

Polk County Health Services

2020 Knowledge Empowers Youth

Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

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INTRODUCTION

This is a report on the findings of the independent evaluation of Community Support Advocates' (CSA's) Knowledge Empowers Youth (KEY) program from July 1, 2019, through June 30, 2020. KEY is a subsidiary integrated services program for young adults transitioning from the foster care system. The program officially began serving individuals as of January 1, 2006. The KEY program offers the same flexibility of services as the integrated services program. Because these youth often find it extremely difficult to get established in housing, employment, and education, many KEY participants struggle to maintain and enjoy their independence from the foster care and, in some cases, the juvenile justice systems. The KEY program provides a unique source of support for these youth in transition.

Results Summary

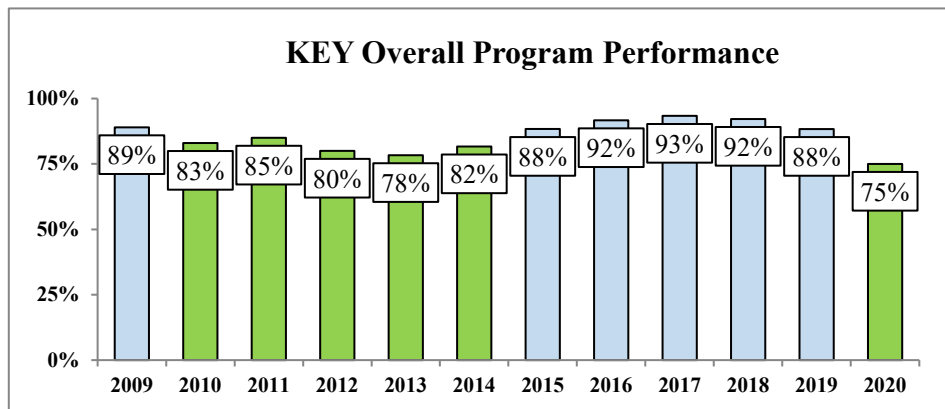
The KEY program earned an overall Meets Expectations rating for the FY20 fiscal year. In FY20, the program **excelled in eight outcome areas** and **met expectations in two additional areas**. The program was **challenged in five outcome areas**.

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
<ul style="list-style-type: none"> • Community Housing • Homelessness • Participant Satisfaction • Negative Disenrollments • Psychiatric Hospital Days • Emergency Room Visits for Psychiatric Care Outcomes • Quality of Life • Administrative 	<ul style="list-style-type: none"> • Employment-Working Toward Self-Sufficiency • Employment-Engagement Toward Employment 	<ul style="list-style-type: none"> • Involvement in the Criminal Justice System • Adult Education 	<ul style="list-style-type: none"> • Participant Empowerment • Access to Somatic Care • Community Inclusion

Consistent with previous evaluations, KEY participants report that they are very satisfied with the services that they receive, the staff who work with them, and the quality of their lives. In interviews, KEY participants elaborated on the positive impact of support and services they received from CSA through the COVID-19 pandemic.

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. It

should be noted that the satisfaction interviews occurred during months May through June, months during the COVID-19 state of emergency.



The evaluation results suggest that KEY participants in most ways were living typical young adult lives. Almost all KEY participants were living in and integrated into the community. Nine out of ten participants were living in safe, affordable, accessible, and acceptable housing. The KEY program reported no days homeless, three psychiatric hospital days, and two visits to an emergency department for psychiatric purposes. The program continued to be diligent in appropriately documenting outcome information and completing the level of functioning assessments to ensure that participants receive the services that they need and are eligible for.

However, the program struggled this year in several areas. Where one of every five participants was working at least 5 hours per week, meeting expectations, only one out of ten was working 20 or more hours per week. Participants spent more average days in jail than last year. One in ten participants was enrolled in education, either finishing high school, pursuing post-secondary education, or participating in trainings related to their employment. One out of five participants did not meet with a healthcare professional for a baseline physical examination. And fewer than half participants met PCHS's criteria for Community Inclusion, engaging in community-based activities.

The program was particularly challenged this year in the Participant Empowerment outcome area. This outcome is determined solely on file reviews. The major challenge to the outcome was gaps in documentation of contact with participants during the year.

In addition, the agency reported that they experienced high staff turnover this year. For one, the program director changed at midyear. In addition, three out of four staff were new, and early in the year the program was short staffed.

COVID-19

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

The agency reported that this disruption had an effect on some outcomes, particularly in Somatic Care and Community Inclusion. 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 such outcomes, the agency reports that their practice was to slowly incorporate face-to-face meetings so participants can continue to receive services. The agency reported that this population does not typically use computers for communication, with texting via phone being their preferred method. Staff were frequently challenged to visit with participants unless they resorted to face-to-face visits, and participants were unlikely to use telehealth options for either staff visits or for medical needs.

The agency reported the participants who prior to COVID preferred not to leave their apartments were happier, but others experienced anxiety about safety. For example, they might be concerned that neighbors returning from outside the apartment building might be bringing the virus in. When staff conducted visits, they made an effort to keep visits to essential ones, such as providing/shopping for food or providing medications, as opposed to visits for comfort.

The agency also reported that spring is usually the time when participants are likely to participate in Community Inclusion activities, as the weather gets warmer. However, program practice is to encourage inclusion on an ongoing basis, so participants usually participate in Community Inclusion activities

throughout the year. The program was expecting that many would have achieved Community Inclusion criteria if not for the virus.

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

1. Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?

Of the 15 respondents who participated in the satisfaction interviews, 13 responded Yes and 2 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, help with benefits (food stamps), and help getting a new phone. Some noted that they were not able to go to appointments. One expressed that they did not want face-to-face contact because of the virus.

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

Of the 15 respondents, 14 responded that contacts were initiated by the agency and 1 responded “Other.” None responded, “Participant Initiated.” The participant who responded “Other” elaborated that a relative was a go-between.

3. In what ways did you communicate?

Of the 15 respondents, 8 responded that contacts were conducted via text, 1 responded by phone, and 6 responded “Other.” The other forms of contact included Zoom, Facebook/Facebook Messenger, and in person.

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

Additional Satisfaction Questions Related to COVID-19 Pandemic - 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?	13	0	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?	1	8	0	6

Background Information: David Klein, Law, Health Policy & Disability Center (LHPDC) Director of Technology and Tessa Heeren, LHPDC Assistant Research Scientist, 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 describes procedures for the FY2020 evaluation. Information was obtained from four sources:

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

Meetings. In July 2020, LHPDC staff provided preliminary results of the file review and discussed discrepancies with the directors. A Zoom consultation was conducted with the directors in July to review the outcomes to date and receive their insights on agency performance for the year. Finally, an exit interview was held with PCHS and KEY agency staff in early August to review the complete report.

File Reviews. Using a similar process to the other Integrated Services Agency (ISA) programs, LHPDC randomly selected fifteen KEY files to review. File reviews were completed using the File Review Form (Appendix A). Although LHPDC usually conducts file reviews in two stages, the first in February and the second in June, this year, because of several issues with timing, the file reviews were conducted only during June. The expectation is that results reported regularly by the agency will be consistent with information in the file so that PCHS has confidence in and can rely on the reported information. The Participant Empowerment outcome is based solely on the file review. As technical assistance, the program was provided with information from the file review. Information from the file review analysis is reported in Appendix E.

Participant Interviews. Usually in contrast to the evaluation for the other ISA programs, the program sets up face-to-face interviews with participants at their offices or phone interviews from the KEY offices. However, because of COVID-19, this year all interviews were conducted over the phone. Of the 44 individuals who were enrolled in the KEY program in FY20, the evaluator interviewed 15. 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 quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

Concerned Others Interviews. Attempts were made to interview family members or concerned others of all KEY participants for whom contact information was provided. Contact information was provided for 13 family members or concerned others. Of the 13 contacts provided, the evaluator was able to interview 8 of the concerned others. Because of the low number of respondents, the Concerned Other Satisfaction outcome was not scored this year. These concerned others were interviewed via telephone. The concerned others interview questions are included as Appendix C of the report. Agree/disagree responses to the questions make up the statistics would have been used for the Family and Concerned Others Satisfaction outcome scores. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

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

Scoring: For 2020, outcomes were scored according to the following scale:

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

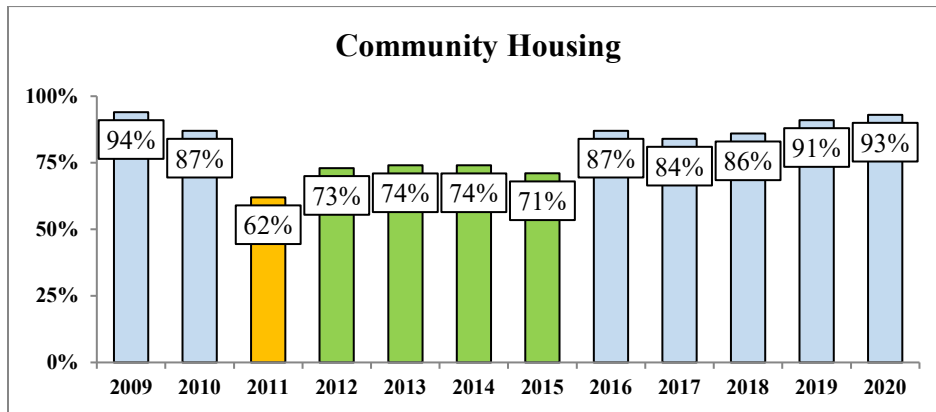
This scale aligns performance evaluation with contract expectations. Scores of two or less indicate unmet goal areas.

OUTCOMES

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 located 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 in order to meaningfully and fully participate in their community. To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible, and acceptable.



Goal	Rating	Points
80% - 100%	Exceeds Expectations	4
70% - 79%	Meets Expectations	3
60% - 69%	Needs Improvement	2
Below 60%	Does not meet minimum expectations	1

Community Housing

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	91%	4	93%	4

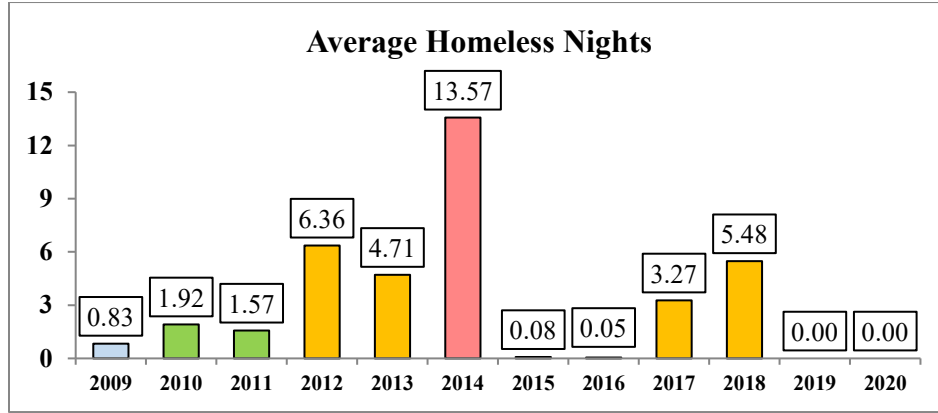
Comments: Over nine of every ten KEY participants were living in safe, affordable, accessible, and acceptable housing this year steadily increasing from recent years. The program maintained its Exceeds Expectations rating for this outcome.

The agency staff reported that some participants were challenged with housing, so their interactions with landlords and property managers were learning experiences for them. Some started out with housing that was not the best environment for recovery, so they were able to move to more sustainable housing. The

staff focused on keeping participants involved in the process (locating housing, interacting with landlords) to give them the experience.

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 – 1 night	Exceeds Expectations	4
1.01 – 3 nights	Meets Expectations	3
3.01 – 10 nights	Needs Improvement	2
10+ nights	Does not meet minimum expectations	1

Homelessness

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	0.00	4	0.00	4

Comments: Notably, for the second year no KEY participants spent a night homeless. Thus, the Homelessness Outcome Exceeded Expectations.

The agency reported that the KEY population is more likely to stay with friends when evicted until they can locate new housing.

The agency staff reported that there was one participant who was not getting along with their landlord and not paying rent. The landlord threatened eviction. The staff found a place they could be accepted and coached, thus avoiding homelessness. So far this participant is doing okay with support.

Another participant identified a faith-based housing assistance program, who seeks individuals in shelters and on the streets. This was new to the KEY program because this assistance program does not advertise. This participant is now participating and has obtained housing, and it is working well.

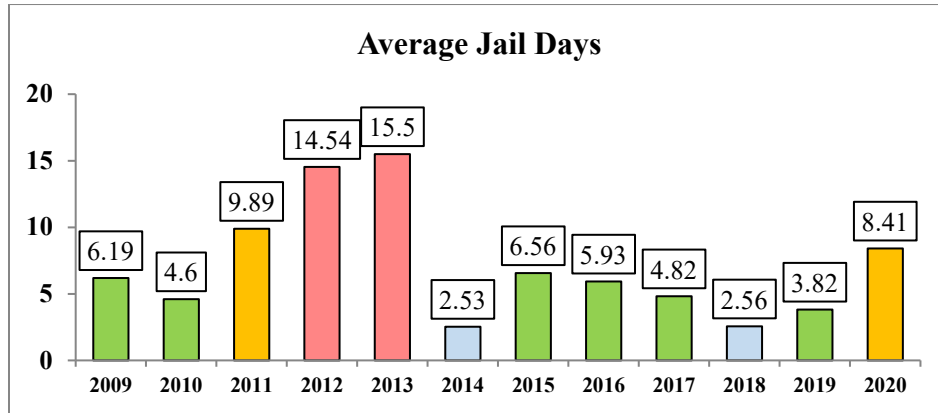
The staff attribute some of their success with homelessness to the financial support for housing that they provide. They perceive housing as crucial for participant stability. Homelessness exacerbates substance abuse issues. When housing is stable, participants are more able to address other goals.

They also give credit to the ISA system Housing Coordinator, who helps with evictions and provides options that may not otherwise exist for people with legal histories. In addition, the office has been a

“landing spot” for homeless participants to connect with staff and their team. The agency received some funding from FEMA to allow them to distribute phones to some 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 spent per person per year.



Goal	Rating	Points
0.00 – 2.99 day	Exceeds Expectations	4
3.00 – 7.49 days	Meets Expectations	3
7.50 – 9.99 days	Needs Improvement	2
10+ days	Does not meet minimum expectations	1

Jail Days				
Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	3.82	3	8.41	2

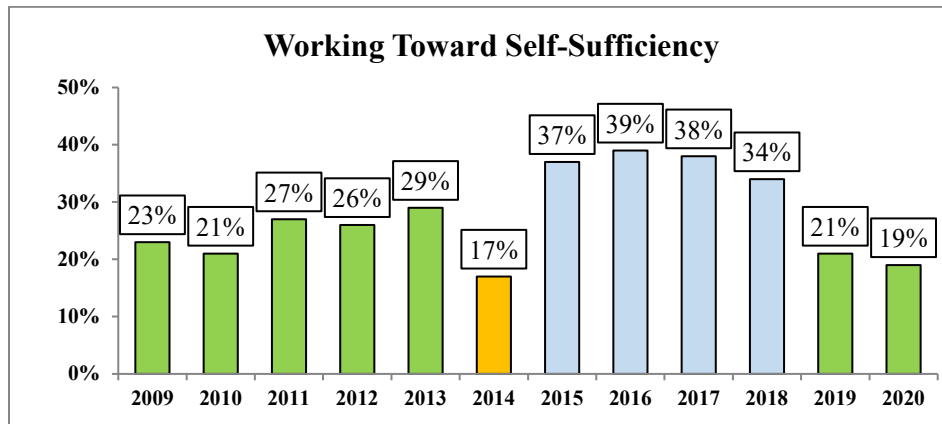
Comments: The KEY program reported an increase in jail days, reducing their rating to Needs Improvement for FY20. The program reported a total of 373 days in jail, accrued by five participants. One participant accrued 158 (42%) nights during the year, and one accrued 76 (20%) nights.

The agency staff reported that one of the participants was in a bad living situation, ended up getting arrested, and was recruited into the Jail Diversion program. However, the attorney was unresponsive to advocacy efforts, and the participant was sent to prison. Jail is difficult but is particularly difficult for youth. As a result, some plead guilty to charges with the expectation that they will quickly go to prison, where they have better privileges and the opportunity to go outside.

Another participant received charges that may have been harsher because of the person’s race. The program tried to find diversion for an alternative placement. However, the participant experienced significant symptoms, in part because of difficulty in getting assessments and appropriate medications. This participant was also sent to prison.

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 Outcomes

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	21%	3	19%	3

Comments: This year, the KEY program maintained their employment rating with a score of 19% in FY20 from the score of 21% in FY19 for the Working Toward Self-Sufficiency outcome. This keeps the outcome at a Meets Expectations rating this year. One of every five participants was working at least 20 hours per week and earning at least minimum wage.

The program reported that they received help from the Evelyn K. Davis Center and Iowa Workforce Development for locating jobs for participants. As a younger cohort, this population tends to be good at getting employment but less able to maintain employment so their scores for Employment – Working Toward Self-Sufficiency in particular tend to be lower than those for other programs.

The program staff reported that participants are good at getting jobs and will stay at undesirable jobs until they find one that is a better fit. For example, one participant remained at fast food employment until a

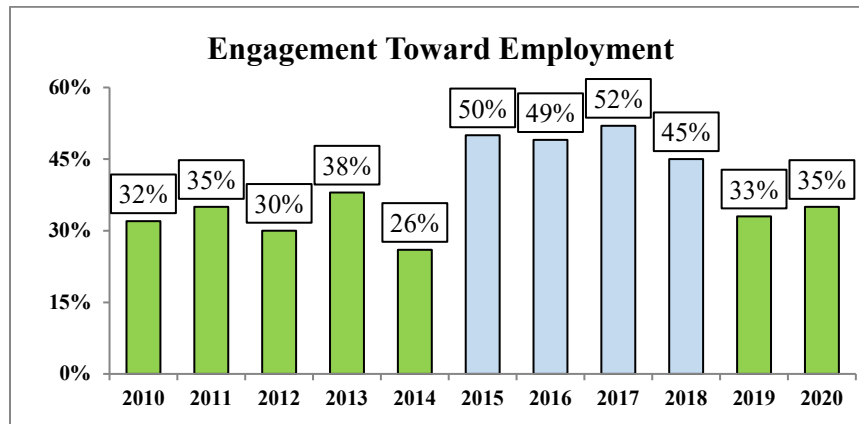
job at Best Buy was offered. Many cycle through jobs. But the participants generally are engaged and thinking about longterm job satisfaction.

After COVID, many participants were furloughed, but they are actively seeking employment.

IowaWORKS (Iowa Workforce Development) provided education to participants to help them understand how working affects their benefits.

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

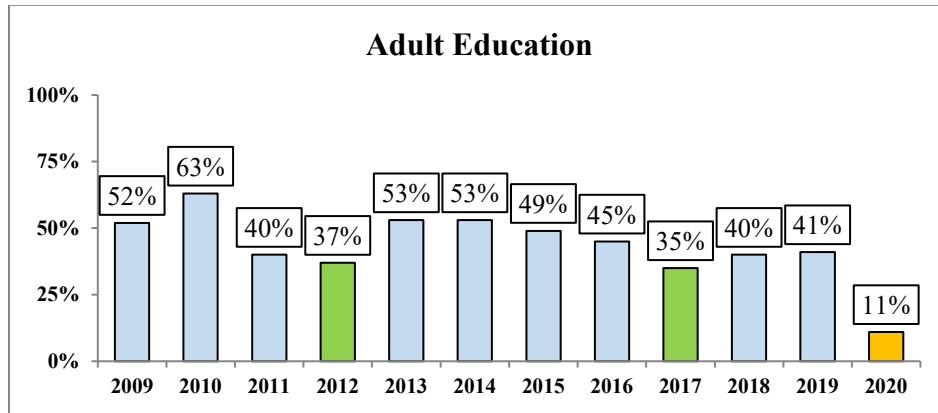
Employment Outcomes

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	33%	3	35%	3

Comments: The score for the KEY program also maintained the score for the Engagement Toward Employment outcome area keeping the rating at Meets Expectations. About one of every three participants was working at least 5 hours per week and earning at least minimum wage.

ADULT 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
KEY	41%	4	11%	2

Comments: KEY was challenged this year in education. The score of 11% changes the rating to Needs Improvement for the Adult Education outcome area. This year, 4 of the program’s participants were engaged in an education activity.

The agency reported that they are working on how to engage this population, young adults, to participate in educational activities. In addition, this program is an older cohort than usual, an average of about 23-24 years old, and this age group is not as invested in education as younger cohorts.

The agency staff reported that they have a good relationship with the Connect 2 Careers program (Children & Families of Iowa), which serves individuals in the same age range as the KEY population. The participants started a program on health and safety basics, a three-week program, but the program was interrupted by COVID. Two participants were interested in connecting with hospitals, where they can learn skills such as CPR, bloodborne pathogens, and adult and child abuse issues. Another was interested in radio and technical skills and wanted to job shadow at a technology company.

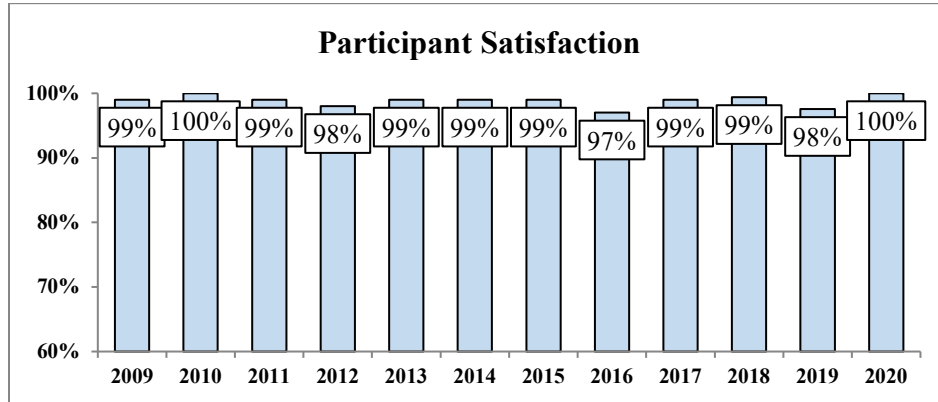
For participants wanting to pursue higher education, the financial aid applications can be a barrier. Youth under age 24 are automatically considered dependents and are required to include their parents’ financial

information in their FAFSA. But for youths who have been through the foster care system, this request can trigger issues and become overwhelming for them. The process of documentation for emancipated adult status is extensive.

COVID introduced additional barriers to education this year because training certificate programs were not available.

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
KEY	98%	4	100%	4

Comments: KEY participants continue to report being very satisfied with the services they receive and the staff that support them, retaining an Exceeds Expectations rating. Of the fifteen participants, when asked if they agree with eleven statements of satisfaction (see Appendix B), no one disagreed with a statement. In interviews, KEY participants elaborated on the positive impact of support and services they received from CSA through the KEY program. 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. Representative comments include:

CSA is a way ... to be more social. It helps you with things that you are going through and gets you in charge of your problems.

I definitely can say that they have helped me through the death of my mom and going through school and a job that I love. They are really there for stability and making sure I am hanging in there. They have really been there for me.

We do a yearly paperwork and stuff but when I talk with them about my goals, it is on like a weekly basis. We talk about ways to do better.

Sometimes I just want to cancel [meetings] and [staff] would say. “Hmmm, I think we should talk” and that really helped.

She is helping me fill out social security forms, housing sometimes, any questions or concerns with that. She helps me with anything I [need] help with and she is able to.

I would say they are really good at helping you become more like an adult, more independent, coping skills, making your life better.

KEY participants voiced a few concerns. A few members commented on program concerns during interviews, sharing perceptions that the program could be inconsistent in outreach and responsiveness and lacked personal attention to each member’s needs. Members sometimes attributed program shortcomings to limitations in staff capacity.

Representative examples include:

The workers I used to have were not that great ... [they] were not there for me much. I used to never hear or see them often.

Just like being able to see the workers more often and having them respond faster. The KEY program is good at responding, but not my case worker ... care coordinator.

It takes [staff] a while to help me. [Staff] has a lot of clients.

A few participants shared suggestions about how they would change the KEY program, mainly commenting on improving staff retention and compensation, along with reducing caseloads. Participants shared perceptions that KEY staff were overextended and noted disruptions in stable and positive relationships with staff because of turnover.

The turnover rate. If I could keep the same staff forever, I would be happy, but I am not unhappy. I deal with it as I go.

Honestly, if it were up to me, I would just be hopeful that KEY gets ... I feel like social workers in general do not get what they need for pay and timewise. They put all their heart into it, and it is even more stressful. Otherwise, there is nothing the workers could do differently. They work so hard.

I guess turnover because it is hard for me to meet new people. Sometimes I get nervous about it, and I get attached to people [who] have helped me.

Just the reliability that certain staff will be there for longer periods of time. Nobody can control that though. There has been a lot of staff turnover.

COVID-19

Participants shared how the pandemic and subsequent quarantine and social distancing recommendations (beginning March 2020) impacted their personal lives, program goals, and receipt of services. Participants commented on changes to circumstances, such as:

- Furloughed employment and postponed education
- Delays in benefit processing
- Restricted access to health care
- Increased feelings of isolation

Participants commented that the in-person contact with staff was limited, but alternative forms of communication were effective substitutes (such as text and online messaging, video, and phone calls) and the routine frequency of contacts was generally maintained. However, some participants did report fewer contacts with staff after pandemic restrictions were in place.

Participants reported continued KEY support with needed services, including:

- Coping financially and mentally after employment changes
- Ensuring access to stabilization resources (such as food banks)
- Ensuring participants were equipped to continue communication (such as dropping off phones).

Participants reported feeling safe as physical distance was maintained appropriately either because of agency policy or participant preference.

Participants reported satisfaction with support and services delivered via physically distant modes but look forward to restoring in-person individual meetings, community-based social events, and employment support (for participants who were furloughed).

Representative examples include:

[ZOOM] is a great alternative when you cannot see the person in-person, but it is good. It helps.

There has been the COVID mess. What I really need is continued social support. It has been getting better, but being at home, I have regressed.

I am currently on the Section 8 waiting list. I am waiting on that now. That is one of the things [Staff] was working on with me. COVID has stopped processing of Section 8 for now.

It has been hard to get to appointments because they cannot do face-to-face appointments.

I have not seen them due to COVID. I do not want them to come. I do not want anyone to get sick. [Right now, we talk on the phone about every week.]

They are not visiting me as much as I want, but that is understandable. I have had no interaction with CSA since COVID started.

They did tell me that we could do Zoom calls and text messages if we needed to. I did some Zoom calls with [Staff] before [Staff] left and we have been sending messages back and forth [and use the phone anytime]. [If I needed something] it happened as fast as always [as fast as before COVID].

Once everything went to like no contact, I needed help with rent because I lost my job. ... And then also I talked with [Staff] about having no food stamps and so she helped me with that. [Staff] gave me a list of places that have food banks and even listed like places that are closer to me.

I am training for a job at [employer]. I am still waiting when they are doing the training again because of COVID.

We have seen each other once since COVID. [Staff] helped me get a new phone so I can talk and text [Staff].

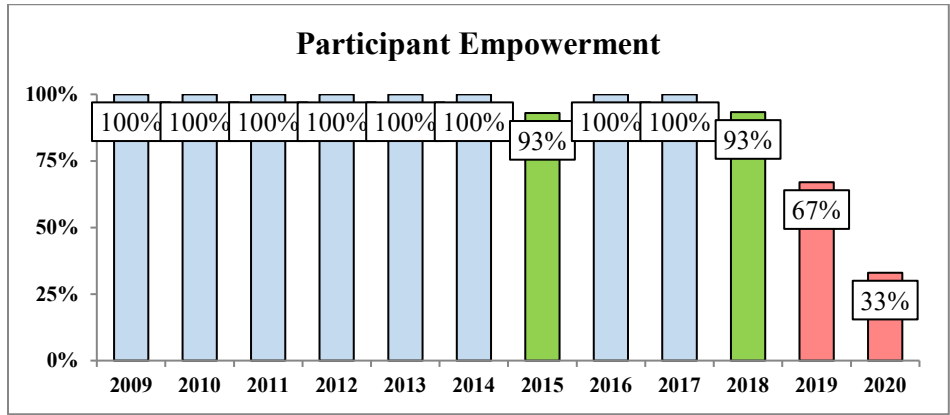
All the needs they could meet they have met. I have been giving them calls and they have been calling me so I can practice talking and that has been helpful. If anything, they have become more responsive because they are not allowed to do any home visits. They are using the time [that is] free. They have been working hard so that needs by phone call are met. They are making sure that time is for everybody else.

The agency reported that they focus on communication, conversation, and engagement with their participants through multiple contacts via phone and text. They believe that this approach keeps the participants in the program and satisfied with services.

The agency staff noted that this was the first year participants were contacted via phone, where prior years the survey was conducted face to face. Staff were not sure if it would work.

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
KEY	67%	1	33%	1

Measurement: The outcome is calculated as the percent of files reviewed that meet all four of 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 planned to provide to achieve the goals,
- Whether employment or education goals were addressed with the participant, or community integration if the participant is eligible for Level 5 or 6 supports, and
- Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file.

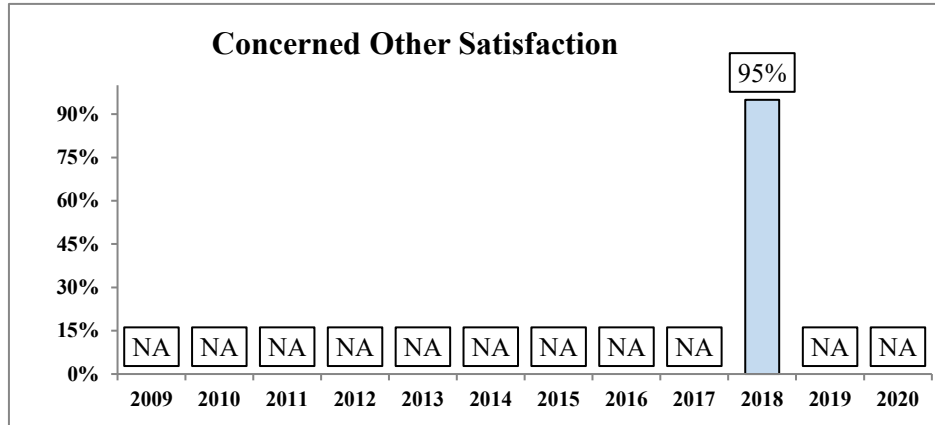
Comments: Participant empowerment has been a strength of the KEY program. However, for the second year, the program has been challenged, scoring 33%, putting the Participant Empowerment rating at Does Not Meet Minimum Expectations. Of 15 files reviewed, 5 files met all four outcome criteria. The biggest reason for the score this year is that for eight files, there was not documentation that services working toward goals were delivered regularly. The minimum expectation for face-to-face contacts with participants is once per month, and 6 files showed gaps in monthly contacts. In an additional two other files, documentation of participants’ goals and participants’ signatures agreeing to these goals were not found.

Based on the file review, almost all participants had either an employment goal or education goal, where goals included getting or maintaining employment and starting or completing educational goals (high school, GED, college). Other common goals included getting into the community, maintaining, or improving mental or physical health, and getting housing. Some had particular goals, such as getting a driver's license, staying out of jail/completing probation, being more independent, being happier, managing money. One wanted to keep doing well living better, and one want to be happier. One had simply, "[I] want to get my ducks in a row."

The agency reported that this score can largely be attributable to an individual staff who is no longer with the program. Notes from goal meetings and individual signatures were missing and the agency was not able to recreate them. The agency reports that they are putting more emphasis on training as a result of this.

FAMILY/CONCERNED OTHER 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/Concerned Other Satisfaction

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	NA	NA	NA	NA

Comments: A primary purpose of the KEY program is to support these young adults who are aging out of the foster care system and who do not have family support. The program provided the evaluators with contact information for fifteen concerned others who agreed to be contacted. Eight individuals responded to the survey calls and completed the survey. Because of the low number of responses, as with previous years, this outcome was not scored.

In interviews, many concerned others were satisfied with the services KEY provided, such as assistance with housing, healthcare, benefits paperwork, education, and employment. Respondents appreciated involvement and input in participants' empowerment plans and regular progress updaters. Concerned others also mentioned improved outcomes in participants, such as increased confidence and independence. Representative comments included:

I am right there with them, and we went over his goals and stuff, and everything he said they wrote down and took into consideration. Same with what I said. And we just bounced off each other.

I have recommended [CSA services] to my sister for her son. They [staff] are very available for you when you try to call, which is not like a lot of other programs. I know a lot of them are overworked, but CSA has always been good about getting back. They show a lot of concern and compassion and when they look into something, they really do act immediately when you need something.

[It] has been a good, friendly support for him when he has needed it. They give him rides, and he gets to talk to them, and I think that contact is very beneficial to him. He has had some pretty serious issues, and he has been institutionalized a lot. They helped him when he wanted to go to school for a while, like setting him up with FAFSA to take some college courses. I know that they are there for him when he needs something and are ready to give him his voucher for his bus fare every month, and things like that.

He is now living on his own, which is really good. I can see more self-esteem with him. He is still dependent on me. He is hoping to get a job after this training is done. He has more confidence. He has some friends he went to school with. At first, his friends were moving on, and he was not. He seems to be in contact and reconnecting with his old friends.

Many concerned others reported limited knowledge of service provision or low involvement in the treatment planning or service received by participants. Some concerned others reported a lack of follow through on requested information or services.

We do not have any contact with CSA anymore. We do not know really what is going on. I know they try to contact him, and we wish that he would use the available services, but we do not know any of the services.

I have to usually keep calling them, but eventually they will help solve the problem.

Well, not necessarily in the last year or two, but their turnover is just insane since we have been with them. Because of his [disability], he finds it hard to communicate, and he is very uncomfortable around people. It seems like he gets to know someone, and they are gone again. As far as making any progress, it just does not happen because the workers do not stay long enough.

Well, we have not been contacted by a parent coordinator or whatever since when [Staff] left, so I do not know if that counts. I do not know what happened. There was a guy named [Staff] that worked with them and was great, but I do not know what happened.

For a bit, there was a fair amount of turnover or ... people were moving into different positions. He went through a few workers.

We found out that he [was diagnosed], and we have asked numerous times to people who come out if they have services. So I have been trying to connect with some kind of services, and they have not been able to do anything like that. I would like to get him set up with independent living, and nothing ever happens. They did put him on a thing for housing, and his name came up when he turned 18, and he just was not ready, so he is still with this. And then that kind of got dropped.

Some concerned others shared ideas and suggestions to improve the program for participants and family. Some mentioned a desire for more frequent communication, such as routine outreach and opportunities for family support.

If they need help, it is a good program to use. They had a parent group that would meet, and he used to take part in that, whether it disbanded or not. That would be a good use for parents who have adult children with problems.

I guess I would like to see a follow up with them maybe once a month or something. If they could let me know if there are any concerns that they have and same for me. I have never asked if we could do that, so maybe that could happen. I would appreciate it if they followed up with him once a week to let him know that they are out there for him. I think once a week with him and once a month with [me] would be good. I do not think that is happening now.

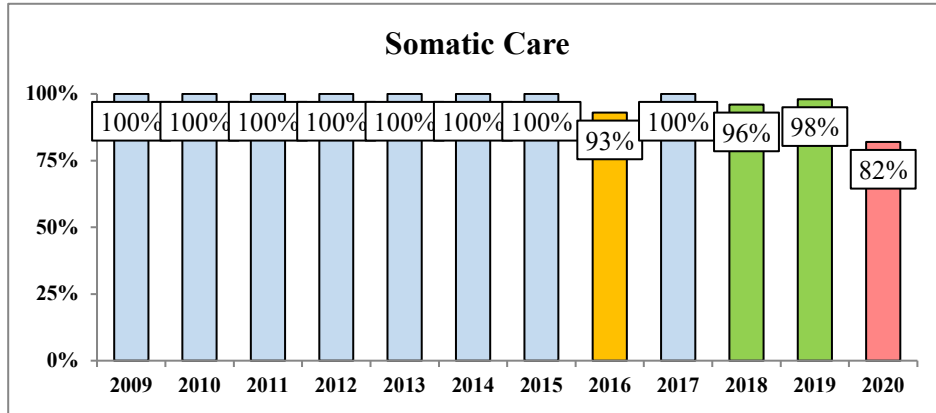
Well, just kind of a little bit more of letting me know things. I guess with [Participant's] condition since she is an adult, that would be nice for me.

I think they could be a little bit better. I hardly hear from them. They usually contact her, or she will contact them. Sometimes she will contact them, and it takes them a while to get back to her. I would like to be contacted more by them ... I want to know what is going on with her. I want to be on the same page because a lot of times [Participant] will forget what they told her. I am trying to make it to where she does things on her own, but she forgets.

The agency staff reported that they were happy that the Survey Center was able to interview 8 participants this year. Typically, participants do not want their family or concerned others involved, even when guardians want to be involved. Sometimes they will not sign releases to contact family. The program fosters relationship whenever they are able to.

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

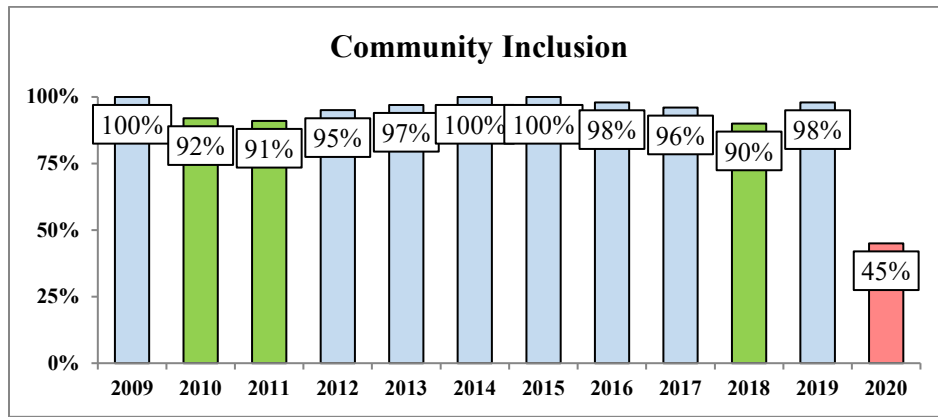
Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	98%	3	82%	1

Comments: The KEY program did not have documentation of contact with health providers at the level of previous years. Documentation that participants had ongoing care from a specialist or saw a primary care physician during the year was at 82% for the Access to Somatic Care outcome area, resulting in a Does Not Meet Minimum Expectations rating. Thirty-one of the 38 individuals who participated in the program this year obtained somatic care.

The agency reports that the public response to COVID-19 was a factor this year. With physician’s offices closed for some months, the KEY population was not interested in telehealth. Once they were able to get into offices, many participants did not want to risk going to healthcare offices because everyone who was sick would be going there and because they were being told to stay home when possible.

COMMUNITY INCLUSION

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



Goal	Rating	Points
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
KEY	98%	4	45%	1

Comments: The KEY program did not perform as highly this year as in previous years at supporting participants to be active and involved in their communities. Only 45% of participants reported participating in inclusion activities three times during the year resulting in a Does Not Meet Minimum Expectations rating.

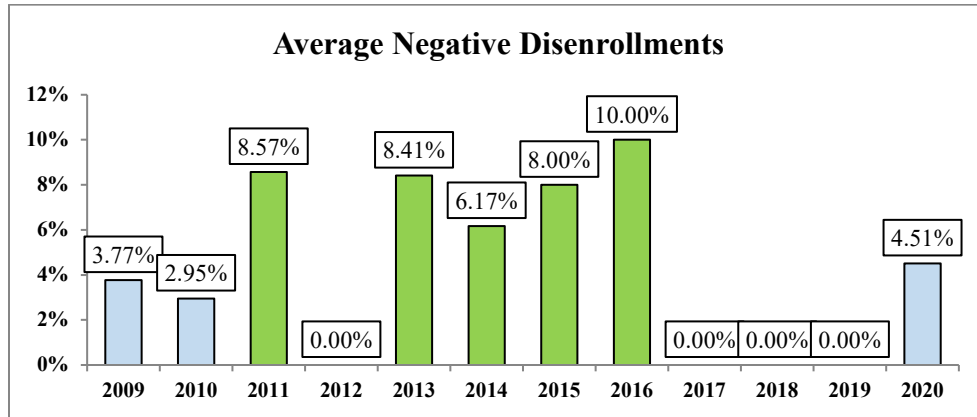
KEY participants who engaged in community activities, similar to other youth their age, are attending farmers’ markets, visiting local attractions, going to concerts, and attending community events such as the State Fair, Oktoberfest, and July 4 fireworks. Examples of community participation activities found in the file reviews are listed in Appendix D.

The agency reported that the COVID-19 pandemic was a factor this year. Prior to the outbreak, they were on track to meet their average score, but inclusion opportunities no longer were possible once it began.

One participant, who characteristically would respond to texts with only one or two words, was interested in Pokémon GO, so staff brought a Nintendo Switch to a paperwork meeting. They connected over the app, and now the participant picks up the phone and verbally responds to calls. This participant was isolated during COVID and hard to engage in walks because of physical limitations. But the participant agreed to go out to different spots to locate Pokémon characters, a feature of the game.

NEGATIVE DISENROLLMENT

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



Goal	Rating	Points
0% - 5%	Exceeds Expectations	4
5.01% - 15%	Meets Expectations	3
15.01% - 23%	Needs Improvement	2
Above 23%	Does not meet minimum expectations	1

Negative Disenrollment

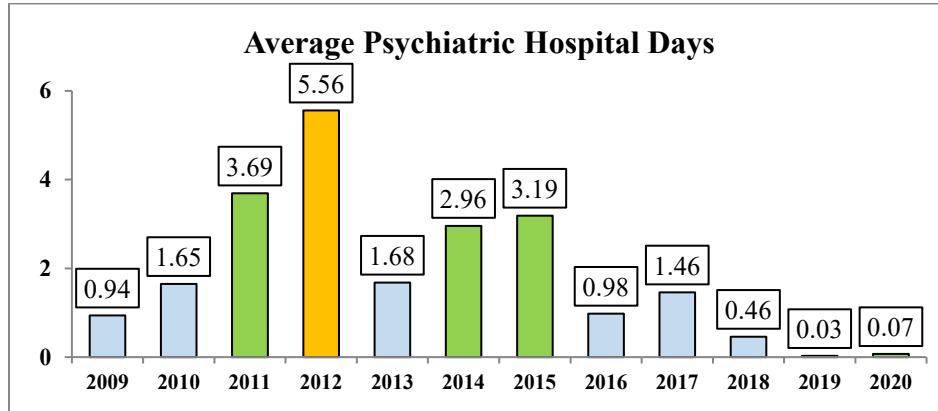
Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	0.00%	4	4.51%	4

Comments: KEY Exceeded Expectations for the Negative Disenrollment outcome area. There were two negative disenrollments for the year for the program.

The agency reported that of the two participants disenrolled, both were ultimately sent 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, reducing their need for hospitalization. This outcome is measured as the average number of nights spent in a psychiatric hospital per individual per year.



Goal	Rating	Points
0.00 – 1.99 day	Exceeds Expectations	4
2.00 – 4.99 days	Meets Expectations	3
5.00 – 5.99 days	Needs Improvement	2
6 + days	Does not meet minimum expectations	1

Psychiatric Hospitalizations

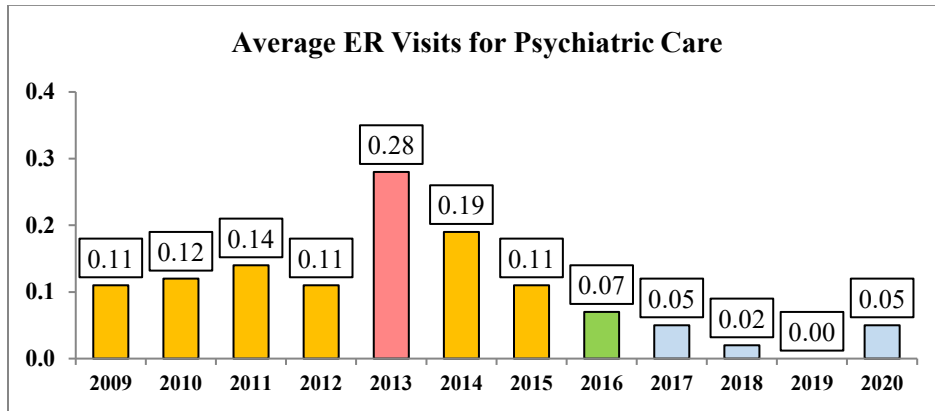
Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	0.03	4	0.07	4

Comments: The KEY program maintained its Exceeds Expectations rating in the Psychiatric Hospitalization outcome area. With 3 bed days reported in PolkMIS for psychiatric hospitalizations during the year, the program reported results comparable to last year.

The agency reported that they had 8 nights of hospitalizations, accounted for by one person over two visits because the participant needed the support.

EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

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 returns home without being admitted.



Goal	Rating	Points
0 – 0.06 visit	Exceeds Expectations	4
0.07 – 0.10 visit	Meets Expectations	3
0.11 – 0.19 visits	Needs Improvement	2
0.20+ visits	Does not meet minimum expectations	1

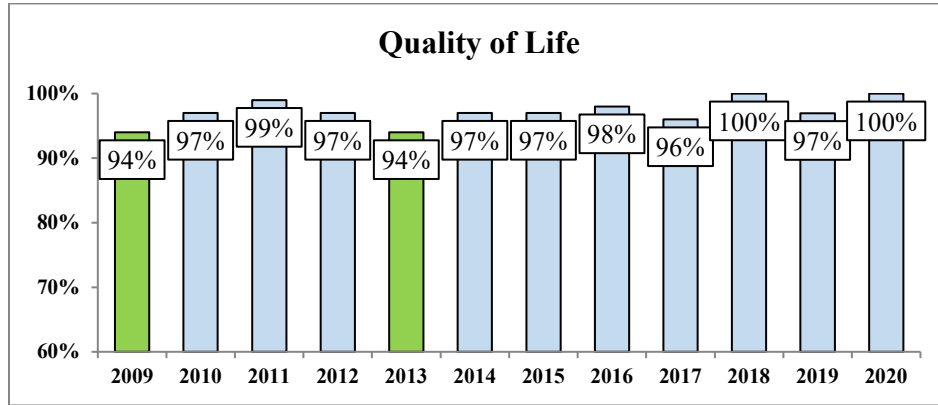
Emergency Room Visits

Organization	2019 Results	2019 Score	2020 Results	2020 Score
KEY	0.00	4	0.05	4

Comments: The KEY program again excelled in supporting participants in being connected to community providers for psychiatric care, rather than using emergency rooms. This year the program reported that 2 participants visited the emergency room for psychiatric care, resulting in an Exceeds Expectations rating.

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
KEY	97%	4	100%	4

Comments: KEY participants reported being very satisfied with improvements in the quality of their lives since entering the program, maintaining their Exceeds Expectations rating. Fifteen survey respondents answered 7 questions and provided descriptions about how participation in the KEY program contributed to their quality of life.

All of the comments were praise. No responses included content which could be categorized as concerns or suggestions.

Improved outcomes

Within praise of the program, members talked about how their outcomes had improved and how they were able to make progress towards and achieve goals. The most frequently reported improvements to member’s lives included social and community life and increased independence. Areas of improved outcomes with fewer than ten comments included improved mental health outcomes (e.g. adoptions of effective coping skills, resilience in crisis), and general satisfaction with life.

Fourteen members provided specific examples of how the KEY program enhanced their social confidence and increased a sense of belonging in the community.

Thirteen members described how the KEY program supports and services improved their ability to live independently, including skill acquisition to address needs (e.g. scheduling appointments, securing housing, budgeting) and economic independence, though direct financial support or assistance in maintaining employment or education.

Representative comments include:

[L]ike making appointments on my own... every kind of appointment. When I started the program, I was nervous to do that but now I can, no problem.

When situations come about, it is not so much about freaking out about them. I do not freak out anymore; I do what is in my best interest or hold back.

A little bit, like I am more social. I like doing things with other people. It is kind of difficult though. It is a lot better since joining the program.

I have always been a shy kind of person, but when I joined the program, CSA helps me with social skills. I am with KEY, so I go to parks and like Adventureland and baseball games. I participate as much as I can.

I think at certain times if KEY was not there for me, I would not be where I am. I would not be able to stay in school and have a job. They helped me stay focused on what I knew I wanted, but I did not know how to get there on my own.

Services Filled Unmet Needs

Twelve respondents described how KEY improved their quality of life through the provision and coordination of needed services, such as assistance with transportation, employment, housing, finances (e.g. rent and utility assistance), and opportunities to socialize.

Representative examples include:

If I need something, I can get ahold of them. But also, financially, if I need some help, I can let them know. And if I need help with rent, I could call them, and we can work something out.

The KEY program does [an activity] every week. One time we went bowling, went to Adventureland; we have picnics. I met people.

It is a lot better than before. I guess, like I am trying to find a job, and have been for a while, and CSA is helping with that.

[Staff] has taken me to the crisis center at Broadlawns, and he has picked me up from inpatient too.

I like to be able to text them if I am struggling.

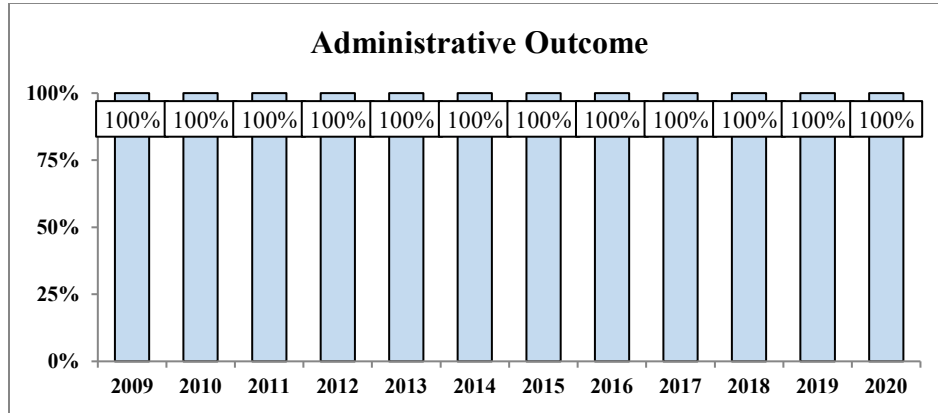
Staff relationships

Seven respondents described how positive relationships with KEY staff enhanced their quality of life. Members described staff as reliable, responsive, encouraging, knowledgeable and approachable.

The program staff reported that the KEY team does a great job partnering and uses a strengths-based approach (Positive Behavior Supports), which allows participants to identify symptoms of mental health, so the person can lead a person-centered plan and have aspirations.

ADMINISTRATIVE OUTCOME AREAS

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

Administrative Outcomes

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

Comments: The KEY program maintained its Exceeds Expectations rating again this year, with annual assessments of level of functioning completed for all KEY participants.

SUMMARY OF PROGRAM PERFORMANCE TABLE

2020 Scale

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

2020 Outcome Summary	KEY Results	KEY Score
Community Housing	93%	4
Homeless	0.00	4
Involvement in the Criminal Justice System	8.41	2
Employment – Working Toward Self-Sufficiency	19%	3
Employment – Engagement Toward Employment	35%	3
Education	11%	2
Participant Satisfaction	100%	4
Participant Empowerment	33%	1
Concerned Other Satisfaction	NA	NA
Access to Somatic Care	82%	1
Community Inclusion	45%	1
Negative Disenrollments	4.51%	4
Psychiatric Hospital Days	0.07	4
Emergency Room Visits for Psychiatric Care	0.05	4
Quality of Life	100%	4
Administrative	100%	4

Outcome Summary Comparison	Percentage	Total Points
2019 Total (based on 60 possible)	88%	53
2020 Total (based on 60 possible)	75%	45

APPENDIX A: FILE REVIEW FORM

KEY/FACT

File Review and Data Coding

Last case notes reviewed:

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

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

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

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

I. Housing:

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

Education:

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

Consumer Empowerment

Consumer Empowerment	a. In File		b. Description
16. documentation supporting consumer involvement in goal development	Yes (1)	No (2)	Annual Meeting Date(s):
17a. individualized and measurable goals are in place and reviewed regularly	Yes (1)	No (2)	2018 Goals: 2019 Goals:
17b. Addressed: • employment/education OR • community inclusion (LOS 5/6 long-term, 65 or older, or applying for disability)	Yes	No	Types of services addressed:
18. documentation in the file reflecting services delivered	Yes (1)	No (2)	Services documented in file:
19. Totals			

20. Comments:

21. Somatic Care:

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

22. Comments:

23. Community Inclusion:

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

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

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

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

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

Participants are asked whether they agree or disagree with the following 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 agrees with (i.e., is satisfied).

B5A1 I deal more effectively with daily problems since I entered the program.

B5A2 I am better able to control my life since I entered the program.

B5A3 I am better able to deal with crisis since I entered the program.

B5A4 I am getting along better with my family since I entered the program.

B5A5 I do better in social situations since I entered the program.

B5A6 I do better in school and/or work since I entered the program.

B5A7 My housing situation has improved since I entered the program.

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

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

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

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

B4 My family member's KEY staff contacts me, when appropriate, so I feel informed.

B5 KEY staff are available to assist me when issues or concerns with services arise.

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

B8 The KEY program staff treats my family member with dignity and respect.

B9 I am satisfied with my family member's KEY 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 KEY program.

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Civic

Attended political events

Cultural

Attended an art studio

Attended a baseball game

Attended Fourth of July fireworks

Attended Farmers' Market

Attended Fourth of July festival at Racoon River Park

Attended Iowa State Fair

Attended a play at Grandview College

Attended Single Mother's group at the Young Women's Resource Center

Attended a Yankee Doodle Pops Concert

Attended a ZZ Top Concert

Participated in an art class

Participated in Oktoberfest

Participated in Rack to Play Pool

Visited Pappajohn Sculpture Park

Visited Worlds of Fun

Went mushroom hunting with a Facebook group

APPENDIX E: KEY FILE REVIEW RESULTS

Outcome Area	Specific Outcome	KEY		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	11	15	73%
Education	File and PolkMIS Agree	14	15	93%
Employment	File and PolkMIS Agree	6	8	75%
Participant Empowerment	All Goal Components Present	5	15	33%
Somatic Care	File and PolkMIS Agree	14	15	93%
Community Inclusion	File and PolkMIS Agree	13	15	87%
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%

APPENDIX F: OUTCOME CRITERIA

Community Housing: Community housing is assessed annually and after each housing change (e.g., move or change in criteria). To meet the outcome, individuals must meet all four criteria: safe, affordable, accessible and acceptable.

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

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

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

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

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

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

Employment Outcomes: Employment– Working Toward Self-Sufficiency is measured as the percentage of employable individuals working 20 hours or more per week and earning the minimum wage or greater

during the specified reporting weeks. Engagement Toward Employment is measured as the percentage of employable individuals working at least 5 hours per week and earning the minimum wage or greater during the specified reporting weeks. The employment outcomes do not apply to individuals between 18 and 64 who have been assessed a level of support of 5 or 6, involved in an ongoing recognized training program (secondary school, GED, or post-secondary school), or individuals 65 or older who choose not to work (i.e., are retired).

Because employment may vary during the year, the employment outcome is assessed during specific weeks of the year. The final outcome is the average of participants who were working toward self-sufficiency or engaged toward employment during these reporting weeks.

Education: The outcome is measured by the percentage of employable individuals involved in training or education during the fiscal year. A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate to secure, maintain, or advance the individual's employment opportunities.

Participant Satisfaction: Participant satisfaction is based on interviews by the independent evaluator of fifteen program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. Participants are asked eleven questions concerning their satisfaction with their caseworker, agency program and services. A point is awarded for each question for which the participant reports being satisfied (i.e., agrees with the question). Occasionally, people chose not to respond to all questions. A program's score is based on the percentage of points achieved out of the total possible points for the program given the number of responses.

Family and Concerned Other Satisfaction: Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of fifteen program participants from each agency's program. The interviewer asks questions regarding access, empowerment, and service satisfaction. Family members are asked ten questions. A point is awarded for each question for which the family member reports being satisfied (i.e., agrees with the question). Occasionally, family members choose not to respond to all questions. A program's score is based on the percentage of points achieved out of the total possible points for the program. Similar to participant satisfaction, PCHS's expectation is service excellence. They expect that the vast majority of family members will rate their agency's program services in the highest category.

Access to Somatic Care: This outcome is measured as the percentage of individuals having documentation supporting involvement with a physician. Someone is linked to somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if the individual sees a doctor for a physical illness. The independent evaluator also discussed somatic care with participants and family members during interviews.

Community Inclusion: The outcome is measured as the percent of participants who exhibit ongoing involvement in community inclusion activities. Ongoing involvement is defined by involvement in any one category area three times. The categories are spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). An activity meets the definition if it is community-based and not sponsored by a provider agency, person-directed, and integrated. Individuals can participate in activities by themselves, with friends, support staff persons, or with natural supports. Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area. The evaluator will also verify community activities through file reviews.

Negative Disenrollment: This outcome is measured by the percentage of individuals who were negatively disenrolled. Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments occur when an individual refuses to participate, is displeased with services, is discharged to prison for greater than 6 months, or when the agency initiates discharge. Neutral disenrollments occur when the individual no longer needs services or is no longer eligible, leaves Polk County, dies, has a change in level of care, or is incarcerated due to activity prior to enrollment.

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

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

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

APPENDIX G: REFERENCES

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