

Polk County Health Services

# 2020 Forensic Assertive Community Treatment

Outcomes Evaluation

**IOWA** | LAW

**LAW, HEALTH POLICY & DISABILITY CENTER**

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## *INTRODUCTION*

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This is a report on the findings of the independent evaluation of the Forensic Assertive Community Treatment program (FACT) from July 1, 2019, through June 30, 2020. FACT is a program for adults who are at high risk or have a history of criminal justice involvement. The program began serving individuals as of November 1, 2011.

The FACT program is a subsidiary Integrated Services Program, offering the same flexibility as the Integrated Services Programs but specifically serving adults who are at high risk or have a history of criminal justice involvement. As Pinal (2014) notes in a recent review article, individuals with mental health issues “who have criminal justice and forensic involvement have an increased risk of significantly fractured care (Hoge et al., 2009) and a high risk of mortality and poor outcomes (Binswanger et al., 2007) . . . Their trans institutional existence and characteristics make treatment challenging and far more costly (Swanson et al., 2013). Barriers to uninterrupted care include multiple comorbidities associated with mental health, substance use, and medical illness. These are often treated in disjointed approaches at different community settings, across numerous hospitalizations, and through emergency room visits” (pg. 7).

To combat this fractured care, the FACT program uses the Assertive Community Treatment (ACT) model. ACT combines treatment, rehabilitation, and support services provided by a self-contained team of professionals, including those from psychiatry, nursing, addiction counseling, and vocational rehabilitation (Morrissey, Meyer, & Cuddeback, 2007). The team is available to work with individuals 24 hours, 7 days a week to provide both outreach and assistance for individuals to build independent living and coping skills in real life settings. ACT programs are designed for participants who have severe mental illness or functional impairment and are at high risk for future inpatient hospitalizations. These individuals often have multi-occurring conditions, including substance abuse, other medical conditions, or criminal histories. Reviews of research studies have concluded that ACT programs are more effective than case management in reducing psychiatric hospitalizations and improving housing stability (Bond, Drake, Mueser, & Latimer, 2001; Morrissey, 2013).

The FACT program extends the ACT model, focusing on the subpopulation that is at high risk for or has a recent and significant history of criminal justice involvement (Morrissey & Meyer, 2008; Morrissey et al., 2007). Thus, criminal justice stakeholders are incorporated into the team, including probation, parole, or law enforcement personnel. Although initial studies have suggested that these types of programs may be effective in reducing recidivism, the studies have not reported improved mental health outcomes, although this may be the result of the programs being more forensic and failing to adhere closely to ACT models (Morrissey et al., 2007).

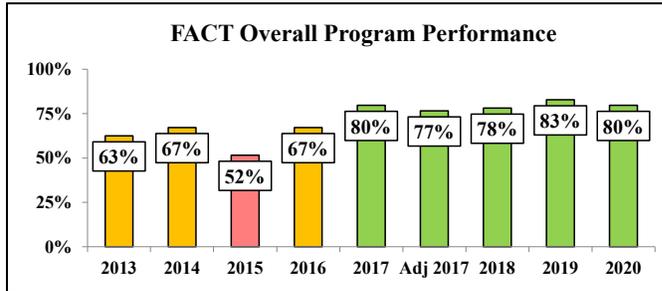
### **Results Summary**

This year, the FACT program increased its census to a monthly average of 75 participants from 69 in FY19. Participants were served by a team of six members, including a Team Lead, an Assistant Team Lead/Case Manager, a vocational specialist, a substance abuse specialist, a housing specialist, and a nurse. All participants who are on probation are assigned to one probation officer who attends weekly team meetings.

This is the eighth year for the FACT evaluation to have performance expectations for the outcome measures. It is the fourth year that the program has met overall expectations without adjustments. For FY13-FY15, PCHS

adjusted program reported results based on file review results. For FY16-FY17, PCHS reported both adjusted and non-adjusted results so that the scores could be compared to previous years. After FY17 results have not been adjusted because the performance of FY17 met expectations. Thus, the

results presented for FY20 compares to the non-adjusted results for FY16 and FY17, but they do not compare to years prior to FY16.



Goal	Rating
88% - 100%	Exceeds Expectations
75% - 87%	Meets Expectations
63% - 74%	Needs Improvement
Below 63%	Does not meet minimum expectations

In FY20, the program’s results exceeded expectations in eleven outcome areas and met expectations in one additional area. The program was challenged in the remaining four outcome areas (Homelessness, Participant Empowerment, Family and Concerned Others Satisfaction, and Access to Somatic Care).

FACT participants continue to report high satisfaction with the program and the staff who assist them, as well as satisfaction with the quality of their lives since entering the program. Participants described staff as approachable, non-judgmental, respectful, goal-oriented, and reliable. FACT participants reported various services that have been helpful, including housing assistance, medication management, ensuring routine mental and physical healthcare, and emotional support.

Improvements were noted in many outcome areas compared to previous years. Notably, participants were less likely to spend nights in jail. Fewer participants left the program for negative reasons. And participants spent less time in the hospital for psychiatric reasons. It should also be noted that, although the levels of homelessness for the program was high, the average number of days participants experienced homelessness decreased by more than half.

In many ways, the program maintained or improved from FY19. Participants were reported more likely to be living in safe, affordable, accessible, and acceptable living situations. They were also somewhat more likely to be involved in an educational program that would benefit their employment. There were fewer average days participants were hospitalized for psychiatric reasons. There were also fewer days participants spent in jail.

The program also maintained quality service to meet or exceed expectations compared to last year. They were likely to be involved in their communities. Very few visited the emergency room for psychiatric care during the year. Many participants were working, both toward self-sufficiency and engaged in employment, both with slight increases compared to last year.

The program was challenged in some areas this year. The rating for Participant Empowerment changed to Does Not Meet Minimum Expectations this year. The file review is an estimate of the program’s accuracy

in documenting their activities with participants and reporting those activities to PCHS. The Participant Empowerment outcome is solely based on the file review.

Homelessness remained a challenging area for FACT, although the program has reported fewer homeless nights each year for the past four years. In addition, Somatic Care was another challenging area for the program.

The FACT program continues to struggle with family and concerned others satisfaction, despite high participant satisfaction. Respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. Others were appreciative that participants were getting their medications reliably and that they were now in stable housing. In the satisfaction questionnaire, several respondents indicated that the concerned others did not know the staff and that staff did not contact them so they could feel informed. About one in five indicated that they did not agree that participant's input into the goal plan was well received and that the participant is getting the services they need.

#### **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 year.

The agency reported that this disruption had an effect on some outcomes, particularly in Somatic Care and Community Inclusion. In the first week, 60 of the 80 contacts were face-to-face, which generally involved trips for food (grocery store, food pantry). Otherwise, the phone was used for support. The agency reported that this population does not have much access to technology, so conference calling (Zoom, Facetime) and telehealth calls were limited.

While most businesses and organizations were closed for some of this time and citizens encouraged to stay at home and stay safe, program participants were not able to participate in inclusion activities. For such outcomes, the agency reported that their practice was to scale back face-to-face meetings and focus on health and safety and medications services. The agency also reported that spring is often a time when participants participate in Community Inclusion activities, such as farmers' markets, as the weather gets warmer. This year, much of these activities were not available.

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

#### **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 15 respondents who participated in the satisfaction interviews, 9 responded Yes and 6 responded Some, Not All. When asked to elaborate on their experiences, 7 participants responded that their services are the same or basically the same. Five others reported that their services were mostly the same but with some differences, such as adding technologies like Facetime to meetings or experiencing an interruption period after which services returned to normal. About half of the respondents missed going to the FACT offices, with most of these indicating that they went there several times a week for social reasons (e.g., to "hang out"). One participant sought and gained employment to get away from the isolation.

**2. Who initiated contact between you and your team since mid-March?**

Of the 15 respondents, 9 responded that contacts were initiated by the agency and 6 responded “Other.” None responded, “Participant Initiated.” Of the participants who responded “Other,” two indicated that meetings were both agency and participant initiated. One has a regular schedule, so these contacts did not require anyone to initiate them. The others appear to have misunderstood the question. Of those, two indicated the agency-initiated contact.

**3. In what ways did you communicate?**

Of the 15 respondents, 2 responded that contacts were conducted via text, 2 responded by phone, and 11 responded “Other.” The other forms of contact included Facetime/video chat, in person or both. Nine indicated at least some visits were in person.

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

Additional Satisfaction Questions Related to COVID-19 Pandemic - FACT Results				
	Yes	No	Some, Not All	
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	9	0	6	
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	0	9	6	0
	Phone	Text	Email	Other
In what ways did you communicate?	2	2	0	11

The agency staff reported that they continued to do deliveries and provide in-person services without pause during COVID. They are committed to the participants and in seeing them succeed.

The agency staff also reported that they are happy with their current group and the work that they do. There is a good division of roles that work well.

The FACT program should be congratulated on their fifth consecutive year of meeting overall expectations and their continued improved performance. Their diligence and effort have contributed to improved outcomes and better lives for the FACT participants.

**Background Information:** This year marks the eighth year (seventh complete year) that the FACT program has reported individuals’ data regarding each outcome measurement area. 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:** In accordance with the prior two years, PCHS did not adjust the FACT program’s reported results based on the file review results for FY20. Thus, scores are directly comparable to results from FY18 and non-adjusted results from FY17 but are not comparable to other prior years. Note that only selected outcomes were adjusted in years prior to FY17.

**Procedures:** The following explains procedures for the evaluation. Information was obtained from four sources:

- **Meetings with the program director and staff members**
- **File reviews**
- **Interviews with participants and family members**
- **Analysis of data submitted to Polk County Health Services (PCHS)**

**Meetings.** LHPDC staff conducted a phone consultation with the director in July to review the outcomes to date and receive their insights on agency performance for the year. An exit interview was held with PCHS and FACT agency staff in early August to review the complete report.

**File Reviews.** Using a similar process to the other Integrated Services Agency (ISA) programs, LHPDC randomly selected fifteen FACT files to review. The file reviews were completed using the File Review Form (Appendix A) in June 2020. 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 program. Participant Empowerment outcome is based solely on the file review. As technical assistance, the program was provided with information from the file review. Results from the file review analysis are reported in Appendix D.

**Participant Interviews.** Usually, face-to-face interviews with participants would be scheduled by the program and held at their offices, however, because of COVID-19, this year phone interviews were exclusively used. Of the 79 participants enrolled in the FACT program as of June 2020, 15 agreed to be interviewed. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the Participant Satisfaction and Quality of Life outcome scores. Comments from the interviews are included in the Participant Satisfaction and Quality of Life outcome sections of the report. 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.

**Concerned Other Interviews.** Of the 36 contacts provided by the program who were willing to be contacted, evaluators contacted and interviewed 15 family members or concerned others of FACT program participants. Concerned others were interviewed via telephone. The concerned others interview questions are included as Appendix C of the report. Agree/disagree responses to the questions make up the statistics used for the Family and Concerned Other Satisfaction outcome scores. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff are randomly assigned to the quotations.

**Data Analysis.** In addition to data from file reviews and interviews, the evaluators were provided with the data that the program submits monthly to PCHS.

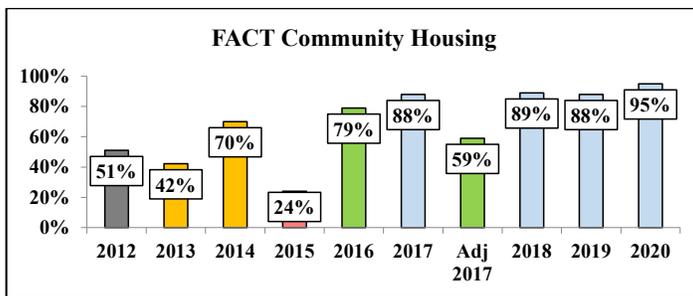
## *OUTCOMES*

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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 can be found in Appendix E.

## COMMUNITY HOUSING

**Outcome: Individuals with disabilities will live successfully within the community in safe, affordable, accessible, and acceptable housing.** PCHS recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible and acceptable housing. The intent of this outcome 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 to participate meaningfully and fully in their community. To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible and acceptable.



Goal	Rating	Points
80% - 100%	Exceeds Expectations	4
50% - 79%	Meets Expectations	3
40% - 49%	Needs Improvement	2
Below 40%	Does not meet minimum expectations	1

### Community Housing

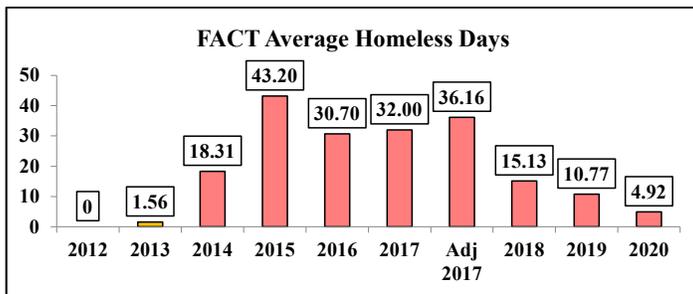
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	88%	4	95%	4

**Comments:** Based on the results, the FACT program Exceeded Expectations for the Community Housing outcome. The program reported that more than 9 of every 10 participants were living in safe, affordable, acceptable, and accessible housing situations. This means that out of a monthly average of 75 participants, approximately 4 participants would not meet Community Living criteria throughout the year.

The agency staff praised one of their case managers, who has developed a specialty in housing, reporting that she establishes a good rapport with landlords and builds relationships. She researches possible apartments that might accept their participants and meets with landlords to discuss and work out issues participants have to locate housing for individuals. She can get housing when others on the team cannot. In addition, the agency also works with the system Housing Coordinator as a next step in facilitating housing for participants.

## 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

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	10.77	1	4.92	1

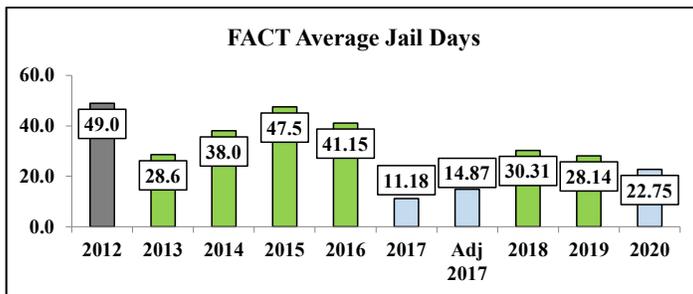
**Comments:** The FACT program continues to be challenged by the homelessness outcome, receiving a Does Not Meet Minimum Expectations rating, though the program continues to improve. The program reported 367 homeless nights, about half as many nights of homelessness (743 nights) in FY19. Homeless nights were accrued by 9 program participants, about one-eighth of the 75 program participants, who spent at least one night homeless during the fiscal year. Nights homeless by participants ranged from 4 to 76. One participant spent 76 nights homeless. Four spent 30 to 45 nights homeless. It should be noted that, where the monthly counts for homelessness in PolkMIS total 367, the annual breakdown of homelessness by participant in PolkMIS totals only 202 nights. This suggests that monthly reporting for homelessness has either experienced errors in reporting that were corrected or there were late entries, causing the disconnect between monthly and annual counts. The agency reported that these data entry discrepancies were the responsibility of a staff who is no longer with them.

The agency reported that they value housing as important for participant stability. The ability to maintain employment and a medical regimen relies on stable housing. The team works on finding housing before consumers are evicted or works on helping them to keep housing when they are having trouble. Some participants lost housing because they went to jail and then when released may go to a shelter and have additional struggles with substance abuse. Those with dual diagnoses (i.e., substance abuse) struggle to maintain sobriety and often bring people into their apartments, risking their leases. Agency staff were not

aware whether COVID affected any participant in terms of homelessness, though one participant tested positive and lived in a homeless camp.

## 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 – 24.99 day	Exceeds Expectations	4
25.00 – 49.99 days	Meets Expectations	3
50.00 – 69.99 days	Needs Improvement	2
70+ days	Does not meet minimum expectations	1

### Jail Days

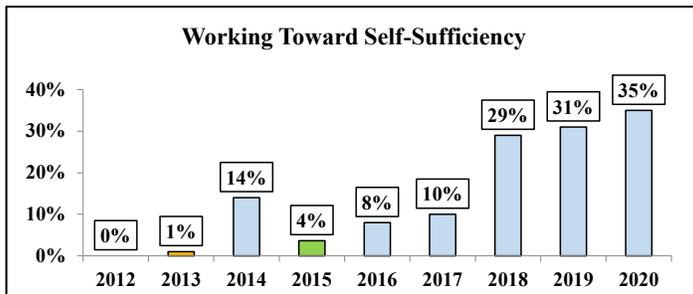
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	28.14	3	22.75	4

**Comments:** The FACT program serves individuals who are at high risk or have a history of involvement in the criminal justice system. Therefore, high numbers for jail days are not unexpected. To promote communication with probation, all program participants who are on probation are assigned to the same probation officer, and this officer attends weekly team meetings. This year, the program Exceeded Expectations, reporting just over 3 weeks (23 days) of jail days per participant on average. The 1,697 total jail days reported in FY20 is a reduction of jail days from 1,942 reported in FY19. This year, the jail days were accrued by 28 FACT participants, 37% of total participants served. Jail days ranged from 1 to 201 per participant. Of the 28 participants, 8 participants spent more than 90 days (more than 3 months) in jail during the fiscal year, accounting for about two-thirds (66%) of the program’s total jail days.

The agency staff reported that their staff psychiatrist has played a huge role in keeping people out of jail by helping participants remain stable by keeping their medications stable. However, some participants committed more serious crimes, and after COVID, it was hard for them to get court dates so they remained incarcerated. Some are expected to continue in jail into FY21.

**EMPLOYMENT OUTCOME – 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 and earning at least minimum wage. 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).



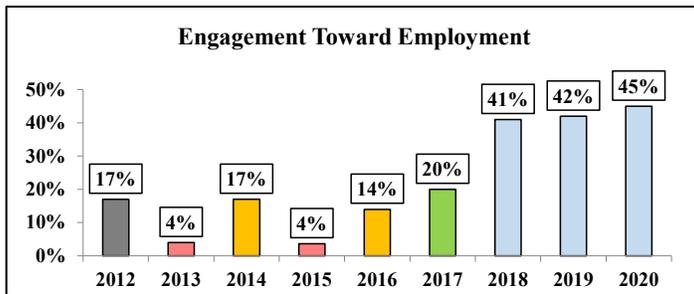
Goal	Rating	Points
8% - 100%	Exceeds Expectations	4
2% - 7%	Meets Expectations	3
1% - 2%	Needs Improvement	2
Less than 1%	Does not meet minimum expectations	1

Employment Outcomes				
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	31%	4	35%	4

**Comments:** This year, FACT participants who were employed at or greater than 20 hours per week and at least minimum wage increased again from last year in a trend that has continued since 2015. The program reported that 35% of participants were working for at least 20 hours per week. This score rates as Exceeds Expectations for this outcome. Out of 51 eligible participants, 18 participants met the criteria for this outcome ~~for the one reporting week~~ this year.

## EMPLOYMENT OUTCOME – 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. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. 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).



Goal	Rating	Points
30% - 100%	Exceeds Expectations	4
18% - 29%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

Employment Outcomes				
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	42%	4	45%	4

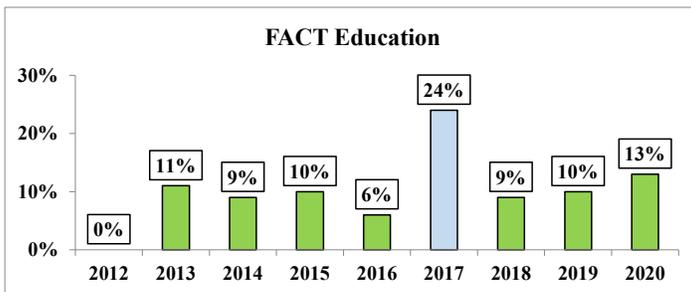
**Comments:** The program reported that 45% of employable participants were working at least 5 hours per week and earning at least minimum wage. Thus, the program earned an Exceeds Expectations rating. Of the 51 employment eligible participants, 23 met these criteria ~~for at least one reporting period~~ during the year.

The agency staff reported that there seem to be more employers willing to take a chance on consumers with criminal backgrounds. In addition, staff spent more time this year on resumes and applications. After COVID, a few were laid off, some of whom are back to work, mostly in retail, fast food, and factories. Some have switched jobs.



## *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
20% - 100%	Exceeds Expectations	4
4% - 19%	Meets Expectations	3
1% - 3%	Needs Improvement	2
Less than 1%	Does not meet minimum expectations	1

### Education

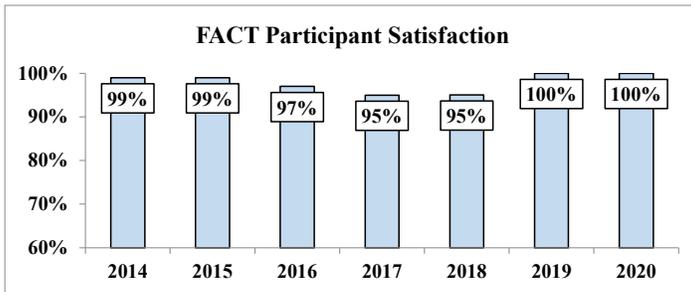
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	10%	3	13%	3

**Comments:** This year, the FACT program increased the percentage of participants in the Education outcome area at 13%, as compared to FY19 at 10%, resulting in a Meets Expectations rating again this year. Three FACT participants were enrolled in a training program or employment related education opportunity this year.

One participant is completing a welding course. Others have taken Workforce Development classes. If they were interested, they would attend classes/training, but some did not have interest or suitable opportunity; others experienced barriers like not having a driver's license to enroll. After COVID, it was hard to get them into classes.

## ***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**

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	100%	4	100%	4

**Comments:** Of the 75 average participants enrolled in the program, evaluators interviewed 15 participants, 20% of the program’s average enrollment. While many participant interviews usually take place onsite at the FACT offices in Des Moines, this year all the participant interviews were conducted over the phone from the Iowa Social Science Research Center call center because of COVID-19.

FACT participants reported being very satisfied with the services they are receiving and the staff who work with them, maintaining an Exceeds Expectations rating. FACT participants commented on the services they received, improved outcomes, and positive relationships with staff. Participants described staff as approachable, non-judgmental, respectful, goal-oriented and reliable. FACT participants reported various services that have been helpful, including housing assistance, medication management, ensuring routine mental and physical healthcare, and emotional support. Representative comments include:

*Definitely. They treat me like I am a person. ... She is real. She does not sugar-coat anything. She is down to earth. She is a good worker. I have had a couple in the past where it seemed like it was just a paycheck for them. I would ask them to do something, and contact them multiple times, and it would be a week or two weeks before they would get back with me. I know that [Staff] has her phone on her at all times so that she can be there for her clients.*

*They deal with people who have severe mental health issues, and they are very supportive and respectful of everyone. They do not talk down to anyone or make anyone feel bad about their condition.*

*Well, first of all, they got your back if you fall. Meaning if you lose your job, or something comes up, they are like your backbone. They are like a mother that always has their kids' back. That is what the FACT program is like for me anyway. And I have met some people in the program who cuss their counselors out and stuff. I do not do that because I recognize that the FACT program is here for us.*

*They are very helpful. They are understanding and respectful and a great program.*

*I have come a long way, but I would not have been able to come as far without her being as patient and caring as [Staff] has been.*

*I have recommended this program to people. They helped me a lot. They got me off the streets. They kept me out of jail.*

*I have like help with doctors, medication, transportation, rent, housing, things like that. Normally I stay inside, with the pandemic, I usually do not get a lot of contact with them. I am very satisfied with how they have been helping me out, especially with [Staff]. She is the one that has stayed consistent when I was getting shuffled around with other workers. She would always be there to talk to me before she became my worker.*

*I am in the housing program, so they pay my rent. They help me with my meds. I take some daily and I get a shot every month. They help me maintain my mental health as well.*

*It is great. And then periodically I go a little crazy and go into the mental hospital for a few days, to help me get out of my episode, and they help me with that. They are just amazing.*

*They have helped me with a lot. I think the housing is the major thing ... and helping me with my mental health.*

*Yeah, so I kept on going to jail because of my mental illness, and they helped me work through my illness. They have helped me work through signs of episodes to help keep me out. They help me and work with me. All the workers are really understanding.*

*Well, they help me when I get too ... when my fuse gets too short. Yeah, they help me with like jobs and stuff like that ... look for work. They have helped me find a place to live.*

*The biggest impact is they helped me feel more independent. Without their financial assistance I would not be able to live on my own.*

*It is good knowing somebody is there for me when I need them. All the time. [Staff] hounds me on goals but I like it, and it gives me something to work towards. And she knows that.*

*We just went over the goals, oh my god, yeah. We do that quite often. My goals and my budget plan are something I do quite often. The FACT team has really been a support team for me as well as that medical center. I can't thank [Staff] enough, and she has seen me at my worst. And she is still here.*

*My worker will, every week, come out and bring me my meds and ask me if I have gone out and looked for a job or gotten out of the house. She sees how I am doing with getting our trailer fixed up and things like that. She tries to help me as much as she can, but they help me out by having me look for things that I need. Like they will have me scout out things that I need and then take me to the store to get the things that I need.*

*She has given me the resources if there is something that I need pretty quickly. They have a lot of resources that they can refer you to. If I need something, I can reach out to them, and I get feedback from them.*

A few participants commented on how FACT could be improved, sharing perceptions that the program and staff could benefit from increased capacity and funding.

*It seems like they might need more funding. They are always referring us to other programs because they can't take on some of the needs I have. Like they referred me to another program to help me get my job. It seems like they do not have enough resources.*

*If I could change anything it would not be on [Staff]'s end but how they are financed. To widen their budget so they can help more people.*

## COVID-19

Participants shared how the pandemic and subsequent quarantine and social distancing recommendations (beginning March 2020) impacted their personal lives, program goals, and receipt of services. Representative examples include:

*They have been covering basic necessities, like food. And they will go with you, but they changed a little bit because of the pandemic.*

*I was locked down safely. I was in my own home. I could not go to work for a while, so I did not like that. I did not need anything because I got laid off from Salvation Army and applied at the store, and I got hired, so it worked out. [Even during the pandemic I always saw them face-to-face at Eyerly Ball] because I needed my meds and injections. But we just wore masks and stuff.*

*There is more time between meetings, and we can't go down to the buildings and hang out like we used to.*

*I still get my meds every week, and they communicate with me and stuff. That is all still the same.*

*Yes, because they are giving me more food than I can eat. More people are donating to the food pantry since COVID hit.*

*The services are pretty similar. I am still getting the same services that I need.*

*We have phone contact, face-to-face, and we Facetime too.*

*I used to go down to the office two to three times a week, but now I can't go there without an appointment. A lot of my stuff has been moved to over the phone. I have done psych evals over the phone.*

*They can't go into buildings with us anymore and started wearing face masks. I have been now going somewhere to meet [Staff] rather than her picking me up.*

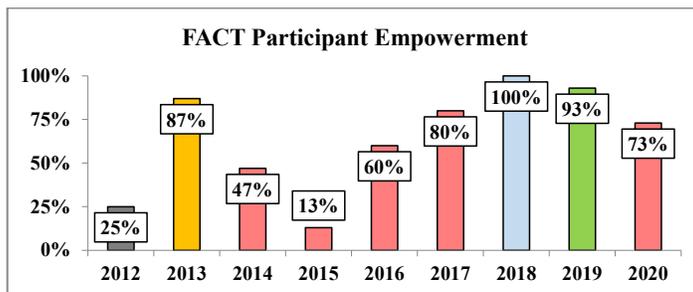
*All the in-person stuff is not happening anymore. We can't go down and hang out or be in person anymore.*

*The only other thing is like the FACT offices used to have the lobby open. You can't do that anymore, unless you have an appointment, and there are no more gatherings anymore. I am not there because I work all day, so I do not know what is going on over there. But it is such a change. We are not doing the men's group in person anymore. It is all over video chat.*

In answers to the COVID questions, many participants expressed disappointment that the FACT lobby was closed, a place where they could meet and socialize. However, the agency reported that, because of COVID, the lobby was closed to protect the participants.

## PARTICIPANT EMPOWERMENT

**Outcome: Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system.** PCHS recognizes with this outcome 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.



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

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	93%	3	73%	1

**Measurement:** The outcome is the percent of files reviewed that meet the following criteria.

- Whether there was evidence that the participant was involved in setting the goals,
- Whether individualized, measurable goals were in place and what services the agency program planned to provide to achieve the goals,
- Whether employment or education goals were addressed with the participant, or community integration if the participant is 65 or older or eligible for Level 5 or 6 supports, and
- Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file.

**Comments:** This year the FACT program had a lower score (73%) compared to FY19 (93%) in the Participant Empowerment outcome, resulting in a Does Not Meet Minimum Expectations rating. Of the 15 files reviewed this year, 11 were found to sufficiently document all four areas of empowerment. The most challenging area was Consumer Involvement in Goal Planning, where signatures from goals meetings were found in the files for 12 of the 15 participants.

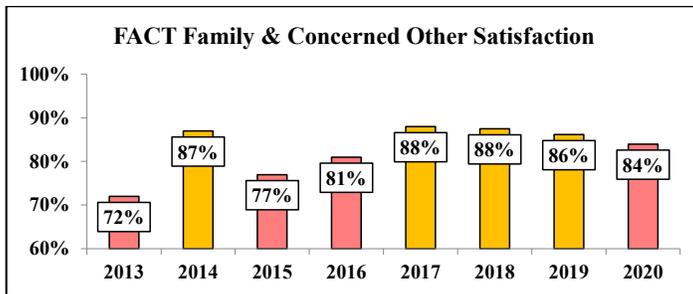
Based on the file review, most participants had a goal to maintain or improve mental and to a lesser extent physical health. Steps to accomplish these goals included establishing a therapist or primary care doctor, taking medications appropriately, regularly attending appointments or treatment, complying with medical

advice, developing coping skills, eating healthier, getting exercise, and staying sober and attending AA or NA meetings. Nearly as many had goals to obtain or maintain housing. To this end, some focused on not getting evicted. Many had goals to find or maintain employment. Many had social goals, such as getting out into the community more often, staying away from negative influences, and attending agency social activities. Other goals included working on their legal issues (completing probation), staying out of jail or the hospital, budgeting or saving money, and becoming their own payee. Several wanted to get a driver's license. Other goals included keeping their home clean, signing up for benefits (food stamps, SSI), learning cooking skills, and completing college.

The agency reported that they discovered through quality assurance that there were missing signatures on empowerment plans. These were generally attributed to a particular staff, who is no longer with the agency.

**FAMILY & CONCERNED OTHER SATISFACTION**

**Outcome: Family 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 fifteen program participants from the program. PCHS's expectation is service excellence. They expect that the vast majority of family members will rate the 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 Other Satisfaction**

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	86%	2	84%	1

**Comments:** Family and Concerned Other Satisfaction continues to be a challenging area for the FACT program. The program provided contact information for 36 participants' family or concerned others. Interviewers were able to complete 15 interviews. These interviews with family and concerned others resulted in a Does Not Meet Minimum Expectations rating for the program this year.

In the satisfaction questionnaire, about one in three respondents responded Disagree that the participant and concerned other knew their staff (question B1) and the staff contacts them, when appropriate, so that they could feel informed (B4). About one in five indicated that the participant's input into the service plan was well received (B7) and that the participant is getting the services they need (B10). Concerned others all agreed that staff helped the participant get access to needed services (B3) and the staff treats the participant with dignity and respect (B8). In interviews, respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. Others were appreciative that participants were getting their medications reliably and that they were now in stable housing. Representative comments include:

*They help him with his meds and just overall the program. He does not like going to the functions. She has helped him be more outgoing and engaged with people. It has helped my son tremendously. He was at home and would not go anywhere for years. It is a little bit better. ... He is out on his own. ... They used to take forever before they would get back to him when he would call. Now they are fast and very efficient.*

*They got him into an apartment, and he seems better than what he was. He was very depressed, and so it got him settled down and settled in.*

*I think Eyerly Ball is a great place. I think he is satisfied also. ... I think Eyerly Ball is a great program.*

*They have done several things, like they are trying to get his jail time taken off as far as the seventy-dollars-a-day. They are helping me get him an appointment to get [Participant] an IQ test for employment. There is like two contacts a week: once with [Staff] and once with his nurse. It has been good since the beginning. ... The main thing that has changed with [Participant] is that he is stabilized now with the help of FACT. ... It is getting better and better.*

*He was getting help with like shelter and like busing, bus passes, and things like that. That was helping him out a lot. I feel like in the beginning, when [Staff] was telling things that he can do to keep him straight, that helped. The bus passes thing helped a lot especially when his car was broken down, and he had to get to parole meetings. ... I feel like this was exactly what he needed to continue to keep going. He just needed extra support. He had his head on real straight.*

*They do send me stuff in the mail. They help take him to the doctor and set up appointments. They take him his medications. They help get his checks. They were able to help him get his apartment, which means a lot to him. ... He is not depressed anymore. ... He still has some issues, but he has been able to function better.*

*I guess the fact that he is not homeless on the street anymore, that would be one. And the fact that he is on some type of medication.*

*I think when they last got him admitted to the hospital because he was not medicating, that was positive.*

*Without their help, [Participant's] life would be upside down. One-hundred-percent turn around: she was very much out there on drugs and living a bad lifestyle, and she has become a regular person and doing the normal things that society does and is a productive person in society. She is living drug-free and is happy. She has been able to maintain her job for a couple years.*

*He is doing better than he was. He does walk and stuff. He gets a shot and also does some picnics and some movies. I have seen it. It has been a 360. He used to not do [expletive] and get mad easily. He does not talk to himself anymore. He talks and thinks out loud. I love her. My son is getting the best treatment. ... He seems to love it.*

*They help with housing and meds and food. Keeping her on her medications and having access to that medication. The housing assistance really helps. She lives in a condo and they pay the association dues. I think it just helps people live on their own instead of being dependent on someone else. She has gotten more stable.*

*I think right now, to be honest, he is just getting the medicine that he gets, the shots that he gets. Then after that, they are trying to find him a place to live. I have also talked to them about getting him a job, so they are working on it. I mean, there is nothing being changed with school and work, but a little bit in the social life. He is talking to more people and seeing more people.*

*Well, they are keeping him on his meds, and they got him housing, so he is not out under a bridge somewhere. I think he is getting the best help available right now, but that is because of limitations on the mental health facilities.*

*They take him grocery shopping and get him his meds. They were going to provide him things for his house [but] nothing was open because of COVID. He has a place to live and not be homeless. He has more confidence in himself to do things. He can be a clean, normal person in society. ... He suggests something and they make sure it happens. ... When he was out of prison he was suicidal. By the time he got ahold of me, I found he was in the hospital. We got him set up with [Staff] and they got him into housing right away and took care of his bills. He is changed now. He talks to me now. People need to realize that mental health is a huge issue, and Eyerly Ball gets it. They really do.*

Concerned others raised several issues in the program and system. Most respondents wanted more contact and information from the program, some expressing frustration with not knowing how the participant is doing on a regular basis. Others expressed a belief that participants were not getting the services they need.

*[Participant] is not really happy with FACT, and I do not really know why. He has had a few issues, and [Participant] has just been homeless, so I do not know what services they have been actually giving him. I went to the hospital twice last week to get him to calm down because he feels like they are not providing him with housing and other people are getting ahead of him. He feels like the services are not being fairly given. ... I just feel like we are not working together as well as we could. I think [Participant] is really just out here in that he is not being led to any programs that would be beneficial to him. [Participant] has a [complex needs] which has cost him a lot of legal trouble. And there are no programs that really tailor to his needs. He is in and out of a lot of places based on the fact that the services do not cater to his specific need. It would reduce the traffic between him being in and out of the hospital a lot, being incarcerated a lot, things like that.*

*They deal more directly with her. I think they try. There are services that would be good for her that she is not getting. She has been pretty good. I would like to know more about what plans are, what is available to her that she could take advantage of.*

*I am sometimes the one who has to call them to get in the know. I would like to be contacted by them more. Anytime I talk to [Staff], he will say that she will go talk to his supervisor and then I never hear about that. I feel like I need to be informed about what the supervisor says and know what the next step is. That link is missing there.*

*Like I said, they keep everything a secret unless I contact them. I do not know what services he is getting. That is part of the secret. I know they got him some lodging.*

*I did get a call from the lady. She is one of his med people who figures out his meds. She did contact me one day. I only really hear from them when I contact them. I would like to be contacted by them, I would say, at least once a week. I know they ... are not injecting him every week, just his pill every week. He ended up back in prison for 30 days because they revoked his*

*parole, and I did not know that he was out or anything like that. I would like to be kept in the loop.*

*I do not really know because he will not contact us. We are part of the problem in his mind and we are all against him. So, we have very minimal contact with him.*

The agency staff reported that several families have unrealistic expectations of support, such as expecting calls every day or weekly updates from staff. This can be reflected in some responses to satisfaction questions. Several participants do not want family members to be involved in their support, or as involved to the extent the family members would like.

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Healthy family support is important to resiliency and recovery, with staff using “gentle hassling,” motivational interviewing, and small steps to recovery.

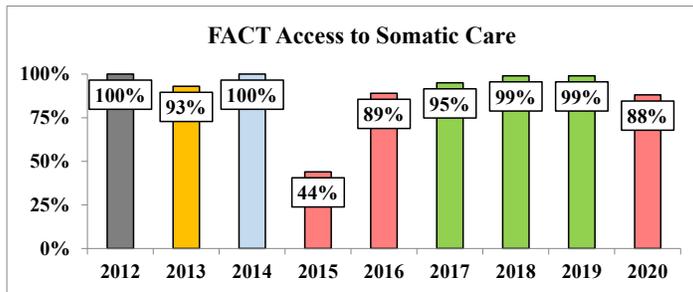
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Last year, one staff went from Peer Support to another position without being replaced. This left an opening where not as many activities for families were planned. This also left a void in communications with families and concerned others.

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## 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

### Somatic Care

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	99%	3	88%	1

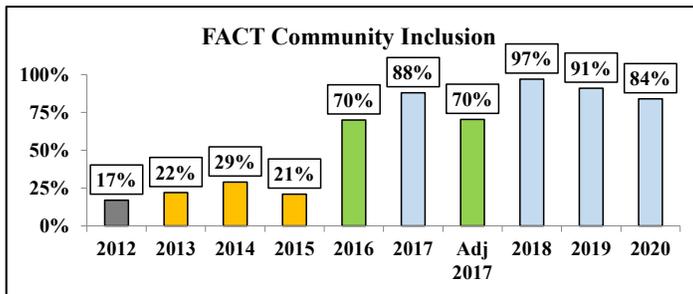
**Comments:** This year, the FACT program Did Not Meet Minimum Expectations in the Somatic Care outcome area. Of the 77 eligible participants enrolled in the program through FY20, 68 accessed somatic care during the year. To meet criteria, participants must be connected to and meet with a primary care physician or be seen for ongoing issues by a specialist during the fiscal year. Somatic care is a key component of the FACT model.

Agency staff reported that after COVID many participants could not be seen by physicians, with offices closed. Urgent Care would not see them for an annual physical. Wellness visits were affected most during this time.

## 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, or cultural) three times during the year. Activities must be person-directed, integrated, and community-based (not sponsored by a provider agency).



Goal	Rating	Points
80% - 100%	Exceeds Expectations	4
60% - 79%	Meets Expectations	3
20% - 59%	Needs Improvement	2
Below 20%	Does not meet minimum expectations	1

### Community Inclusion

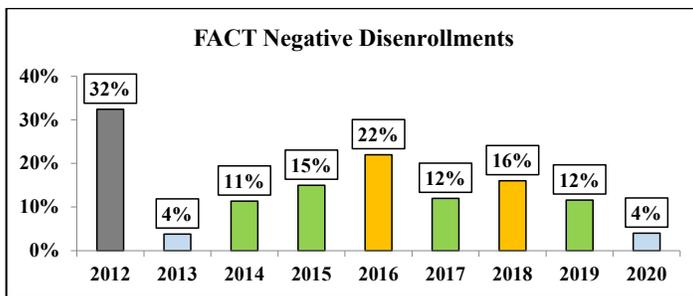
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	91%	4	84%	4

**Comments:** The FACT program Exceeded Expectations for the Community Inclusion outcome this year. The program reported that 65 of the 77 eligible program participants in FY20 were involved in integrated community activities or attended integrated community events. A list of community participation activities documented during this year’s file reviews is included as Appendix D of the report.

The agency staff reported that they generally pursue opportunities at the beginning of the year to get participants into the community, including farmers’ markets, fireworks, church services. A lull during winter follows, and then participants reengage in the spring. Staff believe they would have had at or near 100% had the pandemic not occurred.

## *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 individuals because of their complex needs. This outcome is measured as the percentage of individuals who were negatively disenrolled. Negative disenrollments occur when services are terminated because an individual refuses 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% - 5%	Exceeds Expectations	4
5.01% - 15%	Meets Expectations	3
15.01% - 23%	Needs Improvement	2
Above 23%	Does not meet minimum expectations	1

### Negative Disenrollment

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	12%	3	4%	4

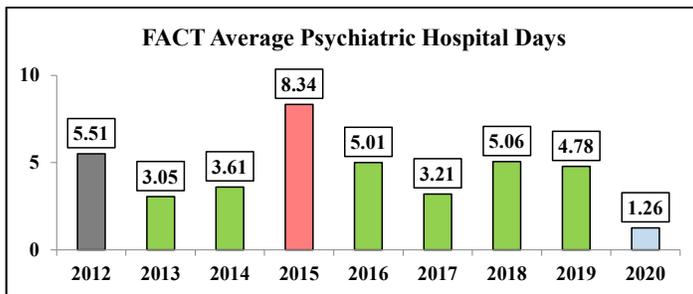
**Comments:** The FACT program reported 3 negatively disenrolled participants this year, resulting in a Exceeds Expectations rating, an improvement from last year, where 8 participants were negatively disenrolled.

The agency staff reported that at least 2 participants went to prison. In past years, participants have “disappeared,” resulting in negative disenrollments, so this year staff made more effort at locating and connecting with these people. This is where housing helps, by providing a stable location, which makes participants easier to find.

The staff reported that it is easier to be successful with people who come into the program knowing about it in advance and wanting to join, as opposed to those who are placed in the program without particularly wanting to be in it.

## 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 – 5.99 days	Meets Expectations	3
6 – 6.99 days	Needs Improvement	2
7+ days	Does not meet minimum expectations	1

### Psychiatric Hospitalizations

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	4.78	3	1.26	4

**Comments:** The FACT program reported fewer psychiatric hospital days compared to FY19, raising the outcome rating to Exceeds Expectations. The program reported a total of 94 psychiatric hospital bed days, averaging just over 1 day per participant this year compared to more than 330 days and about 5 days per participant in FY19. Of the 77 eligible program participants, 10 (13%) had psychiatric hospital stays, ranging from 1 to 30 days.

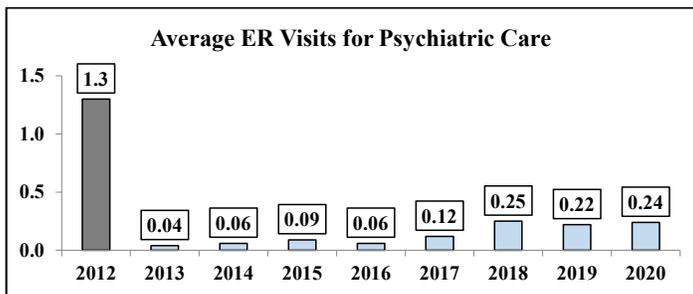
The agency reported that the staff psychiatrist was instrumental in reducing hospitalizations because of her interest and passion in helping the participants. Participants understand this and are more likely to ask for appointments for medications changes and are more willing to meet with her. They can get appointments with her in a short time, as opposed to getting into a doctor's office.

Staff has also been making more frequent contacts with participants so they can monitor them better and know when they need support.

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## *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 – .30 visit	Exceeds Expectations	4
.31 – .75 visit	Meets Expectations	3
.76 – 1.30 visits	Needs Improvement	2
More than 1.30	Does not meet minimum expectations	1

**Emergency Room Visits**

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	0.22	4	0.24	4

**Comments:** The FACT program continued to ~~be able to~~ minimize use of the emergency room for psychiatric care this year. The program reported a total of 18 emergency room visits for psychiatric care for the program, three more than the number from FY19, again resulting in an Exceeds Expectations rating for this outcome area. Seven FACT participants visited the emergency room for psychiatric care. One participant visited 8 times.

The agency staff reported that they follow up with providers and discuss medications. Also, the flexibility of the program allows staff to see participants more often, sometimes several times a day, if needed.

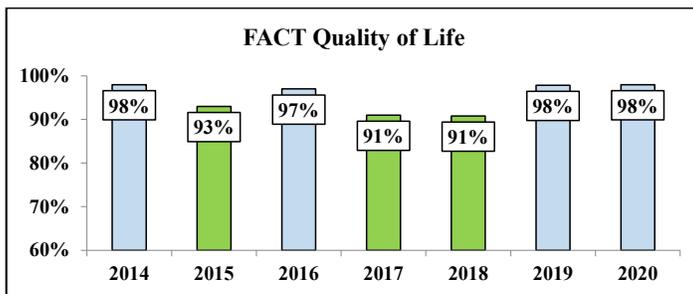
The agency reported that they also have resources such as a crisis line and a late shift (started this year), which makes communication between staff and participants more accessible. Staff reported that they appreciate having a nurse who is not in a dual role (i.e., also as administrator). Having a staff psychiatrist, who is available two days a week, helps participants put off going to the ER because they are able to see a provider faster if they need support such as changes to medications. Having shared caseloads allows participants to feel comfortable with the team so they can talk to any member of the team, rather than rely on a single case manager. Further, good rapport with participants helps staff to de-escalate participants when needed.

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## 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.



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				
Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	98%	4	98%	4

**Comments:** The Quality of Life outcome measure is based on participant interviews. Of the 65 participants enrolled in the program in May 2020, evaluators interviewed 15 participants. Participants reported being very satisfied with the quality of their lives, resulting in an Exceeds Expectations rating. In interviews, respondents commented on how the FACT program contributed to their quality of life, including improvements in relationships, social and coping skills, crisis management, stability in employment and housing, progress in substance use goals, and maintaining physical and mental health. FACT participants emphasized the positive impact of staff and appreciate the genuine and person-centered treatment they receive. Representative comments include:

*They helped me change to a better primary care doctor. I can see somebody when I need.*

*I have actually held a job, which has never happened before.*

*I have been very fortunate, and that support has gotten me this far because I am sober and about to graduate a program here. [Staff] was there for me when I was at my worst. There is a lot of positive things that have been beneficial to me.*

*I have been sober for over a year now, and I have not been able to do that on my own. A lot of my relapses come from the inability to live daily life and the pressures. They have removed some of*

*those pressures, and it has made a pretty big impact. I do not know what I would do without them. I would be devastated and would probably go back to prison. I have not wanted to give up. [Staff] has been a big support. And [Staff] does not treat me like a client. She talks to me like a person and a friend. That makes me feel important.*

*FACT helps keep me out of jail, prison, the hospital, because I got people to talk to. That is easier for me. And I have that extra help. I do not know how else to put it. I can't really stress enough how much they have actually helped me out.*

*There are times. She holds me accountable a lot too. But she has a way that she does it, and she is effective. And I appreciate it because I need that.*

*I had to think about that for a little bit. I would say like my family did not talk to me because they did not understand my illness. I think my worker had talked to my mom, and they explained my situation a little bit better to my parents, and they kind of let me back into their life. So, like repaired relationships.*

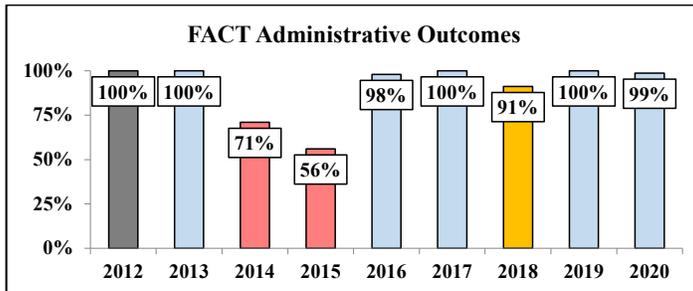
*A lot better. I used to walk around thinking I was Jesus Christ, and I am not doing that, and I am a productive member of society now.*

*I have gotten better. Learning to communicate is one of my big flaws. I tend to overthink everything. She helps me quite a bit with that. She wants to talk about what happened and how we got there.*

*I am in the process of getting my license and I am planning on going back to school. My job has gotten easier. I have learned how to cope with a lot of things, like when my boss comes and tells me stuff. Getting along with people has gotten better. I was never good at listening to nobody.*

### ADMINISTRATIVE OUTCOME AREAS

**Outcome:** Annually at the time of the individual’s plan review (staffing), agency staff should complete a level of functioning assessment. Assessing functioning of each participant is an essential component for determining the level of supports for which a participant qualifies and identifying available resources to meet those needs.



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 - Level of Functioning

Organization	2019 Results	2019 Score	2020 Results	2020 Score
FACT	100%	4	99%	4

**Comments:** Administrative outcomes for the FACT program require an annual assessment of level of functioning. In FY20 the program documented this assessment for 99% of participants, resulting in an Exceeds Expectations rating. One participant ~~was not able to~~ did not receive a Level of Functioning assessment.

Agency staff reported that level of care ratings seem to be changing more frequently, and staff sometimes forget to change participants’ status with LOC change. They report that they are seeing more Level 5/6 participants, possibly because the population is aging and experiencing declining health.

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## REFERENCES

- Binswanger, I. A., et al. (2007). Release from prison: A high risk of death for former inmates. *New England Journal of Medicine*, 356, 157-165.
- Bond, G. R., Drake, R. E., Mueser, K. T., & Latimer, E. (2001). Assertive community treatment for people with severe mental illness: Critical ingredients and impact on patients. *Dis Manage Health Outcomes*, 9(3), 141-159, available at: <http://psych.iupui.edu/users/gbond/pdfs/85%202001%20Bond%20ACTCritIngrid.pdf>.
- Hoge, S.K., Buchanan, A. W., Kovaszny, B.M., & Roskes, E.J. (2009). Outpatient Services for the Mentally Ill Involved in the Criminal Justice System: A Report on the Task Force on Outpatient Forensic Services. Resource Document. Washington, DC: American Psychiatric Association.
- Kessler Foundation and the National Organization on Disability (2010). The ADA, 20 Years Later: Kessler Foundation/NOD Survey of Americans with Disabilities. Available at: <http://www.2010disabilitysurveys.org/pdfs/surveyresults.pdf>.
- Morrissey, J. P. (2013). "Forensic Assertive Community Treatment: Updating the evidence." SAMHSA'S GAINS Center Evidence-Based Practice Fact Sheet, October 2013. Available at: <http://gainscenter.samhsa.gov/cms-assets/documents/141801-618932.fact-fact-sheet---joe-morrissey.pdf>
- Morrissey, J., & Meyer, P. (2008, August). Extending assertive community treatment to criminal justice settings. CMHS National GAINS Center, available at: <http://gainscenter.samhsa.gov/pdfs/ebp/ExtendingAssertiveCommunity.pdf>.
- Morrissey, J., Meyer, P., & Cuddeback, G. (2007). Extending assertive community treatment to criminal justice settings: Origins, current evidence, and future directions. *Community Mental Health Journal*, 43(5), 527-544, available at: <http://www.springerlink.com/content/pj288gh126260jh4/fulltext.pdf>.
- Swanson, J., et al. (2013). Costs of criminal justice involvement among persons with serious mental illness in Connecticut. *Psychiatric Services*, 64(7), 630-637.

### ***SUMMARY OF PROGRAM PERFORMANCE TABLE***

2020 Outcome Summary		FACT Results	FACT Score
Community Housing		95%	4
Homelessness		4.92	1
Involvement in the Criminal Justice System		22.75	4
Employment – Working Toward Self-Sufficiency		35%	4
Employment – Engagement Toward Employment		45%	4
Education		13%	3
Participant Satisfaction		100%	4
Participant Empowerment		73%	1
Concerned Others Satisfaction		84%	1
Access to Somatic Care		88%	1
Community Inclusion		84%	4
Negative Disenrollments		4.02%	4
Psychiatric Hospitalizations		1.26	4
Emergency Room Visits for Psychiatric Care		0.24	4
Quality of Life		98%	4
Administrative		99%	4
Outcome Summary Comparison	Points Possible	Percentage	Total Points
FY2019	64	83%	53
FY2020	64	80%	51

#### **2020 Scale (Overall Performance)**

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

**APPENDIX A: FILE REVIEW FORM**

**KEY/FACT**

**File Review and Data Coding** Last case notes reviewed:

Last case notes reviewed:
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Reviewer	Date of Review
<b>David Klein</b> (6) Other (Name _____)	<b>Month/ Day / Year</b> / / <b>Date of PolkMIS data:</b> / /

Agency	Date of Enrollment	Program Type	
<b>Community Support Advocates (KEY)</b> <b>Eyerly Ball (FACT)</b>	<b>Month/ Day / Year</b> / /		<b>Adult</b>

Name	DOB	
	<b>Month/ Day / Year</b> / /	

KEY or FACT Staff or Team	Level of Functioning	
	File Consistent with date below? Yes No N/A	
	<b>ICAP or SIS Completion</b> <b>Date from PolkMIS</b> / /	<b>Locus Date from</b> <b>PolkMIS</b> / /

**I. Housing:**

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

**Education:**

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

**Consumer Empowerment**

<b>Consumer Empowerment</b>	<b>a. In File</b>		<b>b. Description</b>
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. Addressed: • employment/education OR • community inclusion (LOS 5/6 long-term, 65 or older, or applying for disability)	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	
	Yes	No	Yes	No
27. Homelessness	Yes	No	Yes	No
28. Jail	Yes	No	Yes	No
29. Negative Disenrollment	Yes	No	Yes	No
30. Emergency Room Visits (for psychiatric reasons, not admitted)	Yes	No	Yes	No
31. Psychiatric Hospitalizations	Yes	No	Yes	No

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

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

## ***APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS***

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Participants are asked whether they agree or disagree with the following eleven 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 FACT 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.
- B8. My staff are willing to see me as often as I need.
- 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 [program] services.
- B13. I am getting the help and support that I need from [staff] and [agency].
- B18. Do you have medical care if you need it?

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). Each question is preceded with the following: “Since I entered the program, ...”

- B5A1. I deal more effectively with daily problems.
- B5A2. I am better able to control my life.
- B5A3. I am better able to deal with a crisis.
- B5A4. I am getting along better with my family.
- B5A5. I do better in social situations.
- B5A6. I do better at school or work.
- B5A7. My housing situation has improved.

### ***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 FACT program.

- B1. My family member and I know his or her staff.
- B2. I am confident that our [program] staff provides me with resources about programs and services that are beneficial to my family member and family.
- B3. Staff helped us in obtaining access to the services he/she needed.
- B4. My family member's staff contacts me, when appropriate, so I feel informed.
- B5. Staff are available to assist me when issues or concerns with services arise.
- B7. Consumer's input into the service plan was well-received and his/her ideas were included in the plan.
- B8. The staff where my family member receives services treats him/her with dignity and respect.
- B9. I am satisfied with my family member's worker.
- B10. My family member is getting the services she or he needs.
- B11. If I knew someone in need of similar help, I would recommend the program that works with my family member.

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***APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION***

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**Spiritual**

Attended church services

**Civic**

Volunteered at Central Iowa Shelter & Services

**Cultural**

Attended Baptist Church substance treatment classes

Attended AA meetings

Attended NA meetings

Attended child's Iowa Elite Basketball

Participated in Black Lives Matter protests

Participated in Chess Club

*APPENDIX E: FACT FILE REVIEW RESULTS*

Outcome Area	Specific Outcome	FACT		
		Frequency	Expected	Accuracy
<b>Functioning Assessment</b>	File and PolkMIS Agree	15	15	100%
<b>Housing</b>	File and PolkMIS Agree	12	15	80%
<b>Education</b>	File and PolkMIS Agree	14	15	93%
<b>Employment</b>	File and PolkMIS Agree	4	4	100%
<b>Participant Empowerment</b>	All Goal Components Present	11	15	73%
<b>Somatic Care</b>	File and PolkMIS Agree	15	15	100%
<b>Community Inclusion</b>	File and PolkMIS Agree	13	15	87%
<b>Homelessness</b>	File & PolkMIS Agree	15	15	100%
<b>Jail</b>	File and PolkMIS Agree	15	15	100%
<b>Negative Disenrollment</b>	File & PolkMIS Agree	15	15	100%
<b>ER Visits</b>	File and PolkMIS Agree	15	15	100%
<b>Psychiatric Hospitalizations</b>	File and PolkMIS Agree	14	15	93%

## *APPENDIX F: OUTCOME CRITERIA*

**Community Housing:** Community housing is assessed annually and after each housing change (e.g., move or change in criteria). 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 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 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 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 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 (competency to stand trial), then the days spent at Cherokee or Oakdale are counted as jail days; however, if the individual is hospitalized as a 229 (voluntary or involuntary psychiatric hospitalization), 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.