellectual disabilities build connection with a close group of peers using their favorite music. This group is inclusive of all levels of physical abilities.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

ITA's Creative Arts Therapy groups typically enroll a minimum of four, and a maximum of ten participants. Group sessions range from 60 – 90 minutes, and usually take place once/week. The duration of weekly group meetings may range from a time-limited series of 10 sessions to an indefinite number of sessions. Overall, a number of different factors will impact the total cost of services provided through the grant.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

The number of groups ITA will be able to run per year will vary depending on whether group sessions are taking place at ITA clinics in Evanston and/or Highland Park, or at external partner sites. A typical 60-minute clinic-based therapy group is facilitated at a cost of \$79 per group member, for a minimum of 12 sessions. At five group members, the cost would be \$395 per group session; at the maximum of ten group members, the cost would be \$790 per group session.

Across all group programs, ITA will work towards the goal of increasing life skills above individual participants' baselines, as measured through pre- and post-test Therapist observation report and self-report, and positive qualitative data reported via consistent feedback throughout the duration of the program. In terms of anticipated outcomes, ITA aims to ensure that through their engagement in Creative Arts Therapies, at least 80% of our clients will achieve at least one of their treatment goals.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

Using the cost structure above, ten therapy groups, assuming five members per group with the minimum of 12 sessions each, would cost \$35,550 with a 25% absence rate. These figures may change based on level of client need and many other factors.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for

severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

ITA proposes to offer up to 15 sessions for “mild” cases and up to 25 (or more) for “severe” cases. The average individual therapy session is one hour, taking place once/week. The time required for progress is different for every person since the goals of treatment are unique to each client. From intake to program exit, ITA aims to meet with all clients for at least 12 sessions and when possible, many clients may stay with their therapists much longer.

Clients presenting with mild cases often need support in goals such as improving relationships and/or managing the stressors of their vocation. Severe cases include those that require a higher level of care that may go beyond the capacity of services at ITA, including clients who have active suicidal ideation and likely require a partial or intensive hospitalization program. ITA has strong referral partnerships with local providers to ensure that wrap-around care can be linked immediately and efficiently for all clients.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

ITA estimates it may serve up to 75 new individual therapy clients through this partnership with the City of Evanston. In terms of anticipated outcomes, ITA aims to ensure that through their engagement in Creative Arts Therapies, at least 80% of our clients will achieve at least one of their treatment goals, which are unique to each client.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

At \$140/session, with 75 clients annually * 12 sessions, the program would cost \$94,500. Or, with 25 clients * 47 weeks, 50 clients * 36 weeks and 75 clients * 16 weeks, the annual program would cost \$438,375 (25% cancellation rate for both).

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

ITA stands ready to serve or serving clients virtually, at our private clinic sites in Evanston (2130 Green Bay Rd, Evanston, IL 60201) and Highland Park (480 Elm Place, Suite 202A, Highland Park, IL 60035) and/or at a variety of community partner sites. Over decades of service to the community, ITA has developed a robust capacity to provide services onsite at community partners in accordance with each location's unique needs. In FY2021, ITA worked with 28 community partners – including Argentium Home Care, Council for Jewish Elderly, Northwestern Center for Audiology, Speech, Language, and Learning and School District 65 in Evanston – across 42 distinct sites spanning the Chicago metropolitan area.

ITA's travel budget will mirror the cost structure it establishes for staff mileage. ITA reimburses staff for actual mileage (at \$.60 to the mile) and any other travel expenditures that are necessary in the performance of his/her assigned responsibilities with the approval of ITA leadership.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

CPT codes may include:

- 90791 – Intake and Diagnostic Evaluation
- 90832 – Individual Psychotherapy, 30 minutes
- 90834 – Individual Psychotherapy, 45 minutes
- 90837 – Individual Psychotherapy, 60 minutes
- 90839 – Psychotherapy for Crisis Initial 60 Minutes
- 90840 – Psychotherapy for Crisis Each Addl 30 Minutes
- 90845 – Family Therapy without patient
- 90847 – Family Therapy with patient
- 90853 – Group Therapy
- 90785 - Interactive Code
- 92507 – Treatment of Speech (Music Therapy Only)
- 97110 – Therapeutic Procedure (Music Therapy Only)
- 97530 – Therapeutic Activities (Music Therapy Only)
- 97533 – Sensory Integration Tech (Music Therapy Only)

As described above, the average 60-minute individual psychotherapy session will be reimbursed at \$140 per session. The average 60-minute group session will be reimbursed at \$79 per client, per session.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify
Clair Daney

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	License - A. Arnold License - A. Bhatia License - B. Drozdowski
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Diploma - A. Arnold Diploma - A. Bhatia Diploma - B. Drozdowski Diploma - C. Wellvang
Brief biography of key staff including demographic information.		
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	W9
Documentation of non-profit status (if applicable).		501(c)3 Letter
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		FY2021 Annual Report
Statement of operating revenues and expenditures for most recently completed fiscal year.		FY2021 Audit

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Application ID: 417377

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Impact Behavioral Health Partners Mental Health Clinician

Jump to: [Pre-Application](#) [Application Questions](#) [Documents](#)

USD\$ 144,300.00 Requested

Submitted: 10/13/2022 10:43:38 AM (Pacific)

Project Contact

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UEI JAHMLG8J6KG3
(N)CAGE 52XN4
SAM Expires 1/8/2019

Pre-Application [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
- Organization/private practice

2. Organization name:

Impact Behavioral Health Partners

3. Type of organization

- For-profit
- Nonprofit
- Partnership
- Limited Liability (LLC)
- Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
- No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

For nearly 35 years, Impact has been providing comprehensive, wraparound services to adults living with serious mental illness to help them stay successfully housed in the community. All of Impact's participants are adults 18 and over living with mental illness. Diagnoses of participants include depression, anxiety, schizophrenia, bipolar disorder, and post-traumatic stress disorder.

Historically, the Clinical Services Program provided services to individuals residing in Impact's Permanent Supportive Housing (PSH) Program. However, in response to an identified need, Impact expanded its unique clinical services model to serve additional individuals residing in the community. Impact has experience working with local social service to refer individuals in need of clinical services.

Impact's Clinical Services Program provides recovery-oriented support services to adults, 18 and over, living with a diagnosed mental illness. Our master's level social workers and counselors are trained in a wide variety of therapeutic approaches including motivational interviewing, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Eye Movement Desensitization and Reprocessing (EMDR). Our staff operate through a trauma informed lens and focusing on a harm reduction approach when needed. Counseling services vary widely based on participant needs. Issues that our clinicians focus on frequently include processing trauma, symptom management, personal empowerment, and building coping skills.

Once enrolled in the program, participants have access to a full range of supportive services including a part-time psychiatrist to prescribe and monitor medications, and a full-time Program Nurse who provides direct nursing services and medical care advocacy and coordination.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Impact has been providing individual therapy and counseling to its participants for over 15 years. The population Impact serves are adults who have a diagnosed mental illness. All of Impact's clinical staff are master's level clinicians and the clinical department has a combined 10 years of direct service experience.

Prior to the pandemic, Impact offered group counseling based on participant demand and topics are determined based on participant interest. Past groups have included WRAP, Socialization, Current Events, Art Therapy, Yoga and others. However, because more than half of Impact's participants have health concerns that put them in a high-risk category for COVID-19, Impact stopped offering regular therapeutic groups out of concern for staff and participant health.

Currently, Impact focuses only on individual therapeutic services. However, keeping in line with Impact's mission of helping individuals stay successfully housed in and connected to their communities, we continue to offer a limited number of groups primarily for socialization. Current groups offered weekly are a Walking/Socialization group and a knitting group.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Of the 151 Clinical Services Program participants Impact served during the previous fiscal year, 47% (71) identified as BIPOC, 52% (78) identified as white, and 1% (2) declined to specify. Of those 71 participants who identified as BIPOC, 61 identified as Black or Latinx. All families living in Impact housing through the Family Supportive Housing Program identify as BIPOC. Two of Impact's five clinicians identify as BIPOC, one of whom specializes in serving the families.

Impact staff undergoes yearly training in providing culturally competent services through Relias, a healthcare training platform. Staff attend additional trainings in providing culturally competent services with a focus on BIPOC populations are available for staff via the Alliance to End Homelessness in Suburban Cook County.

Within the agency, Impact has been intentional about cultivating staff diversity to reflect the communities we serve (e.g., BIPOC, Spanish-speaking, LGBTQ+, etc.), and giving BIPOC staff opportunities for professional growth and agency advancement. Additionally, many of these staff members expressed to agency leadership a desire to work more closely within their communities and have played key roles in the development and expansion of culturally responsive services.

Impact's service population is adults. However, Impact does have experience offering clinical support to the residents in our family housing program. Through this program clinicians offer therapy and counseling to the parents of families who were housed by impact after previously being homeless or in danger of homelessness.

4. Describe types of services currently provided; include average case load and length/duration of services.

Impact currently provides individual counseling and therapy, typically for 60-minute sessions. Impact has five full-time, Masters level clinicians. Caseloads are typically between 25-30 participants.

Impact's program model provides long-term services that focus on helping participants achieve and maintain stability in housing and mental health. Services are typically long-term and ongoing. The duration of services provided by Impact's clinical staff is determined by the needs of the individual and varies greatly. Impact assesses participant's every six months to evaluate participant's level of need, identify any progress made on the participant's treatment goals, and develop new goals as needed. Services are concluded when the participant indicates that they no longer require the support of their clinician.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

Impact has an existing evaluation framework for clinical outcomes to measure individual and program success. Upon intake and at six month intervals an Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) and a Level of Care Utilization

System (LOCUS) assessment is completed for each participant. These are both standardized assessment instruments that assist in determining needs at intake and tracking changes in status over time. As part of the IM+CANS treatment plan, all participants set short term goals that are evaluated at six-month intervals as well.

All participant information is tracked in AWARDS, Impact's Electronic Medical Record (EMR) software that was specifically designed for use in social service agencies. In AWARDS, Impact tracks program- and individual-level outcomes and assesses them according to established outcome goals:

Objective 1: By the end of FY23, the number of participants receiving clinical will be maintained or increased, with a stretch goal of 200 participants.

Baseline: During FY22, 151 participants received clinical services.

Activities: The Clinical Services Program will collaborate with outside referral partners to refer additional participants for services.

Objective 2: To measure participants' progress, clinicians will work with participants to develop at least one short-term treatment goal, with 90% of participants identifying at least one goal.

Baseline: During FY22, 67% of participants have identified a goal in FY22.

Activities: Clinicians will work with participants to develop at least one short-term goal which will be evaluated and updated every six months. The Clinical Program Manager will regularly check in with clinicians regarding the tracking of short-term goals during individual supervisions and treatment team meetings.

Objective 3: By the end of FY23, 50% of participants will achieve a stated short-term treatment goal within one year of treatment.

Baseline: This is a new outcome in FY22, with the goal to establish an appropriate baseline. During FY22, 27% of participants had completed at least one short-term treatment goal.

Activities: In ongoing work with participants, clinicians will refer back to goals during treatment, and formally evaluate the progress of goals every six months.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

All our clinicians are master's level providers and Qualified Mental Health Professionals. One clinician is a Licensed Clinical Professional Counselor and certified to provide Eye Movement Desensitization and Reprocessing treatment. Three other clinicians are preparing to sit for licensure exams. Both Clinical Program Manager and Director of Participants Services are Licensed Clinical Social Workers/Licensed Mental Health Professionals.

7. Provide a description of clinical consultation, if applicable.

Our Clinical team meets weekly with other program staff to consult on any struggles or questions staff have regarding participants in our programs. Staff meet regularly for Client Centered Consultation session as well to ensure continuity of care throughout our programs. On a quarterly basis clinicians meet with therapists and mental health professionals outside of our agency to consult on difficult cases.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Records are kept via Impact's Electronic Medical Records System (AWARDS). The AWARDS platform meets all the standards of HIPAA as does the Google suite services that Impact utilizes for communications. All Impact Staff complete HIPAA training as part of orientation and complete a refresher training annually.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

-answer not presented because of the answer to #9-

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

-answer not presented because of the answer to #9-

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

-answer not presented because of the answer to #9-

13. Provide the total cost for a single series of group sessions or a flat rate for services.

-answer not presented because of the answer to #9-

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

There are many factors that contribute to each participant's progress including severity of symptoms, engagement of the participant, frequency of appointments, etc. Typically, clinicians meet with participants weekly for 1 hour. However, frequency may increase or

decrease based on need and scheduling availability of the participant.

Impact's program model is to build long-lasting relationships and supports for participants so they can continue to successfully thrive in their communities. Because of the nature of Impact's population, services are intended to be ongoing and emphasize time-unlimited treatment.

Impact assesses participants every 6 months to evaluate participant's level of need, identify any progress made on the participant's treatment goals, and develop new goals as needed. Services are concluded when the participant indicates that they no longer require the support of their clinician. The average length of program enrollment for non-Housing participants is 4 years.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

Funding from the City of Evanston would support the work of one full-time clinician, who would carry a caseload of 20-30 new clients.

The anticipated outcome of treatment would be that participants are engaging regularly and seeing improvement in their day-to-day life and accomplishment of treatment plan goals.

As part of the intake process staff conduct an assessment of a participants mental health and contributing factors. Based on that assessment staff and participant collaborate to develop several goals which they hope to accomplish through treatment. Each goal will contain smaller objectives which will contribute to the achievement of the overarching goal. Each objective will have identified service interventions which will be utilized to accomplish both the objective and the overarching goal. Every 6 months after the initial intake, Staff and participants will complete a re-assessment. Based on the information gained from the re-assessment, staff and participant will evaluate past goals to identify progress or achievement and develop new goals and objectives to guide their work for the next 6-month period.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service. \$75 per hour

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

Services will take place wherever the participant decides in the best for them. Options include telehealth via phone or video, in person at our agency locations or in public places like private room at a library, coffee shop, outside at a park, etc.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

90832 Psychotherapy, 30 minutes with patient

90834 Psychotherapy, 45 minutes with patient

90837 Psychotherapy, 60 minutes with patient

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Elena Larson

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Impact provider licenses
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Impact provider diplomas
Brief biography of key staff including demographic information.		Clinical staff bios
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		Cost for full-time clinician
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	W-9
Documentation of non-profit status (if applicable).		Impact 501(c)(3)

Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).

[FY22 Annual Report](#)

[Strategic plan](#)

Statement of operating revenues and expenditures for most recently completed fiscal year.

[FY22 Unaudited Financials](#)

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

The Josselyn Center, NFP
Josselyn Mental Health Services to City of Evanston

Jump to: Pre-Application Application Questions Documents

USD\$ 742,000.00 Requested

Submitted: 10/18/2022 8:13:11 AM (Pacific)

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CEO & President

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Telephone 847-441-5600
Fax
Web www.josselyn.org
EIN 36-2217996
UEI 938545001
(N)CAGE 61QM5
SAM Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

The Josselyn Center, NFP (Josselyn)

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

For over 70 years, Josselyn has provided evidence-based, culturally competent therapy services to all ages, with a special emphasis on youth and families from birth to 18, which makes up almost 40% of our overall services. We are qualified to serve all ages. We do so in individual, group, and family treatment modalities as defined by Illinois Department of Human Services, Rule 132 for, "comprehensive and coordinated continuum of community-based programs, sensitive to the needs of local communities, for persons with or at risk for a diagnosis of mental illness." Therapy makes up approximately 70% of our services, followed by psychiatric services (20%), and supported employment (Individual Placement and Support, or IPS) case management, intensive therapies for children and teens, and The Living Room make up the remaining 10%.

Josselyn has historically enjoyed a reputation for being a quality training site, and in the past year, we have significantly escalated our training curriculum because of a federal grant which provides funds to train and certify staff in evidenced-based treatment modalities. Currently we have the following numbers of staff trained/certified in these evidence-based treatments.

Eye Movement Desensitization and Reprocessing (EMDR): 14 staff

Exposure and Response Prevention (ERP): 18 staff

Cognitive Behavioral Therapy (CBT): 50 staff

Acceptance and Commitment (ACT): 20 staff

Dialectical Behavior Therapy (DBT): 20 staff

Additionally, over a dozen of our staff have a degree in expressive arts therapy (art and movement), an important and effective therapeutic approach for children and families.

Eighty-six (86), or 41% of our staff identify as BIPOC; 35 of our clinicians are bilingual and speak the following languages.

French: 1

Hindi: 1

Malayalam: 1

Polish: 4

Punjabi: 1

Russian: 1

Spanish: 27

Tagalog: 1

Ukrainian: 1

Urdu: 1

Five of our therapists are Mexican nationals working in the U.S. under NAFTA or H1-B Visas and are especially effective with our clients who have immigrated from Central America. We know that it's not just language that is important for relating to our clients, but also having first-hand experience with the culture of origin. One of our therapists recently shared, "I have a client who is fluent in Spanish, but she chooses to hold our sessions in English. I realized then it's not just the relatability of the language, but of the customs, the food, the transportation, the music... it's all a part of the community. The fact that I'm able to connect with her beyond that language barrier is very important."

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Josselyn has been a community Mental Health Center for more than 71 years. Our founder, Irene Josselyn, was a pioneering and visionary child psychiatrist whose textbooks were used in medical schools for over several decades. In the 1970's and 1980's, Josselyn launched several youth organizations, many of which are still in existence, including: Youth and Family Services, Haven Youth and Family Services, The Warming House, and Links/Angles. We have 50 clinical staff who are trained in and specialize in providing therapeutic services to children and their families.

In addition to providing traditional therapy services for youth, Josselyn offers two special intensives: a four-week summer intensive for children 8-12; and a 6- to 8-week Intensive Outpatient Program (IOP) for teens 12-18, in 7th through 12th grades, that operates throughout the year.

We call the summer therapeutic intensive "Camp Neeka" because we want these children to feel the benefits of a summer

camp, without stigma. Many of these children have been kicked out of traditional park district camps for behavioral reasons. They not only feel welcomed and supported at Camp Neeka, they learn coping skills and strategies that allow them to function more effectively in social situations and school. Camp Neeka has run for over 15 years, and it has grown from 6 to 46 participants.

As a result of the need for an IOP for teens who receive Medicaid, and a lack of providers within an hour's drive, Josselyn launched its IOP one year ago. This program is for teens who are struggling with anxiety and depressive related symptoms that significantly impact daily functioning. You may have heard of private IOP providers such as Compass, Insight, or Rogers. None of these programs offer services to youth who receive Medicaid. Josselyn's IOP is primarily delivered through group activities, but we also include the following:

An initial psychiatric evaluation followed by an at least-weekly medication monitoring
Weekly family therapy as a requirement
At least weekly school coordination
Careful transition planning for ongoing client needs, whether with an existing community provider or a new Josselyn therapist.

Funded by a five year federal grant, Josselyn now offers teen Mental Health First Aid (tMHFA) which teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers. Teens learn the skills they need to have supportive conversations with their friends and how to get help from a responsible and trusted adult.

We offer Josselyn Junior Board for high school students. Run by an MSW., M.Ed., this group of teens meets monthly and learns how language can affect stigma and willingness to seek treatment, and how to bring information back to their high school social work departments.

We started to reach out to staff at Evanston Township High School (ETHS) including Matt Bufis, Director of Bands at ETHS and Martha Zarate Ortega, lead social worker at ETHS, to inform them about programs like tMHFA, IOP and Junior Board. We are excited to strengthen the partnership with ETHS and Evanston organizations that serve youth and families. To do this, we have reached out to assistant principal Mia Lavizzo, and former assistance principal, Taya Kinzie to begin a dialogue with them. We continue to reach out to YOU, WMCA, and Evanston Parks and Recreation.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Our staff demographics represent the communities we serve. 41% identify as BIPOC as follows: Hispanic: 23.8%; Black: 10.5%; Asian: 3.3%; Two or more races: 3.8%

Diversity, equity, and inclusion (DEI) training has been provided to over half of our 210 staff (25 hours) and our full board (3 hours) via a contract with Single Story, Inc. in support of sensitive, inclusive, and effective client treatment; and staff support and retention. Study after study reveals that therapy is more effective when the therapist understands and shares a client's background, ethnicity, and belief system. Josselyn has 33 clinicians who identify as BIPOC.

Josselyn embodies DEI in our policies, practices, and culture. Josselyn is entering its third year of a DEI plan to insure that Josselyn is an employer where our staff is fully supported, feels seen and heard, and shares the belief that processes and outcomes are fair and equitable. We also ensure that our clients feel valued, secure, and validated. Our goal is to be an employer and provider of excellence, and that can only be achieved through diversity of identity and experiences. DEI, is, in many ways, at the very core of our vision, Mental health for all.

Single Story, Inc. is leading Josselyn on an intentional and time sensitive pathway through and beyond cultural competency, towards the creation and implementation of a DEI mission, purpose, guidelines, and strategic plan. This is not just a "check the box" or "one and done" effort. More than 100 staff members have participated in 25 hours of Seeking Educational Equity and Diversity (SEED) training. In the coming year, 50 additional staff will participate in the SEED training, and we will conduct an AMID Survey (Assessment of Multiculturalism, Inclusivity, and Diversity) to learn the outcome of our efforts.

Further activities for the upcoming year include a DEI strategy; implicit bias training; two half days of cultural competency training; a DEI book; racial affinity groups; and other activities that celebrate diverse cultural holidays. For instance, in honor of Global Cultural Diversity Month, on October 20th we are celebrating with "It's a Small World"; an international potluck with cultural specialties from around the world that creates a diverse, engaging atmosphere. Josselyn personnel will bring their favorite international/cultural meals and share stories about the inspiration for their dishes.

During the month of October, Josselyn is also highlighting staff from various cultural backgrounds to reinforce Josselyn's deep commitment to creating an inclusive and diverse work environment that fosters equity at all levels.

4. Describe types of services currently provided; include average case load and length/duration of services.

Therapy Services for all ages include: Individual, Family, Group, Couples, Expressive Therapies, IOP and Camp Neeka, (described above in Question 2.) Therapists have 30 clients each and the average duration of services is 12-18 months. This

represents approximately 70% of our services.

Psychiatric Services: bring scarce medical services to augment treatment with medicine into our holistic care. Last year, Josselyn provided approximately 15,000 psychiatric service hours. This represents approximately 20% of our services.

Case Management: Each clinical team of 8 therapists has a dedicated case manager to support the team's clients. Services include applying for benefits, navigating public transportation, and accessing government supports.

Individual Placement and Support (IPS or Supported Employment): this evidence-based program designed for people with mental health conditions is a rapidly growing program at Josselyn. Funded by the Illinois Department of Rehabilitative Services, Josselyn's contract has doubled in size each year since the inception of the program, thanks to the outstanding outcomes our clients achieve by obtaining and retaining competitive jobs.

The Living Room and Drop-In are two community programs which are free of charge and are non-clinical programs. These programs support any community member who is experiencing crisis or needs immediate support from a Peer Specialist, a non-clinically trained professional who is in recovery.

Josselyn is a leading regional provider of Mental Health First Aid, an international, evidence-based skills-based training course that teaches participants about mental health and substance-use issues, and how to identify, understand and respond. In addition to the tMHFA program outlined in Question 2, we also provide training for adults who work or volunteer with youth and adults who interact with the general adult population. Halfway through our five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), this program is free of charge and we are on track to exceed our goal of training 3500 people by the end of the 5-year grant period.

Please also refer to Question 2 for a complete list of specialty youth programs.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

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Individual Placement and Support (IPS or Supported Employment): this evidence-based program designed for people with mental health conditions is a rapidly growing program at Josselyn. Funded by the Illinois Department of Rehabilitative Services, Josselyn's contract has doubled in size each year since the inception of the program, thanks to the outstanding outcomes our clients achieve by obtaining and retaining competitive jobs.

The Living Room and Drop-In are two community programs which are free of charge and are non-clinical programs. These programs support any community member who is experiencing crisis or needs immediate support from a Peer Specialist, a non-clinically trained professional who is in recovery.

Josselyn is a leading regional provider of Mental Health First Aid, an international, evidence-based skills-based training course that teaches participants about mental health and substance-use issues, and how to identify, understand and respond. In addition to the tMHFA program outlined in Question 2, we also provide training for adults who work or volunteer with youth and adults who interact with the general adult population. Halfway through our five-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), this program is free of charge and we are on track to exceed our goal of training 3500 people by the end of the 5-year grant period.

Please also refer to Question 2 for a complete list of specialty youth programs.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

N/A

7. Provide a description of clinical consultation, if applicable.

Josselyn enjoys a reputation for its quality training, both in terms of challenging cases and the rigor of our supervision. All therapists receive a minimum of one hour/week of individual supervision with an LCSW or LCPC. We also have four, one-hour group consultation meetings, and consultation groups focused on specific issues, such as BIPOC, LGBTQ+, young child, youth, family, and adult. These consultation groups are led by fully licensed staff.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Josselyn utilizes CIS, a certified electronic health record system. It was customarily designed to meet the State of Illinois's funding, compliance, and billing requirements. Over 60 State of Illinois certified Community Mental Health Agencies use CIS as their Electronic Medical Record.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

Josselyn offers the following groups:

Art Therapy

Camp Neeka Camper

Camp Neeka Parent

Family

LGBTQIA+ Adult

LGBTQIA+ Teen

Navigating Life Transitions

Ni de Aqui, Ni de Alla (Neither from Here, Nor There)

Josselyn is happy to initiate groups specifically tailored for City of Evanston residents as needed, with a minimum of four continuous participants. Groups arise from clinical consultation and identification of common issues, and clients' interest in participating in group therapy.

Also, more fully described in Questions 2 and 4, we provide bilingual and culturally competent, trauma-informed therapy in these areas, and for all ages.

Therapy Services include: Individual, Family, Group, Couples, Expressive Therapies, IOP and Camp Neeka.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Groups can range in size from four to ten members and are held for sixty to ninety minutes, usually weekly.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

Josselyn could conduct up to four weekly groups totaling 200 group sessions per year. We anticipate participants would greatly benefit from participation in groups services and would track outcomes through pre-group and post-group outcome measurement tools.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.
\$35 each session per participant per group. Minimum of 4 participants per group.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for

severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Josselyn's client needs vary greatly. Each client requires a unique approach to therapy and as such, their needs define the number of sessions or period of time they will be in therapy to successfully improve their coping strategies. On average, Josselyn identifies mild cases needing about 13 sessions and severe cases needing the full 25 session course. Most clients meet weekly with their therapist.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

We can accommodate 20 new clients each month for 24 months for a maximum of 480 clients over the grant period. For budgeting purposes, we estimated 10 clients per month.

We have other programs in place similar to the City of Evanston Mental Health Services program. We have found that a dedicated Care Coordinator ensures the success of the program. The Care Coordinator will be in daily contact with partner agencies, the City of Evanston, and incoming clients to insure rapid access and a smooth transition. The Care Coordinator will also collect and measure outcomes and report regularly to partner agencies and the City of Evanston. In one program with a leading area hospital, our Care Coordinator ensured that 100% of program participants were contacted within two business days and received an assessment within five business days.

Equally important, the Care Coordinator stays in frequent contact with new clients until they have established a relationship with their therapist. As a result of the work of our Care Coordinator, this hospital emergency department was able to reduce ED recidivism for non-emergency psychiatric admissions to just 4% within one year, saving the hospital hundreds of thousands of dollars, and providing therapeutic, less traumatizing outpatient care to several hundred low-income residents.

If Josselyn is selected, we strongly encourage the use of a Care Coordinator for this program, and as such, have built this position into our budget.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

\$138/hour. It is important to note that within our budget, we have provided various scenarios to utilize Medicaid funding to stretch City of Evanston dollars or provide services to more residents.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

We can provide therapy services at community referral partners offices, via Zoom, or at our Northfield location. We do ask that if we are providing therapy services at a community partner, we aggregate a full day of cases to make efficient use of scarce therapeutic resources. The travel expense is not the primary reason for the request, but the time to travel during a work shift which prevents more time for therapy. If we can aggregate a full day of cases, this would also eliminate the need for travel reimbursement as we have many therapists who reside in and around Evanston. We are receptive to finding a central location such as the library.

Approximately half of our therapy services are still provided via Zoom which accommodates clients transportation and childcare needs. For psychiatry services, which require a medical provider, nurse and case manager, it is best to provide this care at our Northfield location where we have the infrastructure to support this service.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Individual Therapy 60 minutes 90837 | \$138/hr

Group Therapy 90853 | \$35/hr per participant

Family Therapy 90847 | \$138/hr

It is important to note that within our budget, we have provided various scenarios to utilize Medicaid funding, to stretch City of Evanston dollars, or provide services to more residents. Eighty-five percent of Josselyn's services are funded by Medicaid or Medicare; it is our chief source of funding, and there is no "slow line" for residents who receive insurance through these programs. Our average speed of access is 7 days from first contact. In fact, our proposal of a Care Coordinator insures that referrals from City of Evanston partners will have a dedicated professional who will not only work to enable rapid access, but also work to create a smooth transition and follow up with new clients so that they are more likely to continue with treatment for the recommended period of time.

One of our five-year Strategic Plan goals is to provide increased access to those communities where we have a high

concentration of clients; Evanston is one of them. By leveraging Medicaid funding when available, we hope to create a long-term partnership with the City of Evanston, and eventually open a clinic within Evanston as we have hundreds of clients who call Evanston home.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify
MK Barley-Jenkins

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	JosselynBLACCertificate
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	JosselynCARE
Brief biography of key staff including demographic information.		JosselynLeadershipBios
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		JosselynFeeSchedule
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	JosselynW9
Documentation of non-profit status (if applicable).		Josselyn501c3
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		JosselynFY22ImpactReport
Statement of operating revenues and expenditures for most recently completed fiscal year.		JosselynFY22BudgetStatement

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Application ID: 420622

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Metropolitan Family Services
MFS Evanston Mental Health Services

Jump to: Pre-Application Application Questions Documents

USD\$ 0.00 Requested

Submitted: 10/18/2022 11:40:13 AM (Pacific)

Project Contact

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Additional Contacts

none entered

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UEI PDNNR2MS6AX3
(N)CAGE
SAM Expires1/22/2021

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

Metropolitan Family Services

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

MFS Evanston Behavior Health Program is qualified to deliver therapeutic services to children, adolescents, adults, and seniors of all ages, as well as and families. As of April 2021, MFS client data indicated the agency serving approximately 3,815 clients (1% Asian, 33% Black/African American, and 31% Latin/x). Females continue to be the largest population served (64%). Many clients have additional needs/risks: poverty; underemployed or unemployed; racial inequality; face homelessness; food insecurity; trauma(s); exposure to violence; lack of or no health insurance, dependent on Medicaid; limited English; immigrant status; elderly alone and isolated; residents of public housing; foster care, guardianship, or newly adopted; and youth and adults involved in the criminal justice system and or in re-entry. For many MFS clients, COVID added more trauma and exacerbated symptoms of anxiety and depression. MFS clients reported dealing with increased isolation, loss of family/friends, illness, increased domestic violence, having to manage working from home, supporting child e-learning; loss of employment, and difficulty accessing points of support from places like MFS due to social distancing and stay at home orders. The majority of MFS clients are Black and Latin/x who reside in economically disadvantaged communities. MFS hyper local approach through its delivery of counseling and therapy services ensures MFS's presence is a significant part of the community's health and human service system of care.

MFS clinical programs use a recovery-based, trauma-informed approach that is culturally responsive and linguistically appropriate intervention that provides psychiatric evaluation, case management and crisis intervention to help children and adults with chronic mental illness recover and be productive. For programs dealing with trauma from community violence or family violence, programs provide clinical interventions that assist survivors and their children to decrease the negative impact of the abuse and improve family functioning and communication between survivors and their children.

MFS EBP practices include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), the integration of Family Systems for children and adolescents, and Interpersonal Psychotherapy (IPT) constructs for adults. Approximately 64% of MFS clients are Black and Latin/x, with a wide range of culturally diverse subgroups. MFS staff adapt services to the clients' familial, cultural, and community frame of reference. MFS addresses client expectations and perceptions of services, often de-stigmatizing services. MFS also adapts treatment model tenets into culturally relevant language, interventions, and outcomes to incorporate family values, spirituality, gender, sexual orientation, age, generational status, etc. Motivational Interviewing is used to assist with tapping into the clients' internal resources, creating a collaborative environment driven by the client, and allowing for a client-centered approach of disclosure of symptoms, trauma, history, and other basic service needs as it relates to social determinants of health (i.e., housing, food insecurity, employment, and family violence, as examples.)

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Metropolitan Family Services (MFS), a 501 (c) 3 not-for-profit corporation, has served Chicago and its suburban communities for 165 years. Its mission is to provide and mobilize the services needed to strengthen families and communities. MFS continues to demonstrate growth and stability in a funding climate that has placed a number of social service agencies at risk. MFS has significant administrative, technological, programmatic and financial capacity as one of the largest, most respected social service agencies in Illinois. The agency's 71-person board made up of business and community leaders and is fully engaged and committed to overseeing all aspects of agency finances. MFS's General Offices/ Headquarters are located in downtown Chicago and operations out of this office include its Executive Leadership Team, budgeting/ finance, HR, public resource development, fund development and communications, evaluation and research, continuous quality improvement, and management information systems as support functions for the delivery of high quality Council on Accreditation services. The agency utilizes evidence-based treatment practices and curricula to fidelity to ensure continued program/direct service success. MFS also emphasizes data driven practices/results to inform service delivery and continuous quality improvements for its programs. MFS has worked towards becoming a trauma-informed agency since 2011 and has integrated these practices throughout its programs' screening/assessment and intervention strategies.

MFS Evanston/ Skokie (one of seven agency community-based sites) has been helping families navigate life's obstacles while growing and changing with the communities it serves in the villages/townships of Evanston Skokie since 1910. Through MFS' community-based site, the agency provides a range of services to meet the needs of clients including: behavioral health services, domestic violence counseling and advocacy services, adoption preservation, adult protective services, early learning home visiting, and prevention education programming. For the delivery of therapeutic and counseling services, MFS has been a provider of community mental health services for over 28 years. MFS mental health services are aimed to maximize the independent functioning of consumers by addressing symptom reduction and are developed in collaboration with each client in

order to incorporate personally relevant strengths and goals. MFS uses evidence-based practices and the recovery-based model with capacity to address client needs across the continuum of care, including those individuals with complex traumas such as adults who have been victims of violence and child(ren) who have been exposed to or experienced violence. MFS provides individual and group therapy services including support groups, peer mentor support groups, coping skills groups, case management, crisis intervention, community support and psychiatry to help clients achieve recovery-based life goals and move towards self-sufficiency and empowerment. MFS's holistic approach helps build on individual strengths and capacity for change. MFS mental health staff are trained in evidence-based practices and recovery-based models with capacity to address client needs across the continuum of care. Services are offered in English and Spanish out of MFS Skokie/Evanston.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

MFS has worked in under-resourced communities for over 165 years and continues to invest in at-risk communities and people. The majority of the Executive Leadership Team is comprised of minority and/or female staff members, many of whom reside in the areas served by MFS. MFS direct and support staff reflect the communities and populations served, allowing for a deeper connection and understanding of community needs. Furthermore, MFS invests in its employees, paying a living wage and investing in them with career mobility and professionalization of career tracks. MFS community-based centers offer a unique-community-centered approach to service delivery and programming consists of early childhood education, community schools, senior services, legal services, mental health, workforce development, and domestic violence services. For MFS BH Programs, approximately 64% of MFS clients are Black and Latin/x, with a wide range of culturally diverse subgroups. MFS staff adapt services to the clients' familial, cultural, and community frame of reference. MFS addresses client expectations and perceptions of services, often de-stigmatizing services. MFS also adapts treatment model tenets into culturally relevant language, interventions, and outcomes to incorporate family values, spirituality, gender, sexual orientation, age, generational status, etc.

MFS BH Staff including those staff within the MFS Evanston BH Program participate in extensive training that focuses on both Direct Staff and Supervisory Staff and which incorporates 250 plus hours of support; followed by booster sessions and learning collaborations made up of peers across the positions and teams. MFS Ultipro HR System is the training platform that will allow MFS to track trainings completed by the BH staff. Categorically, these trainings cover: (1) BH Best Practices and use of EBPs in telehealth and best strategies for engaging clients virtually; best practices and common language to describe the client pathways of the new service model; use of screening and assessment tools to be completed by BH teams, including guidelines for frequency, and client completion (IM-CAMS, PHQ-9 (depression), PCL-5 (PTSD checklist), and GAD-7 (anxiety)); use of EBP intervention modalities (CBT, TF-CBT, Family-Focused Therapy, IPT, DBT, and Motivational Interviewing); opportunities for peer mentors and supporting peer mentors as part of the BH team; treatment planning with a recovery model; working within a team environment to support cross mentoring and coaching; and the clinical approach to service delivery (resiliency and recovery model). (2) Understanding behavior health disparities and MFS's diverse client base including the provision of culturally responsive and linguistically accessible services. (3) Best Practices in providing trauma-informed assessment, diagnoses, client-centered treatment planning, and client-centered service deliver and strategies for self-care (mindfulness-based stress reduction training) and coping with individual crisis as staff. (4) Agency practice and procedures for MFS Centralized Client Intake System, safety/security protocols, and client rights and client consent policies and protocols, and billing of third party revenue sources. (5) EHR and Salesforce (for care coordination and case management) - workflows, frequency of data entry/reporting, using integrated screening/assessment tools in EHR, tracking client case notes and treatment planning, and referrals.

4. Describe types of services currently provided; include average case load and length/duration of services.

MFS Skokie/Evanston uses evidence-based practices and the recovery-based model with capacity to address client needs across the continuum of care. The clinical team provides individual and group therapy services, case management, crisis intervention, community support and psychiatry to help clients achieve recovery-based life goals and move towards self-sufficiency and empowerment. MFS's holistic approach helps build on individual strengths and capacity for change. MFS BH services encompass outpatient therapy/counseling, home-based counseling/ case management services, case management/care coordination, psychiatric care, and crisis support services. MFS accepts Medicaid, Medicare, private insurance and unfunded clients.

MFS uses a multi-disciplinary team-based model for the delivery of out-patient therapeutic and counseling services. This team consists of a Clinical Supervisor, three (3) Master's Level Clinicians, a Case Manager, and a Recovery Support Specialist. Each staff person has a caseload of 35 clients and the RSS has a caseload of 18 clients. The average length of service for MFS Skokie/Evanston BH clients is 18 months; however, the team will consistently evaluate all clients and clients can stay in services as long as needed to meet their treatment goals. Clients can also re-engage in services if they decide to close at any particular time.

MFS EBP practices include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), the integration of Family Systems for children and adolescents, and Interpersonal Psychotherapy (IPT) constructs for adults. Approximately 64% of MFS clients are Black and Latin/x, with a wide range of culturally diverse subgroups. MFS staff adapt services to the clients' familial, cultural, and community frame of reference. MFS addresses client expectations and perceptions of services, often de-stigmatizing services. MFS also adapts treatment model tenets into culturally relevant language, interventions, and outcomes to incorporate family values, spirituality, gender, sexual orientation, age, generational status, etc. Motivational Interviewing is used to assist with tapping into the clients' internal resources, creating a collaborative environment driven by

the client, and allowing for a client-centered approach of disclosure of symptoms, trauma, history, etc.

The multi-disciplinary BH team for Skokie/Evanston is responsible for: assessment and metrics per the metrics based model; treatment and discharge planning; care coordination and intensive case management; individual therapy; and a weekly walk-in clinic at the individual sites where MFS BH Services take place (one time a week at a set-time or day). This multi-disciplinary approach provides increased recovery supports with the addition of a Peer Support Specialist (PSS) and Case Manager (CM) on each team. MFS BH Clients will have a menu of services that they can access across a continuum of clinical and recovery support services which will include support groups, peer mentor support groups, and psycho-education sessions; and the provision of collaborative case management services. Collaborative case management will be client-centered, trauma-informed, culturally specific, linguistically responsive and strength-based which builds client self-efficacy. The full-time CM within each team will work within the multi-disciplinary team model to provide intensive case management and care coordination for BH clients.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

MFS's in-house evaluation team in partnership with data analysts from EHR and RCM staff teams will support an evaluation strategy to measure the impact of this project. At a minimum, evaluation metrics and data management procedures collected by MFS will describe the following: (1) how MFS will measure and report on the proposed performance measures and deliverables; (2) how client level and program performance data will be collected, maintained, analyzed, protected, and incorporated into ongoing quality improvement activities; (3) details on MFS policies and procedures on data privacy and security; (4) respondent(s) capacity (staff, data systems, policies and procedures) for performing data collection, program monitoring, evaluation, and quality improvement; and (5) how MFS will use performance measurement data for continuous quality improvement. This evaluation will use a mixed method design which will address process and impact evaluation questions and outcomes. MFS's evaluation team will provide ongoing program performance improvement through audit sampling, ongoing staff development, and utilization of standard tools to assure fidelity to program models and outcomes. The evaluation plan will include quantitative and qualitative design with pre-post measures to assess change from the program implementation.

Data collection is ongoing under the leadership of the Program Manager at the individual MFS sites with support of the MFS evaluation, EHR and RCM teams. Report summaries are compiled and shared monthly with program management, supervisory, direct service, and administrative staff teams to ensure that the program outputs and outcomes remain on track with the logic model and scope of service. A year-end report reviews implementation (revenue and utilization), workflows, protocol and procedures, client satisfaction and client outcome data to determine overall impact on clients and families. These processes support the completion of reporting requirements to the funder.

MFS uses Smart Care Electronic Health Record system to track client-related information. When a prospective client contacts the agency, basic information is entered into the system to begin the tracking process and determine whether the individual has received services in the past. Each instance of service is entered into the system along with the results of certain diagnostic and assessment measures. Upon closing, the degree and type of progress made through treatment is entered. All staff are trained in Smart Care and its work flows as part of their onboarding process and they receive periodic training updates as the system is improved or if staff have other needs. Analysis of data allows a multi-disciplinary team made up of evaluation, mental health program leadership and direct service staff, as well as administrative staff (EHR and RCM) to measure client outcomes and demonstrate effectiveness of program services to achieve anticipated goals and objectives. For evaluation/continuous quality improvement, MFS monitors closely the implementation of evaluation activities, including the use of logic models, the maintenance of client files to track participant involvement, and, the monthly review of program objectives to measure success.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

As stated earlier, MFS has been providing community mental health services in the Chicago Metropolitan Area for over 28 years. MFS uses evidence-based practices and the recovery-based model with capacity to address client needs across the continuum of care. MFS provides individual and group therapy services, case management, crisis intervention, community support and psychiatry to help clients achieve recovery-based life goals and move towards self-sufficiency and empowerment. MFS's holistic approach helps build on individual strengths and capacity for change. MFS BH services encompass outpatient therapy/counseling, case management/care coordination, psychiatric care, and crisis support services. MFS accepts Medicaid, Medicare, private insurance and unfunded clients. MFS mental health staff are trained in evidence-based practices and recovery-based models with capacity to address client needs across the continuum of care. The BH multi-disciplinary team serving Skokie/Evanston consists of a Clinical Supervisor (LHPA with at least 3 years in clinical supervision); three Master's Level Clinical Therapists; a Case Manager with a Bachelors' in Counseling, Social Work or related field and at least three years of experience, and a Peer Support Specialist who is an individual with lived experience who has experience navigating the system of care in behavior health. MFS will support the Peer Support Specialist in becoming a Certified Recovery Support Specialist.

MFS hires staff to meet cultural/ linguistic needs of clients, trains staff in providing culturally competent services, provides services in the languages that clients understand, and accesses translation services when needed. MFS focuses on hiring

from the community often hosting community-based hiring events to fill vacancies at its sites. MFS also has Peer Support Specialists with lived experiences on staff and will be expanding this number to include 1FTE PSS per MFS BH Team. For hiring and retention, the agency provides differential pay (\$1,500 above annual salary) for persons who speak a language other than English; and approximately 15% of current MFS CMHC staff are bi-Lingual/multi-lingual. Language capabilities are always verbal and may be written and/or electronic as well. Agency documents, such as consent forms and client rights statements, are available in related client languages. MFS also ensures all BH staff are trained in trauma-informed practices. MFS has placed a significant focus on incorporating trauma-informed practices throughout the agency since 2011 with staff from leadership, supervisory, direct service, and intake having participated in professional development opportunities to integrate strategies and practices. MFS BH staff apply principles of patient-centered delivery of care and self-determination and staff are trained to understand trauma to ensure services do not unintentionally re-traumatize clients through policies and programming. Recovery and resilience is also a focus of all MFS clinical services. MFS staff no matter how vulnerable a client/ family is instills hope through goal-oriented services that focus on the future, the client's safety, survival, stability, and long-term sustained success.

7. Provide a description of clinical consultation, if applicable.

MFS provides clinical supervision and consultation within the agency for cases in our program. Clinical supervision is provided by master's level staff who are clinically licensed. The team model allows for consultation on cases by all the team members and action plans for client cases can be developed at the team meetings, under the direction of the clinical program supervisor.

MFS would not provide clinical consultation to outside agencies; however, if clients sign a consent to release information, MFS can provide relevant information about the client to referral agencies as part of client-centered collaboration.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

BH staff are trained in the importance of maintaining client confidentiality and are bound by the Illinois Rules of Professional Conduct. Staff provides notice to victims about confidentiality and disclosure of information while taking all necessary steps to protect the privacy and safety of the persons affected by the release of information. Staff discuss clients only with other staff involved in the handling the case or in a manner that does not reveal the name of the client. Agency-wide, MFS staff are informed of their obligations regarding client confidentiality and mandatory reporting as outlined in the Personnel Manual and Manual of Client Rights and Direct Service Policies. For information sharing, only non-personally identifying data in the aggregate is released to comply with data collection requirements. Clients are also required to maintain other client's confidentiality by having clients sign a Statement of Confidentiality. A Client's Rights Statement is also signed.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

MFS offers the following group counseling / therapy sessions: (1) Coping skills groups are regular meetings of people on a similar journey of moving forward in life. Coping Skills Groups meet once a week to address a variety of different concerns in an open and supportive environment.

(2) Group therapy consists of people who are facing similar issues, like anxiety or depression. It involves one or more facilitators who lead a group of roughly five to 15 participants. Typically, groups meet for an hour or two each week. Some people attend individual therapy in addition to groups, while others participate in groups only. Group therapy interventions include Cognitive-Behavioral Therapy, Dialectical Behavioral Therapy and Acceptance and Commitment Therapy.

(3) Life skills groups are designed to allow participants to hone skills that can be used in everyday life. These capabilities will enable them to become more in control over things that might precipitate old behaviors by improving coping skills and knowing how to enhance relationships.

(4) Medication groups focus on compliance with prescribed medication. The goals include increasing knowledge about medication, increasing compliance, educating about the disorder, decreasing isolation and helping to express feelings in a non-judgmental environment. For example, medication groups are used for the treatment of recurrent depression and bipolar disorder.

(5) Psychoeducational groups are a form of group counseling that is focused on providing education through information sharing and the development of healthy coping mechanisms. The facilitator leads discussions and guides participants by setting goals. Members of a psychoeducational group often share the same (or a similar) diagnosis. This allows the group to focus on a specific set of needs and unique topics and to explore complex, personal topics. In a focused psychoeducational

group, participants benefit from interacting with others who share similar experiences. Other people may ask difficult questions, share experiences, and listen to one another in order to learn more about their own needs.

(6) Self-help groups are organized and led by participants or former participants who have learned ways of overcoming or adjusting to their difficulties. The group members benefit from such experience, while also benefiting from the opportunity to talk about their own problems, express their feelings and provide mutual support. Two examples of self-help groups include self-help groups for bereavement, maintaining mental health and parent groups.

(7) Support groups are designed to give participants the opportunity to share personal experiences and feelings, coping strategies, or firsthand information about disorders or treatments. Groups meet once a week with a facilitator to address a variety of different concerns in an open and supportive environment.

Workshops are usually brief intensive educational sessions for a group of people that focuses especially on techniques and skills on a particular topic.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

The number of participants depends on the type of group to be provided. MFS Evanston/Skokie does not expect that clients will have to wait for group services after they have completed the IM+CANS assessment. Examples of group size, frequency and duration of meetings is below:

- A psychoeducation group might be 8-12 sessions and would meet once a week. This could have 10-12 participants but again the number could vary.

- A support group might be weekly and would be ongoing. This could have 15-20 participants.

- A medication management group would be monthly and would be ongoing. This would not have a limit because all who need the group would be able to attend.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

There will be groups available throughout the year in person and on Zoom. MFS expects positive outcomes for clients in terms of understanding their symptoms and diagnosis, receiving support and a reduction of symptoms. MFS BH teams complete with each new client the IM-CANS-every 6 months and at new client entry; PSQ- 9 Depression, GAD-7 Anxiety, and PCL-PTSD – at intake and if positive every month. MFS uses these symptomatic checklists monthly to track client progress across these metrics and to inform patient-centered treatment planning.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

Group Therapy- \$80.00/session up to 120 minutes and \$40.00/session up to 60 minutes

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Coping skills groups could be 8-10 weekly sessions for mild cases (1 hour sessions); a mild case would be determined by the client's level of functioning and the client would be able to function in employment, relationships, family situations and would not have any suicidal ideation or hospitalizations.

Coping skills groups could be 18-20 sessions for severe cases; a severe case would be determined by client's having suicidal ideation, hospitalizations, symptoms that do not allow the client to function on a daily basis (with employment, relationships, family).

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

The number of new clients will vary based on the needs of clients. All clients who want to participate in group services will have the opportunity to do so. There will be a variety of virtual groups offered throughout the year and there will also be in-person groups available at the MFS office in Evanston.

Outcomes would be a reduction in depression and anxiety symptoms and other symptoms that clients may be experiencing;

an increase in family functioning; an increase in use of coping skills; empowerment and assisting clients in getting their needs met. This would be for children, adolescents and adults.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

\$160 for up 60 minutes

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

MFS Evanston clients will be served in the offices in Evanston and Skokie and through telehealth (on Zoom) and in their homes and in the community, based on their treatment plan goals and immediate needs.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Below is an outline of services that can be provided:

Mental Health Intake and Assessment - Reimbursement Rate - \$80/ hour. BH staff complete a thorough evaluation with IM-CAMs, GAD-7-Anxiety, PSQ- 9 Depression and PCL-PTSD. Included in this assessment is the completion of web-based State Illinois Benefits Checklist to determine eligibility for available benefits. Treatment planning is completed in partnership with each client with incremental measurable goal setting that consumers can achieve.

Counseling/Therapy – Reimbursement Rate - \$160 per session (up to 60 minutes): Brief, supportive, goal directed counseling will be provided to respond effectively to the client’s stressors, adjustment issues, social and emotional problems. Client with a mental health diagnosis will receive therapy to assist them to develop or increase insight needed to ameliorate the symptoms of the illness that lead to the need for hospitalization or out of home placement. These services will allow clients to develop the strategies needed to eliminate effects or reduce the effects of recent stressors to prevent relapse.

Group Sessions (as detailed above) - Reimbursement Rate - \$80 per session (up to 120 minutes) or \$40 per session (up to 60 minutes).

Case Management/Community Support - Reimbursement Rate - \$160 /session (up to 60 minutes). Coordinated case management and access to critical community supports are essential and necessary to assist clients/families in addressing their health and human service needs related to social-determinants of health (access to healthcare, housing, food insecurity, education and employment, family violence, et al); and support clients in the development of family/community support systems to ensure stability and improved functioning within their community.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Jennifer Michel, Director of Public Grants

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	MFS Licenses
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Diplomas
Brief biography of key staff including demographic information.		MFS Bios
Documentation of credentials for staff and supervisors.		MFS Licenses
Practitioner's Fee Schedule.		MFS Fee Schedule

For individual practitioners, upload documentation showing the medical insurance you are paneled with.

W-9 Request for Taxpayer Identification Number and Certification



[MFS W-9](#)

Documentation of non-profit status (if applicable).

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

Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).

[MFS Annual Report](#)

Statement of operating revenues and expenditures for most recently completed fiscal year.

[MFS Audit](#)

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Application ID: 418486

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Monica Garcia Counseling Services, PLLC
Monica Garcia Counseling Services, PLLC (aka Lakeshore Counseling

Jump to: [Pre-Application](#) [Application Questions](#) [Documents](#)

USD\$ 200,000.00 Requested

Submitted: 10/17/2022 5:25:01 PM
(Pacific)

Project Contact

Monica Garcia
monicagarcia.lcsw@gmail.com
Tel: 8473438108

Additional Contacts

agabrielson068@gmail.com

Monica Garcia Counseling Services, PLLC

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Telephone 8473438108

Fax

Web www.lakeshorecounselingcenter.com

EIN 853619024

UEI 336646113

(N)CAGE

SAM

Expires

Pre-Application [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
- Organization/private practice

2. Organization name:

Monica Garcia Counseling Services PLCC /aka Lakeshore Counseling Center

3. Type of organization

- For-profit
- Nonprofit
- Partnership
- Limited Liability (LLC)
- Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
- No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Lakeshore Counseling Center provides services for adolescents and adults. Services include coping with social issues, depression, and general anxiety. Each treatment is customized to meet the needs of an individual or a family. We help clients focus on self-care, postpartum, grief, academic or career goals, gender identity, relationships, and family issues. Our counselors utilize various approaches to enhance client sessions such as art therapy, psychodynamic therapy, client-centered therapy, EMDR, and CBT.

Lakeshore Counseling Center dedicates itself to providing all services under an anti-racist, anti-colonizing lens to help ease the barriers to mental health services in the Evanston community. We have partnered with local organizations to break these barriers with BIPOC community members, and volunteer with Evanston YOU serving BIPOC youth.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Lakeshore Counseling Center has been serving Evanston and surrounding communities for more than 30 years. During that time, we have offered counseling services in the office and virtually to individual adult and youth clients. We have experience providing groups with parenting education and bullying/violence prevention seminars through community and school presentations.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Our organization works to limit barriers to receiving mental health services for members of the community that are BIPOC. Lakeshore Counseling Center prides itself on practicing all services under an anti-oppression lens. We are a part of the Hispanic Teen Network and volunteer with Evanston YOU serving BIPOC youth. Our staff connects with staff at the nearby Evanston Township High School and visits in person to provide mental health support.

The Lakeshore Counseling Center staff participates in numerous training seminars to keep our knowledge and practice current and effective. Most recently, our counselors completed training on de-colonizing mental health treatment. In addition, one of the most important facets is that our staff currently, and always has been, diverse racially, and religiously. We began our center with great devotion to working with the challenges of interracial and interfaith marriages and families.

4. Describe types of services currently provided; include average case load and length/duration of services.

Lakeshore Counseling Center currently offers individual counseling via medically private teletherapy and is currently planning to add in-person services by 2023. On average, we typically handle 20 clients at a time. The duration of the services that we offer is dependent on the assessment and acuity of clients. Current events such as the pandemic, economic downturn, and increased political divide have impacted clients immensely. In turn, we've seen our average case length increase to an average of 6 months per client.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

Therapy is best served when the client has agency and is equal in the therapeutic relationship. To that end, clients participate in various self-reflective assessments used to provide outcome data. The ADDRESS Model takes into account a person's various identities and intersectionalities. The Culturally Responsive assessment asks about gender roles, acculturation and immigration experiences, family/community focus, discrimination experiences, spiritual and religious beliefs, gender identity, sexual identity/orientation, and language.

Our practitioners also rely on the Beck Depression Inventory, the Beck Anxiety Inventory, the Adverse Childhood Experiences Study, and self-care check-ups. These assessments are reviewed before and after treatment to provide our clinicians with data and assess what changes in the client have occurred.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Everyone at Lakeshore has a master's degree and we offer a wide range of services. As a group, we have certifications in EMDR, meditation services, and meta-psychological profiles from the Anna Freud center. One recent certification is in Decolonizing Trauma Work: Rising Above the Privilege of Post-Traumatic Growth, with our most recent being training and education in sexual and domestic violence. LPC Olga Walsh is in the process of applying for the ATR-P and working towards a CADC license as well as an LCPC license.

7. Provide a description of clinical consultation, if applicable.

An average clinical consultation consists of a group consultation with a demographically and academically diverse group of qualified colleagues. In addition, clinical supervision occurs in a one-on-one situation.

Workshops and continuing education are a significant part of continuing the betterment of our practice and the learning process.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Lakeshore Counseling Center uses the record-keeping system Sessions Health, a program created by therapists. This system allows us to record and keep all critical client data such as social history, consent forms, appropriate demographic information, and assessment questions secure and consolidated.

We utilize Michelle Ripertella through Billing Specialist Services for Lakeshore Counseling Center's billing management. Her team of trained professionals handles all billing and insurance submissions, which includes sliding scale fees for clients that may be underinsured.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

Lakeshore Counseling Center offers multiple group therapies with a process orientation, psychoeducational groups, and art therapy groups. We also offer groups for older teens, possibly configured as all male-identifying and all female-identifying, prenatal and postpartum people, LGBTQ youth groups, new and/or single parents, and elementary-age children with grief or trauma.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

The configuration of groups is determined by the interest demographic of the population. A group would ideally have 4-8 participants for 1.5 hrs once a week, with 2 groups meeting at any given time. Logistics with multiple groups are more complicated because of the diversity of clients' schedules. Groups will be closed for logistical reasons and to help create trust-building and familiarity within the group.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

Lakeshore Counseling Center is capable of having two groups of 4-8 people that meet once a week for 12 weeks. Therefore, we would anticipate a total of about 8 groups and 32-64 group clients per year. The anticipated outcomes of this treatment are a reduction of symptoms, an increased feeling of connection to community, and improved coping skills within the client.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

The cost per client would be \$20-30 each week, with sliding fee flexibility to meet the needs of underinsured clients. An ideal group would consist of 8 clients and would meet for 45-90 minutes once a week, for 12 weeks.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

For a mild case, Lakeshore Counseling Center sees mild cases improve coping strategies after 12 to 16 sessions, meeting once a week. A severe case typically warrants 24 to 40 sessions, meeting with a counselor once a week. These cases may require twice-per-week counseling depending on the client's needs. A severe case such as this can be indicated when there is complex PTSD. A 45-minute session is standard for individual work, while family work may have 45 to 90-minute sessions.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

Lakeshore Counseling Center is able to accept 10 to 15 new clients, depending on case flow and current acuity levels. The outcome of treatment in clients is an increase in functional coping strategies, a decrease in suffering, and, if appropriate, stabilization of medication. We anticipate instilling a strong sense of empowerment, self-confidence, and self-advocacy with each treatment. However, our ultimate goal is led by the client's definition. We believe that mental health should be a safe, fulfilling experience and foster our client's willingness to seek mental health help in the future or when needed even after initial counseling is offered and completed.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

The average cost per session is \$175, an industry-standard set by insurance. However, we are able to slide this fee down to \$125 and negotiate for individual cases.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

Lakeshore Counseling Center is currently taking virtual appointments. We intend to resume in-person sessions in 2023 at our private, ADA-compliant facility located at 708 Church Street in Evanston. Our office is within two blocks of transportation hubs for the Metra and CTA trains. Should a client request to meet at a community venue, any of our practitioners would be happy to meet if the facility has a private room available. If the venue is in Evanston, no travel budget would be necessary.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

90837- Psychotherapy 60 minutes

Description: Individual psychotherapy, 60 minutes with client and/or family member.

Time: 60 minutes (functionally between 53 and 60 minutes)

Desired reimbursement: \$195

90834- Psychotherapy, 45 minutes

Description: Individual psychotherapy, 45 minutes with client and/or family member.

Time: 45 minutes (functionally between 38 and 52 minutes)

Desired reimbursement: \$175

90791- Psychiatric diagnostic evaluation without medical services

Description: Initial diagnostic interview exam that does not include any medical services. Includes a chief complaint, history of present illness, family and psychosocial history, and complete mental status examination. (Use code 90792 for an initial evaluation with medical services)

Time: Not time-based

Desired reimbursement: \$225

90847- Family psychotherapy (with client present), 50 minutes

Description: Family psychotherapy (conjoint psychotherapy) (with client present). (Can also be used for couples therapy.)

Time: 50 minutes

Desired reimbursement: \$175

90846- Family psychotherapy (without client present), 50 minutes

Description: Therapy session intended to aid the treatment of the client, where the family of a client is present without the client being present.

Time: 50 minutes

Desired reimbursement: \$175

90832- Psychotherapy, 30 minutes
 Description: Individual psychotherapy, 30 minutes
 Time: 30 minutes (functionally between 16-37 minutes).
 Desired reimbursement: \$125

90853- Group psychotherapy (other than of a multiple-family-group)
 Description: Group psychotherapy (other than of a multiple-family group). Relies on the use of the interactions of group members to examine the pathology of each individual within the group. The dynamics of the entire group are noted and used to modify behaviors and attitudes of the client members. (Used to report per-session services for each group member.)
 Time: Not time-based
 Desired reimbursement: \$100 or less

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Monica Garcia Counseling Services PLCC

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Monica Garcia LCSW License
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Monica Garcia LCSW License
Brief biography of key staff including demographic information.		
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	W-9
Documentation of non-profit status (if applicable).		
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		
Statement of operating revenues and expenditures for most recently completed fiscal year.		

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Application ID: 417729

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City of Evanston

City of Evanston - Mental Health Services

Deadline: 10/18/2022

Skylight Counseling Center
Evanston Mental Health Services Skylight Counseling Center

Jump to: Pre-Application Application Questions Documents

USD\$ 100,000.00 Requested

Submitted: 9/27/2022 7:20:16 AM (Pacific)

Project Contact

David Klow
david@skylightcounselingcenter.com
Tel: 847-529-8300 x 1

Additional Contacts

none entered

Skylight Counseling Center

1033 University Pl Ste 330
Evanston, IL 60201
United States

CEO

David Klow
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Web https://skylightcounselingcenter.com/
EIN 45-2496548
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Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

Skylight Counseling Center

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Skylight Counseling Center provides individual, couples, family, and group therapy. We focus on trauma, anxiety, depression, adjustment issues and life cycle transitions. We work with clients ages 6 and up. The diversity and intersectionality of the staff at our practice allows us to bring a vast set of cultural competencies to the therapeutic process. We are able to meet our clients where they are and honor their experiences as individuals. Our goal is to bring rapid and lasting changes to their lives so that they can thrive.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

We have been providing services to individuals, youth, and families since 2011 and have helped thousands of families in our community over that time. We are trained to bring a systemic perspective to our work, taking into account the various contexts in which our clients reside. When we work with youth clients, we almost always include the family in the direct therapeutic process in some way. Our goal is to help change the system as well as the individual. We have run numerous therapy groups over the years, and have a deep background in understanding the theory and practice of group psychotherapy. Our staff bring a rich variety of training and clinical experience to our team. We are also continually developing ourselves through ongoing training.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

We have a long history of working with BIPOC youth, children and families, particularly Black and Latinx clients. Our staff are constantly engaged in cultural competency training and development. We have worked with trainers for in-house staffing on better understanding the cultural backgrounds and frameworks that we bring to the therapeutic process. We know that this is ongoing work, but we have been engaged in it and are constantly working to understand how power and privilege impact the therapeutic experience.

4. Describe types of services currently provided; include average case load and length/duration of services.

We currently provide individual, couples, family, and group therapy. Our staff have an average caseload of around 15 clients per week, though some have much more full caseloads around 25. The average duration of service is 8-10 sessions, though many of our clients attend regular, ongoing weekly therapy.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

When partnering with organizations such as universities, non-profits, or companies, we have utilized our pre- and post-assessment self-report survey to clients. We also utilize surveys during the course of treatment to understand the progress of therapy. That outcome data can be aggregated to provide an overall and detailed sense of the course and effectiveness of treatment.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Skylight Counseling Center has been providing counseling services since 2011 and has a long track record of serving the community. Our clinicians are all highly trained and experienced and receive high level, ongoing supervision and consultation. We work as a team to support the needs of our clients and have a team of leaders here who support the therapists.

7. Provide a description of clinical consultation, if applicable.

We have ongoing, weekly clinical consultation and supervision for both junior licensed and fully licensed clinicians. We meet individually, in small groups, and also in larger groups to train and develop our practices together. Our clinical supervisors meet regularly to consult and collaborate so that they are providing high level consultation and supervision to our staff. We have regular in-service training and in-house CEU trainings. We also provide a training stipend to our staff to explore their own clinical training and development.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

We use a HIPAA compliant cloud-based electronic health records system call Theranest. All client files with notes are stored securely in this system.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
 Individual services
 Both

10. Define what types of group counseling or therapy you offer.

We offer support groups and interpersonal process groups for adults. We also offer social skills groups for teens and young adults. We have offered substance abuse groups for young adults as well.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Typically our groups have a minimum of 4 members and a maximum of 10. Each session is usually 60-90 minutes depending on the population. Younger member groups will usually be 60 minute in length, while adult groups will be 90 minutes. Groups meet weekly and run 6-8 weeks. We also have run ongoing groups that continue far beyond 8 weeks.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

At Skylight Counseling Center, we could run a minimum of 1 group per year and a maximum of 5 groups at a time. We would anticipate the following outcomes for participants:

Support via a sense of universality
 Acceptance
 Altruism
 Improved sense of hope
 Self-revelation
 Experiential Learning
 Improved Social Emotional Functioning
 Improved insight into self and relationships with others
 Increased resilience
 Increased coping skills

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

Total cost for a single series of group sessions is: \$3,200

(8 weeks, meetings lasting 75 minutes, with 8 participants, at \$50 per participant per session)

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

For individual, couples or family sessions, the number of sessions needed to improve coping strategies for mild cases would be 10 sessions, meeting once a week for a 55 minute session.

For individual, couples or family sessions, the number of sessions needed to improve coping strategies for severe cases would be 20 sessions, meeting once a week for a 55 minute session.

Mild cases would be defined as the presenting symptom(s) being manageable, the client having existing coping strategies, and a network of support.

Severe cases would be defined as the presenting symptom(s) being unmanageable and co-morbid with other presenting issues, the client having few or no existing coping strategies, and little to no existing network of support.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

At Skylight Counseling Center, we are able to assume 100 new clients. We would anticipate the outcomes of treatment to include increased coping strategies, improved resilience, an increased sense of hope, ability to seek out resources/support, and improved CBT skills.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

\$100

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

1033 University Pl., Suite 330, Evanston, IL 60201.

Sessions can also be held virtually via Google Meet

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Clients would receive 6-8 individual therapy sessions to focus on improving coping skills, and deepening access to supportive resources (CPT code 90837). They will also be encouraged, but not required, to join an 8 week therapy group that will focus on social emotional skills/learning, as well as giving/receiving support (CPT code 90853). Therapy groups will be divided by age with one group for adolescents, another for younger, emerging adults, and another for adults ages 25+.

With this model, we can treat one client with both individual and group therapy for \$1000. With the size and depth of our staff, we would hope to treat 100 clients within 2 years, using this outline for services.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

David Klown

Documents [top](#)

Documents Requested *

Required? Attached Documents *

[Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.](#)



[MFT License](#)

[Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.](#)



[Transcript](#)

[Brief biography of key staff including demographic information.](#)

[Documentation of credentials for staff and supervisors.](#)

[Practitioner's Fee Schedule.](#)

[For individual practitioners, upload documentation showing the medical insurance you are paneled with.](#)

[W-9 Request for Taxpayer Identification Number and Certification](#)



[W9](#)

[Documentation of non-profit status \(if applicable\).](#)

[Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan \(if applicable\).](#)

[Statement of operating revenues and expenditures](#)

for most recently completed fiscal year.

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Application ID: 417416

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Turning Point Behavioral Health Care Center Turning Point Application - Mental Health Services

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USD\$ 410,000.00 Requested

Submitted: 10/18/2022 5:49:50 PM (Pacific)

Project Contact

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Additional Contacts

none entered

**Turning Point Behavioral Health
Care Center**

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Chief Executive Officer

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SAM Expires	5/22/2018

Pre-Application [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
 Organization/private practice

2. Organization name:

Turning Point Behavioral Health Care Center

3. Type of organization

- For-profit
 Nonprofit
 Partnership
 Limited Liability (LLC)
 Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
 No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions [top](#)

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Turning Point is committed to providing expert, affordable, trauma-informed, culturally competent, and compassionate mental health care to adults, families, and children beginning at age six. Services include individual, family and group therapy, case management, a transitional living program, and free crisis services including The Living Room & Resource Center at Turning Point. Clients at Turning Point experience a wide range of primary diagnoses including schizophrenia, depression, bipolar disorder, anxiety, agoraphobia, post-traumatic stress, obsessive-compulsive disorder, among many others. At Turning Point, the Recovery Model of treatment is followed, setting personalized treatment goals with clients, working to control or eliminate symptoms, increasing functioning and integration into the community, and empowering each individual to reach their goals with therapeutic support. At Turning Point, we consider respect a basic human right, we treat clients with the same dignity we would want for ourselves, and we are committed to providing personalized treatment in a context of understanding, compassion and hope.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Turning Point has been providing care for individuals, youth, and families for over 50 years. In fiscal year 2022, Turning Point served 1,439 individuals, children and adults, approximately 90% of whom were low income. Turning Point maintains an extensive therapeutic groups program which serves as an essential support and skill-building structure for clients experiencing severe and/or chronic symptoms of mental illness. Turning Point's program is unusually expansive and robust, typically hosting up to 50 groups weekly. The groups are wide ranging, helping individuals with socialization, skill building, group processing, community support activities, self-care, and more and providing vital support and structure to clients as part of their overall treatment plans.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

Last year, Turning Point served 1439 children and adults, 34% of whom were persons of color. Approximately 17% of Turning Point clients identify as Hispanic, 14% as African American. The Turning Point staff and board are currently participating in a multi-year training program in diversity, equity, and inclusion. Turning Point is committed to further diversifying its board and staff, to growing in its recognition of the barriers to care, of racial biases and other forms of oppression, and to focusing energy on this important work.

4. Describe types of services currently provided; include average case load and length/duration of services.

Services include individual, family and group therapy, case management, a transitional living program, and free crisis services including The Living Room & Resource Center at Turning Point. Our average case load is 26 per full time therapist and the duration of services ranges widely between individuals seeking immediate one-time crisis support and those many clients who remain in our program for many years.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

Having received the highest ratings by The Commission on Accreditation of Rehabilitation Facilities, Turning Point has a thorough system in place to track the impact of its programming, progress towards individual therapeutic goals, and client participation and satisfaction.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

A longstanding leader in its field and community for over 50 years, Turning Point has received highest ratings by the Commission on Accreditation of Rehabilitation Facilities (CARF) and has been honored with local and national awards including the 2017 Excellence in Mental Health Award from the Illinois Association for Behavioral Health and the 2015 Impact Award for Excellence in Behavioral Healthcare Management from the National Council for Behavioral Health. Most recently, Turning Point was honored to receive the 2021 Skokie Business of the Year Award.

7. Provide a description of clinical consultation, if applicable.

It is policy for staff to be supervised and receive consultation. Unlicensed clinical staff meet one hour weekly with a licensed (LPHA) supervisor; licensed staff meet with a clinical supervisor on a biweekly or monthly depending on the size of the caseload. Clinical supervision is provided face-to-face, either in person or via teleconference or videoconference. Clinical staff may request a change of supervisor if there is an issue/concern. They may initiate this process by having a discussion with

the current clinical supervisor and alerting the Chief Clinical Officer of the desire to change. All administrative supervisors are QMHP's or LPHA's, and all clinical supervisors are LPHA's (including those supervising RSA's in The Living Room). Clinical staff have immediate access to QMHP's and LPHA's at all times the agency is open and providing services. Staff working special programs (crisis services) that operate after hours have immediate access to LPHA's if they need assistance. If a staff member's direct supervisor is not available for a consult when needed, the staff are directed to ask for assistance from any clinical member of the Management or Administrative Teams. Supervisors who not physically present in the office at the time the consult is needed are accessible to staff via cell phone or email. Supervision, consultation and training are provided for those staff providing supervision and are conducted on an individual basis. Group consultation for clinical supervisors is offered once a month. Clinical Supervisors are also encouraged to attend off site trainings, seminars, workshops, conferences, etc. to enhance their ability to provide clinical supervision.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Turning Point's systems, policies and procedures are carefully maintained and monitored and the agency has consistently received highest ratings from CARF, the Commission on Accreditation of Rehabilitation Facilities.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

Turning Point maintains a wide range of therapeutic groups, helping individuals with socialization, symptom management, skill building, group processing, community support activities, self-care, and more and providing vital support and structure to clients as part of their overall treatment plans.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Our groups range in size from 5 to 8 participants and each session runs 60 minutes. Groups meet weekly in 12 week sessions.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

In addition to our current schedule of groups, a minimum of six groups could be added focusing on a variety of topics such as anxiety and depression. Anticipated outcomes would include increased knowledge and utilization of coping skills as well as increased support resulting in a reduction of reported symptoms.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

At \$50 per person per meeting, the total cost for a group session lasting 12 weeks, 60 minutes per session, for the maximum number of participants (8) totals \$4,800.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

The number of sessions a client needs to improve coping strategies is very individualized and depends on many factors. Clients typically are scheduled to attend two to four 50-minute individual therapy sessions per month. Treatment plans are created collaboratively between client and clinician to best address each individual's needs. For adults, mild cases can be defined as having a LOCUS score lower than 17 and severe cases are higher than 17.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

With the addition of each new therapist, a caseload of 26 new clients can be added, anticipating that 46 clients would be seen over the course of a year. Goals of the outpatient therapy program include providing compassionate care for clients which supports recovery, achieves each client's personal treatment goals, enhances quality of life, ameliorates or eliminates symptoms, and increases functioning and integration into the community and family.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

The cost per session of individual therapy is \$160.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

Services will take place either virtually or at Turning Point's facility at 8324 Skokie Boulevard, Skokie, IL 60077.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Individual outpatient therapy (CPT code 90837) and groups (CPT code 90852) will be provided. Desired reimbursement is \$160 per session for individual therapy and \$50 per session for groups.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Jennifer Sultz

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Attachment 1 - Turning Point
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Attachment 2 - Turning Point
Brief biography of key staff including demographic information.		Key Staff - Turning Point
Documentation of credentials for staff and supervisors.		Credentials - Turning Point
Practitioner's Fee Schedule.		Fee Information - Turning Point
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		Attachment 6 - Turning Point
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	W9 Form - Turning Point
Documentation of non-profit status (if applicable).		Non profit status - Turning Point
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		Annual Report FY21 - Turning Point
Statement of operating revenues and expenditures for most recently completed fiscal year.		FY21 Audited Financial Statements - Turning Point

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Application ID: 421248

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

Urban Balance
Urban Balance

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USD\$ 1,500,000.00 Requested

Submitted: 10/14/2022 4:23:22 PM (Pacific)

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Urban Balance

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Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

Urban Balance

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Urban Balance provides individual, couples and family therapy throughout Chicagoland, in-person and via telehealth. We are an inclusive community of clinicians serving the mental health needs of diverse clients. We treat an array of presenting issues including depression, anxiety, trauma/PTSD, ADHD, personality disorders, neurodivergence, mood disorders, addiction, relationship issues, life transitions, fertility/pregnancy/postpartum, prejudice/discrimination/social injustice, LGBTQ+ issues, and many more.

Our clinicians are trauma-informed, culturally competent, and practice from a strengths-based lens. In addition, many have additional certifications in EMDR, trauma, addiction (CADAC), Gottman Method, CBT, DBT and more.

We are honored to work with individuals of all ages including children, adolescents, adults, and elder adults.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

Our clinicians are very experienced in providing counseling to diverse adolescents, adults and families via individual, couples and family therapy. Each of our therapists is skilled in adopting an empathetic and nonjudgmental stance, understanding presenting issues, developing collaborative treatment plans, and gently guiding their clients towards healing.

While we are currently not running any groups, we have run numerous groups in the past, both in-person and via telehealth, including groups focused on chronic pain/illness, men's issues, religious trauma, gender identity, anger management, depression, and anxiety. We have many clinicians who are skilled in facilitating groups and would be open to running groups if the need exists.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

We at Urban Balance are an inclusive community of clinicians who are passionate about, and trained in, providing culturally competent care to ALL clients. Our clinicians themselves are of many backgrounds/identities, and work with clients of diverse race/ethnicity, nationality, spoken language, socioeconomic status, housing status, religion, gender, sexual orientation, background/experience, age, and physical ability. Many of our clinicians come from community mental health backgrounds and have served numerous Black and Latinx clients. In addition, several clinicians speak additional languages, including Spanish.

Urban Balance's commitment to diversity, equity and inclusion is reflected in our DEI Committee. The goal of our committee is to foster a culture of belonging that uplifts and amplifies all voices within the mental health community by empowering diversity, equity, and inclusivity. Urban Balance is championing acceptance, celebrating differences, and promoting advocacy.

Our clinicians also participate in employee resource groups, including groups for women of color, men of color, and LGBTQIA+ individuals, focused on creating connection and promoting positive change.

Lastly, our clinicians have completed cultural competency training during their masters or doctoral education, and they complete ongoing trainings on a regular basis. We as an organization offer opportunities for education, including a recent training on racial microaggressions in mental health.

We look forward to continuing to be an accepting and welcoming community for ALL clinicians and clients.

4. Describe types of services currently provided; include average case load and length/duration of services.

We offer individual, couples and family therapy, and sessions typically range from 53 minutes - 1 hour. Our clinicians are part-time or full-time, and have a weekly caseload of 15-24 or 25+ clients, respectively.

Our clinicians collaborate with their clients and determine treatment plans and length of service based on clients' presenting issues, needs, and goals. Short-term treatment can range from 6-15 sessions and long-term treatment can last up to a year.

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

We follow rules and regulations regarding timely initial assessments, treatment plans, progress notes to track participation and treatment, and evaluations of progress. We are able to utilize additional assessments if needed as part of this grant, to track client participation and other outcomes.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

Our therapists are qualified master's or doctoral level clinicians, with licenses active in the state of Illinois. Our fully licensed clinicians are LCPCs, LCSWs, PhDs, and PsyDs. Because we provide supervision, our practice also includes counseling interns, postdocs, and limited licensure counselors (LPCs) and social workers (LSWs). We also have clinicians who are certified CADCs, and clinicians who are trained or certified in EMDR, DBT, trauma-focused CBT and the Gottman Method, to name a few.

7. Provide a description of clinical consultation, if applicable.

Our clinical managers, who are fully licensed clinicians and supervisors, offer free weekly clinical consultation meetings, open to all staff. We have consultation meetings on multiple days/times to accommodate different schedules. In all consultations, clinical managers provide supportive and confidential spaces to discuss cases, clinical strengths, and opportunities for growth.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

We use a secure and HIPAA-compliant Electronic Health Record system called Pimsy to house all client intake paperwork, assessments, progress notes, treatment plans, evaluations of progress, payment information, insurance information, demographic information, and notes regarding collateral communication.

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

While we do not currently have active groups, we have offered many groups in the past and would be happy to discuss potential groups moving forward, if the need presents itself. We have offered groups focused on depression, anxiety, men's issues, anger management, gender identity, religious trauma, and chronic pain/illness to name a few.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Our closed groups are typically 6-12 clients, run for 1 hour, and meet weekly or biweekly for 2-3 months. We would also consider open, ongoing groups if there is a need.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

We would be open to running 1-3 groups per year, and anticipated outcomes would vary depending on the group. We would expect to collaboratively set goals during the first group session, and to meet or make progress towards those goals by the last session. Outcomes could include reduced or eliminated presenting symptoms, reduced or eliminated clinically significant distress, improved functioning in various domains of life, improved coping and improved communication.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

8 weeks, 1 hour per session, for 12 participants, would cost \$5760.

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Each of our qualified clinicians would make the distinction between mild and severe cases using their clinical knowledge, experience, and expertise. This determination would be made through structured and/or unstructured assessment, including risk assessment (harm to self or others), as well as the severity of the diagnosis, the level of clinically significant distress, and the impact of symptoms on functioning in various domains of life, including work and social relationships.

Mild cases could require 6-15 sessions, and severe cases could require 15-52 sessions. Sessions would typically range from

53 minutes - 1 hour, and would take place weekly or biweekly, as determined by the clinician and client.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

Based on the number of clinicians and their availability, we would be able to take on a maximum of 92 clients per week. Anticipated outcomes would depend on the presenting issues and treatment plan, and could include reduced or eliminated presenting symptoms, reduced or eliminated clinically significant distress, improvement in functioning in various domains of life such as work and social relationships, improved coping and improved communication, to name a few.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

\$150-175 per session

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

We would provide individual, couples and family therapy via telehealth or in-person at any of our offices (Chicago - North Michigan Avenue, Chicago - Ravenswood, Chicago - River West, Evanston, Northbrook, or Libertyville), and we would be open to providing services at community venues as part of a contract with the city of Evanston. Since we do not currently provide services at community venues, we are unsure what travel budget would be needed.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

-Individual therapy - 90837 preferred: 53-60 minute sessions; 90834 if needed: 38-52 minute sessions: \$150-175 /session

-Couples & Family Therapy - 90847: 50 minute sessions: \$175/session

-Group Therapy - 90853: 45-60 minutes: \$60/client/session

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify

Taejah Vemuri

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Taejah Vemuri LCPC
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Taejah Vemuri MA Diploma
Brief biography of key staff including demographic information.		
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	Taejah Vemuri W9
Documentation of non-profit status (if applicable).		
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		
Statement of operating revenues and expenditures for		

most recently completed fiscal year.

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Application ID: 420341

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City of Evanston
City of Evanston - Mental Health Services
Deadline: 10/18/2022

YWCA Evanston/North Shore
YWCA Evanston/North Shore Mental Health Services

Jump to: Pre-Application Application Questions Documents

USD\$ 63,040.00 Requested

Submitted: 10/18/2022 12:45:24 PM (Pacific)

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SAM Expires

Pre-Application top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. Are you applying as a solo practitioner or on behalf of an organization/private practice?

- Solo practitioner/sole proprietorship
Organization/private practice

2. Organization name:

YWCA Evanston/North Shore

3. Type of organization

- For-profit
Nonprofit
Partnership
Limited Liability (LLC)
Group Practice

4. Is your organization an affiliate of a regional or statewide organization/agency?

- Yes
No

5. What license do you hold?

-answer not presented because of the answer to #1-

Application Questions top

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #9.

About

Please include information about your areas of interest and practice.

1. Describe the types of counseling services or therapies you provide, the issues you focus on, and ages with which you/your organization is qualified to work.

Include cultural competencies as applicable.

Our counseling services are provided in English and in Spanish to adults, teens, children, and families who have experienced domestic or intimate partner violence in individual, group, and family settings.

Our voluntary, trauma-informed program model is designed to meet survivors where they are both physically and psychologically, educate them about the abuse, provide support, explore options and resources, develop a safety plan, and work to realize lives free from violence for themselves and their children. We support self-determination and empowerment throughout all stages of our program. There is a specific emphasis on empowering the client as the one who is the expert in their own situation. Telling a client what to do would further the client's experience of power and control being taken away from them. We highlight client choice in every aspect of the program and emphasize that there is no "right" or "wrong" course of action in any given situation. Our goal is to support a survivor's ability to make their own decisions.

Our trauma-informed framework acknowledges the various levels of trauma that a survivor might experience and creates an environment that emphasizes safety and security. Service delivery is built on mutual respect, reciprocal receiving, and collaboration. We support survivors in counseling sessions regardless of whether they wish to exit the abusive situation or not. As clients gain insight into their situation, they gain a better sense of the frequency and length of counseling that is most suitable for their needs. Our approach is strength-based, and respectful of racial, ethnic, and cultural differences, both in experiences of violence and attitudes toward counseling.

Programs and services are continually evolving to meet survivors' trauma and mental health related needs. Information about the traumatic effects of abuse is explored during individual counseling sessions and adult support groups offering clients various formats for understanding their experience and processing emotions. Various therapeutic approaches are utilized including movement therapy for mothers and children and children's art and play therapies to support clients in developing healthy coping skills. We offer activities that highlight ways that trauma can make them question their ability to trust their decisions and ways it can interfere in trusting people. We also focus on power and control and the cycle of violence so they can see firsthand the control they were under with their abuser. This allows the domestic violence victims to connect with other survivors and express freely what they experienced with the abuser. This will in turn help them see they are not alone in their experiences. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has the strongest research evidence of any treatment model for traumatized people. Our therapists use many of the interventions from this treatment modality including skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, parenting skills and family communication.

2. Describe experience providing services to individuals, youth, and families; describe working with groups if applicable.

As the leading provider for domestic violence and violence prevention services in north suburban Cook County for over 35 years, YWCA Evanston/North Shore has extensive expertise serving survivors of domestic violence with mental health support. Recognized throughout the region for our counseling services and expertise, our leadership is manifest on many commissions and coalitions that work on the issues of domestic violence. YWCA's DV Program maintains a strong presence in the community and comes together with a wide array of community agencies and service providers both locally as well as statewide on a regular and frequent basis to share information about our services and programs, discuss community service issues and develop ways of working together to better meet the needs of our clients.

For over three decades, we have continually improved our program in response to clients' special needs and community needs. For instance, as the population of Spanish-speaking clients grew, we made sure to conduct culturally specific outreach to that community. We now have Spanish-speaking staff in all program areas, including the crisis line, adult and children counseling staff, and legal advocates, and we have a targeted program for immigrant survivors. Promotores, as the program is named, provides training, support and resources to immigrant survivors so they can become advocates and educators in their own communities around issues of gender-based violence.

We have also worked with men and boys for over 20 years through our violence prevention education in local schools and universities and more recently with our Alternatives to Violence Program, a program working with abusers. YWCA also offers a Youth Leadership Training to help teens build the knowledge, skills, and confidence to discourage, prevent, or interrupt an incident or potential incident of gender harassment or violence, and create opportunities for growth into a healthy sense of self-worth and educate the community on how they can help end gender violence.

Every year, YWCA's emergency housing shelters over 300 victims of domestic violence and their children seeking refuge from domestic violence. Every one of the shelter residents, survivors and their children, along with many survivors living in the community receive counseling and group therapy support from YWCA every year.

3. Describe your experience, including trainings, that demonstrate your capacity to serve BIPOC youth, children and families (particularly Black and Latinx) with competence and skill.

In FY22, over 315 survivors and their children received counseling services from YWCA Evanston/North Shore. Client demographics broke down as being: 9% Asian, 27% African American, 21% LatinX, 39% Caucasian and 4% mixed race or other. For the past five years, YWCA Evanston/North Shore has been implementing a Trauma-Informed Care Model that envisions a future for those who have experienced domestic violence in which they have restored power, control, participation in their daily lives and move confidently as they shape their futures. Trauma-informed Care also emphasizes physical, psychological, and emotional safety for participants and staff, and helps survivors gain a sense of control and empowerment. We have engaged leaders in the field to advise during this process. This project has included extensive and ongoing training for all staff, updating program forms, policies, and procedures, and ensuring that a robust system of program evaluation is in place that gives feedback from survivors. Recently, our client survey administration procedures across all domestic violence programs have been assessed/updated to ensure the highest standard in data collection and staff responsiveness to client concerns.

An essential component of trauma-informed care is cultural competency. YWCA-ENS serves clients that are diverse racially, educationally, and economically. Clients served are employed but living on low wage salaries; often having more than one job. As a result, we work to provide clients with the most flexibility possible in scheduling services. We make every effort to ensure that information about our services is available to those who might need it. Virtual counseling and groups are also offered. Our counselors are empowered to manage their schedules in a way that affords them the flexibility to accommodate clients who fall outside of the normal 9-5 window. YWCA-ENS ensures services are accessible and inclusive to diverse populations by ensuring information about services is distributed widely and that policies, practices, and services are sensitive to the unique characteristic of clients we serve.

Diversity among program staff is important to meet the needs of all non-English speaking client and to provide a welcoming environment for all diverse clients. Advocates "meet" all victims where they are, without judgment or assumptions. We prioritize educating our staff and promoting cultural sensitivity. All staff participate in diversity and cultural sensitivity training. Staff receive training on confidentiality, working with clients who have mental health issues/substance use issues, and working effectively with clients of diverse populations. We continue our partnership with the National Center on Domestic Violence, Trauma, and Mental Health. We continue to provide on-going and specialized training for staff, especially front-line staff. Staff have attended: "A Window Between Worlds"-Art therapy training- that prepares human service providers to facilitate creative art workshops using a trauma-informed approach; "Addressing micro-aggressions which can traumatize clients and culturally influenced modes of trauma recovery"; "Becoming accessible, culturally responsive and trauma-informed organizations"; "Compassion fatigue: The Cost of caring"; "Substance abuse and domestic violence"; "The contemplative therapist: the value of mind body practice"; "Vicarious traumatization"; "HIPPA training through Art"; "VAWA Immigration training"; e

4. Describe types of services currently provided; include average case load and length/duration of services.

YWCA's Domestic Violence Program is the most comprehensive domestic violence program serving northeastern Cook County, offering an array of trauma-informed supportive services. Focusing on immediate response and long-term holistic solutions to domestic violence, services are multi-faceted, and each fills a critical need in helping survivors break free from violence, heal, and go on to lead self-sufficient lives. Reaching more than 700 survivors annually, direct services include: crisis intervention, safety planning, resource referral and case management, emergency shelter, transitional and permanent-supportive housing, counseling, therapy, legal advocacy, community outreach and education, financial empowerment education, workforce development, and housing access assistance.

Counseling is offered individually, in groups, and for families and children as a part of our core services. Our counseling services are provided in English and in Spanish to adults, teens, children, and families who have experienced domestic or intimate partner violence. Our services are all strengths-based and empowerment-focused. An integral part of our service provision, licensed counselors conduct culturally relevant, trauma-informed assessments to collaboratively determine client goals. Our counseling services are designed to place the client at the center of decision making and restore full power and control stripped away by the person who harmed them. Additionally, the array of services offered exist to help meet the myriad needs a client must address to establish an independent and sustainable life free of violence. Staff seek to the greatest extent possible to connect clients to services and support in the community so that the client can re-establish a support network that will extend beyond their time with us.

Our individual counseling services typically last 3-4 months from the intake and assessment phase to termination. If a client wishes to remain in services for a longer period and their counselor agrees with this, the client may remain in services for as long as their counselors and the clinical team feel it is appropriate. Individual sessions follow a trauma-informed model that promotes safety, self-determination, collaboration, and transparency, builds trust, encourages peer support, and considers cultural, historical & gender experiences and identities that participants bring into the therapeutic relationship. Family counseling sessions usually occur in conjunction with individual sessions and is usually the parent/survivor and one or more of their children. Sibling work is also facilitated as appropriate. Family counseling follows the same average session count as individual sessions, with the same possibility to extend services for longer as appropriate. Adult groups are usually 6-8 weeks with an average of eight participants. Groups have a range of topics centering around healing from abuse such as healthy relationships, self-care, the impact of trauma, coping skills, and parenting after DV. Groups for teens and for children last for 6 weeks and cover similar topics as adult groups, but with modalities suited to the age of the participants. Our bilingual and bicultural counselors use interventions that incorporate play, music, movement, and art to help participants express themselves and process their traumatic experiences. Our counselors have an average of 25 clients on their caseloads as well as facilitating 1-2 groups per week

5. Describe ability to provide outcome data including client participation information, pre- and post-assessments or other outcomes.

Program evaluation and quality assurance is an area of focus for YWCA-ENS that continues to evolve. Performance management occurs in various steps including program planning, data collection, data reporting and analysis followed by utilizing data findings and insights for future planning. This series of steps occurs annually. The program evaluation plan, which is developed in conjunction with direct service staff and management staff, will assess the scope of the program and the appropriateness of services.

This plan accurately reflects the core activities within each service area, outcomes for each activity with short/medium-term goals, data collection needs, and appropriate benchmarks for each activity that accurately measure program success. All service areas have a data collection plan that includes data sources (from whom will the data be collected), methods (specific tools used), timeframe for data collections, and the person responsible for collecting the data. The tools are generally surveys or pre/post tests. Completed evaluation forms and surveys are entered into Survey Monkey.

Additional key performance indicators include number of adults and children gaining safety from abuse, number of adult and children who developed safety plan, number of adults provided with case management services, number of adults screened, obtained and maintained benefits, and participant's favorable experience in the program. Participant service plans as well as satisfaction surveys are being used as tools to monitor program success.

Data is entered into a cloud-base case management System (Salesforce), InfoNet and Survey Monkey. Impact measurement reports are generated monthly, quarterly and as needed for program evaluation and findings are discussed with program managers and the Evaluation Team on a quarterly basis. In overall, by utilizing these three systems we are able to analyze client population, measure program effectiveness, manage caseloads, and use as a tool to improve service provision.

6. Provide a statement of qualifications.

If applying as an individual practitioner, please include education and a description of applicable certifications.

All staff providing domestic violence counseling services to adults and children have 40-hour domestic violence training certificates. Our agency is certified by the ICDVP as an approved 40-hr in person training site, approved supervision site, and approved ICDVP CEU site. All direct service staff in leadership positions hold ICDVP certificates. We currently have ten staff who are ICDVP certified.

All clinical staff have MA, MFT, LCSW, LPC, and LCPC. In addition, while we interview potential candidates for the job, we share clearly the expectations of the job, not only the skills and experience, but of philosophy and personality. It isn't just about whether the candidate has the right degree or experience, but that they understand the causes of domestic violence, see the value in our survivor-centered service philosophies, and possess the appropriate combination of skills, knowledge, experience, and caring attitudes regarding survivors, among other things.

Hillary Douin, Director - Domestic Violence oversees direct services. She provides weekly supervision to the Clinical Services Manager and Legal Advocacy Services Manager. She is a Licensed Clinical Social Worker. Clinical supervision to counseling staff is provided weekly by the Clinical Services Manager.

Our skilled leadership together with an experienced and dedicated staff makes us confident in our ability to direct the organization, develop our programs and provide proposed services, manage the fiscal resources, provide grant management, program evaluation, and administrative oversight and comply with the City's fiscal and administrative requirements.

7. Provide a description of clinical consultation, if applicable.

Staff receive a combination of individual clinical supervision, group case consultation, and ongoing professional development to ensure that participants receive the highest level of service. Each counselor receives weekly supervision to discuss their cases and assist in professional growth as a clinician. The team participates in weekly case consultation in order to share knowledge, get support with cases, and coordinate care. Our agency values a commitment to ongoing professional development for our staff to support a culture of learning and growth necessary to clinical excellence. They are expected to attend professional development events on an annual basis in consultation with their direct supervisor. In support of this expectation, we provide some financial support for professional development as well as internal and external development opportunities.

8. Provide a description of record keeping systems and methods and assurance of HIPAA compliance.

Program staff members as well as reception staff do not share information about clients, nor do they acknowledge if a client is a program participant. When clients come in for appointments or program activities, they sign in on a tablet that does not designate who they are or why they are at the agency. All agency clients are met by program staff members in the lobby and escorted to the office or room where services are taking place. Services take place in private spaces, never in shared spaces. Clients' records with their contact information are kept in a locked file separate from general client files or in an online database and only domestic violence program staff members have access to these files. Client information is only disclosed with written consent of the client. Clients are informed of their rights during their initial visit and sign a confidentiality agreement that is kept in their file.

Access to Records by Survivors and Others

- o All survivor's and children's files are kept in locked cabinets that can only be accessed by program staff. As we transition to electronic files, all client records are password protected with two-factor authentication to access the Salesforce database.
- o Records are not released without the written consent of the survivor.

o When survivors are considering releasing their whole file or parts of their file, advocates employ the following procedures: 1. Sit with the survivors and let them review their file so they are aware of its contents before they sign a Waiver and Consent for Release of Information form. 2. Make it clear to survivors that they have the legal right to disclose or not disclose the domestic violence program's information about their case to others outside of the program. 3. Discuss the potential advantages or problems that may result from releasing information and make it clear that once the Release is signed, the program cannot protect information from how it may be used. 4. If there is concern that information in the file will be used against the survivor, discuss the option of releasing a summary report of the survivor's involvement in services rather than the whole file. Survivors may sign a Release that significantly limits the kinds of information that the program can disclose. For instance, a survivor may sign a Release that only permits the program to report on the dates of group counseling attendance but does not permit the agency to share anything the survivor said or did in the group. This option can be helpful for survivors who have been mandated for services by the courts or DCFS.

Retention and Destruction of Records

Policies on the retention and destruction of records encompass all case notes and files, paper and electronic in nature, staff to staff communications, written and verbal, and all documentation required by funding agencies:

- o Records are maintained for a period of six years beyond the fiscal year the service occurred unless there is an audit, in which case the records are maintained until the audit is finished.
- o Staff-to-staff communication that cannot be made verbally due to staffing patterns are destroyed immediately.
- o In determining which records to retain, the program weighs the need for information against the potential for the misuse of the record.
- o Paper files are locked. Electronic files are appropriately stored in a secure location. The files are not removed from the program without written permission from the custodian of re

Services

Please describe the services you are able to offer.

9. What service(s) will you provide?

- Group services
- Individual services
- Both

10. Define what types of group counseling or therapy you offer.

We provide two types of group counseling: psychoeducational groups and process-oriented groups. Our psychoeducational groups provide members with information about specific issues around domestic violence and trauma. They teach healthy coping skills, self-care, and emotional regulation skills. Capacities for self-care and self-soothing must be reconstructed during group treatment to establish a sense of safety and self-determination. These groups are led by a qualified counselor who directs sessions and sets goals. Our process-oriented groups focus on the group experience. While the counselor leads the group discussion, they act as facilitators rather than instructors. Group members participate by engaging in group discussions and activities. Sharing in these kinds of activities leads to a sense of belonging and increased self-confidence. In our process-oriented group counseling the group is in charge of their sessions and the focus is on sharing their experiences, learning from one another and supporting one another in their healing process. Re-connecting with others is an integral part of healing from abuse, and group settings provide safe opportunities to do so. It offers survivors an alliance with others based on cooperation and shared experiences and purpose. The survivor often gains the sense of connection with the best in other people.

In our individual counseling services, the initial assessment looks at the client's functioning across all areas as well as their key relationships, identity, history, and environment to get a complete picture of the person and their experiences. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has the strongest research evidence of any treatment model for traumatized people. Our therapists use many of the interventions from this treatment modality including skills for regulating affect, behavior, thoughts and relationships, trauma processing, and enhancing safety, trust, and relationship and communication skills. We focus on survivor strengths and empowerment. We also incorporate integrative interventions such as yoga, meditation, and mindfulness and creative arts interventions that involve artistic modes of expression such as music, visual art, drama, dance, writing, poetry, or play. Our approach recognizes that not everyone experiences abuse in the same way, that the impact of abuse differs among individuals, and what individuals need to move forward also varies tremendously.

11. Define the minimum/maximum group size, length of each session, and frequency and duration of group meetings.

Groups have a minimum of 5 participants and a maximum of 15 participants. If there is a larger number of participants, the group will be co-facilitated by two staff to ensure needs are met. Groups last for 60 minutes and occur on a weekly basis. Groups usually last 6 to 8 weeks.

12. Define the minimum/maximum number of groups you could run per year and anticipated outcomes for participants.

We will likely run about six to eight different types of groups over the course of the year in six-week cycles with a week or two in between cycles. As a result of attending group, we anticipate that group participants will understand the dynamics of

domestic violence and the impact of trauma, know more ways to plan for their safety, and feel more confident in their choices and hopeful about the future. They will know that the abuse is not their fault and that they are not alone in their healing journey.

13. Provide the total cost for a single series of group sessions or a flat rate for services.

Give typical cost for a group counseling program and max number of participants (e.g. X weeks, meetings lasting Y minutes, for Z participants would cost \$#). Or, provide an alternate cost structure (can be based on staff time), please explain.

Groups last 6 weeks: 1 session per week at 60 minutes. Group session cost is \$50 per survivor per group, as groups are often facilitated by two staff. With an average of 8 survivors per 6-week group, the total cost for one group cycle would be \$2,400

14. Define the number of sessions needed to improve coping strategies for mild cases (e.g. 10-15 sessions) and for severe cases (up to 25 sessions), length of a session and average frequency.

Applicants can define the number of sessions/period of time; be sure to include how you would define a mild case versus a severe case.

Our standard treatment model for survivors is 16 sessions. Sessions are 60 minutes and take place weekly. In collaboration with the survivor, we extend additional sessions if it feels appropriate to continue treatment. Reasons to extend treatment include prolonged trauma symptoms such as depression, overwhelming shame, or self-destructive behaviors. We will offer additional services in these cases, but only if they wish to continue. Survivors often come to us with complex trauma symptoms and multiple victimizations in their history. Client self-determination is key in determining whether sessions are extended, as all services are voluntary. Assessing whether a case is mild vs severe depends on the frequency, duration, and intensity of symptoms a survivor may be experiencing, their level of functioning, and what protective factors are present such as coping skills and social and economic supports.

15. Define the number of new clients you are able to assume and the anticipated outcome(s) of treatment.

We serve around 700 survivors and their children each year across programs; half of these receive counseling services. We have a robust staff, including master-level counselors and interns supervised by licensed counselors. Annually, we would be able to accommodate 25 additional survivors of domestic violence and/or their children for individual sessions, and another 25 for groups. As a result of receiving counseling, we anticipate that survivors and their children will experience a reduction in any trauma-related symptoms, will understand the dynamics of domestic violence and the impact of trauma, know more ways to plan for their safety, and feel more confident in their choices and hopeful about the future. They will know that the abuse is not their fault and that they are not alone in their healing journey.

16. Provide a cost per session for individual counseling appointments.

NPOs, divide your program budget by the number of participants served per year or quarter depending on average length of service.

In reviewing our staff costs for counseling services, we determined that the annual cost per survivor is about \$1600. Since survivors get an average of 16 sessions in our counseling programs, this means sessions are \$100 per session/hour.

17. Define where services would take place and indicate whether services could be provided virtually and/or at community venues.

If services could be provided at community venues (e.g. library branches, community centers, etc.) or locations other than practitioner's office, please also include an approximate travel budget.

Counseling services take place onsite at our Family Support Center or in our emergency shelter. We also provide individual counseling services by telephone and all counseling services via Zoom to make services more accessible for participants.

18. Provide an outline of the services that would be provided, applicable CPT codes (if available) and desired reimbursement.

Counseling is offered individually, in groups, and for families and children as a part of our core services. Our counseling services are provided in English and in Spanish to adults, teens, children, and families who have experienced domestic or intimate partner violence. Our services are all, strengths-based and empowerment-focused. Our standard treatment model for survivors is 16 sessions. Sessions are 60 minutes and take place weekly. In collaboration with the survivor, we extend additional sessions if it feels appropriate to continue treatment. Reasons to extend treatment include prolonged trauma symptoms such as depression, overwhelming shame, or self-destructive behaviors. Individual sessions follow a trauma-informed model that promotes safety, self-determination, collaboration, and transparency, builds trust, encourages peer support, and considers cultural, historical & gender experiences and identities that participants bring into the therapeutic relationship. We also incorporate integrative interventions such as yoga, meditation, and mindfulness and creative arts interventions that involve artistic modes of expression such as music, visual art, drama, dance, writing, poetry, or play. Our approach recognizes that not everyone experiences abuse in the same way, that the impact of abuse differs among individuals, and what individuals need to move forward also varies tremendously. We would like to provide 200 survivors with an average of 16 weekly sessions.

We provide two types of group counseling: psychoeducational groups and process-oriented groups. Our psychoeducational groups provide members with information about specific issues around domestic violence and trauma. They teach healthy coping skills, self-care, and emotional regulation skills. Our process-oriented groups focus on the group experience. While the

counselor leads the group discussion, they act as facilitators rather than instructors. Group members participate by engaging in group discussions and activities. Sharing in these kinds of activities leads to a sense of belonging and increased self-confidence. In our process-oriented group counseling the group is in charge of their sessions and the focus is on sharing their experiences, learning from one another and supporting one another in their healing process.

Re-connecting with others is an integral part of healing from abuse, and group settings provide safe opportunities to do so. Adult groups are usually 6-8 weeks with an average of eight participants. Groups have a range of topics centering around healing from abuse such as healthy relationships, self-care, the impact of trauma, coping skills, and parenting after DV. Groups for teens and for children last for 6 weeks and cover similar topics as adult groups, but with modalities suited to the age of the participants.

In reviewing our staff costs for counseling services, we determined that the annual cost per survivor is about \$1600. Since survivors get an average of 16 sessions in our counseling programs, this means sessions are \$100 per session/hour. Groups last 6 weeks, with one session per week that is 60 minutes. The group session cost would be \$50 per survivor per group, as groups are often facilitated by two staff. With an average of 8 participants per six-week group, the total costs for one group cycle would be \$2400.

19. Certification: I certify that I am authorized to submit this application and that, to the best of my knowledge, the information provided is true and correct.

Enter your name to certify
 Rachelle Ellis

Documents [top](#)

Documents Requested *	Required?	Attached Documents *
Illinois Counseling License and/or documents showing proof of having successfully passed applicable exams.	<input checked="" type="checkbox"/>	Staff License - Bryant Salaam Staff License - Douin Staff License - Foertsch Staff License - Canelas
Proof of completion of a master's or doctorate degree in counseling from a regionally accredited institution of higher education recognized by the U.S. Department of Education.	<input checked="" type="checkbox"/>	Staff License - Bryant Salaam Staff License - Douin Staff License - Foertsch Staff License - Canelas
Brief biography of key staff including demographic information.		
Documentation of credentials for staff and supervisors.		
Practitioner's Fee Schedule.		
For individual practitioners, upload documentation showing the medical insurance you are paneled with.		
W-9 Request for Taxpayer Identification Number and Certification	<input checked="" type="checkbox"/>	YWCA W-9 2022
Documentation of non-profit status (if applicable).		YWCA 501(c)(3)
Most recent annual report or summary of the organization's prior year's activities and accomplishments including strategic plan (if applicable).		
Statement of operating revenues and expenditures for most recently completed fiscal year.		

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Memorandum

To: Members of the Social Services Committee
From: Jessica Wingader, Social Services Grants & Compliance Specialist
Subject: Discussion and Vote to Recommend Approval to City Council Allocation of \$190,000 of CARES Act (CDBG-CV) Funds to Support Ongoing Needs for Food, Staff and Safety Protocols to Prevent, Prepare for, and Respond to COVID-19
Date: November 10, 2022

Recommended Action:

Staff requests that the Social Services Committee approve and refer to City Council an allocation of \$190,000 in CARES Act (CDBG-CV) funds to prevent, prepare for and respond to COVID-19; funds will be used to provide food, cleaning services and appliances to agencies providing congregate shelter to vulnerable populations.

Funding Source:

\$190,000 in CDBG-CV CARES Act Funds from account: 215.21.5226.62970

CARP:

Vulnerable Populations

Committee Action:

For Action

Summary:

Staff recommends the Committee allocate \$150,000 to Connections for the Homeless to support provision of ongoing food needs and staff responsible for distribution. Connections for the Homeless works in partnership with the Greater Chicago Food Depository to ensure that people who are homeless, housing, or food insecure have access to food following COVID-19 safety protocols.

Staff also recommends the Committee allocate \$40,000 to Interfaith Action Evanston (IAE). IAE provides congregate emergency shelter in winter months through partnerships with local, faith-based communities. IAE also operates a year round Hospitality Center at St. Mark's Church that provides breakfast, a computer lab, and employment support. The agency needs funds to address additional cleaning and sanitization needs, air purifiers to comply with congregate space guidelines, and food that complies with current safety protocols.

Funds would be distributed across categories accordingly:

Food Distribution	\$154,000
Cleaning Support/Supplies	\$34,000
Air Purifiers	\$2,000

Food: The food pantry at Connection for the Homeless, which serves people experiencing homelessness or who are housing insecure, has seen a 300% increase in traffic and food distribution; ongoing financial support is required to help meet demand. Connections provides 3 meals each day for up to 65 individuals at their non-congregate shelter, adding up to an average of 5,850 meals per month. The per month average cost of food is approximately \$20,000 which more than triples the agency’s pre pandemic food needs. Additionally, with churches and soup kitchens closed, and volunteers no longer available to donate and prepare food, IAE must rely on prepared and take-out meals and pre-packaged, “to-go” lunches that comply with COVID protocols. City and shelter staff anticipate that these requirements will continue through 2023, based on the number of churches that have fully reopened. These closures and restrictions have had a significant impact on IAE’s food budget; the agency is requesting \$4,000 for additional food to meet demand. Food procurement follows all federal and state requirements and a portion of the total food distribution request would be used to support food bank staff responsible for distribution.

Cleaning Support/Supplies: There have been significant increases in costs to operate a congregate emergency shelter. IAE is requesting \$34,000 for cleaning supplies, cleaning/disinfection services for bedding, and sanitization services for host sites. Cots, sheets and bedding must be disinfected each night which has more than doubled the cost of laundry services since the pandemic. Additionally, each host site also requires additional deep cleaning and disinfecting services on a more frequent basis for hosting the overnight shelter program.

HEPA Air Purifiers: According to the U.S Environmental Protection Agency (EPA), a HEPA (or high efficiency particulate air) filter is able to remove “at least [99.97%](#) of dust, pollen, mold, bacteria, and any airborne particles ≥ 0.3 microns.” Also according to the EPA, air purifiers with HEPA filters reduce contaminants, including viruses, from buildings or small spaces. IAE is requesting up to \$2,000 to purchase a large air purifier for the Hospitality Center, a second large air purifier for the adjoining sleeping area, and a small purifier for the computer training room. These portable electronic appliances would help to protect shelter guests and day service participants from contracting viruses and airborne illnesses including COVID-19 and are also within procurement guidelines.

According to the [Centers for Disease Control and Prevention](#), people who spend a majority of time in congregate settings are at an increased risk for severe illness, including COVID-19. Congregate settings like overnight emergency shelters and day shelters that offer services to people experiencing homelessness put participants at increased risk of contracting illnesses unless they follow safety protocols. Additionally, Evanston’s homeless population is more likely to have underlying medical conditions that increase the severity of COVID impact. Participants of emergency shelter and day service shelter programs are more likely to include people who are immunocompromised, people with chronic health issues, and older adults. Additionally, this [population](#) includes a disproportionate number of people from racial and ethnic minority groups and people with disabilities, both groups also recognized by the CDC as at increased risk of

getting very sick or dying from COVID-19. Use of CDBG-CV funds for eligible activities including provision of food and food distribution, cleaning services and supplies and air purifiers for congregate shelter settings will help respond to and prevent the spread of COVID-19 for a vulnerable target population.



Memorandum

To: Members of the Social Services Committee
From: Ike Ogbo, Health & Human Services Director
CC: Sarah Flax, Interim Community Development Director, Marion Johnson, Housing & Grants Supervisor, Jessica Wingader, Sr. Grants & Compliance Specialist
Subject: Discussion and Vote to Recommend Approval to City Council Allocation of \$60,400 of CARES Act (CDBG-CV) Funds for Health Staff Responding to the COVID-19 Pandemic
Date: November 10, 2022

Recommended Action:

Staff recommends the Social Services Committee approve and recommend to City Council the funding request of \$60,400 for health staff to continue to respond to COVID-19 related activities which are eligible expenses under the CARES ACT, CDBG-CV grant.

Funding Source:

\$60,400 in CDBG-CV CARES Act Funds from account: 215.21.5226.XXXXX

CARP:

Emergency Preparedness & Management

Committee Action:

For Action

Summary:

Since February 2020, Health and Human Services Department (HHS) staff have continued to respond to the COVID-19 pandemic by implementing an array of public health and scientific driven strategies to curtail the spread of the virus. These strategies have included but not limited to maintaining situational awareness, working with hospitals and health agencies to ensure coordination of proper infection control measures, establishing guidelines and providing isolation/quarantine instructions, testing, issuing mandates, issuing public health orders for compliance purposes, providing PPE including testing materials to schools, long term care settings and the public, dissemination of data, information and trends to keep the public informed, data analysis of cases, responding to concerns, questions and inquiries from the public thereby providing guidance and education, providing mitigation activities and guidance at schools, daycare centers, long term care facilities or other settings, on-site visitations at

facilities as long term care facilities to ensure protocols are carried-out effectively, establishing vaccination protocols, establishing mass on-site COVID vaccination events including home-bound vaccinations for those who cannot attend on-site vaccination events due to a disability or medical condition plus other strategies.

Due the implementation of these strategies, the City has been able to respond in a significant fashion to address numerous fears and concerns during this pandemic and curtail the spread of the virus in the community. Inasmuch as the City is currently at a low community risk for COVID-19 and has been for months, it is important to note that COVID-19 pandemic has not been declared to be over. At this stage of the pandemic, HHS has scaled back a number of its operations and have reduced the number of staff who performed tremendously at the height of the pandemic. HHS has positioned its operations to be prepared for and prevent the next possible substantive wave of the virus instead of being reactive. In order to continue to be prepared in this manner, a number of experienced staff members are needed to continue to provide support to COVID-19 related efforts.

At the height of the pandemic, HHS received a number of State grants of which almost all have expired; the most significant of them expires in December, 2022. Funds for HHS operations and staff are still needed to continue response efforts and activities in 2023. The CARES ACT CDBG-CV funding has been identified for this purpose.

At this juncture of the pandemic, the most pressing need for HHS is to retain a few staff members to continue to respond to COVID-19 related activities. The staff levels for 2023 will be further reduced from the current levels based on the lessened mitigation activities surrounding COVID-19 at this time. The request is to retain a full-time Case Investigator, reduce the full-time Communicable Disease Liaison to High Risk Populations to a part-time position and reduce the full-time Public Health Data Analyst to a part-time position. Another request is to hire a vaccination consultant on a contractual basis. The vaccination consultant will be responsible for vaccination efforts especially for home-bound vaccinations that are conducted at most twice a month nowadays. The home-bound vaccinations are performed for community members who are unable to attend on-site vaccination events due a disability or medical condition.

The breakdown of costs including the roles of the staff to be retained are provided below. The request is to fund these positions from January 1 through June 30, 2023.

- Case Investigator (Full-time salary at \$ 24,600) The position directly contacts staff affected by COVID-19 and provides isolation and quarantine instructions plus education. The position serves as a community Liaison and provides education and mitigation protocols to schools, daycare establishments and other settings. Additionally, the position assesses the need for social and supportive services so that services can be provided to affected community members. Furthermore, the position monitors and enters data related to case investigations into various surveillance databases and systems.
- Communicable Disease Liaison to High Risk Population (Part-time salary at \$16,400). This position develops and implements active communicable disease surveillance systems particularly for high risk populations at Evanston long term care and congregate settings who are more vulnerable to COVID-19 or other communicable diseases. Staff

also performs community investigations and provide mitigation protocols using all the necessary disease prevention recommendations and guidelines when indicated of incidents related to COVID-19 and other communicable diseases. Additionally, the position ensures that appropriate district and local public health officials are informed of potential outbreaks and/or diseases identified within the region thereby providing measures necessary to prevent or reduce transmission rates.

- The Public Health Data Analyst (Part-time salary at \$16,400). This position is responsible for providing expertise in the systematic collection, management, and statistical analysis of data for public health purposes including program planning, population health assessment, indicators, metrics, surveillance systems, and outbreak trends relating to COVID-19. The position is responsible for determining disease patterns and epidemiology needed in a public health response against COVID-19. The position also provides data illustrations, interpretations and presentations including information that keep the public informed on the status of the pandemic in our community.
- Vaccination Consultant (Contractual basis, twice a month at \$3,000). The position is responsible for COVID-19 vaccine administration and providing education related to COVID-19 vaccines. The position is also responsible for administering vaccines at City organized vaccination sites, community vaccination events but especially during home vaccinations for community members who are unable to travel to vaccination sites due to medical conditions, disability or mobility issues.

The total request for these positions is \$60,400 from January 1 through June 30, 2023. Performing necessary public health-driven tasks with the assistance, these professional staff members and numerous strategies established in the course of this pandemic will continue to result in the prevention and control of diseases, death and hospitalization in our community.