

Polk County Health Services

# 2020 Integrated Services Program

Outcomes Evaluation



**LAW, HEALTH POLICY & DISABILITY CENTER**

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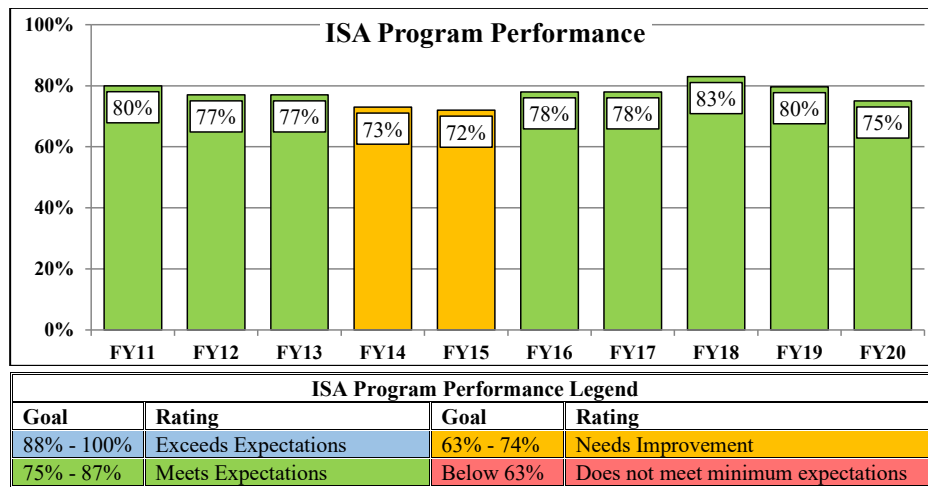
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## **INTEGRATED SERVICES PROGRAM EVALUATION SUMMARY**

### **SUMMARY**

This is a report on the findings of the independent evaluation of the PCHS Integrated Services Program from July 1, 2019, through June 30, 2020. The four integrated service agency (ISA) programs evaluated are **Broadlawns Medical Center (PATH)**, **Eyerly Ball (formerly Golden Circle)**, **Community Support Advocates (CSA)** and **Easterseals (AIM Program)**.

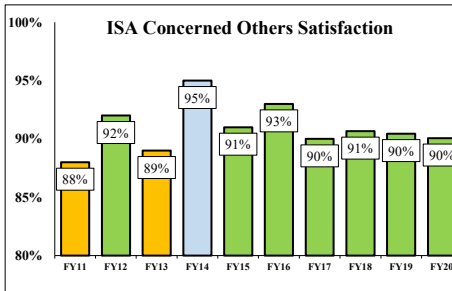
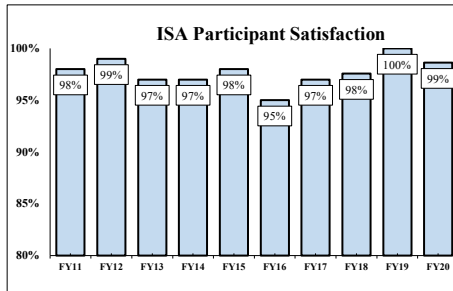
The Integrated Services program consists of the four Integrated Service Agencies (ISA) as well as Polk County Health Services, where all share risk and are vested in the program's success. Similar to last year's performance, the evaluation indicates that the ISA system met expectations. Two programs met overall program performance expectations, and two programs rated as Needs Improvement for FY20.



Program system averages met or exceeded expectations for 10 of 16 outcome areas, resulting in an overall average of 75%. The system exceeded expectations in seven outcome areas. The system met expectations in three outcome areas. And the system was challenged in six areas.

Program	Avg. No. Participants	
	FY19	FY20
Broadlawns Medical Center (PATH)	179	177
Community Support Advocates (CSA)	160	167
Easterseals (AIM Program)	101	102
Eyerly Ball	139	164
<b>ISA System</b>	<b>579</b>	<b>612</b>

One key measure of any service program is satisfaction. If participants do not report being satisfied with services, they are less likely to participate in the program and the program will not be successful in meeting its objectives. This year, participants and concerned others continued to report satisfaction with the services provided, the ISA staff who work with participants, and with the quality of their lives.



Participants and concerned others had reason to be satisfied with the ISA programs. The ISA system exceeded expectations for community housing. More than nine of every ten program participants were living in safe, affordable, accessible, and acceptable homes.

After several years in gains in employment, the ISA system has seen ~~some~~ slight reductions in employment for program participants. This year, about one of every ~~four~~ three participants (~~23~~30%) was working at least 20 hours per week; ~~less than~~ more than half of the participants in the program (~~44~~53%) were working at least 5 hours per week at or more than minimum wage. The benefits of employment for individuals with disabilities are well documented, including fewer mental health symptoms, reductions in hospitalizations, improvements in medication compliance, higher quality of life, community integration, self-esteem and self-efficacy (Salyers, et al., 2004; Bond et al., 2001a & 2001b; Fabian, 1992; Harding et al., 1987; Knoedler, 1979; McGurkin, 1994; and Van Dongen, 1996).

In addition to employment, the ISA system demonstrated improvement or maintained expected performance in other outcome areas. Compared to last fiscal year, slightly fewer participants, about one-quarter (25%), were pursuing education related to employment. Agencies reported that only 15 participants (0.02 average per person) sought psychiatric care through the emergency room while 40 participants were hospitalized for psychiatric reasons, less than half the days (1.38 on average per person) hospitalized for psychiatric reasons compared to FY19. The Negative Disenrollments result was down (~~0.49~~54% average) from last year.

However, the system was challenged in several outcome areas. Participants were less likely to be involved and engaged in their communities with about three-quarters of participants (72%) meeting the Community Inclusion outcome. A lower percentage (94%) of participants received somatic care during the year.

This year, the system averaged under 2 nights homeless (1.89 nights) on average per participant, an improvement from FY19 (2.68 nights), though still a Needs Improvement rating for this outcome. The Integrated Service Agencies continue to joint fund a Community Housing Coordinator to increase networking with landlords to identify safe and affordable housing for program participants.

The ISA system was also challenged in Participant Empowerment this year, with a score of ~~85~~87%, rating Needs Improvement for this outcome. This outcome is a measure of documentation and based solely on the file review. Documenting participants' involvement in goal development and ensuring that individualized and measurable goals are in place and reviewed regularly are essential to providing services. These activities 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 PCHS provides funding. Without such plans, services are unguided, participants do not know what they can expect, and PCHS does not have a basis to provide funding. Employment and education are expectations for most individuals receiving services. Another part of empowerment is addressing employment or education with participants throughout the fiscal year, which

adheres to PCHS's gentle hassling approach. The final component is documentation of services provided. PCHS funds the provision of services in the ISA program through public monies and is accountable to the public for how funds are used. Documentation of services provided is one of the mechanisms by which PCHS verifies their use of public funds.

The ISA service system showed a slight increase in jail days and continues to not meet minimum expectations. PCHS has invested in programs over the past several years to address incarceration rates, including the Jail Diversion and the FACT (Forensic Assertive Community Treatment) programs.

It should be noted that during the last third of the year, the state was experiencing the effects of the COVID-19 pandemic and its consequent changes in participant and staff lifestyle.

### **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.

The agencies reported that this disruption had an effect on some outcomes, particularly in Somatic Care and Community Inclusion. 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 likely to participate in inclusion activities. Staff, too, were anxious about face-to-face meetings. For these outcomes, the agencies reported responding in different ways. One agency reported that they did not change their activities and continued to visit participants, and others focused more on telehealth and texting contacts with participants. Generally, agencies increased face-to-face visits over time as participants and staff became more comfortable with such contact. Staff at all agencies changed some activities toward going outside more often and focusing more on essential visits, as opposed to "comfort" visits. Participants used telehealth options for either staff visits or for medical needs but viewed them as less favorable than face-to-face visits.

The agencies consistently reported that spring is usually the time when participants are likely to participate in Community Inclusion activities, as the weather gets warmer. The programs reported that they were expecting that many would have achieved Community Inclusion criteria if not for the virus. But with most social opportunities closed and participants largely unwilling to be in public, Inclusion activities mostly did not occur during much of the spring.

Similarly, Somatic Care activities—doctors' appointments—did not occur during this time because at first physicians were not accepting appointments. Then as offices and clinics began to open up, participants were often reluctant to go to healthcare services because that was where COVID patients would be. When participants were finally willing to make appointments, it was too late in the fiscal year to count.

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 59 participants who responded to the COVID questions, 49 responded Yes, 2 responded NO, and 8 responded Some, Not All. When asked to elaborate, respondents generally agreed that they were getting their needs met with little change in services. Some noted that alternative methods, such as Zoom, were used for visits. Some listed specific services they received, such as help with shopping or visiting food banks, medications, getting cab rides, getting a bed, getting masks and sanitary supplies, and crafts. Some noted that

they were not able to go to appointments, go to work, or participate in agency activities. Five noted that they were not getting services at all. Many articulated ways contact has changed, such as no face-to-face contact, less face-to-face contact and with masks, no rides, or most contacts done by phone.

Of those who responded that their needs were not getting met, three responded that they were not getting any needs met. Others cited particular needs they were not getting, such as agency or community activities, face-to-face visits, searching for jobs, and rides for errands. One person expressed that staff were harder to get in touch with.

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

Of the 59 respondents, 56 responded that contacts were initiated by the agency, 2 responded “Participant Initiated,” and 1 responded “Other.” The participant who responded “Other” elaborated that the participant was not getting services.

## 3. In what ways did you communicate?

Of the 59 respondents, 25 responded that contacts were conducted via phone, 23 responded by text, and 11 responded “Other.” The other forms of contact included face-to-face, video chat, Facetime, newsletter, and a card by mail.

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

Additional Satisfaction Questions Related to COVID-19 Pandemic - System 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?	49	2	8	
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	2	56	1	0
	Phone	Text	Email	Other
In what ways did you communicate?	25	23	0	11

Overall, the ISA system met expectations in continuing to provide quality services that meet the needs and expectations of program participants. This is the twenty-second year for implementing value-based contracting through PCHS’s ISA program. The system has weathered the transition to managed care organizations **and a pandemic** while maintaining participant and concerned other satisfaction and demonstrating improved results in many outcome areas. The ISA programs and staff should be praised for their continued dedication to Polk County’s residents.

## DETAILS

**Background Information:** 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.

**Procedures:** The following outlines procedures for the FY20 evaluation. Information was obtained from four sources:

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

**Meetings.** Preliminary results of the file reviews were provided to program directors in July. LHPDC conducted Zoom conversations with directors to review and correct discrepancies in the file reviews. LHPDC staff then conducted a Zoom consultation with the directors in July to review the outcomes and receive their insights on agency performance for the year. Exit interviews were held with PCHS and agencies' staff in early August to review the complete report and get insights from staff.

**File Reviews.** LHPDC randomly selected 15 program participant files from each agency for the file review, for a total of 60 files reviewed. The File Review Form (Appendix A) was used to monitor documentation. The file review was completed in June. 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. Information from the file review analysis is reported in Appendix E.

**Participant Interviews.** A total of 60 participants were interviewed as part of the evaluation process. Fifteen participants were interviewed from each of three programs. Interviews were conducted by phone. 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 to the quotations.

**Concerned Others Interviews.** Sixty family members or concerned others of individuals supported were interviewed as part of the evaluation process. Fifteen were interviewed from each of the agencies. Concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted by phone. Agree/disagree responses to the questions make up the statistics ~~would have been~~ used for the Family and Concerns Others Satisfaction outcome scores. Concerned others were asked to rate their satisfaction using the same scale as that for participants. The concerned others interview form is included as Appendix C of the report. 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 members is randomly assigned to the quotations.

**Data Analysis.** The evaluators were provided with all the data that each of the programs submitted monthly to PCHS.

Scoring: Outcomes were scored according to the following scale:

Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Does Not Meet Minimum Expectations	1

This scale aligns performance evaluation with contract expectations. Scores of two or less indicate unmet goal areas.

## ***OUTCOMES***

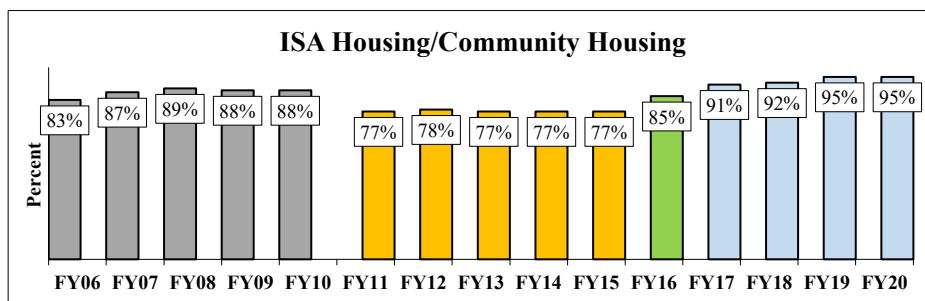
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This section of the report includes descriptions of and results for each outcome area. Evaluation results are discussed along with information from file reviews, participant and family member interviews, and meetings with program staff. Specific outcome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



## 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. The criteria for Community Living were developed in FY11. Scores and ratings from FY11 and afterward are not comparable to years prior to FY11.



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

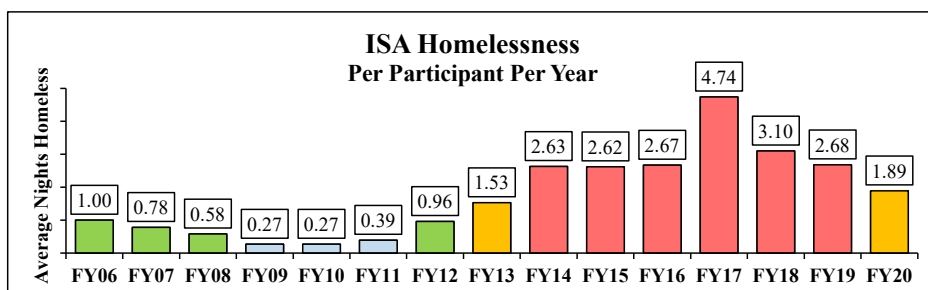
Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	97%	4	97%	4
CSA	92%	4	90%	4
Easterseals-AIM	93%	4	95%	4
Eyerly Ball	96%	4	97%	4
<b>System Average</b>	<b>95%</b>	<b>4</b>	<b>95%</b>	<b>4</b>

**Comments:** The ISA system exceeded expectations for Community Housing this year. More than nine of every ten participants were reported to be living in safe, affordable, accessible, and acceptable housing. All programs exceeded expectations. Agencies are required to visit participants in their homes within every 90 days, unless the participant has explicitly requested not to have home visits. In addition, if participants move, agencies must meet the participant in the home twice per month for two months. Note that the file review indicates that these home visits are often inconsistently documented in case files.

All agencies reported that their participants worked with the shared system Housing Coordinator, who had developed relationships with landlords in the area and was able to get participants into housing when they would not be able to get a place to live otherwise. Agencies appreciated the Coordinator's knowledge of the local housing market and legal system.

## 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

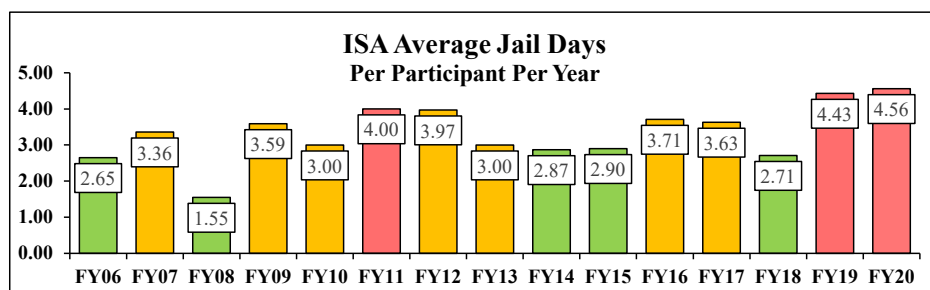
### Homelessness

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	4.71	1	2.31	1
CSA	3.89	1	3.97	1
Easterseals-AIM	0.87	3	0.29	4
Eyerly Ball	0.00	4	0.35	4
<b>System Average</b>	<b>2.68</b>	<b>1</b>	<b>1.89</b>	<b>2</b>

**Comments:** Homelessness remains a challenging area. Across the system, 18 (3% of individuals served) accrued a total of 1,159 nights homeless, resulting in a Needs Improvement rating for the first time in seven years. The homeless nights are an improvement from FY19, where 28 individuals accrued 1,556 nights homeless. At each program, the majority of homeless nights were attributable to a few individuals. BMC's PATH program reported 410 total nights (versus 846 nights in FY19), accrued by 8 participants (versus 15 for FY19). One participant accrued 179 nights homeless (44% of PATH's total). CSA reported a total of 662 total homeless nights (compared to 622 in FY19) by 7 participants. Two participants accounted for nearly one-half (45%) of the homeless nights for CSA (171 and 124 nights). Notably, Easterseals reported a total of only 30 nights homeless from one participant. Also notable, Eyerly Ball reported a total of 57 homeless nights for two participants.

## 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.



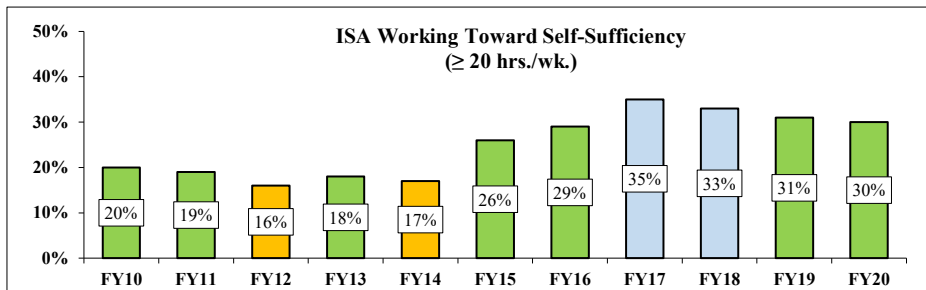
Goal	Rating	Points
0.00 – 0.99 day	Exceeds Expectations	4
1.00 – 2.99 days	Meets Expectations	3
3.00 – 3.99 days	Needs Improvement	2
4+ days	Does not meet minimum expectations	1

Jail Days				
Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	7.57	1	5.20	1
CSA	4.86	1	7.30	1
Easterseals-AIM	0.73	4	0.27	4
Eyerly Ball	2.60	3	3.81	2
<b>System Average</b>	<b>4.43</b>	<b>1</b>	<b>4.56</b>	<b>1</b>

**Comments:** Average time spent in jail increased over the previous year, resulting in a Does Not Meet Minimum Expectations rating for this outcome. During FY20, a total of 59 participants (10% of ISA participants) served a total of 2,792 nights in jail (compared to 49 participants at 2,570 nights in FY19). Only 11 individuals accounted for about three-quarters of jail days (2,053 days, 74%), spending at least three months in jail each (range 111 – 366 days). CSA and Eyerly Ball reported more jail days this year than last; In FY20, PATH reported a total of 922 days in jail, accrued by 18 participants. Almost three-quarters of that total (71%) was attributed to three individuals who spent a total of 656 days in jail. CSA reported a total of 1,216 jail days, accrued by 18 participants. The majority (81%) were attributable to five individuals, who spent a combined 983 days in jail. Easterseals reported 28 jail days for three participants. Eyerly Ball reported 626 jail days, of which 3 participants accounted for about two-thirds all days (66%) of the 14 participants who were reported to have jail days.

## 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
33% - 100%	Exceeds Expectations	4
18% - 32%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

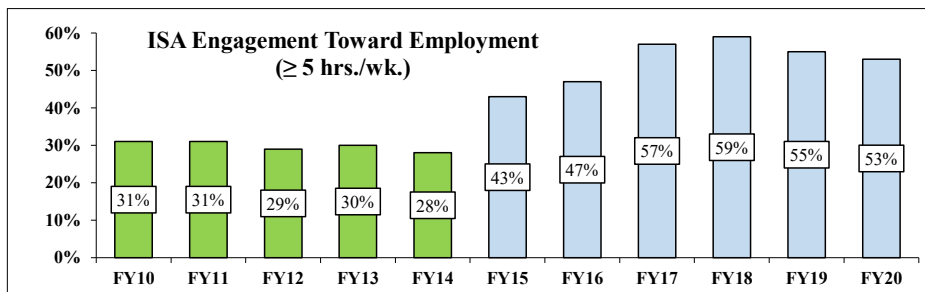
### Employment – Working Toward Self-Sufficiency

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	26%	3	23%	3
CSA	29%	3	22%	3
Easterseals	35%	4	35%	4
Eyerly Ball	34%	4	39%	4
<b>System Average</b>	<b>31%</b>	<b>3</b>	<b>30%</b>	<b>3</b>

**Comments:** ISA programs have been characteristically successful in supporting individuals to pursue and maintain employment. In FY20, the program has maintained its levels of employment. Less than one of every three participants was working at least 20 hours per week and earning at least minimum wage. Thus, the system maintained a Meets Expectations rating.

## 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
40% - 100%	Exceeds Expectations	4
18% - 39%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

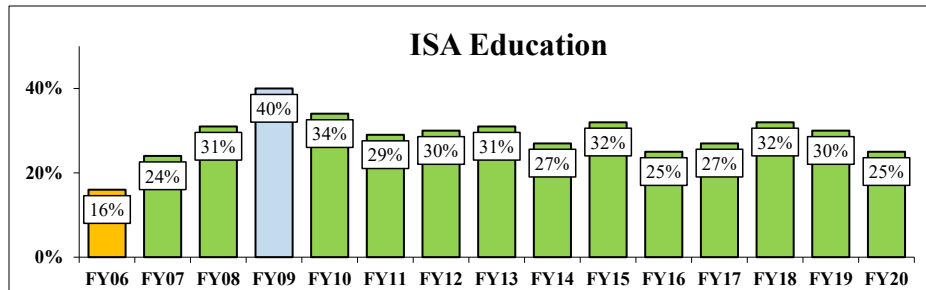
### Employment – Engagement Toward Employment

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	67%	4	69%	4
CSA	42%	4	37%	3
Easterseals	57%	4	58%	4
Eyerly Ball	53%	4	52%	4
<b>System Average</b>	<b>55%</b>	<b>4</b>	<b>53%</b>	<b>4</b>

**Comments:** ISA programs continue maintain levels of employment for participants working at least 5 hours per week at minimum wage retaining an Exceeds Expectations rating for the system average. More than half of participants (53%) were working at least 5 hours per week and earning at least minimum wage. BMC, Easterseals, and Eyerly Ball maintained employment levels. A small drop in employment occurred in CSA's program.

## 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

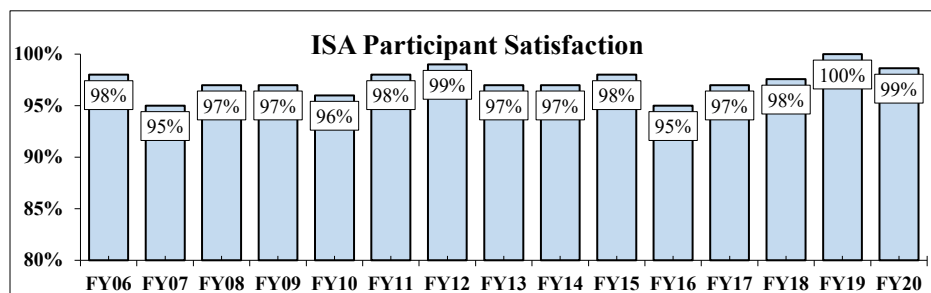
### Education

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	30%	3	46%	4
CSA	26%	3	22%	3
Easterseals-AIM	21%	3	21%	3
Eyerly Ball	58%	4	22%	3
<b>System Average</b>	<b>30%</b>	<b>3</b>	<b>25%</b>	<b>3</b>

**General Comments:** The system decreased the percentage of participants who reported involvement in education activities this year, remaining in the Meets Expectations range. About one-quarter (25%) of the participants were engaged in adult education related to employment. All programs met or exceeded expectations for the outcome.

## 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
BMC-PATH	100%	4	99%	4
CSA	100%	4	99%	4
Easterseals-AIM	100%	4	98%	4
Eyerly Ball	100%	4	99%	4
<b>System Average</b>	100%	<b>4</b>	99%	<b>4</b>

**General Comments:** Participant satisfaction continues to be a strength of the ISA programs. The system maintained its Exceeds Expectations rating for this outcome, with all programs exceeding expectations. Participants appear to be very satisfied with the program, its services, and staff.

ISA participants elaborated on the positive impact of support and services they received. Participants noted opportunities to participate in the community, support during crises, accessible communication lines, responsiveness to needs, improved resiliency and problem solving, and progress towards goals.

### Services

Participants commented on the importance of various services they have received through the ISA program, including:

- Healthcare
  - Medication management
  - Insurance coverage

- Food
  - Access to food banks
  - SNAP enrollment
- Community integration
  - Social events
  - Activities
  - Personal interests and recreation
  - Social skills
- Transportation
  - Bus pass
  - Appointments
  - Banking
  - Grocery shopping
  - Pharmacy and prescriptions
  - Gym
- Mental and emotional support
  - Regular outreach
  - Problem solving
  - Establishing and maintaining healthy relationships
  - Coping skills
  - Crisis support
- Employment
  - Job searches
- Resource identification and enrollment paperwork (for example, benefits applications)
- Housing
  - Rent assistance
  - Section 8 enrollment
  - Utility assistance
  - Housing searches
  - Maintenance
- Financial assistance and budget management

**BMC-PATH:** PATH participants reported being very satisfied with the program and the staff that work with them, maintaining the program's Exceeds Expectations rating. In interviews, participants were grateful for the social and emotional support they received. They also liked personalized goals and help with tasks, such as shopping. Representative comments included:

*They are really helpful, and they respect people, and they generally talk to you whenever you need their assistance.*

*They are just good people to work with. They could help you with your problems. They help with your transportation. You get to travel a little and enjoy things like that.*

~~*I have before.*~~ *They can help you manage your time, and they offer many different classes to be a productive citizen in society.*

*We'll lots of mental health support, emotional support. Just ... well we just have good relationships. [They are] professional to me and everything. They are friendly. Oh goodness, they just help me a lot with transportation. ... They help me get my medication from the pharmacy because of this virus, so that is a big help.*



*The ability to reach out. I do not have family, and they help me not feel isolated. They are great on the transportation needs.*

*At the beginning of the year, we have a staff meeting, and we set goals. And then every year we go over what goals we have accomplished. It gives me something to work on. Everything has been pretty maintained, for the past year, I believe. I know I have been a lot more stable in the past year.*

*They get back to me right away. Like I ran out of food one day, and they took me to the food pantry and got me a couple boxes of food.*

In terms of suggestions for improvement, some respondents wanted ....

*They need to start up a writer's group again.*

*I wish they could help me with tax information.*

*Sometimes they are hard to reach, like [Staff]. Just make them a little more accessible.*

*They need to come back with the Flower program. They had a flower shop, and I was working there with them. It was like a job program, and I loved that job.*

*I would change that they could make more time for me. I know that is not always possible.*

#### **COVID-19**

*I used to see them two times weekly but now, with COVID, I see them once every two or three weeks. All of my appointments are cancelled right now.*

*They have been providing phone services. They have reached out to me. The only thing that has changed is the face-to-face and no rides anymore. They came over and we talked six feet apart.*

*We do a conference call for my psych appointments. We just had one today. And [Staff] picks up my medication every two weeks, so that is good. Otherwise, I am on my own for things like food, banking, and the lab work.*

*Yeah, I Facetime my Path worker, but that is about it. I am not receiving any of my services right now.*

*They see me every two or three weeks. They call and check on me. They go to the food pantry for me. They go to the pharmacy to pick up my medication.*

**CSA:** CSA participants reported being very satisfied with the program and staff this year, resulting in an Exceeds Expectations rating. In interviews, participants appreciated the respect and caring they received from staff. They also liked that the program helped them out in different ways, such as help with rent, shopping, transportation, medication management. Representative comments included:

*Most definitely, they are the most respectful out of all the programs I have been with in the past.*

*Extremely respectful. [staff] is the best worker I have had since being with CSA.*

*I wish they could expand the services to more people. I feel very blessed. My worker, [staff], she is such an angel. She goes above and beyond for me.*

*Right now it is kind of hard because of the corona[virus] thing. But they help me with my rent, and my power, and just chatting with me. They give me somebody to talk to if I need it because I have some issues, and that is my problem.*

*If I need food, or medical assistance or food stamps, they help me out.*

*They take me to doctors' appointments. They get me in the community [and] go to the store. They are very helpful. I would be lost without them. The staff is awesome. There is nothing they do not provide for me.*

*I am getting help with shopping, groceries, maintaining my mental health, and getting to my appointments.*

*Usually they leave things up to me. I do things ... . If I need help, I call them. They give me rides when I need it.*

*I get nursing service, and they come to my home and give me my medicine. I get all these services with the help from [Staff]. I have been with CSA for about 20 years, and I would not go anywhere else.*

*They helped me a lot: being dependable. They always listen to me and offer the services whenever I need it.*

*[Staff] helps me when I need it. As soon as I lost my job, she helped me right away signing me up for unemployment.*

#### Concerns:

*They do have a big turnover rate. Other than that, it is fine.*

#### Participants offered a few suggestions.

*I would give them more of a budget. They are definitely overworked and understaffed.*

*The amount of time they spend with me. Like, I know they have a lot of clients. Sometimes we go over the two hours, and I can't complain about that, but I wish they would do four hours with me.*

*I want more picnics and more outings.*

#### COVID-19

*[Staff] has offered a lot of help. [Staff] makes sure I understand their policies. I asked for a mask and gloves and [staff] provided me that early. [Staff] recommended [to] me places to get food during this time.*

*Everything has been met except for me finding a job. I want to continue working on that after COVID.*

*Well, they brought me masks. They helped me to get gloves and hand sanitizer. I have a lot of underlying conditions, and they go to the store for me, or sometimes I go with them to swipe my food stamp card for them.*

*They are not doing the face-to-face thing, but they contact me once a week to see how I am doing.*

*If you have wifi ... we can do the video chat on our phones. It is pretty cool.*

*I have [staff] go get me food and ... [staff] calls me once or twice a week to see if I am doing okay.*

*I did not exactly have needs. It was just more or less maintaining a line of communication and keeping my goal. [Staff] has been pretty good about setting up times to meet, to check in, and it is usually pretty short. We are pretty regular with those.*

*It has been quite a bit different. Of course, they are a little bit slower, but still my needs have been met. How we have communicated has changed a bit, but it is not their fault at all.*

*They have covered everything. They check in on me and make sure I am doing okay with my depression.*

*All of my needs have been met. I still have not gotten the stimulus check yet though.*

*They are not doing the face-to-face thing, but they contact me once a week to see how I am doing.*

**Easterseals-AIM:** Easterseals participants reported being very satisfied with the program and the staff who support them, resulting in an Exceeds Expectations rating. In interviews participants appreciated individual attention and help completing tasks, such as shopping, transportation, help getting employment, exercising, cleaning, and socializing. They also expressed gratitude for the care and respect they get from staff. Representative comments included:

*Whenever I kept up with my schedule, Easter-Seals gave me incentives. They did not have to do that. Just being able to do fun stuff with them when I do not have to do serious schedules with them.*

*[Staff] was really helpful with my appeals process for my job, but she was laid off during the pandemic. I never fought so hard to get a job back ever. I was making decent money. I don't know how that is going to roll because I ended up going to get a lawyer. She [Staff] did her best to help me.*

*We usually have the once-a-year and go over my goals, but usually with the person themselves. We will talk about it at least every other meeting. My worker changes every month, so they will bring up the goals the first time we meet. I have a few goals now that I have been working on with them, like employment.*

*[I]t is a great program. There is not just one service. They help with activities in the kids' center and employment. They want me to be independent in general.*

*[Staff] takes me exercising. Just getting out and meeting people. That is a huge thing for me, getting out and just doing things. I am working on being better with prices, just help with pricing things at the store, like what is the best deal.*

*They are pretty good at doing their jobs and helping people. Occasionally, they help me with advice if I am having trouble with another agency. They have helped me sign up for services I did not know about. Or I need them to explain the red tape to me. They also have occasionally provided transportation. They make my life easier.*

*They come through any time I call them. They call me up. They keep in touch. They help me with my rent, and if I need to go somewhere, transportation.*

*They help me clean my house. They get me out and about more often. My team does. They help me with my life goals. They want me to be more independent in general.*

*They care about you as a person. You could not be in better hands. They take me grocery shopping. They are there for me with my personal problems. I have lost family members. They are there for me. They went to the funeral. They provide moral support for me. I have a yearly goal I talk to them about. I appreciate Easter ~~Seals~~ and I am glad to have them.*

*They help me go through my mail, get groceries, go to doctor's appointments, and fill out paperwork. Mainly helping me get groceries and fill out the paperwork and just [being] someone to talk to.*

*Just helping me reach goals that I have ... [like] graduating school. I am working on finishing school. I am hoping maybe next summer.*

*They can help with like ... I do not drive. It helps me going to the store. I used to take a wagon to the store. Sometimes I do not see people for a while. It is something I look forward to each week ... having somebody come.*

*[T]hey were helping me with my health and sleeping habits. I only contact them when something important comes up, or something else, like a bill comes in the mail or something like that. Yeah, they are pretty quick to respond to me. We talk first and if it is something that my mom can deal with, she can help, and if they can handle it, the staff takes care of it.*

Some participants expressed some concerns.

*Sometimes their time management is not the best. Like, they will reach out about a meeting. It usually is right before they want to meet, so it is hard to sometimes meet with them. Like maybe plan it a day ahead of time or something.*

*I will say that the workers tend to leave. The workers come and go on a frequent basis.*

*I do like this program. Some of the staff, not so much.*

*Communication, more communication; like regardless if I need something, it is hard to get ahold of them. I have left several voicemails, for example, and I have not heard from them, and it has been weeks. And tomorrow is a new month, and we did not set up a budget for me for this month, so I do not know what to do for my payments. She has not gotten back to me yet. I would get a different worker every few months or so. It was a great system, like you could get ahold of someone if you needed to. Now, it takes forever to get ahold of someone.*

A few participants offered suggestions:

*I don't focus on the things I can't change. But there is a little turnover, and I think they could concentrate a bit more on training people.*

*I do think maybe if we could have them assign just one person to each client rather than just switching every couple of months.*

## COVID-19

*[Staff] stopped to check in on me. They are being careful during COVID to not have more than one person doing the face-to-face. That is one way they are trying to control spread.*

*Before the pandemic, we were doing mainly job hunt and looking at different websites for jobs. I mean, since the pandemic has happened, it has helped me get in better shape. We have mainly been working out and I am keeping good health through them. I have not had any health issues or anything, so my services have not changed that much [during the shelter-in-place situation]. We are not going to search for jobs in person anymore, so my job search is on halt for the time being.*

*I am working on staying in the house because of the virus.*

*I still see him face-to-face. Nothing really changed for me.*

*If it is not face-to-face, it is by phone. We are still seeing each other face-to-face. They come wearing a mask.*

**Eyerly Ball:** Eyerly Ball participants reported being very satisfied with the services they receive and the staff that support them, resulting in an Exceeds Expectations rating. In interviews, participants appreciated that they are treated respectfully by staff. Others were grateful for assistance completing daily life activities. Participants also appreciated frequent communication with the program. Representative comments included:

*Yes, they are very respectful and kind to my needs. I think they are great and need more money.*

*Oh my gosh, yes. They do not think less of me. They talk to me like a human. I am not a number to them.*

*[I]t is a very good resource to have in your tool kit if you are having problems anywhere from grocery shopping to meeting people, living situations, financial situations, things like that.*

*I have been looking for help for two years. This is the first program that would help me. I would highly recommend.*

*[T]hey put out a calendar with different activities. They are an awesome support system.*

*I have a friend who I wish they got these services. The communication you have is good every week and the activities they suggest.*

*They have gone above and beyond. They call me every week. They are very good. I can't complain.*

Some expressed some concerns.

*I have asked for help with housing and did not get in. I want someone to take me into the community.*

*Communication, their people need to know what they are talking about and tell us the truth.  
Information and resources that are there for me.*

Participants offered a few suggestions.

*If they could give me rides back and forth to jobs, that would be great. But I understand that they have other clients. But that is about it.*

*Pay the workers better. My workers keep quitting.*

*More time together; I want to have more time with my team.*

#### **COVID-19**

*We always wear a mask and sanitize our hands. We see each other face-to-face like twice a week. He also calls me.*

*They have come to my apartment several times, and they have dropped off crafts that I can work on. They have been calling more often too, and they have been reaching out to see what I need. On top of what they do already, they just ask that simple question, "Is there something that we can do to be more help?"*

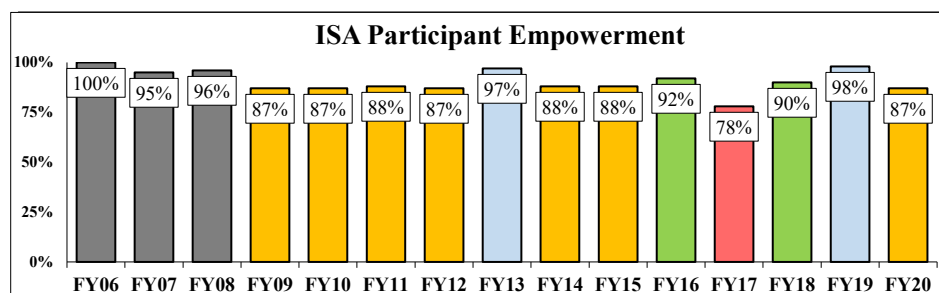
*They still have activities and everything, and they wear masks and make sure to wash their hands and stuff. I still get all the services that I need.*

*They bring stuff out to us, personal goods. They call us at least three times a week.*

*The only thing that I am not getting is the face-to-face stuff. Like the art classes are not happening anymore.*

## 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
BMC-PATH	100%	4	60%	1
CSA	100%	4	100%	4
Easterseals-AIM	93%	3	93%	3
Eyerly Ball	100%	4	93%	3
<b>System Average</b>	<b>98%</b>	<b>4</b>	<b>87%</b>	<b>2</b>

**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:** The ISA system evidenced challenges in Participant Empowerment performance this year, resulting in a Needs Improvement rating. Two programs were challenged and two met or exceeded expectations for this outcome area this year. Programs were most challenged in documentation of participant involvement in goal planning, in particular in documenting participants' signatures on empowerment plans. Agencies were also challenged in documenting regular monthly contact with participants.

**BMC-PATH:** This year, PATH was challenged in their performance in this outcome area. Of the 15 files reviewed, 9 were found to be complete. Fourteen of the 15 files documented clear, measurable goals, which were addressed regularly. Fourteen files documented participants' active participation in goal development. All files contained sufficient documentation of employment or education being addressed with the participant. However, several files did not show regular monthly contact with participants. PATH participants were working on a wide range of individualized goals. Most were focused on improving or maintaining physical and mental health by exercising, keeping their current doctors, making, and attending appointments, staying sober, or attending substance abuse meetings. Some wanted to find, maintain, or improve their living arrangements so they have safe, affordable, stable housing, recognizing that this improves independence and mental health. A few wanted to find or maintain employment. Some were working on increased socialization such as attending PATH activities or having more community involvement. Several wanted to work on their budgeting and managing money. Several wanted to get a driver's license. Some had specific projects, such as going fishing again, learning to drive a forklift, or completing probation.

**CSA:** CSA has maintained their performance in this outcome area at 100%. Of the 15 files reviewed, 15 were found to be complete. Based on the file review, CSA participants were working on a variety of goals. Most CSA participants had goals related to improve or maintain their physical and mental health, possibly by taking their medications, establishing mental health providers, exercising, or losing weight. Many had goals to get, maintain, or improve employment. Several wanted to obtain or maintain housing. Others needed help with managing their money. Some wanted help with employment. Some mentioned their desire for independence. A few wanted to return to school or get into the community more. There are also some specific goals, including keeping up with housework, saving up for a car, developing coping skills, getting benefits, getting new furniture, and feeling like their apartment is their home.

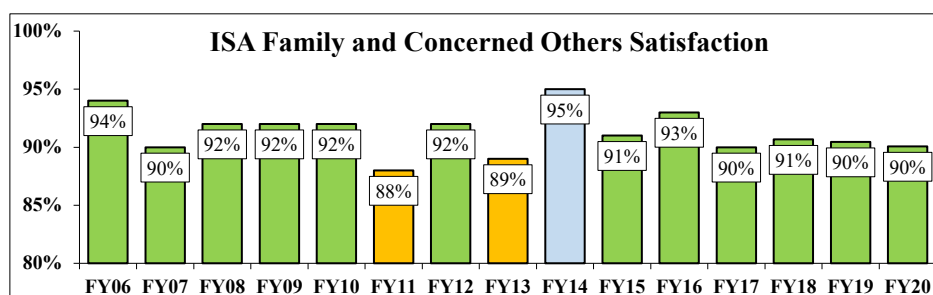
**Easterseals:** Easterseals ~~rated was also challenged~~ **Meets Expectations** in this outcome area this year ~~-at a Needs Improvement rating~~. Of the 15 files reviewed, 14 were found to address all of the Participant Empowerment outcome criteria. The file review reveals that Easterseals participants were working on a wide range of goals. Participants were more often focused on improving or maintaining their health and wellness through, for example, good diet and exercise. Some were interested in finding employment or volunteering. One saw volunteering as a way to be involved in the community. Many others expressed a goal of getting more involved in the community. Others expressed a goal to become more independent or improving independent living skills. A few wanted to manage their money better. Others wanted to maintain or improve their housing. Some wanted help learning to manage their money. A few specific goals included creating a living will, working on anger management and coping skills, and getting a driver's license.

**Eyerly Ball:** Eyerly Ball attained a Meets Expectations rating in this outcome area this year. Of the 15 files reviewed, 14 were found to address all the Participant Empowerment outcome criteria. Eyerly Ball participants were also working on a variety of goals. Most had socialization goals that included attending activities or going into the community periodically, such as four times per month or five times per week. Many wanted to improve their physical health by attending all appointments, eating better, exercising, and losing weight. Some wanted to improve their mental health by getting out of the house more often, managing medications, learning coping skills, and attending appointments. Some expressed a need for help in managing their money and budgeting. A few wanted help keeping their housing. Some specific goals included becoming computer literate, being more independent and learning daily living skills (cooking, cleaning), going to craft classes, remembering appointments, and organizing their home.



## FAMILY AND CONCERNED OTHERS SATISFACTION

**Outcome: Families/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 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 and Concerned Other Satisfaction

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	85%	2	90%	3
CSA	95%	4	99%	4
Easterseals-AIM	90%	3	84%	1
Eyerly Ball	91%	3	86%	2
<b>System Average</b>	<b>90%</b>	<b>3</b>	<b>90%</b>	<b>3</b>

**General Comments:** Family members and concerned others reported being satisfied with the ISA programs and staff at the system level, maintaining a Meets Expectations system rating. Two programs met or exceeded expectations. Two programs were challenged in this outcome area this year.

**BMC-PATH:** Family members and concerned others of PATH participants improved their satisfaction with the program and staff this year from FY19, to a Meets Expectations rating. Fifteen individuals provided feedback on PATH. In interviews, concerned others expressed appreciation for the relationships staff have with participants. They remarked on specific ways staff help participants, such as helping them get benefits or housing. Concerned others are also pleased with improvements in participants' lives. Representative comments include:

*They are helping her as far as I am concerned. Whenever she has a concern, they take care of it. She seems happier, and her housing has changed. She lives in an apartment.*

*Anything he has ever needed help with, she has helped him. They have program outings, bowling, picnics. They have a banquet every year. They help [Participant] and let him see he is not alone. They always go over the plan with him and ask what he thinks. Yeah, probably for the last six months he gets his shots on his own. That is good. He has really gotten stable.*

*The times I have called they have been available.*

*Her having the personal relationship with [Staff] when he was her main contact was very beneficial. When [Staff] was moved to another part of the agency, he wanted to personally tell [Participant] that he was moving.*

*We [concerned other and staff] text sometimes. [Staff] and [PATH] have saved him. ... He is very quiet, but [Staff] is the only one to figure my son out. ... This year him and his brother are now best friends. He got two new nephews and a niece; he now just wants to see them. He wants to go see his dad. They get along great. This year has been amazing. His goal is to work now. ... They are the only the ones that have reached out and have been there for us.*

*[Participant] would not be alive without them. He gets help with medications and adjusting the medications. They take him in the public and being around people. They help him with housing, they are very good with helping him! ... [Staff] calls me and asks my opinions. I have to go by what [Participant] says, but with [Staff] on top of it - my confidence level is so much better, and it is great. They are a good match.*

*They have helped her set some goals and get back with her artworks. I mean she is doing more artwork. She is a good artist and has won some contests, which is a big part of her life.*

*I think the positive impact is getting him to his appointments; it is very important. They do paperwork for rental rebate and that sort of thing. We got him on Section 8 two or three years ago, and they helped him with that.*

*One hundred percent, they helped. ... They have helped instill pride and get his pride back. They found him treatment very quickly when there are waiting lists everywhere and who takes what insurance. I would say that she is the reason that he is still around. She is fantastic. I talk about the fact that they build relationships with the client, and they have resources that the average citizen like myself cannot tap into. [Staff] was able to hook him up with a therapy dog, and that was also a total game changer with my son. It was fabulous.*

*They help him with paperwork. He does not read. And I am getting a little bit older, so they help him a lot with Medicaid mostly with the papers he gets. [Participant] is happy with them, yes.*

*They help with daily living problems, medical referrals. ... Housing has improved; she got in a financial program. She has a two bedroom instead of a one bedroom. She was too scared to talk to people. She now hangs out with people in her apartment building.*

*She has been doing well, so I have not been in contact with them lately. They listen to her. [Participant] can be a handful at times, and they hang in there with her. Her social life: she doesn't hang around negative people anymore.*

*They help her with her Title 19 Medicaid, and Medicare. They helped her get on social security disability. Yes, they are very respectful. I am very satisfied.*

*He encourages [Participant] with his jobs and things like that. In other words, the program is really superb in the ways that it meets where the client is at. They go above and beyond with the clients to help them with what they need rather than have them meet criteria. They also do not limit him. They are very responsive to both me and my mother. Oh, it has made him have hope that he can live out his dreams and he can reach goals. ... Just essentially just giving him hope. I do not know what we would do without them. ... I would say that it is a very supportive program that can help you reach your goals with dignity and love.*

PATH family members and concerned others offered a few concerns. Two concerned others noted some communication issues with staff; another was concerned about staff turnover.

*I hardly ever talk to them. The only time I do is when they can't find her. They only contacted me when she missed her appointment.*

*The only bad thing, they need more workers and the workers they have are great. The workers then find other jobs and leave. ... They need more workers. They are all good at what they do, compassionate and caring.*

*Self-help, no. [Participant] needs to be in a structured atmosphere. She needs to be in drug treatment for at least six months. They do not contact me ... whenever there is something that comes up. They try to help her, but she has to follow through with it. That has not been happening. The only thing I am not satisfied is her going to the treatment for weeks at a time.*

Family and concerned others offered some suggestions. Two were concerned about staff pay and program funding. One would like to see better dental health attention.

*They need more funding, so they can expand their services just to have more help. I do not know or see a lot of advertising for them. Most of the advertising is minimal and a lot of it is a word of mouth. I think if they had more money in their budget for advertising, they would reach more people. They have great people and wonderful programs.*

*Yes. I would say everything is pretty good, but I would love it if they had connections with some dental services because people like [Participant] frequently neglect some of those things we take for granted, like dental health. He has not had his teeth cleaned in a long time. Maybe something else that could be a nice addition is just working with the Des Moines area and employers who will employ and take a risk on people like [Participant]. I do not see that very often and that would be nice, and I know there are people out there that would take a chance on people like [Participant]. I guess one of the things I think about is that they could do some more things just on site at Broadlawns hospital. They have had to contract out a few things that are out of the way, like therapy services. It would be nice if there were more outpatient services available right there at Broadlawns.*

*Pay [Staff] better. Whatever she makes is not enough.*

*I think they are dealing with greater restrictions - budget cuts, less resources, COVID. They are less community mobile lately, less restrictions and limitations. When I do talk to her worker, it is usually by phone, but I have not spoken with them since COVID started. I would suggest to the PATH program that their care team/workers should make sure they have quarterly contact with the family members. That way they are in the loop and know what is going on.*

## COVID-19

*They have not contacted me since COVID started in mid-March, but if they do contact me it is by phone.*

*It is hard for her to accept anything, but she desperately needs it. Even though there is a pandemic, she has made herself stay in her apartment, and PATH, they are supposed to be her weekly help, like if she needs groceries, takes her to doctors' appointments. They are supposed to be her support system. PATH does not have time for her, because of the pandemic, they are not doing anything for her.*

*The only thing is now, with COVID, they are calling once a week rather than meeting once a month. They used to come and check our home, and now they don't.*

*Well, since the COVID-19 has been out, they have not been able to come visit, and I would like the COVID-19 to go away and then they can have more visits to the house.*

*He gets one-on-one with [Staff] and meets with him at least once a week. They talk about budgeting and stuff. He helps with transportation, but that has changed because of COVID-19.*

**CSA:** Family members and concerned others of CSA participants reported being very satisfied with the program and staff this year, maintaining an Exceeds Expectations rating. In interviews, concerned others expressed appreciation for the staff's attention to specific areas they could help participants and go out of their way to do so. They remarked about particular ways the program made participants feel special, such as the awards banquet. They were also pleased with the positive changes the participants experienced. Representative comments include:

*[Staff] deserves a really big raise. She has been wonderful for [Participant]. She has gone above and beyond, and I appreciate her.*

*They are very encouraging to him as far as getting him to do different things. They try to work on his goals. He does not always follow through, but it gets him thinking. ... [Participant] enjoys the participation with other people too, the parties.*

*Around the time he was looking for housing, I worked with them. They had an appreciation award ceremony; I went to that. They have helped him fill out forms ... I think they did help him sign up for the DART and his housing; that was big.*

*Before COVID, they would come over once a week to take him shopping or bowling or whatever. He then went to SAGE Monday, Wednesday, Friday. [Staff] is calling once a month now.*

*We are just thrilled about the services that he gets.*

*Someone is concerned about her welfare and is there for her and her issues. Her life is kind of like a yo-yo. It depends on what is going on. It is better now than it was last year. She is in the same housing.*

*They go above and beyond for [Participant]. They usually do the utmost. It is usually [Participant] and his bipolar conditions. The service and people, they do an excellent job. They care for people. Their hearts are there.*

*I think he is getting all the help. He seems to be satisfied in life and I am happy with [Participant's] progress. A lot of that is due to [Staff]. Absolutely. He is doing something that he loves: working with cars. It seems that he wants something out of life. He wants to improve himself.*

*His income is so low, and he was not making it. Finally, he is getting food stamps and his rent is with [Section 8]. They finally got him on that after years of waiting. ... It is little things, like during this virus, going to the grocery store and getting food stamps was huge. Getting that was so helpful because I sense that he went without food sometimes. My mother died last year, and I called them and asked them to help out in prepping him for her funeral, you know, helping him get a dress shirt. And they took him and got some decent clothes, and they sat with him during the funeral. It may not be such a big thing to you, but it just helped so much. ... I am happier than I have been for years.*

*[Staff] is amazing. ... He likes to run 5k races and his worker would join the race and run together too. She would just be there to run along beside him. ... [W]hen I first met [Participant], when he would get depressed, he would destroy all his property. He would turn inward, and his things were really important thing to him, and he has this hyper-focus on things. So, he would destroy it all and then feel bad ... . He has not broken or destroyed any of his property for almost two years.*

*She is there to help him. ... If he is getting evicted from his apartment, she helps him locate new housing, just general life things that he has problems with on his own.*

*I know that [Staff] has helped him get food and goes and helps him when he has appointments. He had a couple surgeries this past year, so they drove him to appointments, things like that.*

Family and concerned others had a few suggestions. Some had suggestions about additional services. Some considered different ways staffing could be modified or enhanced. Several expressed a desire for more staffing. Some were concerned about communication among programs.

*Like classes - cooking classes, how to balance a checkbook. Things that would help their daily lives.*

*If they could hire more people to help. [Participant] wants to work, but physically it is difficult. Some people have a job coach; I want to find [Participant] one for even just two hours a day. That would be a wonderful thing. He wants to work, but he can't get a job. He needs to find an employer that is willing to do that.*

*That there is adult contact other than parents, that there are other people in the world that he can trust and rely on.*

*I think that maybe to be a little more proactive with regard to [Participant] about what other opportunities can be. I mean, [Participant] is [late middle age], but things that are recreational and things that [Participant] would enjoy with her peers. Just some more activities for [Participant].*

*Well, more staff that is not spread so thin. I would like to see, if possible, instead of maybe one day a week, to two days a week. I would like to see more social life for [Participant], and it does not have to be [Staff].*

*I do not think CSA workers should be the only person. ... [T]he missing link to me in helping foster kids navigate the world successfully is find them a family. And people do not adopt adults. If there were sort of a foster program for adults that can mentor and commit to being a lifetime participant alongside of these aged-out foster adults to put them into their families. ... That is what we did when my daughter said that her work friend needed help and I started including him in our family. He can*

*call me whenever he wants, just like my own kids. I would say include community in helping find families for the adults.*

*I don't know if he is still receiving services through other services. I would say that the biggest redundancy was when he was first getting help, multiple companies or agencies were working with him. There was some redundancy there. ... Having an overall contact, and keeping the people involved who can be involved. One point person who is aware of coordination of services is the best strategy.*

*If the services could talk between themselves, that would be very beneficial. Like when I go with [Participant] to ~~social~~ Social security Security, he does not understand what they are telling him. It is hard for him to connect all the services. His thought process, he can't understand a lot of things that these agencies are saying and will say the wrong thing. He will ask for what he wants, rather than what he needs or is getting. And [Participant] refuses his meds and things that he needs. So if there was a way to bridge that gap, that would be very beneficial.*

## COVID-19

*They are closed due to COVID. Typically, he makes sure he gets to his appointments. She takes him grocery shopping and anywhere he needs to go. She keeps an eye on him. She goes between Amerigroup and lets me know anything going on.*

*The whole COVID thing messed everything up. Up until that they were taking him to the store, to the food bank, the bank. Since then, they just speak. It is an odd time.*

*COVID came around and now they are doing everything remotely. It is hard to do an evaluation because they don't make contact with [Participant] anymore. They are using social distancing; they may call him. He used to come in his home and sit and talk.*

*Since COVID, they [Participants] have not been in the office.*

*Well, the COVID-19 has changed a lot of things. They are trying to keep him, and themselves, safe. They have been having most contact over the phone, so it is harder to contact [Participant]. He has been cutting himself off, so all this calling is getting frustrating. Especially with the COVID-19, people need to be safe. If more people were working with him, more one-on-one, especially with the concept of wearing masks, would help him a lot. I do not know if that would be able to happen because of the virus.*

*I think [before] COVID, we were hoping to get him a part-time job, but that put the brakes on it obviously.*

**Easterseals-AIM:** The Easterseals AIM program was challenged this year in the Family and Concerned Others Satisfaction outcome with a rating of Does Not Meet Minimum Expectations. In interviews, concerned others expressed appreciation for the Garden program and other specific fun activities provided by the program. They remarked at the good relationships staff had with participants and how what they do improves participants' attitudes about themselves. Others appreciate that participants were able to get employment. Representative comments include:

*When he has doctors' appointments, they take him when I can't. They take him weekly to get his groceries. They help with anything in his apartment. They had fun things for him to participate in. They would take him to the movies or to ball games. ... They are just capable of handling any*

physical or mental impairments and helping them with the issues. Helping them living a more rewarding lifestyle.

[Participant] is not social. ... He goes to Easter-Seals activities. Every one of them has been so friendly and has tried so hard to get him out of the house. ... Sometimes they are successful, but they try so hard. It has taken him a while, but he finally got his two-year degree from DMAAC. ... I am grateful to have Easter-Seals.

He is working right now with Easter-Seals at the garden.

[Participant] was working at Camp Sunnyside, but that is closed right now. And he used to work in the garden, but I don't know if that is still open because of the pandemic. ... I think probably when he was working, it had a good impact on him. I think when they come to visit him or touch base with him, those have positive impacts on him.

They take him for walks around the lake and then also to the store. ... They did provide a cab for him to go to work, and they paid for that for several years, and I guess they would still do that. He has not been to work though.

Before COVID, they took him out once a week. They would go shopping or whatever they wanted to do. They call occasionally now. He used to do some of the activities; there is not many now. I am happy with them. ... He used to like going bowling. He enjoyed doing that. ... Their award ceremony, he loves that. He is proud of himself.

They recognize his efforts. They have banquets every year and hand out awards. It makes a difference to him. They allowed him to be a contributor to their newspaper, and that makes him feel included. Easter-Seals sometimes does not know how effective they are. ... He moved about 14 months ago. They helped him with the move and then transitioned him; so he didn't miss out with the services.

He is wonderful. They have a great relationship. They meet every week. [Staff] has helped him apply for jobs. I feel like they have been fantastic. In our case, it is sometimes the moral support that is very critical. He enjoys people and being in the spotlight and he loves the interaction with the staff. They are personally involved with him and work with his personality and his abilities, and they set him up for success.

They see him once a week and ask how he is doing and help with how he spends his money and help him job hunt. He did lose his job last fall. He was working full-time. They are currently helping him job search.

I think they do a great job helping him out. They help pay part of his rent. The main thing is giving him a job at Camp Sunnyside. It gives him purpose and a positive attitude. I think his social life is better. He likes working at Camp Sunnyside.

He has been able to work on his coping skills and dealing with different scenarios. ... They have gotten him to be more engaged with the different groups and getting him into activities that he would never usually do, like archery, climbing rock walls, and horse riding. His services are definitely geared towards him, and it is very personal. ... We have seen changes in how they run programs. They offer more small groups and have more staff. I have seen the staff have a better understanding of their clients than they did three years ago.

*He was involved with their gardening. Sometimes I do not know if [Participant] appreciates it. He can be stubborn, so they have to work around his anger issues, and they take his feedback. I can see a little improvement and maturity in him. He behaves now. I have seen some good.*

Several families and concerned others offered some suggestions. Several requested more contact with the program. Some would like to see more activities. One expressed concern with staff turnover.

*I have not been in contact with them for about a year. I wish they would contact me more. Just more personal assistance, if possible. I am not sure what their resources are.*

*I would like to see more employment opportunities for [Participant].*

*I would like to see more group activities. They used to have a wonderful trip that they took to Washington DC. They used to do more group things and dances and parties and stuff. There has been nothing like that in the past two years.*

*Any way they could keep the employees they have there, make them want to stay.*

*They contact me very seldom. I would like to have more contact with them. I would like to know more about what they are working on with him.*

*The only thing that I would see is having some newer opportunities for activities for different seasons. I know that [Participant] goes to camp, but maybe have more field trips and day trips as well.*

## COVID-19

*Right now, nobody can come into the building where she lives. They used to take her out, so then they can't do much because she is in a wheelchair. I do not know what they can do with her. No changes, except for the shelter-in-place. She has to stay home and isolate because of the virus.*

*He has become less social because of the pandemic. He is not working too because of the pandemic. Those are not necessarily the fault of Easterseals.*

*There is a change in work. He has not worked since February. ... They did not need him. He is on unemployment. Hopefully, he is going to go back in August. He is more isolated now due to COVID. Social interaction: there has not been any lately.*

*Some of the concerns had to deal with COVID, and what is available and what he can take advantage of. Most concerns are around the pandemic.*

*They made sure that we were in the loop, when COVID started too, about potential programs. We have seen changes in how they run programs. They offer more small groups and have more staff. I have seen the staff have a better understanding of their clients than they did three years ago. They are not open 100% because of COVID, but they have been helpful with parents if they work during the day as well.*

**Eyerly Ball:** Eyerly Ball ISA program was challenged this year in the Family and Concerned Others Satisfaction outcome with a Needs Improvement rating. In interviews, concerned others remarked at the emotional support provided by the program. They expressed appreciation of the many activities offered by



the program. They also described specific ways that staff support participants. Representative comments include:

*It is like, [Participant] has a form to fill out or something, and he will take that into them rather than doing it himself. He does get financial assistance from them when he has an emergency. I know they sometimes take him to doctors' appointments or to get prescriptions and things.*

*Lately, they have been doing crafts. She likes when they take her to the library. She likes going to Salvation Army and Goodwill.*

*Going different places ... the events that he goes to. He has been to the capitol, the zoo, the science center. The opportunities are wonderful. [Participant] loves it. [H]e wants to learn to cook. They are coming over and he now knows about five meals. He wanted to decorate his apartment. They came over and measured things and got stuff. It is like going into a museum of Marvel. It takes the burden off the caregiver. ... He moved into a new apartment. His goes and talks to all the people at the apartment complex and knows all the dogs. ... He has just blossomed.*

*They plan a lot of outings, and they take the people out. ... Socializing, definitely. Just mingling with people, getting to know people. He helps around the house more too. It is a wonderful group of people. It has been great for him to do more things and be out in society more.*

*He has moved into an apartment by himself. ... They will take him to the community center. He is better off now than he has ever been. I could not do it without them. They do all the hard work. Housing: they got him out of the group home into an apartment by himself. He is happy with living by himself. They take him in the community, bowling, movies, the mall, coffee. He is not social but does those things.*

*[Participant] is doing just fine. Some days are good, some are bad. They talk to him. They take care of what needs to be done. He is getting all the services he needs.*

*I think they have the best of the best at Eyerly Ball. They went above and beyond. They are awesome. One would be the group outings they have, to bowl, to go to the movies, to go to a Cubs game. That has been great. He also loves where he lives now. That would have not happened without the housing coordinator. ... They have a secret handshake. It has changed his life and made him less depressed because of the attention he gets and the places he gets to go.*

*They have not given me information, but before COVID, he was going to activities like lunches, movies, baseball games. So far, they have been taking him to his doctors' appointments. ... Since he moved into supported housing, he has developed friendships there. It is better than living on the street.*

*He just found a job. He has never been employed before. They hooked him up with Goodwill Industries. He just started this week.*

*He had a medical issue last year. They went and visited him several times. He is staying on an even keel and is at a good place and has been for several years. He was even volunteering last year at a dog rescue [unit].*

*He likes working with people and knowing he can contact them when he needs help. The contact with people is very important. He seems very heard and feels like they are directed towards his needs.*

*I think she does appreciate that they do try to connect with her every week and knowing that she has somebody on her side. I think they do their best trying to get her involved and to get her to all of her meetings and stuff.*

Some family and concerned others offered some suggestions:

*I don't know. I wish she had a little bit more social life. She doesn't work. Maybe if she could be with other women, just socially.*

*They never really contact me. I just reached out. I would be fine with being contacted more often and being more in touch.*

### **COVID-19**

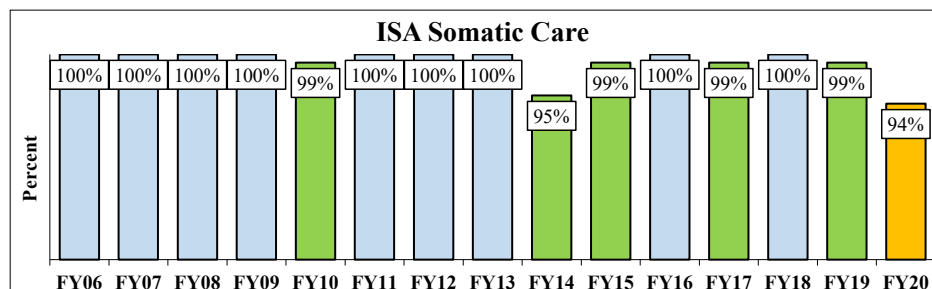
*I guess, the thing that has been going well is that I had the virus, and I was in the hospital. He used to depend on me for every little thing and call me all the time; now I am unable to do it since I got the virus. That has influenced his life quite a lot.*

*Just because of COVID, they are not having special programs. They cut back on their person-to-person activities. They are trying to keep their employees safe.*

*It seems like they are doing good. He is missing the activities. Once COVID is over, he is looking forward to those anxiously.*

## 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

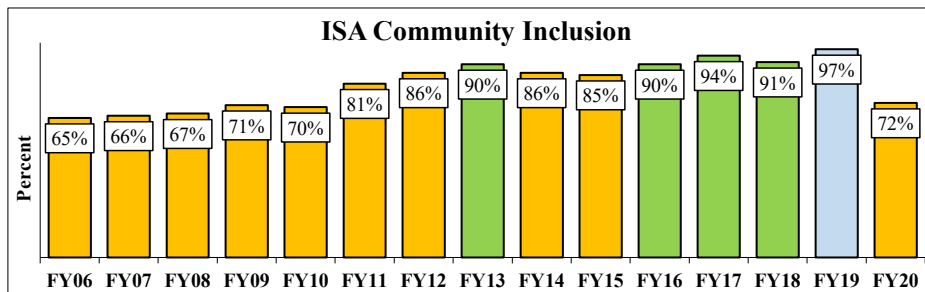
Organization	2019 Reported	2019 Score	2020 Reported	2020 Score
BMC-PATH	98%	3	98%	3
CSA	98%	3	90%	2
Easterseals-AIM	100%	4	86%	1
Eyerly Ball	100%	4	100%	4
<b>System Average</b>	<b>99%</b>	<b>3</b>	<b>94%</b>	<b>2</b>

**General Comments:** Access to somatic care has been a strength of the ISA programs and the expectation for this outcome is high. This year the system rated Needs Improvement. All but 34 participants met the Somatic Care outcome this year.

## 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 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.



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

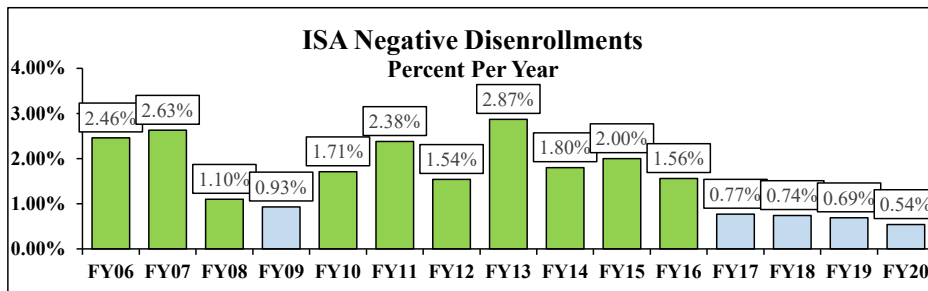
### Community Inclusion

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	95%	4	76%	2
CSA	97%	4	60%	2
Easterseals-AIM	98%	4	77%	2
Eyerly Ball	99%	4	77%	2
<b>System Average</b>	<b>97%</b>	<b>4</b>	<b>72%</b>	<b>2</b>

**General Comments:** This year, the ISA system had a notable drop in the documented number of participants engaged in their communities, putting the rating to Needs Improvement for the Community Inclusion outcome. All agencies were challenged in this outcome this year.

## 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% - .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

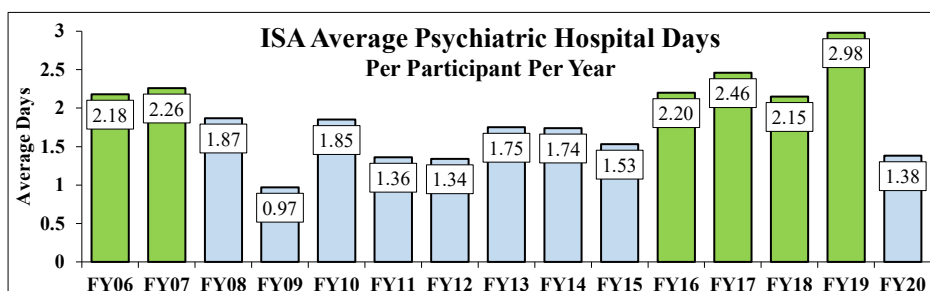
### Negative Disenrollment

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	0.00%	4	0.00%	4
CSA	0.63%	4	1.20%	3
Easterseals-AIM	0.00%	4	0.08%	4
Eyerly Ball	2.16%	3	0.61%	4
<b>System Average</b>	<b>0.69%</b>	<b>4</b>	<b>0.54%</b>	<b>4</b>

**Comments:** The ISA system again exceeded expectations for the Negative Disenrollments outcome the year. The system reported 3 negative disenrollments this year, one fewer than last year. In FY20, two participants refused to participate; one was sentenced to prison.

## 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

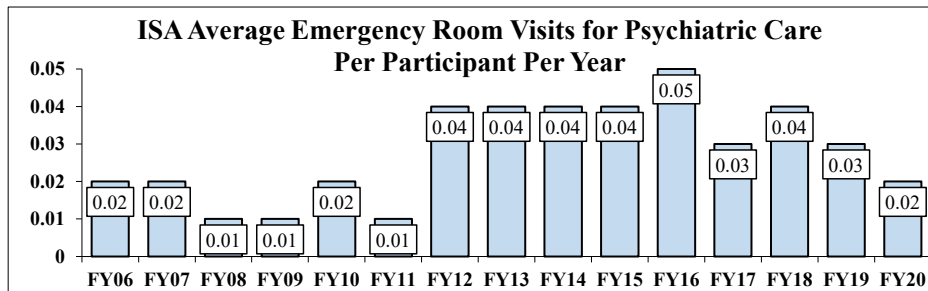
### Psychiatric Hospitalizations

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	6.15	1	1.50	4
CSA	2.54	3	2.01	3
Easterseals-AIM	0.05	4	0.00	4
Eyerly Ball	1.53	4	1.49	4
<b>System Average</b>	<b>2.98</b>	<b>3</b>	<b>1.38</b>	<b>4</b>

**Comments:** The ISA programs decreased overall their average psychiatric hospitalizations by more than half, rating the Psychiatric Hospitalizations outcome as Exceeds Expectations for FY20. Psychiatric hospital days were reported for 40 participants, 6% of the participants served by the ISA programs. The system reported a total of 844 hospital days, compared to 1,727 hospital days in FY19. All programs met or exceeded expectations. BMC-PATH, in particular, reported a notable decrease in hospital days, changing their rating from Does Not Meet Minimum Expectations to Exceeds Expectations. BMC reported 13 participants staying at hospitals ranging from 1 night to 58 nights. CSA reported 15 individuals staying at hospitals ranging from 1 night to 76 nights. Eyerly Ball had 12 participants staying at hospitals ranging from 2 nights to 84 nights. Easterseals did not report any participants staying at a hospital for psychiatric reasons.

## 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

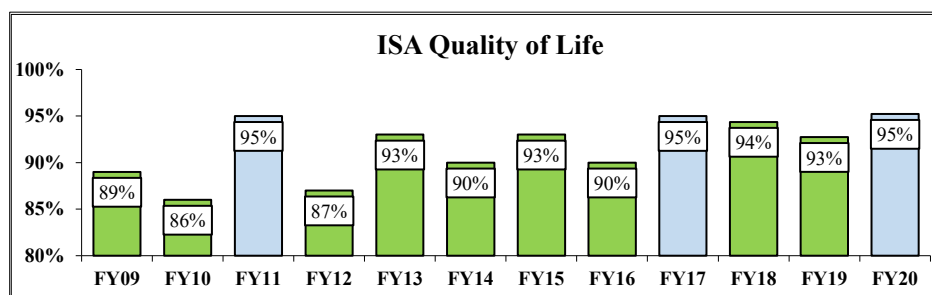
### Emergency Room Visits

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	0.02	4	0.00	4
CSA	0.04	4	0.08	3
Easterseals-AIM	0.01	4	0.00	4
Eyerly Ball	0.02	4	0.01	4
<b>System Average</b>	<b>0.03</b>	<b>4</b>	<b>0.02</b>	<b>4</b>

**Comments:** ISA agencies continue to do an exceptional job of supporting individuals and accessing resources to minimize unnecessary emergency room visits for psychiatric care. The system reported a total of 15 emergency room visits for psychiatric care, the same as reported in FY19. All agencies met or exceeded expectations for this outcome this year.

## 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
BMC-PATH	93%	3	100%	4
CSA	94%	3	95%	4
Easterseals-AIM	92%	3	98%	4
Eyerly Ball	93%	3	88%	3
<b>System Average</b>	<b>93%</b>	<b>3</b>	<b>95%</b>	<b>4</b>

**General Comments:** All programs met or exceeded expectations for Quality of Life satisfaction this year. Overall, the system experienced an increase from last year, resulting in an Exceeds Expectations rating.

Survey respondents answered 7 open-ended questions and provided descriptions about how participation in the ISA program contributed to their quality of life. Comments included various aspects of life, including family relationships, employment, education, housing, finances, and physical and mental health. Some participants described dissatisfaction with their quality of life and support their ISA provided, such as more opportunities for social inclusion and lapses in needed services.

**BMC-PATH** Compared to last year, PATH participants reported more satisfied with the quality of their lives, increasing to an Exceeds Expectations rating. In interviews participants expressed coping skills for managing their emotions or problem solving. Others are more social. Others are happy to be in stable housing. Representative comments included:



*I can control my anger. I take my medicine on time. I have time to play with my son and stuff like that.*

*Oh goodness ... just the sleep part, the managing of my medication with my nurse practitioner, and the sleep itself so I function. When I can't function, I can't cook, things like that. I do not eat good or drink good, and then I end up in the hospital. So med management is most important.*

*They help me with my rent, and they take me to the YMCA so that I can work on my health and fitness.*

*They help give me ways, coping skills, and better ways, to manage my anxiety and [teach] how to deal with people and to not stress on things I can't do anything about.*

*I am on Section 8 now, so it has helped me be less worried about if my bills are going to be paid, things like that.*

*Just they have gotten me out more. Like we do women's brunch once a month, and it kind of gets me out and about. It helps me build more relationships with people that can understand my needs and understand me and not so much judgement.*

*Having someone else to talk to has lessened the tension of bringing some personal problems to my folks.*

*I was homeless, and now I have my own place. As a matter of fact, [Staff] and my team helped me get my place.*

*My mental health is easier to control because, if I need coloring pages or something, [Staff] will print them off for me so I have something to do so I do not stress out or whatever.*

**CSA:** CSA has also roughly maintained participants' level of satisfaction with their quality of life, compared to last year, but improved their rating to Exceeds Expectations. Respondents commented on how services have improved their quality of life in relationships, work, school, health, and crisis management. Representative comments included:

| *It has significantly improved. When I first met [staff] I was in the shelter, and now I am at the YMCA apartment complex.*

| *I used to be real shy and withdrawn, you know? Now I can talk in public and be myself and accept that some people will like me and some will not. I can go out and go to appointments, meet with social workers, and just be a part of the world.*

| *They have acted as an outside person that I can vent to, which has allowed me to come back and be better at communication with my mom.*

| *No I can't handle crises. It has not gotten better even with CSA. I got real bad... so I do not want to go outside, but the last thing I want to do is get the corona[virus]. [Staff] has helped me through some things but other than that, I would say no.*

| *She provides me bus passes and it gets me [around] so I do not have to depend on CSA for everything. I can do more things on my own.*

*She and I make more progress toward independence. She helps me find that motivation and drive. With the pandemic, it has been hard to find that drive, but he still calls me. Before [~~staff~~Staff], the services were [expletive]. I almost let CSA go. [Staff] is the reason I continued and went back. I do not want another worker than [Staff].*

**Easterseals – AIM:** Easterseals participants also improved their score in quality of life this year, compared to last year, resulting in an Exceeds Expectations rating. In interviews, participants expressed that they are more independent now, including in everyday activities. Some expressed that they are more social. Others are grateful for living in better housing. Some have acquired coping skills. Representative comments include:

*Like how I do things more independently, like taking the trash out, washing dishes. I keep up with my scheduled things. I write things on my calendar now. I used to be quiet, and now I can talk to whoever.*

*I probably need to try a little harder on my end. They have all been more than willing to help. I am still working on it. That is something I have always struggled with. If I am really asking for help, they would be there. I need to talk to them about some things, but I am a stubborn person. But the issue with my job has helped me realize I have to change some things.*

*I guess with time management, that has gotten better for me. I have more people to reach out to now, at least. Yeah, I have been looking for work, and they help with that.*

*I am getting out more.*

*I am pretty independent, but if I have problem, they will help. They help provide knowledge about various things I need. They will offer outings that I can go to. I go every once in a while. I do have a job. Easter-~~S~~seals hooked me up with another job agency. They helped me get the job I currently have.*

*They help me out in different ways. They do bring me out a little more. I used to be really shy. I am coming out of my shell.*

*They help me with the coping skills.*

*I think they would be there, and they also help with coping mechanisms. I think I am getting better with age.*

*They do help me get through a problem if I have one. They do socials sometimes. I sometimes attend those.*

*Like when I first started ... that is how I got into my place. It has been five years since [staff] was working there. Easterseals has helped me get in my housing, that I am in now, through Section 8. They helped me secure this place.*

*Taking my meds has gotten easier. Going to the store has gotten easier. I still have trouble with sleeping, but I am getting better with that with help from Easterseals. I think it is pretty much the same. A good same.*

*Daily problems have not been good for me. Since the virus, getting food and more of those daily things are harder. And even before the pandemic, it was hard for me to get food anyways. It is still*

*about the same if you think about it in the long run. I have been able to move for the last year, but they want me to save up. But it is hard for me to save up. I have a place picked out that I want to move to, but they are a little reluctant. They are really only looking at the small picture. I am looking at the bigger picture.*

**Eyerly Ball:** Eyerly Ball participants reported being less satisfied with the quality of their lives in FY20 compared to FY19, but the program still scored at a Meets Expectations rating. In interviews, participants expressed better communication and coping skills. Representative comments include:

*Oh yeah. In the past, if I was in a crisis or something, I would not be able to reach out for support. But now I am not afraid to call them.*

*I can deal with people a lot better now because of [Staff] having an AA meeting. That is what has helped me deal with people.*

*I know I have them in my life, so it has been really great. If I have a problem, I can call them. I know I have someone that I can talk to because I live alone. They drop my papers off and drop my rent off too.*

## ADMINISTRATIVE OUTCOME AREAS

The integrated services program has always had several expectations regarding the level of contact that agencies are to have with participants. Starting in 2003, these outcomes were measured and included in the evaluation report. Although there are several different administrative area outcomes, the agencies receive one score for administrative outcomes, a combined rating of all the categories.

**Outcome: Integrated services agency staff will support individuals to allow them to remain in the community.**

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 Outcomes

Organization	2019 Results	2019 Score	2020 Results	2020 Score
BMC-PATH	93%	3	85%	1
CSA	95%	3	91%	2
Easterseals-AIM	100%	4	99%	4
Eyerly Ball	99%	4	98%	4
<b>System Average</b>	<b>96%</b>	<b>3</b>	<b>92%</b>	<b>2</b>

**General Comments:** System wide adherence to administrative outcomes scores lower compared to last year, changing to a Needs Improvement rating. Two agencies exceeded expectations. Two were challenged this year. Three individual outcomes are averaged to create the Administrative Outcomes category. Adherence to level of support assessments remained high at 100%. Monthly face to face contacts went down from 95% last year to 85% this year, changing to a Meets Expectations rating. Quarterly face to face contacts in the home went down slightly from 93% to 92%, remaining at a Meets Expectations rating.

### Face to Face Contact

**Outcome: ISA staff will have monthly face-to-face contact with each enrolled individual.**

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

### Monthly Face to Face Contacts

Organization	2019 Results	2020 Results
BMC-PATH	92%	70%
CSA	95%	82%
Easterseals-AIM	99%	98%
Eyerly Ball	97%	97%
System Average	95%	85%

#### Face to Face Contact in the Home

Outcome: Every third month, a face-to-face contact should be in the individual's home.

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

### Face to Face Contacts in the Home

Organization	2019 Results	2020 Results
BMC-PATH	88%	84%
CSA	89%	90%
Easterseals-AIM	100%	98%
Eyerly Ball	99%	97%
System Average	93%	92%

#### Level of Functioning Completion

Outcome: Annually at the time of the individual's plan review (staffing), agency staff should complete a level of functioning assessment.

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

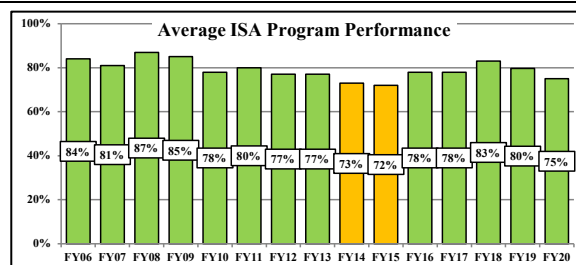
### Level of Functioning

Organization	2019 Results	2020 Results
BMC-PATH	100%	100%
CSA	100%	100%
Easterseals-AIM	100%	100%
Eyerly Ball	100%	100%
System Average	100%	100%

## SUMMARY OF PROGRAM PERFORMANCE

### Program Performance Scale

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



2020 Outcome Score Summary	BMC	CSA	Easterseals	Eyerly Ball	Average
Community Housing	4	4	4	4	4
Homelessness	1	1	4	4	2
Jail Days	1	1	4	2	1
Employment: Working Toward Self-Sufficiency	3	3	4	4	3
Employment: Engagement Toward Employment	4	3	4	4	4
Education	4	3	3	3	3
Participant Satisfaction	4	4	4	4	4
Participant Empowerment	1	4	3	3	2
Concerned Other Satisfaction	3	4	1	2	3
Somatic Care	3	2	1	4	2
Community Inclusion	2	2	2	2	2
Negative Disenrollment	4	3	4	4	4
Psych Hospital Days	4	3	4	4	4
ER Visits	4	3	4	4	4
Quality of Life	4	4	4	3	4
Administrative	1	2	4	4	2
Total Score	47	46	54	55	48
Points Possible	64	64	64	64	64
Percentage	73%	72%	84%	86%	75%

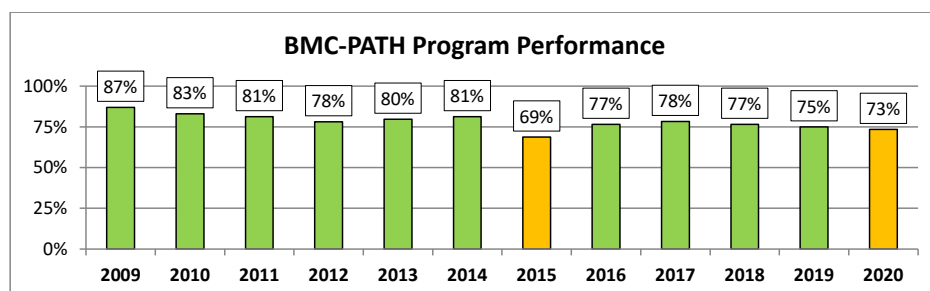
Overall Outcome Summary and Comparison	PATH	CSA	Easterseals	Eyerly Ball	Average
2019 Total Score	48	52	59	60	51
2020 Total Score	47	46	54	55	48
2019 Percentage	75%	81%	92%	94%	80%
2020 Percentage	73%	72%	84%	86%	75%

<b>2020 Outcome Percentage Summary</b>	<b>BMC</b>	<b>CSA</b>	<b>Easterseals</b>	<b>Eyerly Ball</b>	<b>Average</b>
Community Housing	97%	90%	95%	97%	<b>95%</b>
Homelessness	2.31	3.97	0.29	0.35	<b>1.89</b>
Jail Days	5.20	7.30	0.27	3.81	<b>4.56</b>
Employment: Working Toward Self-Sufficiency	23%	22%	35%	39%	<b>30%</b>
Employment: Engagement Toward Employment	69%	37%	58%	52%	<b>53%</b>
Education	46%	22%	21%	22%	<b>25%</b>
Participant Satisfaction	99%	99%	98%	99%	<b>99%</b>
Participant Empowerment	60%	100%	93%	93%	<b>87%</b>
Concerned Other Satisfaction	90%	99%	84%	86%	<b>90%</b>
Somatic Care	98%	90%	86%	100%	<b>94%</b>
Community Inclusion	76%	60%	77%	77%	<b>72%</b>
Negative Disenrollment	0.00%	1.20%	0.08%	0.61%	<b>0.54%</b>
Psych Hospital Days	1.50	2.01	0.00	1.49	<b>1.38</b>
ER Visits	0.00	0.08	0.00	0.01	<b>0.02</b>
Quality of Life	100%	95%	98%	88%	<b>95%</b>
Administrative	85%	91%	99%	98%	<b>92%</b>
<b>Total Score</b>	<b>47</b>	<b>46</b>	<b>54</b>	<b>55</b>	<b>48</b>
<b>Percentage</b>	<b>73%</b>	<b>72%</b>	<b>84%</b>	<b>86%</b>	<b>75%</b>

## INDIVIDUAL AGENCY SUMMARIES

### BMC-PATH

Overall, the PATH program demonstrated mostly maintaining performance in FY20, compared to FY19. This year, BMC's PATH program rated a Needs Improvement with an overall 73% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY20 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



The program exceeded expectations in eight outcome areas and met expectations in three others. The program exceeded expectations in Community Housing, Employment-Engagement Toward Employment, Education, Participant Satisfaction, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Quality of Life. The program met expectations for Employment-Working Toward Self-Sufficiency, Concerned Other Satisfaction, and Somatic Care. The program was challenged in five outcome areas: Homelessness, Involvement in the Criminal Justice System, Participant Empowerment, Community Inclusion, and Administrative Outcomes.

PATH program participants continue to report being very satisfied with the program and staff, as well as the improvements in the quality of their lives since entering the program. ~~The program met expectations with Family and Concerned Other Satisfaction. The agency reported that for many participants there is not a lot of family involvement. But the agency also reported that they do get families involved when their participants need it.~~ Agency staff reported that they stay in people's lives and do what they say they will do. They attribute some of participant satisfaction to low staff turnover, which allows staff to develop stable relationships with participants, and benefits from longterm payoffs. The agency staff also indicated that they work on participants' connectedness, responsibility, and accountability, and without that, people can lose their sense of self and feel patronized.

The program met expectations with Family and Concerned Other Satisfaction. The agency reported that for many participants there is not a lot of family involvement. But the agency also reported that they do get families involved when their participants need it. For those who do have family involvement, the staff work to educate them on codependency, which helps alleviate their worries so they can take a step back from the participant. They can also help maintain a sense of hope that their family member will be okay. Communication with families also helps families understand how staff can help. They also work to address the disconnect between what families expect and what can be done. Some family members may wonder why staff cannot just "fix" the participant.



The agency scored 100% on the Quality of Life outcome, with a rating of Exceeds Expectations. The agency reported that their population is older and have been in the program for a long time, which helps them understand its value.

Participants had reason to be pleased with the program. The program reported that nearly all participants (97%) were living in safe, affordable, accessible, and acceptable housing. The agency staff praised the network Housing Coordinator for the help. They reported that they used the Coordinator's services more this year than in previous years. The Coordinator has very good relationships with a few landlords and can get people in-to housing when they would not be accepted anywhere else. Also she works well with participants with complex needs. This was particularly important during a two-month period when the shelters would not admit new people because of COVID. On the other hand, the agency staff reported that their population tended to remain in their housing to avoid moving to unstable situations or risk of homelessness.

Of employment-eligible participants, about two of every three participants (69%) were working at least 5 hours per week, and one of every four (23%) for 20 or more hours per week. Agency staff reported that there were many jobs that fit well for their participants, and gentle hassling may have helped. The food industry, particularly grocery stores, maintained employment. Staff remarked that COVID may have been a catalyst for one participant's employment. Because the staff had to make fewer trips to the grocery store, she had to actively participate in her own life, and with lengthy phone contacts and encouragement, step by step she became more effective. About one-quarter (23%) were pursuing education related to employment, with a few going to school.

The program experienced no negative disenrollments for the third year in a row, an indicator that the staff ~~is~~ was working to maintain good relationships with their participants and keeping them in the program. For example, they were willing to stay with individuals who were in jail for long periods. Staff noted that this choice can affect the scores in other outcomes, such as homelessness, jail days, and hospitalizations.

The PATH program also continued to support physical and mental health care for individuals. The program was successful in helping participants to connect with and access community-based mental health services, reducing the need for emergency room services. The program also reported no emergency room visits for psychiatric care. The program also excelled in average number of days participants were hospitalized for psychiatric reasons, reporting a total 265 psychiatric bed days, down from 1,104 in FY19. The agency reported that staff was getting better at knowing participants and looking for early signs of distress so they can address them before they require stronger interventions, such as ER visits or nights in the hospital. The agency also named the BMC's Psychiatric Urgent Care and Crisis Observation Center as being particularly important for providing participants with support by setting their bearings, providing education, adjusting medications, and offering a place where participants can see familiar faces. Another factor was that the Stabilization Center was moved from Central Iowa Shelter and Services to within the Broadlawns hospital, making it more accessible. These resources provide shorterterm support for people in crisis who may need medications, stable communications with providers, safe, easy access, without the need for or stigma from a hospital stay. Also a factor was that Broadlawns made admitting participants into the hospital more difficult.

The program continued to be challenged in the areas of homelessness. The program reported a decrease from 846 homeless nights in FY19 to 410 in FY20 with a score of 2.31 nights per participant average, the lowest in seven years. There was also a decrease in number of participants experiencing homelessness from 15 in FY19 to 8 in FY20. However, the rating for the Homelessness outcome continues to be Does Not Meet Minimum Expectations. The agency reported that homelessness is a continuing struggle. The ~~agency~~ also cited the program Housing Coordinator for helping a few who experienced gaps in housing. The agency staff reported that some participants entered the program homeless, which added to their homeless numbers. Staff reported that they support participants when homeless and allow participants to choose other options based on natural consequences.

All but 3 PATH participants accessed somatic care during the year, though this resulted in a Needs Improvement rating for the Somatic Care outcome this year. The agency reported that, of those who did not access somatic care, the COVID-19 pandemic prevented them from accessing healthcare, where accessing medical care was nearly impossible for two months and difficult afterwards. Some participants also had a fear of going to an exam in the advent that a health issue ~~is~~was identified. Agency staff reported that when the pandemic happened, they were struck with the problem of how to get people into somatic care. They mostly used the gentle hassling approach, and their connection to Broadlawns Hospital helped. But they characterized this effort as more difficult than getting 100% in other years.

The program reported 922 jail days in FY20, compared to 1,358 in FY19, but still rating a Does Not Meet Minimum Expectations. Of the 18 participants who spent time in jail, almost three-quarters of the jail days (71%) were attributable to three individuals, who each spent more than three months in jail. One was incarcerated for the entire year. The agency chose to continue to support this participant through the incarceration. They were concerned that the participant, who also had a communication barrier, would be deported, so they advocated, got guardianship, and got him on medications. This person's charges have been dropped. He ~~will be~~has been released ~~soon~~and ~~will~~remains in the program. The staff expressed gratitude for the jail personnel, who worked from the inside to help, getting papers signed and other tasks the agency could not do.

The program was also challenged with the Participant Empowerment outcome this year, scoring 60%, down from 100% in FY19, rating a Does Not Meet Minimum Expectations. The program did well in encouraging participants to engage in education or employment, or community inclusion if they have significant barriers. They also generally ensured that participants had goals in place and that the goals were reviewed. However, signatures on the plans, indications that participants were involved and in agreement with the goals, were frequently missing from the files. The agency reported that they partner with IHH programs, when relevant, to develop empowerment plans, ~~and a~~. After COVID, goal plans were developed via online meetings, where signatures could not be obtained live. The In part because of hospital restrictions on face-to-face contacts, the agency did not follow up to ensure the signatures were ~~acquired~~obtained. There were also some files in which monthly documentation of contacts with participants were not found.

Similarly, the agency was challenged in the Administrative outcome, where they scored 85%, down from 93% in FY19, giving the agency a Needs Improvement rating for this outcome. The challenge in this outcome was largely in providing consistent monthly face-to-face visits with participants. The agency staff reported that they will be getting monthly feedback from a team member tracking face-to-face meetings.

About three-quarters of BMC-PATH participants (76%) participated in activities in the community at least three times during the year, giving them a rating of Needs Improvement for the Community Inclusion outcome for FY20. The program reported that COVID was a major factor in this score because spring is the time when participants are likely to get out into the community and were unable to do so this year, when every community event was canceled. Also, participants who followed CDC guidelines could not get out unless the need was urgent. Some participants were angry that they could not get fact-to-face support during this time and that may have affected their relationships with staff. Staff noted that the virtual world was safer, where Alcoholics Anonymous, Narcotics Anonymous, and animal rights groups, for example, went online. These were not classified as Community Inclusion activities, however.

The agency reported that, after COVID arrived, their program was required to follow the rules set for Broadlawns Hospital, which was best practices for the hospital but limited their ability to see their participants. The rules mandated as much social distancing as possible. As a result, in the initial months of the pandemic, the agency relied on phone and text for connecting with participants. Generally this resulted in many more contacts with participants because staff were not engaged in more time-intensive support, such as

helping participants with shopping or getting medications. Thus, the staff's level of support shifted to much more contact (mostly by phone) with participants, estimated by staff to have increased by 75%. This increased contact communicated to participants that staff care about them and reduced their dependence on staff, increasing their own independence. This was also easier to budget, a result of fewer spending obligations.

Additional Satisfaction Questions Related to COVID-19 Pandemic – BMC 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?	12	1	2	
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	0	14	1	0
	Phone	Text	Email	Other
In what ways did you communicate?	6	6	0	3

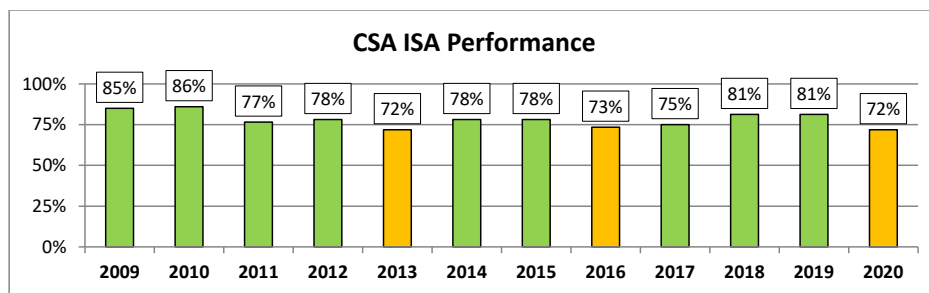
Besides communication by phone, staff would ride buses with participants, which could be used as a way of training/modeling, by showing how to social distance, for example, and could be a way to get participants actively involved in their own life. They also found themselves using three-way calling to advocate for participants, as with calls to benefits offices such as Social Security. In this way staff could model how to communicate with professionals. Social Security was also more willing to take calls during this time, and participants could avoid sitting in waiting rooms. It also allowed participants to see what staff do and have a greater appreciation for it. By the end of the year, the agency was not back to normal, but they had more flexibility compared to the beginning of the pandemic and more staff choice with face-to-face visits.

In addition, in part of mitigate issues with participants who might not have access to phones, the agency applied for cell phones from the county development funds and distributed about 15 phones to participants. To receive a phone, participants were obligated to keep the phone longterm, were asked not to use it for illegal purposes, and were expected to use it for Broadlawns communication. Otherwise, the phone had unlimited data and the participants were not limited to how they used it. There were a few participants who had phones already, but their current phones were a financial hardship. Using phones, the staff communicated using a variety of apps, including Facetime, Duo, and Marco Polo.

The agency reported that they particularly miss their previous Director, who knew all the participants at every level and was able to help them get the services that were most appropriate for them.

## Community Support Advocates (CSA)

Overall, CSA's ISA was challenged. This year, CSA's ISA program scored in the Needs Improvement rating with an overall 72% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY20 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



The program exceeded expectations in five outcome areas and met expectations in six others. The program exceeded expectations in Community Housing, Participant Satisfaction, Participant Empowerment, Family and Concerned Other Satisfaction, and Quality of Life. The program met expectations in Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Education, Negative Disenrollments, Psychiatric Hospitalizations, and Emergency Room Visits for Psychiatric Care. The program was challenged in five outcome areas: Homelessness, Involvement in the Criminal Justice System, Access to Somatic Care, Community Inclusion, and Administrative Outcomes.

CSA program participants and concerned others reported being very satisfied with the program and staff, as well as the improvements in the quality of participants' lives since entering the program. The agency attributes the high levels of satisfaction with good relationships with participants, including connecting and partnering with them. They attribute the satisfaction of concerned others to their work at showing family members the progress participants make. The agency staff report that they are particularly pleased that participants and concerned others show high satisfaction even after their experience with COVID, reflecting staff's efforts to continue to work through the pandemic. They appreciated reflecting on the comments of the family and concerned others and learn from their suggestions.

Nine out of ten participants (90%) were living in safe, affordable, accessible, and acceptable housing. The agency cited the ISA ~~program-system~~ Housing Coordinator as very helpful working with landlords. She has probably up to six with whom she maintains connections, so if participants damage their relationships with these landlords, finding housing becomes particularly challenging. The agency added that housing is becoming less affordable, with one-bedroom apartments renting for around \$700. The agency staff reported that they view housing as primary for participants' healthcare, so they work with participants to plan ahead on saving for deposits and work on their financial goals so that they can get and maintain stable housing.

More than one-third of the participants (37%) were working at least 5 hours per week, and less than one of every four (22%) was working 20 or more hours a week. Though both employment outcomes met expectations, their scores went down from FY19 (42% for those working at least 5 hours per week and 29% for those working at least 20 hours per week). The agency reported that since COVID-19, several workers

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had been furloughed, but some have been called back. One participant, who was working at self-sufficiency, opted out of work when his mother became ill, and he lost his job. This also risked his housing, but the staff was able to pull together some funding resources, including Low-Income Home Energy Assistance (LIHEAP) and from the CARES Act to mitigate housing issues. Eventually the participant received unemployment and got training from Iowa Works. This participant now has found employment and is able to maintain it. Another participant was working two jobs and lost one but did not qualify for unemployment. This put the participant's housing at risk. The participant has now found a parttime job.

More than one of every five participants (22%) also were pursuing education related to employment, a decrease from FY19 (26%), though still meeting expectations. The agency reported 15 participants were involved in largely skills training. However, their population tends to be aging, ~~so~~ and education is less important to this cohort. One participant, who was an English teacher abroad and lost their eyesight, got a position at a call center in the early COVID days. Training for this position was difficult because the trainers could not do training live and because the employer was not able to meet the participant's needs for accommodations (a special headset was on order). The participant was able to get some time off with pay, but the participant ultimately did not keep the job. Another participant was a few credits short of a degree and returned to school in the fall. But this participant had a hard time keeping focused, so she attended a sleep clinic for help. However, the participant was working through several diagnoses, including substance use, and dropped classes for the summer. The staff were hopeful the participant, with a history of academic success and support from the program, will complete the degree.

The program reported a decrease in psychiatric hospital days, compared to the previous year. The program reported a total of 334 hospital days, accrued by 15 participants, compared to 406 days in FY19, accrued by 16 participants. Three participants accrued more than a month each (140 nights), accounting for almost half (42%) of the total nights. The agency reported that hospitalizations were generally needed to get participants some help getting back on track. One participant in particular accounted for a large number of hospital nights, as well as jail days and emergency room visits. This participant had an important natural support, who was a family member and roommate but who also did not trust professionals and thus was not encouraging the participant to use his resources and take medications. Eventually, the participant moved to another county with better support and is doing better.

Similarly, emergency room visits for psychiatric care increased this year (0.08 average) compared to last year (0.04), scoring the ER Visits outcome at a Meets Expectations rating. One participant visited the ER 10 times during the year. The agency is working with this individual educating them on accessing other resources, such as staff, psychiatrists, or crisis services. The agency staff reported that they focus on relationship building, and when needs are high, full team involvement is needed. Participants become more responsive and better able to mitigate crises, and more engaged in the program and routine care, which makes them able to avoid crisis care, such as ER and hospital visits. One participant in particular accounted for a large number of hospital nights, as well as jail days and emergency room visits.

Two participants were negatively disenrolled from the program this year, compared to one in FY19. The agency consequently has a Meets Expectations rating for the Negative Disenrollments outcome. The agency reported that one participant was sent to prison. The agency was not able to locate the other participant, who may have left the state.

The program maintained its Participant Empowerment performance, based entirely on the file review, keeping them at an Exceeds Expectations rating. Of the 15 files reviewed, all files had signatures and goal plans in place and reviewed regularly, regularly addressed employment or education during visits, and demonstrated services were delivered. The agency staff reported that they have two staff who work on tracking goal plans, meetings, and paperwork using tracking spreadsheets.

The program was challenged in five outcome areas. The program reported 662 homeless nights accrued by 7 participants, as compared to 622 nights in FY19. Two participants accounted for almost one-half (45%) of the program's total homelessness with 295 nights. One participant, who was particularly challenged, accounted for a large portion of homeless nights, as well as a number of jail days and used ER and hospitalizations to have places to stay. Eventually this person was approved for housing at the YMCA, after a long wait on their waitlist. The agency continues to work with this individual to meet the person where they are at as the person struggles to remain at the YMCA. Another participant, who was not paying their share of rent, was evicted with leniency. This participant was arrested out of state and then returned to live in the homeless shelter until reaching the stay limit. Currently this participant is in a transitional living placement, is reflecting on their decision making, has gotten somatic care, and is looking for employment. Another participant who spent many nights homeless has now connected with a church and currently has housing through them.

The agency staff reported that participants use the office lobby as a "landing spot" when homeless, which helps the staff monitor and communicate with them. When the lobby was closed for COVID, many of the participants viewed this as a hardship. The agency was able to use FEMA funding to provide some of them cell phones, which helped for communication.

The program reported a total of 1,216 jail days, accrued by 18 participants (11% of the program participants) as compared to 777 days for FY19, and rates the outcome at a Does Not Meet Minimum Expectations. The bulk of jail days (81%) were attributable to five individuals, who had 983 of the jail days for the program, with more than four months each. The agency reported that two participants accounted for 40% of jail days. One participant, who accounted for 244 nights (as well as some homeless nights), was found not competent to stand trial, which held up the process. The individual was placed in a hospital and is currently waiting to get into twenty-four-hour SCL housing. Another participant came into the program incarcerated, and has been vacillating between jail and homelessness. Focusing on trying to keep the participant safe, the staff has developed strong relationships with this participant who is now comfortable to reach out when in need.

About two-thirds of participants (60%) in the program participated in at least three community-based activities during the year, a reduction from a 97% score in FY19, and a rating of Needs Improvement. The agency reported they generally maintain a consistent focus on inclusion throughout the year and fully expected most participants would have achieved the Community Inclusion criteria for this outcome. However, COVID prevented participants from getting into the community during the spring, when they are would be more likely to participate in community activities. The program staff reported that one participant, who was particularly challenged about going into the public prior to COVID, was comfortable going to an art park because no one was there, which helped the individual to feel more comfortable about going into the community. Another participant who tended to isolate really wanted to see a large train that was stopping in the area. This person viewed the train despite the crowd, and coincidentally connected with a relative he had not seen in twenty years, who happened to be there. This led to the participant traveling to see his parents for the first time in over twenty years. A third participant, who also isolated, was able to take a train to another state by herself to visit her daughter.

The agency was challenged in the Somatic Care outcome this year, as 16 participants did not obtain a somatic care visit (90%), resulting in a Needs Improvement rating. The agency reported that, with COVID preventing participants from getting into the community and doctors' offices closed in the spring, this score was not unreasonable. In addition, the agency staff reported that some participants did not want to go to healthcare offices because this is where the virus was. Further, telehealth was challenging for this population. They are confident they would have gotten higher participation without COVID.

The agency was also challenged in the Administrative outcome this year, largely because of a decrease in monthly face-to-face visits reported. The agency staff reported that, because the outcome is a reflection of, in

part, documentation of face-to-face visits, they started out the year not doing well in documenting these visits, and that the numbers of visits documented likely do not indicate the actual number of visits that occurred.

| They report that they are working to improve this.

Additional Satisfaction Questions Related to COVID-19 Pandemic – CSA 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?	14	0	1	
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	0	15	0	0
	Phone	Text	Email	Other
In what ways did you communicate?	6	8	0	1

| The agency ~~reports-reported~~ that they experienced some staff shortages this year, a situation that is ongoing. It is hard to find the right individuals particularly for staffing the Client Advocate position.

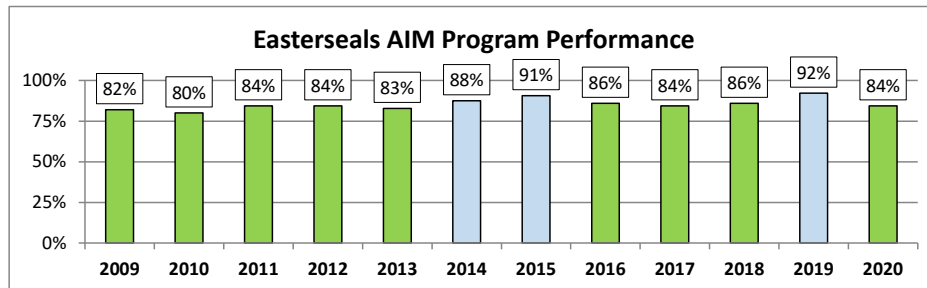
| The agency ~~reports-reported~~ also that they unfortunately had to close the SAGE program, a program that ran during weekdays where any participant could join, providing a safe space that was a stepping stone to work, with practice in soft skills, time management, and other skills. However; attendance was dropping, and staffing was difficult. However, the agency retains Momentum, which is currently better at meeting the needs of the participants. So they will work on incorporating some SAGE activities into this program.

| The agency also ~~reports-reported~~ that they experienced a large change in membership, with 24 participants entering and 25 discharged.



## Easterseals-AIM

This year, the AIM program met expectations with an overall ~~83~~<sup>84</sup>% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY20 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



In FY20, the program exceeded expectations in eleven outcome areas and met expectations in one other. The program exceeded expectations in Involvement in the Community Housing, Homelessness, Criminal Justice System, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Participant Satisfaction, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Outcomes. The program met expectations for Education and Participant Empowerment. The program was challenged in Concerned Other Satisfaction, Access to Somatic Care, and Community Inclusion.

Participants reported being very satisfied with the services the program provided, the staff who work with participants, and the improvements in participants' quality of life. The agency staff reported that they felt lucky they could continue providing in-person services, despite COVID this year, putting participants first. They emphasized fostering relationships and building trust. There were participants who needed to be seen in person to stay healthy, both physically and mentally. These decisions were made case by case according to individuals' needs. There were some in assisted living where visitors were not allowed, so meetings had to be performed via telehealth. When possible, meetings took place outdoors.

More than nine out of ten participants (95%) were in accessible, affordable, acceptable, and safe housing. The agency praised the network Housing Coordinator, who is an Easterseals employee, as vital to the team, in part, by knowing the laws for housing thoroughly, because the housing market is tough in Des Moines, and by developing relationships within the system. The agency staff reported that housing is crucial because it provides a home base, making it easier for staff to contact participants, keep track of their wellbeing, and makes their efforts easier. They relate it to Maslow's Hierarchy of Needs, where housing is essential before individuals can improve in other areas of their lives.

The program participants experienced only 30 days of homelessness in FY20, compared to 88 in FY19. These days are attributed to one participant while they were in the process of finding a place. The agency reported that, because they have many participants with intellectual disability diagnoses, they sometimes just pay for housing at an extended stay hotel so that the participants do not have to stay at a shelter, where they can be targets of abuse. They may also house them at the agency's Camp Sunnyside. They evaluate the vulnerability of the participant before having them go to a shelter. The agency also reported that they are planning to build a respite house on their campus so that participants can have housing with staff available so they can work through crises.

The program has been particularly successful in supporting participants to find and maintain employment. In FY20, more than half of participants (58%) were working five or more hours per week, and more than one of every three (35%) were working twenty or more hours per week. The program reported that employment is systemic at the agency, with strategic plans for employment in everyone's goals. Sometimes the agency pays for employment services, such as job development or job coaching to facilitate participant support for employment. In addition, a job developer joined the AIM team after COVID-19 began, providing the team with a new perspective on services. There is a possibility that this position may continue after COVID. The agency staff reported that their skills training programs, the gardening program and a food skills training program, were the cornerstone of their employment efforts. These program are effective at teaching participants throughout network soft skills for employment. This year the agency placed 3 participants in jobs. Staff emphasized the importance of employment for getting people out of poverty.

More than one of every five (21%) ~~of~~ participants were pursuing education related to employment. The program reported that they have their own skills training inhouse. This includes a garden program at Camp Sunnyside, where participants learn gardening and the agency sells produce at farmers' markets, though this year there were no farmers' markets because of COVID. Another skills training course is a food skills program, which offers a certificate process for participants who want to get past entry level skills. A concern for the staff was that learning online is not a good option for this population because it is not a preferred style of employment.

The program has also been successful in maintaining low rates of jail days (28 days), psychiatric hospitalizations (0 days), and emergency room visits for psychiatric care (0 days), exceeding expectations for the three outcomes. The agency ~~reports-reported~~ that, though some outcomes like jail days and hospitalizations vary depending on circumstances and individual participants, they have been effective because of daily support provided to participants, which can affect choices they make. The agency ~~reports~~ reported that they have had many participants with developmental and intellectual disabilities, but also many who have dual diagnoses. To reduce hospitalizations and visits to emergency departments, the agency uses a Wellness Recovery Action Plan (WRAP) approach to help those in need. In addition, they have had and use de-escalation training. The agency staff reported that they had one new referral who quickly was sent to jail. This person has multiple issues (brain injury, fetal alcohol syndrome, unstable family), and they have been working with the parole officer. The staff also reported that they have an on-call phone line, where they can be responsive to crises and can get in touch with staff before a participant becomes escalated. Staff described one incident that began at 12:30 am with staff attempting to de-escalate a participant for the next 10 hours and were ultimately successful. Hospitalizations and emergency room visits can be mitigated with such de-escalation, as well as access to crisis services, such as the Crisis Observation Center. The agency staff reported a notable incident where an Ankeny police officer responded to a call and used mental health first aid to get an individual into proper mental health care. They reported that this is an indication that training to police may be working.

The program had one negative disenrollment this year, indicating that they are working to establish strong relationships with participants, encouraging them to stay with the program to be successful. One participant misunderstood their services, thought they got what they needed, and left the program without an expectation of relationship building. The agency staff reported that negative disenrollments go back to customer satisfaction, which reinforces the importance of making sure participants understand the services they are participating in.

The program's Participant Empowerment performance score was 93%, based entirely on the file review, by meeting the four components of Empowerment, giving them a ~~Needs Improvement~~ Meets Expectations rating. Of the 15 files reviewed, 14 met expectations for all the components of empowerment. In one of the files, the file did not meet minimum expectations for addressing goals during visits. The program reported

that this will be addressed by further training of staff. The agency reported that they have made progress with their electronic health records system, which is relatively new, and documents and goals are easier to locate now.

The program Exceeded Expectations in the Administrative outcome area again this year. The program staff reported that they track face-to-face visits and use the system to track these outcomes in the middle of the month. Attention to this outcome helps build relationships.

The program was challenged in three outcome areas this year. The agency was ~~also~~ challenged in the Family and Concerned Others Satisfaction outcome, rating at Does Not Meet Minimum Expectations (scoring 84%). Some concerned others expressed that they did not know the participant's staff, and some generally did not know whether the participant was receiving the services they needed. The agency noted that it has been a while since they have received a lower score, and they are planning to do some retraining to encourage staff to maintain connections with concerned others and keep them updated on the participant's status. Family and concerned other satisfaction was not part of their practice this year, though plans were in place but were not pursued after COVID. In the future, transfer meetings will become a larger priority. Staff also indicated that some individuals do not want concerned others to be involved, so the agency will try to balance contacts case by case. In addition, traditionally the contacts have been focused on guardians, but this is shifting more to concerned others.

The program was also challenged in ensuring that all program participants accessed somatic care, with 86% accessing somatic care, completing an annual physical, having ongoing care from a medical specialist or seeing a primary care physician. This puts the agency in the Does Not Meet Minimum Expectations for the Somatic Care outcome, their first time in the program that they did not score 100%. The agency reported that the score is a reflection of the program meeting people where they are at. After the onset of COVID-19, appointments were canceled, and later some participants, particularly those who are always reluctant, were uncomfortable about going to a doctor's appointment. Some felt they were able to attend appointments by June, but by then it was too late to schedule appointments. The situation ~~is~~ was further constrained in that participants' insurance would not allow flexibility in scheduling appointments early.

The program was challenged this year in the Community Inclusion outcome, with a score of 77%, down from 98% from FY19, rating the outcome at Needs Improvement. The agency reported that the spring is normally a time when participants get out into the community after staying indoors during the winter. That did not happen once the state closed down. Further, many participants do not have access to online resources. The agency reported that they would like to see the staff follow the spirit of the outcome, encouraging participants to be involved in community activities throughout the year. Going forward, the staff will also encourage participants to be involved in online activities, even though they are not currently sanctioned as Community Inclusion activities.

The program director at the agency reported that this is the year she was proudest in the work of the staff. They overcame adversity and maintained contact with their clients and supported them throughout the pandemic and its uncertainty.

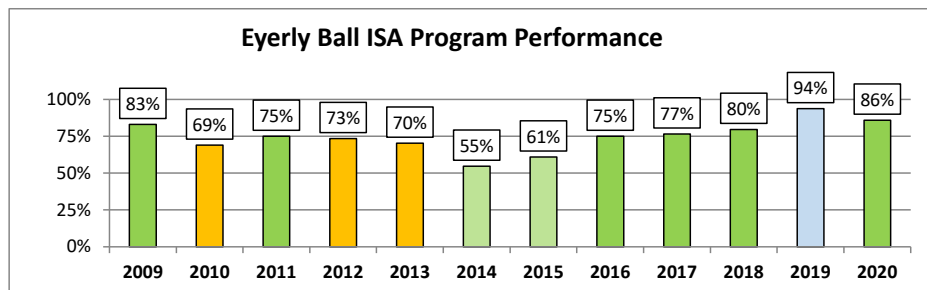
Additional Satisfaction Questions Related to COVID-19 Pandemic – Easterseals Results				
	Yes	No	Some, Not All	
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	12	1	1	
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	0	14	0	0
	Phone	Text	Email	Other
In what ways did you communicate?	4	4	0	6

The agency reported that they are particularly pleased at the high Participant Satisfaction scores, because that indicates their members are pleased with the services they are receiving.

The agency also reported that after the Governor’s proclamation about COVID, the staff did not change what they had been doing and left the decision about how services were delivered up to the participants. They were more likely to go on walks when the weather permitted. They also did some telehealth calls, as substitute for face-to-face visits.

## Eyerly Ball

This year, Eyerly Ball's ISA program met expectations with an overall 86% performance, a decrease from the 94% score of FY19. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY20 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



The program exceeded expectations in ten outcome areas and met expectations in three others. The program exceeded expectations in Community Housing, Homelessness, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Participant Satisfaction, Access to Somatic Care, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations for an additional three outcomes: Education, Participant Empowerment, and Quality of Life. The program was challenged in the outcome areas of Involvement in the Criminal Justice System, Concerned Other Satisfaction, and Community Inclusion.

Eyerly Ball program participants continue to report being very satisfied with the program and staff, as well as the improvements in the quality of their lives since entering the program. The agency reported that they were proud that they could continue to provide services during COVID despite their concerns about their own health. The staff continued to provide in-person services to participants for health and safety services, at least half of what they had been doing, after the Governor's proclamation. To do so, the agency ensured they had appropriate personal protective equipment (PPE), and their policies focused on sanitizing and self-safety.

Based on the evaluation results, participants had reason to be pleased with the program. Almost all participants (97%) were living in safe, affordable, accessible, and acceptable housing. ~~They reported that they may have participants stay long term in hotels to keep a roof over their heads so that they can stabilize housing.~~

In addition, the program had 57 nights of homelessness, maintaining an Exceeds Expectations rating from FY19. Because the agency believes home stability is important to other outcomes, they are willing to spend significant funding in rent, and this may include paying for hotel and motel rooms, ~~so that they can get people into longterm living arrangements.~~ The agency reported that their philosophy is that they are not able to achieve good outcomes until participants are in stable housing. ~~The staff regard housing as important to participants, because they are easier to contact, their behavior stabilizes and can more easily get stabilizing services, they can reliably get medications, and they can more easily get to doctors' appointments. Stable housing makes it easier to locate and meet with participants and helps them keep appointments.~~ The agency praised the system Housing Coordinator for developing relationships with landlords. ~~The staff also noted that there are participants who choose homelessness as a way of life for various reasons. The staff try to educate and advocate for these participants.~~

All participants met somatic care during the year. The agency reported that they encourage participants to get somatic care addressed from the beginning. This is something the agency can control with effort and goes to the participants' benefit. The agency reported that they challenge themselves every quarter as teams to compete to meet their numbers. This year, in particular, the participants saw a need for healthcare with COVID. The last part of the year was restricted mostly to telehealth, unless participants had a greater need, such as a heart condition.

Employment maintained high levels as compared to FY19. Over half of participants (52%) were working at least 5 hours per week, and over one of every three (39%) was working 20 or more hours per week, making Exceeds Expectations ratings for both outcomes for FY20. The agency reported they hired a new person as an Employment Specialist, whom they characterized as "doing an awesome job." The agency reported that they attended job fairs and made connections with employers. After COVID, some participants were laid off, and some, receiving an extra \$600, seemed demotivated to return to work.

The agency staff reported that after COVID it was hard for participants to get a job if they were not already employed. Nine participants were furloughed or (mostly) laid off. These participants generally wanted to be employed and were eager to return to work when possible. Two or three participants have already found other employment after their benefits stopped. For participants who did not have access to the internet, finding employment was more difficult because jobs are mostly posted online now. Also, these participants were not able to work remotely. The staff emphasized the importance of having a staff member dedicated to employment, a position that was new this year.

About a quarter of participants (22%) were pursuing education related to employment, a decrease from over half (58%) in FY19. The agency reported that after COVID, many participants were not up to date in their abilities with technology and were not able to attend online classes. The agency staff reported that they continually emphasize education and training, including school and work-based training programs. However, this year COVID had a major effect on their efforts. Goodwill's training program, for example, which is this program's main resource for training, was closed immediately with the pandemic. Many participants use the library or community resources to access online resources, but these resources were closed. Eyerly Ball's Opportunity Center, which was a good resource, has also been closed since March. In addition, participants who were not working lost opportunities for work-based training.

The file review results met expectations in the Participant Empowerment outcome. Of the 15 files reviewed, 14 were found to meet expectations for all four Participant Empowerment criteria, with a rating of Meets Expectations. The agency attributed this score to a systematic quality assurance, where they meet every Wednesday to review files and conduct regular staff training.

The program had 1 negative disenrollment this year (3 in FY19), keeping the agency at an Exceeds Expectations rating. They reported that they do not want participants to leave the program until they are satisfied. Agency staff reported that when participants are ready to leave the program, they try hard to ensure participants get their needs met and get them set up with the services they need. They try hard to educate participants, who have expectations that they should be getting perpetual service, that discharge can be a positive, and that they can move on from the program.

The agency reported 245 nights for participants hospitalized for psychiatric reasons, up from 212 nights for FY19. Emergency room visits decreased to 1 visit in FY20 from 3 visits in FY19. The agency reported that when they see participants more, there is not as much need, as they can receive additional supports. They build relationships so participants feel comfortable calling staff, rather than resorting to the hospital or emergency departments. The agency cited Broadlawns Psychiatric Urgent Care and UnityPoint Behavioral Health Urgent Care Clinic, which expanded its hours in late spring, as resources for participants to provide

important supports. The Urgent Care diverted 90% of the population from the ER. The agency staff reported that after COVID they shifted their efforts to helping participants with their mental health to mitigate the impact of COVID. They added that sometimes the hospital is the right place for participants.

The agency also rated an Exceeds Expectations in the Administrative outcome. The agency staff reported that this is an area they have direct control over and expect to do well every year. They emphasized the importance of monthly home visits to participants, which allows them to monitor the health of individuals more closely so they can be more responsive to participant's needs and mitigate crises.

Eyerly Ball had some challenges this year. Participants were reported to have notably more nights in jail (626 nights) this year compared to FY19 (74 nights), which rates the Involvement in the Criminal Justice System outcome at a Does Not Meet Minimum Expectations. These jail nights were attributed to 14 participants. Of these, two-thirds of jail days (66%) were attributable to three individuals, each of whom spent more than 4 months in jail. One participant was incarcerated and should have had a hearing, but it was pushed back because of COVID, extending the participant's jail days. The agency reported that housing was hard to find, particularly for participants with dual diagnosis (including substance abuse), who tend to have issues already and may already have time spent in jail.

The Concerned Others Satisfaction outcome was also challenging this year, with the agency scoring 86% in surveys. In responses to questions, several concerned others responded that they did not know the participant's staff. Several responded "no" to the statement that their family member is getting the services they need. The agency reported that they have a hard time providing names of family and concerned others who are involved in the participants' lives. The agency has a newsletter, and they are working on adding names to their mailing lists. The agency also reports that, during COVID, activities that families and concerned others could attend were not possible. For example, the agency did not do a picnic this year, which is a frequent way that families and concerned others can have contact with the program. Some participants prefer to limit family involvement in their mental health and often restrict it for only when there is a need. On the other hand, the staff acknowledge that the natural supports of family and concerned others can benefit individuals. Staff has to maintain a careful balance.

About three-quarters (77%) of participants were reported to be involved in community activities. This score resulted in a Needs Improvement rating for the Community Inclusion outcome, compared to 99% of participants in FY19. To get individuals into community activities, the agency reported that they anticipate the last several months of the fiscal year is a big push to get participants into the community because of the warmer weather and tendency for them to get out more. However, with COVID this was not possible. Online social gatherings were not allowed as Community Inclusion activities, but even if they were, the agency reported that most participants would not engage in these activities because they do not have the resources or skills for online social networks. These include activities that are common inclusion activities, such as Alcoholics Anonymous, Narcotics Anonymous, and worship services. In addition, there was some staff turnover around the time of COVID, when staff would be integral for getting participants out of their houses.

Additional Satisfaction Questions Related to COVID-19 Pandemic – Eyerly Ball 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?	11	0	4	
	Participant Initiated	Agency Initiated	Other	Neither Initiated

Who initiated contact between you and your team since Mid-March?	2	13	0	0
In what ways did you communicate?	Phone	Text	Email	Other
	9	5	0	1

The agency reported that the COVID pandemic was hard for everyone, including participants and staff. The agency also stated that the ISA model is particularly important during this time, because it gives participants time to adjust.

The agency staff also remarked that it is hard to put a value on the support they get from Polk County. The participants are the most vulnerable people in the community and this wraparound program helps with all aspects of their life, and there is funding available to do that. The model prevents the population from needing a higher level of care.



Last case notes reviewed:

***APPENDIX A: FILE REVIEW FORM***

**ISA  
File Review and Data Coding Form**

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

Agency	Date of Enrollment	Program Type	
<b>Broadlawns (1)</b> <b>Community Support Advocates (3)</b> <b>Easterseals (4)</b> <b>Eyerly Ball (5)</b>	<b>Month/ Day / Year</b> //	<b>ISA</b>	<b>Adult</b>

Name	DOB	
	<b>Month/ Day / Year</b> //	<b>Adult &lt; 65</b> <b>Adult ≥ 65 (retired)</b>

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

**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

More Housing Changes on Back ☐

Date of Annual Documentation Found In File:	Yes
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Comments:

ALL HOUSING AGREE AND DOCUMENTED	Yes No
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Related Administrative Outcomes:

5. Quarterly in-home or a request by participant not to be visited at home?

Home Visit Dates: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

5a. (1)	(2)	(3)	(4)
All Visits in File	(b)____ of (c)____ visits in file	Request not to visit at home	Not Applicable

6. If the individual moved, in-home visits 2X's per month for 2 months?

Move on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Move on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Move on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

6a. (1)	(2)	(3)	(4)
All Visits in File	(b)____ of (c)____ visits in file	Request not to visit at home	Not Applicable

**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)

**Participant 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:**

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

22. Comments:

**23. Community Inclusion:**

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

<b>Outcomes</b>	<b>a. In PolkMIS</b>		<b>b. In File</b>	
<b>27. Homelessness</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>28. Jail</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>29. Negative Disenrollment</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>30. Emergency Room Visits (for psychiatric reasons, not admitted)</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>31. Psychiatric Hospitalizations</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>

Administrative Outcomes:

32. If a hospitalization, face-to-face meetings weekly for one month following discharge.

<b>32a. (1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>
All Meetings in File	(b)____ of (c)____ meetings in file	Request not to meet	Not Applicable

Hospital Discharge on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Hospital Discharge on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

<b>Employment Status:</b>									
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:									
<b>Employment Status:</b>									
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:									

Related Administrative Outcomes:

35. If individual changed jobs, visits at the job site 2X's per month for 2 months. FY09 Clarification: If the integrated services staff is functioning as a job coach, support needs to happen at the job, while if hands on support is not necessary, support may happen offsite.

10a. (1)	(2)	(3)	(4)
All Visits in File	(b)____ of (c)____ visits in file	Request not to visit at work	Not Applicable

Job Change on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Job Change on \_\_\_\_\_ : Visits \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## ***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 ISA 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 staff.

B13. I am getting the help and support that I need from staff and agency.

B18. I have medical care available if I 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 agree 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***

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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 ISA program.

B1. My family member and I know my family member's ISA staff.

B2. I am confident that our ISA staff provides me with resources about programs and services that are beneficial to my family member and family.

B3. Our ISA staff helped us in obtaining access to the services that our family member needs.

B4. My family members ISA staff contacts me, when appropriate, so I feel informed.

B5. ISA 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 members ISA 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.

## ***APPENDIX D: EXAMPLES OF COMMUNITY PARTICIPATION***

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### **Spiritual**

Attended church  
Attended Bible study  
Attended Church activities

### **Civic**

Volunteered at Animal Lifeline  
Volunteered at Animal Rescue League  
Volunteered at the library  
Volunteered at local business  
Volunteered at Immanuel Pathways

### **Cultural**

Attended Alcoholics Anonymous meetings  
Attended an art class  
Attended band concert for child at elementary school  
Attended Beaverdale Farmer's Market  
Attended Bernie Sanders rallies  
Attended B&B Arcade  
Attended carnival fundraiser for child at elementary school  
Attended city council meetings  
Attended a concert  
Attended farmers' markets  
Attended flea markets at the fairgrounds  
Attended Foreigner Concert at the Iowa State Fair  
Attended Fourth of July Fireworks  
Attended Fourth of July Parade  
Attended Iowa Cubs game  
Attended Iowa State Fair  
Attended Luke Bryan concert at the Fair  
Attended Narcotics Anonymous Groups  
Attended Prairie Meadows Sports Bookings  
Attended smoking cessation class  
Attended tour of Capitol  
Attended Urbandale carnival  
Attended Urbandale fireworks  
Attended a WWE event in Des Moines  
Participated at a casino  
Participated in karaoke at Manning's  
Participated in Planned Parenthood book sale  
Participated in Planet Fitness  
Participated in skating  
Participated in Story Time at the library  
Participated in bowling at YMCA  
Played guitar at YMCA  
Workout at YMCA  
Workout at Planet Fitness  
Visited the Art Center  
Visited Big Boy Steam Engine  
Visited Community Center to socialize  
Visited Iowa Historical Museum  
Visited Pappajohn Sculpture Park  
Visited the Science Center  
Visited Up Down arcade to meet friends  
Visited the YMCA  
Visited the Zoo



### APPENDIX E: FILE REVIEW RESULTS

Outcome Area	Specific Outcome	BMC-PATH		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	11	15	73%
Education	File and PolkMIS Agree	14	15	93%
Employment	File and PolkMIS Agree	4	6	67%
Participant Empowerment	All Goal Components Present	9	15	60%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	11	15	73%
Homelessness	File & PolkMIS Agree	14	15	93%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	14	15	93%

Outcome Area	Specific Outcome	Community Support Advocates (CSA)		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	9	15	60%
Education	File and PolkMIS Agree	15	15	100%
Employment	File and PolkMIS Agree	3	7	43%
Participant Empowerment	All Goal Components Present	15	15	<del>93</del> 100%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	14	15	93%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

Outcome Area	Specific Outcome	Easterseals - AIM		
		Frequency	Expected	Accuracy
<b>Housing</b>	File and PolkMIS Agree	11	15	73%
<b>Education</b>	File and PolkMIS Agree	15	15	100%
<b>Employment</b>	File and PolkMIS Agree	5	6	83%
<b>Participant Empowerment</b>	All Goal Components Present	14	15	93%
<b>Somatic Care</b>	File and PolkMIS Agree	15	15	100%
<b>Community Inclusion</b>	File and PolkMIS Agree	15	15	100%
<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	15	15	100%

Outcome Area	Specific Outcome	Eyerly Ball		
		Frequency	Expected	Accuracy
<b>Housing</b>	File and PolkMIS Agree	15	15	100%
<b>Education</b>	File and PolkMIS Agree	15	15	100%
<b>Employment</b>	File and PolkMIS Agree	4	4	100%
<b>Participant Empowerment</b>	All Goal Components Present	14	15	93%
<b>Somatic Care</b>	File and PolkMIS Agree	15	15	100%
<b>Community Inclusion</b>	File and PolkMIS Agree	15	15	100%
<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	15	15	100%

## ***APPENDIX F: OUTCOME CRITERIA***

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**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 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.

## APPENDIX G: REFERENCES

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