Polk County Health Services

2020 Integrated Health Homes/Service Coordination

Outcomes Evaluation

LAW, HEALTH POLICY & DISABILITY CENTER

David Klein, Director of Technology
Tessa Heeren, Assistant Research Scientist

University of Iowa College of Law
Iowa City, Iowa 52242

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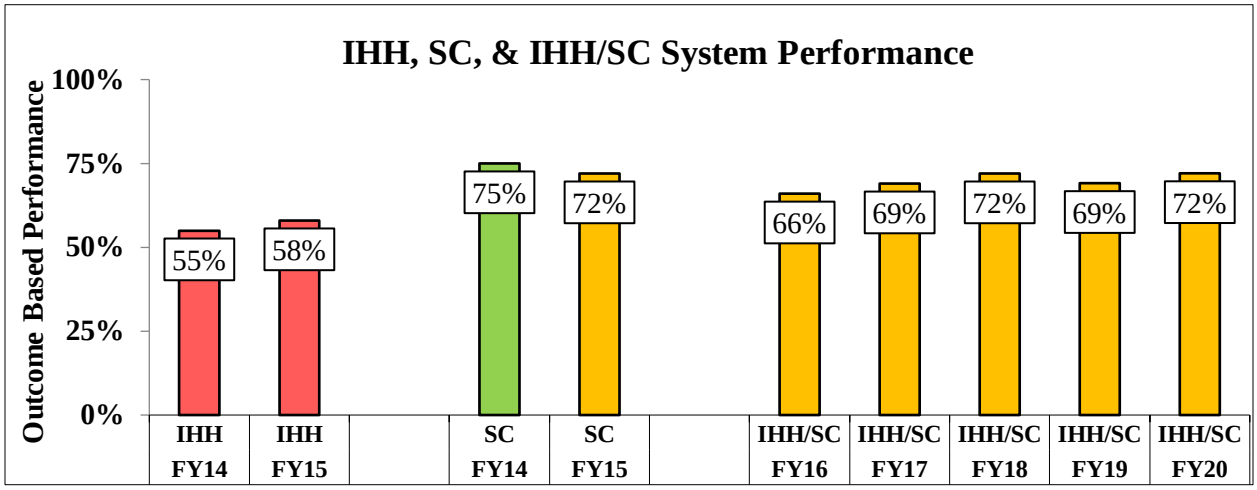
POLK COUNTY INTEGRATED HEALTH HOMES/SERVICE COORDINATION EVALUATION SUMMARY

SUMMARY

This is a report on the findings of the evaluation of care coordination for participants with mental illness NonIntensive Care Management (NICM) from July 1, 2019, through June 30, 2020. Results for integrated health home (IHH) and service coordination (SC) programs are combined for the evaluation. Thus, there are three integrated health home/service coordination programs evaluated by the population served. Programs vary in size with smallest serving a monthly average of 215 participants to the largest with 891 participants. The IHH/SC programs serve only adults.

Agency	Avg. Participants Served per Month
IHH-ICM/SC Programs	
Broadlawns IHH-ICM/SC	891
CSA IHH-ICM/SC	215
Eyerly Ball IHH-ICM/SC	587
System	1,693

This year, **the Integrated Health Home / Service Coordination system** was challenged by outcome expectations. This is the fifth year that IHH and SC outcomes were combined. The combined system achieved an overall 72% performance, resulting in a Needs Improvement rating. Two programs met expectations and the other was challenged by the evaluation expectations.



The IHH/SC system **exceeded expectations in six outcome areas**: Community Housing, Negative Disenrollment, Appropriate Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes.

The system **met expectations in five outcome areas**: Involvement in the Criminal Justice System, Employment-Engagement Toward Employment, Adult Education, Participant Satisfaction, and Quality of Life.

The system was **challenged in the remaining seven outcome areas**: Homelessness, Employment – Working Toward Self-Sufficiency, Participant Empowerment, Family and Concerned Others Satisfaction, Access to Somatic Care, and Community Inclusion.

A key measure of any service is the satisfaction of those being served. Despite challenges in many areas, participants reported being satisfied with the services provided, with the quality of their lives, and with the staff who assisted them. In interviews, participants and concerned others described IHH/SC staff as compassionate, respectful, helpful, and prompt. They often mentioned improvements in their lives and close relationships with staff. Participants appreciated both the practical and emotional support that staff provided. For some programs, participants and concerned others raised concerns about staff turnover, high caseloads, and the impact this has had on continuity of services and supports.

The combined IHH/SC system performed well in several areas. More than nine of every ten participants (94%) were reported to be living in safe, affordable, acceptable, and accessible community housing.

In contrast, the system averaged high rates of homelessness. The system reported a total of 4,270 homeless nights, averaging two and a half homeless nights per participant for the year, comparable to the previous year (3,492 nights). One IHH agency reported referring members who had been repeatedly denied housing to Primary Health Care's (PHC) housing navigator for assistance securing housing.[1] IHH agency staff discussed the local housing assistance landscape, noting several challenges, including:

- Generally, IHH staff reported a consistent increase in cost of living and fewer affordable housing units available, which limits IHH participant housing options.
- One IHH agency reported that charities that filled an important gap in housing assistance, namely deposit support, have closed during this fiscal year without plans to reopen.
- IHH staff reported that Conlin properties, a property management organization in the Des Moines area, which reliably leased housing to participants, significantly reduced its Section 8 rental offerings this reporting period.
- One IHH agency reported a discontinuation of available funds dedicated to rapid rehousing, which caused delays as care coordinators requested funding through general assistance. Rapid rehousing is a critical funding source for IHH participants who have not reached the 6 months of continuous services threshold to become eligible for more comprehensive county services.[2]
- One IHH agency reported referring members who had been repeatedly denied housing to Primary Health Care's (PHC) housing navigator for assistance securing housing.[3]

One of every three participants (34%) was engaged in employment, working at least five hours per week, and about one of every seven participants (16%) was working at least 20 hours per week. IHH agencies reported that many employed IHH participants working in retail and food service were temporarily furloughed or indefinitely laid off from jobs because of COVID-related closures of stores and restaurants. In addition, education outcomes were impacted since fewer participants needed work-related trainings and certifications.

One of every four adult participants (24%) was pursuing education related to employment. IHH agencies reported employment and education referrals to the Evelyn K. Davis Center, which offers a variety of educational opportunities that reflect participant interests (beyond GED completion). The mid-March 2020 closure of public libraries eliminated access to computers and internet for some participants. While the Des Moines Public Libraries have Wi-Fi available adjacent to buildings and reinstated time-limited and regulated public computer use by appointment, barriers still exist for participants without computers or who prefer walk-in access. IHH agencies reported library closures directly impacted education outcomes by limiting access to online learning opportunities. IHH agencies reported that members who

[1] https://phciowa.org/homeless-support-services/
[2] http://www.polkcares.org/media/1233/approved-ci-policies-procedures-6-12-2017-word-version.pdf
[3] https://phciowa.org/homeless-support-services/

prefer in-person learning (due to learning style and attention span considerations) opted to defer educational plans rather than enroll in online classes.

Programs were successful in supporting participants' physical and mental health. More than nine of every ten (92%) participants received a physical or care during the year from a primary care physician or medical specialist. IHH agencies reported that using Managed Care Organization (MCO) portals has enhanced agencies' ability to document completion of somatic care outcome. IHH agencies reported that while telehealth visits were an available option to meet the somatic care outcome, many participants delayed nonemergent care, for the following reasons:

- Lack of access to computer or internet
- Lack of technological literacy or low motivation to learn how to access telehealth
- Privacy concerns for having an appointment in a shared household
- Lack of confidence in thoroughness of an exam completed remotely
- The challenge of adhering to scheduled appointments for some members
- Lack of assistance from staff to learn new technology or provide transportation to appointments
- Deterrence of mental health symptoms (e.g. increased paranoia of contracting virus) from using in-person appointments
- Deferring of nonemergent in-person appointments by most clinics and providers
- Delays in clinic transition of in-person appointments to telehealth for participants who had scheduled appointments

However, IHH agencies reported that telehealth appointments were a good option for some participants who typically isolate and might not attend an in-person appointment.

This year, Emergency Room visits exceeded expectations with a total of 41 ER visits (0.02 average) for the year in the system. Programs were successful in supporting participants to minimize psychiatric hospitalizations. IHH providers reported that the April 2020 establishment of Unity Point's Behavioral Health Urgent Care clinic assisted in the diversion of psychiatric emergency room use and hospitalizations, particularly by providing observation and medication fills for participants with urgent needs.[4] IHH staff reported participant preference for the flexibility of walk-in services and extended hours of service. IHH agencies reported participant reluctance to visit the ER as a first option in a crisis (for fear of virus exposure) compelled members to rely on agencies more for crisis support.

Very few participants were negatively disenrolled, and within the service coordination tracks two of every five (39%) participants were appropriately disenrolled to other services or independence.

The system improved in involvement with the criminal justice system from last year. Total jail days reported by the system were 3,782, averaging over 2 jail days per participant for the year, almost half of those reported in FY19 (6,736). One IHH agency reported local law enforcement was not arresting and booking people for lesser charges to reduce jail capacity during the pandemic. One IHH agency reported improvement in jail diversion due a recent development of timely notification of member arrests, which prompts responsive service planning. Additionally, the agency reported building relationships with staff and attorneys in the public defender's office to navigate processes such as requesting probation release.

All IHH/SC programs were challenged by the Community Inclusion criteria. Of participants, 70% were reported to have met these criteria during the year, down from 86% last year. IHH agencies reported that their ability to follow through with planned services was diminished because of the pandemic, which generated dissatisfaction with some members. Examples of affected services included promotion of and accompaniment to community inclusion opportunities and in-person support groups. IHH agencies reported increased one-on-one outreach over the phone and additional no-contact services such as grocery delivery.

[4] https://www.unitypoint.org/desmoines/article.aspx?id=da2564a8-45f6-4e26-8e24-a0315d55a1c5

The IHH/SC programs continued to be challenged by the Participant Empowerment outcome area, with only one agency meeting expectations. Participant Empowerment is based entirely on the file review. Of the 119 files reviewed, 97 (84%) were found to meet expectations for the Participant Empowerment outcome, though an improvement from last year (74%). The most challenging criterion for IHH/SC programs was documenting that services were delivered regularly. Several files showed gaps of a month or more in documentation of services. Documenting consumer involvement in the goals was also challenging. Goals are essential to service provision. They document the agreement between the individual's choices and desires, the services that the program is willing and able to provide, and the basis for which funding is provided. Without such plans, services are unguided, participants do not know what they can expect, and one may question the provision of public funds. Thus, documentation of goals is critical to the functioning and accountability of service provision. Employment and education are expectations for most individuals receiving services. Documenting that employment or education (or community inclusion for individuals with higher needs) was addressed during visits with staff.

One issue of note in the file review was some underreporting of certain outcomes like Homelessness, Somatic Care, and Hospitalization. In addition, agency staff are required to assess housing of participants shortly after they move into new housing, to determine whether the housing meets Community Living criteria. These timely assessments were frequently missed, and Community Living criteria would instead occur at the next annual review. Discussions with agency directors and staff suggested that they felt overburdened with duplicate data collection and increased regulations from different oversight agencies, such as Polk County, the MCOs, and the state, which have different reporting requirements. Thus, some reporting did not occur, either because of confusion or errors by staff. The agencies reported that Quality Assurance procedures and policies had not changed but were unable to keep up.

The differences in reporting requirements were not the only challenges facing IHH/SC providers this year. The state onboarded a new Medicaid Managed Care Organization (MCO) this reporting period, namely, Iowa Total Care. Iowa Total Care began services on July 1, 2019, concurrent with the withdrawal of another MCO, United Healthcare. Along with managing the transition of participants across MCO providers during this period (such as transferring and re-establishing pre-authorized services), IHH agencies were responsible for learning and navigating the preferred portal, documentation, and processes of Iowa Total Care (along with separate process of Amerigroup, a continuing MCO), per Informational Letter 2035:

> *Beginning July 1, 2019, all claims for services provided on or after July 1, 2019, for MCO-enrolled members must be submitted directly to the appropriate MCO, adhering to each MCO's claims submission and timeliness guidelines.*

Changes cited by the agencies included increased regulations, higher caseloads, and changes in reporting by MCOs. Examples of these include increased audits. One agency reported having to audit 143 cases in the prior month. The Quality Assurance process requires regular Quality Assurance audits. One agency reported that one staff was dedicated to auditing. Authorizations to higher tiers often require additional information added after a treatment plan has been submitted and require frequent resubmissions, for example, a change from third person to all first person in the narrative. InterRAIs required participant signatures and were requiring an increased number of attachments, such as treatment plan, and health and wellness assessments. Effective July 1, 2020, IHH billing procedures were recalibrated, requiring IHH providers to categorize service delivery into one of six core service informational codes for Per Member Per Month billing and reimbursement,[5] which may affect results for FY21. Case notes are becoming longer in response to the changing expectations. Additional documentation, such as proof for residential setting assessments, enrollments, disenrollments, was requested. Effective April 16, 2020, Iowa Medicaid Enterprise (IME) refined its definition of Incident Reporting, which delineates that "all major incidents must be reported by the case manager or service provider that first becomes aware of the incident

[5] https://dhs.iowa.gov/sites/default/files/2150-MC-FFS_IHH_Billing.pdf?072920201558

regardless of when or where the incident occurred." Incidents that trigger the completion of the form and submission to Iowa Medicaid Portal (IMPA) database include law enforcement intervention, physical injury, or emergency mental health treatment, medication errors, and inability to locate an enrolled member. Further, with the addition of new MCOs, such as the entry of Iowa Total Care this year, staff were required to learn new portal expectations, which are not consistent across MCOs. Persistent issues with each MCO system prompted the state to establish a system configuration posting process in December 2019, in which providers can monitor functionality updates about each MCO's reporting databases.[6]

Along with changes to documentation expectations, IME has developed a technical assistance program to disseminate expectations to the workforce. IHH agencies shared perceptions that the state is focused on stringent documentation, which could be attributed to a recent audit of the state's IHH programs. The audit report was released in April 2020 by the U.S. Office of Inspector General and cited inconsistent documentation resulting in improper payments to Iowa's Health Homes. The report included recommendations to restore program integrity through revisions to documentation definitions, refine reimbursement rates, and educate providers on expectations. The training resources disseminated by IME include newsletters and quarterly webinars, which include presentations delineating the distinct expectations from each agency overseeing IHH, namely IME, Amerigroup, and Iowa Total Care.

Agencies are concerned that their caseloads are increasing by requirements from regulatory bodies. Broadlawns estimated caseloads of about 45 participants per Case Coordinator for IHH and between 60-75 participants per Coordinator for Service Coordination, compared to about 40 for IHH and 65 for SC last year. CSA estimated about 55 combined Intensive Case Management (ICM) and NonIntensive Case Management (NICM) participants per Coordinator and about 60 per Coordinator for SC, as compared to about 50 for IHH and 60 for SC last year. Eyerly Ball estimated 45 per Coordinator for ICM and 85 for NICM, compared to 43-45 for IHH last year.

IHH agencies expressed that the above changes to state reporting requirements, engaging in accompanying trainings, and expectations of continuing regulatory developments (updated IHH State Amendment (SPA) to be effective January 2021) are detracting from staff time with members. Managing administrative workloads and maintaining workforce training to ensure consistency in documentation are concerns for IHH agencies, especially because of the high caseloads staff are managing, with PCHS agencies reporting 45-80 members (range varies with ICM designation) for each staff member. The current caseload *goal* is fewer than 50 members.[7]

Overall, despite challenges with homelessness, the system has maintained a high percentage of participants in housing. And despite challenges in employment for self-sufficiency, somatic care, and community inclusion, which can be characterized as outcomes that tend to be achieved as participants become more stabilized, the system has continued to reduce visits to the emergency room and hospital stays for psychiatric reasons. And notably they have maintained a high level of satisfaction with participants.

COVID-19

An additional challenge this year was the COVID-19 pandemic. The Iowa state of emergency began March 9, 2020, with the Governor's Proclamation of Disaster Emergency, with gradual reopening starting with an April proclamation for outside businesses, and May proclamations for indoor businesses. The pandemic resulted in statewide job layoffs and furloughs, and many citizens were substantially confined to their residences for four months of the fiscal year.

In interviews, participants were asked three questions in addition to questions normally asked to assess satisfaction with the program.

[6] https://dhs.iowa.gov/sites/default/files/2077-MC_MCO_System_Configurations.pdf?090820202229
[7] https://dhs.iowa.gov/sites/default/files/IowaTotalCare_Presentation_QPT-Q1.pdf?090920201819

1. Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?
Of the 147 participants who responded to the COVID questions, 119 responded Yes, 11 responded NO, 16 responded Some, Not All, and 1 responded Other. When asked to elaborate, respondents generally agreed that they were getting their needs met with little change in services. Generally respondents mentioned most contacts were by phone, though some face-to-face meetings apparently occurred, both in the homes and at the agencies. A few noted alternative methods, such as Zoom, were used for visits. Respondents predominantly described no changes, or very few, in their services and that their staff were responsive to their needs. However, a small number did state that they experienced reduced or no services after the pandemic started. Some listed specific services they received. Many described having food delivered and staff providing safety measures, such as receiving masks, gloves, cleaning supplies, and information about virus protection. Several mentioned changes in transportation, such as having to take the bus or taxis, and generally saw this change as a limitation. Many expressed that they now received healthcare predominantly through telehealth. A few lamented not being able to get as much exercise. A few mentioned feeling isolated ("like I was in prison all over again"), but others expressed that they liked the isolation ("I'm in my element"). One participant found employment.

Of those who responded that some, or none, of their needs were getting met, several missed social contact, such as having face-to-face visits with staff or getting into the community. A few felt that their mental health needs or goals were not being met, with one concerned that symptoms were increasing. A few were not getting transportation they needed, such as to appointments. A few had missed healthcare appointments. A few wanted assistance with household tasks, such as cleaning or running errands. One participant did not get expected new housing. One expressed "I've just got nothing I've asked for."

2. Who initiated contact between you and your team since mid-March?
Of the 147 respondents, 129 responded that contacts were initiated by the agency, 4 responded "Participant Initiated," 11 responded "Other," and 3 responded "Neither." Among the participants who responded "Other," those who initiated contact included a relative, physician, guardian, community support worker, Family Enrichment Center staff, SCL worker, and Iowa Home Care worker. In one case, the initiator learned that the IHH/SC staff had left the agency.

3. In what ways did you communicate?
Of the 143 respondents, 44 responded that contacts were conducted via phone, 37 responded by text, 18 responded by email, and 44 responded "Other." Of the 44 respondents who responded "Other," 31 responded that they meet face to face. Other modes of contact included regular mail, conferencing software such as Zoom, Doxy, Facetime, or "video." One responded that they take photos of paperwork and send by mail. One participant asked the staff to "drive by and wave because I miss her."

Selected quotations from these questions have been included in the Participant Satisfaction Outcome section below.

Agencies consistently reported that the onset of COVID and consequent responses from the state affected some of their outcomes this year. Community Inclusion was most commonly cited as the outcome most affected. After the Governor's Proclamation, nearly all social activities were closed, particularly those that historically received the most participation among participants, including visits to local museums, sports events, and local festivals. Even churches were closed, with many eventually going online. Even after some activities were allowed, many participants, particularly those with severe health concerns, continued to isolate in their homes or otherwise avoid social interaction. Although not all agencies experienced a clear drop in meeting Somatic Care expectations, all agencies reported that getting participants into annual health appointments became challenging because primary care physicians' offices

were either closed or accepting only patients for urgent care, rather than physicals. Again, many participants were reluctant to go to places where coronavirus patients would likely be present. On the other hand, one agency reported that some participants were more committed to retain their housing, rather than go outside their safe space. As many participants were laid off or furloughed, and without jobs, fewer were able to participate employment-based training. The Employment outcomes did not have a second reporting period this spring because of COVID, so these outcome scores do not necessarily reflect the effects of the virus. However, agencies reported that they expect Employment scores, along with scores for the other affected outcomes, will likely be reflected in next year's evaluation because effects of the virus continue.

Additional Satisfaction Questions Related to COVID-19 Pandemic - System Results				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	119	11	16	1
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	4	129	11	3
	Phone	Text	Email	Other
In what ways did you communicate?	44	37	18	44

DETAILS

Background Information: This is the fifth year that data for the Integrated Health Homes was combined with that from Service Coordination. LHPDC has served as the independent evaluator for more than a decade. David Klein, Director of Technology, and Tessa Heeren, Assistant Research Scientist, at the Law, Health Policy & Disability Center (LHPDC) were the primary individuals involved in completion of the evaluation. University of Iowa's Iowa Social Science Research Center (ISRC) conducted the interviews.

Changes in Evaluation Procedures:

For the FY20 evaluation, at the request of PCHS, LHPDC added three questions to the satisfaction interviews to provide an understanding of how the COVID-19 pandemic affected services from the perspective of participants. An analysis of the results is included in the Introduction. Verbal responses are included in each agency's summary.

Procedures: The following outlines procedures for the evaluation. Information was obtained from five sources:

- Meetings with program supervisors and staff members
- Documentation of changes to state Medicaid policies and program requirements
- File reviews
- Interviews with participants and family members
- Analysis of data submitted to Polk County Health Services (PCHS)

Meetings. Exit interviews over Zoom web conference software were conducted with directors and staff at each agency in September to review the outcome data with them and receive their insight on agency performance for the year.

File Reviews. The evaluators randomly selected at least ten percent sample of the active files of each agency at the time of sampling for file review but capping the samples at 50 for the larger agencies (119 IHH/SC total). The File Review Form (Appendix A) was used to monitor documentation. The expectation is that reported results will be consistent with information in the file in order for PCHS to have confidence in and rely on the information reported by the programs. Participant Empowerment outcome is based solely on the file review. As technical assistance, programs were provided with information from the file review.

Participant Interviews. The evaluators interviewed at most ten percent of adult program participants at the time of sampling from each of the agencies, resulting in a total of 149 IHH-SC participant interviews (80 BMC, 20 CSA, and 49 Eyerly Ball). Because of the pandemic, interviews were conducted entirely by phone. The Participant Satisfaction and Quality of Life interview questions are included as Appendix B of the report. Comments from the interviews are included in each program's summary. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotations.

Concerned Others Interviews. The goal was to interview approximately ten percent of family members or concerned others of program participants at the time of sampling as part of the evaluation process. For the IHH-SC program, evaluators were able to complete only 131 of the expected 149 family and concerned other interviews because of a response rate from the sample from one agency. These family members or concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted by phone. The interview questions for Family and Concerned Other Satisfaction are contained in Appendix C of the report. Comments from the interviews are included in each program's summary. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotations.

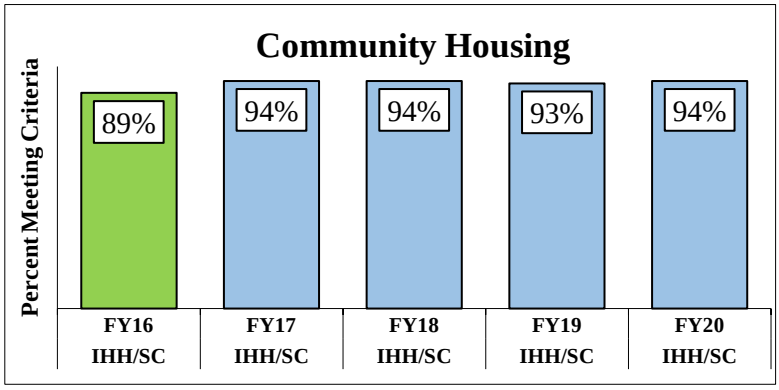
Data Analysis. The evaluator was provided with all data that each of the programs reported through the PolkMIS data system.

OUTCOMES

This section of the report includes descriptions of and results for each outcome area. Evaluation results are discussed along with information from file reviews, participant and family member interviews, and meetings with program staff. Specific outcome criteria definitions are included in Appendix E.

COMMUNITY HOUSING

Outcome: Individuals with disabilities will live successfully within the community in safe, affordable, accessible, and acceptable housing. PCHS recognizes that individuals with disabilities face challenges to find safe, affordable, accessible and acceptable housing. The intent is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community. To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible, and acceptable.



Goal	Rating	Points
90% - 100%	Exceeds Expectations	4
80% - 89%	Meets Expectations	3
70% - 79%	Needs Improvement	2
Below 70%	Does not meet minimum expectations	1

Community Housing

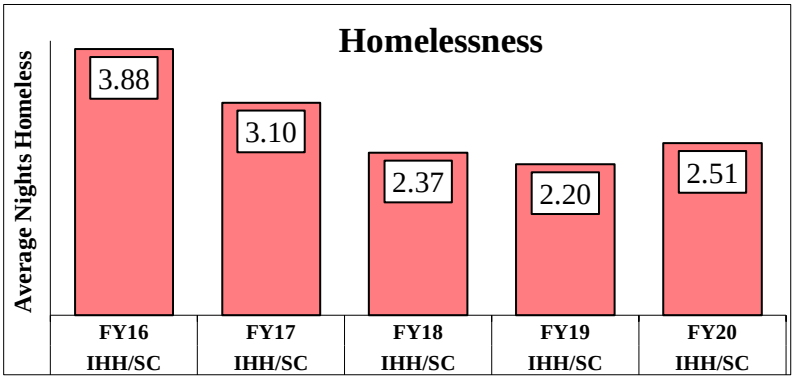
IHH/SC Organization	Results 2019	Score 2019	Results 2020	Score 2020
Broadlawns	99%	4	99%	4
CSA	84%	3	92%	4
Eyerly Ball	86%	3	87%	3
IHH/SC System Avg.	93%	4	94%	4

General Comments: The IHH/SC system remained stable this year in housing with more than nine of every ten participants living in community housing that was safe, affordable, accessible, and acceptable. Two agencies exceeded expectations and one agency met expectations in this outcome area this year. One agency noted that large deposits requirements (e.g. amount equivalent to 3-months' rent) for leases are impossible for members to manage, as the required amount often exceeds income eligibility for county services.[8]

[8] https://dhs.iowa.gov/sites/default/files/09-Polk-FY20-ASBP.pdf?090420202230

HOMELESSNESS

Outcome: Reduce the number of nights spent homeless. The intent of this outcome is to provide adequate supports for people in the community. The outcome is measured by the average number of nights spent in a homeless shelter or on the street per individual per year.



Goal	Rating	Points
0 – .4 night	Exceeds Expectations	4
.41 – 1 night	Meets Expectations	3
1.01 – 2 nights	Needs Improvement	2
2+ nights	Does not meet minimum expectations	1

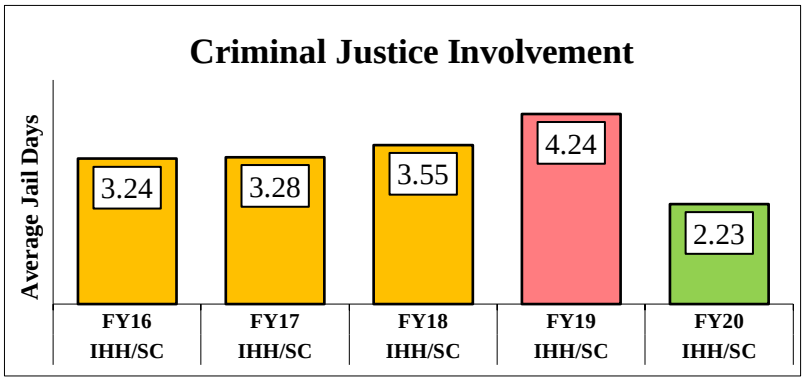
Homelessness

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	1.49	2	0.50	3
CSA IHH/SC	1.54	2	1.68	2
Eyerly Ball IHH/SC	3.75	1	5.88	1
IHH/SC System Avg.	2.20	1	2.51	1

General Comments: The IHH/SC system continues to be challenged in this outcome area, averaging more than two homeless nights per participant. Program results were mixed. The system rating of Does Not Meet Minimum Expectations was largely the result of high homeless rates reported by one of the three IHH/SC programs, with one agency scoring as a Needs Improvement rating and one as Meets Expectations. Broadlawns had a total of 450 nights. Out of 48 individuals, 13 (2%) experienced over 4 months of homelessness. CSA had 4 participants (2%) homeless for 361 nights, accounting for 91% of the nights. And Eyerly Ball had 48 participants (8%) homeless for 3,459 nights. Eyerly Ball had 13 participants experience more than 4 months of homeless nights, accounting for 61% of the nights.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Outcome: Minimize the number of days spent in jail. The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses. The measure for this outcome is the average number of jail days utilized per person per year.



Goal	Rating	Points
0.00 – 0.99 day	Exceeds Expectations	4
1.00 – 2.99 days	Meets Expectations	3
3.00 – 3.99 days	Needs Improvement	2
4+ days	Does not meet minimum expectations	1

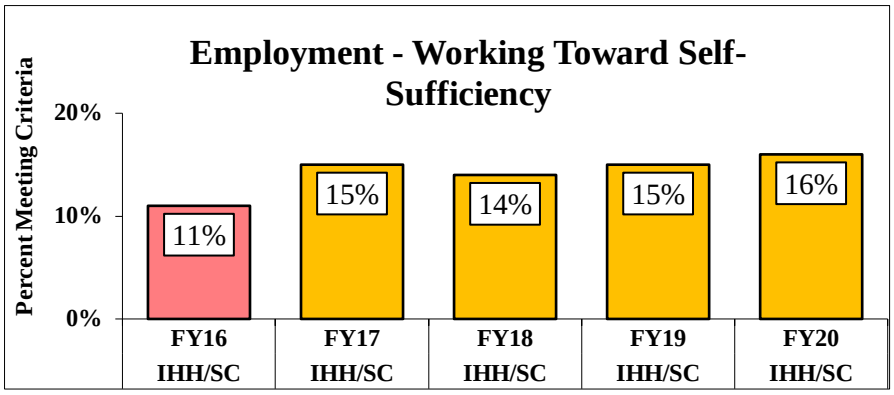
Jail Days

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	3.66	2	2.16	3
CSA IHH/SC	3.51	2	3.07	2
Eyerly Ball IHH/SC	5.59	1	2.02	3
IHH/SC System Avg.	4.24	1	2.23	3

General Comments: This year the average number of days participants spent in jail decreased to over 2 days per participant on average, changing the rating from Does Not Meet Expectations to Meets Expectations for the Involvement with the Criminal Justice System outcome, the first year since the programs have been combined. At Broadlawns, 81 participants (9%) experienced at least one night in jail. At CSA, 21 participants (10%) had at least one night in jail. And at Eyerly Ball, 72 participants (12%) had a least one night in jail.

EMPLOYMENT OUTCOMES – WORKING TOWARD SELF-SUFFICIENCY

Outcome: The number of individuals engaged toward employment during the year will increase. PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week, earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (typically October and April). However, because of COVID-19, the reporting for the spring period was not required this year. The fall reporting period was October 6 – 19, 2019. Note that prior to FY18 reporting was conducted over four one-week reporting periods (quarterly).



Working Toward Self-Sufficiency Goal	Rating	Points
33% - 100%	Exceeds Expectations	4
18% - 32%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

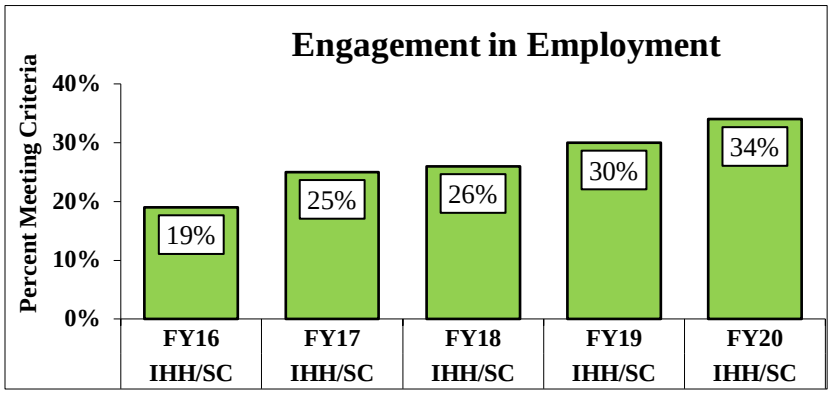
Working Toward Self-Sufficiency

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	12%	2	14%	2
CSA IHH/SC	32%	3	34%	4
Eyerly Ball IHH/SC	12%	2	11%	1
IHH/SC System Avg.	15%	2	16%	2

General Comments: The IHH/SC system continued to be challenged this year, reporting 16 of every 100 participants working toward self-sufficiency. Program results were mixed with one IHH/SC program exceeding expectations and two challenged in this outcome area. Among all agencies, 240 participants out of 1,481 eligible participants were working at least 20 hours per week making at least minimum wage. IHH agencies reported that concerns of benefit ineligibility or reduction of assistance is a common barrier for members who are considering engaging in employment. Thus, benefits planning is an important service (provided by Candeo, Goodwill, Vocational Rehab, Iowa Workforce Development). IHH providers reported that current providers are very knowledgeable in navigation of Medicaid and SSI but could improve on knowledge of interactions with other benefit programs, including Medicare and SNAP.

EMPLOYMENT OUTCOMES – ENGAGEMENT TOWARD EMPLOYMENT

Outcome: The number of individuals engaged toward employment during the year will increase. PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (typically October and April). However, because of COVID-19, the reporting for the spring period was not required this year. The fall reporting period was October 6 – 19, 2019. Note that prior to FY18 reporting was conducted over four one-week reporting periods (quarterly).



Engagement Toward Employment Goal	Rating	Points
40% - 100%	Exceeds Expectations	4
18% - 39%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

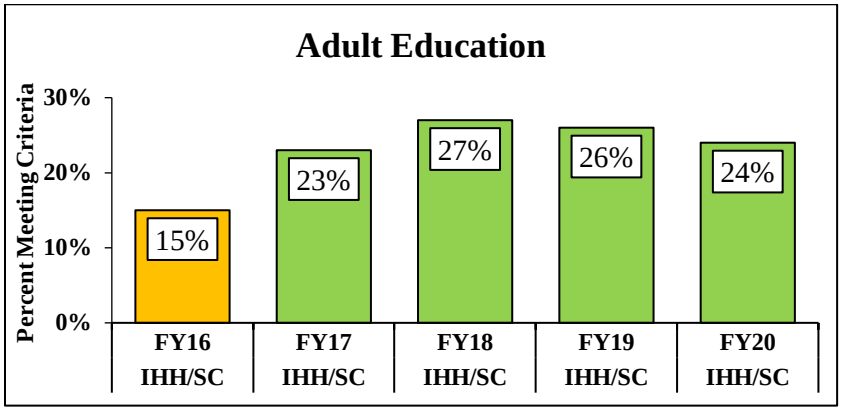
Engagement Toward Employment

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	25%	3	36%	3
CSA IHH/SC	52%	4	53%	4
Eyerly Ball IHH/SC	27%	3	24%	3
IHH/SC System Avg.	30%	3	34%	3

General Comments: About one of every three IHH/SC participants was working five or more hours at or above minimum wage, meeting expectations. This was another increase from last year in a progression of increases for the last five years. All IHH/SC programs met or exceeded expectations for this outcome this year. Among all programs, 507 participants out of 1,481 eligible participants were working at least 5 hours per week earning at least minimum wage.

ADULT CONTINUING EDUCATION

Outcome: The number of individuals receiving classes or training provided by an educational institution or a recognized training program leading to a certificate or degree will increase. PCHS recognizes with this outcome that education has an important impact on independence, employment, and earnings. Their intent for this outcome is to increase skill development. The outcome is measured by the percentage of employable individuals involved in training or education during the fiscal year.



Goal	Rating	Points
40% - 100%	Exceeds Expectations	4
20% - 39%	Meets Expectations	3
10% - 19%	Needs Improvement	2
Less than 10%	Does not meet minimum expectations	1

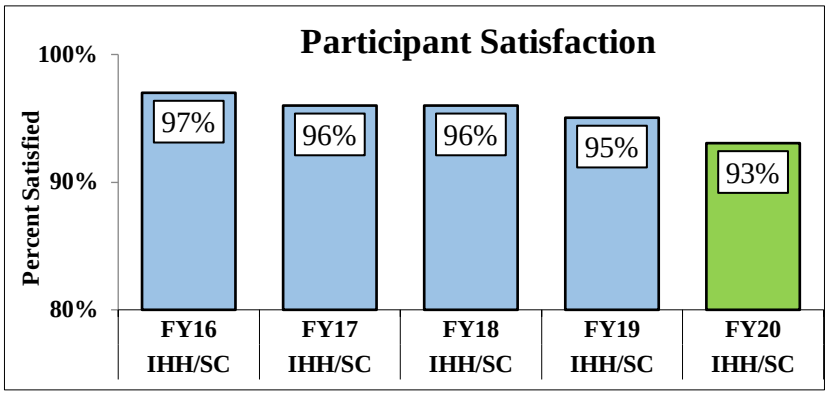
Education – Adult

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	22%	3	43%	4
CSA IHH/SC	46%	4	25%	3
Eyerly Ball IHH/SC	22%	3	9%	1
IHH/SC System Avg.	26%	3	24%	3

General Comments: The IHH/SC system met expectations again this year with about a quarter of eligible participants involved in education**.** Two of the IHH/SC programs met or exceeded expectations. One program was challenged this year with a notable decrease in participants engaged in education activities.

PARTICIPANT SATISFACTION

Outcome: Individuals will report satisfaction with the services that they receive. Individuals supported are the best judges of how services and supports are meeting their needs. Participant satisfaction is based on interviews by the independent evaluator of fifteen program participants from each agency. PCHS's expectation is service excellence. PCHS expects that the vast majority of individuals will rate their program's service in the highest category.



Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs Improvement	2
Below 85%	Does not meet minimum expectations	1

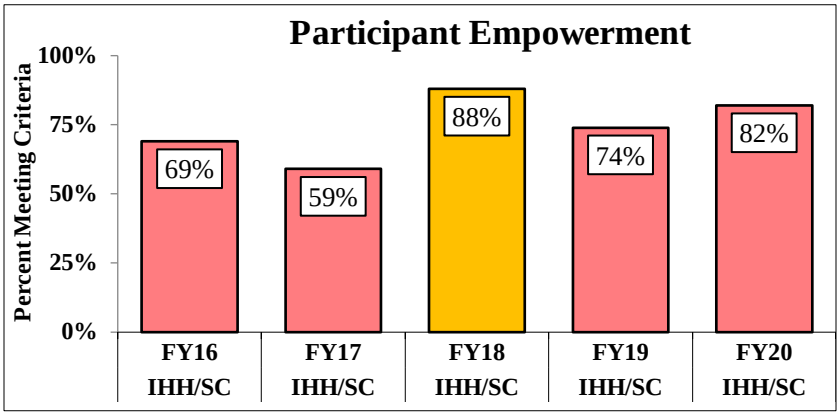
Participant Satisfaction

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	93%	3	96%	4
CSA IHH/SC	99%	4	92%	3
Eyerly Ball IHH/SC	97%	4	89%	2
IHH/SC System Avg.	95%	4	93%	3

General Comments: For the first time since the IHH and Service Coordination programs have been evaluated together, system Participant Satisfaction dropped from an Exceeds Expectations rating to Meets Expectations. Two IHH/SC programs met or exceeded expectations, and one was challenged in this outcome area. Comments from participants are included in each program's summary.

PARTICIPANT EMPOWERMENT

Outcome: Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system. PCHS recognizes that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is based on the file review. The outcome is the percent of files reviewed that meet the following four criteria: (1) evidence that the participant was involved in setting the goals, (2) individualized, measurable goals were in place and documentation of the services the program planned to provide to achieve the goals, (3) employment or education goals were addressed with the participant, or community integration if the participant is 65 or older, applying for disability benefits, or eligible for Level 5 or 6 supports, and (4) goals were regularly reviewed with respect to expected outcomes and services documented in the file.



Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs Improvement	2
Below 85%	Does not meet minimum expectations	1

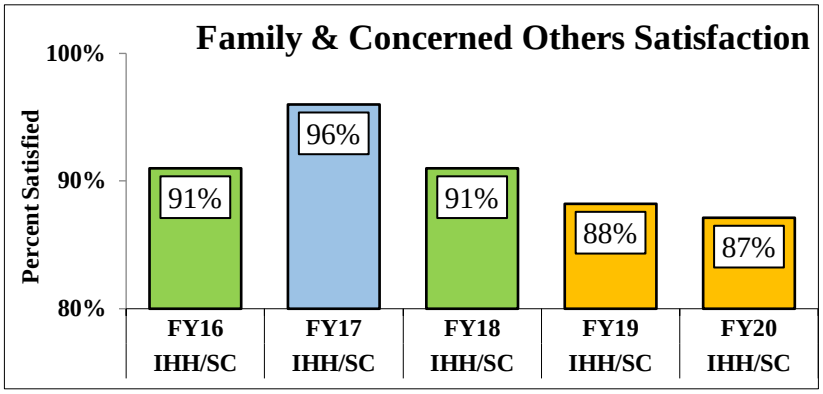
Participant Empowerment

IHH/SC Organization	Percentage 2019	Score 2019	Percentage 2020	Score 2020
Broadlawns IHH/SC	56%	1	68%	1
CSA IHH/SC	89%	2	100%	4
Eyerly Ball IHH/SC	96%	4	88%	2
IHH/SC System Avg.	74%	1	82%	1

General Comments: The IHH/SC system continues to be challenged by this outcome area, with a Does Not Meet Expectations rating. About 82% of files documented participants' involvement in creating and setting goals, that they had goals in place and were addressed regularly, and that employment or education were addressed regularly. The most common challenge among the agencies was lack of documentation that staff were providing services regularly during the year. For this component of this outcome, 90% of files met expectations. Information about each program's performance can be found in the program summaries.

FAMILY AND CONCERNED OTHER SATISFACTION

Outcome: Families and concerned others will report satisfaction with services. The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individuals supported and his/her family member with the needed services and supports. Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of ten percent, if possible, of program participants from each agency's program. PCHS's expectation is service excellence. They expect that the vast majority of family members will rate their agency's program services in the highest category.



Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs improvement	2
Below 85%	Does not meet minimum expectations	1

Family/Concerned Others Satisfaction

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	86%	2	87%	2
CSA IHH/SC	97%	4	89%	2
Eyerly Ball IHH/SC	89%	2	88%	2
IHH/SC System Avg.	88%	2	87%	2

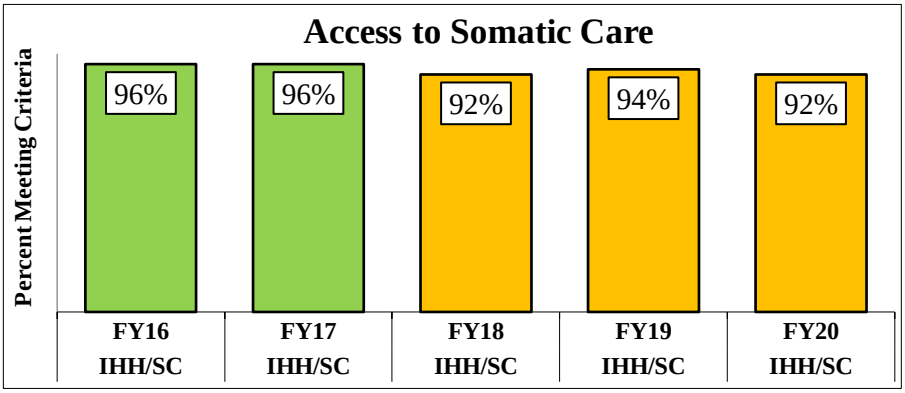
General Comments: The IHH/SC system went down to a score of 87% in this outcome area from 88% in FY19, resulting in a Needs Improvement rating for the system, continuing the three-year trend. All programs were challenged for this outcome this year. Comments from respondents are included in each program's summary.

IHH agencies reported that it is difficult to cultivate relationships with Concerned Others, citing the following barriers:

- Unhealthy relationships between participants and family members
- Participant preference to maintain privacy and control over their own treatment plan
- Communication from the IHH provider is usually prompted by negative events / emergencies

ACCESS TO SOMATIC CARE

Outcome: Individuals supported will be linked to and receive somatic care. The intent of this outcome is to ensure that people have accessible and affordable health care. This outcome is measured as the percentage of individuals having documentation supporting involvement with a physician.



Goal	Rating	Points
100%	Exceeds Expectations	4
95% - 99%	Meets Expectations	3
90% - 94%	Needs Improvement	2
Below 90%	Does not meet minimum expectations	1

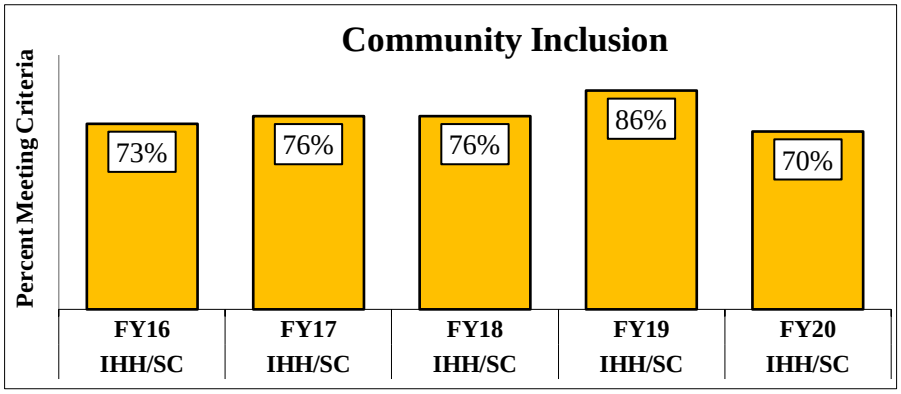
Access to Somatic Care

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	92%	2	93%	2
CSA IHH/SC	95%	3	95%	3
Eyerly Ball IHH/SC	97%	3	89%	1
IHH/SC System Avg.	94%	2	92%	2

General Comments: The IHH/SC system averages maintained the Needs Improvement rating with more than nine of every ten participants (94%) receiving somatic care. Out of all agencies, 143 participants were not reported to have received somatic care. One program met expectations for this outcome area, while two were challenged.

COMMUNITY INCLUSION

Outcome: Individuals supported will participate in and contribute to the life of their community. People with disabilities spend significantly less time outside the home, socializing and going out, than people without disabilities. They tend to feel more isolated and participate in fewer community activities than their nondisabled counterparts. [Source: The National Organization on Disability (N.O.D.)]. The intent of this outcome is to remove barriers to community integration activities so people with disabilities can participate with nondisabled people in community activities of their choice and become a part of the community. The outcome is measured as the percent of participants who exhibit ongoing involvement in community inclusion activities. Ongoing involvement is defined by involvement in any one category area (spiritual, civic such as local politics or volunteerism, or cultural such as community events, clubs, and classes) three times. An activity meets the definition if it is community-based and not sponsored by a provider agency, person-directed, and integrated.



Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
60% – 89%	Needs Improvement	2
Below 60%	Does not meet minimum expectations	1

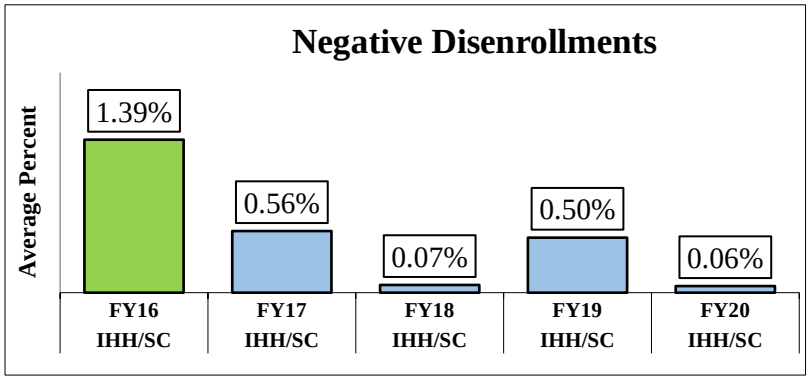
Community Inclusion

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	90%	3	75%	2
CSA IHH/SC	88%	2	71%	2
Eyerly Ball IHH/SC	79%	2	63%	2
IHH/SC System Avg.	86%	2	70%	2

General Comments: The IHH/SC system continues to be challenged by this outcome area, with percentages down notably this year for all agencies. All IHH/SC programs performed in the Needs Improvement range. Examples of community inclusion from the file review can be found in Appendix D.

NEGATIVE DISENROLLMENT

Outcome: The agency will not negatively disenroll individuals qualifying for the program. The intent of the outcome is for agencies to develop trusting and meaningful relationships with their participants, ensuring continuity of care and avoiding loss of services for people because they are too difficult or too expensive for the agency to assist. This outcome is measured as the percentage of individuals who were negatively disenrolled. Negative disenrollments occur when services are terminated because an individual refused to participate, is displeased with services, is discharged to prison for greater than 6 months, or the agency initiates the discharge.



Goal	Rating	Points
0% - .99%	Exceeds Expectations	4
1% - 2.99%	Meets Expectations	3
3% - 3.99%	Needs Improvement	2
4% and above	Does not meet minimum expectations	1

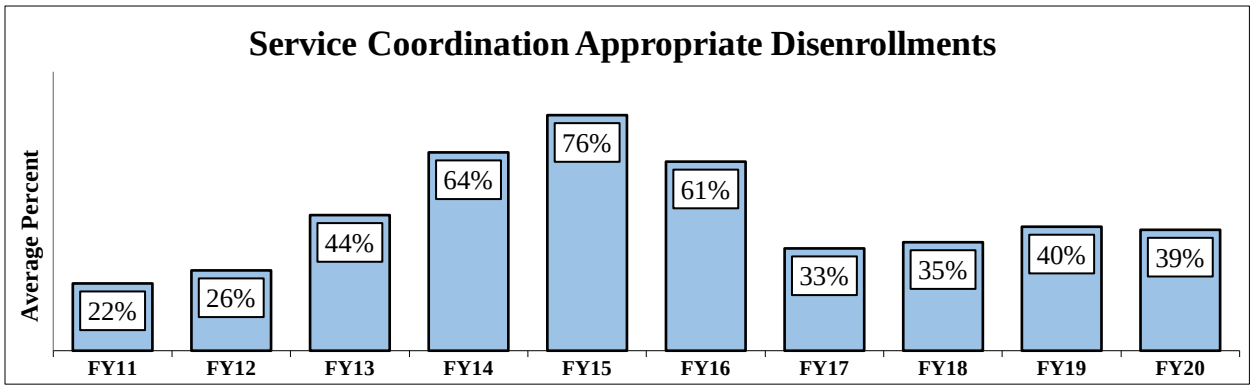
Negative Disenrollment

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	0.67%	4	0.00%	4
CSA IHH/SC	0.52%	4	0.00%	4
Eyerly Ball IHH/SC	0.20%	4	0.17%	4
IHH/SC System Avg.	0.50%	4	0.06%	4

General Comments: All IHH/SC programs exceeded expectations for this outcome area. The IHH/SC system reported 1 negative disenrollment this year.

APPROPRIATE DISENROLLMENTS

Outcome: The agency will appropriately disenroll program participants. The intent of this outcome is for the agency to develop trusting and meaningful relationships with its participants to ensure continuity of care and encourage self-sufficiency. The outcome is applied only to Service Coordination programs and includes results for those in triage and long-term services. Appropriate disenrollments are defined as engaging the individuals into coordination, PACT, or integrated services agency programs or obtaining SSI and discharging to IHH.



Goal	Rating	Points
21% – 100%	Exceeds Expectations	4
8% – 20.99%	Meets Expectations	3
5% – 7.99%	Needs Improvement	2
Below 5%	Does not meet minimum expectations	1

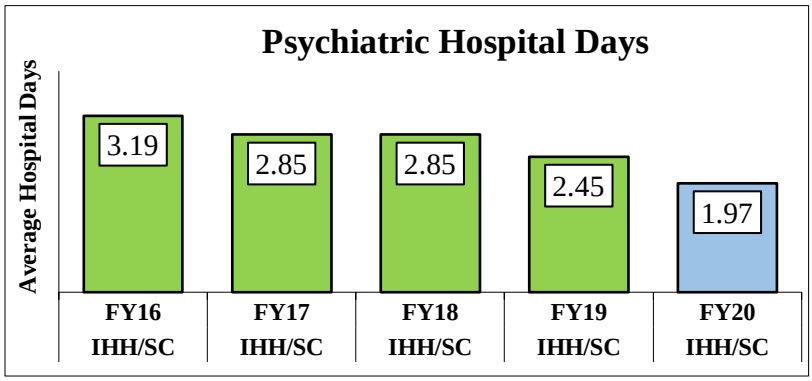
Appropriate Disenrollments

Organization	Results 2019	Score 2019	Results 2020	Score 2020
BMC SC	19%	3	5%	2
CSA SC	72%	4	60%	4
Eyerly Ball SC	42%	4	58%	4
SC System Average	40%	4	39%	4

General Comments: The Service Coordination system continues to support appropriate disenrollments of participants to other systems or independence. The system showed consistency in appropriate disenrollments. Three programs continued to meet or exceed expectations for this outcome area, and one program was challenged in this outcome area.

PSYCHIATRIC HOSPITALIZATIONS

Outcome: Reduce the number of psychiatric hospital days. The intent of this outcome is to provide adequate supports in the community so people can receive community-based services. This outcome is measured as the average number of nights spent in a psychiatric hospital per individual per year.



Goal	Rating	Points
0 – 1.99 day	Exceeds Expectations	4
2.00 – 3.49 days	Meets Expectations	3
3.50 – 4.49 days	Needs Improvement	2
4.5 + days	Does not meet minimum expectations	1

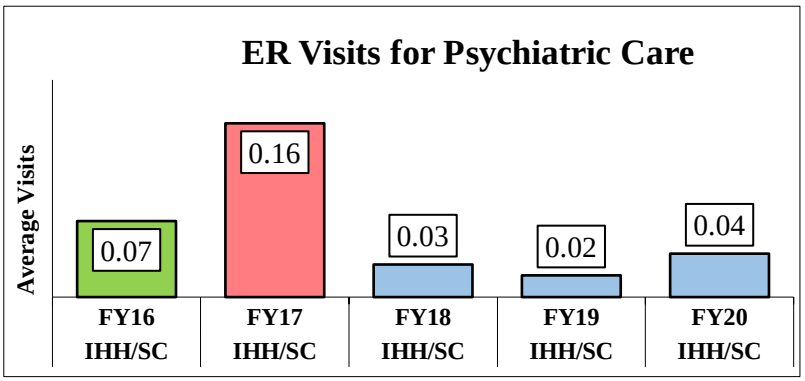
Psychiatric Bed Days

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	2.77	3	1.97	4
CSA IHH/SC	1.11	4	1.61	4
Eyerly Ball IHH/SC	2.39	3	2.12	3
IHH/SC System Avg.	2.45	3	1.97	4

General Comments: The IHH/SC system results indicated the number of hospital days were notably reduced compared to FY19, with less than 2 days per participant on average, scoring an Exceeds Expectations rating. All programs met or exceeded expectations.

EMERGENCY ROOM VISITS

Outcome: Reduce the number of emergency room visits for psychiatric purposes. The intent of this outcome is to provide adequate supports in the community so that people do not access psychiatric care through the emergency room (ER). The outcome is measured as the average number of emergency room visits per individual per year. Emergency room visits are measured as the number of times the individual goes to the emergency room for psychiatric reasons, is observed, and returned home without being admitted.



Goal	Rating	Points
0 – .05 visit	Exceeds Expectations	4
.06 – .10 visit	Meets Expectations	3
.11 – .15 visits	Needs Improvement	2
.16+ visits	Does not meet minimum expectations	1

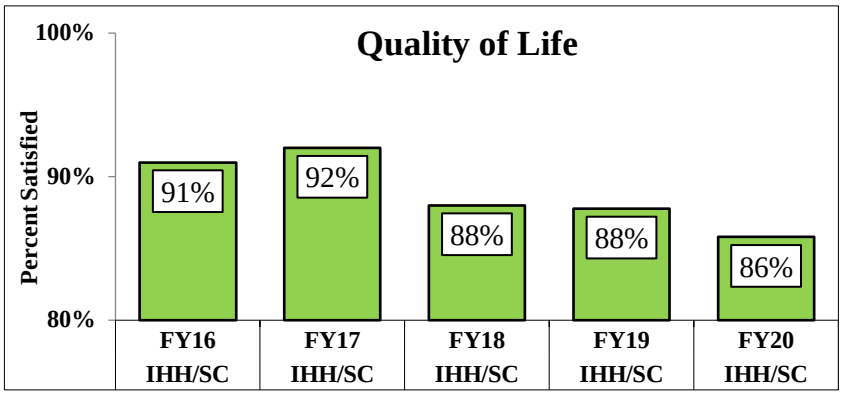
Emergency Room Visits

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	0.02	4	0.02	4
CSA IHH/SC	0.07	3	0.08	3
Eyerly Ball IHH/SC	0.01	4	0.00	4
IHH/SC System Avg.	0.02	4	0.04	4

General Comments: The IHH/SC system exceeded expectations in this outcome area this year. All programs met or exceeded expectations. The system reported individuals spending a total of 41 visits to Emergency Departments.

QUALITY OF LIFE

Outcome: Increase participant satisfaction with housing, employment, education, and recreation/leisure activities. The Quality of Life outcome is based on participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities. The quality of life questions can be found in Appendix B and include Questions B5A1 – B5A7.



Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
85%-94%	Meets Expectations	3
80%-84%	Needs Improvement	2
Below 80%	Does not meet minimum expectations	1

Quality of Life

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	87%	3	91%	3
CSA IHH/SC	84%	2	76%	1
Eyerly Ball IHH/SC	90%	3	81%	2
IHH/SC System Avg.	88%	3	86%	3

General Comments: The IHH/SC systems Met Expectations for the Quality of Life outcome area. One agency met expectations, and two agencies were challenged. Comments from participants are included in each program's summary.

ADMINISTRATIVE OUTCOMES

Outcome: Annually at the time of the participant's plan review (staffing), agency staff members should complete a level of functioning assessment. Agencies also must have face-to-face contact with participants during the year. IHH/SC programs are expected to have face-to-face contact at least annually. The Administrative Outcome is calculated as the average of the percent of participants receiving the annual functioning assessment and the percent meeting the face-to-face contact.

Goal	Rating	Points
97% - 100%	Exceeds Expectations	4
93% - 96%	Meets Expectations	3
89% - 92%	Needs Improvement	2
Below 89%	Does not meet minimum expectations	1

Administrative Outcome (Averaged)

IHH/SC Organization	Reported 2019	Score 2019	Reported 2020	Score 2020
Broadlawns IHH/SC	98%	4	97%	4
CSA IHH/SC	96%	3	99%	4
Eyerly Ball IHH/SC	100%	4	100%	4
IHH/SC System Avg.	98%	4	98%	4

Face to Face Goal	Level of Support Goal	Rating	Points
95% - 100%	98% - 100%	Exceeds Expectations	4
85% - 94%	93% - 97%	Meets Expectations	3
80% - 84%	89% - 93%	Needs Improvement	2
Below 80%	Below 89%	Does not meet minimum expectations	1

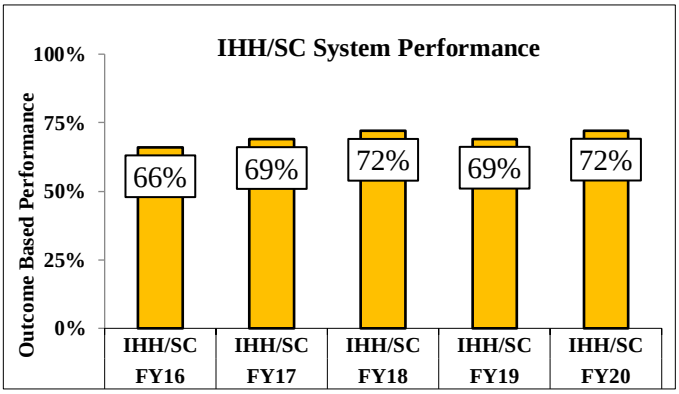
IHH/SC Organization	Face to Face Visits	Score 2020	Level of Support	Score 2020
Broadlawns IHH/SC	94%	3	100%	4
CSA IHH/SC	98%	4	100%	4
Eyerly Ball IHH/SC	99%	4	100%	4
IHH/SC System Avg.	97%	4	100%	4

General Comments: Administrative outcomes are the direct result of the IHH/SC program efforts. This year, all programs exceeded expectations for this outcome area.

INTEGRATED HEALTH HOME AND SERVICE COORDINATION PROGRAM PERFORMANCE TABLES

2020 Summary of Program Performance - Scores

88% – 100%	**Exceeds Expectations**
75% – 87%	**Meets Expectations**
63% – 74%	**Needs Improvement**
Below 63%	**Does Not Meet Minimum Expectations**



Integrated Health Home / Service Coordination Programs				
Outcome	**BMC IHH/SC**	**CSA IHH/SC**	**Eyerly Ball IHH/SC**	**IHH/SC Avg.**
Community Housing	4	4	3	4
Homelessness	3	2	1	1
Criminal Justice	3	2	3	3
Employment – Working Toward Self-Sufficiency	2	4	1	2
Employment – Engagement Toward Employment	3	4	3	3
Adult Education	4	3	1	3
Participant Satisfaction	4	3	2	3
Empowerment	1	4	2	1
Concerned Other Satisfaction	2	2	2	2
Somatic Care	2	3	1	2
Community Inclusion	2	2	2	2
Negative Disenrollment	4	4	4	4
Appropriate Disenrollment	2	4	4	4
Hospital Bed Days	4	4	3	4
ER Room Visits	4	3	4	4
Quality of Life	3	1	2	3
Administrative Areas	4	4	4	4
2020 Total Score	51	53	42	49
Points Possible	68	68	68	68
2020 Overall Percentage	75%	78%	62%	72%
2019 IHH-SC Total Score	48	53	50	47
2019 IHH-SC Overall Percentage	71%	78%	74%	69%

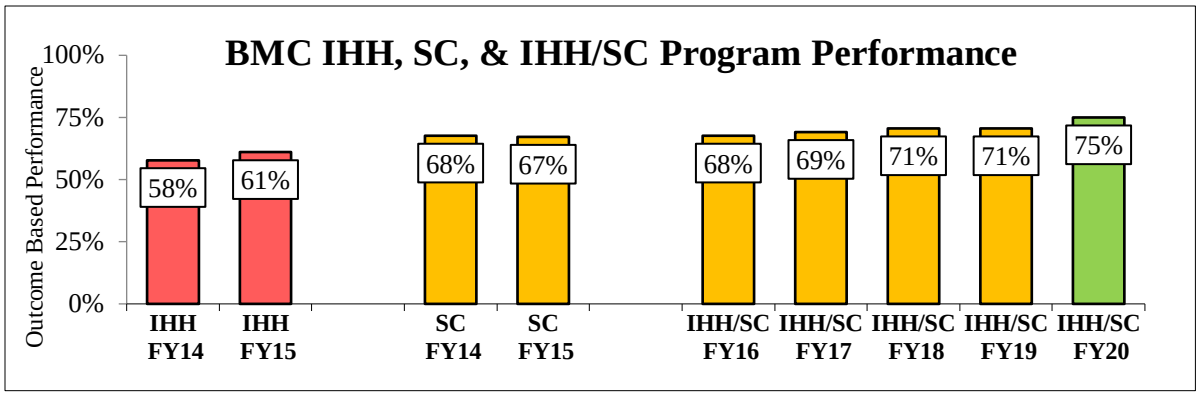
2020 IHH/SC Program Percentages

Integrated Health Homes & Service Coordination Programs				
Outcome	**BMC IHH/SC**	**CSA IHH/SC**	**Eyerly Ball IHH/SC**	**IHH/SC Avg.**
Community Housing	99%	92%	87%	94%
Homelessness	0.50	1.68	5.88	2.51
Criminal Justice	2.16	3.07	2.02	2.23
Employment – Working Toward Self-Sufficiency	14%	34%	11%	16%
Employment – Engagement Toward Employment	36%	53%	24%	34%
Adult Education	43%	25%	9%	24%
Participant Satisfaction	96%	92%	89%	93%
Empowerment	68%	100%	88%	82%
Concerned Other Satisfaction	87%	89%	88%	87%
Somatic Care	93%	95%	89%	92%
Community Inclusion	75%	71%	63%	70%
Negative Disenrollment	0.00%	0.00%	0.17%	0.06%
Appropriate Disenrollment	5%	60%	58%	39%
Hospital Bed Days	1.97	1.61	2.12	1.97
ER Room Visits	0.02	0.08	0.00	0.04
Quality of Life	91%	76%	81%	86%
Administrative Areas	97%	99%	100%	98%

PROGRAM SUMMARIES

Broadlawns Medical Center Integrated Health Home & Service Coordination

BMC's IHH/SC program improved to a new high score this year. The program's overall performance of 75% resulted in a Meets Expectations rating. This year, the program served a monthly average of 891 participants. The program exceeded expectations in seven outcome areas: Community Housing, Adult Education, Participant Satisfaction, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations in four additional areas: Homelessness, Involvement in the Criminal Justice System, Engagement Toward Employment, and Quality of Life. The program was challenged in the remaining six outcome areas: Employment – Working Toward Self-Sufficiency, Participant Empowerment, Family and Concerned Other Satisfaction, Access to Somatic Care, Community Inclusion, and Appropriate Disenrollments.



Based on the evaluation, the BMC IHH/SC program performed well in several areas. The program scored as an Exceeds Expectations for Participant Satisfaction with a score of 96%, based on interviews with the University of Iowa's call center. The program reported that the team model is important to satisfaction because it provides continuity and familiarity with multiple staff, particularly when a staff leaves. They regard satisfaction as most important, because if participants are not happy, they will not engage with services.

Another indication of participant satisfaction is Negative Disenrollments, and this year the program reported none, suggesting that the program engages participants in trusting, meaningful relationships, ensuring continuity of care, and keeping participants in the program, regardless of the level of their needs. The program reported that some participants have lost Medicaid, are enrolled in Service Coordination, and then returned to IHH when their Medicaid is reinstated. A few have moved out of the county, and some have gone into nursing facilities. Some felt they no longer needed the program and have disenrolled successfully.

The participant survey also scored 91% on participants' perception of their quality of life compared to their entry into the program, scoring them at a Meets Expectations rating for the Quality of Life outcome. The agency reported one participant, who experiences extreme anxiety, now has half custody of their daughter, negotiated with the landlord for better housing, and is getting into the community. Another participant was a high user of emergency services. This person now is married, has two children, is out of child services, has a job with insurance, and will be graduating from the program.

The participants had reasons to be satisfied. This year, nearly all participants (99%) were living in safe, affordable, accessible, and acceptable housing. However, the agency reported that getting participants into housing is becoming more challenging as charities who have typically provided deposit support are going

away. Some closed prior to COVID, and others because of COVID, and are not planning to reopen. In addition, apartment prices are increasing, so affordable housing is getting harder to find, and quality housing is consequently more difficult to find. This makes establishing relationships with landlords more important. It is also more important to ensure that supportive services are set up to facilitate participant success in housing.

More than two of every five (43%) were pursuing education related to employment. The program reported that many of their participants benefited from training from the Evelyn K. Davis Center. They have also implemented reminders to staff so that they improve their documentation of education activities.

More than a third of participants (36%) were employed at least 5 hours per week at or above minimum wage meeting expectations. However, Employment for Self-Sufficiency was a challenging area, where one in seven participants (14%) were working at least 20 hours per week at or above minimum wage, rating the program at Needs Improvement. The program reported that their use of benefits planning was helpful to participants, helping them understand how employment affects their benefits, particularly when they discover that their income increases with work. However, it was less helpful for understanding effects of employment on some benefits, such as Medicare and food stamps. Also, once COVID arrived, many businesses shut down. Consequently, many participants were laid off, with some receiving unemployment benefits, which have since been reduced. Since then, some businesses have returned, but restaurants have largely not returned. Some participants perceived disincentives to work because they were afraid of losing their health benefits. Others are not working now because affordable child care was not available, and they had to be employed to receive a childcare subsidy. In addition, disincentives to work have increased. Public subsidies are tied to employment, but the consequent loss of benefits is demotivating and does not make sense financially.

In addition to exceeding expectations for community housing, the program reported 450 homeless nights, compared to 1,341 nights in FY19, scoring 0.50 average nights per participant and improving their rating to Meets Expectations. With about five years' experience with homelessness, BMC gets many of their referrals from their Service Coordination program, generally from Primary Health Care Centralized Intake (who provide support services for homeless individuals). BMC's philosophy is that they empower their clients to get housing, by providing lists of potential apartments, landlords, phone numbers, a script for communicating with landlords. They have two teams dedicated to providing these services and support. In addition, this is the first year they have been using Rapid Rehousing. This year in particular there was a change in how long people were allowed to stay in shelters to reduce the number of people who used shelters as permanent housing, where number days would be reduced based on number of stays. BMC's participants were able to have some flexibility with these policies this year. Reactions to COVID also restricted the shelter capacity, with shelters eventually sending some people to hotels.

For Involvement in the Criminal Justice System, the program reduced the average number of days in jail per participant from 3.66 in FY19 to 2.16, changing the rating to Meet Expectations this year. The agency reported that they had a particular focus on this outcome with specific workflows to align their services with individuals in jail, changing their approach based on how long participants have been in jail. This was important because many of their referrals came from jail and the Department of Corrections. The program reported that Jail Diversion has been helpful for participants. And with their relationship with Unity Point Health Urgent Care, the hospital security avoided arresting their participants, contacting staff to intervene when needed.

The program maintained average emergency room visits at 0.02 this year compared to the same level in FY19, again exceeding expectations. In addition, the agency scored from an average number of hospital bed days for psychiatric reasons from 2.77 days to 1.97 days this year, changing their rating to Exceeds Expectations. The program reported that there are more options in the community for participants that help them avoid more expensive/intensive treatments like hospitalization or the emergency room. These include Broadlawns Psychiatric Urgent Care clinic, as well as the Crisis Observation Center. Staff prefer

that participants let them know when they are in crisis, rather than have them go to a hospital or ER. They state that they often do not know when participants go to services outside Broadlawns and would like to have better communication between agencies. Participants do know that they can call their team and the team can get them into the hospital sooner.

The agency also demonstrated an Exceeds Expectations rating for the Administrative Areas, with 94% of expected face-to-face visits and 100% of LOCUS assessment completed.

The program was challenged in six outcome areas.

Nine out of ten participants (93%) received physicals or care from their primary care physician or medical specialist, which rated Needs Improvement for the outcome. The agency reported that some participants did not understand the importance of regular healthcare and did not want to wait for an appointment, so they chose to go to the ER for treatment. After COVID, some did benefit from telehealth appointments, because it allowed them to get a healthcare visit without having to leave home. However, telehealth also provided challenges. Some participants did not have the equipment to participate. Some participants lacked interest in telehealth and in addition were not involved in their own care. Some participants, particularly older ones, were willing to meet only in person or by phone.

About three-quarters of participants (75%) were participating in community activities, compared to 90% of participants last year. The agency reported that COVID was a major factor in their score for this outcome. Community activities closed. Churches no longer had live services. AA groups went virtual, and many participants did not know how to access them. Group homes changed policies on who could come and go. Participants worried about their health and would not go into the community, even if Inclusion opportunities were available. To prevent isolation, staff increased their weekly phone calls.

Family and concerned others responded to interviews positively to less than nine out of ten satisfaction questions (87%). The agency reported that family and concerned others numbers are going down every year. Many have burned bridges with family members. Recently, more are coming from other states, homeless, and do not report family or concerned others. Many have supportive friends, but they do not want them to have the Concerned Others label. It used to be mandatory to have monthly collateral contacts (with family or concerned others), but this is no longer the case, so there may be less contact with family and friends.

About one in twenty participants (5%) in the service coordination programs were appropriately disenrolled from the SC program. The agency reported that the low score was a result of a data entry issue, where disenrollment data were not entered at the correct time, and so were not counted. They reported that the connection between Service Coordination and IHH is there, and that the appropriate transition between the programs was there. However, the agency suggested that for the transition to a separate program for longterm Service Coordination is not considered an appropriate disenrollment, and that maybe it should be considered a separate outcome.

Participant empowerment was the final challenging area for the program this year. Of 50 files reviewed, 34 (68%) met all four of the empowerment criteria. The program's most challenging criterion was documenting that services were delivered regularly, with 40 of the files (80%) meeting this criterion. Generally, there was at least one month gap in documentation of service delivery in the remaining files. Documentation was better for participants' involvement in goal development (88%), that individualized, measurable goals were in place and reviewed regularly (90%), and education or employment (or community integration for individuals who are over 65 or need high levels of support) was addressed during visits (86%). The agency reported that they had a high turnover rate this year, along with a drastic increase in case loads, up to 80 per staff. This mix can cause challenges in keeping up with documentation of activities. In addition, Iowa Total Care began its first year as an MCO, which created new processes, new requirements for documentation, and a new portal to learn. There are multiple levels of documentation to account for, with expectations constantly shifting. There are also duplications among

oversight agencies (MCOs, Iowa Medicaid Enterprise, county) that have nuanced differences. The MCOs want quality assurance measures with a seven-day turnaround.

Despite challenges, participants and concerned others reported being satisfied with program staff and services. Evaluators were able to interview 80 program participants and 80 family or concerned others. In open-ended responses, participants described satisfaction with the IHH services they received and staff they worked with. Participants reported that services were tailored to their needs, self-directed and Participants describe an improved sense of control in their lives and peace of mind because of the support and services received through the Broadlawns IHH/SC. Participants described positive relationships with Broadlawns staff, describing them as professional, knowledgeable, courteous, patient, caring, non-judgmental, and relatable.

Representative comments include:

> *[Staff] is very hands-on. She is outgoing and she is very easy to talk to. She is awesome. She explains the programs to a T.*
>
> *Knowing that I have some support; [staff] encourages lots of positive things. Doing my therapy, getting on meds, all that stuff. [Staff] laughs a lot. She's very easy-going so that helps a ton to have positive encouragement.*
>
> *Just encouragement, providing resources that maybe are not as much like somebody else taking care of it for me. It just gives me lots of options or ideas.*
>
> *It's just their general and overall attitude has just always been, never really been negative. When I talk about what I want to do, they've given me suggestions, but they've always been very respectful about it.*
>
> *They let me pay my own bills. They have me cleaning my own house. They teach me coping skills.*
>
> *Well like when I was in the hospital, they came and saw me … and I was going through a hard time. And they talk me down from feeling depressed and anxiety.*
>
> *They never treated me like somebody with a problem. They treated me like a normal everyday person.*
>
> *I like them. Like I said, they're honest with me. They don't cut me no slack. They do anything I ask them to do, and they treat me with respect.*
>
> *Just the way that they talk to me. They don't talk down to me, or down about me, or make me feel like crap if I do make a bad decision. They're just like, "okay learn from this" and you know "don't make that mistake again." They're very supportive of me.*
>
> *Like I said, they're just always there for you no matter what. There's no negativity or downtime, and it's all positive. They keep you doing better and growing and maturing and things like that.*
>
> *[Staff] got me a therapist and got me into programs that help me get my rent paid. She gets me out into the community. She takes me to appointments sometimes, and she is there for support.*
>
> *I'd say that they have a good list of other programs. They can help you get into other programs and they can help get you situated, and they do things to help your needs if you can, and that's really important.*
>
> *The fact that I have staff coming in and helping me with my mental health. I have struggled for the last year with life: anything and everything. They have helped me through a lot of stuff. They make sure I can keep my housing, and they make sure I have the services and the support I need to be more independent.*

She always checks on them [goals], and if I accomplish one, we will set a new one.

I'm completely satisfied with the services I get. I like the fact that they're going to tell me they're going to do something, and it gets done.

I like that when the person comes and sees me, she takes me to the food pantry or if I need to go to the store. She takes me so I don't have to wait for my son. I can live my life with the help they give me. I'm independent.

My relations with my family have improved. … I mean they [Broadlawns] definitely were encouraging, but as far as being directly involved, they stayed out of it. I feel if I asked for help, they would've provided it. They did not infringe on my personal boundaries. I'm happy they didn't get directly involved.

I didn't know about the system. I didn't know about rental assistance. To me Section 8 was it. But because I don't know things like that, because I've never needed things like that, they're a good resource to go to. They know different agencies, the ins and out of how to do the paperwork quickly and correctly, and how to help you.

They let me make my own decisions. Some of them are tough but they let me know if I do something wrong, and they encourage me to do one way or the other, you know, and they figure out things with me.

I do everything on my own if I can but if I can't do it, I will call them. And they will tell me, "We got you."

Oh, they give me options. They are not just like, "Oh this is what you are doing. This is how you are doing." They are actually like, "Hey, this is what we can do, or this is what you can do, or this is what so and so can help you do." They gave me options. I like the options.

[Staff] is the one that gave me the name to the apartment that I am moving into that I actually like. She always gives the names of places, but I have to call, if that makes sense. She does not say, "Oh I will make the call," or "I will do the call for you." She will send me the information and say, "Give me a call, see what they say," I feel like that is very independent-y. I do not know if that makes sense.

While most participants reported satisfaction, some participants described concerns with the Broadlawns IHH/SC program, noting areas of unmet need, inconsistent communication and follow-through, insufficient services offered, and some negative experiences with staff. Representative comments include:

Communication. Well between the workers, there seems to be a wall there. It seems like a lot of information that I have given other workers has not gotten to her.

When I've been in contact with them yes, but when there was a lack of communication, I felt that is a lack of respect.

I want them to do more than just housing assistance. They say all these things are available, but they don't offer them. I qualify for lots of things, but they don't have the resources to provide them.

[Staff] is just super polite. ... There is one staff there that I don't … he's not very helpful at all. He's the opposite on all these answers.

While there has been attempts made, there has not been very good follow-through from them. In all honestly, I felt like my previous worker communicated more efficiently.

My eye exam moved to West Des Moines. They are sending me places way far out, and they were giving me bus passes, but I do not even know where I am going.

[Staff] leaves me out of the conversations or doesn't even bother to let me know what's going on. I'm the one that has to call and say, "Hey I heard about this. Can I get involved in that?" And she should be the one calling me and saying, "Hey there's a program you can get involved in." She knows my goals. She's got them. I don't know.

When prompted for suggestions to improve the IHH/SC programs, most respondents reported complete satisfaction, and provided answers such as "I see nothing I would change. It's a wonderful program" and "I like them exactly the way it is now. I don't think I can think of anything" and "I would change absolutely nothing."

Respondents provided examples of ways to improve the IHH program, including more time with staff, more individualized preferences in interactions (some participants wanted more, some less), a wider variety of services and assistance, and more inclusive eligibility for programs. Many participants suggested a lighter caseload and/ or pay increases for the staff they work with.

Representative comments include:

I would change being able to see [staff] more than once a month ... but she is busy. I do talk to her more than that, and she's very supportive ... just busy.

I'd change the housing to include utilities [assistance].

She has such a client load. I'd love for her to just come over to just hang out.

More communication and helping me get the services … finding and getting more services that I can probably have but I don't know about.

I just want [staff] to help me more and communicate more. I kind of feel left out of the picture.

[Staff] deserves a raise. She is fantastic. I was at rock bottom when I met her. It has been the greatest experience I have ever had with Broadlawns and her. Such a difference.

All of them are being really good. I wish they were closer to West Des Moines, but they aren't, because sometimes it's hard to cancel appointments because I can't get a ride.

I also miss having a professional psychiatrist to talk to. I just mainly see therapists.

A little more interaction would be nice. I mean they're good overall, but sometimes there's a lapse in times that they interact. Sometimes there will be a big gap in the time they talk to you and the next time they talk to you.

I guess maybe backing off a little bit and letting me try to do things on my own, handle things I need to handle on my own.

I would probably just say by giving me the space to do something on my own. I guess that's respect in my eyes.

Reach out more, I don't know. Just try to change me right now. Yeah that's what I'm trying to do, trying to do me.

I just wish the county would be cooperative for paying for more services.

Basically, set a time and then stay there at that time. Well, they call me at random times on random days on random months. I want to know exactly when they are calling so I can be awake.

At this point, I would change the switchboard system on the phone. You don't have the human connection. It's sometimes hard to get to where you need to go.

I would say if they could just slow down for disabled people like me. …They are in a rush a lot. And it's nothing against them. They just have a lot of work to do.

It's a good effort in the team, but there is supposed to be someone in the team who's had the same experiences as me [like peer support]. I don't know if this team does not have this available, but it would be good.

That they would not have such a big case load. I feel that they are overworked and underpaid. I do not know what they are paid, but by talking with other people they seem to have a big case load.

COVID-19

Participants reported varying experiences with COVID and quarantine guidelines, including different intensities of impact and variance in how IHH/SC responded. Many participants reported setbacks in their abilities to achieve goals, specifically in the areas of community inclusion, attending physical health appointments, and retaining employment (which created unexpected financial instability). Some participants reported little disruption in services with a smooth transition to alternative to in-person (e.g. telehealth appointments and phone calls with staff), while others reported notably less interaction with staff or services. Representative comments include:

They're the same. It's like it never happened. It's like it's never going on. Well we talk over the computer over Zoom, and if I need anything to be done, we get it together and that takes care of it.

You know, I wouldn't say it was that bad, but I never felt like I would need extra help from COVID.

I'm a little more depressed but I'm working through it. I just saw [staff] today. I know my coping skills, so I'm working through it.

They are still meeting those needs. I have to go in every two weeks to see my doctor. And that is all happening.

I have still been getting services, but the mode of delivery is different.

They went from in-person to like telehealth, and it's not the same thing. I can already tell a huge difference in my depression. It's slipping.

[Staff] also got me set up for community living services, but I just got approved for those before COVID hit. We are supposed to meet every two weeks through that program to get me out and around people, but right now that really is just a quick contact by phone. That will be in place when restrictions are lifted. So that is good.

They tried to do a doctor's visit over the phone instead of going in. I liked it. I mean it was fine, unless I absolutely needed to go in and have them look at something or see something. I was fine with the phone call.

I'm still getting all my services, but my workers just can't come to my house anymore. My nurse still comes, but my staff doesn't anymore. I still get transportation to the store and appointments. Everything has changed. COVID has changed a lot.

We have an annual where everybody gets together and signs papers with the team. We didn't get to do that because of the COVID.

I am still getting the same services, but the way we have gotten them has changed. We do more phone calls instead of meeting in-person. And the process of getting services has slowed down because the office is not open.

She has not been taking me to the grocery store, but she showed me an app I can use to do my groceries on the phone, and then somebody can deliver them to me.

Yeah, I have just been staying inside, you know, keeping the distance. I do not feel like catching it. Well, the doctors do telephone appointments. I do in-person, person to person with my primary doctor. And telephone appointments with my behavioral, my mental health.

Every time I meet with them, they wear masks every time. Every other time, it is over the phone.

[Staff] helped me fill out some paperwork. I came there one day, and I said, "Can you help me out with these papers? I don't know what to do." And she says, "Well. bring them. I will take a look at them and help you out." We both had our masks on, and she filled them out there outside with me on the picnic table. They were good about calling me back.

[Staff] put me on the Mom's Meals then because I was telling her I was scared to go to the store. She set me up and that was great for me.

[Staff] comes by for me to sign papers with her little mask and shield on. I was very happy to see her.

I was immediately contacted by my doctors and service providers, and we were still having appointments over the phone or over the computer [virtually]. And I still have my appointments that way. They had lifted IHH restrictions on person-to-person contact as long as we had the mask and distancing.

We have had one-on-one meetings and [staff] comes over with a mask. She is just the greatest.

I have asked [staff] to drive by and wave because I miss her, haha.

They just told me to stay inside, and I stayed inside for the most part. They always checked to make sure I was okay. [Staff] she called me once a week like it would be a normal visit, but it would be a phone call visit because they put a temporary stop on her visits.

Quality of Life

Participants described how IHH services helped improve their situations in various ways, including relationships with family, community engagement, medication management, mental health, physical health, employment, and housing. Representative comments include:

Next month will be my one-year anniversary for my job. I have never been with the same job for a year before.

With IHH I feel like I'm in control. I can keep my mental illness in check.

Well, keeping track of all the deadlines and stuff like when I have to apply for something. [Staff] kept track. And she'll call every month or meet with me every month, you know, just check up on my mental health. And I have to say that had a very positive impact on my life.

The IHH program never got directly involved with any of my personal relationships, and I appreciate that, but they did however provide encouragement. They offered encouragement when I asked for advice and stuff like that.

And they've come to my home, and I liked that, making sure that where I'm at is safe and that I'm doing okay mentally, physically. I really do like that aspect because sometimes people can give a false persona over the phone or office, and I know this because I was in a very domestic abuse marriage, very, very, domestic abuse marriage, and nobody knew, not my mom or friends. It's easy to cover up stuff, but if someone's coming into your home, it's harder to cover things up.

I feel I have a better control of life, yes, but it's through their services. It's easier to go out, for one. I don't hide from my workers like I used to. You know, sometimes you just don't answer your phone, and don't answer your door, but I've become better at being held accountable for people that often need these services.

I've been able to make more strides in my own personal life because of her and because they were diligent in trying to help me. If it wasn't for them coming into my home and taking me out, to get the things I needed, I would've spent all my money eating at QT. So they helped me become healthier. I wasn't able to get to the grocery store. That was my only option. I know that kind of sounds lame but when you don't have transportation you don't have the things that you need, and when you suffer from panic, it makes things even harder.

Oh yes, I used to be mentally not there, could not focus. I would focus on my problems. I am better able to cope and can relate to people more.

Mainly when I talk to them, they will tell me to take care of what I can, and they will take care of the rest. They make my life so much easier.

[Staff] got me into the Goodwill Program for retail. I got my certificate, and this next week will be my second week. … I have been in programs before, but this program has helped me be drug free for almost 14 months.

Things are not stressful no more. Before this program I had so much stress. Now I can call them. They say, "We got you." It just was a big relief.

It is more organized now. Now I care about a schedule. Before I sat and cried. Now that I have the support, I am more structured.

Since working with them, and utilizing the tools they have given me, I have learned to voice what is going on [with me] rather than internalize it. … I have learned how to use coping skills like taking my mind off different problems such as getting outside getting out or listening to music and playing with my cat.

It just helps you cypher through the mental health system, tap into the resources in the community to make life a little bit better or a little bit better for you. They are kind of like the middleman to get you what you need and to help you be successful.

Family and Concerned Others

Family and Concerned Others shared their perceptions of services and satisfaction with their participant's services, along with their own experiences being included in Broadlawns IHH/SC programming. Many respondents provided answers indicating little involvement or direct knowledge of service provision, such as "As far as I know. I've never met anyone there, but it seems to be that he's happy with people there" and "Nobody has ever sat down with me and described the dynamics. What should I expect? Do I call you?"

Family and Concerned Others shared positive feedback about their experiences with IHH/SC staff and the improvements in their participants' lives because of the services they've received from IHH/SC. Praise from concerned others included supportive and respectful treatment of members and family, reliable communication, and caring staff. Representative comments include:

I think that she's trained in a way that she understands people and wants to do what's best for them instead of saying "You will do this" kind of thing. Give them the input they need and let them know they're part of the healing process and the process that he's in.

They don't pressure him. They work with him and encourage him. He gets excited to go to the outings with them. They have helped accomplish a whole lot.

I think she legitimately cares about her. She doesn't just go to work and do her job. She knows her sense of humor, and she cares.

It has been very positive, all of it. I don't know where he would be if it weren't for the programs.

They have absolutely impacted her positively. Her services are all now in house and Broadlawns, which makes it way easier for her to not have her insurance information on her at all times. Also, everyone there knows her, and she feels very supported and that gives her great comfort.

We get kept in the loop with a plan of care email. I would say like every three months to every six months we get one of those. Like I said, any time I have a question I place a call, and if they don't answer, they call me back right away.

[Participant] actually makes up an outline before her meeting, and she reviews it with me before. She basically leads her meetings. [It's] very person centered.

She's kind of a "stay out of my business" person. I mean she wants help, but only to the point where it doesn't feel like they're intruding on her privacy, and they've respected that. … I mean part of honoring her desire for how much interaction there is that they're not intrusive. They talk with her like she's just anybody else. They don't talk down to her, and they treat her as an equal.

They treat folks with respect, I think they're a well-informed team and then approach things as a team. They're meeting people where they're at. They encourage, but they don't push.

The follow-up help is better than what it used to be. The program is the best.

Many of the Concerned Others interviewed shared concerns about the participant's motivation to participate in or take advantage of services, the participant's interest in incorporating family feedback into their treatment goals, and shortcomings in the participant's progress towards goals. Thus, many comments that could be classified as concerns were not necessarily concerns about the IHH/SC services or staff. Respondents shared concerns that some services that they expect from IHH/SC are not delivered consistently or at the level they desire. Representative comments include:

Definitely. We have ideas too. [PARTICIPANT] does not like to listen to our ideas.

I don't know of anything. I'm kind of worried. I'm 88, and I'm kind of worried about who, if I should die, would pay for his things and get his groceries and pay his car insurance and stuff.

I remember her saying a few times that they didn't answer the phone for taking her grocery shopping. I'd like to be able to be sure that if I can't take my mom someplace that she can reach her worker.

Now he's making too much money. Now they want him to cut back on his hours. He was working full time and doing good, but the system wants him to cut back. What is the message? He needs to find independence.

Right now the communication is just with him. There is no communication with me. That would be helpful because I'm also a little worried about him.

Similar to the participant feedback, concerned others shared perceptions that staff were overburdened in their workloads and desired increased staff capacity. Respondents also indicated varying preferences for frequency of communication with the IHH/SC staff, with many requested more involvement and some only want notification if there is an issue. Concerned others shared suggestions for programs and services they felt their family members would benefit from. Representative comments include:

I would like to see somebody come in and help work with her on house cleaning. That would be something I would like to see, someone coming in once every couple of weeks to help her with that or work with her to get it livable. That would be a huge advantage.

Maybe a meeting with me and the case manager, just like an independent meeting. I don't know if that is necessary, but I would like it. I want to see how she comes across to them. That would be helpful, because I'm only hearing her side. Maybe once a year or so.

I think more staffing would do them some good, so they don't get stretched so thin.

I don't think it's funded enough. I don't think mental health is funded enough in general.

I wish they would provide more workers. I think they carry too much workload.

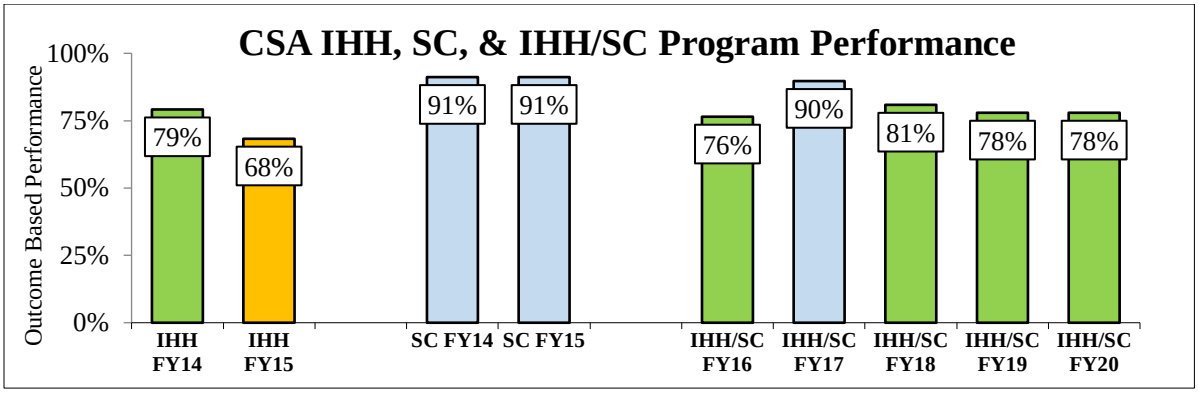
Evidently, they felt like they didn't need to contact me or communicate with me. I would like them to contact me if it's necessary because there are some things he doesn't tell me.

I would like to be able to know how she's doing ... maybe hear from them every few weeks.

Additional Satisfaction Questions Related to COVID-19 Pandemic - BMC				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	66	4	8	0
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	1	74	2	1
	Phone	Text	Email	Other
In what ways did you communicate?	19	27	6	25

Community Support Advocates (CSA) Integrated Health Home / Service Coordination

CSA's IHH/SC program performed well this year. The program's overall performance of 78% resulted in a Meets Expectations rating. This year, the program served a monthly average of 215 participants. The program exceeded expectations in eight outcome areas: Community Housing, Employment – Working Toward Self-Sufficiency, Engagement Toward Employment, Participant Empowerment, Negative Disenrollments, Appropriate Disenrollments, Psychiatric Hospitalizations, and Administrative Outcomes. The program met expectations in four additional areas: Adult Education, Participant Satisfaction, Access to Somatic Care, and Emergency Room Visits for Psychiatric Care. The program was challenged in five outcome areas: Homelessness, Involvement in the Criminal Justice System, Family and Concerned Other Satisfaction, Community Inclusion, and Quality of Life.



Based on the evaluation, the program performed well on many outcomes. More than nine of every ten participants (92%) were living in safe, affordable, acceptable, and accessible housing, up from FY19 (84%). The agency reported that housing is particularly important for participants with complex issues or mobility limitations. Stabilization through housing facilitates adherence to their treatment plan and goal progress. The agency relies on resources such as 211, United Way, apartment lists, disaster aid, lists of landlords, and whatever resources they can locate. One participant, who was homeless, was not being accepted by providers or nursing homes because their need was too great, SSI was not reliable, and they were difficult to locate. Staff found the participant a payee, and then they found a habilitation provider who would accept them. Thus, this participant's health has improved and may be alive now because of this. For another participant, the agency worked with Habitat for Humanity to build a safe ramp up to the participant's residence, helping them be safer in their home and more independent. Another participant, after seven years homeless, was able to get into housing through aging resources for help with deposits and support from Primary Health Care Centralized Intake. The participant is now better able to adhere to their treatment plan and goals.

More than half of the participants (53%) were engaged in employment, working more than 5 hours per week at or above minimum wage. About one in three (34%) was working toward self-sufficiency, working more than 20 hours per week. The agency described a participant in the late teens, who was resistant to accepting benefits except Social Security. This participant wanted to work and eventually got a job for about 20 hours per week. Then when COVID happened, the participant was able to increase hours to 40 per week. The individual is satisfied with work, is socializing well with coworkers, is maintaining a medical routine, and is maintaining their mental health. Another participant worked with Iowa Vocational Rehabilitation (Voc Rehab) and Goodwill for training but did not do well with the program and determined they were not interested in retail. However, the participant eventually found a job at Hy-Vee doing overnight stocking and after COVID has increased to full time. This individual has discovered they like retail after all and is doing well.

A quarter (25%) of participants were pursuing education related to employment, down from 46% in FY19. The agency described one participant who went through Project Search (Easterseals) who was offered a job at a hospital but needed two certifications. This person has now graduated from job coaching and is working full time. However, despite successes, the agency reported that COVID took a toll on education this year. For example, one participant, who normally works with H&R Block, was not able to work this year and so did not take the continuing education course required for that position. Another participant just graduated from high school and wanted go to Des Moines Area Community College, even moving onto campus. However, after COVID, the participant did not want to do online or hybrid courses. In general, the agency reported several barriers to education because of COVID. Online learning is difficult for many participants, who learn better face to face. It is difficult for high school-age learners to prepare a home learning space. It means a change in routines and is harder sit and focus for long periods at home. For those who received one-on-one assistance from Voc Rehab paraeducators, this support was not available at participants' homes. In addition, for those who were unemployed because of COVID, employment-related trainings did not occur.

Participants spent few days in psychiatric hospitals (1.61 nights per person), amounting to 346 nights total for the program and consistent with last year (1.11 nights). Visits to the emergency room for psychiatric care were infrequent (average of 0.08), also consistent with last year (0.07). The hospitalizations were mostly experienced by two participants. One had substance abuse issues and finally disenrolled. The other tried to live alone but was unsuccessful. This individual has gone to a nursing home. One participant knew what to say to be admitted and released and was frequently in and out of the hospital. To mitigate ER and hospital visits, the staff focus on educating participant on alternatives, such as the Psychiatric Urgent Care at Broadlawns.

There were no negative disenrollments, and the program's service coordination track appropriately disenrolled about three out of five (60%) of their participants to other service programs or to independence, though down from last year (72%).

The agency also did well with administrative outcomes.

In addition, more than 9 out of 10 participants (95%) received physicals or care from their primary care physician or medical specialist during the year, also consistent with FY19 (95%). The agency reported that this outcome was affected by COVID. Participants were less willing to attend medical appointments, and the staff were not willing to push people outside their comfort level just to meet outcomes. Participants with chronic conditions who receive medical services frequently tend to be representative of the IHH/SC population, but even this group did not attend medical appointments as often if at all.

In interviews, participants indicated that they were satisfied with services (92%), meeting expectations. The agency reported that they try to be transparent with new referrals to give them a realistic understanding of what to expect from the program. Most providers (e.g., Premiere, Woodward, Optimae) have significant waiting lists, and it takes a long time to get funding in place. It is difficult to tell someone they have three to twelve weeks before they can get services when they are having urgent mental health issues. Since COVID, there have been fewer referrals. As a result, normal referral sources have put some staff on leave. With an annual increase because of transitions from youth to adult services, referrals are now taking longer as sources are rebuilding staff. The hourly habilitation waiting list has been consistent through the year, but COVID has exacerbated the wait. If participants are willing to move, some hourly services can be provided in Story county. Many habilitation providers have a prerequisite that participants be sober for 90 days. So participants are more secretive about their substance use but not changing their usage. In the long term, this can create problems as participants get into housing.

Family and concerned others were less satisfied with services (89%), scoring in the Needs Improvement range. The agency reported that sometimes the family members are confused about the IHH role, as compared to the habilitation providers, how much control they have over services, and this can create frustration when their expectations for services are not met. They may also be confused about what role

the care coordinator plays. In April 2020, the agency implemented a quarterly collateral tracking list to ensure adequate and consistent inclusion of family members.

In interviews, participants indicated less agreement that they had experienced improvements in their quality of life (76%), down from 84% in FY19 and a challenging area for the program this year. The agency speculated that the timing of the interviews—after COVID—may have affected participants' perception of their quality of life.

CSA's IHH/SC program exceeded expectations in the Participant Empowerment outcome this year. Of 20 files reviewed, all 20 were found to meet expectations for this outcome. This means that the program documented that the participant was involved in creation and setting of goals (showing documentation of a signature on the goals form), meeting the expectations that goals were in place and reviewed regularly and that employment or education was addressed regularly, and documenting that services were delivered. The agency reported that they have developed strong Quality Assurance process because they need to have timely and error-free documentation. The MCOs are not forgiving. The agency reported that this year has shown a significant change in the MCOs, with increased regulations and higher caseloads. The agency expects that the funding model starting January 1, 2021, will increase caseloads further, making it difficult to maintain integrity in documentation. Further, authorizations for higher tiers need to resubmitted frequently. There are increased expectations from MCOs, such as participant signatures on InterRAIs (assessments of functioning) and increased numbers of attachments, such as treatment plans and health and wellness assessments.

In addition to MCO requirements, the state has an incident report initiative, which includes reporting on ER visits. The agency does not always learn about ER visits from participants, but they are required to respond within 48 hours and submit an incident report. The agency reported that they were required to do 143 audits since April 1 to MCOs and the state. In addition, they were required to conduct Quality Assurance audits that require a fulltime staff. The agency described additional information new required for authorizations. For example, the expectations for the language used in progress notes is changing, such as using first person rather than third person in treatment plans. Iowa Total Care portal expectations are time consuming and repetitive. The MCO will ask for documents to be resubmitted after they have already been submitted. They want proof of residential setting assessment, more documentation for enrollment and disenrollment.

Of the program's participants, 71% were involved in their communities, attending events, participating in activities, or visiting attractions. This level of involvement decreased from last year (88%) and continues to be at a Needs Improvement rating. The agency reported that COVID had a substantial effect on this outcome, with community activities shut down and many participants unwilling to leave their homes. Many participants, who already had two activities, stopped participating in the community. The staff tried to help with providing link to online resources, such as museum tours. Even prior to COVID, among the barriers to inclusion was that habilitation providers were not taking participants into the community or they were unclear about expectations for Community Inclusion. The agency reported that one participant was not able to leave their home because of the need to be on oxygen, so inclusion was not a possibility. Another person was fitted for prostheses on their legs but refused to wear them and was thus not able to be transferred to a vehicle to go into the community.

The program reported an average of 3.07 nights in jail for participants, compared to an average of 3.51 nights in FY18, still in the Needs Improvement range. The agency reported that many of the jail days were accounted for by a few participants. For example, one participant accumulated about six months in jail and was released in January. Staff have worked with the person's parole officer and other organizations to help provide resources that help with drug abuse and other services. This has allowed the participant from reoffending. Another participant has had their case continued 20 times and has been sent to Oakdale twice for competency assessments. This participant has since been released after more than two years and is doing well. One participant requested to be released from probation, which meant returning to jail. For others, a judge has required that they can only be released to a 24-hour placement

without realizing that there is no funding stream to support such a placement. The agency reported that they have a good relationship with Eyerly Ball and that they can request release of individuals through Jail Diversion with their support. They agency also praised the attorneys, most of whom work in the Public Defender's office, who understand mental health and the mental health system and have been good advocates for this population.

The program reported 361 days of homelessness for FY20 for an average of 1.68 days per participant, consistent with 1.54 reported for FY19, and still at a Needs Improvement rating. The agency reported that one approach is to use member referrals, which facilitates trust building right away for new members. The agency also reported that there are many barriers to housing. Some landlords lack understanding and severity of symptoms of mental illness, which can undermine housing. For example, they may perceive a loud noise coming from a participant's residence as a noise disturbance that participants have control over and can lead to eviction. Further, landlords are more often requiring three months' rent in savings before they sign a lease. However, this can exceed the limit required by Social Security. In addition, for new participants, initial months can present more barriers because county funding requires that participants be engaged in mental health services for six months. One staff reported that there appear to be a high prevalence of foot problems for those who are homeless, which adds an additional healthcare challenge.

CSA IHH/SC program participants and family and concerned others reported being satisfied with the services received and the staff who work with them. Evaluators were able to interview 20 program participants and 20 family or concerned others. In interviews, IHH/SC staff were described as respectful, caring, supportive, and reliable. Participants mentioned assistance finding employment, transportation, and getting out into the community. Many appreciated the goal of getting to independence. Some received help with housing, social skills, and navigating the social services system (such as getting rental assistance and food stamps). Some appreciated that contacts with staff reduced stress and made them happier. Representative comments included:

> *They found me a home and also took me off the streets. By trying to help you get to appointments using cabs and busses and that kind of a thing. They watch out for you. It's an awesome all-around good thing. They're giving as much as they can right now.*
>
> *They help me with my goals to help me get out in the community, just basic stuff. [T]hey hooked me up with Goodwill to help me find a job because I wanted a job. And Goodwill in return helped me get a job there so that was a big improvement. Again, that was before Covid. They used to come every other month or so. But now since they can't come over. They just call me on the phone, and we do it that way. Normally, you know, everything is pretty smooth.*
>
> *We've talked about budgeting and getting out more.*
>
> *I have autism, so to maintain my social skills and get out and about and utilize them, or I lose them basically. And he was helping me arrange for people to take us out and force us into social situations so we can maintain those [skills]. They've helped me maintain the social skills I need to be a teacher once I finish my master's, and then also preventing me from being a shut-in, which some people with autism tend to end up being.*
>
> *They give good communication. They're helpful in helping me understand what I need. Mental health, nutrition, that's the gist of it. If I didn't have my group home or my IHH worker, I'd probably end up in jail because of my problems.*
>
> *Like one of the biggest things she would help me with recently is getting back into a [SCL] program. It's helped me to get services that I need to live on my own. And also the moral support to do certain things that I wouldn't have been able to do on my own. Like things to do with my back, like I have to get major stuff done with my back and without them I wouldn't have known who to call, which avenues to get it done, all that. A lot of encouragement… [they] push me to*

make my own appointments and then they push me to find my own transportation to said appointment.

Right now he is trying to help me get a job. He helped me get in the program right now. I like that he advocates for me. I like that. He takes me to the gym sometimes, and we have a good chat.

She helps me figure out my housing situation and what resources I have available. A few years ago, I had a peer support worker. That was super beneficial due to what was going on in my life. Some of my goals are housing, figuring out my driver's license, and getting back to my health.

She helps me get my food stamps and makes sure I'm doing okay. I'm working on getting out in the community more. It's been hard due to COVID.

Just to have someone to talk to helps a lot. Yeah, we have goals that we set. Well we have one that's to help me stay clean off of drugs and [expletive]. [T]hey're helping me be more independent. That's a big one. Just teaching me life skills and, like you know, different things to help me learn to be on my own. Like budgeting, stuff like that.

They're willing to work on things I need to work on and what works for me. I'm working toward being able to live independently.

She helps me find a job. I want to get a job. I'm working on my anger and getting a job.

She helps me with case management things, and she helped me get with the [SCL] program. I do artwork in the Momentum Program. [Staff] set that up for me. It's so awesome. … I'm working on coping with my mental health. I feel like this is such a wonderful program and it has really helped me.

She is helping me find a new place to live and getting a job. She helps me with like calling and making sure I am okay. I don't remember [goals] though. I remember one of them was learning the DART buses.

They help me with my social skills a lot better, and they help me try to get out there more often. Those are the main two ways that I can think of. They'll help advocate for me to do it. … They really put effort into the work of making things possible for anybody with disabilities. They really care.

She checks in with some regularity and I think sometimes she goes out of her way to check-in. In the past she's helped with transportation to appointments and so forth, monitoring or checking in on my progress and stuff. Covid-19 is not an ideal time for anybody to be doing their job like this but checking in helps me to deal with the global pandemic aspects better. Well, there's the whole transportation situation that I mentioned and just adding stability to my life.

They help me get into the community more. [T]hey have some of the most friendly people I have interacted with.

She gets me county-funded cabs, taxi cabs. Basically, I'm able to get my errands done. And I guess having a relationship with [Staff] has just made my life a lot happier, I would say. … The first one is the transportation part. Well, yeah, and then the next one would be I guess I would say makes suggestions. Like if she sees something that needs done in my home, that I'm not doing or have done, she'll make that suggestion as far as cleaning up the apartment, that type of thing.

Well, six months ago, for five months, I was receiving rent assistance but since then I started collecting my social security and then, like I said, assistance in seeking a job. [Staff] had sent me a monthly newsletter, I think from the county, and a few of the jobs I would've been able to apply for. Not really, with the income level up there. I didn't expect too many extra services or feedback. The ability to take a look at all the issues, if it's unemployment or depression or health related, they can kind of look at the whole person.

Participants raised a few concerns or suggestions for improvements. Two were affected by COVID. Two had concerns about staff. Others were concerned about staff turnover.

> *It was until Covid hit and then it just changed totally, and we couldn't see anybody anymore. [If] Covid would never have happened, so I could have contact with them more than I have now.*
>
> *Well, because my waivers ran out, like almost four months ago, and I've asked her almost every week "Do I have my waivers back?" She didn't fill the papers out because she had an emergency. Then she said she filled them out. Then she said she didn't have enough information. My other worker had a fallout with her and her supervisor because they say they do stuff but they don't. I'm not happy with it at all. I can call [Staff] one day, and she won't get back to me… maybe not at all. And I have to keep calling her. She does the same thing with my staff too. We'll call her or text her or email her and she won't respond. She can be rude. She tries to rush me off the phone or I feel like she don't want to really even deal with me.*
>
> *Honestly, I don't really get any services with CSA. I don't think I've done anything with them in forever. Every so often, and I mean [it is] like months to a year or so between when I would talk to [Staff], and that's just basic kind of things like goals and stuff like that. I sound like a broken record but it's just because after all the things that have happened with CSA, things have just stopped happening. I don't get newsletters anymore. I'm not allowed to go to events anymore. They only pop up like once a year and I don't really interact with them anymore. I would say I'm not really satisfied because a lot of things I've inquired about I've been told that I was allowed to do and then I've been told later in the same year I wasn't allowed to do them.*
>
> *I'm not satisfied with the slowness of the COVID, that's all.*
>
> *Maybe … there are times that they don't do what they're supposed to. My previous worker didn't do what he was supposed to.*
>
> *I am tired of switching workers all the time.*

A few participants offered some suggestions:

> *If a worker's leaving, maybe finding out the next case worker before and then introducing me to my new worker.*
>
> *[I'm satisfied with everything.] But with me not working, I wish I had somebody to help me more and help me with my unemployment stuff. It's hard with COVID going on. I wish I could get more interaction with people. Maybe since [Staff's] on vacation … I would have liked them to let me know of another worker that could help me while she's gone.*
>
> *I would love it if the federal and state government were more supportive of funding.*
>
> *I guess for them to have more funding to do the things that they do for clients and be able to get back to the one-on-one in-home visits.*

COVID-19

A number of participants had positive comments about their services after COVID. Those who commented expressed that their services changed little. A few did experience some limitations, such as no face-to-face visits or a slowdown in getting new services. One participant found employment.

> *It's actually been pretty good still because they helped me get in contact with a job coach at Goodwill, and I got a job. Now I feel like I'm contributing, so overall it's been pretty good.*
>
> *They just talk to me about my health issues and the safety and stuff. They've been pretty responsive to what I needed during COVID.*

I really haven't had major needs. No, actually there hasn't been [any change in responsiveness from his care team on what I have needed.]

It usually takes a long time for them to respond but recently it's a lot quicker. When it first started, like right after I got out of jail [is when response times improved].

Mostly how we communicate is over the phone. So no, we still meet as frequently as we did before.

I don't know all the needs I had, but they'd been addressed. They've been really good. Just about the same [level of responsiveness has endured since COVID].

They made their clear priority to make sure that we don't get ourselves exposed at all. They addressed everything I need to go out themselves to grab the stuff we need, like food or cleaning products. They would go out and get it for us while we stayed at the house. [They're] very responsive. Same responsive[ness] as if it was a pandemic or not. They take their jobs seriously.

Most definitely. The basic thing was getting [services] started because it started right in the middle of this COVID stuff. And so it took a while. That and getting my funding took a long time. Once the service started, it's been great. No, pretty much everything's been handled and, you know, we've just dealt with wearing our masks everywhere. Very responsive, I would say.

Well, [she is] still keeping me aware of openings throughout the county.

A few participants had some COVID-related concerns:

I had to go through a center for about two weeks all by myself. They keep in contact though. I don't think they're taking care of what they need to be taking care of so much anymore. They told me that they'd get me another social worker, but that hasn't happened.

It sucks not being able to go out and do stuff with my workers or anything, but I do understand their concerns.

Just more communication and I just want to see people. They have more they can do, I think.

Quality of Life

Participants commented on how the program helped improve their quality of life:

My crises do not carry out as long. I changed from being in an apartment to a housing program.

I would not say better to control, just easier to manage. I'm not as reserved when meeting new people. I've really worked on that with [Staff].

It's easier to cope and get through things. I can get through things easier. I just moved into a new place. She helped me get here. It's much better.

In my daily life, she makes sure I'm taken care of in the program, and that makes my day-to-day life better knowing I have someone looking after me.. Just talk to me, you know, just talk and being there to talk, being someone to talk to has really helped. They're the ones to help me find this place, man. So I'd say that's better.

We're working on getting to be more independent in my living.

I've been getting along better with my family. I feel like I'm a lot less anxious about things. She's had some heart-to-hearts with me. I could still use some work, but I have been doing better. She helps me get to the art classes and we have gotten coffee before.

My coping skills [have gotten better]. My anger [is easier for me to control]. I stay calm now, and I don't get as mad. I'm out with strangers more than before.

That's one thing that is good about [Staff], you know: if I have a problem and I need to I can call her and talk to her. I would say it just makes my life better in general because I know I have [Staff] if I need her. Right now, of course, services are kind of limited because they aren't making in-home visits like they were. But she calls and checks with me about once a month. I would say my mom kind of worries a little less about me, but she still is a mom, you know.

As an ex-felon I'm limited in where I can work, and explained that to her, and she was very receptive and understood restrictions on me. And also [I] think it was helpful she checked in, was concerned about mental health issues, made sure I was taking my anti-depressants. Oh, just the feeling of less isolation [and] that there was somebody out there that had a name and a face that was concerned. [She] encouraged me to reach out.

Family and Concerned Others

Family and concerned others also reported satisfaction with the IHH/SC staff and the services they provided scoring in the Needs Improvement range. In interviews, family and concerned others described IHH/SC staff as responsive and knowledgeable. Family and concerned others appreciated being kept informed and the different ways staff helped their family member. They appreciated how the program changed the lives of participants in various ways, such as in employment, housing, social activities, and education. Representative comments included:

[Staff] has been working with her on housing. She set up more services this week.

They're helping him with psychiatric therapy classes. I know if I have problems, I can reach out. I've been trying to get him on social security, and they have been so helpful. They are my backup if I have any problems. They will intervene on our behalf. They did help [Participant] get rental assistance. He was with one program, and they switched him to another program that was better for long-term. They have gone over the top, even during COVID.

[Staff] is great. We love him. He set her up with [SCL Agency] to get in the community and do things. He checks in with my daughter, and then if there is any changes or suggestions or a re-evaluation, then he reaches out to me. She enjoys the social aspect and having someone take her to do things, having a consistent person in her life. I'm extremely satisfied.

She helped her move and get setup with SCL meetings. She helped with the transition from her group home to home.

[Participant] gets rental assistance. Getting rental services and also the rides to work.

We've been very happy with [Staff]. He's helped him find placement when he left [youth services]. He has helped secure rental assistance and also helped get him the food stamps. They are helpful with his placements. They gave us many providers to choose from. They seem to be very aware of the services and helpful finding the best fit for the person.

It helped with getting a job; he has a job coach. They set goals with him. He is working and has been. Next week, they are increasing his hours. The goal is to become full-time.

Huge change in housing: he moved in with me. We got an apartment together. He used to live in a house with [SCL Agency]. Because of COVID, work is suspended. We're waiting for the coffee shop to open up again.

I would be lost without it. It gives them options in life and more opportunity to grow and develop. Eventually, I think he'll get a job, and it's out there. He's working towards that. Since he has started the services, it has had an impact on both me and him.

They did get him access to Title 19. He is looking for work and would like a job coach. To the best of their ability. I don't think it's possible to do better right now. They're doing their best.

It has been that we have worked with [Staff] more than a year. It has been a long time on waiting lists for service providers. That has nothing to do with [Staff]. She has gone above and beyond. [Staff] is going to work with a service provider that works specifically with autistic adults. We have never had a lack of communication with [Staff]. COVID has made things hard but she has been there. … Staff] has seen [Participant] at her worst and her best. [Staff] takes it with grace and in stride.

It has been about a year ago but [client's] disability was called into question. She helped us fill out paperwork, and she was very available and came out to the house and everything is fine. He just started working after about seven years of not working. He had a job coach in January and the pandemic hit, but he's back to working now about 15 hours a week which is what he can do. The SCL hasn't been happening for months but that had been really going well for him too.

[Staff] helped [Participant] get her first real job. [Staff] brought [Participant] out of her shell. The work thing was a big thing. She has become much more independent. This program is really benefiting her. [Staff] is making a point of making sure she knows what my daughter is eligible for in the community. She is doing a great job of it. [My daughter] struggles socially. Her coping skills have definitely gotten better. [Staff] lets her know that those struggles are genuine and she is not the only one who has them.

The biggest impact is keeping him on track and probably maybe getting the help when he needs it. It's a great step to have someone to coordinate the services and help you know what services are available. He was living with me and he moved out. He's working part-time. He has made progress at being self-sufficient.

I think he's on a list to get some services for them to come in and learn some different life skills: shopping, cooking. We are waiting on the list. We don't have current services right now.

They help you with your rent. They will take you out to places and make sure you are okay. They will get you furniture if you need it.

She graduated from high school and got a job working part-time since October, and they are wonderful, wonderful, people. And we did get help from the workers at [Provider] to get to her last classes to finish up high school, because she did an extra year.

Family and concerned others had a few concerns and suggestions. Most comments reflected a desire for more or better communication with staff and better follow-through with services. Others were concerned about staff turnover. Some were concerned about the effect of COVID.

She does help, but not in a timely manner. I think [Staff's] timeliness is a concern. She takes a week to get back to us and isn't knowledgeable of all services.

He got fired because of COVID.

This has been his fourth or fifth CSA worker since he has been with CSA. Prior to COVID, [Participant] wanted to move out of [SCL Provider]. He was with kids now with mental issues but [Participant] is more on the spectrum, and since he has been at CSA he started smoking. I feel that [Staff] has been in contact with him. He got mad at her because with COVID, we couldn't get him another place to live. He needs a group home setting that is not with staff turnover and clients, a more permanent structure. He needs a place that is consistent.

Sometimes it takes a while for them to get back to you, but no matter who we are working with, it is the same. I think it's that they are so overworked. You have to leave a voice mail, and I get it; I know they just have a lot of clients.

Just the loss of her job due to the pandemic. I wish there could be more visiting from [Staff] directly. She takes things easier when the messages are from [Staff].

There has been lots of turnover and changes in employees.

I have mixed feelings. I feel like there are times when they have been very helpful and there are times they have promised to take care of things that are very stressful for [my daughter] and they didn't get done. It's a two-way street. I think that [Participant] maybe hasn't taken advantage of some the things they suggested for her, like get out and walk. Money not getting paid when paperwork has not gotten done sets [Participant] off from anxiety.

Family and Concerned Others had a few suggestions.

I would not save tax dollars. I would want them to spend more. These people need more assistance.

I think if they had some classes: budgeting, group interactions, personal hygiene, cooking classes. Things to help individuals live on their own. I know that this is not a possibility right now. If anything, I think CSA and [SCL Provider] need more tax dollars. They need more to help these individuals.

They need to pay more attention to the clients, watching their needs, making sure his health is taken care of, and making sure he gets help with whatever he needs.

I would love to see [Participant] have a group to go to with common interests: politics, religion. Getting him more exposed to society. That would help build him up to get the confidence to get him a job.

Communication with me would be best if she contacted me when she communicates with [Participant]. I would like to see what that looks like, what her contact with [Participant] is like. It would be good to inform people what services they provide. When COVID happened, someone finally gave me that. He had a new CSA worker. I just learned that from the [SCL] staff. When they switched [IHH] workers they didn't let me know. [The previous IHH worker] was really good, but we weren't notified that he was leaving.

Don't have 7 million people on one case [manager]. Don't lie to their clients and be straight forward with the clients!

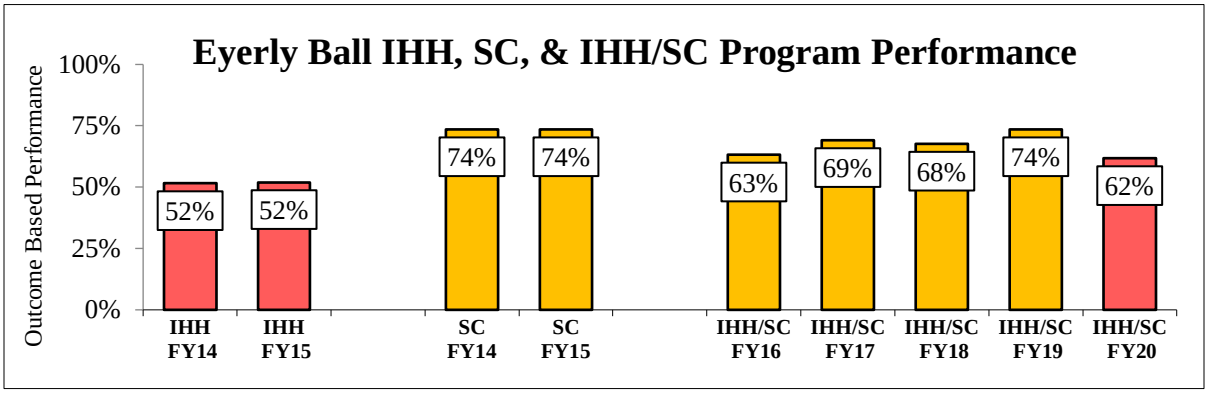
Maybe like a print-out or listing of what services are available to clients. I don't know what he can do. I think that would be very helpful.

Guardians sometimes have a bad rep in the services, but they need to talk to us. That is our job. Sometimes our kids don't have the perspective. Only if we ask them to [contact us]; otherwise they don't contact me. They used to have a parent peer support person for the client and a peer support person for the parents too. They lost those two people, and they didn't replace them. A lot of it is parenting skills, and they tried to have a parent meeting monthly and I didn't get as much out of it. It would help if it was based on role playing or building skills.

Additional Satisfaction Questions Related to COVID-19 Pandemic - CSA				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	19	0	1	0
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	0	17	2	1
	Phone	Text	Email	Other
In what ways did you communicate?	7	5	2	5

Eyerly Ball Integrated Health Home / Service Coordination

Eyerly Ball's IHH program was challenged by the outcome expectations. The program's overall performance of 62% resulted in a Does Not Meet Expectations rating, a drop in score from prior years. This year, the program served a monthly average of 587 participants, an increase of 19% from 494 in FY19. The program exceeded expectations in four outcome areas: Negative Disenrollments, Appropriate Disenrollments, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations in four additional outcome areas: Community Housing, Involvement in the Criminal Justice System, Employment – Engagement Toward Employment, and Psychiatric Hospitalizations. The program was challenged by the nine remaining outcome areas: Participant Satisfaction, Participant Empowerment, Family and Concerned Other Satisfaction, Community Inclusion, Quality of Life, Homelessness, Employment – Working Toward Self-Sufficiency, Adult Education, and Access to Somatic Care.



Based on the evaluation, the program performed well in some areas. About nine of every ten participants (87%) were reported to be living in safe, affordable, acceptable, and accessible community housing. The agency reported that established relationships with landlords were changing and one apartment complex reduced Section 8 housing. Therefore, housing was becoming more challenging. Criminal backgrounds were a barrier. Shelters stopped taking people, even before COVID. COVID caused some participants to lose housing, which increased homeless days. On the other hand, Eyerly Ball has received positive feedback from some housing managers and landlords, indicating that staff are receptive and responsive to their needs. One staff member at Primary Health Care provides housing navigation for participants who have been denied housing three times.

Adult participants visited the emergency room for psychiatric care only twice. Participants averaged only 2.12 nights hospitalized for psychiatric care. The program reported that there are more options in the community for participants that help them avoid more expensive/intensive treatments like hospitalization or the emergency room. These include Broadlawns Psychiatric Urgent Care clinic, as well as the new Unity Point Behavioral Health Urgent Care clinic. These are particularly helpful for those who need triage or assessment, rather than hospitalization, or if they just need to refill prescriptions. In addition, the agency reported that they are doing collaborative care meetings, which include psychiatric staff and care coordinators outside the agency where they can get fresh perspectives on their participants. Using this approach, one participant, who had accessed the ER 34 times has not returned to the ER for two months. In addition, every participant meets with the nurse for a health assessment, where they are stratified for risks. Those with higher risks are scheduled for more frequent contacts. With COVID, the agency has put more resources into crisis lines (via phone and text) to do triage and deescalate participants. Further, some participants were afraid to go to the ER and are more likely to call their staff.

One participant was negatively disenrolled, and 58% of Service Coordination participants were appropriately disenrolled to other services or independence. The program reported that they never

discharge participants and continue to attempt to engage them. The one negative disenrollment was misdocumented and a result of a staff training issue, and the mistake was caught too late. The agency reported that they have an experienced team who can set expectations and deliver services accordingly.

In administrative areas, the agency reported a score totaling 100% for face-to-face contacts and annual assessments for participant level of functioning.

The program reported 1,186 jail days for FY20 for an average of 2.02 nights per participant, a notable decrease from FY19, when 2,762 jail days were reported (5.59 nights). The agency reported that, as they commit to not having a waitlist, they have received more jail and Department of Corrections referrals. They have changed their approach for transition of care using different intercept point at seven, fourteen, and thirty-one days in jail. Behavioral Health Urgent Care clinic has helped disperse medications. Unity Point Health security has committed not to arrest participants and will call the staff when participants are in crisis.

About one of every four (24%) participants were engaged in employment, working at least five hours a week at or above minimum wage, meeting expectations. However, only one of every ten (11%) was working 20 or more hours per week, at a Does Not Meet Minimum Expectations rating. The program reported that their use of benefits planning was helpful to participants, helping them understand how employment affects their benefits, particularly when they discover that their income increases with work. The agency articulated a concern that there are few supported employment providers in the area, and in particular after COVID Goodwill and Passageways, major supports and facilitators for employment, shut down. Also, once COVID arrived, many businesses shut down, with restaurants the first to shut their doors. Since then, some businesses have returned, but restaurants have largely not returned. For participants, this meant that they have had to look for jobs, in a market where they are not readily available. One participant had COVID and is now afraid to return to work. Others are not working now to be with their children who were home because schools closed.

Besides employment for self-sufficiency, the evaluation indicates that the program was challenged in several areas. Of the program's participants, 63% met criteria for community inclusion. The agency reported that the pandemic was a major factor in this outcome. Spring is normally the time for everyone to participate in community activities as the weather gets warmer, but with COVID, activities were not available. In addition, groups frequently attended by participants, such as Alcoholics Anonymous, went virtual, and many participants lacked access to the internet or knowledge about how to attend virtual meetings.

In Adult Education, the program also rated a Does Not Meet Minimum Expectations with about one in ten (9%) participants pursuing education related to employment, down from FY19 (22%). The program reported that participants often acquired education through their employment, and the program had some participants who graduated from college. After COVID, education opportunities became more difficult. When education and training became available, they were often online classes, which were generally a barrier for participants because they may not have access to the internet, libraries were closed, and they may need tutors, who were not available for those who needed them.

The program rated Needs Improvement in Participant Empowerment this year. Of 49 files reviewed, 43 (88%) were found to meet all four expectations. The program did well in addressing employment or education regularly during visits with participants. However, 2 files showed gaps of more than a month in documentation of services. The program was more challenged (4 files) in having goals present, addressed regularly, and in documenting that the participants were involved in and agreeable to their goals. The agency reported that they were challenged at documenting gaps in care plans. However, an additional challenge was a high turnover in staff, which can affect documentation. Further, the agency experienced a drastic increase in caseloads, which further put a strain on documentation. In addition, this was the first year for Iowa Total Care MCO, bringing new processes, new documentation requirements, and a new portal to learn.

Almost nine of ten participants (89%) received a physical or care from their primary care physician or medical specialist during the year. The agency reported that Medicaid constraints were a factor in this outcome. Participants are allowed one wellness visit per year, which cannot be completed before a year has passed, and for those who were expecting to get a physical in the spring, because of COVID, physician offices were closed or participants would not attend appointments. The introduction of telemedicine brought new challenges, including learning a new way to interact with physicians, without a physical checkup. Some participants experienced heightened paranoia over using teleconferencing, and some did not have privacy accessing doctors from their home. Some did not have access to the internet. Some relied on staff for transportation.

For homelessness, the program reported a total of 3,459 homeless nights, averaging nearly six days of homelessness per participant, an increase from FY19 (1,853 nights). The agency reported that 48 of their participants were included in the homeless numbers, with 13 experiencing more than four months homeless. The agency reported that they have committed to not having a waitlist, so they have had an increase in referrals from the shelter, and they have struggled to find them housing. Some participants were accepted into Rapid Rehousing, but these were taken away after COVID. These participants are now seeking assistance through General Assistance.

The program was challenged in satisfaction surveys this year. In interviews, 89% of participants indicated they were satisfied with services. The agency reported that honesty with participants as a policy has been important to give participants clear conceptions of what to expect, and they make an effort follow through on promises. Through the pandemic providers have closed door, and they have not had groups. Instead, they have increased their comfort calls and brought food to those who need it. In housing, participants had the expectation that the IHH can provide furnished, affordable apartments, and participant dissatisfaction was evident. The agency has made efforts to change participant perceptions to more realistic levels but has not been successful.

Participants indicated in 81% of survey questions that they had experienced improvement in the quality of their lives. The agency reported that COVID was probably a factor in the Quality of Life score. For many, staff had services lined up, which went away with the pandemic. In addition, some may have felt less optimistic about their lives as they found themselves isolated for weeks.

Family and concerned others in interviews reported satisfaction at 88%, consistent with FY19, which scored 87%. All these satisfaction scores rated at Needs Improvement. The agency reported that, because they work with adults, many do not have concerned others whom they want involved in their program. For those who do have family or concerned others involved in their lives, especially for those with higher needs, many have contact with the participants only when they are struggling, and are therefore not exposed to many of the participants' successes. Some have family or concerned others only as emergency contacts, who would have little knowledge of the services provided to participants or may live outside the state. Though the agency makes some effort to remove these contacts from the survey call list, some can get through. In addition, after COVID, some activities, such as regularly scheduled family gatherings, were no longer possible.

Despite challenges, most participants and many family and concerned others reported being satisfied with Eyerly Ball's IHH/SC staff and services. Evaluators were able to interview 49 participants and 31 family or concerned others. In interviews, IHH/SC staff were described as patient, respectful, and supportive. Participants credited the program and staff with improving their lives and the lives of their family. Participants appreciated staff treating them like everyone else, listening to them, and providing support and help that they need. They appreciated the program helping them get access to resources, such as benefits, food pantry, meals, and community groups. Participants credited the program with assistance in helping them become self-sufficient and improving their lives. Representative comments from participants included:

If I need to see them, they'll just schedule me up. Three days, unless I say there's a problem, then she'll call me back right away.

She's my mental, emotional, support right now. She calls every so often and checks in with my medications. We're currently in a process of trying to find a doctor.

I am habilitated. I've been in their program for four years now, so they help me maintain my emotional and physical health. They help with job placement and relearning and my housing circumstances. They have emergency counseling and all sorts of resources. I've stuck with it because it's helped me transition from a different state to living here. I feel more secure here.

Again, with the resources that they provide, if I inquire about certain matters, they give me those resources. They've helped me find doctors and psychiatrists and helped me with everything. There's a housing program they have me on currently that I can be more independent with.

Yes, always. I've never been disrespected by anyone there. There's no discrimination: culturally, income-wise, lifestyle-wise.

Well, I have another worker [Staff] and they come and take me where I need to go and go to doctors and the store and things like that and getting a COVID test. Right now [Staff] and I just do stuff over the phone because she can't be seeing anybody right now. She's supposed to be getting me a laptop so I can finish my GED.

Once I got in the program, they helped me get a place of my own, which was awesome. They used to take me to the doctors and come and take me where I needed to go instead of catching the bus.

I'm not sure the whole names of everything but she's helping me get in on Section 8 and she helped me get the housing I'm in right now.

I had a crisis way back in November or December and she came to the hospital and visited me.

Well me not being from Des Moines, they've been extra helpful with telling me where I can go to food pantries and what kind of different offers the community has. They've also given me a furniture resource.

The new budget isn't out yet, … but she was able to get me rent control until the end of September. So that was good, because I didn't know who I needed to contact if they couldn't get me rental help. But they called me right back and let me know.

She's arranged for that to come and take me to my doctor's appointment, my check, cash, pick it up for my payee, which she arranged for. So I get payee services. I get habitat services. I get a homemaker service, but that's paused for a moment because of the COVID. I have Meals-on-Wheels. I do get rent assistance, but I don't think those come from Eyerly Ball.

Yes, I do [see a doctor and dentist when needed]. … My IHH worker would take me there, be right in the room with me. Even for the gory parts.

I would've been homeless on the streets if it weren't for them. They were very helpful in that area.

They know I'm gay and they have never discriminated against me for being gay. They just treat me like a regular person, and like an equal.

My current goal is keeping a job and mood stabilization while raising my two year old so I can become a better parent to him, I noticed my child fell behind other children because he was dealing with two depressed parents. From being depressed, I kind of was like stuck in my head, constantly smoking cigarettes instead of spending time with my son. Since being with Eyerly Ball, I started cutting down on cigarettes and started spending more time with my kid. He started improving with socializing. He started improving talking and playing with others, and he became a happier kid.

If I'm disappointed in something, they apologize to me, and they make efforts to make it better. If I make requests, they get back to me as soon as possible. They just remain dedicated to my needs.

That these are people that really care for you, they really want you to get your support and make you better as soon as possible. It's important to take care of yourself, and they will remind you of that, that you are an important person, and you are valued on this planet, and they will give you techniques to cope for day to day living. If you need support, they have support groups, and they will support you in any way they can. This is a company that's about really improving mental health.

Eyerly Ball and Mainstream Living have both made my life better. I have been suicidal and didn't want to live or be here anymore. My psychiatrist made my life better and took me off some medications that I didn't need, and I was over-medicated.

Participants raised a few concerns. Several participants were concerned about staff turnover and workload. Some expressed some disappointment with apparent attitudes of staff. Some felt they were not told about services that might be offered.

So … my IHH worker has changed probably throughout the last three months with three different people. But I was living at the house with Mercy, so I had contact with them once a month.

I guess more consistency with the same person. I don't know. The only thing I have to say is like I've had three different workers. They've all been the same as far as helpful, but I feel like they've changed within a quick period of time.

My main issue is that like I don't really know what services they could provide, and the services I was able to access aren't really as helpful as I thought they would be. [I am not getting any services right now.] After Medicaid ran out, so after my insurance ran out, I was trying to get food stamps and I wasn't able to get those and she didn't help me at all.

I think they're just taking on clients, but they don't really care about helping them, being more of like a successful business instead of helping.

Sort of, like they kind of give an idea of what you'd need. It's just that sometimes they do a very poor job of explaining it. And they don't usually give the best resources on how to obtain it.

Acknowledgement yes, respect no. It's not blatant disrespect. It's just more of a neutral thing like, "oh there you are."

Essentially it felt like a very removed process, from my social worker and I, because I get that the system is clogged up but the means of receiving and getting assistance were very tough and hard to understand and keep track of. Even with the added care coordinator parts of it, it was hard to know what I needed to look for and get the help I need. They just weren't very helpful with helping me figure out what I need.

There's so much turnover between the workers that it's hard to connect with the workers. … The group thing that Eyerly Ball has was not working for me because everyone was too old.

Some of them has tried. I know the person before [Staff] had tried. I'm not sure why he disappeared. After a month or two he switched being my worker, just as the COVID stuff came about, and I had no warning until [Staff] called. [Staff] seems willing. He calls me for a check-in once a month. But [Other staff] was not willing. As I said, she only called once every three months for a check-in, and she never returned phone calls, never returned emails. So it depends upon the worker.

Because she really doesn't do much. She comes in and says, "well, we can do this and this" and "I'll sign you up for this and this," which will get me into something that she thinks might help me, and she never does it.

When they talk to me, they're nice, but what happens when the phone shuts off shows if they respect me or not. They never even let me know I didn't get any services, and when my funding ran out. they didn't even tell me. They don't help people.

I don't know what she's absolutely there to do. I don't know what her job description is, what she's there to do, how she can help me. I have a hard time answering that question. And I think that's important to lay that out.

I have been through a million [IHH workers]. I have not had a consistent worker for two years.

I never received any paperwork communication or any other form of information other than to have [Staff] tell me that I was no longer funded. I don't understand that. There was no notice. I would have loved to have gotten the documentation that told me "this is why you are losing funding" and "this is how long you have to plan."

I feel since COVID, things have gone downhill. Things are going downhill but I don't want to put that on [Staff]. That is more the responsibility of who is doing the programming.

I had one staff member that she ended up getting fired, but from the whole time I was assigned to her she didn't write any case notes, and therefore my current worker had to start over from scratch and had to redo everything because there was literally one page of notes that didn't cover anything I had talked with that previous case manager, and she just quit suddenly.

Participants had some suggestions. Some suggested ways to improve communications. Some were hoping services could be improved or they could get more of certain types of information. Representative examples include:

As far as on the communication side, it would be nice to have email access open to her. We've got work and a cellphone but sometimes you just want to put in words instead of a call or something.

I have had the services through Eyerly Ball for eight years, and if I need something, they are always there. I guess I don't know why they don't have an office in West Des Moines.

More information about different in-person programs and activities that can help. Because there's really no information on what a person can do to improve their lifestyle.

One thing they could work on is being more timely, and more clear about what they're doing, and what they're supposed to do. Letting that be known what they do and what they don't do, timewise and activity-wise and stuff.

The only thing I would change for Eyerly Ball … people who are living hard lives and have criminal backgrounds, I feel like we need refocused and not to be so dependent on the welfare. Let them volunteer and give them more opportunities to make money to get the housing that I need. And more of a voice to keep us from being out in the elements.

The intake. The intake, put several… I don't know if you want to put it in caps, intake. They handled it absolutely horribly. At one point I even went above the heads of these everyday workers and went to the division head or whatever and I don't remember her name but she told me what I wanted to hear but their intake was horrible. And I'm just talking about my experience. That was the worst thing of it, and they need to change that. Maybe more training for the workers. I spent 14 years as a pastor, and they are not user-friendly people.

Just that they would do more thorough search of the person, more thorough search of what their mental and physical health needs are, that's all I would recommend.

Have more options instead of being limited by what Polk County deems as acceptable, like for example the prepared meals, they only have three approved companies and one that is their favorite company. However, I am allergic to dairy and none of their companies really specialize

in allergies and two of the companies say nope, we don't allow for that when there are plenty of companies online and in person that are vegan, have other options.

COVID-19

Many participants experienced changes in services since COVID began. Some had loss of services; others gained some benefits from it. Most had less face-to-face contact with staff. Representative examples include:

The house was quarantined where they put the sticker on the door where, if you had to enter, they called the cops on you. It was pretty different. You know food shelters, they offered, and trips to the doctor or that, and they made sure the house was sealed and secured, and they were all wearing masks and that stuff. It was going good.

Well I actually ended up catching COVID, and they dealt with it. At the beginning they said something [about maybe] they had to move people around in houses temporarily. But they were able to manage with me and my roommates all being here, and they help remind everyone to wear masks. They said to text them or call them if I needed anything at all and if I needed meds. They bought water and cutlery and paper plates and stuff for the house with their money instead of requiring one of us to pay for it so that we would spread the germs less from the virus.

She referred me to Impact because my light bill was high. She looked out for me. She is a spark of light in this community. She made sure I had what I needed.

I have been home the whole time and [Staff] made sure I had pantry and frozen food. We just talked on the phone about [what I needed] and it was just like any time with [Staff]. He would figure it out and stop by my apartment.

The care team stopped when COVID started. They told me that my insurance was going out, and then they stopped providing services.

Due to the government restriction, I don't believe that they have been able to meet anyone's needs. That's because of the government restrictions, it's not really the program's fault. They do try.

I think it's gotten a lot worse since it [COVID] started happening, especially with my worker quitting because he didn't want to be exposed to COVID. So then he quit so I had no services and I had no support. So, no, my needs are not being met.

Like I wish I could have somebody really help me with buying food so I'm not spending my money wastefully.

It hasn't been as great. I realize that is because of the lockdown … but my worker that came once a week can't come (through Eyerly Ball). I have been doing things on my own more.

I'm being told you have to just go use your family, use your friends. Basically, being told, too bad our supervisors, we agree with you it's not right, but our supervisors tied our hands we can't do anything. Supervisors or the managers of the company or these rules, we just can't do anything about it even though we want to come out and help you … and so people are all working from home, but in that industry, working from home doesn't meet the needs of most of any of the clients.

Quality of Life

Participants expressed many ways their lives have improved since starting the program. Some have better control over their thoughts and lives. Some have improved relationships with family members. Some are more independent and experiencing some successes. Representative examples include:

I mean, I still have slight anger management issues, but I've definitely learned how to think about the people I don't want to hurt before making any drastic choices. And I'm not self-destructive anymore. It helps knowing that [Staff] is there by my side.

I have actually been promoted. I went from being a temp to being on-call to now being a banquet captain. So I'm fully employed with [Employer] downtown, and I feel like I've been successful with the program.

My communication is more diplomatic as opposed to being abrasive or harsh. I put some thought into what I say now.

It is better because I used to live with my daughter, and now I live with myself. I can pay my bills and it's awesome.

[I] find it a little bit easier to open up with my parents.

I have made reconnections with some of the people … with my sister especially. I reconnected with her.

I do go out more. I don't go out and hang out with people generally. But I'll go out to the store instead of asking someone to do it for me.

I guess I'm more situated with how things are in my life than I was before. I'm more comfortable than I once was, if that's the right word. She got my dog as a service… or not a service but a companion dog, so that I'm more calm or whatever.

Some of my family I've kept distance with for year so I can keep my mental health. Other parts, like my mom, I call her every day. My sisters … I'm slowly bringing back into my life. Sometimes the sickest person in the family isn't the one that gets help, so they care for what they're trying to better their life, so you have to distance them until you're ready for a healthy relationship.

I mean ,yes, because Eyerly Ball encouraged me to go to school. I wouldn't be doing any school at all, so I guess yes. My hours during the spring semester conflicted with work. I was driving three or four hours a day. I was not making enough money to pay for that much gas. In order to continue my education, I quit my job.

My ex-boyfriend used to tell me I would not be myself if my brain wasn't working right or I would get angry. I've had it since 1995. He would just tell me I would get angry and I would just get furious but now I have someone who I can talk to and tell me, "It's normal, take a nap, listen to music, and it's not something negative it's something positive." And that's what I've needed to hear. I've always needed to hear. … brain injuries are tricky.

Got me out of a situation I probably should've been out of a long time ago, only I didn't know. I'm living. It's not the greatest place but the inside is beautiful and homey and, I'm very grateful.

Family and Concerned Others

Concerned others were also pleased with the service and staff. They credited the program with improvements in participants' lives.

By all means, yes. I would say, if you need resources, it's a way to help. They were able to take him places and they also worked with his insurance. They helped him get disability and helped him find a lawyer, so they helped set that all up. The lawyers that we have are awesome. If you have depression and you need help with anything, they are awesome for that.

He seems to be doing better, especially since we got the psychologist and psychiatrist. He's getting the right meds and hopefully can get a part-time job soon. I've seen a change in him. He went to the store and actually got groceries. He's out walking. Before, he would curl up in bed and not want to do anything, but now he's getting out of the house.

Positive change … he's taking more interest in his family. He doesn't care to go out by himself. He stays around his family members. He doesn't roam around like he used to. He works.

Family and concerned others raised some concerns and offered a few suggestions. Family and concerned others often expressed that they did not get enough communication with the program and that they would like to have better information about services available to the participants. Some were concerned about program follow through.

The last time I spoke to a staff member was when she was living in the group home. That has been about seven years ago.

There are times when she missed her appointments, and then after missing so many appointments, they put her back on the waiting list. And when you're talking about mental health that just doesn't seem right. [There should be] some other consequences because she needs the services. Twice when she missed, it was that her ride didn't show up.

[Participant] is a compulsive spender, and this lady would take her places and just buy things. [Participant] is an adult. It's hard for us to keep track of everything going on. She got hospitalized six weeks after living on her own. They did set her up through Medicaid.

It always seems like they were going to set up services, but never did.

I think it was [Participant's] choice to live by himself. When I see [Participant], a lot of the times, that is no version of how I would want to live my life, but [Participant] has told him that he wants this. My concern is that, if this is something they are trying to do for [Participant], I think with the time he has been allocated, I don't know if that is enough for him living by himself. He does better in a group living situation. I'm not convinced that him by himself is the right setup, and that's just my opinion.

I would not say it is structured, but there is regular communication. My dad and I try to be helpful as much as we can and be involved. Sometimes I think the process is clunky. Like the process of communicating between the program and outside parties is so clunky. I want that stream of communication to be easier.

Additional Satisfaction Questions Related to COVID-19 Pandemic – Eyerly Ball				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	34	7	7	1
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	3	38	7	1
	Phone	Text	Email	Other
In what ways did you communicate?	18	5	10	14

APPENDIX A: FILE REVIEW FORM

IHH & SC

File Review and Data Coding Form

Last case notes reviewed:

Reviewer	Date of Review
David Klein **(6) Other (Name _____)**	**Month/ Day / Year** **/ /** **Date of PolkMIS data:** **/ /**

Agency	Date of Enrollment	Program Type	
Broadlawns **Community Support Advocates** **Eyerly Ball**	**Month/ Day / Year** **/ /**	**IHH** **SC**	**Adult** **Child**

Name	DOB	Age
	Month/ Day / Year **/ /**	**Adult ≥ 65** **Adult < 65** **Child ≥ 14** **Child < 14**

Program Staff or Team	Level of Functioning File Consistent with date below? Yes No N/A	
	ICAP or SIS Completion Date from PolkMIS **/ /** **File Date:** **/ /**	**Locus Date from PolkMIS** **/ /** **File Date:** **/ /**

I. Housing:

PolkMIS Housing Events			
Date(s) of PolkMIS Event	**PolkMIS Event (Meets/DN Meet)**	**Does file documentation agree with PolkMIS event? If not, explain in comments**	**Documentation Source**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
	Meets Doesn't Meet	**Agrees Doesn't Agree**	**Notes Checklist**
More Housing Changes on Back ☐			
Date of Annual Documentation Found In File:		**Yes**	
Comments:			
ALL HOUSING AGREE AND DOCUMENTED		**Yes** **No**	

Adult Education:

11a. Was the individual involved in an educational activity?	**PolkMIS**	**File**	
Date: **Activity:**	Yes (1) No (2)	Yes (1) No (2)	NA (7)

Consumer Empowerment

Consumer Empowerment	a. In File		b. Description
16. documentation supporting consumer involvement in goal development	Yes **(1)**	No **(2)**	Annual Meeting Date(s):
17a. individualized and measurable goals are in place and reviewed regularly	Yes **(1)**	No **(2)**	2018 Goals: 2019 Goals:
17b. employment/education addressed or community inclusion for (LOS 5/6 long-term or retired)	Yes	No	Types of services addressed:
18. documentation in the file reflecting services delivered	Yes **(1)**	No **(2)**	Services documented in file:
19. Totals			

20. Comments:

21. Somatic Care:

PolkMIS (Date:)	Yes No
Documented in File	Yes No
Somatic Care Agrees	Yes No
If No:	Somatic Care Claimed but NOT documented Somatic Care Documented but NOT Claimed

22. Comments:

23. Community Inclusion:

PolkMIS (Date:)	Yes No
Documented in File	Yes No
Community Inclusion Agrees	Yes No
If No:	Comm. Inc. Claimed but NOT documented Comm. Inc. Documented but NOT Claimed

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

Outcomes	a. In PolkMIS		b. In File	
27. Homelessness	**Yes**	**No**	**Yes**	**No**
28. Jail	**Yes**	**No**	**Yes**	**No**
29. Negative Disenrollment	**Yes**	**No**	**Yes**	**No**
30. Emergency Room Visits	**Yes**	**No**	**Yes**	**No**
31. Psychiatric Hospitalizations	**Yes**	**No**	**Yes**	**No**

II. Employment (Requires 5 or more hrs/wk & at least minimum wage):

Employment Status:										
10/6/19 – 10/19/19	**In PolkMIS**		**Documented**		**Hours**	**Wages**	**Source**	**Agree**		
If employed, then …	**Yes (1)**	**No (2)**	**Yes (1)**	**No (2)**			**1 Consumer 2. Job Coach 3. Employer 4. Pay stub**	**Yes (1)**	**No (2)**	**N/A (4)**
Job changes/notes:										
Employment Status:										
NA	**In PolkMIS**		**Documented**		**Hours**	**Wages**	**Source**	**Agree**		
If employed, then …	**Yes (1)**	**No (2)**	**Yes (1)**	**No (2)**			**1 Consumer 2. Job Coach 3. Employer 4. Pay stub**	**Yes (1)**	**No (2)**	**N/A (4)**
Job changes/notes:										

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

Participants are asked whether they agree or disagree with the following eight questions. The agency receives a point for every question that the participant agrees with (i.e., is satisfied.) Participants are also asked additional questions about quality of life indicators and ideas for improving their Integrated Health Home, or Service Coordination program.

B2 My (staff) helps me get the services I need.
B3 I know who to call in an emergency.
B6 My staff talks with me about the goals I want to work on.
B7 My staff supports my efforts to become more independent.
B9 When I need something, my staff are responsive to my needs.
B10 The staff treat me with respect.
B11 If a friend were in need of similar help, I would recommend my program to him/her.
B12 I am satisfied with my [Integrated Health Home/Service Coordination] services.

To assess improvement in quality of life, participants are asked the following seven questions. Agencies receive one point for each statement that the participants agrees with (i.e., is satisfied.)

B5A1 I deal more effectively with daily problems, since I entered the program.
B5A2 I am better able to control my life, since I entered the program.
B5A3 I am better able to deal with crisis, since I entered the program.
B5A4 I am getting along better with my family, since I entered the program.
B5A5 I do better in social situations, since I entered the program.
B5A6 I do better in school and/or work, since I entered the program.
B5A7 My housing situation has improved, since I entered the program.

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

Family members are asked whether they agree or disagree with the following ten questions. The agency receives a point for every question that the participant agrees with (i.e., is satisfied.) Family members are also asked for their ideas for improving their family member's Integrated Health Home, or Service Coordination program.

B2 I am confident that our [Integrated Health Home/Service Coordination] staff provides me with resources about programs and services that are beneficial to my family member and family.

B3 Our [Integrated Health Home/Service Coordination] staff helped us in obtaining access to the services that our family member needs.

B5 [Integrated Health Home/Service Coordination] staff are available to assist me when issues or concerns with services arise.

B7 My family members input into the service plan was well-received and his or her ideas were included in the plan.

B8 The staff where my family member receives services treats him or her with dignity and respect.

B9 I am satisfied with my family member's [Integrated Health Home/Service Coordination] worker.

B11 If I knew someone in need of similar help, I would recommend the program that works with my family member.

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Attended Church
Attended Church activities
Attended Ladies' Night at a church
Participated in board games at church
Participated in potluck dinner at church
Volunteered at a food pantry at church

Civic

Attended a Pete Buttigieg Rally
Attended a debate party at Exile Brewing
Volunteered obtaining donations for Christmas at Orchard Place
Volunteered at Door of Faith
Volunteered at Rise and Shine Stables

Cultural

Attended AA meetings
Attended Ankenyfest
Attended NA meetings
Attended a Bob Seger concert
Attended car shows
Attended Celebrate Recovery at Hope Church
Attended a Christian 12-step group
Attended diabetes classes at the YMCA
Attended a Dogsmack concert
Attended at drag king performance
Attended Farmer's market
Attended football games
Attended Fourth of July Parade
Attended Fourth of July fireworks
Attended hockey game
Attended Halloween on the Hill
Attended Iowa State Fair
Attended Iowa State Fair parade
Attended Jolly Holiday Lights
Attended Sweet Corn Festival in Adel
Attended Iowa Wild game
Attended KISS concert
Attended a local corn festival
Attended music festivals at Nolen Plaza
Attended Praise Festival at the Cornerstone Church
Attended a Shinedown concert
Attended Skate South
Attended stress and anxiety groups
Attended World Food Festival
Participated in bingo at apartment complex
Participated in Black Lives Matter protests
Participated in Book of the Month Club at the library
Participated in a bowling league
Participated in chili cookout at United Methodist Church
Participated in children's school activities
Participated in Pride Parade
Participated at YMCA
Participated in water aerobics
Visited Blanck Park Zoo
Visited Fort Des Moines
Visited Pappajohn Sculpture Park
Visited Pumpkin Patch with grandkids
Visited Omaha Zoo
Visited the Science Center
Visited Senior Center
Worked out at Aspen Gym/fitness centers
Went fishing

APPENDIX E: OUTCOME CRITERIA

Community Housing: To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible and acceptable.

A living environment meets safety expectations if all of the following are met [or if an intervention is addressed in the individual's plan/action to resolve the situation has been taken]: (a) the living environment is free of any kind of abuse (emotional, physical, verbal, sexual, and domestic violence) and neglect, (b) the living environment has safety equipment (smoke detectors or fire extinguishers), (c) the living environment is kept free of health risks, (d) there is no evidence of illegal activity (selling/using drugs, prostitution) in the individual's own
apartment or living environment, and (e) the individual knows what to do in case of an emergency (fire, illness, injury, severe weather) [or has 24-hour support/equivalent]. All living situations with abuse are considered unsafe, even if a plan is in place.

A living environment meets affordability expectations if no more than 40% of the individual's income is spent on housing (i.e., cost of rent and utilities), or if they receive a rent subsidy. PCHS has set this criterion at 40% of income to be consistent with the U.S. Department of Housing and Urban Development's Housing Choice Voucher Program (Section 8) requirements. Income sources include Employment Wages, Public Assistance, Social Security, SSI, SSDI, VA Benefits, Railroad Pension, Child Support, and Dividends. Starting FY16, the Affordability criteria for Community Living was broadened to allow for participants to pay more than 40% of their income to rent and utilities provided that (1) the individual is on the Section 8 waiting list and is aware that they will either need to move or will not be eligible for Polk County Rent Subsidy should they be offered Section 8 and (2) the individual is able to pay bills to ensure their basic needs are met.

A living environment meets accessibility expectations [or has 24-hour equivalent] if the living environment allows for freedom of movement, supports communication (i.e. TDD if needed), and supports community involvement (i.e. being able to reach job and frequently accessed community locations without use of paratransit or cabs).

A living environment meets acceptability expectations if the individual (rather than guardian) chooses where to live and with whom. There may be a number of parameters (i.e. past decisions, earned income) which may limit individuals' choices, but the environment should be acceptable at the point in time when choices are presented. Individuals with guardians should participate and give input into their living environment to the greatest extent possible.

Homelessness: The outcome is measured by the average number of nights spent in a homeless shelter or on the street per individual per year. For the purposes of this outcome, transitional shelters are not considered a shelter. A transitional shelter is a program and/or residence in a shelter where the individual pays toward rent and/or is developing skills to acquire housing.

Involvement in the Criminal Justice System: The measure for this outcome is the average number of jail days utilized per person per year. Jail days are measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program is not included in the calculations.

Employment Outcomes: Employment– Working Toward Self-Sufficiency is measured as the percentage of employable individuals working 20 hours or more per week and earning the minimum wage or greater during the four specified reporting weeks. Engagement Toward Employment is measured as the percentage of employable individuals working at least 5 hours per week and earning the minimum wage or greater during the four specified reporting weeks. The employment outcomes do not apply to individuals between 18 and 64 who have been assessed a level of support of 5 or 6, involved in an ongoing recognized training program (secondary school, GED, or post-secondary school), or individuals 65 or older who choose not to work (i.e., are retired).
Because employment may vary during the year, the employment outcome is assessed during four specific weeks of the year. The final outcome is the average of participants who were working toward self-sufficiency or engaged toward employment during these four reporting weeks.
Education: The outcome is measured by the percentage of employable individuals involved in training or education during the fiscal year. A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate to secure, maintain, or advance the individual's employment opportunities.
Participant Satisfaction: Participant satisfaction is based on interviews by the independent evaluator of fifteen program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. Participants are asked eleven questions concerning their satisfaction with their caseworker, agency program and services. A point is awarded for each question for which the participant reports being satisfied (i.e., agrees with the question). Occasionally, people chose not to respond to all questions. A program's score is based on the percentage of points achieved out of the total possible points for the program given the number of responses.
Family and Concerned Other Satisfaction: Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of fifteen program participants from each agency's program. The interviewer asks questions regarding access, empowerment, and service satisfaction. Family members are asked ten questions. A point is awarded for each question for which the family member reports being satisfied (i.e., agrees with the question). Occasionally, family members choose not to respond to all questions. A program's score is based on the percentage of points achieved out of the total possible points for the program. Similar to participant satisfaction, PCHS's expectation is service excellence. They expect that the vast majority of family members will rate their agency's program services in the highest category.
Access to Somatic Care: This outcome is measured as the percentage of individuals having documentation supporting involvement with a physician. Someone is linked to somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if the individual sees a doctor for a physical illness. The independent evaluator also discussed somatic care with participants and family members during interviews.
Community Inclusion: The outcome is measured as the percent of participants who exhibit ongoing involvement in community inclusion activities. Ongoing involvement is defined by involvement in any one category area three times. The categories are spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). An activity meets the definition if it is community-based and not sponsored by a provider agency, person-directed, and integrated. Individuals can participate in activities by themselves, with friends, support staff persons, or with natural supports. Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area. The evaluator will also verify community activities through file reviews.
Negative Disenrollment: This outcome is measured by the percentage of individuals who were negatively disenrolled. Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments occur when an individual refuses to participate, is displeased with services, is discharged to prison for greater than 6 months, or when the agency initiates discharge. Neutral disenrollments occur when the individual no

longer needs services or is no longer eligible, leaves Polk County, dies, has a change in level of care, or is incarcerated due to activity prior to enrollment.

Psychiatric Hospitalizations: This outcome is measured as the average number of nights spent in a psychiatric hospital per individual per year. If an individual is hospitalized under an 812, then the days spent at Cherokee or Oakdale are counted as jail days; however, if the individual is hospitalized as a 229, then those days are counted as psychiatric bed days.

Emergency Room Visits for Psychiatric Care: The outcome is measured as the average number of emergency room visits per individual per year. Emergency room visits are measured as the number of times the individual goes to the emergency room for psychiatric reasons, is observed, and returned home without being admitted.

Quality of Life: The Quality of Life outcome is based on participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities. Individuals are asked seven questions. A point is awarded for each question for which the individual reports being satisfied (i.e., agrees with the question). Occasionally, individuals chose not to respond to all questions. A program's score is based on the percentage of points achieved out of the total possible points for the program.