Polk County Health Services

2020 Community Living

Outcomes Evaluation



LAW, HEALTH POLICY & DISABILITY CENTER

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Community Living Summary

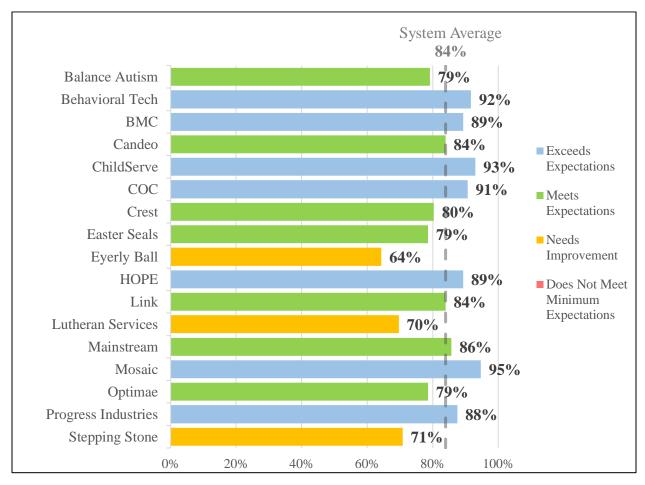


Figure 1. Overall Program Performance

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Supported Community Living (SCL) services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. This mission is implemented by developing supportive relationships to work through individuals' life transitions, promoting responsibility through provision of information and options, building opportunities for meaningful community participation, and supporting experiences which create meaningful life roles. The Polk County Mental Health and Disability Region's charge to the community living system is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. To this end, Polk County contracts with 17 organizations to provide community living services:

- Balance Autism
- Behavioral Technologies
- Broadlawns (BMC)
- Candeo
- ChildServe

- Christian
 Opportunity Center
 (COC)
- Crest Services



- Easterseals
- Eyerly Ball
- HOPE Agency (HOPE)
- Link Associates
- Lutheran Services in Iowa (LSI)
- Mainstream Living
- Mosaic

- Optimae LifeServices
- Progress Industries
- Stepping Stone Family Services

In FY20, the system supported about 1,710 participants (monthly average) to remain living in their communities by providing supported community living supports.

The purpose of the evaluation is to monitor participant and management outcomes and assess the performance of Community Living network services. Results are reported for eighteen outcome areas and scored in fourteen of the eighteen areas, from 1 "Does Not Meet Minimum Expectations" to 4 "Exceeds Expectations." The staff stability outcomes were not scored.

The system's average performance *met expectations*, demonstrating sustained performance over the last four years (84%, 84%, 86%, in FY20, FY19, FY18, and FY17, respectively). Fourteen of the seventeen agencies *met* or *exceeded* the overall set expectations. The system *met* or *exceeded* expectations in twelve of the fourteen scored outcome areas (see breakdown below).

The Community Living system **exceeded expectations** in seven outcome areas:

- Community Housing
- Homelessness
- Involvement in the Criminal Justice System
- Engagement Toward Employment
- Psychiatric Hospitalizations
- Emergency Room Visits for Psychiatric Care and
- Participant Satisfaction

The system **met expectations** in the five areas:

- Employment Working Toward Self-Sufficiency
- Adult Education
- Negative Disenrollments
- Participant Retention and
- Quality of Life

The system was **challenged** in the remaining two areas:

- Somatic Care and
- Community Inclusion

The majority (96%) of program participants reported being very satisfied with the services and supports they received and the staff who worked with them, as well as satisfied with the quality of their lives (89%). In interviews, participants appreciated staff supports to help them access



their communities and live as independently as possible. Staff were often described as caring, supportive, and responsive. Participant satisfaction is a primary indicator of service quality.

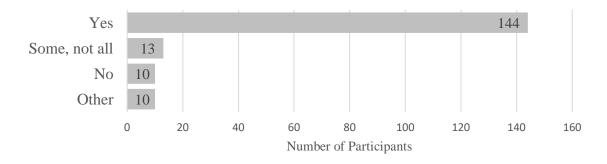
Participants had reason to be satisfied. More than nine of every ten (96%) were living in safe, affordable, accessible and acceptable housing. More than two of every five (42%) were engaged in employment, working at least five hours per week and earning minimum wage or more. One of every four (22%) participated in adult education related to employment. Agencies had high retention rates; about nine of every ten participants (92%) remained with their community living provider for at least a year. Very few participants spent any time in jail or in psychiatric hospitals or were negatively disenrolled. Participants received sufficient supports to access psychiatric care in their communities that they did not need to seek psychiatric care through the emergency room. Even in outcome areas that were challenging, about eight of every ten participants (80%) were involved in their communities, including volunteering, participating in community activities, or attending spiritual events. More than nine of every ten (92%) received somatic care during the year.

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, followed by restrictions to restaurants, mass gatherings, fitness centers, and theaters beginning March 17. Gradual reopening started with an April proclamation for outside businesses, and May proclamations for indoor businesses. The pandemic resulted in statewide job layoffs and furloughs, and many citizens were substantially confined to their residences for four months of the fiscal year.

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

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 177 participants who responded to the COVID questions, 144 responded Yes, 10 responded No, 13 responded Some, Not All, and 10 responded Other (which includes Other,

¹ https://www.homelandsecurity.iowa.gov/disasters/disaster_proclamations.html

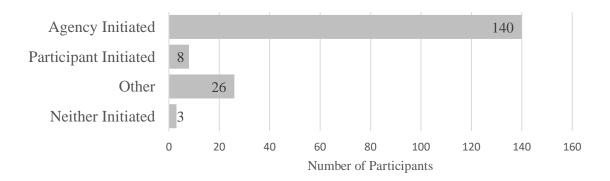


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N/A, Don't Know or Did Not Answer). When asked to elaborate, respondents generally agreed that they were getting their needs met with little change in services. Here, a large number of respondents indicated that their needs were getting met, and they were still getting services, but their services had changed. For example, they were not seeing workers face to face but instead by phone, or they would have groceries delivered, rather than going shopping with their worker. Generally, respondents indicated that most contacts were by phone, though some face-to-face meetings apparently occurred. A few noted alternative methods, such as phone, Zoom, or telehealth, were used for visits. Respondents predominantly indicated that their staff were responsive to their needs. However, a notable number did state that they experienced reduced or no services after the pandemic started. A few thought the agencies were more responsive than before. Some listed specific services they received. Many described having food delivered and staff providing safety measures, such as receiving masks, gloves, and cleaning supplies. Some stated that their services had not changed but that it was harder or a lot harder, adding issues such as lost transportation, greater isolation, services reduced to only the necessities, the healthcare system being shut down, and staffing for houses being more difficult. A few indicated that their houses were on lockdown for some time. A small number of respondents indicated that they lost services because their staff quit or went on medical leave.

Of those who responded that some, or none, of their needs were getting met, several missed social contact, such as having face-to-face visits with staff or getting into the community. A few were not getting transportation they needed, such as to appointments. Some were concerned about not having access to community services, such as the Social Security offices or banks. A few were concerned about lack of access to healthcare. A few had trouble completing the process to getting new housing. Many who had responded to the initial question that only some or none of their needs were being met followed up indicating that their needs were actually getting met.

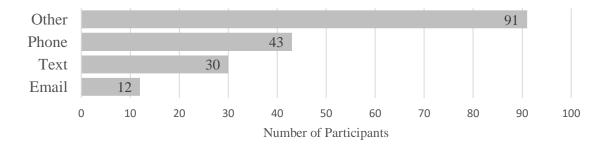
2. Who initiated contact between you and your team since mid-March?



Of the 177 respondents, 140 responded that contacts were initiated by the agency, 8 responded "Participant Initiated," 26 responded "Other," and 3 responded "Neither." Among the participants who responded "Other," the most common response was that they were already in 24-hour SCL and staff were therefore available. In addition, respondents indicated family, friends, the agency office, a guardian, in one case, a nurse. Of those who responded "Neither," those who initiated contact included relatives, a physician, or guardian.



3. In what ways did you communicate?



Of the 176 respondents, 43 responded that contacts were conducted via phone, 30 responded by text, 12 responded by email, and 91 responded "Other." Of the 91 respondents who responded "Other," 78 elaborated on their response. Of those, 70 indicated that they continued to meet in person for at least some meetings. Of the in-person meetings, 13 indicated that they would meet with 24-hour SCL staff, who would always be available. In addition, 15 respondents stated that other modes of contact included conferencing software such as Facetime, Zoom, Facebook Messenger, [Microsoft] Teams, telehealth, or "video call" or "video chat." One responded that some communications were by mail. One responded text when communication by phone was not working.

Selected quotations from these questions have been included in the agency summaries in Appendix A.

Additional Satisfaction Questions Related to COVID-19 Pandemic – System Results				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	144	10	13	10
	Participant	Agency		Neither
	Initiated	Initiated	Other	Initiated
Who initiated contact between you and your team since Mid-March?	8	140	26	3
	Phone	Text	Email	Other
In what ways did you communicate?	43	30	12	91

By participating in this evaluation, Polk County's Community Living providers should be commended for their commitment to assessing and ultimately improving the quality of services that they provide. Despite challenging times, the evaluation suggests that community providers



have continued to provide quality services and supports. With ongoing performance information, providers will be able to better monitor service provision, more quickly respond to gaps or issues, and continue to contribute to improved quality of life for the individuals that they serve.



Introduction

The intent of the Community Living Outcomes Evaluation is to monitor participant outcomes to improve the performance of the Community Living network services. Information about the vision and history of the evaluation can be found in Appendix B. Of the over 5,900 people Polk County funded services for during FY20, more than 4,200 people received ongoing supports and coordination.

This FY20 evaluation presents information on 18 outcome measures for the 17 Community Living Service providers (See Appendix C). Twelve outcome measures (Community Housing, Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Engagement Toward Employment, Adult Education, Access to Somatic Care, Community Inclusion, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Participant Retention) are events tracked and entered into PolkMIS (Polk County's centralized database) by the Integrated Health (IHH) programs and entered by Community Living providers for individuals with Service Coordination and Managed Care Organizations' Care Coordination. Community Living Service providers are able to review this information for accuracy and work with the coordination agencies to rectify any issues. Direct Support Staff Stability and Frontline Supervisor Stability are reported directly by the Community Living Service providers. Participant Satisfaction and Quality of Life are assessed through participant interviews conducted by the Iowa Social Science Research Center at the University of Iowa. Interview questions are included in Appendix D.

Except for data from the interviews, data from PolkMIS for the other outcome areas was provided to LHPDC by PCHS in August 2020. Community Living Service provider agencies and PCHS staff reviewed the complete evaluation in October 2020 in a group exit meeting facilitated by LHPDC staff. The evaluation results were presented to the Polk County Region's Adult Advisory Committee in October 2020 and reviewed by the Polk County Mental Health and Disabilities Regional Governing Board in November 2020.



Individual Outcomes



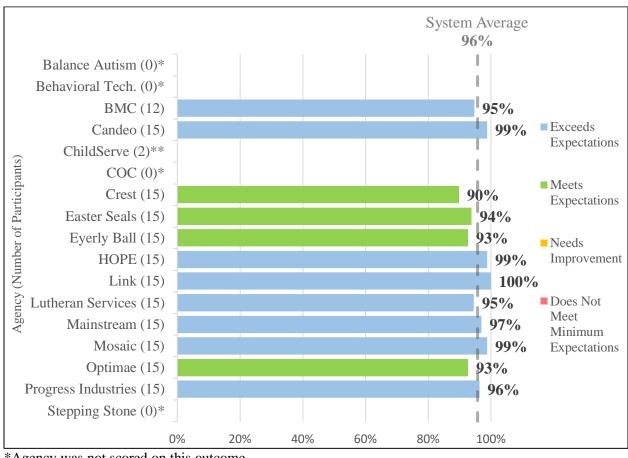
Participant Satisfaction

System Result: Exceeds Expectations (96%)

Individuals supported are the best judges of how well services and supports are meeting their needs. Participant satisfaction is based on 179 interviews by the evaluator of community living participants. Interviews were conducted by phone as part of satisfaction interviews for the Integrated Health Home or Service Coordination evaluations or solely for the Community Living satisfaction evaluation. Results are reported for agencies in which 10 or more participants were interviewed. Comments from participants are included in the individual agency summaries in Appendix A.

Goal	Rating	Points
Greater Than 94%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs Improvement	2
Less Than 85%	Does Not Meet Minimum Expectations	1

Figure 2. Participant Satisfaction



^{*}Agency was not scored on this outcome

^{**}Not enough respondents to score on this outcome



At the exit meeting, agencies described strategies for helping participants cope with COVID. One agency described staff maintaining communication with participants, including touching base once per week. Telephone calls also provided accountability in staying home. Ultimately staff had to gauge the comfort level for each person. Agencies also described how staffing changed. Some agencies pulled staff from day-habilitation or hourly services and put them into residential (24-hour) homes so they could maintain the same levels of support in fewer programs. Leisure activities transitioned to homes and online options. In addition, those living individually and with mental health issues had increased requests for assistance.



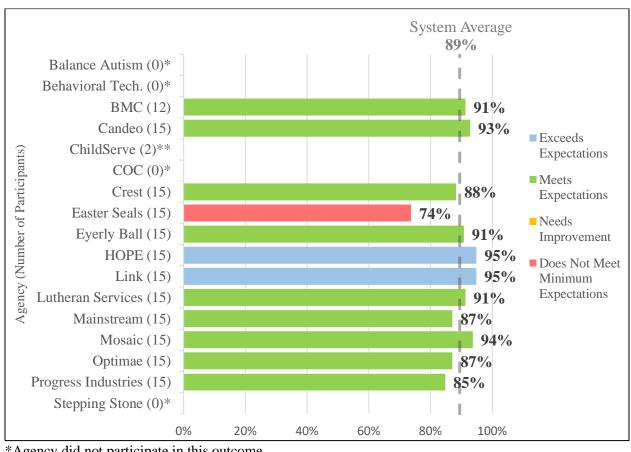
Quality of Life

System Result: Meets Expectations (89%)

The intent of the Quality of Life outcome is to increase participant satisfaction with housing, employment, education, and recreation/leisure activities. Quality of Life is based on 190 interviews of community living participants by the evaluator. Interviews were conducted by phone as part of satisfaction interviews for the Integrated Health Home or Service Coordination evaluations or solely for the Community Living satisfaction evaluation. Results are reported for agencies in which 10 or more participants were interviewed. Comments from participants are included in the individual agency summaries.

Goal	Rating	Points
Greater Than 94%	Exceeds Expectations	4
85% - 94%	Meets Expectations	3
80% - 84%	Needs Improvement	2
Less Than 80%	Does Not Meet Minimum Expectations	1

Figure 3. Quality of Life



^{*}Agency did not participate in this outcome

^{**}Not enough respondents to score on this outcome



In the exit meeting, one agency staff commented that during COVID the general perception that quality of life went down. Staff had to be creative to keep people busy. Another agency reported that a person-centered approach helps, allowing staff to modify interventions to accommodate participants' needs.



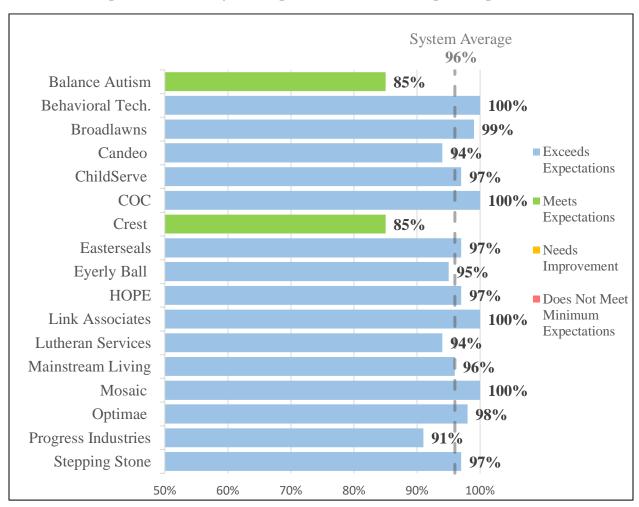
Community Housing

System Result: Exceeds Expectations (96%)

The Polk County Region 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 meaningfully and fully participate in their community.

Goal	Rating	Points
Greater Than 89 %	Exceeds Expectations	4
80 % - 89 %	Meets Expectations	3
70 % - 79 %	Needs Improvement	2
Less Than 70 %	Does Not Meet Minimum Expectations	1

Figure 4. Community Housing (% of members meeting housing criteria)





In the exit meeting, one agency thanked PCHS for providing general assistance support so that participants can get into housing. They reported that the high system score is a direct result of this assistance. A staff member from Crest indicated that the score for their program was affected by a data entry error, and it should be closer to 100%. Other agencies reported that IHHs do not report housing data consistently, and some data may not be entered. So if Community Living staff enter the data, there can be double entries. A staff from Link reported that they have added a four-bedroom, accessible home because they have to balance the service need and costs. Housing costs are going up, and landlords are making it difficult to write leases that work with Section 8.



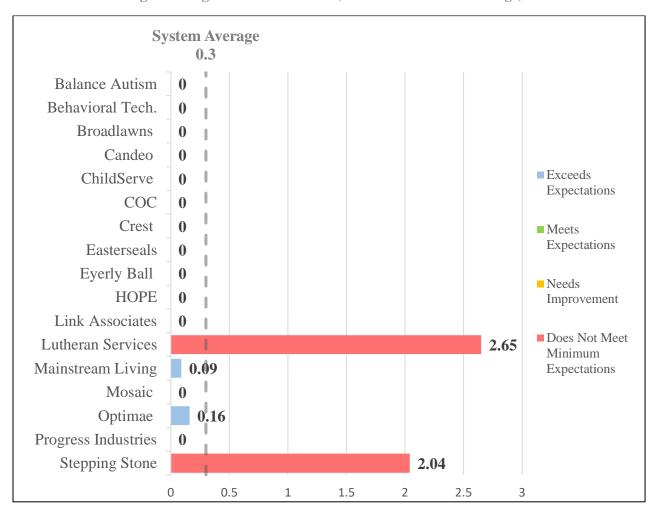
Homelessness

System Result: Exceeds Expectations (0.30)

The intent of this outcome is to provide adequate supports for people in the community in order to reduce the number of nights spent homeless. 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
Less Than 0.41	Exceeds Expectations	4
0.41 - 1.00	Meets Expectations	3
1.01 - 2.00	Needs Improvement	2
Greater Than 2.00	Does Not Meet Minimum Expectations	1

Figure 5. Nights of Homelessness (Per member annual average)



In the exit meeting, one agency reported that a host home changed their mind and a participant stayed in a hotel for 125 days, which significantly increased their score. Further, participants with a criminal history (particularly a sex offense) find it difficult to find affordable housing and have to use hotels. Agencies discussed some discrepencies with what data should be included in this outcome. It was clarified that participants staying in hotels does not count as homelessness, as opposed to living in a car or a shelter. Stepping Stone reported that some period of homelessness was common with their members because they are usually enrolled starting from a shelter.



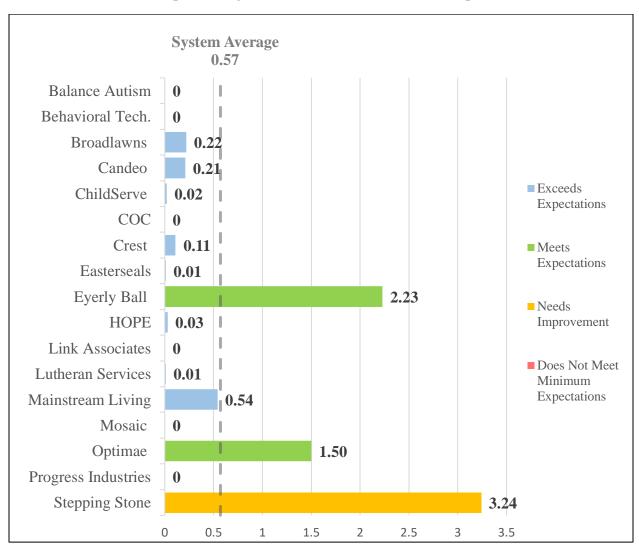
Involvement in the Criminal Justice System

System Result: Exceeds Expectations (0.57)

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

Goal	Rating	Points
Less Than 1.00	Exceeds Expectations	4
1.00 - 2.99	Meets Expectations	3
3.00 - 3.99	Needs Improvement	2
Greater Than 3.99	Does Not Meet Minimum Expectations	1

Figure 6. Days in Jail (Per member annual average)





In the exit meeting, some agencies reported that they do not disenroll participants when they go to jail so they can maintain a relationship with them until they get released. This can sometimes add significant days to an agency's score for this outcome. Some participants are enrolled with court dates scheduled, which extends their jail time. In addition, agencies report seeing more participants with mental health or physical disabilities co-occurring with substance abuse, and this is a challenging population to serve as they spend time in jail. Further, the population is getting older and physical health issues are increasing.



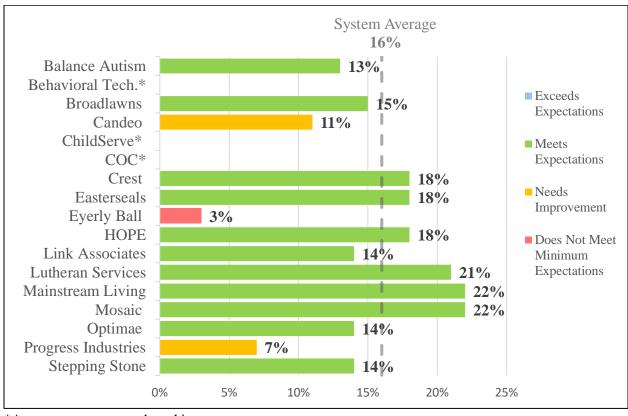
Employment - Working Toward Self-Sufficiency

System Result: Meets Expectations (16%)

The Polk County Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency. The Region has developed two employment outcomes: Employment–Working Toward Self-Sufficiency and Engagement Toward 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 weeks in two specified reporting periods (October and April). However, because of COVID-19, the reporting for spring was not required this year. The intent of the outcomes is to increase the employment rate of people with disabilities and increase wages. Results are reported and scored for programs with ten or more employment eligible individuals.

Goal	Rating	Points
Greater Than 32%	Exceeds Expectations	4
12% - 32%	Meets Expectations	3
5% - 11%	Needs Improvement	2
Less Than 5%	Does Not Meet Minimum Expectations	1

Figure 7. Employment – Working Toward Self-Sufficiency (% of eligible members employed 20 or more hours per week)



^{*}Agency was not scored on this outcome



In the exit meeting, agencies reported that many participants want to work, but many do not want to work more than 20 hours per week. Those who were not working longer hours were often the first to be furloughed.

One agency reported that some of their participants who were working over 20 hours were experiencing pressure from Social Security, wanting to cut their benefits. If they lose benefits, they can be without this income for four to five months. This loss can be a disincentive to working longer hours. Since COVID, getting in contact with Social Security offices has become challenging.

Agencies reported that, since COVID, a variety of employment consequences have occurred. Specifically, some participants have continued working, lost their jobs and were hired back, or lost jobs and have not been rehired. One agency reported that the agency itself was able to hire some participants who had lost their jobs. One participant had lost their job and has not been able to return because they were not able to wear a mask for health reasons.



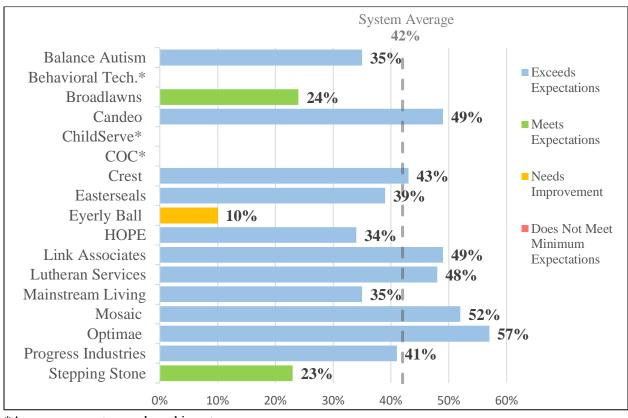
Employment – Engagement Toward Employment

System Result: Exceeds Expectations (42%)

The Polk County Region recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. The Region has developed two employment outcomes: Employment—Working Toward Self-Sufficiency and Engagement Toward Employment. Engagement Toward Employment is measured as the percentage of employable individuals working 5 hours or more per week and earning the minimum wage or greater during the four weeks in two specified reporting periods (October and April). However, because of COVID-19, the reporting for the spring was not required this year. The intent of the outcomes is to increase the employment rate of people with disabilities and increase wages. Results are reported for programs with ten or more employment eligible individuals.

Goal	Rating	Points
Greater Than 32%	Exceeds Expectations	4
12% - 32%	Meets Expectations	3
5% - 11%	Needs Improvement	2
Less Than 5%	Does Not Meet Minimum Expectations	1

Figure 8. Engagement Toward Employment (% of members employed 5-19 hours per week)



^{*}Agency was not scored on this outcome



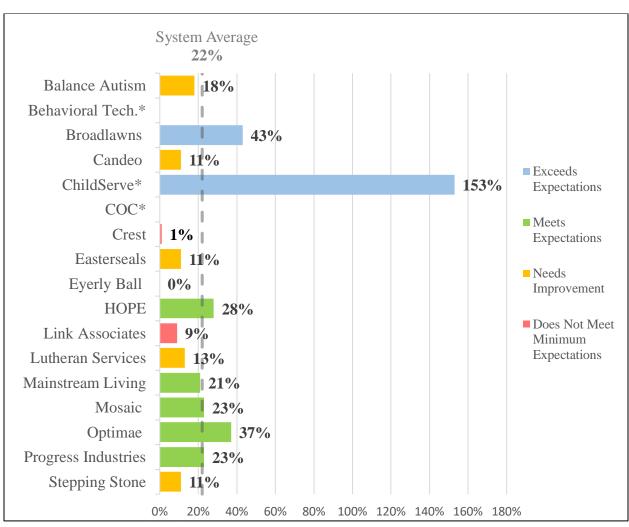
Education

System Result: Meets Expectations (22%)

The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings. The 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
Greater Than 39%	Exceeds Expectations	4
20% - 39%	Meets Expectations	3
10% - 19%	Needs Improvement	2
Less Than 10%	Does Not Meet Minimum Expectations	1

Figure 9. Education (% of members enrolled)



^{*}Agency was not scored on this outcome



Note that the scores for education include those participants who are likely to engage in education without significant support (i.e., those below Level of Support 5 or 6). Child*Serve* attained greater than 100% in this outcome because many participants who scored LOS 5 or 6 were engaged in education, effectively giving the agency extra credit for this outcome.

In the exit meeting, staff from Link reported that every year getting people into education is a struggle, but after COVID some were furloughed or lost jobs. In some of these cases, employment-based trainings were not available. In addition, their LEEP program (Link Employment Exploration Program) lost employment training sites, such as Goodwill, which closed its doors because of the pandemic, leaving fewer sites for the LEEP program.



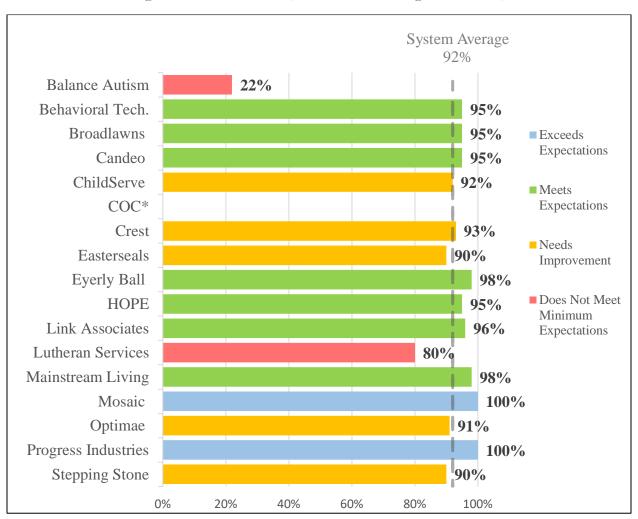
Somatic Care

System Result: Needs Improvement (92%)

The intent of this outcome is to ensure that people have accessible and affordable healthcare. 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
Less Than 90%	Does Not Meet Minimum Expectations	1

Figure 10. Somatic Care (% of members using routine care)



^{*}Agency was not scored on this outcome



In the exit meeting, agencies reported the challenges of getting participants somatic care before and after COVID. Normally, for hourly SCL participants, agencies can offer to take them to physicals, but guardians may not respond. Further, tracking participants was difficult, where some would attend physicals and not report it because they do not want their agency to be talking to their doctor. After COVID participants may have had a plan in place but were not able to visit their physician and rescheduled their physical after the fiscal year. In other cases, participants were afraid of going out in the community. For many, telehealth visits were not helpful. On the other hand, COVID was irrelevant for some because the population is aging, and some participants already get regular healthcare because of ongoing medical issues.



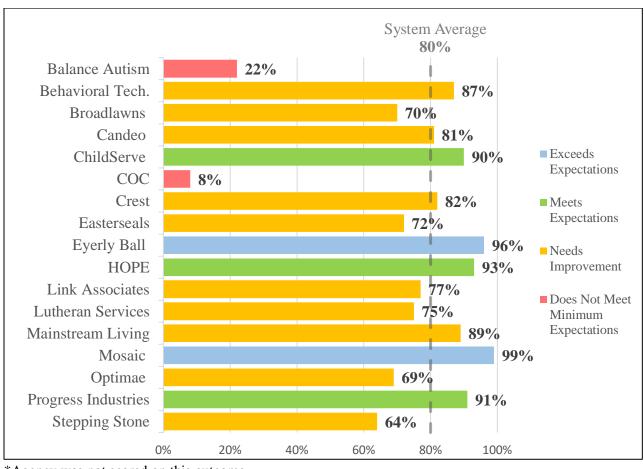
Community Inclusion

System Result: Needs Improvement (80%)

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.

Goal	Rating	Points
Greater Than 94%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
60% - 89%	Needs Improvement	2
Less Than 60%	Does Not Meet Minimum Expectations	1

Figure 11. Community Inclusion (% of members meeting criteria)



^{*}Agency was not scored on this outcome



In the exit meeting, agencies reported that COVID was a factor for this outcome. Participants are more active in the community when the weather is warmer, but this year in the spring participants were not encouraged to participate in activities in the community when they would normally be doing so. One staff reflected that their score was probably entirely based on before COVID. Thus, agencies had to be creative about getting people engaged and used methods such as activity lists, Facetime, and Zoom, and virtual tours of museums (such as the Louvre), which did not conform to Community Inclusion criteria.



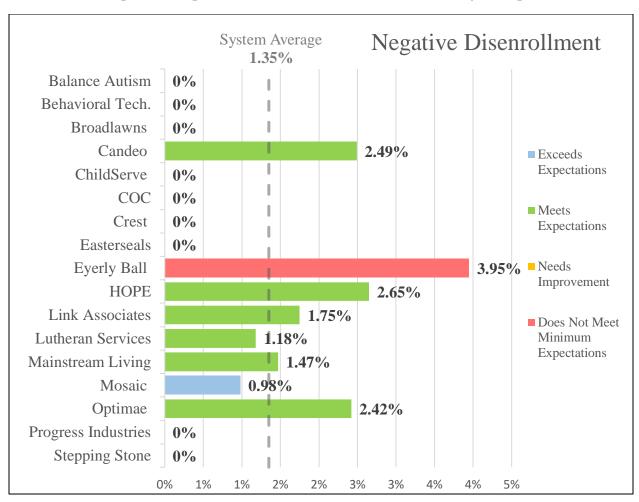
Negative Disenrollment

System Result: Meets Expectations (1.35%)

The intent of this outcome is for the agencies to develop trusting and meaningful relationships with their participants to ensure continuity of care and avoid people with disabilities falling through the cracks because they are too difficult or expensive for the agency to assist. This outcome is measured by the percentage of individuals who were negatively disenrolled. Negative disenrollment occurs when an individual refuses to participate, is displeased with services, is discharged to prison for greater than six months, or when the agency initiates discharge.

Goal	Rating	Points
Less Than 1.0%	Exceeds Expectations	4
1.0% - 2.9%	Meets Expectations	3
3.0% - 3.9%	Needs Improvement	2
Greater than 3.9%	Does Not Meet Minimum Expectations	1

Figure 12. Negative Disenrollment (% of members monthly average)





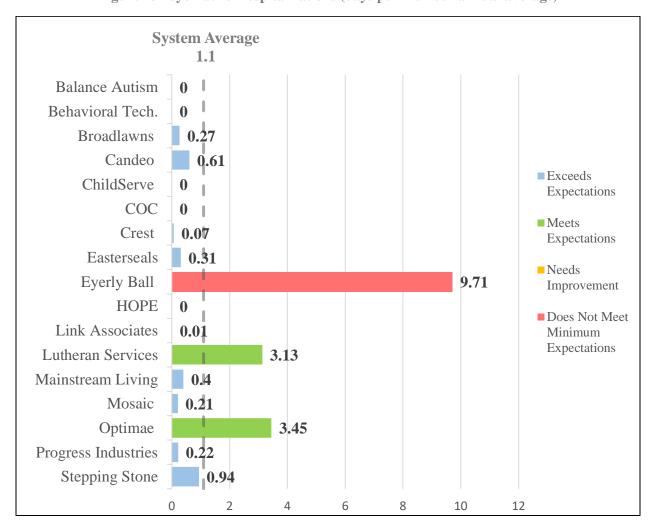
Psychiatric Hospitalizations

System Result: Exceeds Expectations (1.10)

The intent of this outcome is to encourage adequate supports in the community so people can receive community-based services. It is measured as the average number of psychiatric hospital days per individual per year.

Goal	Rating	Points
Less Than 2.00	Exceeds Expectations	4
2.00 - 3.49	Meets Expectations	3
3.50 - 4.50	Needs Improvement	2
Greater Than 4.50	Does Not Meet Minimum Expectations	1

Figure 13 Psychiatric Hospitalizations (days per member annual average)



In the exit meeting, agencies emphasized the importance of direct support staff and consistency in meeting participants to keep them stable, which can reduce hospitalizations, visits to emergency departments, and jail days. One agency reported that they were short staffed because of COVID so they could not meet with participants often enough. The agency response was to use telehealth meetings to mitigate this deficit. One agency staff reported the comment of a participant who had previously experienced frequent hospitalizations remarking that having regular contact with staff meant that suicide is "no longer an option."



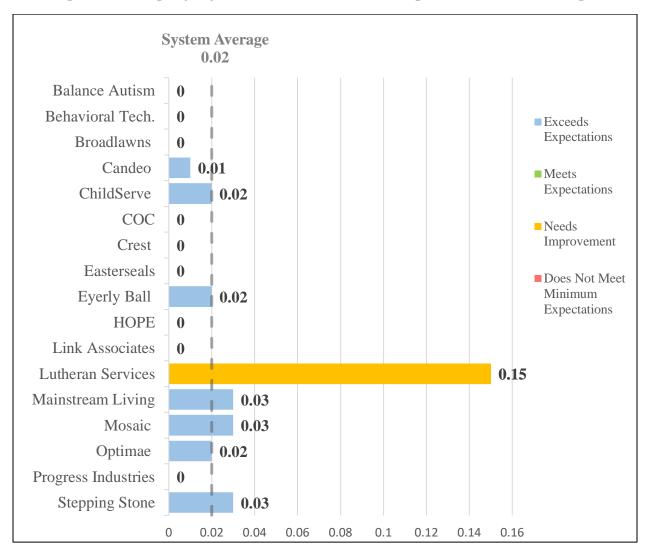
Emergency Room Visits for Psychiatric Care

System Result: Exceeds Expectations (0.02)

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.

Goal	Rating	Points
Less Than 0.06	Exceeds Expectations	4
0.06 - 0.10	Meets Expectations	3
0.11 - 0.16	Needs Improvement	2
Greater Than 0.16	Does Not Meet Minimum Expectations	1

Figure 14. Emergency Psychiatric Utilization (admissions per member annual average)





In the exit meeting, a staff from LSI reported that in addition to hourly and daily SCL, they are in the third year of using host homes. Host homes involve private homes who take in participants to reside with them as part of the family. The process includes a different, more individualized intake. From their experience, this results in better matches and reduced need for emergency services.



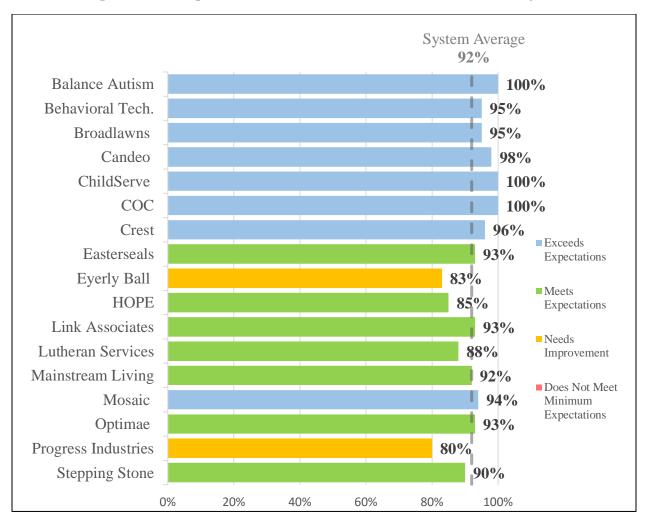
Participant Retention

System Result: Meets Expectations (92%)

The intent of this outcome is for individuals with disabilities to be supported through long-term services and relationships with community living service providers. This outcome is measured as the percent of individuals supported for at least a year with the Community Living service provider out of the total number of individuals supported by that provider.

Goal	Rating	Points
Greater Than 93%	Exceeds Expectations	4
85% - 93%	Meets Expectations	3
75% - 84%	Needs Improvement	2
Less Than 75%	Does Not Meet Minimum Expectations	1

Figure 15. Participant Retention (% of members enrolled for at least 1 year)





In the exit meeting, agencies reported that the score for this outcome does not take into account adding new people into a program after the beginning of the fiscal year or disenrolling participants to move to a higher level of care. For example, Progress Industries reported that they added thirteen new people after July 2019; Link reported adding eight participants. Both cases reflect program growth.



Direct Support Staff Stability – Turnover

System Result: Baseline Year

The intent of this outcome is that individuals with disabilities will be supported through long-term relationships with community living service providers. There are four outcomes for staff stability: 1) Direct Support Staff Stability – Turnover, 2) Direct Support Staff Stability – Vacancy Rate, 3) Frontline Supervisor Stability – Turnover, and 4) Frontline Supervisor Stability – Vacancy Rate. The Direct Support Staff Stability – Turnover outcome is measured as the percentage of direct support staff who leave each quarter averaged over the year, based on the total direct support staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.

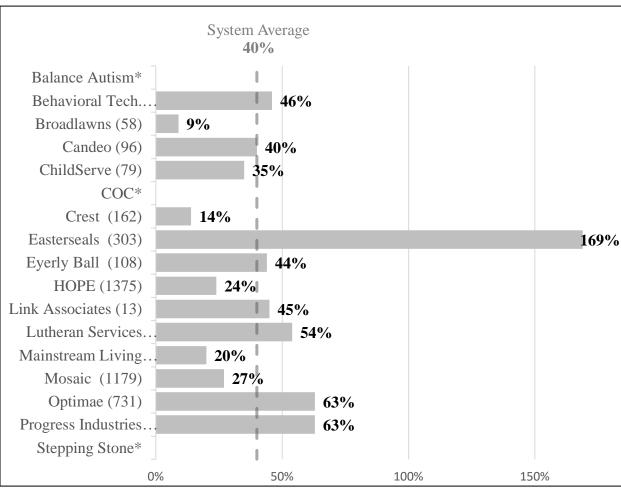


Figure 16. Direct Support Staff Stability – Turnover

^{*}Agency was not scored on this outcome



In the exit meeting, agencies reported that they appreciate these staff outcomes because it is good to have a baseline. This year, agencies reported having to let staff go because of COVID. For example, Easterseals reported that they had to lay off approximately 100 people. In addition, agencies reported moving staff to other services where there was a need.

One agency reported that this year they would hire staff and train them, but new staff would stop coming to work when they would start to go on site. Agencies were concerned about the low pay for direct service staff and that they are not getting as many applicants as in prior years. One agency reported vetting applicants more closely to ensure they are a good fit for the job and not there for just a paycheck.

One agency reported they are paying significant levels of overtime, and they are concerned about burnout. Another agency reported that they were not even getting enough applicants to replace staff who are leaving. Therefore, they are left just working to keep the participants they have and not expand their program. In addition, agencies are putting off training, which is needed because they are seeing more extreme mental health participants. One agency reported that they were at a crisis and needed a 10% rate increase with 75% going to direct support staff.

Agencies suggested that legislative priorities could mitigate the circumstances. For example, a legislative budget might fund pay directly to care staff, rather than through the MCOs. Another suggested that direct support staff should be categorized as a profession with an occupational code to standardize pay rates.



Direct Support Staff Stability – Vacancy Rate

System Result: Baseline Year

The intent of this outcome is that individuals with disabilities will be supported through long term relationships with community living service providers. There are four outcomes for staff stability: 1) Direct Support Staff Stability – Turnover, 2) Direct Support Staff Stability – Vacancy Rate, 3) Frontline Supervisor Stability – Turnover, and 4) Frontline Supervisor Stability – Vacancy Rate outcome is measured as the percent of direct support staff vacancies each quarter averaged over the year, based on the total direct support staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.

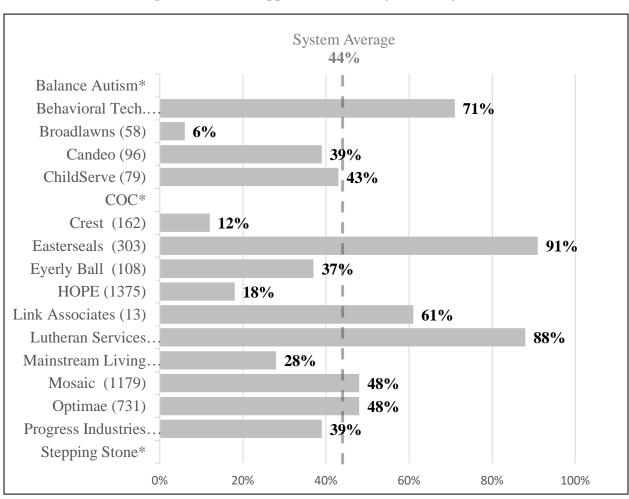


Figure 17. Direct Support Staff Stability - Vacancy Rate

^{*}Agency was not scored on this outcome



Frontline Supervisor Stability – Turnover

System Result: Baseline Year

The intent of this outcome is that individuals with disabilities will be supported through long term relationships with community living service providers. Frontline support staff supervise direct support staff and are important for direct support staff performance and retention. There are four outcomes for staff stability: 1) Direct Support Staff Stability – Turnover, 2) Direct Support Staff Stability – Vacancy Rate, 3) Frontline Supervisor Stability – Turnover, and 4) Frontline Supervisor Stability – Vacancy Rate. The Frontline Supervisor Stability – Turnover outcome is measured as the percent of frontline support staff who leave each quarter averaged over the year, based on the total frontline staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.

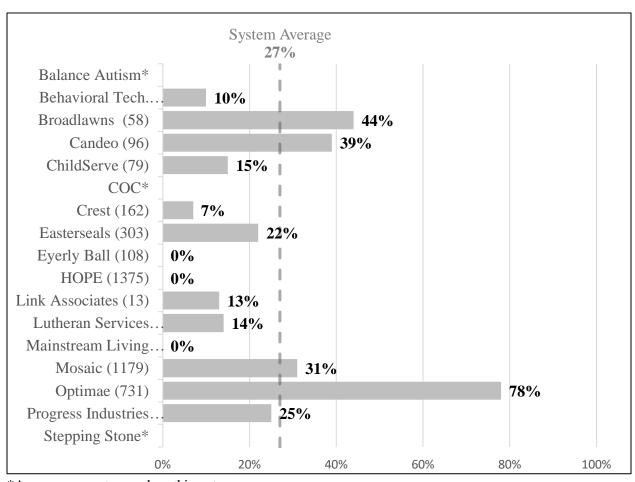


Figure 18. Frontline Supervisor Staff Stability – Turnover

^{*}Agency was not scored on this outcome



Frontline Supervisor Stability – Vacancy Rate

System Result: Baseline Year

The intent of this outcome is that individuals with disabilities will be supported through long term relationships with community living service providers. Frontline support staff supervise direct support staff and are important for direct support staff performance and retention. There are four outcomes for staff stability: 1) Direct Support Staff Stability – Turnover, 2) Direct Support Staff Stability – Vacancy Rate, 3) Frontline Supervisor Stability – Turnover, and 4) Frontline Supervisor Stability – Vacancy Rate. The Frontline Staff Stability – Vacancy Rate outcome is measured as the percent of frontline support staff vacancies each quarter averaged over the year, based on the total frontline staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.

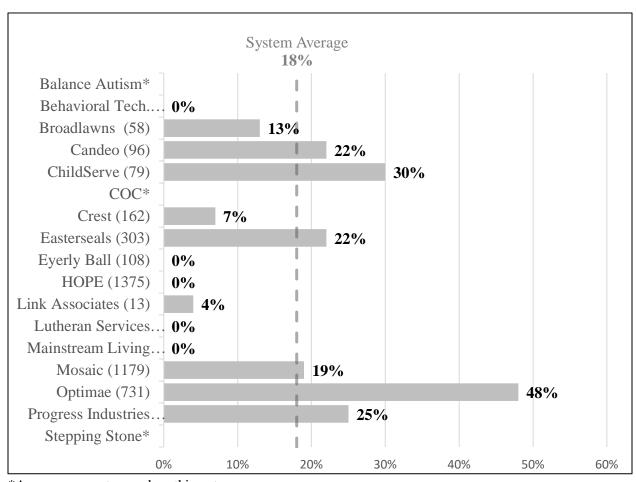


Figure 19. Frontline Supervisor Staff Stability - Vacancy Rate

^{*}Agency was not scored on this outcome



Outcomes by Agency Summary Tables

	FY20 Reported Results by Outcome Area and Agency																	
		ı	1	1	T]	FY20 Rep	orted Re	esults by	Outcom	e Area a	nd Agen	cy	1	T	Т	Т	
Agency	Participant Satisfaction	Тод	Housing	Homeless	Jail	Working Toward Self- Sufficiency	Engagement Toward Employment	Education	Somatic Care	Community Inclusion	Negative Disenrollment	Psych. Hosp.	ER Visits	Participant Retention	Direct Staff – Turnover	Direct Staff – Vacancies	Frontline Supervisor – Turnover	Frontline Supervisor – Vacancies
Balance Autism	NA	NA	85%	0.00	0.00	13%	35%	18%	22%	22%	0.00%	0.00	0.00	100%	NA	NA	NA	NA
Behavioral Tech.	NA	NA	100%	0.00	0.00	NA	NA	NA	95%	87%	0.00%	0.00	0.00	95%	46%	71%	10%	0%
Broadlawns	95%	91%	99%	0.00	0.22	15%	24%	43%	95%	70%	0.00%	0.27	0.00	95%	9%	6%	44%	13%
Candeo	99%	93%	94%	0.00	0.21	11%	49%	11%	95%	81%	2.49%	0.61	0.01	98%	40%	39%	39%	22%
ChildServe	NA	NA	97%	0.00	0.02	NA	NA	153%	92%	90%	0.00%	0.00	0.02	100%	35%	43%	15%	30%
COC	NA	NA	100%	0.00	0.00	NA	NA	NA	NA	8%	0.00%	0.00	0.00	100%	N/A	NA	NA	NA
Crest	90%	88%	85%	0.00	0.11	18%	43%	NA	NA	NA	0.00%	0.07	0.00	96%	14%	12%	7%	7%
Easterseals	94%	74%	97%	0.00	0.01	18%	39%	11%	90%	72%	0.00%	0.31	0.00	93%	169%	91%	22%	22%
Eyerly Ball	93%	91%	95%	0.00	2.23	3%	10%	0%	98%	96%	3.95%	9.71	0.02	83%	44%	37%	0%	0%
НОРЕ	99%	95%	97%	0.00	0.03	18%	34%	28%	95%	93%	2.65%	0.00	0.00	85%	24%	18%	0%	0%
Link Associates	100%	95%	100%	0.00	0.00	14%	49%	9%	96%	77%	1.75%	0.01	0.00	93%	45%	61%	13%	4%
Lutheran Services	95%	91%	94%	2.65	0.01	21%	48%	13%	80%	75%	1.18%	3.13	0.15	88%	54%	88%	14%	0%
Mainstream Living	97%	87%	96%	0.09	0.54	22%	35%	21%	98%	89%	1.47%	0.40	0.03	92%	20%	28%	0%	0%
Mosaic	99%	94%	100%	0.00	0.00	22%	52%	23%	100%	99%	0.98%	0.21	0.03	94%	27%	48%	31%	19%
Optimae	93%	87%	98%	0.16	1.50	14%	57%	37%	91%	69%	2.42%	3.45	0.02	93%	63%	48%	78%	48%
Progress Industries	96%	85%	91%	0.00	0.00	7%	41%	23%	100%	91%	0.00%	0.22	0.00	80%	63%	39%	25%	25%
Stepping Stone	NA	NA	97%	2.04	3.24	14%	23%	11%	90%	64%	0.00%	0.94	0.03	90%	NA	NA	NA	NA
CL System Average	96%	89%	96%	0.30	0.57	16%	42%	22%	92%	80%	1.35%	1.10	0.02	92%	40%	44%	27%	18%

		FY20 Scores by Outcome Area and Agency																
Agency	Participant Satisfaction	ТОО	Housing	Homeless	Jail	Working Toward Self- Sufficiency	Engagement Toward Employment	Education	Somatic Care	Community Inclusion	Negative Disenrollment	Psych. Hosp.	ER Visits	Participant Retention	Direct Staff – Turnover	Direct Staff – Vacancies	Frontline Supervisor – Turnover	Frontline Supervisor – Vacancies
Balance Autism	NA	NA	3	4	4	3	4	2	1	1	4	4	4	4	NA	NA	NA	NA
Behavioral Tech.	NA	NA	4	4	4	NA	NA	NA	3	2	4	4	4	4	NA	NA	NA	NA
Broadlawns	4	3	4	4	4	3	3	4	3	2	4	4	4	4	NA	NA	NA	NA
Candeo	4	3	4	4	4	2	4	2	3	2	3	4	4	4	NA	NA	NA	NA
ChildServe	NA	NA	4	4	4	NA	NA	4	2	3	4	4	4	4	NA	NA	NA	NA
COC	NA	NA	4	4	4	NA	NA	NA	NA	1	4	4	4	4	NA	NA	NA	NA
Crest	3	3	3	4	4	3	4	1	2	2	4	4	4	4	NA	NA	NA	NA
Easterseals	3	1	4	4	4	3	4	2	2	2	4	4	4	3	NA	NA	NA	NA
Eyerly Ball	3	3	4	4	3	1	2	1	3	4	1	1	4	2	NA	NA	NA	NA
НОРЕ	4	4	4	4	4	3	4	3	3	3	3	4	4	3	NA	NA	NA	NA
Link Associates	4	4	4	4	4	3	4	1	3	2	3	4	4	3	NA	NA	NA	NA
Lutheran Services	4	3	4	1	4	3	4	2	1	2	3	3	2	3	NA	NA	NA	NA
Mainstream Living	4	3	4	4	4	3	4	3	3	2	3	4	4	3	NA	NA	NA	NA
Mosaic	4	3	4	4	4	3	4	3	4	4	4	4	4	4	NA	NA	NA	NA
Optimae	3	3	4	4	3	3	4	3	2	2	3	3	4	3	NA	NA	NA	NA
Progress Industries	4	3	4	4	4	2	4	3	4	3	4	4	4	2	NA	NA	NA	NA
Stepping Stone	NA	NA	4	1	2	3	3	2	2	2	4	4	4	3	NA	NA	NA	NA
CL System Average	4	3	4	4	4	3	4	3	2	2	3	4	4	3	NA	NA	NA	NA

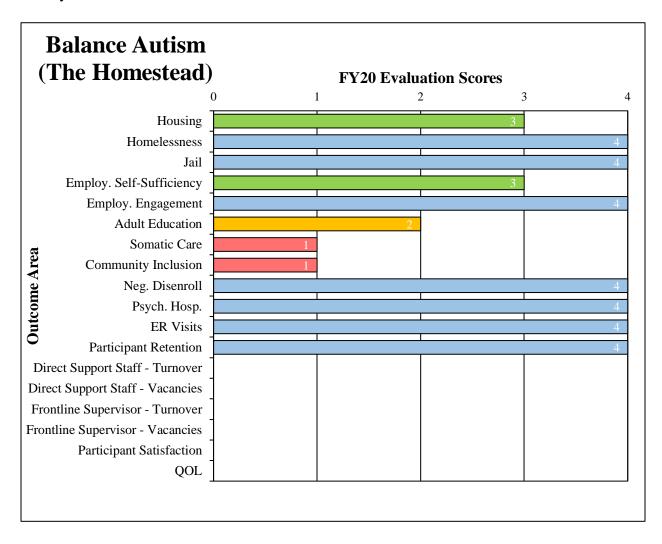
Appendix A: Individual Agency Results



Balance Autism (The Homestead)

Overall Evaluation Results: Meets Expectations (79%)

Balance Autism provides services to both children and adults with autism. In FY20, program staff supported an average of 41 individuals in the intellectual disability waiver, habilitation, and ICF (intermediate care facility) programs in support of community living. In FY20 the program scored a *Meets Expectations* rating. The program excelled in seven outcome areas, met expectations in two areas, and was challenged in the three remaining areas on which they were evaluated. Balance Autism chose not to participate in the evaluation and, therefore, did not provide data for either of the staff stability outcome measures or the participant satisfaction and quality of life outcome measures. It is unclear if the participant data were reviewed during the fiscal year.



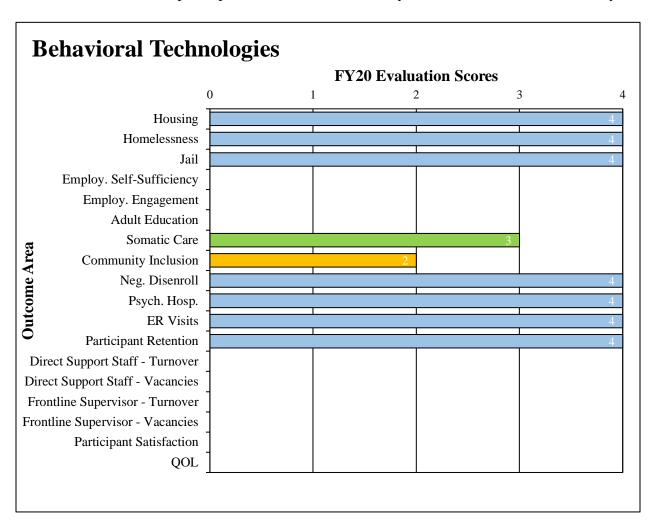
Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	96%	4	92%	4	85%	3	85%	3
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	0.06	4	0.02	4	0.00	4	0.00	4
Working Toward Self- Sufficiency	13%	3	11%	2	7%	2	13%	3
Engagement Toward Employment	35%	4	35%	4	40%	4	35%	4
Adult Education	33%	3	26%	3	23%	3	18%	2
Somatic Care	90%	2	36%	1	24%	1	22%	1
Community Inclusion	91%	3	48%	1	24%	1	22%	1
Negative Disenrollment	0.00%	4	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.58	4	0.64	4	0.00	4	0.00	4
ER Visits	0.04	4	0.00	4	0.00	4	0.00	4
Participant Retention	79%	2	95%	4	100%	4	100%	4
Direct Support Staff – Turnover							Not Reported	NA
Direct Support Staff – Vacancies							Not Reported	NA
Frontline Supervisor – Turnover							Not Reported	NA
Frontline Supervisor – Vacancies							Not Reported	NA
Participant Satisfaction	99%	4	99%	4	0%	1	NA	NA
QOL	100%	4	95%	4	0%	1	NA	NA
Total		49		47		40		38
Possible		56		56		56		48
Performance	Exceeds	88%	Meets	84%	Needs Improve- ment	71%	Meets	79%



Behavioral Technologies

Overall Evaluation Results: Exceeds Expectations (92%)

Behavioral Technologies serves adults with intellectual disabilities. In FY20, the program supported approximately 40 adult participants in community living. Consistent with FY19 results, the agency's community living program exceeded expectations in FY20. The program excelled in seven outcome areas, met expectations in one outcome, and was challenged in the one remaining outcome area on which they were evaluated. Behavioral Technologies is not scored for the employment or education outcomes because they serve too few adults eligible for those outcome areas. No participants were interviewed this year, because of level of disability.



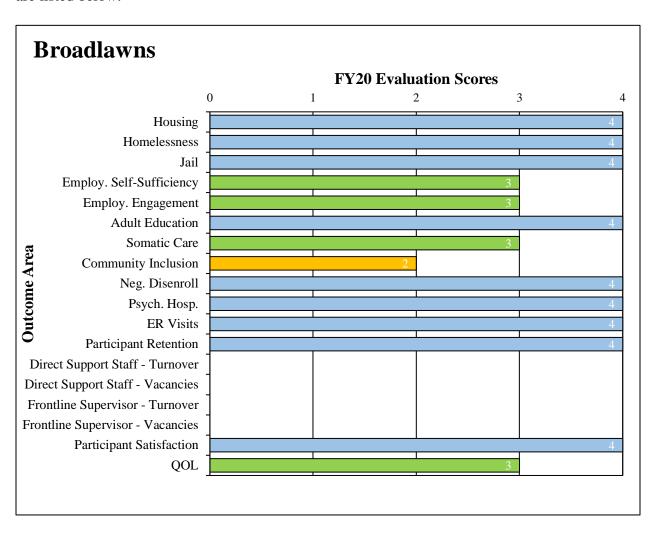
Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20S core
Housing	100%	4	100%	4	100%	4	100%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4	0.00	4
Working Toward Self- Sufficiency	0%	NA	0%	NA	0%	NA	NA	NA
Engagement Toward Employment	0%	NA	0%	NA	0%	NA	NA	NA
Adult Education	0%	NA	0%	NA	0%	NA	NA	NA
Somatic Care	100%	4	100%	4	100%	4	95%	3
Community Inclusion	100%	4	100%	4	100%	4	87%	2
Negative Disenrollments	0.00%	4	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.00	4	0.00	4	0.00	4	0.00	4
ER Visits	0.00	4	0.00	4	0.00	4	0.00	4
Participant Retention	100%	4	100%	4	100%	4	95%	4
Direct Support Staff – Turnover							46%	NA
Direct Support Staff – Vacancies							71%	NA
Frontline Supervisor – Turnover							10%	NA
Frontline Supervisor – Vacancies							0%	NA
Participant Satisfaction	NA	NA	NA	NA	NA	NA	NA	NA
QOL	NA	NA	NA	NA	NA	NA	NA	NA
Total		36		36		36		33
Possible		36		36		36		36
Performance	Exceeds	100%	Exceeds	100%	Exceeds	100%	Exceeds	92%



Broadlawns

Overall Evaluation Results: Exceeds Expectations (89%)

Broadlawns serves primarily adults with mental health issues who are enrolled in Broadlawns' Integrated Health Home program. In FY20, the program supported approximately 60 adult participants in community living. Compared to FY19 results of 83% and a Meets Expectations rating, the agency's community living program exceeded expectations for FY20. The program excelled in nine outcome areas, met expectations in four additional areas, and was challenged in the one remaining area. Twelve participants were interviewed. Comments from the participants are listed below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	94%	4	97%	4	99%	4	99%	4
Homelessness	0.65	3	0.00	4	0.92	3	0.00	4
Jail	3.65	2	2.84	3	4.34	1	0.22	4
Working Toward Self- Sufficiency	3%	1	9%	2	11%	2	15%	3
Engagement Toward Employment	12%	3	16%	3	17%	3	24%	3
Adult Education	31%	3	36%	3	11%	2	43%	4
Somatic Care	98%	3	95%	3	100%	4	95%	3
Community Inclusion	88%	2	91%	3	97%	4	70%	2
Negative Disenrollment	0.00%	4	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.51	4	0.84	4	2.74	3	0.27	4
ER Visits	0.00	4	0.00	4	0.00	4	0.00	4
Participant Retention	95%	4	96%	4	98%	4	95%	4
Direct Support Staff - Turnover							9%	NA
Direct Support Staff - Vacancies							6%	NA
Frontline Supervisor – Turnover							44%	NA
Frontline Supervisor – Vacancies							13%	NA
Participant Satisfaction	99%	4	95%	4	100%	4	95%	4
QOL	97%	4	91%	3	100%	4	91%	3
Total		45		48		46		50
Possible		56		56		56		56
Performance	Meets	80%	Meets	86%	Meets	82%	Exceeds	89%

Participant Interviews



Twelve Broadlawns Community Living participants were interviewed. In interviews, participants reported that staff were skilled at providing emotional and psychological support when they are needed. Others appreciated assistance with errands, transportation, and community activities. Some experienced improvements in their work or school. Several have had assistance with housing. Their comments included the following:

I've been getting out by myself and taking walks. I've been trying to control my panic attacks by getting out more. Transportation to go to my doctors' appointments on my own. If I need them, I can call them. ... I'm working on my panic attacks. I need to work on it because if my ride is late, I panic. I haven't had to go to the hospital for anything recently. I haven't had a crisis recently.

I'm getting out of the house more. I get my shopping done. ... They want me to go to the senior citizen center. I can't do that now. I go play bingo and eat lunch. They're respectful all the time. They provide coping [skills/tools]. They take me in the community.

There aren't a lot of services, but they are helpful. ... Vocational rehabilitation helped me pay for school for pharmacy tech so that is what I'm doing now. I've got a more healthy living goal. ... I clean and I want to do it. I want to be independent. She [Staff] kind of motivates ... she directs me and gives tips on what to do. ... I do all my own paperwork, but if I need help she [Staff] is there for that. Instead of putting things off I do the things when I need to. I get energy from other people, so [Staff] helps with that.

They give me support. Right now, they're not able to get my transportation because of COVID, but I had that service before. To get out into the public more, but that's hard with COVID of course. ... They help you with your needs, and they seem to be very concerned with you. They help me get through any sort of situation. I have a lot more resources I can go to, or reach out to, if I'm having a crisis. When I first came to Broadlawns, I was on the verge of being homeless, and they helped me secure housing.

I have a social worker, which helps with my appointments, dealing with anxiety, help with my goal plan. Those are my primary [services], I think. Making doctors' appointments. I know that sounds small, but that's a big thing for me. ... They've helped me with my anxiety and to independently care for myself. Mood stability mainly. The ability to think it through and have a positive response. I would also have to say knowing to reach out to get help. I wasn't able to do that until I got to this program. Being [a person with] bipolar and being able to reach out to someone is an extremely difficult thing to do. ... I haven't gotten evicted in over 15 years. I used to get evicted regularly. And that's a big thing for people like me.

Everyone I have met have been exceptional people. They make you feel loved and needed. ... It has been very limited with COVID. I miss them. My worker would come get me, and we would go swimming or whatever goals we wanted to work on. We would go for a walk. She liked to get me out of my apartment. ... Fantastically satisfied, I'm actually doing better through this COVID than I was before COVID. I think maybe because



everybody else is freaking [laughter]. [Staff is] just an angel ... and my new case worker is too. I'm staying here until I die. I love the apartment. I love my neighbors.

My life is a lot more in control. They teach me coping mechanisms for dealing with my anxiety. I think about situations differently, so I don't feel attacked or just blow up. I do a lot better at school. I'm getting ready to go back into the workforce. I've kept a stable home for at least five years now in the rapid rehousing program. They found me housing and connected me to resources for food. They helped me get furniture.

Absolutely, she's helped me by giving me ideas to deal with stress, making lists, and staying on top of appointments. She motivates me. ... There were times in the past when I was suicidal. And she is someone I can depend on to get through whatever it is I'm going through. I start my new job tomorrow. Previously she got me in the door with Goodwill Industries. She helped with the developer then, and I used her ideas for how to seek for those, and what she did previously has helped me get to where I am now. ... With her by my side, she gives me the strength to do it on my own. It's great. I can talk to her about anything, and she's just flipping fantastic.

I see my mom and brother fairly regularly. I see them more since the virus hit, since there's not much to do. I'm more talkative, I think. Being with people I talk with helps me to talk with people generally. ... We talk on the phone mainly about my psychological condition and what I'm doing day to day.

I get control over my problems, and my medications. ... I like where I'm living now though. They help me with my activities and my medications and my appointments. The activities are generally one of my goals, to attend the activities. I like the activities. I like the coloring. I like the van rides to Waterworks Park.

It's more organized now. Now I care about a schedule. Before I sat and cried. Now that I have the support, I'm more structured. And if I'm not able to, I can call them, and they can get me through it. She's awesome. She knows that I'm a hugger. She wouldn't leave without a hug before COVID. I would recommend her to anyone. She is the bomb.

Participants reported concerns about less contact with staff and less activity. One was concerned about disruption that occurs with changing services. Another was in inaccessible housing. One reported not working on goals.

Now I don't have any contact with anybody.

I had all kinds of trouble when they put me on disability, and I called crying and asked for her help. [Staff's] fill-in tried, but she didn't know that much about it. But my case worker set me up, and they made double sure that everything was getting worked out. ... They shut everything off when they shift you over ... so that is disruptive.

I have an autoimmune disease that affects my joints. I can no longer walk. I can't get the resources I need. ... I'm trying to move. This place is not made for someone in a wheelchair. It's not accessible. I need a new place that I can move around in. ... I need



new housing, and they're aware of it. I can't even get out of my apartment because of stairs, and I'm in a wheelchair.

[W]ith this COVID and social distancing. It's really hard to be part of the community when we are so limited. I do try to go out and go for walks. I still struggle a bit.

Since the virus, I haven't gone out to eat with my workers anymore. [We used to do that]. We also used to get coffee occasionally too, but not right now.

No talk of goals ever, there hasn't been much talk, no. I just don't know what they're doing as far as that's concerned. They haven't done anything to help me become more independent.

Right now, there is nothing going on. They could help you get situated and with rides.

COVID-19

Participants reported that in general they are getting their needs met, though nearly all comment on new restrictions or missing face-to-face contact with staff.

The only thing that is really different is that I see my doctors on video chat now. I'm still getting all my services.

They're just calling me now to check in with me. They're not doing anything but calls.

I actually received extra food stamps for that [during COVID]. I don't know when it's going to stop ... but it helps. [Staff] wasn't able to see me for a while, but she called during that time, and I still got what I needed done.

I've been able to do everything. It's just a lot harder without them being by my side. [I lost my transportation services, and the workers can't come out as much.]

[I am still getting services.] They're still doing the best they can in terms of COVID. The reduction is lack of personal contact, and yes, that did affect me. Everything is by phone. They still supported us by phone, but it's not the same as having a personal contact. So yes, it did affect our personal contact. There is also a lack of motivation, but understand that is part of the virus and not the program.

They can't ... cover my needs. I want to see them, but they can't. They always call, and I can call them. They are doing the best they can in a bad situation. They did talk about having [Staff] go for a walk with me, but that's when the numbers [infection rates] were down, and now the numbers have gone up. ... I've been sick twice now and haven't felt like going to get meds or groceries. I think they would help if things were different. ... As far as the workers at Broadlawns, they are the best people I have ever met. I couldn't say anything good enough. I would give them an award if I could. They are wonderful women. I haven't met anyone there that I didn't just love.

[Staff] calls me once a month. I can call her even if I just need someone to talk to.



I'm a little more depressed, but I'm working through it. ... It hasn't really restricted me, but it has kept me from doing some of the things I want. But I'm a home body. ... The responsiveness [of the team] is right on it. Any time I want something, they are right there for me.

All of my needs have been met, yeah. The hospital situation has gotten tighter. It's gotten harder to get appointments. I still see people and go in Monday for an appointment, but I also don't see my workers as much.

Well they keep things clean and virus-free. They haven't really changed anything. I talk with [Staff] over the phone, about once a month. [We are] still having some meetings in person since COVID started.

I am a high risk for COVID because I have COPD. And with an upcoming surgery I can't have a fever, so I'm even more isolated. [They are taking care of me by staying distant.] They would not cause me any harm.

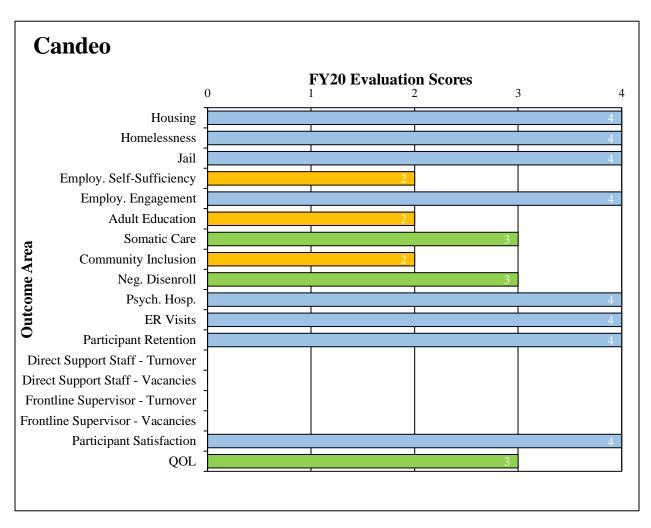
Additional Satisfaction Question	Additional Satisfaction Questions Related to COVID-19 Pandemic – Broadlawns											
	Yes	No	Some, Not All	Other								
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	6	2	3	0								
	Participant	Agency		Neither								
	Initiated	Initiated	Other	Initiated								
Who initiated contact between you and your team since Mid-March?	0	11	0	0								
	Phone	Text	Email	Other								
In what ways did you communicate?	2	3	1	5								



Candeo

Overall Evaluation Results: Meets Expectations (84%)

Candeo serves adults between the ages of 18 and 65 who have intellectual disabilities, brain injury, or mental health diagnoses. In FY20, the program served an average of 121 adult participants in community living. Consistent with FY19 results, the agency's community living program met expectations in FY20. The program excelled in eight outcome areas, met expectations in three additional areas, and was challenged in the three remaining areas. Fifteen participants were interviewed for the evaluation, and they reported being very satisfied with the program. Comments from participants are included below.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY10 Score
Housing	97%	4	99%	4	94%	4	94%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	1.00	3	0.50	4	0.12	4	0.21	4
Working Toward Self- Sufficiency	13%	3	20%	3	14%	3	11%	2
Engagement Toward Employment	39%	4	63%	4	57%	4	49%	4
Adult Education	17%	2	18%	2	9%	1	11%	2
Somatic Care	87%	1	86%	1	87%	1	95%	3
Community Inclusion	89%	2	92%	3	84%	2	81%	2
Negative Disenrollment	2.74%	3	0.00%	4	0.77%	4	2.49%	3
Psych. Hosp.	3.89	2	2.79	3	1.92	4	0.61	4
ER Visits	0.05	4	0.33	1	0.00	4	0.01	4
Participant Retention	95%	4	97%	4	94%	4	98%	4
Direct Support Staff – Turnover							40%	NA
Direct Support Staff – Vacancies							39%	NA
Frontline Supervisor – Turnover							39%	NA
Frontline Supervisor – Vacancies							22%	NA
Participant Satisfaction	95%	4	96%	4	98%	4	99%	4
QOL	100%	4	95%	4	99%	4	93%	3
Total		44		45		47		47
Possible		56		56		56		56
Performance	Meets	79%	Meets	80%	Meets	84%	Meets	84%



Participant Interviews

Fifteen Candeo Community Living participants were interviewed. Candeo participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, access to additional needed services, support toward independence, and goal-oriented service provision. Participants described staff as responsive, respectful, and caring. Representative comments included:

Candeo helps you out and helps you live and be with your friends and helps you with your goals.

Mostly I can do everything by myself. They ... staff takes me grocery shopping, they take me out to the community, and do whatever I want.

Yes, I'm getting a lot of support through Candeo and them, and they're supporting. They're doing a good job helping me. Like if I needed to talk to them, they're there to support people.

We just make sure that we're keeping our rooms cleaned up and all that and making sure everything's good-to-go and all that. Well I'm actually really happy to live here because it's a lot better. And staff comes in every morning, and it's really nice to have them when I need them. I can talk to them anytime I need them.

If [a person] need[s] a company to take care of you, I know a company that would do that. It becomes your home, and they come and stay there eight hours a day, and they help you do laundry, cleaning, cooking, shopping, with your apartment.

They're usually hard workers. They don't sit around on their butt and get paid for nothing.

I wish I could somedays send them to the grocery store with a check, and I wouldn't have to. But I do because it's good for me to do it and get that support, you know.

Some of the workers let me have more control of my life than others. Some of them try and control more of what's going on, and we both go back and forth about things. Not arguing though, just back and forth.

A few participants shared concerns about staff but noted that one staff issue was resolved, and another described caring staff but busy schedules.

But not all of them. One slept the whole time he was here. He came in at six in the morning, and we had to wake him for medication. I told our other staff, and staff supervisor knew, and he doesn't work with us anymore. [Staff] takes care of us real well.

Sometimes they are. Sometimes they aren't. Sometimes it's just that they're busy. They are really responsive, though, when they have time to talk.



Participants described improvements to their quality of life, such as better management of stressors, improved mental health, improved relationships and increased use of coping skills.

My anger. Keep my job for a long time. [I work at Employer and have] been there six years.

I do go to work. I work at [Employer], in Des Moines. Yeah, I'm doing pretty ... actually I've been doing really good at work. I got promoted, and I got a raise. I've been doing really good at work.

I used to be more exclusive. Now I'm more open.

I deal with daily problems a little bit better than I used to. I just take one day at a time. I had a little bit of anxiousness, and I don't get as nervous as I used to.

I'm a lot more calm in some crises. You don't see me get frazzled, so I am getting a lot better.

The services just made me see that I can be a lot calmer in certain situations when it comes to my family, calmer than I used to be.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting fewer opportunities for community inclusion, a halt to some services (e.g. day-habilitation programming), and how they have managed employment challenges.

Before corona they took me to see my friends. They give me rides to the library and to the lake and to walk around.

I used to go to day-hab [day-habilitation] but it's been closed since coronavirus. I miss getting out and around other people.

There's not much right now due to COVID but meeting new people and going to church [used to be encouraged].

I go to a program during the week. I'm not going to the day program right now because of the virus.

Well before this corona, this virus thing, we used to go out and shoot pool, and I would talk to people.

We haven't been having social events because of the COVID. So a little social service we get is if we go walk to a book thing where our friend is. That's about all we get.

I do better at work, but I haven't worked since COVID. I'm actually graduating job coaching when I get back to work. So that's going to be a big one for me.



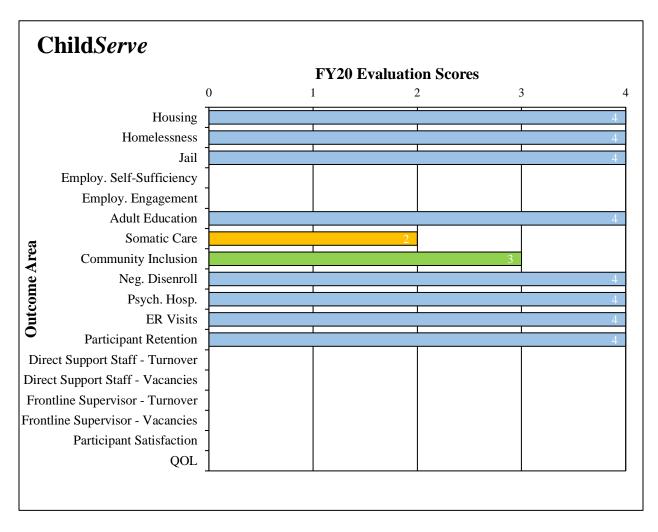
Additional Satisfaction Ques	Additional Satisfaction Questions Related to COVID-19 Pandemic - Candeo											
	Yes	No	Some, Not All	Other								
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	12	0	2	1								
	Participant	Agency		Neither								
	Initiated	Initiated	Other	Initiated								
Who initiated contact between you and your team since Mid-March?	2	9	4	0								
	Phone	Text	Email	Other								
In what ways did you communicate?	2	3	1	9								



ChildServe

Overall Evaluation Results: Exceeds Expectations (93%)

Child*Serve* serves individuals ages 5-25, depending on service (SCL, 24 hour SCL, ICF/ID) with various diagnoses including but not limited to intellectual disabilities, traumatic brain injury, cerebral palsy, Down syndrome, autism, ADHD, PDD and seizure disorder. In FY20, the program supported an average of 51 adult participants in adult community living. Compared to FY19 results, where they exceeded expectations, the agency's community living program's performance was also in the Exceeded Expectations range in FY20. The program exceeded expectations in eight outcome areas, met expectations in one outcome area, and was challenged in the one additional outcome areas on which they were evaluated. Two participants were interviewed for the evaluation so the agency could not be scored in the Participant Satisfaction or Quality of Life outcomes. Comments from participants are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	88%	3	95%	4	95%	4	97%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.19	4	0.36	4	0.02	4
Working Toward Self- Sufficiency	2%	1	0%	NA	40%	NA	NA	NA
Engagement Toward Employment	4%	1	0%	NA	87%	NA	NA	NA
Adult Education	56%	4	168%	4	155%	4	153%	4
Somatic Care	79%	1	100%	4	96%	3	92%	2
Community Inclusion	77%	2	95%	4	92%	3	90%	3
Negative Disenrollment	0.00%	4	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.00	4	0.41	4	0.07	4	0.00	4
ER Visits	0.00	4	0.00	4	0.02	4	0.02	4
Participant Retention	93%	3	100%	4	96%	4	100%	4
Direct Support Staff - Turnover							35%	NA
Direct Support Staff - Vacancies							43%	NA
Frontline Supervisor - Turnover							15%	NA
Frontline Supervisor - Vacancies							30%	NA
Participant Satisfaction		NA	NA	NA	100%	4	NA	NA
QOL		NA	NA	NA	93%	3	NA	NA
Total		35		40		45		34
Possible		48		40		48		40
Performance	Needs Improve- ment	73%	Exceed s	100%	Exceeds	94%	Meets	93%



Participant Interviews

Two Child*Serve* Community Living participants were interviewed. Respondents receiving services from Child*Serve* described positive experience with the agency, including responsive staff, met needs, crisis support, and supporting community inclusion.

Looking out for cars [is a goal]. Looking at cars, safety. Cooking something. Shopping for food, groceries. He'll [my worker will] always get back to me. He'll call me back.

ChildServe is a good place.

I'm working on losing weight. It's not like living in a regular home, but you get the help you need.

Sometimes ... they provide coping skills. Depending on what problem it is - they have helped me through crisis.

Depending on what situation or what people ... they take me in the community.

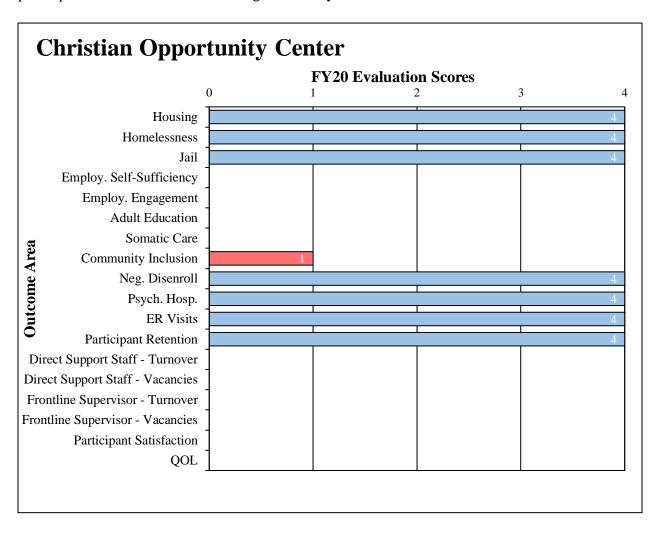
Additional Satisfaction Questi	ons Related to	COVID-19	Pandemic - Child	Serve
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	2	0	0	0
	Participant	Agency		Neither
	Initiated	Initiated	Other	Initiated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



Christian Opportunity Center (COC)

Overall Evaluation Results: Exceeds Expectations (91%)

Christian Opportunity Center's primary focus is to serve adults with intellectual and mental disabilities. COC's mission is to serve to integrate Christian values in teaching quality work and living skills that address the needs of the whole person. Their purpose is to provide people with disabilities or other special needs the opportunity to reach their potential. In FY20, the program supported an average of 13 adult participants in community living. The agency excelled in seven outcome areas and was challenged in the one remaining outcome area on which they were evaluated. No participants were interviewed for the evaluation this year. It is unclear if the participant data were reviewed during the fiscal year.



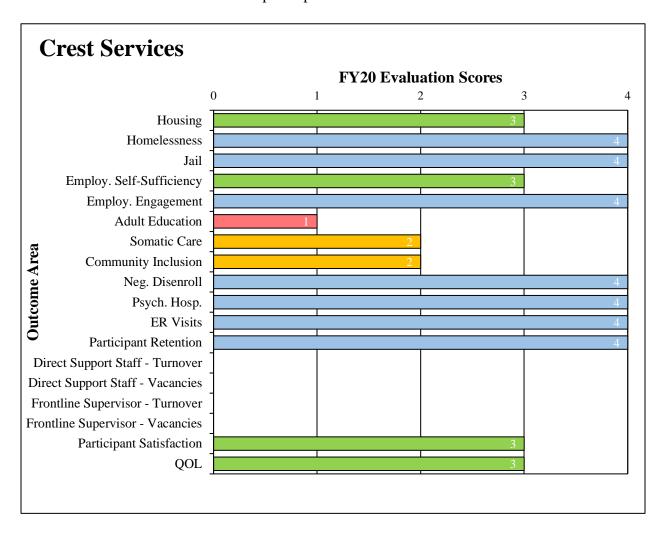
Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	NA	NA	100%	4	88%	3	100%	4
Homelessness	NA	NA	0.00	4	0.00	4	0.00	4
Jail	NA	NA	0.00	4	0.00	4	0.00	4
Working Toward Self-Sufficiency	NA	NA	0%	NA	0%	NA	NA	NA
Engagement Toward Employment	NA	NA	0%	NA	27%	NA	NA	NA
Adult Education	NA	NA	0%	NA	0%	NA	NA	NA
Somatic Care	NA	NA	100%	4	0%	1	NA	NA
Community Inclusion	NA	NA	83%	2	0%	1	8%	1
Negative Disenrollment	NA	NA	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	NA	NA	0.00	4	0.00	4	0.00	4
ER Visits	NA	NA	0.00	4	0.00	4	0.00	4
Participant Retention	NA	NA	92%	3	92%	3	100%	4
Direct Support Staff - Turnover							NA	NA
Direct Support Staff - Vacancies							NA	NA
Frontline Supervisor - Turnover							NA	NA
Frontline Supervisor - Vacancies							NA	NA
Participant Satisfaction	NA	NA	98%	4	0%	1	NA	NA
QOL	NA	NA	100%	4	0%	1	NA	NA
Total		NA		41		30		29
Possible		NA		44		44		32
Performance	NA	NA	Exceeds	93%	Needs Improve- ment	68%	Exceeds	91%



Crest Services

Overall Evaluation Results: Meets Expectations (80%)

Crest Services Des Moines provides 24-hour SCL and habilitation services to persons with intellectual, developmental, or mental disabilities. Crest Services provides hourly SCL services to persons with intellectual, developmental, and mental disabilities in addition to Brain Injuries. Crest Services' primary focus is residential services to persons with intellectual disabilities, ranging in age from 22 to 86 years old. In FY20 the program supported an average of 97 adult participants in community living. In FY20 the agency's community living program met expectations. The program excelled in seven outcome areas, met expectations in the four areas, and were challenges in the additional outcome areas. Fifteen program participants were interviewed and reported that they were satisfied with the services received and the staff who work with them. Comments from the participants are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	100%	4	96%	4	80%	3	85%	3
Homelessness	0.30	4	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.18	4	0.11	4
Working Toward Self-Sufficiency	18%	3	26%	3	20%	3	18%	3
Engagement Toward Employment	37%	4	40%	4	44%	4	43%	4
Adult Education	15%	2	16%	2	6%	1	1%	1
Somatic Care	98%	3	98%	3	95%	3	93%	2
Community Inclusion	99%	4	89%	2	86%	2	82%	2
Negative Disenrollment	1.71%	3	1.91%	3	0.00%	4	0.00%	4
Psych. Hosp.	0.73	4	1.45	4	0.10	4	0.07	4
ER Visits	0.01	4	0.00	4	0.01	4	0.00	4
Participant Retention	97%	4	98%	4	96%	4	96%	4
Direct Support Staff - Turnover							14%	NA
Direct Support Staff - Vacancies							12%	NA
Frontline Supervisor - Turnover							7%	NA
Frontline Supervisor - Vacancies							7%	NA
Participant Satisfaction	96%	4	93%	3	99%	4	90%	3
QOL	95%	4	92%	3	91%	3	88%	3
Total		51		47		47		45
Possible		56		56		56		56
Performance	Exceeds	91%	Meets	84%	Meets	84%	Meets	80%

Participant Interviews

Fifteen Crest Community Living participants were interviewed. Participants appreciated the support they received to accomplish daily activities and to help them live more independently, such as cooking, cleaning, hygiene, budgeting, and shopping. They commented that staff take them to, or meet them in, the community. Several reflected that staff help them with coping skills and social skills. Their comments included the following:



I'm getting a worker that comes and helps me become independent. They teach me how to cook, with my chores, and helping me out into the community. The community thing because they know a lot of places where I can go for activities. If you need help or support, with independent living or needs, go to Crest because they are the best in town that can help a lot of people with disabilities.

I'm getting day and night services, transportation mainly. I'm also getting medication. They make my life a little better. They handle all my meds and money. They help me out quite a bit. They help me get to my appointments and help me get groceries. I clean my room up and wash my clothes by myself. They help me cook, too. They help me with my memory and remembering things. I have short term memory. Right now, my mom is in the hospital, so they are helping me through that right now,

They help me with cooking and exercise and stuff ... and community living. They have made my life better, yes. I think last month they came and helped me with cooking.

They help me really good. They provide coping skills for me.

Before COVID hit, me and my staff got along pretty well. She was one of those few people that I felt got me. And I made great leaps and bounds with her. She was kind of like a sounding board. If I was frustrated, she was the person I would talk to. Hygiene, losing weight, cleaning, dishes, you know, household cleaning. Grocery shopping, budgeting, stuff like that. Coping skills, social interaction I've made big strides. I'm slowly but surely losing weight. I'm budgeting my money more.

They help me with cooking, taking my medicine, my laundry, yardwork. Everything is getting done ... but work. They are great. I'm working with staff on my attitude.

They take me to go pay my bills, go grocery shopping, get out in the community, all that stuff. They help me do my grocery shopping with me because I'm not so good at doing that myself with the right prices of the food. They show me by the way they act towards me. They help me calm my nerves down sometimes too. I'm happy with what they're doing for me. I like everything they do for me.

Before COVID, being able to get out into the community and mingle with people. And the second one is being able to know if I have a problem. Like being able to know who to trust. Like if I'm out in the community and I get asked a question, they encourage me to think before I answer so I don't say the wrong thing. They're pretty responsive. Like if they're busy, they'll let me know when to contact them so I'm not trying to get ahold of them when they're busy.

They help me with my social skills a lot better, and they help me try to get out there more often. Those are the mainly two ways that I can think of. My family relations have been good, and that'd be another Crest thing. That's why they do the goal thing, to help me become independent. They really put effort into the work of making things possible for anybody with disabilities. They really care.



A few participants raised concerns or offered suggestions. Comments included:

Sometimes they treat me like I'm a kid. I don't like that.

I'm in the process of moving out of where I'm living at and moving into the south side. And I need help with getting moved, and I don't know if they're going to help me. ... No they're not really helping me [move]. They need to help me. I got small boxes. They have a small van. I don't know why they can't help me. I know I need help. I don't really know [about what services I am getting]. I asked my case manager and she don't give me no answers.

That I couldn't tell you. I don't know. All I can tell you is I regret moving down here. I had a house bought and paid for, but a lot of homeless people used me, just like they're using me now.

I can do stuff by myself. I'm going to be by Walmart, Southridge mall, Target, Hy-Vee, Aldi's. It's like walking distance, but I can't do walking, it kills me. I had to buy my own scooter. I need a new scooter because what I have now the battery goes down right away. I mean, it's not coming out of this pocket. I want to get a doctor's visit so they can get me a scooter.

Phone calls are good. They stopped more or less all services except for the phone calls. I found another job. I haven't heard anything from them period. One time, I basically called them to see if I was ever going to get services from them. They were surprised to hear I hadn't been getting calls from my supposed worker. They've been paying her to call me. I'm sorry. I thought they gave a crap about their clients. You would've thought someone would've gotten in touch with me.

Yeah, I really don't know because I haven't heard from anyone. The last time I heard from anyone was when I called them to see if my services have been revoked or whatever. And apparently they were surprised. I even had to ask that question because as far as they knew it hadn't been. As far as they knew I was still getting services. I don't know what's going on. All I know is I need it to get fixed.

There's quite a few things wrong. I had a person ... who was staff. They were very, very disrespectful and neglectful when it came to her as my staff. A lot of the younger people that they hire, they use it as a power trip and granted these people are 20 and just starting out. I'm sorry. I will not take orders because that is exactly what it is. I will not take demands nor orders from someone who is younger than me.

I haven't had staff for almost a month. They were changing my staff, and I wanted to see if I could get a new one. They are short on staff because of COVID. They used to help me work on my goals that I want to achieve.

The old staff did. My new staff didn't. She wasn't treating me well. She was being bossy and telling me what I needed to do. It's not that I didn't need that, I just wanted to be taught a different way. And I brought it up to them.



One participant had a suggestion.

Communication is the big one. Like sometimes if I want to go to an activity, they tell me at the last minute, and I can't make a plan. Like knowing about it ahead of time so I can make arrangements.

COVID-19

Participants note that they are generally getting their services but lament that they are no longer getting face-to-face contact with staff and that they are no longer getting out into the community. Some commented that they have seen a reduction in contact.

We have been messaging a lot more. There's no more face-to-face [visits] with [them in] the community.

I'm still getting all my services, but we don't go to the grocery store anymore. They pick them up for us.

There hasn't been any changes in services. I just have to be safe and wear my mask now.

She [my worker] comes and walks with me.

All we have been doing is going to the grocery store. We haven't done much. It's so, so, so frustrating. Nothing is opened for activities. They just come over every two weeks.

I was told something completely different, at first. I understood they can't help with groceries. That was what I was told. They weren't allowing people to use the vans, nothing, period. Phone calls, that's about it, phone calls. I had to find my own rides to the doctors. I had to find some way to exercise by myself. But with COVID everything was off. The only thing they were allowing was phone calls. If they came to the apartment, they would wear masks. And that's if they came. When the state opened back up in ... oh god, I don't know, was it June? I didn't receive any phone calls. Then when I called last week they were surprised that I had received no phone calls. I hadn't received any help whatsoever. Which honestly ticks me off because they're supposed to be there to help me, and they had the audacity to say, "well you should've said something." Okay, after you guys don't help with anything period, I'm supposed to call you guys to tell you that you don't help? Really?

I'm still seeing them. We can't do social events.

We just aren't getting out as much.

Yeah, they all wear masks when they come in my house. They still do the things they used to do.

No reductions that I know of. I'm still getting my services; I just don't have my worker. I'm just in a switch from one worker to another, and it can be kind of hard to manage.



They made their clear priority to make sure that we don't get ourselves exposed at all. They addressed everything I need to go out themselves to grab the stuff we need. Like food or cleaning products we need, they would go out and get it for us while we stayed at the house. They take their jobs seriously.

Additional Satisfaction Questions Related to COVID-19 Pandemic - Crest				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	13	1	1	0
	Participant	Agency		Neither
	Initiated	Initiated	Other	Initiated
Who initiated contact between you and your team since Mid-March?	0	12	1	2
	Phone	Text	Email	Other
In what ways did you communicate?	6	0	0	9

Agency Response

Crest wanted to specifically address three Outcome areas that were negatively impacted due to COVID-19: Somatic Care, Community Inclusion, and Adult Education.

Somatic care was impacted due to physicians rescheduling or delaying appointments outside of the reporting period or members rescheduling or delaying due to fear of leaving their home.

Community Inclusion was impacted due to closure of establishments, provider limiting community integration early in the pandemic, or members' fear of leaving their home.

Adult Education was impacted due to programs not being available due to COVID-19. Historically Crest has struggled in this area, but it was exacerbated by COVID-19.

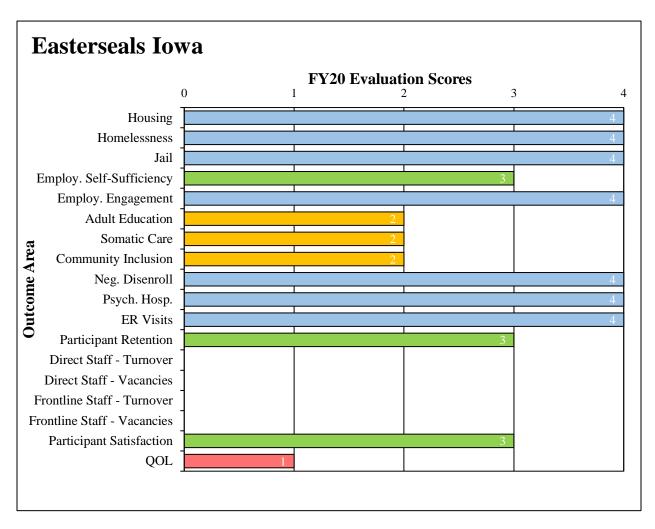
Concerning Participant interview comments, with the exception of one member, Crest did not limit services to only telehealth (phone calls) unless it was requested by the member or guardian.



Easterseals Iowa

Overall Evaluation Results: Meets Expectations (79%)

Easterseals serves persons of all ages on both the Intellectual Disabilities (ID) and Habilitation (Hab) Waivers in Hourly SCL Programs and adults on the ID Waiver in 24-Hour SCL Programs along with funding from Polk County. In FY20, the program served an average of 132 adult participants in community living. Consistent with FY19, in FY20 the agency's community living program met expectations. The program excelled in seven outcome areas, met expectations in three additional areas, and was challenged in the four remaining areas. Fifteen program participants were interviewed and reported that they were satisfied with the services received and the staff who work with them. Comments from the participants are included below.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	97%	4	90%	4	94%	4	97%	4
Homelessness	0.00	4	0.18	4	0.00	4	0.00	4
Jail	0.12	4	0.13	4	0.22	4	0.01	4
Working Toward Self-Sufficiency	14%	3	20%	3	22%	3	18%	3
Engagement Toward Employment	33%	4	43%	4	41%	4	39%	4
Adult Education	29%	3	24%	3	14%	2	11%	2
Somatic Care	95%	3	72%	1	86%	1	90%	2
Community Inclusion	95%	4	84%	2	84%	2	72%	2
Negative Disenrollment	0.00%	4	2.41%	3	0.75%	4	0.00%	4
Psych. Hosp.	1.10	4	1.36	4	0.32	4	0.31	4
ER Visits	0.01	4	0.02	4	0.01	4	0.00	4
Participant Retention	98%	4	91%	3	88%	3	93%	3
Direct Support Staff - Turnover							169%	NA
Direct Support Staff - Vacancies							91%	NA
Frontline Supervisor - Turnover							22%	NA
Frontline Supervisor - Vacancies							22%	NA
Participant Satisfaction	93%	3	95%	4	97%	4	94%	3
QOL	92%	3	89%	3	90%	3	74%	1
Total		51		46		46		44
Possible		56		56		56		56
Performance	Exceeds	91%	Meets	82%	Meets	82%	Meets	79%

Participant Interviews

Fifteen Easterseals Community Living participants were interviewed. In interviews, participants particularly praised the program for supporting them in daily living tasks and helping them get into the community. Many participants expressed that they have improved their social skills and their independence. A few commented that they are better now at self-advocating. Representative comments included:



Before I was so shy, and I couldn't go up to the counter at a restaurant and order my own food or count my own money. They've helped me with that.

[They pick me up once a week from 1:00-3:30. I am getting services that help with safety in the community.] We play basketball. [Staff gives tips on when you walk to obey traffic signs and things like that and says to not follow a stranger.] We go walking at the mall. Sometimes we go to the zoo.

I have a worker that comes in once a week, and we go to the grocery store or wherever I need to go. If I want to make cookies or prepare a recipe, she helps with that. She's also helped me find a place to live.

They're responsive. Like I was talking to one of the head ladies that I had to be out of my apartment by the end of the month, and we need help packing. And she got right on telling my staff about helping me.

I'm getting up and cooking breakfast more and making more meals. I'm getting a better idea of what I want to make for meals, and that was a problem before Easterseals. I know what to get at the store now.

I've been speaking up for myself more. After that first worker I had, I really started speaking up for myself to the workers. I'm not afraid to say what I want to do because I know that they are here to work for me, and I can do what I want.

My relationship with my older sister has gotten better. I've learned to be more calm and listen to what she has to say and be more patient. I don't like it when people invade my space, so I've learned to be calmer with it.

The big one is I would say also being able to run errands, but if like — okay, my pop bottles need taking out, we do that. We meet up with other staff and clients and either talk or play games. I'm trying to think of what else ... she's helped me organize some of my closets.

I had a big pile of leaves out on my patio that I wanted to get cleaned up, so [Staff] brought me a rake so that I could do it myself, and I actually got say 95% of it done. I got a little bit more that I got to finish yet, but it helps me because she brought the rake and encouraged me to do it.

My landlord was doing a couple of illegal things, and she stepped in and talked to Section 8 for me.

Some participants had concerns. Several of these respondents expressed that their services had been either curtailed or cut off. One was concerned about not being treated with respect. One was hoping for more advocacy.

I don't understand what they're going to do with me. I haven't really gotten services yet. A worker's supposed to come by on Friday. A while ago, a lady came by and took me to a food pantry, but that was a while ago. I haven't had a lot of luck with them. I've been with



them for quite a while, and they were going to be changing my worker, but there hasn't been services for a while. I'm very confused with the services.

Lately, the lady who is supposed to be coming isn't. I've been getting confused with the workers.

I'm not getting anything right now, no. They haven't told me about different programs whatsoever. I've asked them if there was a way that I could go to do things like painting, or a class, something like that. But they haven't come back to me for a long time.

The workers are mean to me, some of them. They treat me like I'm dumb and a child. They treat me like I have a really bad disability.

My staff has been sick for the past two weeks. I have had to cancel appointments because they are sick.

Actually I've gotten a lot worse lately. My other services are in disarray right now, and she hasn't really helped me to fix it. Even though she keeps saying she's going to help me fix it. She said she'd talk to them, but she hasn't.

They do a review every six months but it's been seven months since I've done one, I believe. They told me it's been put on hold because of the COVID stuff. They're just going to keep the goals that are currently down for me.

Like I said, the last few months they've had no staff, but they finally got me a new worker, and it's half of my normal time. So, no, currently no. But before he quit, they were definitely doing it, most definitely.

Several participants had suggestions for improvements:

And at least maybe have another person. Well I mean like, well... just maybe not every week. Maybe every two weeks, like one or two staff a week, something like that.

Helping me with taking blinds down [is something they can do better.]

Yeah, like, applications ... I kind of need help. And like looking for jobs, I kind of need help with that. Or get me to someone who can help me get a job, like Promise Jobs. I don't know how to get into that. I just wish they could help point me to get a job or help me with applications, stuff like that. Like point the way.

[We meet once a week... but we don't know what services we are eligible for through Easterseals. Mom said she thinks they could do more in-home stuff like cooking and laundry.]



COVID-19

A few participants had comments related to the pandemic. Some expressed that they are getting their needs met and continue to see their staff. Others reported that they have some concerns, including interruptions in services.

I do mainly grocery pickup now, and my staff helps me do that. I don't want to go into the store unless I have no choice. I'm mainly trying to avoid the public because I don't want to get exposed to COVID, with my condition. I don't want to end up in the hospital. [Staff] will come with me to the park and get lunch with me. [Staff] is awesome. They have been changing my days for meetings, and I don't mind, as long as I'm seeing [Staff].

My worker had to leave for medical reasons and is coming back next month. So I kind of was without services for two or three months. I still feel like [my needs have all been met].

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

I'm unable to go to the doctor, and I currently do need to go to the doctor. So medical treatment is off the table. I literally haven't left my apartment except for once in the last 30 days. And I'm feeling the stress of not having anybody to associate with and my mental health is taking a dive.

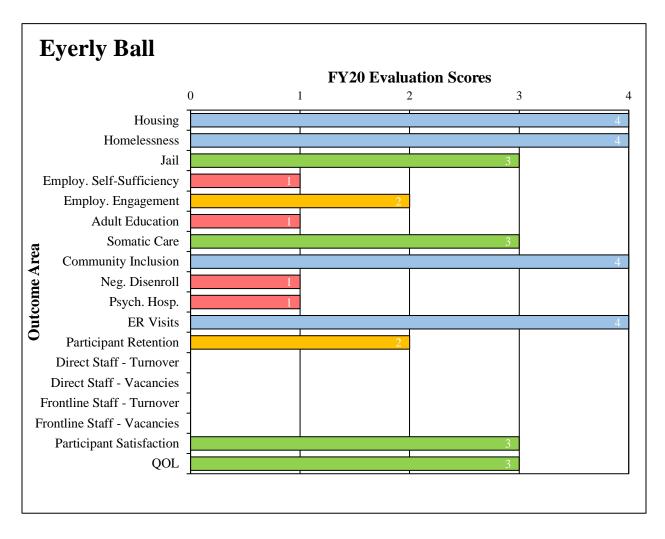
Additional Satisfaction Question	ons Related to	COVID-19	Pandemic – Easte	rseals
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	10	2	1	2
	Participant	Agency		Neither
	Initiated	Initiated	Other	Initiated
Who initiated contact between you and your team since Mid-March?	1	10	3	1
	Phone	Text	Email	Other
In what ways did you communicate?	5	2	0	8



Eyerly Ball

Overall Evaluation Results: Needs Improvement (64%)

Eyerly Ball's Cummins and Francis homes serve adults who have a psychiatric diagnosis. These residents are unable to effectively manage their mental health symptoms independently and require ongoing supervision. The habilitation service promotes further independent goal development after successfully completing RCF/PMI service. Residents require daily ongoing supports and are in the community working, volunteering, or participating in a day program. Eyerly Ball SCL serves adults who have a psychiatric diagnosis and are living in the community. In FY20 Eyerly Ball supported an average of 51 adult participants. Consistent with FY19, in FY20 the agency's community living program scored in the Needs Improvement range. The program excelled in four outcome areas, met expectations in four other areas, and was challenged in the six remaining areas. Fifteen participants were interviewed and reported being satisfied with the services and staff. Comments from them are below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	97%	4	99%	4	99%	4	95%	4
Homelessness	0.00	4	0.53	3	0.00	4	0.00	4
Jail	2.57	3	2.28	3	2.58	3	2.23	3
Working Toward Self-Sufficiency	4%	1	5%	2	5%	2	3%	1
Engagement Toward Employment	12%	3	24%	3	20%	3	10%	2
Adult Education	6%	1	18%	2	29%	3	0%	1
Somatic Care	100%	4	100%	4	100%	4	98%	3
Community Inclusion	91%	3	94%	3	87%	2	96%	4
Negative Disenrollment	4.90%	1	7.52%	1	5.94%	1	3.95%	1
Psych. Hosp.	3.26	3	2.94	3	9.34	1	9.71	1
ER Visits	0.00	4	0.06	3	0.00	4	0.02	4
Participant Retention	83%	2	85%	3	81%	2	83%	2
Direct Support Staff - Turnover							44%	NA
Direct Support Staff - Vacancies							37%	NA
Frontline Supervisor - Turnover							0%	NA
Frontline Supervisor - Vacancies							0%	NA
Participant Satisfaction	99%	4	99%	4	88%	2	93%	3
QOL	97%	4	95%	4	80%	2	91%	3
Total		41		42		37		36
Possible		56		56		56		56
Performance	Needs Improve- ment	73%	Meets	75%	Needs Improve- ment	66%	Needs Improve- ment	64%

Participant Interviews

Fifteen Eyerly Ball Community Living participants were interviewed. Participants expressed that their lives have changed for the better. Eyerly Ball participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, access to additional needed services, support toward independence, and goal-oriented service provision.



Participants described staff as supportive, consistent, passionate, responsive, respectful, and caring. Comments included:

I would recommend your place. I'm your guys' success story to myself and to Eyerly Ball. And Eyerly Ball taught me the integrity to do the right thing even when nobody is looking. The staff is definitely not there for the pay. They really care about us.

I will be able to make it through a crisis. That's a crisis, losing a family member. Eyerly Ball has really changed my life.

I am ... and they allow me to prepare myself. They don't push me into something that I'm not ready to do.

They help me out. They talk to us about cleaning our room and stuff. They help me with managing my money.

They support me when I want to be more independent. They tell me what's a good idea and what's a bad idea, that sort of thing.

Sometimes they let me sit down there in the office and just talk.

They have provided housing and all my meds. They watch over me.

It helps out a lot when I need help. I had some serious health problems, with pain, and they help me or drive me to the hospital to get help.

They got the things that I need: like a vacuum to clean my room and things.

They give me structure and support and build my strength back up.

The housing situation is good. The rooms are big, and there's plenty of room to walk through and you kind of do your own thing. And people will leave you alone, and they've got activities to do.

They talk however long they need to talk to me, however long I need to talk to them. Daily [is how frequent we talk].

I'm satisfied because they help me get through really strong hard times.

If I didn't have Eyerly Ball I'd be really in trouble. It's just like having somebody there that you can call if you have like a big problem.

I just feel a support system. It just gives me a root support system. And also I work on my goals, and I learn things from working on my goals.

One participant shared a concern about the cost of living, but noted it was resolved.

Yeah, the Eyerly Ball people have been good to me. I didn't like living in the group home though. I was in the group home for several months. They take all your money to live



there. It's expensive, but now the rent's cheaper, so I like it now. So other than that, it's been good to me.

One participant suggested more frequent contacts with staff.

I would like to see her twice a week, but I settle for once a week. I'm not her only client.

Participants described improvements to their quality of life, such as stable and affordable housing, better management of stressors, improved mental health, improved social skills and relationships, improved financial situations, and increased use of coping skills.

I'm suicidal so it's better now that I have someone to reach out to.

Like with my coping skills they will tell me to go do what I'm learning in therapy first and that calms me down.

I got health problems so I'm better now that they're here to help me, and this helps me control my life.

Yeah, if they needed it. I would say that they're helpful with getting our needs met, and it's a good cheap rent. I don't have to pay that much rent, so that's a couple of things.

They're supportive; the food is good. It's nice to have a stable place to live.

There've been a few complications getting things done but they're real good and real attentive. I live with a level of insecurity where I tend to rile myself up, but they are very attentive to my needs.

Like I said before, instead of just depending on myself, like I said I give very positive responses on taking care of myself and stuff like that. The staff would tell me, "That's very healthy to do that yourself."

I was on a waiting list for a long time, so now I can sleep in my own bed.

I was evicted from my previous place. So yes this is better.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting lower socialization, adjustments to services to adhere to public health guidelines, and less frequent involvement in the community. Participants noted staff support and guidance, which mitigated some challenges, such as isolation and managing social distancing.

They went above and beyond. They just helped us all through COVID and being locked down and not seeing our families for seven months. They make sure I make it to my appointments. They make sure to check on my well-being and my mental health.

Yeah, most of the time. Well before this COVID thing hit, I was able to do things on my own, like do the grocery shopping and do the appointments, but since COVID came up, I haven't been able to do that. It's been kind of dreary.



I've been locked down for several months, I don't know what a social situation is like any more. Yeah, we finally got our freedom. We were locked down for several months so we're back now.

Yes, I read the newspaper every day about being confined to four-foot social distances about residents in the house and spend most of my confinement in my room watching TV. Although the staff say you can go out.

Additional Satisfaction Question	Additional Satisfaction Questions Related to COVID-19 Pandemic – Eyerly Ball									
	Yes	No	Some, Not All	Other						
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	15	0	0	0						
	Participant	Agency		Neither						
	Initiated	Initiated	Other	Initiated						
Who initiated contact between you and your team since Mid-March?	1	12	2	0						
	Phone	Text	Email	Other						
In what ways did you communicate?	2	0	1	12						

Agency Response

When we spoke about COVID and services provided, I wanted to point out that our SCL staff continued to provide face-to-face services as COVID rolled through. We went over the safety services that we should provide as an essential worker, and she [staff] took it upon herself to do addendums to meet the client's needs during COVID and provide services to them when they were most vulnerable. This same provider has to work 2 jobs in order to make ends meet and I think as an RCF team and SCL team we were incredibly proud of our staff for their willingness to power through the storm of COVID. With that being said, I think they jumped in and tried to be the calm, and we have noticed an increase in burn out just recently. I don't think any of us were anticipating the marathon of what this epidemic has caused, and the staff are certainly feeling the stressors of being an essential worker now. I strongly feel that the consumer satisfaction part of this survey reflects the hard work that our RCF/SCL staff have done.

Our education/employment numbers really are a reflection of the clients we serve U8/U9. The clients at Cummins and Francis are also getting older and it is getting harder and harder to engage them in conversations about employment and education. We continue to have those conversations with our clients, but we do feel this is a factor in our numbers. This is something



that we could focus on our SCL clients but that was a harder sell for staff with all the restrictions of COVID.

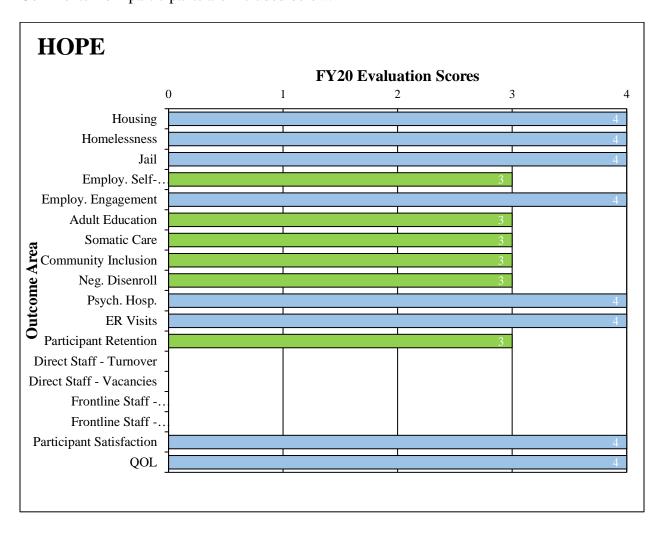
I also wanted to address our negative disenrollments. We had one client discharged from the RCF for assault and 3 others were discharged for drug related issues that happened in the house.



HOPE Agency (HOPE)

Overall Evaluation Results: Exceeds Expectations (89%)

HOPE serves primarily young and middle-aged adults who utilize funding from the intellectual disability (ID) and Brain Injury (BI) Waivers, as well as individuals who utilize Polk County funding if they do not meet the criteria for waiver funding and have a primary diagnosis of developmental disability. Their primary focus of services lies with supporting individuals to live as independently as possible, including community integration and building natural supports. In FY20 the program supported an average of 75 individuals in community living. Where in FY19 the agency scored a Meets Expectations rating, in FY20 the agency's community living program scored in the Exceeds Expectations range. The program excelled in eight outcome areas and met expectations in six areas. Fifteen program participants were interviewed and reported that they were very satisfied with the services they received and the staff who worked with them. Comments from participants are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	98%	4	93%	4	85%	3	97%	4
Homelessness	0.00	4	0.00	4	0.44	3	0.00	4
Jail	0.00	4	0.00	4	0.04	4	0.03	4
Working Toward Self- Sufficiency	42%	4	43%	4	33%	4	18%	3
Engagement Toward Employment	82%	4	86%	4	60%	4	34%	4
Adult Education	38%	3	23%	3	28%	3	28%	3
Somatic Care	92%	2	93%	2	94%	2	95%	3
Community Inclusion	100%	4	100%	4	91%	3	93%	3
Negative Disenrollment	2.82%	3	2.58%	3	1.76%	3	2.65%	3
Psych. Hosp.	0.00	4	0.00	4	0.00	4	0.00	4
ER Visits	0.00	4	0.00	4	0.04	4	0.00	4
Participant Retention	92%	3	91%	3	69%	1	85%	3
Direct Support Staff - Turnover							24%	NA
Direct Support Staff - Vacancies							18%	NA
Frontline Supervisor - Turnover							0%	NA
Frontline Supervisor - Vacancies							0%	NA
Participant Satisfaction	100%	4	98%	4	97%	4	99%	4
QOL	97%	4	98%	4	97%	4	95%	4
Total		51		51		46		50
Possible		56		56		56		56
Performance	Exceeds	91%	Exceeds	91%	Meets	82%	Exceeds	89%

Participant Interviews

Fifteen participants from HOPE were interviewed. Participants reported they get help in daily household chores, such as cooking, cleaning, hygiene, exercising, and budgeting. They get



assistance with transportation and shopping. Participants appreciated help with coping skills and social skills. Many reported being more comfortable being in public. Several expressed that they are more independent. Some reported getting employment or volunteering activities. Comments included:

Well, [they] help me with the food pantry, laundry, stuff that I need. That's about it; and volunteering. [They] helped me, like, be more positive and outgoing; and I'm not as stressed out when I volunteer. It's like, saving money, learning how to cook. It was like last month, encouraging me for volunteering. The first time I did volunteering, I was scared to do it, and then I learned how much it can slow my anxiety down, and I wouldn't be so freaked out about it.

They help me out, just like observe my cleaning, and we do a lot of exercising. Plus, we lift weights and exercises at my apartment instead of going out all the time. Everything is great and perfect at HOPE. I used to get angry sometimes, but I'm not angry anymore.

I got my own home, my own home right now, like my own apartment. Well they take me to the store when I ask to. ... Because they're helping me out with like getting around town, meeting other people.

[They] helped me to use good coping skills and not get like angry or upset about a certain thing. Like with my budget, I understand where my money should actually go and not spend it on whatever I want. They help me to make more sense and understand the point of view from others instead of jumping with my own personal view or whatever. To be able to introduce myself and not be quiet and just not doing anything to interact and whatever. ... And I have more confidence in myself to be able to present myself to other people.

Community supported living, so they're helping me with cooking, cleaning, and community activities and school. And I've got unemployment. My cooking has improved, and I did get a job at [Employer]. My communication is a lot better.

I had a lot of goals and I got them all accomplished, actually, with them helping. They let me handle my own money. They don't tell me what I should spend it on. They don't talk down on me. They don't tell me what I should do or shouldn't do. They've helped me out more than what I could do myself. Well they've got me an excellent job.

Helping me with staying active and prioritizing. My goals are cooking meals, exercise, socializing, organization. They do help me become more independent, yes. I've made some more plans with friends and things like that.

We go out in the community and get some exercise. They take me to the grocery store. I've been with them for a long time. Sometimes I get mad at them and don't like them. Sometimes they can be understanding. It is a pretty good program.

We will go grocery shopping or cook some food. I will check my laundry with them. We do budgeting. They help with coping and talking about it. When we could do more



community activities, they would. We go on a lot of walks right now, since I have a dog. We used to go bowling or go do stuff.

I'm not as dependent on my parents as I was. There are so many things I like. I can't name them all. I have a little more freedom, so like where I can ride my bike to.

Since the pandemic I've been working on life skills. During the pandemic ... I haven't seen anyone from HOPE since March in person. I live with my parents. I volunteered at the library on Monday and social activities Tuesdays. Personal health skills was Wednesday ... then another social activity. I make my own decisions and have my own friends. My life is much better.

[Saving] money, working out, going out to do things. They remind me to do my dishes and get the mail. They help me out a lot and make sure I get out and talk to other people. To the point that I can start up a conversation and continue on with the conversation with the person.

They have made my life better with the cooking and cleaning and getting me out in the community. By cooking and cleaning, I'm able to be more independent. Just stress and stuff is easier for me to manage. I haven't had any crises in the last year

Right now, they do video services with me. They helped me with my hygiene and brushing teeth. Even the dentist said that the brushing is much better. I only have the use of one hand, and I can now fold shirts. They help me make macaroni, and tomato soup, and hamburger buns from scratch, and even dog treats.

Two participants reported concerns. One reported they have not had contact with staff during the pandemic. The other would like more time with a therapist.

Well, HOPE, I'm not seeing them because of the whole virus, you know. I mean, like the lockdown. I haven't been with them since the lockdown thing, only a while, and then we really stopped with the whole virus thing, you know.

Sometimes I talk with them about my problems. I have a therapist. She's really good. I haven't seen her since March and that bothers me.

Two participants had suggestions.

More places to volunteer, because of the COVID and having trouble breathing and some people dying. Basically, more places to volunteer and more time. That's about it.

I would give them gas mileage; they don't get paid for that. They need more time with their clients.



COVID-19

Participants generally reported that their services had not changed during the pandemic. Some noted differences in how contact is made, such as via Zoom and that masks are required. Some noted that they are now meeting in person again.

I think we've been doing good, [I've been] meeting [Staff] wearing masks. We're still learning that [what we need for protection]. I never understand about working or volunteering. But yeah, it's still going good.

It has been pretty much the same for me. Services are still the same.

Nope, no, they did everything I need, and they've been good. That's it. There's nothing to complain about.

They've been working with me through this whole time. It hasn't really changed that much.

For a while I did telehealth, but I'm back in in-person services now; I like that.

All my needs are met, but the only thing that's changed has been the communication. I've worked on improvising things a little bit. We're meeting on Zoom now instead of inperson.

Most of them, they're meeting ... they take me to the store and make sure I have food.

The only thing that looks different is the activity aspect.

I believe my needs have been met. I have to wear a mask almost all the time when I have a provider there. I think that's pretty much the only change.

As best as they can. Where I volunteer, those places are closed, so they can't help me with that. They can still help with self-care and stuff.

HOPE has been excellent since this all started. They honored the quarantine rules very good. They took all precautions.



Additional Satisfaction Que	stions Related	to COVID-	19 Pandemic - HO	PE
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	14	0	0	1
	Participant	Agency		Neither
	Initiated	Initiated	Other	Initiated
Who initiated contact between you and your team since Mid-March?	1	14	0	0
	Phone	Text	Email	Other
In what ways did you communicate?	3	3	1	8

Agency Response

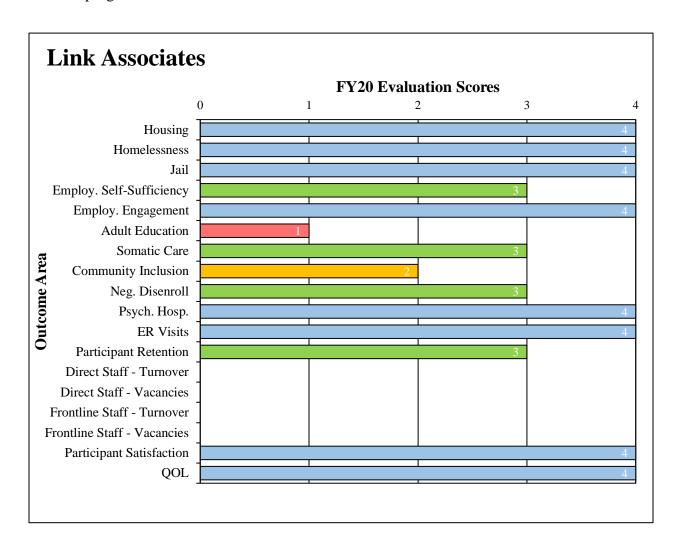
COVID 19 by offering all participants telehealth as an option to face-to-face services. HOPE Agency has also offered all participants face-to-face services if participants and their family are comfortable. We have put several safety protocols into place to ensure services could continue for those we support as well as our direct support professionals. HOPE has not decreased or cancelled any participants' supported community living services since COVID 19 began unless a participant or their guardian has requested to do so, unless paused due to exposure.



Link Associates

Overall Evaluation Results: Meets Expectations (84%)

Link Associates provides Supported Community Living services to adults with intellectual and physical disabilities who are at least 18 years old. Services are provided in their own home. Link Associates will personalize supports to persons in meeting their social and leisure interests within their community, as well as teaching the daily living skills needed to become as independent as possible. Individuals and their families are encouraged to be an active part of the decision-making process. In FY20 program staff supported a total of 114 adult participants in community living. Consistent with FY19, in FY20 the agency's community living program scored in the Meets Expectations range. The program excelled in eight outcome areas, met expectations in four additional areas, and was challenged in the two remaining outcome areas. Evaluators interviewed fifteen program participants, who indicated that they were very satisfied with the program. Comments from them are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	99%	4	100%	4	99%	4	100%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4	0.00	4
Working Toward Self- Sufficiency	12%	3	15%	3	16%	3	14%	3
Engagement Toward Employment	36%	4	32%	3	34%	4	49%	4
Adult Education	13%	2	10%	2	17%	2	9%	1
Somatic Care	98%	3	95%	3	97%	3	96%	3
Community Inclusion	100%	4	82%	2	90%	3	77%	2
Negative Disenrollment	0.00%	4	0.93%	4	0.00%	4	1.75%	3
Psych. Hosp.	0.00	4	0.69	4	0.04	4	0.01	4
ER Visits	0.01	4	0.00	4	0.01	4	0.00	4
Participant Retention	100%	4	99%	4	93%	3	93%	3
Direct Support Staff - Turnover							45%	NA
Direct Support Staff - Vacancies							61%	NA
Frontline Supervisor - Turnover							13%	NA
Frontline Supervisor - Vacancies							4%	NA
Participant Satisfaction	88%	2	98%	4	93%	3	100%	4
QOL	86%	3	99%	4	91%	3	95%	4
Total		49		49		48		47
Possible		56		56		56		56
Performance	Exceed s	88%	Exceeds	88%	Meets	86%	Meets	84%

Participant Interviews

Fifteen Link Community Living participants were interviewed. Participants reported that they engage in learning daily living skills such as cooking, making coffee, cleaning, caring for



themselves, doing laundry, and shopping. Two respondents described staff as helping keep them calm. Participants' comments praising the program and staff included:

Walking, cooking, take care of my room, cleaning up my laundry. Helping me with doing art stuff. I got staff people who help me wash me up. I got more friends.

[Mom: Staff says that respondent makes her own coffee, that kind of thing, but whatever she wants to do, they're there for her.] [Respondent agreed] [Mom: Staff says they started with a lot of hygiene goals but since she's been with Link, she's only been here about six months, she'd been really growing up, been doing more independent stuff like brushing her hair and her teeth, lots of the hygiene goals.] [Respondent agreed.]

One [goal] is I got to do four chores a day. My grooming goal. I don't know the other ones. I take my meds, and then I go into the shower. Sometimes they encourage me to go for a walk, and we go walk, or sometimes we walk around the church. They're really great about helping me with everything. They'll help you get a job, help you get settled in a house or apartment, things like that. And that's one of my goals.

Help with anger. Clean the dishes, laundry, make the bed. Let me do my own dishes, make the table, exercise. I can control my life. I like the staff. They talk to me. I really like that there's roommates. [I'm] happy with roommates.

They help me with whatever, my goals. I'm working on being healthy and safe. I prepare my lunch every day. They take me in the community. I like where I live.

They take me grocery shopping, and they take me to and from Link. I am working on exercising. It's a nice place. I like working with them. We go in the community sometimes. I go to day-hab. I like my duplex.

I do grocery shopping, and we do Subway and we go to the parks. For a while we couldn't do things but now I'm doing swimming. I'm in a class. I have staff two times a week for four hours. I'm doing my phone [goal] and learning to do messages on my phone and trying to get rid of my land line.

Sometimes me and my staff go down to Link, and we go visit my supervisor, and we hang out at Link. ... [M]y staff and me and we put on our masks and talk about what is important to us. I'm working on my goals to be more independent. I do my laundry and help my roommate with the dishes. My staff helps us with laundry and with groceries. They help us out with the bank. They are nice and good to talk to. They help with my public skills. I do it at home. My other staff named [Staff] is hilarious. My staff helps me to calm me down.

They call once a week, and Link staff are also at the house. I live with two other girls. I just do things that I'm supposed to do with my room. And I vacuum and stuff.

Going to the store, getting out in the community. Taking walks, cooking, and there's a couple more I can't think of. I get to decide what goals I want to work on. They're nice to



me, talking to me in not a real heavy voice. They listen to you. They remind me to take my medicine, which helps. I get to pick what I want to do. I'm not as mad as I used to be.

Taking a shower has gotten easier for me, but I want more help with that. I get out and walk around more every so often. I can talk to my staff now.

They give me rides. They help me with my medicine and all that stuff and my cooking. They show me the stuff I need to be done, like giving me rides for my bus. They help us, take us out sometimes like taking us out. I'm being able to go to work every day.

We work on managing my money and how to count change so that I'm not getting taken advantage of. We do crafts and play cards, so this helps me to get out and socialize. I choose a new activity per month. They have me order my food, when we go out to be more independent, and they work with me on figuring out what dollar bill to use to pay. I do better with the money when I'm shopping. I have gotten better with ordering my own food. I am used to be very shy and now I speak up for myself. I'm more independent. I speak up more and participate, even at family functions.

Take me to work and bring me home. Taking me out and going shopping and stuff like that. They let me go one way while they go the other way when we go shopping. I have a crisis all the time. They help me through. I just talk to people better.

Some participants reported concerns.

[Mom: Staff said they had one scary situation that they handled with a roommate that had an anger problem and threatened them. Participant had handled it well.]
[Participant agreed.]

I want to go out and do more activities on the weekends.

I want someone to help me to take a shower; that's one of my goals.

One participant and one participant's mom (who was helping communicate with interviewer) had suggestions.

They could be a little quicker. When I got a headache, I want more medicine. I didn't get more medicine. Most of the time [they are responsive]. I need more ibuprofen. Get more field trips and stuff. I have a bad leg, and I live on a hill. [Mom clarifies that the position of the house is bad for getting in/out of the car is difficult with her bad leg.]

[Mom says: "As a mom, I just wish communication between Link staff and parents would be better. For example, [participant] has seizures. I would like to know when she has a seizure. I mean it doesn't have to be at that moment, but sometime that day, so I know what to tell her neurologist. Otherwise, I think well she's not having seizures anymore. She had a cut on her body, and nobody seemed to know anything about it, but there's a band-aid and a cut on her backside. So those are things that I'd like to hear about.]



COVID-19

Participants generally expressed that their needs were being met and that they were receiving services. Some reported some changes, such as replacing community activities with indoor activities and wearing masks outside.

[Mom says: "God bless them, they're awesome people. I know how difficult it can be from day to day and for them to stick with it all the time I really appreciate their help."]

[I don't have any extra needs since the pandemic.] I don't know [how things have changed since then]. [Staff says that it's changed a bit in that they can't go to certain places, but participant is having a vacation coming up with roommates. They used to take them to lots of movies, but now they do stuff like playing more board games at home.] [Participant agreed.]

No, no, everything's gotten taken care of. I get taken care of pretty good.

I was on furlough for a while after COVID started shutting things down. I am back to work three days a week now. [Staff] was here for a while in March, and they took her away for a while, and then she came back by the end of May, and it is just the two of us. She doesn't even come in [into the house]. We are outside or do things outside.

Me and my staff are wearing a mask every time we go out in public. We are waiting for COVID-19 to disappear.

I get everything I need. I miss going out with Link and going places with Link.

They still come in. I don't get to go no place. They haven't really changed since COVID.

Everything is pretty much the same [living in a group home].

I put my mask on and when I go walking outside. I get away from a lot of people. You go six feet away when we go on walks.

My needs are still being met.

One participant expressed a concern:

[Mom says they're having a hard time keeping the house staffed with an adequate number of staff members since COVID, so she thinks that's why response times have gone down.] [Respondent agreed that there's less staff than there used to be.]



Additional Satisfaction Question	Additional Satisfaction Questions Related to COVID-19 Pandemic – Link Associates									
	Yes	No	Some, Not All	Other						
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	11	0	0	4						
	Participant	Agency		Neither						
	Initiated	Initiated	Other	Initiated						
Who initiated contact between you and your team since Mid-March?	1	10	4	0						
	Phone	Text	Email	Other						
In what ways did you communicate?	4	0	1	10						

Agency Response

Overall, Link scored in the "meets expectations" category as in other years. We struggled this year in areas that we have struggled with in the past: Community Integration and Adult Education. Although we continue to work on improvements in these areas, we face barriers in finding education programs that are a fit for individuals in our program and have several individuals who are not looking into education or employment at this time for varying reasons. Related to community integration we typically have barriers related to individual interest in events, working staffing patterns to accommodate people who want to attend and roommates who do not want to attend and tracking to ensure all events are recorded. During the last year, some opportunities for both these areas were limited due to COVID, which was different than in past years.

Training programs that some individuals we support participate in (Goodwill and LEEP) were closed due to COVID. In addition, folks we have who work and participate in training for work, were laid off due to COVID. Fewer individuals were hired into new positions which would have created some training opportunities as well. Although our staff did an amazing job trying to keep people engaged in their communities, most of this was done through virtual events or through events put on by our Leisure Department (both virtual or in-person when allowed). On a positive note, we did see a lot of growth in programs through our Leisure Department and creativity to get persons served engaged through several, daily Leisure Live events. In addition, we were able to bring day hab into individuals' homes to help maintain social outlets.

With COVID concerns continuing, it is felt that we will continue to struggle with both areas due to individuals' and their families' reservations around community access, unnecessary exposure and limitations on opportunities within our community. In addition, we have some concerns that we will also see a decline in our employment numbers next FY for similar reasons. Although we



met expectations in both employment areas last year, the final reporting period was based on the first reporting period data so next year's data will include numbers impacted by COVID as we had several individuals who lost employment due to COVID (either laid off by their employers or left their position due to concerns for their health/safety) who have not returned back to work. We did have some opportunities come out of these lay-offs for a few individuals as Link developed new positions to meet changing safety requirements as a result of COVID. We were able to hire individuals we support for these positions giving them an opportunity to return to work.

Related to the retention event, even though we met expectations in this area, we would like to note that we had 8 new individuals start residential services with Link within the last year which caused a decline to our total score since they were not with Link the full year. Some of these individuals joined with Link due to expansion of the program and through openings created by movement of other individuals. All individuals that joined Link during FY20 are still being served by Link. As we do add individuals into our residential program, we have encountered some struggles with finding landlords or housing and have done some negotiating with landlords to find housing that meets individuals' needs. We have also had to work with Section 8 and other housing programs to try to find housing that would meet their requirements for people accessing these programs which limits housing options.

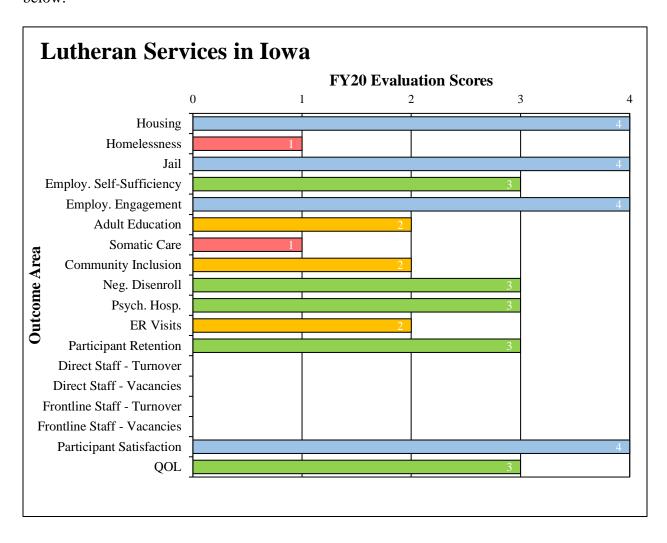
Lastly, we would like to address our numbers for our satisfaction surveys as, in the end, this is the area we look to the most for a gauge of our program. We saw an improvement from meeting expectations last year at a 93% for Participant Satisfaction and 91% for Quality of Life to 100% for Participant Satisfaction and 95% for QOL. This increase, especially considering all that happened over the last year, shows us that we have some great staff doing amazing things to best support persons served and that individuals feel they are getting what they need to help achieve their personal goals and live their best lives.



Lutheran Services in Iowa (LSI)

Overall Evaluation Results: Needs Improvement (70%)

Lutheran Services in Iowa provides Supported Community Living and Respite Services for all ages, from child through adult. In FY20 Lutheran Services in Iowa supported an average of 85 adults in community living through their Des Moines location. Compared to FY19, when they scored a Meets Expectations rating, in FY20 the agency's community living program resulted in a Needs Improvement rating. The program excelled in four outcome areas, met expectations in five additional areas, and was challenged in the five remaining outcome areas. Evaluators interviewed fifteen program participants, who reported that they were very satisfied with the services they received and the staff who worked with them. Comments from participants are below.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	96%	4	93%	4	93%	4	94%	4
Homelessness	0.00	4	0.00	4	1.47	2	2.65	1
Jail	0.04	4	1.60	3	0.02	4	0.01	4
Working Toward Self- Sufficiency	19%	3	20%	3	26%	3	21%	3
Engagement Toward Employment	37%	4	36%	4	40%	4	48%	4
Adult Education	24%	3	12%	2	23%	3	13%	2
Somatic Care	91%	2	78%	1	75%	1	80%	1
Community Inclusion	86%	2	88%	2	95%	4	75%	2
Negative Disenrollment	1.25%	3	3.65%	2	2.25%	3	1.18%	3
Psych. Hosp.	1.71	4	3.83	2	1.33	4	3.13	3
ER Visits	0.07	3	0.11	2	0.19	1	0.15	2
Participant Retention	95%	4	88%	3	89%	3	88%	3
Direct Support Staff - Turnover							54%	NA
Direct Support Staff - Vacancies							88%	NA
Frontline Supervisor - Turnover							14%	NA
Frontline Supervisor - Vacancies							0%	NA
Participant Satisfaction	98%	4	97%	4	96%	4	95%	4
QOL	95%	4	97%	4	92%	3	91%	3
Total		48		40		43		39
Possible		56		56		56		56
Performance	Meets	86%	Needs Improve- ment	71%	Meets	77%	Needs Improve- ment	70%



Participant Interviews

Fifteen Lutheran Services Community Living participants were interviewed. Lutheran Services participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, access to additional needed services, support toward independence and goal-oriented service provision. Participants described staff as consistent, passionate, responsive, respectful, and caring. Representative comments included:

I've become more independent because I'm living on my own now, and I really truly like it.

We work really well together. They just bend over backwards for me and I can't complain at all. We have lots of contact.

Yes, for now, yes. It'll be more when I get to have my worker come in and am learning how to cook. As soon as they can get into the building, we're going to work on that. Everything is kind of up in the air, but she comes to see me and talk to me.

Like I said, they're really good about helping me and I've learned so much from them. They've helped me learn how to deal with my problems.

I've got my own place now, so yeah. My housing has improved a lot, and I'm very happy with it.

Whenever I have a problem, I try to fix it on my own, and if I can't, then I'll bring it up to them.

They get me out into the community and help me reach my goals, like my savings goal for my deep freeze. Also coping skills.

They help me try to get things done that I can't without help. They let me be independent.

I mean, I know, let's see, I'm able to be more independent, and I'm able to enter work and still contribute something to society.

Again, helping me learn how to cook. That was a big thing because now I don't have to have someone make my meals. I can do it myself.

They don't talk down to me. They treat me like an equal. They've never really said an unkind thing to me.

I would basically tell that friend like if you're in need of serious mental health issues and housing issues and other issues like that, Lutheran Services in Iowa would be a great resource.

I love where I live. I love the maintaining of the building. It's so good, I love that I can go downstairs and visit with people and leave when I got other things to do. I live in a HUD housing for the elderly and disabled, and I really, really, like my housing space. It's really nice.



She'll be there with me, and with my goals she says, "we'll make it real easy; we'll do this together." Like going to get groceries if I'm having a lot of anxiety, and pretty soon I'm already better. She'll say, "Okay, let's go to the store even if you have anxiety and we'll get through this together."

I have a worker that's like way over-qualified for her job but she likes it so she just keeps doing it. She really enjoys the clients she has, and I really enjoy having her because she's really knowledgeable and she's been doing this for a long time. It's very beneficial to me.

Some participants shared concerns about services including inconsistent staff contact, miscommunication with staff, dissatisfaction with their housing situation, and privacy concerns.

She's supposed to take me where I want to go and for doctors' appointments and, you know, just get the things that I need to get done for the day. Right now they want to sit in on doctors' appointments and therapy appointments and things like that, and I really don't want them to. But if they don't sit in on the appointments, then they can't take me. I have to find another way to get there.

I haven't seen staff since the start of COVID. I'm still getting services and getting my checks. But I need to cash my checks, and my bank is in Grimes. I don't have staff to take me to cash my checks. I haven't heard from staff lately.

I'm still trying to get the team leader to come over here. She's not really doing her job.

My standard of living has decreased. [I'm living in an apartment with roommates and want to explore living in another environment. I would like more freedom.]

It depends on the staff but sometimes there has been a misleading interpretation of what I have asked for. That is an area I have been frustrated about.

Few participants offered suggestions for improvements to services. One participant suggested staff assist them with internet, and one participant suggested increased staff capacity.

I just need help with my internet. That's really it.

I only have one staff, so I don't have enough to get stuff done. I would like to have more staff, or they have more time so they can help me more to get stuff done.

Participants described improvements to their quality of life, such as better management of stressors, fewer hospital utilizations, improved mental health, improved social skills and relationships, improved financial situations, and increased use of coping skills.

Yeah, I think I do relatively well. Sometimes I'm just a little bit sick and [Staff] kind of ... she's got over 20 years' experience working in the field, and she's really, really, good. [Staff] stopped hospitalizations before just by guiding me through it when I was stressed out, and she'll go to the store with me and we'll be like sisters, like "oh this is healthy." Things like that.



I have no problem in social situations. I talk all the time at my church, at the store. It's fun. I love it.

I do because we've practiced coping skills. I can take a step back if I'm having a problem and can respond calmly.

Very much ... decision making, money management, dealing with people in general, as well as my physical hygiene, are just a few of them [goals].

Specifically, I've taken suicide off the table as an option. I've got other options that I can go to first now.

I really don't have a whole lot to do with any of my family. I've got two daughters and we have light contact. I would have to say it's all right. On the flip side of that, I've chosen my new family with the people around me.

I'm really much better with social situations. Now I don't feel like I'm the center of attention anymore. I can just be me and be okay.

As I said, the ability to know when and when not to get upset, if I do ever. That rarely happens, but yeah.

I think I'm doing pretty good. Medication, you know, always picking it up and having it ready. Kind of like if I see a problem on the horizon, having a plan for dealing with it before it has to become a part of my life at the moment, kind of like foreseeing problems before they actually hit.

I've stayed out of the hospital for many years now and IOP. I made it over a year without going into IOP (Intensive Outpatient Program), which is a real breakthrough. Intensive Outpatient Program, for people that have problems, and education is key to stopping the problem. I think the main thing is that you're nonviolent, nonsuicidal. At least that's my understanding.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting lower socialization, fewer in-person interactions with staff (some participants reporting none), adjustments to services to adhere to public health guidelines, loss of employment and job training, and less frequent involvement in the community.

I haven't seen staff since the start of COVID. I'm still getting services and getting my checks. I don't have staff to take me to cash my checks. I haven't heard from staff lately.

[No school or work] I was working at [Employer], but because of COVID, I lost that job.

Yeah they have talked about goals and things like that but there isn't nothing out there in the area. Right now with the virus going on everything has been shut down.



I have a worker, and we have plans. Because of COVID and I'm high risk, I have to be at home a lot. It's changed my goals. My worker helps me get to the store, and she helps me like that. She gets me things that I can't get out and do.

I can't think of anything beyond just doing things on my own in my home. I do have a payee, and I get paid disability, and so I do have to go out for that. And she takes me to my payee, but I can't go in. She goes in for me and brings the clipboard out, and so I can sign for it and then go to the bank. But I sit in the back seat of her car to be safe.

I can get to the grocery store, so yes. For me it's easier because I can't go, you know. I'm too high risk. Even my doctors call me over the phone right now. It's kind of changed everything right now, but I still need the services.

Yeah, they're helpful and there when I have them. [I haven't had staff since COVID.] The staff I had before was great.

No, because I'm not getting anything right now because of COVID. I don't want any of the staff to come in and have it [infection], and I don't want anybody to come in because my mom wouldn't want anybody in here right now. I don't either. I just want to be safe. When this is over, I would love to have staff back.

[No school or work]. I have worked in the past for [Employer], but since COVID, I haven't worked.

Even through COVID I've been able to deal with things. [Staff] suggested to [Other Staff], who is my case manager, to get me meals delivered.

My job: I had a job before the crisis, but I had to let it go. It was a babysitting job, a daycare. It was at [Employer], so it had to close down. I talked to my worker the other day but I'm not working right now because of the virus. I was doing really well when I was working, and [the Integrated Health Home] funded job training with [Employment Provider] but with the virus a lot of places have closed so you have to get what you get. I think we're going to get another job instead of waiting for the daycare to open. I look forward to it. I really enjoy working.

It's kind of hard to do community living when I see her in the morning and there's lots of places that have stuff. I'd like to go to AA meetings or things like that but with coronavirus there's no doing that, and going to groups is really useful, but until the virus is over I don't see it getting better in that direction. I think they have some things online, but I don't have a computer, nor do I use one. We'll we go the YMCA, that's community, we go to the grocery store near us that's a little expensive but that gives me stuff. Community services such as meetings or those things where there's groups, self-help groups. That's a little bit of a problem because there's no way to get to. I really miss my groups that I go to.



Additional Satisfaction Qu	Additional Satisfaction Questions Related to COVID-19 Pandemic - LSI									
	Yes	No	Some, Not All	Other						
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	10	2	3	0						
	Participant	Agency		Neither						
	Initiated	Initiated	Other	Initiated						
Who initiated contact between you and your team since Mid-March?	1	13	1	0						
	Phone	Text	Email	Other						
In what ways did you communicate?	5	1	1	8						

Agency Response

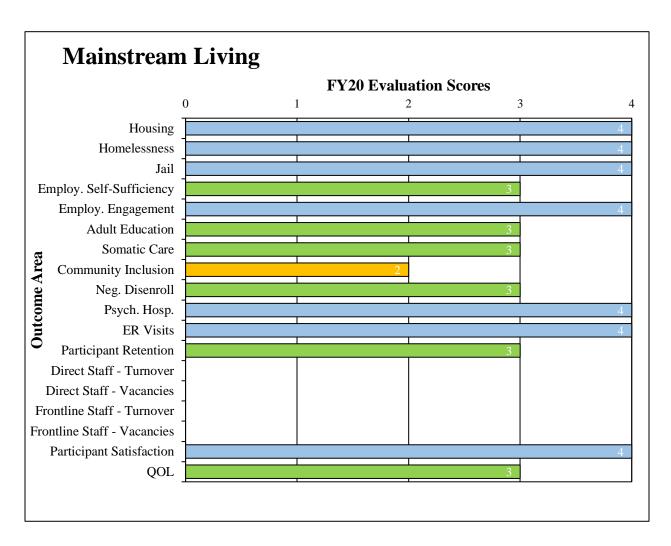
During the Community Living Evaluation Exit Meeting, representatives from LSI discussed two data integrity issues where LSI did not catch that some of the participants were counted twice for Homelessness and Psychiatric Hospitalization, which skewed the scores for these two outcomes.



Mainstream Living

Overall Evaluation Results: Meets Expectations (86%)

Mainstream Living serves individuals with intellectual disabilities and mental illness. In FY20 the program supported a total of 272 adult participants in community living. Compared to FY19 when the agency scored a Exceeds Expectations rating, in FY20 the agency's community living program scored in the Meets Expectations range. The program excelled in seven outcome areas, met expectations in six areas on, and was challenged in the one remaining outcome area. Evaluators interviewed fifteen program participants. Participants reported being very satisfied with services and staff who worked with them. Comments from participants are included below.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	97%	4	93%	4	94%	4	96%	4
Homelessness	0.00	4	0.92	3	0.33	4	0.09	4
Jail	0.81	4	0.75	4	0.98	4	0.54	4
Working Toward Self-Sufficiency	14%	3	13%	3	14%	3	22%	3
Engagement Toward Employment	28%	3	31%	3	31%	3	35%	4
Adult Education	20%	3	29%	3	23%	3	21%	3
Somatic Care	99%	3	99%	3	99%	3	98%	3
Community Inclusion	95%	4	96%	4	96%	4	89%	2
Negative Disenrollment	0.78%	4	1.99%	3	2.46%	3	1.47%	3
Psych. Hosp.	2.74	3	1.93	4	0.59	4	0.40	4
ER Visits	0.03	4	0.05	4	0.01	4	0.03	4
Participant Retention	90%	3	87%	3	88%	3	92%	3
Direct Support Staff - Turnover							20%	NA
Direct Support Staff - Vacancies							28%	NA
Frontline Supervisor - Turnover							0%	NA
Frontline Supervisor - Vacancies							0%	NA
Participant Satisfaction	94%	3	92%	3	98%	4	97%	4
QOL	91%	3	88%	3	96%	4	87%	3
Total		48		47		50		48
Possible		56		56		56		56
Performance	Meets	86%	Meets	84%	Exceeds	89%	Meets	86%

Participant Interviews

Fifteen Mainstream Community Living participants were interviewed. Mainstream participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, assistance with housing retention and landlord relationships, access to



additional needed services, and goal-oriented service provision. Participants held Mainstream staff in positive regard, describing them as responsive, reliable, respectful, and caring. Participants described feelings of increased independence because their needs are being met. Comments included:

On Saturday, I move into a new place: no bugs, no mold, locked doors. It's nice. Yeah, they give me, they help me contact the people, or like places to go look at, and if I have issues with my housing they always help me figure it out.

They're supportive, and they have additional resources. And that they're nice people. They're good people who are genuine.

They just help me stay safe and just I guess ... just take care of me because I'm always helping my family, and it's dragging me down. Now I have my therapist, my psychiatrist, and Mainstream, so that's a lot of support, I think, and plus church support.

Yes, right now, yes. Because they know what I'm going through with this crisis with this family. [Staff], my Mainstream worker, is reaching out more. He said he wants to see me twice a week instead of once a week.

I have recommended my friend to them. I told them that they will help you reach your goals and be as independent as possible.

We set up goals for me and make sure I'm staying positive. I'm always achieving and not in a pause position. They make sure that you are achieving. They are really good about that. And they always take what you want into account too ... what do you what to work toward.

I got an eviction notice, and I consider that an emergency. And [Staff] still had his phone on. It was like nine o'clock at night and I just kept calling him until he answered me. A wrongful eviction notice.

I really feel it's the worker you get. If you and your worker match up, and I feel like I finally got one that matches up, it doesn't feel like I'm being treated like a child. Yes, she helps me but she doesn't help me in a way that makes me feel like a child that needs help.

I know that if I have an issue, I have somebody to fall back on so that I know that I'm not going to have to solve it completely on my own. I would've had to solve it on my own and it would've been a lot trickier.

Among the comments, few participants shared concerns. One participant described little interaction with the agency but attributed that to COVID restrictions. One participant shared concerns about retaining quality staff and provided context of negative experiences with staff in the past.

I haven't really needed too much from them at this point. But, yeah, they're responsive, I think. I haven't worked with them too much especially with COVID. I didn't even meet my staff there until yesterday.



I don't know if I would recommend the overall Mainstream because I don't know exactly how their workers work. And I know my worker before [staff] was a piece of crap. She literally got fired. I had her for six months and she visited me twice. I didn't like that lady. So I guess yes and no. Depends on who you get ... I got one I like. Just don't take her away and we'll be good. ... I don't want her to quit because she's amazing.

Participants described improvements to their quality of life, such as increased stability financially and in housing, improved living situations, increased independence, better management of stressors, and improved mental health and coping skills.

I'm actually making a better ... I have a better income now, and so I no longer need to utilize the housing program, which was very helpful. But I'm glad that I've now progressed to the point where I don't need it.

Yeah, I got into a nicer apartment on the west side that, with my paid health [insurance], I can afford.

It's been a while since they've had to encourage me to do something for myself because I'm doing it all on my own. [Staff] is helping me to get on disability. He also talks to people because sometimes I don't understand what they're saying.

Believe it or not, it helps me deal better. Being in the community and [knowing] somebody actually cares about me.

I was homeless before I was in the program. They helped me get an apartment. I'm living here until I die. I never want to be homeless again. I was at the lowest of lows. I only had my IPERS. It was horrible. I was suicidal.

[W]ell, I can honestly say all of the spur-of-the-moment type decisions that I'd make, I don't make those types of decisions anymore. I'm happier. I'm more structured, more organized, and I just feel better about myself as a whole.

Again I was just ... I was really down and out when I started the program. I was very self-conscious. I was making bad decisions I was drinking and smoking and, you know, I don't have those habits anymore. I feel free of all that negativity, and now I'm controlling that.

I have more patience. I'm doing childcare, and I've been able to do that the last few years now. I'm more patient, and my eyes are open to what I need to be doing effectively for the kids and helping them learn and grow.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting a temporary halt to community inclusion and transition in staff contact to phone calls.



I would say most of them I am getting. There is only certain things I don't like about them. We can't go on community time. We can go in the community for a couple hours. I'm not allowed to do that because of COVID. We have to stay in our own home now and not go anywhere.

I'm getting out more. We have different workers with Mainstream through the week: Monday through Friday. We try to go to the park or the mall. They did stop it for a while, and we were just doing phone calls then.

They just started their in-person visits back last week, yay. So literally two days after the power went out, they took me to the food pantry. She helped me to cook, and it was awesome. They just started back up but that's what we've done basically. We go out and do stuff, what we're supposed to do, yeah.

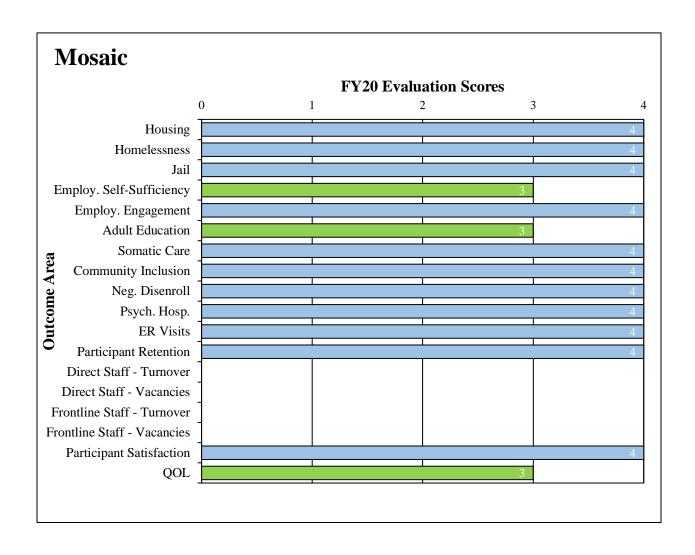
Additional Satisfaction Questions Related to COVID-19 Pandemic - Mainstream									
	Yes	No	Some, Not All	Other					
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	14	1	0	0					
	Participant	Agency		Neither					
	Initiated	Initiated	Other	Initiated					
Who initiated contact between you and your team since Mid-March?	0	13	2	0					
	Phone	Text	Email	Other					
In what ways did you communicate?	3	7	2	3					



Mosaic

Overall Evaluation Results: Exceeds Expectations (95%)

Mosaic serves adults with intellectual disabilities aged 19-90 years, in 24-hour settings, including group homes, apartments, and host homes. Mosaic provides both ICF/ID services and HCBS ID Waiver Services (24-hour supported community living). In FY20 program staff supported an average total of 204 adults with intellectual disabilities in community living. Consistent with prior years, the agency's community living program continued to exceed expectations. The program excelled in eleven outcome areas and met expectations in the three remaining outcome areas. Evaluators interviewed fifteen participants. Participants reported being very satisfied with the services they received and the staff who worked with them. Comments from the participants are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	100%	4	100%	4	99%	4	100%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	0.51	4	0.30	4	0.00	4	0.00	4
Working Toward Self-Sufficiency	12%	3	13%	3	12%	3	22%	3
Engagement Toward Employment	42%	4	39%	4	39%	4	52%	4
Adult Education	20%	3	14%	2	15%	2	23%	3
Somatic Care	90%	2	95%	3	100%	4	100%	4
Community Inclusion	88%	2	95%	4	100%	4	99%	4
Negative Disenrollment	0.00%	4	0.52%	4	0.53%	4	0.98%	4
Psych. Hosp.	0.38	4	1.29	4	0.22	4	0.21	4
ER Visits	0.00	4	0.02	4	0.04	4	0.03	4
Participant Retention	98%	4	87%	3	87%	3	94%	4
Direct Support Staff - Turnover							27%	NA
Direct Support Staff - Vacancies							48%	NA
Frontline Supervisor - Turnover							31%	NA
Frontline Supervisor - Vacancies							19%	NA
Participant Satisfaction	95%	4	100%	4	100%	4	99%	4
QOL	94%	3	100%	4	97%	4	94%	3
Total		49		51		52		53
Possible		56		56		56		56
Performance	Exceeds	88%	Exceeds	91%	Exceeds	93%	Exceeds	95%

Participant Interviews

Fifteen Mosaic Community Living Participants were interviewed. Mosaic participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, assistance learning household skills, access to additional needed services, support toward independence and goal-oriented service provision. Participants described staff as accessible, responsive, respectful, and caring. Representative comments included:



They help me get to my-my doctor's appointments because my host home provider takes me, and they give me a place to live, bed to sleep in. Food in my stomach. Shelter. Care.

Yes, they do. Try to help me be independent. They teach me how to cook, how to bake the right way. My laundry. Measure the right ingredients, how to make a bed the right way. Which I never knew. How to pick up after myself.

No sir they can't [do anything better with what they help and support with now]. I just like the way they're doing it just fine. Mosaic is number one in my book.

Mosaic has a nurse on hand, and I go to my medical appointments, and they help me with transportation when possible.

I told my sister. Mosaic helps you get to your independence.

I think it's a great program, honestly. They help people with disabilities, and I'm seizure free!

I do my chores and cook and clean my room and the bathroom and do chores around the house and finances. I have been here for six years.

I would tell them that Mosaic is a good place for somebody to move to or be with because it might help you, and they've helped me in so many ways, I don't see why they can't help you too.

I'm doing better because of that, because of Mosaic. If it wasn't for them, I would be in jail. I wouldn't be the person I am today if it wasn't for them.

Yeah, there's been times where I did say, there were times I said I wanted to move, but I was just upset, I really didn't want to move. I like my housing because I feel more that I'm getting more freedoms compared to before I came to her.

There's always someone in the home to talk to if I need.

I'd say that the people are kind and attentive, and they'll do whatever they can to fix the problem that you have.

I'm able to call them whenever I want. I'm able to put up with things and visit when I want.

Well right now I live in a house that's much bigger, so I don't run into things as much because I have more space.

Some participants shared concerns about services, including issues with staff quality and understaffing. One participant was unsure of what their goals were and credited staff with setting their goals.



I mean, yes, there's goals that they've set. Honestly, it's hard for me to think of what they are specifically. I'm looking towards moving out on my own. It's kind of hard to see that. It's not like we're specifically talking about my goals every day.

Because it's kind of like hit or miss whether or not they get someone that's a good home person that doesn't have their own issues that rolls over to the client. It's just very risky. I had one host home that ended up having a lot of issues, like smoking pot. They switched me on an emergency basis to where I'm at, and the host that I'm living with has emotional issues herself that affects everyone.

It's been kind of difficult since there's only one staff here. I think it would be a lot easier if there were more staff like before. For some reason no one wants to take shifts, I don't know why.

One member suggested more flexible meal times.

The mealtime, if I had to change it and have it go back, I would.

Participants described improvements to their quality of life, such as better management of stressors, improved mental health, improved relationships, gained household skills, and increased use of healthy coping skills.

Just being able to not go to the old coping mechanisms I had for intense emotions.

I feel more safe and I have not felt suicidal for a long time.

I'm around more people. Yeah, yeah [that Mosaic helps me talk to people.]

I feel like the cooking's better. I feel like how I get along with people is better, things that I should and things that I shouldn't say.

I feel like my- like I used to have like anger issues where I just- I would just snap, you know, like hit things but now I know how to talk through it instead of getting angry.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting lower socialization, a halt to some services (e.g. day-habilitation programming), and loss of employment, and less frequent involvement in the community. Participants noted that staff support has helped them cope with additional challenges and maintain their mental health.

There's always someone to talk to like about this COVID virus and stuff, like if we're all down in the dumps, there's always someone to talk to about it.

Just taking care of myself and being healthy and eating the right food, yeah. I used to get out more before the virus, like going to basketball games, museums, to downtown, and stuff.

This is a difficult time with COVID, they have helped me cope.



I was working. Since COVID, I have not been working.

They have activities (parties, activities, games) and stuff, but they are not happening with COVID.

I'm staying home with [staff] [since COVID started]. I go to a day program but it's closed right now.

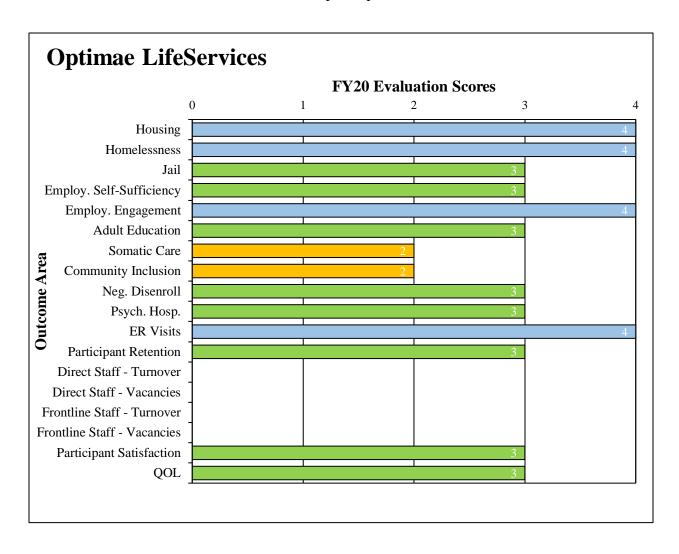
Additional Satisfaction Questions Related to COVID-19 Pandemic - Mosaic						
	Yes	No	Some, Not All	Other		
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	13	0	1	1		
	Participant	Agency		Neither		
	Initiated	Initiated	Other	Initiated		
Who initiated contact between you and your team since Mid-March?	1	9	5	0		
	Phone	Text	Email	Other		
In what ways did you communicate?	5	1	1	8		



Optimae LifeServices (Optimae)

Overall Evaluation Results: Meets Expectations (79%)

Optimae primarily supports individuals with mental health challenges in community-based homes. In FY20 program staff supported a total of 221 adults in community living. Consistent with FY19, the agency's community living program performance in FY20 maintained a Meets Expectations rating. The program excelled in four outcome areas, met expectations in eight additional areas, and was challenged in the two remaining outcome areas. Evaluators interviewed fifteen participants. Participants reported being satisfied with the services they received and the staff who worked with them. Comments from participants are included below.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	98%	4	98%	4	98%	4	98%	4
Homelessness	0.54	3	0.32	4	0.00	4	0.16	4
Jail	0.95	4	0.59	4	2.21	3	1.50	3
Working Toward Self- Sufficiency	12%	3	16%	3	14%	3	14%	3
Engagement Toward Employment	22%	3	34%	4	42%	4	57%	4
Adult Education	21%	3	24%	3	26%	3	37%	3
Somatic Care	97%	3	91%	2	92%	2	91%	2
Community Inclusion	82%	2	77%	2	87%	2	69%	2
Negative Disenrollment	2.48%	3	0.93%	4	1.36%	3	2.42%	3
Psych. Hosp.	2.29	3	1.10	4	2.71	3	3.45	3
ER Visits	0.04	4	0.04	4	0.02	4	0.02	4
Participant Retention	87%	3	88%	3	92%	3	93%	3
Direct Support Staff - Turnover							63%	NA
Direct Support Staff - Vacancies							48%	NA
Frontline Supervisor - Turnover							78%	NA
Frontline Supervisor - Vacancies							48%	NA
Participant Satisfaction	95%	4	99%	4	86%	2	93%	3
QOL	92%	3	93%	3	91%	3	87%	3
Total		45		48		43		44
Possible		56		56		56		56
Performance	Meets	80%	Meets	86%	Meets	77%	Meets	79%



Participant Interviews

Fifteen Optimae Community Living participants were interviewed. Optimae participants described the positive aspects of agency services, noting satisfaction with the quality and safety of their housing, access to additional needed services, support toward independence and goal-oriented service provision. Participants held Optimae staff in positive regard and observed teamwork across staff. Participants described staff as committed, responsive, reliable, accountable, respectful, and caring. Two participants reported positive experiences throughout long term engagements in Optimae programming (4 and 5 years). Comments included:

They looked around and found this place. It's brand new. It has lots of amenities. I was living in a hotel before that. I've only been living here for about a month.

Staff helps a lot. There are nurses through Optimae and other workers. I'm just blessed with a good staff right now. It's been a long time since I had a bad staff member.

[Staff] makes me think for myself sometimes. She lets me make my own decisions. She is there to support and guide, which is good.

If [staff] can't see me, her boss will step in. They are not kidding when they say, "on your side, by your side." That is not bull****.

They helped me get into the apartment, and that's a really good apartment building and opposite of what I was living in. The stimulus money helped.

I wouldn't have it any other way because, you know, I had another service by a different place that just ... no, I wouldn't recommend. Optimae has been great, I mean, from the day I started until now. And I've been with them for about five years.

I love it down there at Optimae. I work there a couple days a week and have been there four years.

I'm independent. They help me with rent assistance. I have [staff] to make sure I get my medications and transportation.

I don't feel at all that they try to force you into things or keep you on programs longer than you need to. They're very open and flexible about working at the client's pace.

I can't even think of one time that they haven't been there for me, not even one time.

Yes, always. Just, you know, being very courteous. Everyone speaks in a professional way, and there's no negative undertones with anything.

I don't have as many crises. I've maybe had only two or three since moving in, so I don't go into crisis as easy anymore. I've been living here about a year, so we're still making progress.

Very much, yeah, so my SCL staff shows up and encourages me and works with me on the goals I feel necessary. That's basically it.



[T]here were a couple times I needed staff I didn't get along well with [someone], and they were very much willing to get me different staff.

Some participant expressed concerns. Some participants shared that roommates and neighbors can be stressful, even with staff assistance. One participant reported inconsistent communication from staff.

I'm not for sure. I just try to take one day at a time. Sometimes I get really stressed out from the drama from living with all the people. Sometimes when they're getting on my nerves, I go to my room and watch TV. I don't get along with the two girls that live here as well so I've been really angry. Sometimes I go to staff, and they help with your problems.

My housing situation is better because [staff] has helped me with that. But now these people have moved in upstairs. I know they're selling drugs.

I've had issues with workers not showing up to our meetings and not even contacting me to say they're not coming.

Few participants offered suggestions for improvements to services. One participant suggested ensuring that staff are available to provide transportation. One participant jokingly proposed providing substantive cash birthday presents, suggesting needs are met.

Well, that's what they get paid for, is to take us places, but every once in a while you have a person that doesn't want to do nothing, and they get in trouble and get fired. I've seen that happen. [They could do that better.]

I think so ... within reason [for what they can do better.] I suppose they can show up with a couple thousand dollars and be like "Hey, happy birthday [Participant]." Not outside of stuff like that, no.

Participants described improvements to their quality of life, such as increased housing stability, improved living situations, increased independence, better management of stressors, improved mental health and increased use of coping skills.

They looked around and found this place. It's brand new. It has lots of amenities. I was living in a hotel before that. I've only been living here for about a month.

I don't have as many crises. I've maybe had only two or three since moving in, so I don't go into crisis as easy anymore. I've been living here about a year, so we're still making progress.

With daily problems ... if I have a problem, I get ahold of her and she makes me feel better about things, and I'm more calmer and relaxed and not as anxious and nervous as I was before. Before I would pretty much never leave my house, and she has people that get me out to do things even if I don't want to.



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

I'm not having as many crises. I'm doing better. I'm feeling better. There's always someone around usually when I'm awake, and they're there to help me if I need something or need help walking to get something.

My working with Optimae ... was court-ordered. I was on drugs and they helped me and put my life back on track. I'm in a lot better place than I was before.

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

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting lower socialization, and less frequent involvement in the community and healthcare system.

I call and she comes and takes me where I need to go. I used to go out in the community, you know, and go places. But right now I'm just going where I need to go because of COVID-19.

Anytime I'm sick I go to the hospital, either physically or whatever I go to the hospital, except for now with the coronavirus.

Right now, I can't socialize much due to COVID.

Additional Satisfaction Questions Related to COVID-19 Pandemic - Optimae						
	Yes	No	Some, Not All	Other		
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	13	0	1	0		
	Participant	Agency		Neither		
	Initiated	Initiated	Other	Initiated		
Who initiated contact between you and your team since Mid-March?	0	13	1	0		
	Phone	Text	Email	Other		
In what ways did you communicate?	2	3	3	5		



Agency Response

Optimae LifeServices scored an overall total of 79% this outcome evaluation. This was up 2% from last year, despite our additional challenges presented to our agency by the COVID-19 Pandemic. Optimae believes this is a true testament of dedication from our front line supervisors and direct support professionals that continue to be at the side of individuals in our services, providing person-centered supports, even in the midst of global crisis.

Optimae LifeServices would like to submit the following comments on a number of outcome areas for this year's evaluation report.

Access to Somatic Care- Optimae did not meet expectations in this outcome area this year. We hit the ground running with implementing last year's performance improvement plan to meet expectations for this outcome; however, we did not anticipate the COVID-19 Pandemic would take place. Due to this, we did have a number of physical health appointments that were rescheduled due to the timeliness of the pandemic. Although Optimae did not meet expectations in this outcome area, we were only 7 physical health appointments short of 95% and are hopeful that we will be successful at meeting expectations next year. We are in the process of obtaining Chromebooks for each of our sites, which will be extremely beneficial in supporting telehealth visits for our participants in our current environment.

Community Inclusion: Optimae did not meet expectations in this outcome area this year. We did have a number of plans in place this year to improve our score from last year, but due to the COVID-19 pandemic, our customers spent about a quarter of this fiscal year not being able to participate in community activities. We did implement a lot of creative initiatives to allow our customers to have a sense of community, despite not being able to physically participate in community activities outside of their home, which included virtual socialization and at-home activity suggestions and implementations.

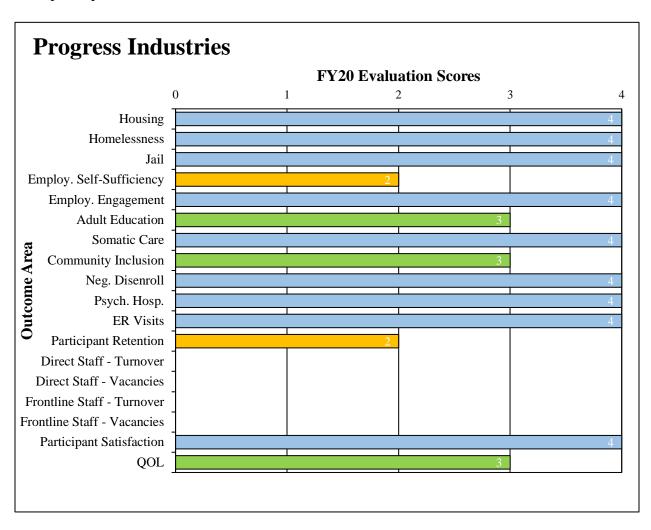
In conclusion, Optimae is very thankful for the Community Living Guiding Coalition's tracking of these outcomes, as we use these reports each year to look at our systems in place, and improve the types of supports we are providing in order to help our customers live a meaningful life. We hope the coalition finds these comments helpful.



Progress Industries

Overall Evaluation Results: Exceeds Expectations (88%)

Progress Industries provides life skills supports for adults with intellectual disabilities and mental illness. In FY20 the program supported a total of 59 adults in community living. Consistent with FY19, in FY20 the agency scored an Exceeds Expectations rating. The program excelled in nine outcome areas, met expectations in the three areas, and was challenged in the two remaining outcome areas. Evaluators interviewed fifteen program participants. Participants reported being very satisfied with the services they received and the staff who worked with them. Comments from participants are included below.





Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	97%	4	96%	4	95%	4	91%	4
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4
Jail	2.26	3	0.55	4	0.00	4	0.00	4
Working Toward Self- Sufficiency	13%	3	6%	2	13%	3	7%	2
Engagement Toward Employment	30%	3	34%	4	48%	4	41%	4
Adult Education	21%	3	12%	2	42%	4	23%	3
Somatic Care	98%	3	95%	3	100%	4	100%	4
Community Inclusion	92%	3	68%	2	98%	4	91%	3
Negative Disenrollment	0.00%	4	0.00%	4	1.78%	3	0.00%	4
Psych. Hosp.	0.00	4	1.99	4	0.57	4	0.22	4
ER Visits	0.02	4	0.00	4	0.00	4	0.00	4
Participant Retention	94%	4	98%	4	87%	3	80%	2
Direct Support Staff - Turnover							63%	NA
Direct Support Staff - Vacancies							39%	NA
Frontline Supervisor - Turnover							25%	NA
Frontline Supervisor - Vacancies							25%	NA
Participant Satisfaction	98%	4	89%	2	96%	4	96%	4
QOL	93%	3	89%	3	92%	3	85%	3
Total		49		46		52		49
Possible		56		56		56		56
Performance	Exceeds	88%	Meets	82%	Exceeds	93%	Exceeds	88%



Participant Interviews

Fifteen Progress Industries Community Living participants were interviewed. Participants described the positive aspects of agency services, noting satisfaction with access to additional needed services, encouragement with social skills, support towards independence and goal-oriented service provision. Participants described staff as responsive, respectful, and caring. Comments included:

Interactions with other people, like I said, if I don't have practice, I lose that ability. So, without this program my ability to interact with people successfully and be a member of society is reduced.

Yeah, one point I was starting to have a bit of burnout with schoolwork, and the provider's staff coaxed me back on to being in a better mental state about it. It helped keep me on a path of being financially independent by getting a job.

They treated me like a capable member of society rather than someone who was incapable as living as a member of society as people in the past have often treated people with autism.

Well they care, you know they ask how my day's been, ask what I'm doing because I'm staying healthy, having fun, all that.

[In case of emergency I would call] 911 or a family member. No ... well I would call a staff person. They said if I had trouble or needed something to just call a staff person.

I learned more cooking and cleaning around the house.

Housing, and they take me to my doctor's appointments. They help me call in for my medicine and stuff like that.

They help you get your goals met, the things you want to do, like cook or get help with things like going on the bus.

Some participants shared concerns about services including slow responsiveness, challenges with roommates, unqualified staff, and staff turnover.

They take a long time sometimes, but they are responsive eventually.

It does take them a while to help me.

Depends on the day. Well, it's about the same. Trying to get ahold of the staff when I need them, and they don't answer. Every so often, I mean I don't really talk to them that much. I call them when I need to ask them something and they don't answer.

I feel like my self-harm has been worse since I have been living with her [the aggressive roommate]. It was making my life worse to live with her. I have asked to move to another house but there are no other houses available.



I haven't had too much contact with them recently because of COVID. I've had one call.

No, they weren't because they wouldn't be employed for more than a week and a half, and then I'd have to go a month or so without them, and then I'd have them for another week and a half before they quit, and then they just quit responding.

Oh, they're great [the workers]. Don't bother. They're incapable of providing consistent ongoing staff.

They're incredibly incompetent.

One participant suggested staff assist them more with cooking skills.

Cooking I guess [is the thing they could do better ... offer more help]. More cooking.

Participants described improvements to their quality of life, such as better management of stressors, better resiliency, improved mental health, more community involvement, improved social skills and relationships, improved financial situations, retention of employment, and increased use of coping skills.

Well I had severe depression last year but then I started ... later on last year they met with me for the first time, and I got over it, and they've been a big help.

Like I have the ways to talk about life, how I feel, and what I do and stuff.

I do better with my problems.

I mean because they helped me, I get like everything I need done, I mean. And I work well with my staff. I don't have any complaints about her. She's really nice. She helps me get what I need done. That's about it.

I have a job. That I do a lot better at it.

I'm able to go out more. We go out for rides and go to more places. We go shopping for clothes too. I used to not get out as much.

I'm better than when I was on my own. I'm a little more sturdy. I want to say.

COVID-19

Participants described how the COVID pandemic and subsequent restrictions impacted their services, noting fewer in-person interactions with staff, adjustments to services to adhere to public health guidelines. One participant described helpful information and support from staff regarding COVID.

I haven't seen them in a while. They just kind of stopped showing up. They used to do normal everyday stuff, kind of just getting stuff done around the house and stuff. They stopped because of COVID and stuff obviously, and we talked about starting it up again, but nothing's been put in motion. Also, the person I was working with went and got a different job.



I would think so, but I haven't had too much contact with them recently because of COVID. I've had one call.

We had someone from Progress that came by and talked to us about COVID, and that helped me a lot.

Well yes, to a point, because they're restricted due to COVID but they're coming back. ... just recently they're allowing providers to take them to grocery stores but previously they weren't allowed to due to COVID concerns, otherwise yes.

Previously if I needed to run somewhere or needed an around-the-house thing, they'd help me but that was before all this happened, you know.

Additional Satisfaction Questions Related to COVID-19 Pandemic – Progress Industries						
	Yes	No	Some, Not All	Other		
Have your needs been met by your care team since the onset of the Covid-19 measures requiring people to shelter in place?	11	2	1	1		
	Participant	Agency		Neither		
	Initiated	Initiated	Other	Initiated		
Who initiated contact between you and your team since Mid-March?	0	12	3	0		
	Phone	Text	Email	Other		
In what ways did you communicate?	4	6	0	5		

Agency Response

Employment – Self-Sufficiency

Progress Industries continues to support persons served with becoming employed in their community. Many of those we support have barriers toward achieving this goal such as physical limitations, health issues, mental health issues, or motivational issues. Some of the individuals that we support with this goal have not yet decided to pursue becoming employed or to work more hours. We continue to support and encourage the persons served with exploring different jobs or interests in the community. We also partner with other outside entities for employment services or coordination.

Participant Retention

During this past reporting period we retained 52 out of 54 of our existing persons served. We admitted 13 new persons served during the year that were admitted after the July 1st start date



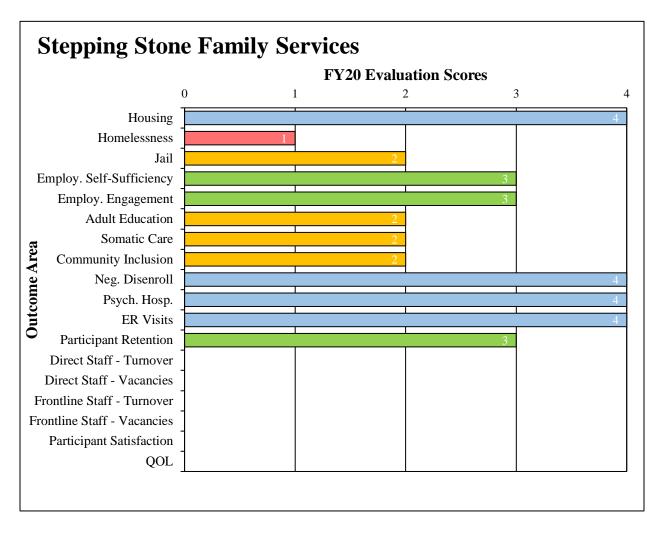
and were therefore not counted as having been retained a year. Due to the way retention is being measured our growth was shown as a negative and an area that needed improvement.



Stepping Stone Family Services

Overall Evaluation Results: Needs Improvement (71%)

Stepping Stone Family Services works primarily with participants with mental health issues, providing community living supports and therapeutic services. In FY20 the program supported 110 adult participants in community living. Consistent with FY19, in FY20 the agency again scored in the Needs Improvement range. The program excelled in four outcome areas, met expectations in three additional areas, and was challenged in the five remaining areas on which they were evaluated. No participants were interviewed this year. No staff turnover nor vacancy data were reported. It is unclear if the participant data was reviewed during the fiscal year.



Outcome Area	FY17 Results	FY17 Score	FY18 Results	FY18 Score	FY19 Results	FY19 Score	FY20 Results	FY20 Score
Housing	97%	4	95%	4	96%	4	97%	4
Homelessness	3.37	1	2.29	1	0.00	4	2.04	1
Jail	1.79	3	0.40	4	1.08	3	3.24	2
Working Toward Self-Sufficiency	12%	3	10%	2	12%	3	14%	3
Engagement Toward Employment	18%	3	26%	3	27%	3	23%	3
Adult Education	19%	2	28%	3	30%	3	11%	2
Somatic Care	95%	3	93%	2	93%	2	90%	2
Community Inclusion	80%	2	78%	2	84%	2	64%	2
Negative Disenrollments	1.49%	3	2.97%	2	1.12%	3	0.00%	4
Psych. Hosp.	1.76	4	2.21	3	1.32	4	0.94	4
ER Visits	0.04	4	0.03	4	0.04	4	0.03	4
Participant Retention	94%	4	90%	3	95%	4	90%	3
Direct Support Staff - Turnover							NA	NA
Direct Support Staff - Vacancies							NA	NA
Frontline Supervisor - Turnover							NA	NA
Frontline Supervisor - Vacancies							NA	NA
Participant Satisfaction	NA	NA	NA	NA	0%	1	NA	NA
QOL	NA	NA	NA	NA	0%	1	NA	NA
Total		36		33		41		34
Possible		48		48		56		48
Performance	Meets	75%	Needs Improve- ment	69%	Needs Improve- ment	73%	Needs Improve- ment	71%



Appendix B: Evaluation Vision & History

Community Living Mission & Vision

Getting a life for people and coaching them into it – is the intervention (Todd Risley, Ph. D.).

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Community living services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. They promote this mission by developing supportive relationships to work through individuals' life transitions; promoting responsibility through information and options; building opportunities for meaningful community participation; and supporting experiences which create meaningful life roles.

The Polk County Region envisions a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have a community presence (characterized by blending community integration, community participation, and community relationships). Connectivity with the community and integration into living in the community are key elements to creating a meaningful life. Individuals should be an integral part of welcoming home environments, where neighbors invite individuals to block parties, where individuals host card and 4th of July parties, where neighborhood children sell Girl Scout cookies or come trick or treating, where individuals connect with their "Facebook" friends and when moving, where individuals go to the post office to fill out a change of address card and notify friends and family of their new address.

As Tom Pomeranz (2009) suggests, institution is a state of mind. Polk County desires to promote community living with a paradigm shift from schemas of "us" and "them" to integration. To accomplish this task, systems must reject the medical model of changing the person and adopt a universal design approach of removing barriers and designing inclusive environments. The reality is that barriers cause difficulties, not disabilities (Pomeranz, 2009). The Region's charge is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. Based on Danish culture, people with disabilities should be integrated with the culture of their non-disabled counterparts. As a part of society, then, people would be known as individuals, valued for who they are, given opportunities to follow their own dreams, welcomed to participate in reciprocal (give and take) relationships, given the chance to be accepted as whole persons, including being allowed to make honest efforts and acknowledge honest mistakes.

The Region acknowledges that community does not exist to be found, but must be built (O'Brien, J., & O'Brien, C.L., 1994). Salzer and Baron (2006) define community integration as the opportunity to live in the community, like everyone else, and to be valued for one's uniqueness and abilities. This means creating opportunities to contribute more like everyone else in the life domains of housing, employment, education, health status, leisure/recreation, spirituality, citizenship/civic engagement, valued social roles (marriage, parenting), peer support,



and self-determination. Community integration results in community presence and participation, facilitating individuals' well-being and recovery.

Community Participation (Salzer & Baron, 2006)						
PARTICIPATION LESS LIKE EVERYONE ELSE				PARTICIPATION MORE LIKE EVERYONE		
				<u>Else</u>		
Institution/Agency-Based Participation	>	>	>	Community-Based Participation		
Staff-Directed Participation	>	>	>	Person-Directed Participation		
Separation	>	>	>	Association		

Pomeranz describes this community presence (i.e. the "Cheers" feeling where everyone knows your name) as one part community integration, one part community participation and one part community relationship. He suggests that individuals analyze their connectedness based on a Quality of Life framework (Pomeranz, 1992), characterized by a 4-square model which diagrams the connection between the value of the activity to the individual with the personal relationships present in the activity (see diagram).

	Quality of Life Profile (based on Pomeranz, 1992)						
Value of Activities	A Value Self	B Enriched (value others and activities)					
Value of	C Impoverished	D Value Others					
	Value of Personal Relationships Present in Activity						

People in valued social roles are apt to be accorded the good things in life, while people in socially devalued roles are apt to be mistreated (Wolfensberger, 2000). People who lack valued roles also are more likely to be ostracized and develop fewer friendships. Thus, Polk County suggests that encouraging, empowering, and supporting decisions which create meaningful life roles and relationships will help to create or improve a life the individual values.

We must provide an environment that is healthy enough for a life to happen (Dan Berkowitz). Thus, the Region's charge is to promote a change from individuals doing activities, especially those chosen and structured by others, (i.e. going to a restaurant, going to work, going bowling) to supporting individuals in choosing and designing who they want to become and how they want to structure their time (e.g., becoming a hotel employee, a community volunteer, a Lion's Club member, a spouse, or an athlete). Denying individuals these choices and experiences may result in a meaningless life, one in which they believe that they have nothing to lose, and nothing matters.



Alternatively, identifying individual goals, dreams, and support circles are critical components to supporting and creating an enviable life—one where the individual is missed when away, is loved and has others to love, is given the opportunity and makes a difference, is respected, and works toward passions and dreams. How people should live should be determined by how they wish to live, not by their diagnosis (Pomeranz, 2009). The Polk County Region promotes that individuals are individuals, not their diagnosis, and it is the community's responsibility to encourage, support, and include individuals in being more like their non-disabled peers. In part, this means reframing individual challenges and appreciating the beauty of individual personalities. Efforts to resolve challenges strengthen relationships are statements of how much people care. It also requires identifying barriers and challenging assumptions by asking "why."

Community Living Core Values

Polk County community living services and supports are based on the following values:

- 1. <u>Individuals should be empowered.</u> People should be treated with dignity and respect, retaining control over their lives as much as possible. Supports should be designed to control the environment, not the individual, and encourage empowerment through cultivating hope, training, support, and education. Individuals' privacy should be respected. Individuals supported should be actively involved in all aspects of planning for their futures in addition to delivering and evaluating services.
- 2. <u>Supports should be person-centered.</u> Supports should focus on individuals' assets and strengths in order to create meaningful lives which are not defined by their disability. Individuals should be treated with respect and allowed to make meaningful choices regarding their future. Services should support individuals' opportunity to succeed and the right to fail.
- 3. Services should be holistic, coordinated and comprehensive. There should be ongoing partnerships and linkages between participating individuals, agencies, and various payers. In order to be effective, communication should occur at and between the individual supported, provider, county, and state levels. Service supports should be necessary and meet people where they are at, minimize restrictions, have a long-term commitment to the individual to provide a stable home, and promote full citizenship.
- 4. <u>System flexibility should be maintained.</u> Individuals supported should have immediate access to the services they need for as long as they need them. A wide array of services should be developed. Services should be consistent, yet flexible to provide individualized supports, meet individuals' changing needs, and encourage personal growth. Long-term continuity of care should be developed.
- 5. <u>Services should rely on natural, community-based services and supports.</u> Individuals supported should be encouraged to have connected relationships and use natural support systems, such as their own friends, family, church, and community resources. Individuals supported should have diversified life roles and be integrated into the normal living,



working, learning, and leisure time activities of the community. Individuals supported should live in homelike settings, have leases with their landlords, and, whenever possible, own their own homes. State resource centers, mental health institutes, and out of county providers will not be used unless community programs are not able to provide the appropriate services. Work should be an integral part of life experiences. Different kinds of work opportunities are needed in order to challenge different abilities.

- 6. <u>Services should meet special needs.</u> Services should embrace individuals receiving the most appropriate supports and be adapted to address special needs, such as youth in transition to adulthood, individuals with multiple conditions, individuals who are homeless, and elderly adults.
- 7. <u>Services should be accountable.</u> Services should be monitored to assure quality and effectiveness in meeting the needs of individuals served. Services should be accountable and demonstrate improvement at the system, agency, and individual levels.

American culture views being diagnosed with a psychiatric or intellectual disability as something inherent to the individual, resulting in a life of poverty, isolation, failure, rejection, and loneliness. The subtleties of low expectations then create lives with limited possibilities. In addition, people with disabilities and their families are challenged to navigate through a complex maze of paperwork and funding in order to demonstrate one's disability and begin to achieve one's potential. At the same time, Medicaid's focus in supporting individuals with disabilities focuses on disability deficits and process compliance rather than improving an individuals' quality of life, maintaining abilities, and finding meaningful roles. As a disability system, the Polk County Region has evolved from medical and developmental models into a personcentered, individualized support model. This model is characterized by supporting the individual as a citizen, in the person's home, local businesses, and community of choice. The array of disability services are defined by the person's unique needs, skills, talents and gifts. Decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships. Unfortunately, a disconnect lies between supporting individuals utilizing the individualized support model and funding that support through an antiquated medical model. Rules and regulations may prevent bad things from happening, but they rarely give people a life (Pomeranz, 2009).

Polk County has two distinct strategic advantages: collaborative partnerships with Network Providers and the Positive Behavior Support Network. There are many individuals being served well in Polk County community living services. However, Polk County has become aware that there are individuals with unmet needs. Over the past several years, the Polk County Region has partnered with community living providers to promote learning and re-learning ways of working with individuals with serious disabilities and interfering behaviors, while promoting employment as a valuable life role for individuals with disabilities. In order to mainstream initiatives, increase efficiencies and integrate philosophies into the service delivery system, PCHS convened a Community Living Guiding Coalition (individuals from service providers, integrated services and case management) to lead and make recommendations to improve Polk County community living services.



Defining Community Living

One of the Community Living Guiding Coalition's first charges was to discuss and develop a definition of community living. For the purposes of system evaluation, the previous indicator of community living was based on independent housing. Independent housing adequately captured individuals living in apartments and owning their own homes. However, the outcome was problematic for individuals living with their families. The Guiding Coalition redefined community housing to address individuals' desires, goals, strengths, abilities, needs, health, safety, and life span issues, regardless of the home in which they live and/or the intensity of support services. The intent is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community. When needed, supports are designed to assist the individual to achieve success in and satisfaction with community living. Thus, the goal of community living supports is to support individuals with disabilities to live successfully within the community in safe, affordable, accessible, and acceptable housing.

Evolution of the Community Living Scorecard and Evaluation

In order to design or select community living supports which will best promote that individual to reach her potential and realize her value to the community, participant stakeholders need information about the available services and the opportunity to ask difficult questions. In 2011, the Region published their first Community Living Scorecard. This contained an overview of the individuals receiving supported community living services as well as how each of the 16 Community Living Service providers supports their program participants for the 2011 calendar year.

Subsequently, the Guiding Coalition and PCHS decided to modify the evaluation from a management tool to a systems alignment tool. Community Living agencies are able to utilize individual outcome data to ensure individuals supported have positive supports and meaningful lives.

During FY18, Community Living Providers assumed primary outcome responsibility for individuals with intellectual and developmental disabilities due to the Managed Care Organizations' (MCOs') decision to no longer contract with Polk County for Community Based Care Management (CBCM).



Appendix C: Outcome Area Definitions

Participant Satisfaction: Participant satisfaction is based on interviews by the independent evaluator of program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. Polk County's expectation is service excellence. The expectation is that the vast majority of individuals will rate their program's service in the highest category. Participants are asked eleven questions concerning their satisfaction with their community living staff, 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 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 given the number of responses.

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.

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. This criterion has been set at 40% of income to be consistent with the U.S. Department of Housing and Urban Development's Housing Choice Voucher Program (Section 8) requirements. Income sources include Employment Wages, Public Assistance, Social Security, SSI, SSDI, VA Benefits, Railroad Pension, Child Support, and Dividends. Starting FY16, the Affordability criteria for Community Living was broadened to allow for participants to pay more than 40% of their income to rent and utilities provided that (1) the individual is on the Section 8 waiting list and is aware that they will either need to move or will not be eligible for Polk County Rent



Subsidy should they be offered Section 8 and (2) the individual is able to pay bills to ensure their basic needs are met.

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

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

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

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

Employment Outcomes: Employment– Working Toward Self-Sufficiency is measured as the percentage of employable individuals working 20 hours or more per week and earning the minimum wage or greater during the four specified reporting weeks. Engagement Toward Employment is measured as the percentage of employable individuals working at least 5 hours per week and earning the minimum wage or greater during the four specified reporting weeks. The employment outcomes do not apply to individuals between 18 and 64 who have been assessed a level of support of 5 or 6, involved in an ongoing recognized training program (secondary school, GED, or post-secondary school), or individuals 65 or older who choose not to work (i.e., are retired).

Because employment may vary during the year, the employment outcome was 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.

Adult 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.

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.

Participant Retention: This outcome is measured as the percent of individuals supported for at least a year with the community living service provider. Client retention is calculated by the total number of clients served by the community living service provider greater than 365 days divided by the total individuals supported.

Direct Support Staff Stability – Turnover: This outcome is measured as the percentage of direct support staff who were retained per quarter. Direct support staff are workers whose primary responsibilities include providing support, training, supervision, and personal assistance to people with disabilities or an older adult. Direct Support Staff Stability – Turnover is calculated as the number of direct support staff who leave each quarter divided by the total number of direct support staff positions (number of direct support staff plus number of vacancies) during the quarter. Then, the four quarters are averaged for the annual result.



Direct Support Staff Stability – Turnover: This outcome is measured as the percentage of direct support staff vacancies per quarter. Direct support staff are workers whose primary responsibilities include providing support, training, supervision, and personal assistance to people with disabilities or an older adult. Direct Support Staff Stability – Vacancy Rate is calculated as the number of direct support staff vacancies each quarter divided by the total number of direct support staff positions (number of direct support staff plus number of vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

Frontline Staff – Turnover: This outcome is measured as the percentage of frontline supervisory staff who were retained per quarter. Frontline supervisors are employees whose primary responsibility (more than 50% of their role) is the supervision of direct support staff. Frontline Staff – Turnover is calculated as the total number of frontline supervisors who leave during the quarter divided by the total number of frontline staff positions (number of frontline staff employed plus frontline staff vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

Frontline Staff – Vacancies: This outcome is measured as the percentage of frontline supervisory staff vacancies per quarter. Frontline supervisors are employees whose primary responsibility (more than 50% of their role) is the supervision of direct support staff. Frontline Staff – Vacancies is calculated as the total number of frontline supervisor vacancies during the quarter divided by the total number of frontline staff positions (number of frontline staff employed plus frontline staff vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

Participant Satisfaction: Participant satisfaction is based on interviews by the independent evaluator of program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. The expectation is service excellence, that the vast majority of individuals will rate their program's service in the highest category. Participants are asked eleven questions concerning their satisfaction with their community living staff, 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 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 given the number of responses.

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 D: Interview Questions

Participant Satisfaction

Participants are asked whether they agree or disagree with the following eleven questions. Satisfaction is scored as the number of questions to which the participant agrees out of the total number of questions to which the participant responds. Participants are also asked open-ended questions about ways that their Community Living services have made their life better as well as ideas for improving their Community Living services.

- C2 My CL staff helps me get the services I need.
- C6A My CL staff talks to me about the goals I want to work on.
- C7A My CL staff supports my efforts to become more independent.
- C8A CL staff are willing to see me as often as I need.
- C9A When I need something, CL staff are responsive to my needs.
- C10A CL staff treat me with respect.
- C11A If a friend were in need of similar help, I would recommend my CL program to him/her.
- C12A I am satisfied with my community living services.
- C13A I am getting the help/support I need.
- B3A I know who to call in an emergency.
- B18A I have medical care available if I need it.

Quality of Life

To assess improvement in quality of life, participants are asked whether they agree or disagree with each of the following seven questions. Quality of Life is assessed as the number of questions to which the participant agrees out of the total number of questions to which the participant responds.

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

