Polk County Health Services

Integrated Health Homes/Service Coordination

Outcomes Evaluation

September 2019

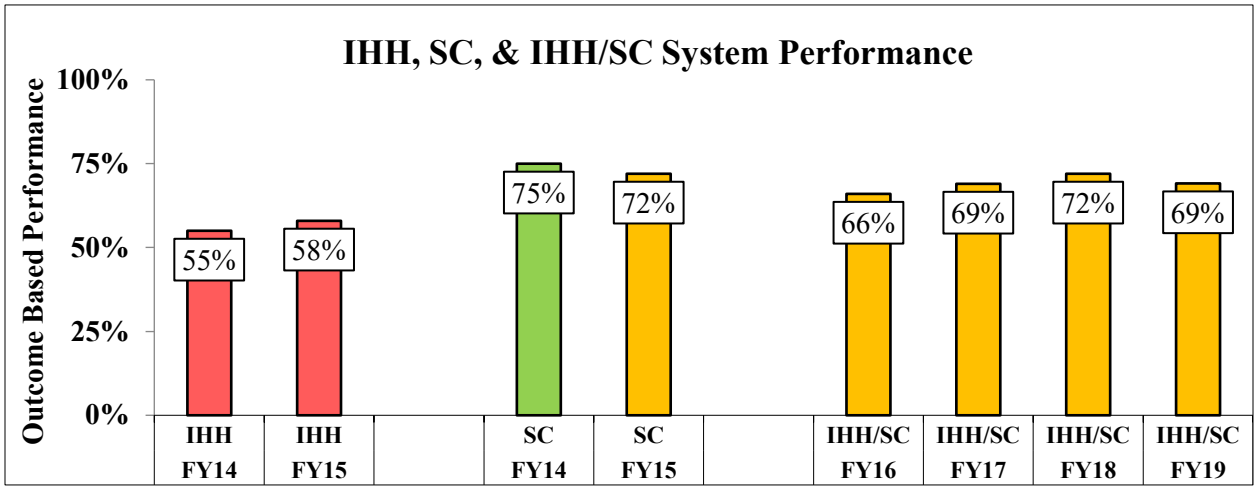
Document produced by: Law, Health Policy & Disability Center
David Klein, Director of Technology

Boyd Law Building
University of Iowa College of Law
Iowa City, Iowa 52242

Document produced for: Polk County Health Services, Inc.
Des Moines, Iowa

POLK COUNTY INTEGRATED HEALTH HOMES/SERVICE COORDINATION EVALUATION SUMMARY

This year, **the Integrated Health Home / Service Coordination system** was challenged by outcome expectations. This is the fourth year that IHH and SC outcomes were combined. The combined system achieved an overall 69% performance, resulting in a Needs Improvement rating. One program met expectations and the other two were challenged by the evaluation expectations. The IHH/SC system exceeded expectations in six outcome areas: Community Housing, Participant Satisfaction, Negative Disenrollment, Appropriate Disenrollment, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The system met expectations in four outcome areas: Employment-Engagement Toward Employment, Adult Education, Psychiatric Hospitalizations, and Quality of Life. The system was challenged in the remaining seven outcome areas: Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Participant Empowerment, Family and Concerned Others Satisfaction, Access to Somatic Care, and Community Inclusion.



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

The combined IHH/SC system performed well in a several areas. More than nine of every ten participants (93%) were reported to be living in safe, affordable, acceptable and accessible community housing. One of every three participants (30%) was engaged in employment, working at least five hours per week, and about one of every seven participants (15%) was working at least 20 hours per week. More than one of every four adult participants (26%) were pursuing education related to employment.

Programs were successful in supporting participants' physical and mental health. More than nine of every ten (94%) participants received a physical or care during the year from a primary care physician or medical specialist. Programs were successful in supporting participants to minimize psychiatric hospitalizations. Very few participants were negatively disenrolled, and within the service coordination tracks two of every five (40%) participants were appropriately disenrolled to other services or

independence. This year, Emergency Room visits exceeded expectations with a total of 33 ER visits (0.02 average), improving from 47 (average of 0.03) from FY18.

In contrast, the system averaged high rates of homelessness and involvement in the criminal justice system. The system reported a total of 3,492 homeless nights, averaging over two homeless nights per participant for the year, comparable to the previous year (3,502 nights). Total jail days reported by the system were 6,736, averaging more than four jail days per participant for the year, an increase from FY18 (5,239). All but one of the IHH/SC programs were challenged by the Community Inclusion criteria. Of participants, 86% were reported to have met these criteria during the year, up from 76% last year.

The IHH/SC programs continued to be challenged by the Participant Empowerment outcome area, with only one agency meeting expectations. Participant Empowerment is based entirely on the file review. Of the 97 files reviewed, 72 (74%) were found to meet expectations for the Participant Empowerment outcome. The most challenging criterion for IHH/SC programs was documenting that employment or education (or community inclusion for individuals with higher needs) was addressed during visits with staff. Goals are essential to service provision. They document the agreement between the individual's choices and desires, the services that the program is willing and able to provide, and the basis for which funding is provided. Without such plans, services are unguided, participants do not know what they can expect, and one may question the provision of public funds. Thus, documentation of goals is critical to the functioning and accountability of service provision. Employment and education are expectations for most individuals receiving services. Part of empowerment is addressing employment or education with participants throughout the fiscal year, which adheres to PCHS's gentle hassling approach.

According to the agencies, a particular challenge this year has been housing, which affects several outcomes. Agencies report that housing available to their participants, particularly those with criminal records, are on the sex offender registry, or struggle with addiction, has constricted from previous years. Some rentals that have been available to the IHH/SC population have undergone renovations, and landlords are looking for a different type of tenant. Landlords are less willing to accept Section 8 funds. It is possible that some require three months rent in a savings account. In addition, habilitation providers have waitlists, leaving few options for participants who are homeless. Some utilities require participants to complete payment of back debt before they will turn on services. Agencies have been working harder to develop and maintain relationships with particular landlords. They have looked for creative ways to locate funding to be used for deposits. Agencies have identified Rapid Rehousing as having been helpful, though on a limited basis and noting that it requires additional work for staff.

When individuals are not able to get into housing, they may be faced with jail time because of homelessness-related crimes, such as trespassing. If homelessness is protracted, participants may find themselves with multiple bouts of jail time, which tends to increase with each offense (i.e., a second trespassing conviction is likely to get a longer jail sentence).

Agencies also reported that staff turnover has increased in recent years in their Integrated Health programs. With turnover, agencies sometimes have had to hire staff who do not necessarily have experience in the field. This requires extra time for training, and while new staff are learning, the program outcomes can be affected. For example, documentation of services is complex and is often the last part of training mastered by new staff. Consequently, outcomes such as Community Inclusion and Administrative Outcomes that rely heavily on accurate documentation can be negatively affected if documentation is not complete and accurate. Agencies report in addition that documentation required by the state is increasing, aggravating the situation.

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

stays for psychiatric reasons. And notably they have maintained a high level of satisfaction with participants.

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INTRODUCTION

This is a report on the findings of the evaluation of care coordination for participants with mental illness (NCMI) from July 1, 2018, through June 30, 2019. Results for integrated health home and service coordination programs are combined for the evaluation. Thus, there are three integrated health home/service coordination programs evaluated by the population and age groups served. Programs vary in size with smallest serving a monthly average of 193 participants to the largest with 901 participants. The IHH/SC programs serve only adults.

Agency	Avg. Participants Served per Month
IHH-ICM/SC Programs	
Broadlawns IHH-ICM/SC	901
CSA IHH-ICM/SC	193
Eyerly Ball IHH-ICM/SC	494
System	1,588

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

Changes in Evaluation Procedures:

For file reviews, LHPDC randomly selects 10% of participants for file reviews. Last year, for file reviews it was the intention to cap file reviews at 50 for agencies with more than 500 participants. However, the decision was made to cap at 30 participants as LHPDC went through a personnel transition. This year, the cap was 50 participants.

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

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

Meetings. Phone consultations were conducted with each of the agency directors in September to review the outcome data with each agency and receive their insight on agency performance for the year. Finally, exit interviews were held with PCHS and agency staff in September to review the complete report.

File Reviews. The evaluators randomly selected at least ten percent sample of the active files of each agency at the time of sampling for file review but capping the samples at 50 for the larger agencies (97 IHH/SC total). The File Review Form (Appendix A) was used to monitor documentation. The expectation is that reported results will be consistent with information in the file in order for PCHS to have confidence in and rely on the information reported by the programs. Participant Empowerment outcome is based solely on the file review. As technical assistance, programs were provided with information from the file review.

Participant Interviews. The evaluators interviewed approximately ten percent of adult program participants at the time of sampling from each of the agencies, resulting in a total of 107 IHH-SC participant interviews (50 BMC, 19 CSA, and 38 Eyerly Ball). Interviews were conducted either by phone, at the host Coordination agency, or on occasion, in the homes of the individuals. The Participant Satisfaction and Quality of Life interview questions are included as Appendix B of the report. Comments from the interviews are included in each program's summary. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

Concerned Others Interviews. The goal was to interview approximately ten percent of family members or concerned others of program participants at the time of sampling as part of the evaluation process. For the IHH-SC program, evaluators were able to complete only 98 of the expected 107 family and concerned other interviews because of a response rate from the sample from one agency. These family members or concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted by phone. The interview questions for Family and Concerned Other Satisfaction are contained in Appendix C of the report. Comments from the interviews are included in each program's summary. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

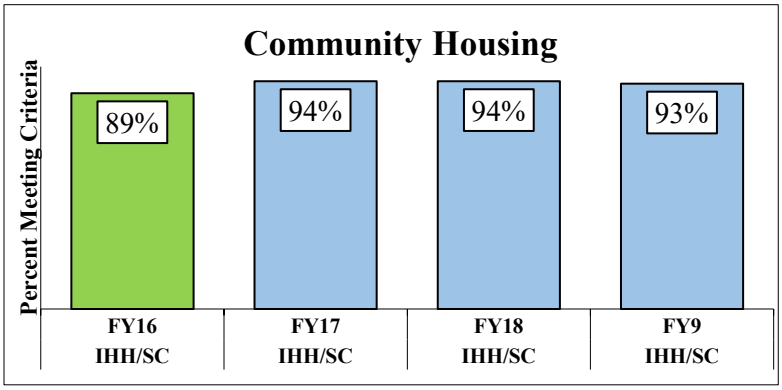
Data Analysis. The evaluator was provided with all the data that each of the programs reported through the PolkMIS data system.

OUTCOMES

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

COMMUNITY HOUSING

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



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

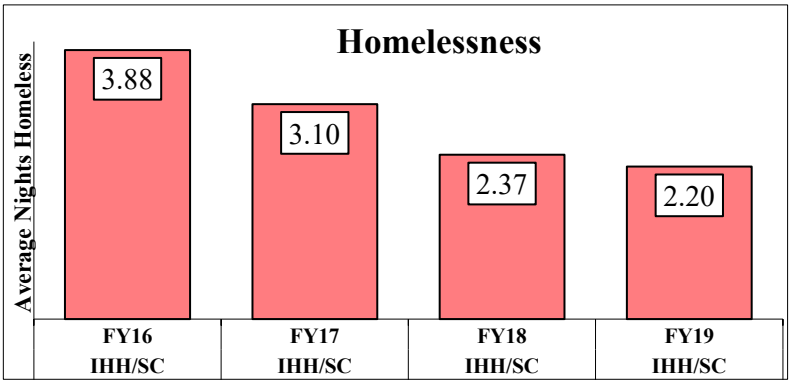
Community Housing

IHH/SC Organization	Results 2018	Score 2018	Results 2019	Score 2019
Broadlawns	98%	4	99%	4
CSA	92%	4	84%	3
Eyerly Ball	88%	3	86%	3
IHH/SC System Avg.	94%	4	93%	4

General Comments: The IHH/SC system reported good results this year with more than nine of every ten participants living in community housing that was safe, affordable, accessible and acceptable. One agency exceeded expectations and two agencies met expectations in this outcome area this year.

HOMELESSNESS

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



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

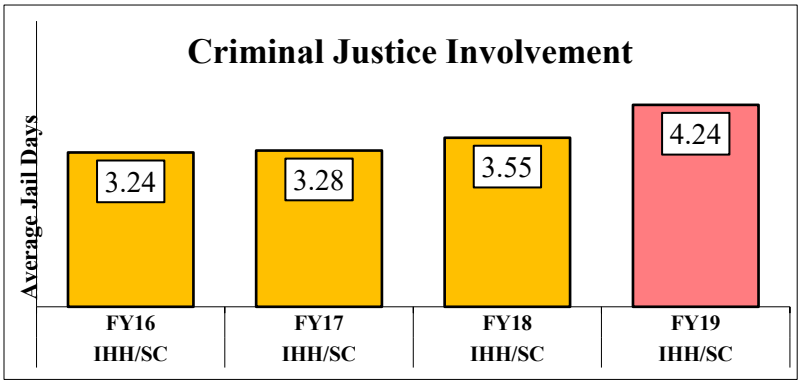
Homelessness

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	1.72	2	1.49	2
CSA IHH/SC	2.42	1	1.54	2
Eyerly Ball IHH/SC	3.53	1	3.75	1
IHH/SC System Avg.	2.37	1	2.20	1

General Comments: The IHH/SC system continues to be challenged in this outcome area, averaging more than two homeless nights per participant, though an improvement over the last three years. Program results were mixed. The system rating of Does Not Meet Minimum Expectations was the result of high homeless rates reported by one of the three IHH/SC programs, with two agencies resulting in a Needs Improvement rating. Broadlawns had a total of 21 participants (2%) homeless for 1,558 nights. Of the those, 6 experienced at least 4 months of homelessness, accounting for 66% of the homeless nights at that agency. CSA had 3 participants (2%) homeless for 393 nights. Two of them were homeless for at least 4 months, accounting for 85% of the nights. And Eyerly Ball had 64 participants (13%) homeless for 2,421 nights. Eyerly Ball had 10 participants experience more than 4 months of homeless nights, accounting for 67% of the nights.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

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



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

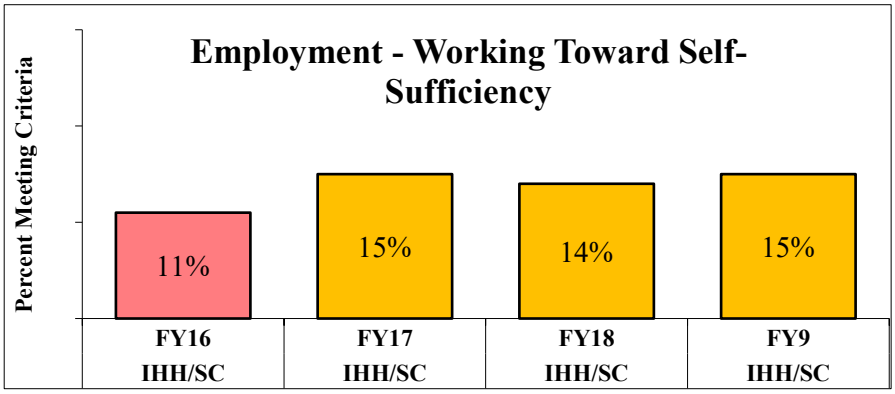
Jail Days

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	2.69	3	3.66	2
CSA IHH/SC	2.71	3	3.51	2
Eyerly Ball IHH/SC	5.37	1	5.59	1
IHH/SC System Avg.	3.55	2	4.24	1

General Comments: This year the average number of days participants spent in jail increased to more than 4 per participant, changing the rating from Needs Improvement to Does Not Meet Expectations. At Broadlawns, 90 participants (10%) experienced at least one night in jail. At CSA, 17 participants (9%) had at least one night in jail. And at Eyerly Ball, 75 participants (15%) had a least one night in jail.

EMPLOYMENT OUTCOMES – WORKING TOWARD SELF-SUFFICIENCY

Outcome: The number of individuals engaged toward employment during the year will increase. PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week, earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (October 14 - 27 of 2018 and April 7 - 20 of 2019). Note that this reporting scheme was changed in FY18. Prior to FY18 the reporting occurred during four one-week reporting periods (quarterly).



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

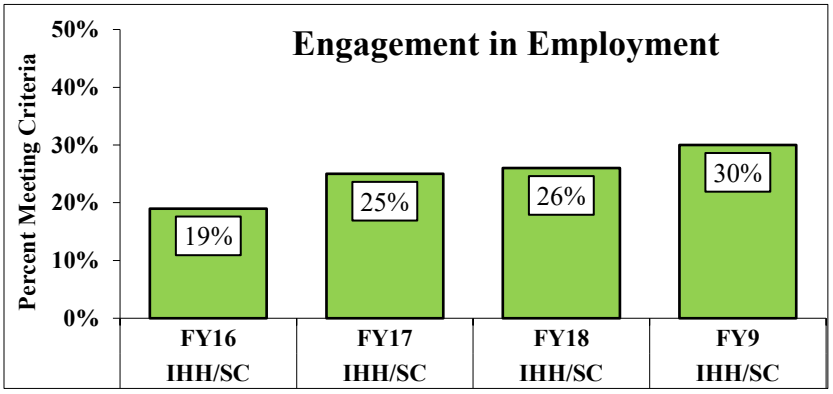
Working Toward Self-Sufficiency

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	11%	1	12%	2
CSA IHH/SC	29%	3	32%	3
Eyerly Ball IHH/SC	12%	2	12%	2
IHH/SC System Avg.	14%	2	15%	2

General Comments: The IHH/SC system continued to be challenged this year, reporting 15 of every 100 participants working toward self-sufficiency. Program results were mixed with one IHH/SC program meeting expectations and two in the Needs Improvement range. Among all agencies, 193 participants out of 1,322 eligible participants were working at least 20 hours per week with at least minimum wage.

EMPLOYMENT OUTCOMES – ENGAGEMENT TOWARD EMPLOYMENT

Outcome: The number of individuals engaged toward employment during the year will increase. PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (October 14 - 27 of 2018 and April 7 - 20 of 2019). Note that this reporting scheme was changed in FY18. Prior to FY18 the reporting occurred during four one-week reporting periods (quarterly).



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

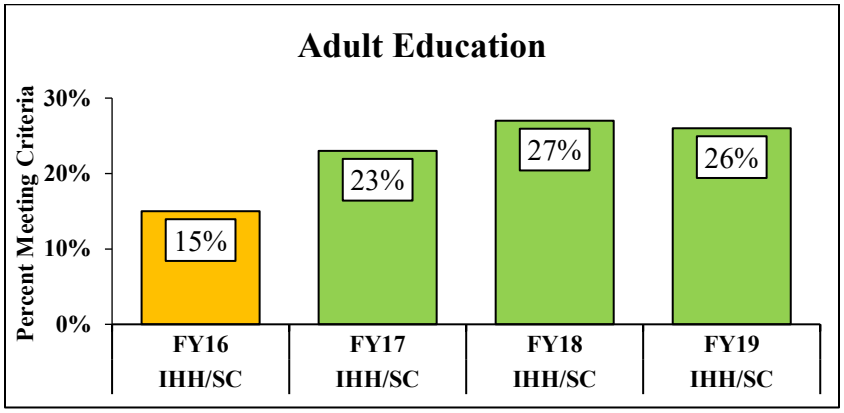
Engagement Toward Employment

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	24%	3	25%	3
CSA IHH/SC	51%	4	52%	4
Eyerly Ball IHH/SC	23%	3	27%	3
IHH/SC System Avg.	26%	3	30%	3

General Comments: Almost one of every three IHH/SC participants was working five or more hours, meeting expectations. This was an increase from last year, and all IHH/SC programs met or exceeded expectations for this outcome this year. Among all programs, 390 participants out of 1,318 eligible participants were working at least 5 hours per week earning at least minimum wage.

ADULT CONTINUING EDUCATION

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



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

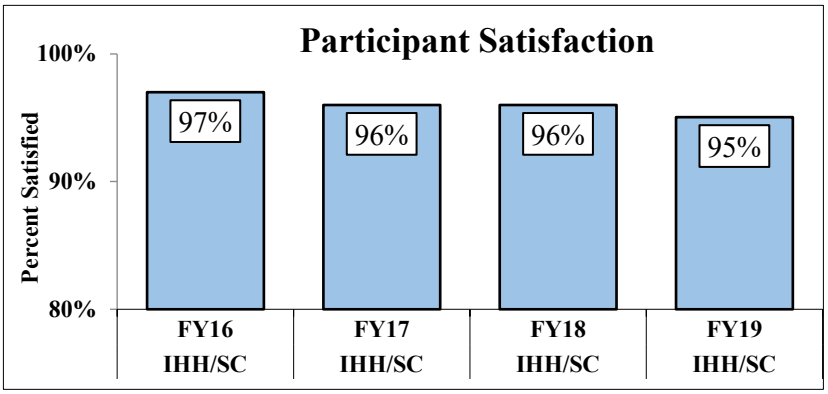
Education – Adult

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	28%	3	22%	3
CSA IHH/SC	48%	4	46%	4
Eyerly Ball IHH/SC	17%	2	22%	3
IHH/SC System Avg.	27%	3	26%	3

General Comments: The IHH/SC system met expectations again this year with about a quarter of eligible participants involved in education**.** All three of the IHH/SC programs met or exceeded expectations.

PARTICIPANT SATISFACTION

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



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

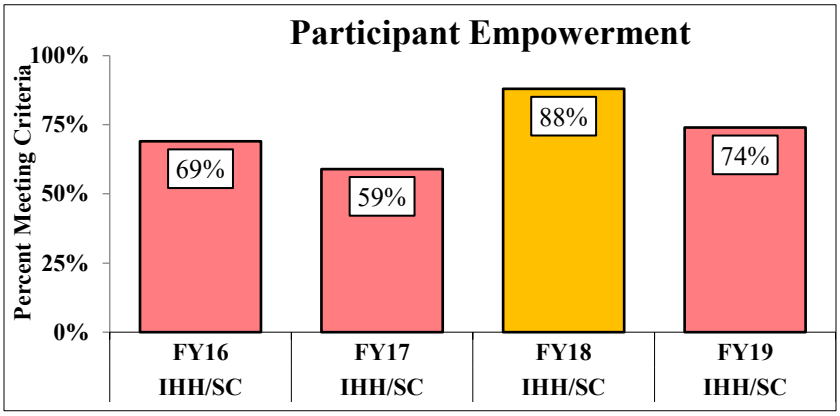
Participant Satisfaction

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	98%	4	93%	3
CSA IHH/SC	96%	4	99%	4
Eyerly Ball IHH/SC	94%	3	97%	4
IHH/SC System Avg.	96%	4	95%	4

General Comments: All three IHH/SC programs met or exceeded expectations, resulting in an Exceeds Expectations rating for the IHH/SC systems. Comments from participants are included in each program's summary.

PARTICIPANT EMPOWERMENT

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



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

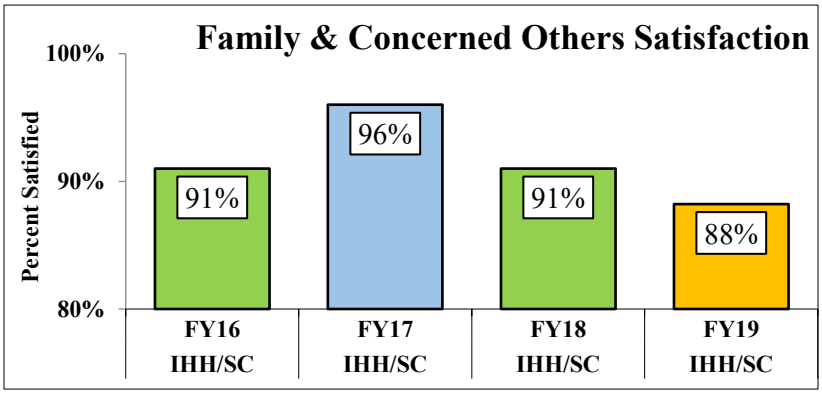
Participant Empowerment

IHH/SC Organization	Percentage 2018	Score 2018	Percentage 2019	Score 2019
Broadlawns IHH/SC	70%	1	56%	1
CSA IHH/SC	100%	4	89%	2
Eyerly Ball IHH/SC	100%	4	96%	4
IHH/SC System Avg.	88%	2	74%	1

General Comments: The IHH/SC system continues to be challenged by this outcome area, with a Does Not Meet Expectations rating. Close to 95% of files documented participants' involvement in creating and setting goals, that they had goals in place and were addressed regularly, and that services were delivered. The most common challenge among the agencies was lack of documentation that staff were addressing employment or education regularly during the year or addressing community inclusion for those needing high level of service or were retired. For this component of this outcome, 77% of files met expectations. Information about each program's performance can be found in the program summaries.

FAMILY AND CONCERNED OTHER SATISFACTION

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



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

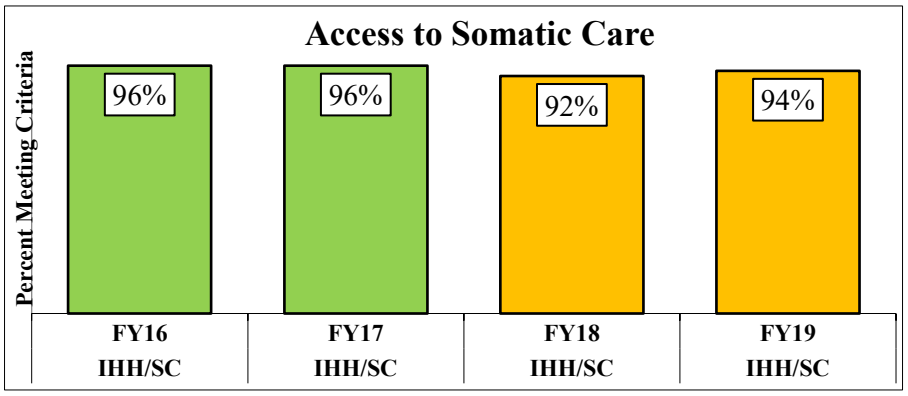
Family/Concerned Others Satisfaction

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	92%	3	86%	2
CSA IHH/SC	97%	4	97%	4
Eyerly Ball IHH/SC	86%	2	89%	2
IHH/SC System Avg.	91%	3	88%	2

General Comments: The IHH/SC system went down to a score of 88% in this outcome area from 91% in FY18, resulting in a Needs Improvement rating for the system. One IHH/SC program exceeded expectations. Two were challenged for the outcome area. Comments from respondents are included in each program's summary.

ACCESS TO SOMATIC CARE

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



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

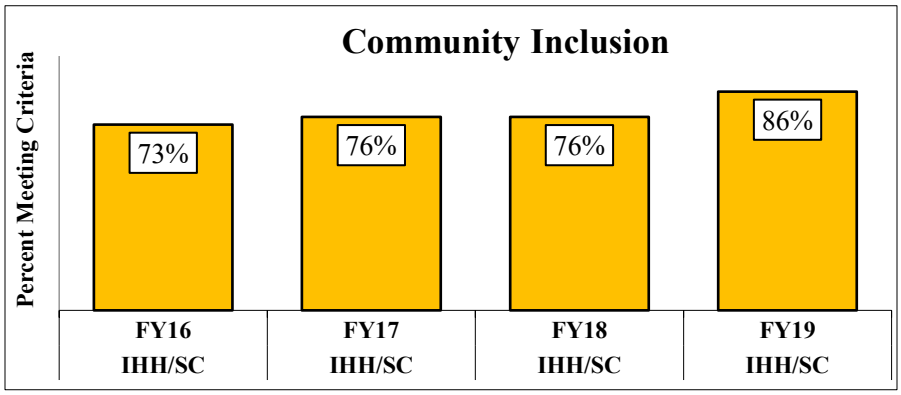
Access to Somatic Care

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	90%	2	92%	2
CSA IHH/SC	94%	2	95%	3
Eyerly Ball IHH/SC	95%	3	97%	3
IHH/SC System Avg.	92%	2	94%	2

General Comments: The IHH/SC system averages maintained the Needs Improvement rating with more than nine of every ten participants (94%) receiving somatic care. Out of all agencies, 101 participants were not reported to have received somatic care. Two programs met expectations for this outcome area, while one resulted in Needs Improvement.

COMMUNITY INCLUSION

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



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

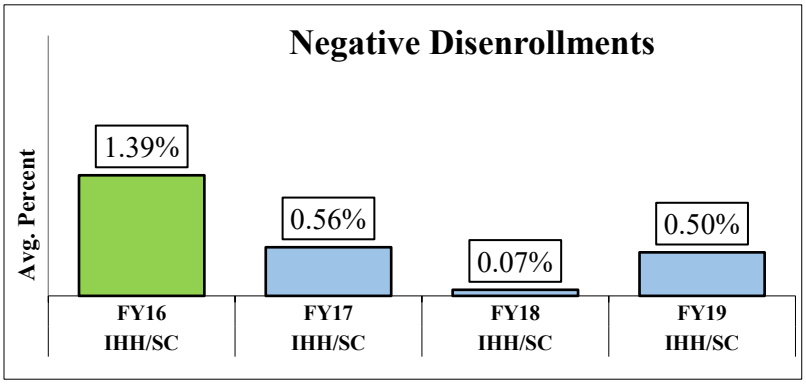
Community Inclusion

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	75%	2	90%	3
CSA IHH/SC	85%	2	88%	2
Eyerly Ball IHH/SC	76%	2	79%	2
IHH/SC System Avg.	76%	2	86%	2

General Comments: The IHH/SC system continues to be challenged by this outcome area, though the percentages went up notably this year for all agencies. One IHH/SC program met expectations, while two programs performed in the Needs Improvement range. Examples of community inclusion from the file review can be found in Appendix D. While Community Living middle and senior leaders understand the Community Inclusion value and definition, there appears to be a disconnect with Direct Support Professional implementation and reporting. It is recommended that PCHS Staff brainstorm with Community Living Providers to increase awareness and understanding of this outcome area.

NEGATIVE DISENROLLMENT

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



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

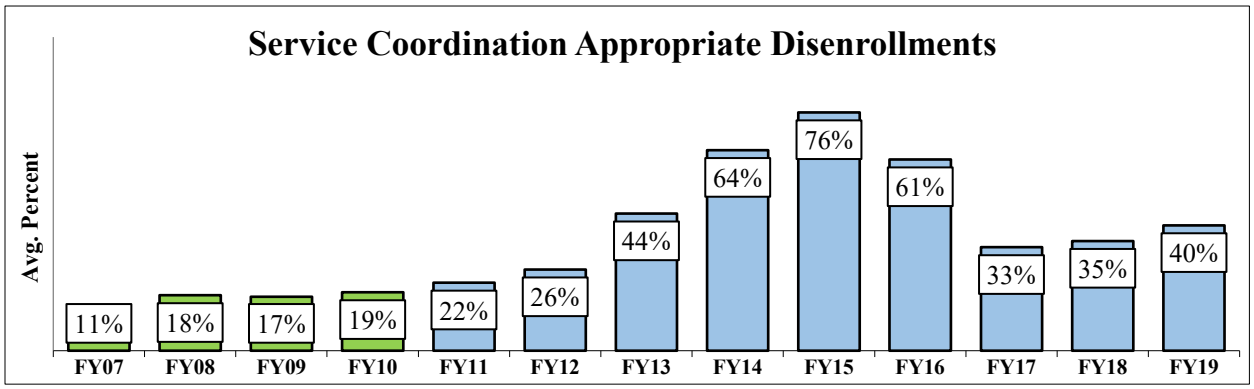
Negative Disenrollment

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	0.12%	4	0.67%	4
CSA IHH/SC	0.00%	4	0.52%	4
Eyerly Ball IHH/SC	0.00%	4	0.20%	4
IHH/SC System Avg.	0.07%	4	0.50%	4

General Comments: All IHH/SC programs exceeded expectations for this outcome area. The IHH/SC system reported 8 negative disenrollments this year.

APPROPRIATE DISENROLLMENTS

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



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

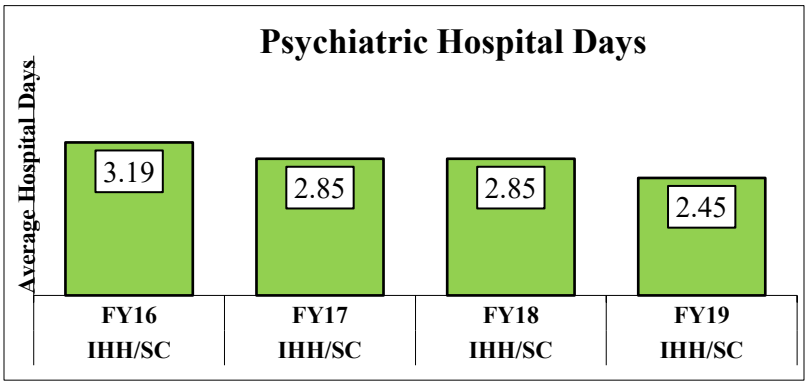
Appropriate Disenrollments

Organization	Results 2018	Score 2018	Results 2019	Score 2019
BMC SC	35%	4	19%	3
CSA SC	46%	4	72%	4
Eyerly Ball SC	31%	4	42%	4
SC System Average	35%	4	40%	4

General Comments: The Service Coordination system continues to support appropriate disenrollments of participants to other systems or independence. The system showed a small increase in appropriate disenrollments. All programs continued to meet or exceed expectations for this outcome area.

PSYCHIATRIC HOSPITALIZATIONS

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



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

Psychiatric Bed Days

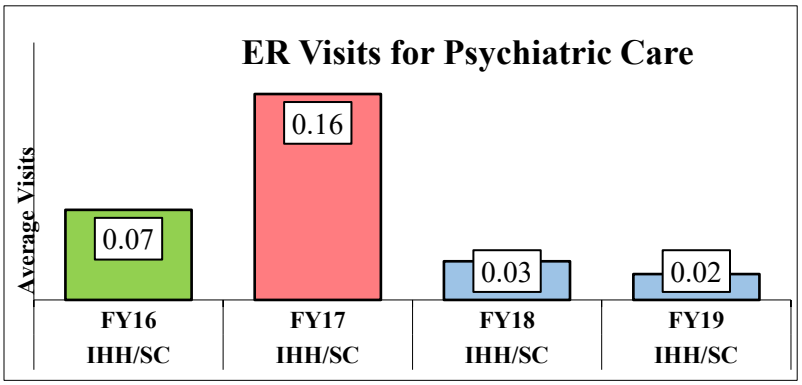
IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	2.61	3	2.77	3
CSA IHH/SC	2.88	3	1.11	4
Eyerly Ball IHH/SC	3.26	3	2.39	3
IHH/SC System Avg.	2.85	3	2.45	3

General Comments: The IHH/SC system results indicated the program somewhat reduced the number of hospital days compared to FY18, maintaining a Meets Expectations rating. Program results were consistent, with all programs meeting or exceeding expectations.

All programs reported Broadlawns Medical Center's Crisis Stabilization Center, Crisis Observation Center, and Psychiatric Urgent Care Clinic were important services that helped reduce hospitalization stays in the county.

EMERGENCY ROOM VISITS

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



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

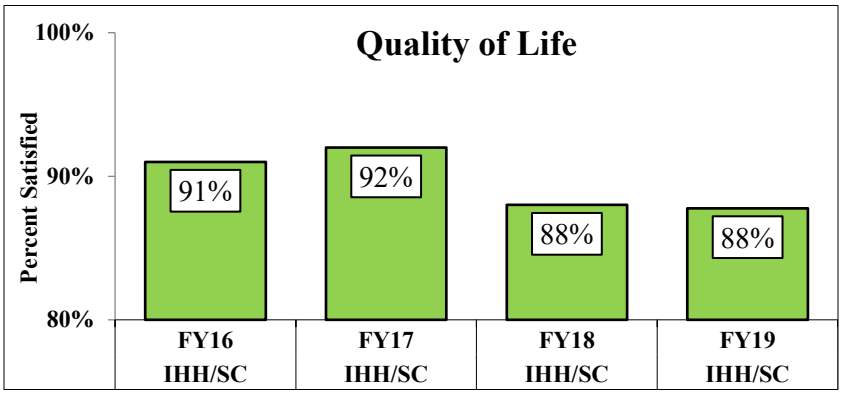
Emergency Room Visits

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	0.03	4	0.02	4
CSA IHH/SC	0.09	3	0.07	3
Eyerly Ball IHH/SC	0.02	4	0.01	4
IHH/SC System Avg.	0.03	4	0.02	4

General Comments: The IHH/SC system exceeded expectations in this outcome area this year. All programs met or exceeded expectations. The system reported individuals spending a total of 33 visits to the ER.

QUALITY OF LIFE

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



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

Quality of Life

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	89%	3	87%	3
CSA IHH/SC	92%	3	84%	2
Eyerly Ball IHH/SC	83%	2	90%	3
IHH/SC System Avg.	88%	3	88%	3

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

ADMINISTRATIVE OUTCOMES

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

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

Administrative Outcome (Averaged)

IHH/SC Organization	Reported 2018	Score 2018	Reported 2019	Score 2019
Broadlawns IHH/SC	92%	2	98%	4
CSA IHH/SC	95%	3	96%	3
Eyerly Ball IHH/SC	96%	3	100%	4
IHH/SC System Avg.	94%	3	98%	4

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

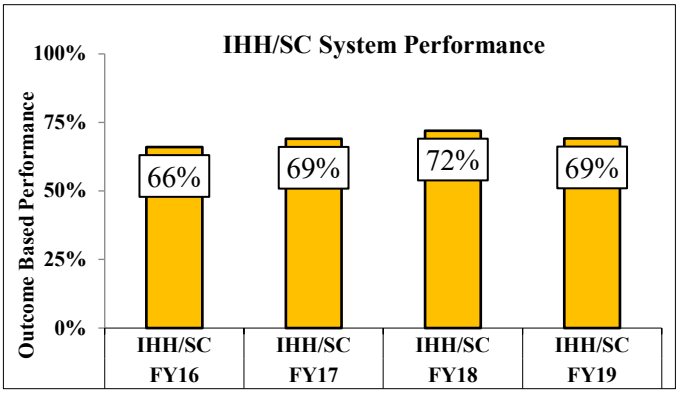
IHH/SC Organization	Face to Face Visits	Score 2019	Level of Support	Score 2019
Broadlawns IHH/SC	96%	4	100%	4
CSA IHH/SC	93%	3	99%	4
Eyerly Ball IHH/SC	99%	4	100%	4
IHH/SC System Avg.	97%	4	100%	4

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

Integrated health Home and Service Coordination Program Performance Tables

2019 Summary of Program Performance - Scores

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



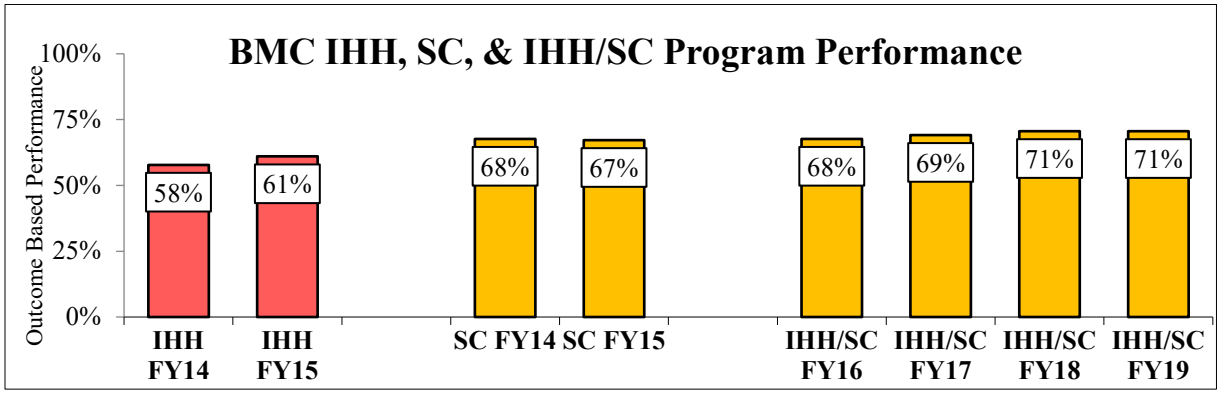
Integrated Health Home / Service Coordination Programs				
Outcome	**BMC IHH/SC**	**CSA IHH/SC**	**Eyerly Ball IHH/SC**	**IHH/SC Avg.**
Community Housing	4	3	3	4
Homelessness	2	2	1	1
Criminal Justice	2	2	1	1
Employment – Working Toward Self-Sufficiency	2	3	2	2
Employment – Engagement Toward Employment	3	4	3	3
Adult Education	3	4	3	3
Participant Satisfaction	3	4	4	4
Empowerment	1	2	4	1
Concerned Other Satisfaction	2	4	2	2
Somatic Care	2	3	3	2
Community Inclusion	3	2	2	2
Negative Disenrollment	4	4	4	4
Appropriate Disenrollment	3	4	4	4
Hospital Bed Days	3	4	3	3
ER Room Visits	4	3	4	4
Quality of Life	3	2	3	3
Administrative Areas	4	3	4	4
2019 Total Score	48	53	50	47
Points Possible	68	68	68	68
2019 Overall Percentage	71%	78%	74%	69%
2018 IHH-SC Total Score	48	55	46	49
2018 IHH-SC Overall Percentage	71%	81%	68%	72%

2019 IHH/SC Program Percentages

Integrated Health Homes & Service Coordination Programs				
Outcome	**BMC IHH/SC**	**CSA IHH/SC**	**Eyerly Ball IHH/SC**	**IHH/SC Avg.**
Community Housing	99%	84%	86%	93%
Homelessness	1.49	1.54	3.75	2.20
Criminal Justice	3.66	3.51	5.59	4.24
Employment – Working Toward Self-Sufficiency	12%	32%	12%	15%
Employment – Engagement Toward Employment	25%	52%	27%	30%
Adult Education	22%	46%	22%	26%
Participant Satisfaction	93%	99%	97%	95%
Empowerment	56%	89%	96%	74%
Concerned Other Satisfaction	86%	97%	89%	88%
Somatic Care	92%	95%	97%	94%
Community Inclusion	90%	88%	79%	86%
Negative Disenrollment	0.67%	0.52%	0.20%	0.50%
Appropriate Disenrollment	19%	72%	42%	40%
Hospital Bed Days	2.77	1.11	2.39	2.45
ER Room Visits	0.02	0.07	0.01	0.02
Quality of Life	87%	84%	90%	88%
Administrative Areas	98%	96%	100%	98%

Broadlawns Medical Center Integrated Health Home & Service Coordination

BMC's IHH/SC program was challenged by the outcome expectations. The program's overall performance of 71% resulted in a Needs Improvement rating. This year, the program served a monthly average of 901 participants. The program reported that their IHH program has an average caseload of about 40 participants, and the SC average caseload was about 65 participants. The program exceeded expectations in four outcome areas: Community Housing, Negative Disenrollments, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations in seven additional areas: Engagement Toward Employment, Adult Education, Participant Satisfaction, Community Inclusion, Appropriate Disenrollments, Psychiatric Hospitalizations, and Quality of Life. The program was challenged in the remaining six outcome areas: Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Participant Empowerment, Family and Concerned Other Satisfaction, and Access to Somatic Care.



Based on the evaluation, the BMC IHH/SC program performed well in several areas. This year, nearly all participants (99%) were living in safe, affordable, accessible and acceptable housing. More than one of every five (22%) was pursuing education related to employment. The program reported that education is a continuing issue, educating or reminding staff that employee on-the-job training also counts for the Education outcome. Program staff reported that older participants are less interested to explore educational opportunities. Some struggle just getting to necessary healthcare appointments. Staff praised the HISET program because it is easier to complete as compared to a GED.

About one-fifth of participants (19%) in the service coordination programs were appropriately disenrolled from the SC program. The program negatively disenrolled only 6 participants. The Administrative Outcome also improved from 92% last year to 98% this year.

The program reduced average emergency room visits from 0.03 in FY18 to 0.02 this year. The program reported that the Psychiatric Urgent Care clinic was helpful in diverting participants from the ER. The program identified participants with the highest need and provided extra reporting and coaching, calling more often with struggling individuals. The program is also working on training admit staff to redirect participants carefully to other resources when appropriate.

In addition, the agency maintained its Meets Expectations rating for the number of hospital bed days for psychiatric reasons, though it showed a small increase from 2.61 to 2.77. The program reported that the Crisis Observation Center helped keep participants from the psychiatric hospital. They also reported that this year it was harder for participants to get admitted for hospitalization, and when they are, the stays are shorter. The program works with the police and fire department to improve strategies for keeping people out of the hospital. Further, social workers at Broadlawns were able to contact care coordinators to

provide information about participants to coordinate information, to help plan discharge, and to arrange for a ride home.

Nine out of ten participants (90%) were participating in community activities, compared to three quarters of participants (75%) last year. The program reported that working with habilitation providers was important to getting participants into community activities and encouraging some to have more independence. In some cases, participants were trained in riding the bus so they were not as dependent on the habilitation staff for transportation.

The program was challenged in six outcome areas. Although exceeding expectations for community housing, the program reported 1,341 homeless nights, though FY19 results are less than those reported for the agency in FY18 (1,446 nights) and the lowest average for the IHH/SC agencies. The program reports that some participants are homeless by choice. For example, some who had been chronically homeless were not comfortable in standard housing because they felt isolated from their social group. The program cited some problems with the Section 8 housing process. For example, letters sometimes go out late and do not provide adequate time for participants to respond to due dates. The program reported that they had some success with their Rapid Rehousing Team. However, many participants are chronically homeless and without supported community living services. One SCL provider, Stepping Stone, has a waitlist with few BMC participants getting accepted. Other providers, such as Mainstream and Optimae, are not taking anyone.

For Involvement in the Criminal Justice System, the program remained in the Needs Improvement category, increasing the number of average jail days from 2.69 in FY18 to 3.66 this year. The program reported that one participant has accounted for more than 300 days. This person is chronically ill and has experienced multiple arrests for crimes such as trespassing, for which jail sentences increase with multiple charges. In addition, some participants have opted to take full jail sentences rather than endure long periods of parole, where they are imposed restrictions they are not likely to be able to follow. The program adds that police may take some participants who appear to need help to the hospital but who fail to get admitted.

Nine out of ten participants (92%) received physicals or care from their primary care physician or medical specialist. A few participants were too paranoid to see a physician for fear of getting a bad diagnosis. The program also reports that though they can have access to participants' medical records at Broadlawns and Unity Point, they are not able to track participant healthcare through other healthcare providers.

Family and concerned others responded to interviews having a lower satisfaction level (86%) from last year (92%). The program reports that some family and concerned other contacts are mostly there as emergency contacts and are not interested in regular communication with the program. In some cases, family members can be part of the problem, so their involvement with participants may be appropriately limited.

Employment for self-sufficiency was also a challenging area. Where about one of every four participants (25%) was engaged in employment, at the Meets Expectations rating, just over one in ten participants (12%) were working toward self-sufficiency. The latter rates the program at Needs Improvement, but it should be noted that this is an improvement from FY18 where the program scored 11% and a Does Not Meet Expectations rating. The program praised a Goodwill Café pilot program, which accepts a few individuals with mental health issues and has provided good successes with those completing the program. The program also reported that some participants were afraid to work for fear that they would lose their benefits. The program reports that benefits planners have been helpful in educating some in how work affects their benefits.

Participant empowerment was the final challenging area for the program this year. Of 50 files reviewed, 28 (56%) met all four of the empowerment criteria. The program's most challenging criterion was documenting that education or employment (or community integration for individuals who are over 65 or need high levels of support) was addressed during visits (60%). Documentation was better for participants' involvement in goal development (92%), that individualized, measurable goals were in place

and reviewed regularly (94%), and documentation that services were delivered (88%). The program reports that staff turnover is a factor, and documentation requires a longer training time than direct service skills. Also, addressing employment and education is challenging for participants who are in crisis, and the subject may be put off until the participant has stabilized. The program reports that they intend to work on better documentation of empowerment outcomes, in part, by focusing on documentation quarterly.

Despite challenges, participants and concerned others reported being satisfied with program staff and services. Evaluators were able to interview 50 program participants and 50 family or concerned others. Participants were grateful for both the practical and emotional support that staff provided. They praised the staff's compassion, respectfulness, and helpfulness. They often mentioned improvements in their lives, close relationships with staff, and promptness of help when needed. Representative comments from participants included:

> *[Staff] listens to me and gives me good feedback. If I need to see her, I can always message her, and she responds … She is really good at being there when I need her. I never feel judged. She has helped me set boundaries. She is very respectful. I absolutely can't say anything negative about her. They helped me with goals.*
>
> *She always calls me, and asks me if I am okay, and asks if I am taking care of myself. I see her the perfect amount. They are always kind.*
>
> *Confidence, they remind me that I can keep doing what I am doing and get better every day. They listen to me. Just knowing that there is someone there if I need someone to talk to or process with. I have had nothing but a positive relationship with this program since the day I started.*
>
> *I am doing much better now than I used to. I was all depressed and stuff and they taught me how to think positive. They are always nice to me.*
>
> *I have been able to get out in the community more and I am starting to feel a little better.*
>
> *Well, I am feeling better. They just give me a lot more comfort to move on and get better. They don't look at me like I am disabled or anything. They make me feel everything is going to be okay, I guess. I don't feel alone … I am getting good quality help at Broadlawns.*
>
> *They are respectful, and they do a good job getting you the help that you need.*
>
> *It is nice having these people to get me places or to help me. Everything has been really nice. … [T]hey are really responsive to my needs. They all treat me with respect. [Staff] is really good at finding contacts or telling me what programs I am eligible for. … I am very satisfied with all of them. I probably would not be [here] if it wasn't for my workers.*
>
> *Broadlawns helped me get back on my feet. I am getting better. They listen. If I have a problem, they will help me solve it. I am happy with them. Without them I would probably be homeless.*
>
> *[T]hey have a positive attitude. … [T]he program is meant to help you on various levels. … I never feel like another chore to them. I feel like they genuinely care.*
>
> *It is nice to see my worker. … [T]hey are courteous, and they seem to be very caring and compassionate. I just appreciate what you all have done for me.*
>
> *They are nice, funny at times, which is nice for me. … [T]hey just seem chipper.*
>
> *She's so nice to me. She has helped me out more than anybody … They try to help me out as much as possible. They praise me. She is very respectful and very nice.*
>
> *It is an awesome program. I love the program. … They will help you get your life back started again. I got the support from my worker.*

[Staff] is very attentive and on top of things. He supports me and my decisions that I make. When I say that I'm not good enough, he tells me that I am. It is a great program. They help you with anything.

Stability and comfort of knowing that somebody is there when I need them. They do whatever they can to help me out with anything that I need. They are awesome. ... They made me a better person today. They go above and beyond for me honestly. They're really good.

I have come a long ways. ... I am so much happier. I get things accomplished now, and it is great to have people in my life. I have made huge progress. It has taken years to make me become more independent. I love them. Highly, highly, recommend it. It has been a godsend to me. I am thankful. I want them to know how thankful I am for this program.

They keep me under control.

They help me become more organized. ... They supported me through everything. They made sure and went above and beyond. These women need raises. They come right away and help me. They are always reliable. You do not have to worry about privacy because it will not go past them. Absolutely, it is the best thing to happen to me.

I have somebody to advocate when I have really nobody else on my side. It's kind of nice to have somebody. They've always been polite. I usually tell them that it's a great source of information, someone to advocate, resources, and support. ... I have been more stable in my personal and relationships.

Participants raised a few concerns. Some were displeased with lack of responsiveness and staff turnover. Several mentioned high caseloads. Representative comments included:

They have more clients than they should. ... Sometimes I might need an extra day during the week. At first, a worker I had did not [treat me with respect].

The only thing [is that] if my worker is not available to take me then I don't [have transportation].

I only get to talk to a case worker every three or four months. That is how often I get to talk to them, if I am lucky. All they have ever done for me is helping pay my rent. It might take you two or three days after you call to get someone to call you back.

I think they are trying to make them see me less, but I don't know why. I would like it if I had more time with them. They are all pretty busy. ... They have such turnover. When they come, they are limited to 25 minutes and that is kind of sad because I wish they could stay longer.

I don't see or hear from the workers, so I don't know. They don't respond, that's the problem. They keep changing my case worker. I can't say I get respect when communication is not good at all. They don't check their messages. ... I'm ready to quit myself, because they're not helping me either.

It could use some improvement, like them getting back with you. I just need them to give me a ride to places and [staff] says they can't do that, and the other lady isn't saying anything about that either. ... [Transportation to medical appointments] is not reliable. She is supposed to give me a bus pass.

She is refusing to let me work. I can legally work a certain amount. ... Physically, she is not helping me figure out how to work.

I have no goals.

My biggest problem is when I started working with IHH and was supposed to hear from them once a month and I never heard from anybody for months. Overall, I have been dissatisfied. ... I

needed help and I did not know who to call because I was bouncing back between teams; it was a mess. There is no organization.

I think they need more people. Sometimes I cannot get ahold of [staff] right away.

The way they have a tendency to go through staff.

I like the services, but I wish they would be more consistent in keeping help so I would be able to keep it for a while. They have a large turnover.

I think they are indifferent. They leave me alone... They don't do anything.

Participants had a few suggestions:

It would help to have later hours because I usually can't go anywhere before five P.M.

Maybe if they did them [activities] at night or later in the day maybe.

I would like for them to be more specific about what is going to happen at the end with my disability services.

Just make it easier to get ahold of people.

I would like it if I had more time with them.

I would like to know when a worker is leaving; that would be nice.

Like I said, just figuring out another alternative program after you have been denied [of SSI] would be beneficial.

If they could show us places to get furniture, that would be great.

They need more people to work one-on-one with people.

It's mostly a mental health type [organization], but I'm disabled too physically. If they could offer help for people who are disabled.

If you are going to switch someone's team, they should be notified and introduced to the new team. I would make sure that new team has the staff to keep in touch with who they are assigned to.

I think they need more people.

I wanted to go to some college courses at one time and because my transportation was limited, I couldn't go.

They need more resources, like I need gas and they should come up with a program for that.

In interviews, family and concerned others appreciated staff's friendliness, dedication, and respectfulness. They described ways that participants' lives were improved, including acquiring housing, counseling, supported community living services, and transportation. Representative comments included:

Well, he doesn't work. He had a back injury and that turned into some mental issues. So he was living in a shelter. And then somebody told him about this outreach program that could help him get an apartment. And they did, and transferred it to Broadlawns, and then [Staff] reached out. [Staff] helped him consider possibly going to get counseling. She makes sure that if he had doctor's appointments that he had a way to get there. She made sure he kept his housing. He has got a roof over his head … .

She gets housework, mental care, and ride services and stuff.

She has helped him arrange housing and she has helped him get financial assistance for housing. She has set him up with an aid helper. She helps remind him of appointments. He could not survive without the services. … They helped with his social security. Well, I mean [Staff] cuts

through red tape for us because I don't know the system that well. … He got housing. He was homeless before and he is staying on his meds. … And she doesn't take any crap from him because he can really tell a tale. And I know … he likes [Staff] and respects her.

When we were making his goals, he gets to have input on what his goals should be. We may have to tweak them, like if we think the bar is too low, but he gets to have input on what his goals should be. They don't talk down to him and how they include him in what is going on.

They are available when she needs them. She kind of gets a little manic sometimes and I think they deal with that well. They don't put her down or blow her off.

Yeah, a while back I think a report … I had filled out a report late and they were going to cancel her Medicaid or her Social Security but [Staff] stepped in and made sure it was not cancelled.

[T]hey got him to appointments, to job interviews, some more training, so he is more marketable with his skills. Well, it is helping him to live independently. It has helped him to set a schedule for himself. … He is living on his own again. So that is always a plus. He feels better about himself now. He still has his peaks and valleys, but more peaks than valleys.

He has not been hospitalized. He was being hospitalized two months at a time on a regular basis. He has not been hospitalized for two and a half years. He is smiling. He is interacting. I don't know whether that is because he has gotten better or if it is because we are adjusting but he seems to be a happier person.

Well, she was homeless for a few years. She is better, stable, she has her own place. She is on her medication. She goes to therapy. [She] didn't want to listen to nobody else. She has changed her life around almost like ninety percent.

[They] encouraged her to be more independent. By that I mean [Participant] is capable of setting up her own meds and keeping her apartment to a level of acceptance. [Participant] is on meds for behavior issues and [Participant] does a good job with that.

I would say she has had an apartment now that she kind of likes. She has gotten a job that she likes. She has friends and is able to hang out with people. She has gotten a lot stronger, mental health wise.

He knows he can rely on her when he reaches out for help. Knowing he has a professional or competent person means a lot. And getting the timely paperwork back in, for the Social Security and stuff, that is worth a ton. It puts everything at risk if you miss any of those deadlines.

She has done a great job at getting things like transportation. She has gotten [participant] into … a day habilitation program. She has [participant] in [habilitation] services. She has helped her get dental services. She has connected her to a primary care doctor when hers retired. When she needed a bath aide and we needed those services quickly.

She is helping with housing for him, because he has a mental health diagnosis. So she got him hooked up, got him a job. We are trying to get him enrolled in college and he is going to work part time. She has been instrumental in calling him and seeing that he gets psychiatrist care. Just that somebody has listened to our story and cared, somebody who knew the system and was able to help us.

Okay they got him a part-time job and that is really helpful with his getting out and trying to teach him how to be responsible for something. He gets up and gets ready and goes, and they are the ones who set him up with [SCL] and they help with his exercising program. Also, they are socializing with him. It has made a big difference on that he will talk to people now.

She calls us all the time. She has been here to our apartment. She is always available. She brought us information about how to help with the disability bus, which helps us to not have to go to the bus stop. We just haven't had any concerns because she does such a great job. She does

even more than she has to do. For one thing, she is somebody positive who calls and she has a cheery voice on the line and she helps us with staying positive in our situation and [demonstrates] how to respond in a positive manner.

When he got [Staff] helping him, it made every difference in the world. Oh absolutely, no doubt. To try to get [Staff] as a counselor. He makes things happen. He got the right diagnosis, he got the stuff down, he made things happen ... he is, oh my god, I love the kid to death. ... In [participant's] case, they are amazing. I honestly think that if Broadlawns was not there to help him, he would not be with us.

Family and concerned others raised some concerns and made a few suggestions to improve the program. Many family and concerned others wanted staff to be more responsive, including more frequent contact or updates from staff to make sure that participants' needs are being met. Some would like more services to address particular needs. A few were concerned about reduced state funding. Representative comments included:

The client loads are just too high, and the clients do not have a lot of family to help them, so they really need the workers' help.

Just reaching out to family members more. My [loved one] is there mentally, but she is stubborn. So I think including family a little bit more might help her.

There are times that I have said "[Participant], just have your worker call me!" and they never did. He was the other day, at Broadlawns, and told the worker to call me in an hour and I have never heard from her. They do not even contact [me] when he goes to the hospital again. Before they have always called me, but now they do not and [Participant] calls me that he is in the hospital. I do not feel informed anymore.

I think she gets the services she needs, but I do not think the services she gets live up to the expectations. The providers are not adequately trained for her needs. While her IHH is very good, the actual providers ... are not very good.

I would like to see more things for them to do. If you are depressed, the last thing you need to do is sit there and think about it all day. More direction, more engagement in life, otherwise the system is just going to sit there and keep paying for them because they are not making the progress they need for life. Not good in social life, he still tends to isolate and I am getting exhausted because I am his only mental support. He does not want to go back to his old friends.

Well, what I would like to see come back is the funding they used to get because [Participant] was saying all these things they used to do, like karaoke, but can't do anymore because of the cut backs and stuff like that.

[Participant] has been homeless for three years. I feel like most of that is her fault, but I think that Broadlawns could do more to help with that. She should not be homeless. ... And I feel like sometimes I am the worker when it should be them.

Some of her provider services hours have been cut. I know [Participant] is not the only one who has suffered from that. .... They have to do what they can do with the budget that is available.

Just because, like I ... I have never been contacted by her at all. Usually I just email to reach out to her, but I had to get her email from someone else, actually.

I wish there were more in a way, job training. He is too high-functioning for the jobs that are supervised. He is too low-functioning for the jobs that are unsupervised, though. He just kind of falls through the cracks.

Well, I mean the fact that he has not gone back to the hospital and that is saving them a lot. Supporting in-home health care is good in the long run.

I really do not know what is going on. I would say a phone call maybe every couple of weeks [would be nice]. I mean it does not have to be super often, at least once a month just to check in.

We need some more help as far as Social Security. They continue to change her income and it goes up and down and up and down and then I am left to supplement it. But then, when I spend some of my money to help her, they want to put her as my dependent which would reduce her income even more.

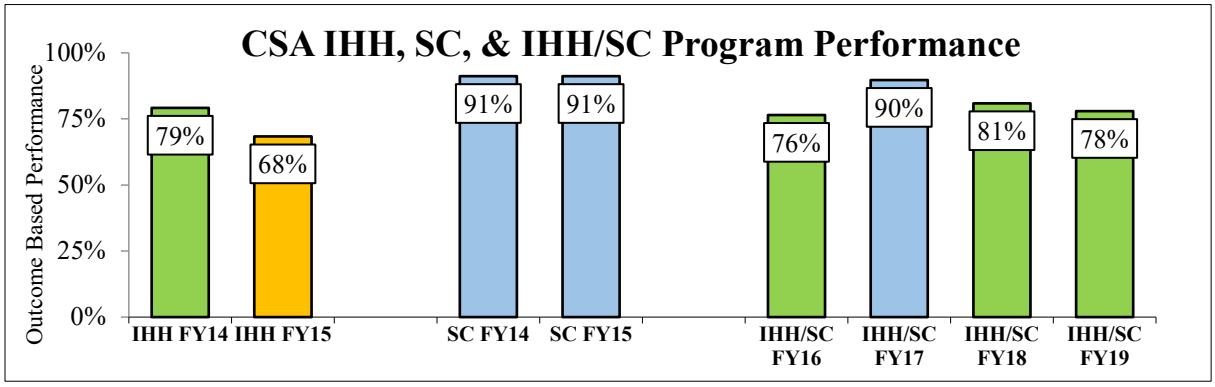
I think there could be [more services] but maybe she has not asked or inquired, or nobody has brought it up. But if there were some services that could help with transportation because sometimes I have to take off work to take her to a doctor's appointment.

I would like to see more options for programs that are like further away. [Participant] would like to go to Reiman Gardens. There [are] a few places that we would like to go see that we are financially unable to go see. The distance stops the services.

The program reported that the team model has been particularly effective for working with participants. It provides consistency in service and adds multiple contacts. It also allows for individual team members to focus on particular participants when there is a good fit. It reduces the need for cancellations. When one team member is called away unexpectedly, another can fill in. And with team support, it reduces staff turnover.

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

CSA's IHH/SC program performed well this year. The program's overall performance of 78% resulted in a Meets Expectations rating. This year, the program served a monthly average of 193 participants. The program reported that their average caseload for the IHH program was about 50 participants, and the average caseload for SC was about 60. The program exceeded expectations in seven outcome areas: Engagement Toward Employment, Adult Education, Participant Satisfaction, Family and Concerned Other Satisfaction, Negative Disenrollments, Appropriate Disenrollments, and Psychiatric Hospitalizations. The program met expectations in five additional areas: Community Housing, Employment – Working Toward Self-Sufficiency, Access to Somatic Care, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program was challenged in five outcome areas: Homelessness, Involvement in the Criminal Justice System, Participant Empowerment, Community Inclusion, and Quality of Life.



Based on the evaluation, the program performed well on many outcomes. More than eight of every ten participants (84%) were living in safe, affordable, acceptable, and accessible housing, though this is down from FY18 (92%). The program reported that they share housing information among the staff once a week. To help with deposits, they report that they have to be creative and draw on multiple resources, such as Catholic Charities.

More than half of the participants (52%) were engaged in employment, with about one in three (32%) working toward self-sufficiency. The program reported that Project Iowa, Amerigroup, Goodwill, and Iowa Vocational Rehabilitation Services have provided good support, such as training, for employment. Benefits planning services have helped participants understand how employment affects their Medicaid. The program reported that a particular barrier to employment for self-sufficiency has been employers wanting to keep employees below 20 hours per week and that they do not want job coaching.

Almost half (46%) of participants were pursuing education related to employment. The program reported that DMACC has a particularly good counselor who can work with teachers and financial aid. The program reported that one participant graduated from Grandview University this year and another is currently enrolled. The have another participant in the building trades with support from DMACC.

Participants spent few days in psychiatric hospitals (1.11 nights per person), less than half the average (2.88) from FY18. Visits to the emergency room for psychiatric care were infrequent (average of 0.07), again, an improvement from last year (0.09). The program reports that the Crisis Observation Center (COC) and the Psychiatric Urgent Care Clinic have been helpful in keeping hospital and ER visits down. The emergency room staff have been helpful in contacting the program when they identify frequent ER visitors. But the outcome is a constant challenge. Participants new to the program often need to be educated about more appropriate options, such as the COC or urgent care, than the ER for many health-related issues. Some participants view the ER as a safe place, and some have had a bad experience at the COC. The program uses a transition of care protocol to address when a participant should go to the ER. In some cases, they have implemented an incentive plan to reduce ER visits.

One participant was negatively disenrolled, and the program's service coordination track appropriately disenrolled nearly three-quarters (72%) of their participants to other service programs or to independence. The program reported that they work to get people through the system, looking at their eligibility for other programs that they should transfer to, for example.

The agency also did well with administrative outcomes. The program reported that these outcomes can be challenging because the participants are frequently turning over and some are hard to locate, so scheduling assessments and face-to-face contacts can be difficult.

In addition, more participants (95%) received physicals or care from their primary care physician or medical specialist during the year, compared to FY18 (94%). The program reported that they have access to Amerigroup's medical records, so they can track whom to follow up, and can contact care coordinators to alert them who has been seen and who is due for a physical. Participants are more likely to go in for a physical if they have a good relationship with a care coordinator.

In interviews, participants indicated that they were very satisfied with services with high levels of agreement to satisfaction questions (99%). Family and concerned others were also satisfied with services (97%). The program reported that they emphasize meeting people where they are at to get them engaged. For participants who are transition age, who do not want to be told what to do, program staff avoid pressure and maintain contact with them until they are ready. In addition, with changes in the system, such as recent changes with the MCOs, participants appreciate having staff who are responsive. In interviews, participants indicated somewhat less agreement that they had experienced improvements in their quality of life (84%), which was a challenging area for the program this year. To address this, the program reports that they review the questions on the survey so they can address quality of life issues with participants regularly. Newer and transition-age participants are harder to address because they may not have seen much change in their lives or because they do not have much sense of good quality of life.

CSA's IHH/SC program was challenged in the Participant Empowerment outcome this year. Of 19 files reviewed, 17 (89%) were found to meet expectations for this outcome. The program was most challenged in documenting that the participant was involved in creation and setting of goals (showing documentation of a signature on the goals form), meeting the expectation that goals were in place and reviewed regularly, and that employment or education was addressed regularly, with 17 files meeting these expectations. The program also showed 18 files documenting that services were delivered. The program reported that the main challenge to this outcome was staff turnover, and training on documentation takes time.

Of the program's participants, 88% were involved in their communities, attending events, participating in activities, or visiting attractions. This level of involvement was an improvement from last year (85%) but was still at a Needs Improvement rating. The program reported that there are some issues with documenting inclusion with supported community living providers, who may be entering community inclusion activities into PolkMIS that do not meet the definition. Some solutions to this are being discussed with PCHS staff. In addition, CL providers have staff turnover, where new staff do not know about community inclusion. The program is trying to reach out to CL providers, particularly those at the supervisory level, to educate them on what community inclusion is. The program reported that there are some inherent barriers to inclusion, such as individuals who are repeatedly using substances and cannot go into the community or another who is on oxygen with a one-hour limit.

The program reported an average of 3.51 nights in jail for participants, compared to an average of 2.71 nights in FY18. The program reported that the majority of jail nights can be attributed to five participants, those in particular who have issues with substance abuse along with mental illness. Their involvement with the criminal justice system is aggravated when they accumulate multiple offences. For example, one might be arrested for trespassing (e.g., sleeping at inappropriate places), be released unable to get housing, and after a second arrest for trespassing will receive longer jail time. The program reported that some participants have extended stays waiting for a hospital bed as part of competency determination. The program works with participants while they are in jail to find a service provider and place to live. However, if they are incarcerated for more than 30 days, the MCO drops them and they lose their slot on the waiver.

The program reported 298 days homelessness for FY19 for an average of 1.54 days per participant, a decrease from 2.42 reported for FY18, but still at a Needs Improvement rating. The program reported that homelessness was most affected by two participants. One individual chose to live in homeless status, living in the YMCA extended stay. The program expressed that housing/homelessness is being affected more this year particularly for those who are on the sex offender registry, have criminal histories, and who burn bridges with landlords. The program reported that to address homelessness, the agency has to access a variety of community resources. Locating affordable one-bedroom apartments is particularly difficult.

CSA IHH/SC program participants and family and concerned others reported being very satisfied with the services received and the staff who work with them. Evaluators were able to interview 19 program participants and 19 family or concerned others. In interviews, IHH/SC staff were described as respectful, caring, supportive, and reliable. Participants often mentioned that they are able to get their needs met with the assistance of the program. Representative comments included:

> *They are great at what they do. They are willing to help with whatever problems you have. They are flexible with when they can meet.*
>
> *She is just there for me. [They show respect] by being kind and gentle and easy going. I would say I like to present this to you for their kindness and kind heart and willingness to do so.*
>
> *I see him the perfect amount. Just being friendly … it's a really good program and they help you a lot even if you are feeling down and depressed. Just because they are nice and they support me. They are pretty much doing everything they can.*
>
> *The support and the good communication. They keep me positive. I just feel like I'm respected. That they are reliable.*
>
> *She made me feel like someone else. … I guess she was relating to me. They give me eye contact and focus into what I'm saying and they try their best to meet my needs and give me the services I need. … It's an organization that can help you with your problems and issues and daily living things and they have always been down to help you out and check up on you when they need to.*
>
> *I do appreciate the work that he has done so far. [My life is better because I am] getting the stuff that I need. He answers my calls and actually does the services that I need. … He is open-minded, [and] he is not judgmental. He is respectful and kind [and] really helpful. I'm very appreciative to them.*
>
> *They mainly just encourage me to keep going, and if I start failing, they tell me to get right back up and give me some advice on how to proceed forward next time. … They are very polite and know exactly what they need to do. … My life has gotten better with their help.*
>
> *They've moved me up in the world. They're always super helpful. They advocated for me to move into more independent living. They don't treat me like I'm a kid. The staff is attentive to one-on-one needs. They've pushed me to better myself.*
>
> *She's nice, she's helpful, and she knows what she's doing. … They encourage me to keep working at school and focus on my goals. They treat me like an actual person instead of just some client that they have to deal with. They don't talk down to me either. I feel comfortable and respected.*
>
> *They help me. [Staff] helps me get services and when I'm struggling to get through things. They show that they have courtesy and like they just show respect. … They are there helping me with a better life than what I was living.*
>
> *They are probably more on top of my hygiene than I am.*
>
> *I like that she's able to connect me with the resources that I need that I might not know about myself. … She listens; she's just respectful. … She's always been nice and courteous to me.*

They were great at getting back when I needed them as well as accommodating when I was less responsible with scheduling or such. They actually listened and took the time to interact with me. They didn't skip over my desires or difficulties. They took it all seriously. They were kind and kept up with me.

They respond really well and are very understanding. It is a great service and they will help you get out into the community. They will help you find services, and they are a great support system, too. … They respect me.

I think even though she doesn't know the area very well she's very helpful. They're all so friendly and willing to help people. I feel like there's always someone there to talk to.

They talk to me nicely. They're awesome. … They help with my goals.

Participants raised a few concerns or suggestions for improvements. Most want more or better communication with their staff. Some would like faster responses to their queries. Some would like more time with staff.

They kind of couldn't find a staff member for me for a while.

It's mainly [Staff]. … His case load is getting a little bit more difficult.

I haven't seen [Staff]in a couple weeks. [I see him] Usually every other week …

Sometimes it takes two or three weeks to get back to me. No, they don't talk to me. They just get back to me in a couple weeks or whatever. I was supposed to get a bed when I moved in, and they didn't get me one. That was $350 I didn't have, so I had to sleep on the floor for the first month. So I didn't find that very respectful.

[They could] be more assertive and communicate more with their clients. Communication, letting the client know about their appointment by either calling or texting them or letting them know that they can't and that the staff has to cancel.

When I call and have a question, I'd like for them to respond in a timely matter. They could get my bills lowered. … They could do things in a more efficient matter, I think.

That the workers could have more time with their clients.

I would have appreciated more help with the applying for disability process. Better communication between different services

Physically get to the house more often. Keep track of people who are newly hired.

Family and concerned others also reported being very satisfied with the IHH/SC staff and the services they provided, scoring an Exceeds Expectations rating, compared to the system, which was rate as Needs Improvement. The program reported that they try to be relational. They make an effort to be honest to family and concerned others about what the staff is and is not able to accomplish, such as financing and waitlists. They make an effort to talk about processes during intake, listen to family when they call, return calls within 24 hours, and call regularly, even when there is nothing new to report.

In interviews, family and concerned others described IHH/SC staff as responsive and knowledgeable. Family and concerned others appreciated being kept informed and getting quick responses to their communications. They appreciated how the program changed the lives of participants in various ways, such as in employment, housing, social activities, and education. Representative comments included:

He is getting host home services. He is going to start doing an art class at CSA. I think they got a worker or two who have his best interests in mind, and they were able to get us some respite services to give us a break and help set up the host home placement. They don't talk down to him and they discuss things with him. They listen to his concerns when he has them.

[Staff] has attempted to move him forward towards independence. We have had meetings to try to do that. She has been an advocate for him. He wants to go to DMACC, so we have tried to implement that plan in a way that is safe to him and yet respectful of his goals.

Right now, she has set him up with a transition living home and previously, before he had turned 18, they had helped with a respite place for a period. … I am thinking the transition living thing was a huge thing.

They take very good care of him and provide him with vocational rehab. They check up on him and make sure he is getting out into the community and a variety of things to make sure he is keeping going. They call me and we communicate over the phone about once a month. They come and talk to him and make sure he is on board [with] the plan and take his concerns into consideration. … He is grown and improved, [and] become a better person.

Being able to move to an apartment and having a smooth transition was awesome. Making sure that he was going to school regularly when he was in school. Just checking up on him, making sure he is taking his medicine, going to counseling. Having someone there that was consistent was very helpful.

She has a job. She has been there a full year now, which is awesome because she was really afraid to go to work. She can take the bus and get anywhere she needs to go, which isn't a thing she would have done before. We are working on branching out her social life.

Her drug rehab … she was doing that when she first started. That was a lot of help. Her going to school, getting her GED, they got that set up for her. She has passed all but the last two. She has math and science left to take. She passed all the others with real good colors. She goes Tuesdays and Thursdays for the classes. They get her set up with all that. … She maintains a full-time job, works five days a week, eight hours a day. I think they have [work/school/social life/housing] all been positive in the past year and a half or so.

They have worked out getting transportation to and from work. They figured out paperwork and the Medicaid system. They give him resources for things in the community. She has been sort of a liaison for us with the group home.

Well she is had pretty high anxiety levels so she is pretty housebound and he is one of the only people that gets her out of the house to do things. And putting the quota to get her out of the house three times a year has been incredibly encouraging to get her out of the house. In fact, she is in Chicago right now.

They … helped set up rehabilitation services to help set up specific goals. It has helped [Participant] recognize her disability and helped her understand how to manage it. … Work has improved where she has maintained a job longer than two to three months. She is in a more stable relationship with her boyfriend. … She has significantly improved with her medication management.

I guess if he didn't have IHH he would probably be sitting in jail for an extended amount of time.

He has a job which he has been working for about four months, which is like forever for him, so that is good.

They listen to him; they take him seriously. Well, he is going out into the community more. He used to not. He actually has not been down to his old house in years. He went to a baseball game with us, which never happened in the past.

They address him by his name; they listen to him. If he doesn't want to talk to her, she comes back at a later time. Yeah, she is awesome. She is phenomenal. She attends all meetings she responds in a timely manner. She never rushes [Participant]. She is sweet and kind.

Family and concerned others had a few concerns and suggestions. Most comments reflected a desire for more or better communication with staff and others were concerned about staff turnover. Some were concerned about changes in the Medicaid system.

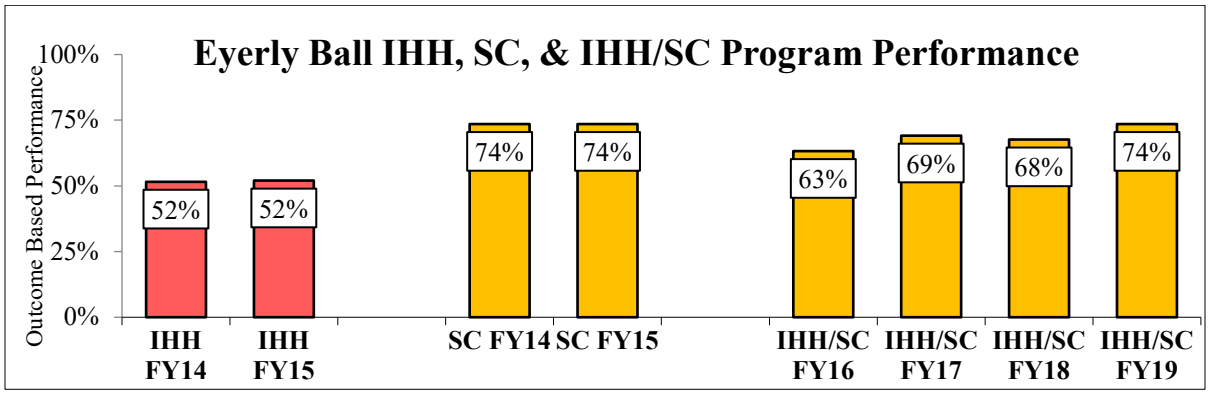
> *Right now we are still struggling to get services started from [counseling services], but we are still struggling, and [Staff] is helping. [Participant] is on the waiting list for services, so right now it is limited. … We are not getting any services because no one is available to help him.*
>
> *I have noticed how there is too much turnover, as far as I am concerned. If they find someone and something that works, they should just leave it alone.*
>
> *We have had multiple changes in our provider due to the privatization of Medicaid in Iowa and it has made it harder to develop a [rapport] in a relationship because there has been so many changes.*
>
> *I just want to know that if our worker is gone that there is somebody that we can contact. If people are on vacation, who do we contact or when people are not there?*
>
> *What I would really like, I should not have to find out something is expired. Sometimes they have let some things get expired so it would be nice if they could keep watch on that so we do not have to re-apply and we do not have a gap in services.*
>
> *I do not know, but it seems like the workers are just overwhelmed. And that did not used to be the case. We were communicated at least monthly if not more. So, I think it is a workload [issue] maybe.*
>
> *Managed care has made it [awful] for them. Focus on the consumers. Do not make it hard for the people who are working to provide care. Pay for performance, it is an industry-wide standard where people are paid more money, and it is a bogus program.*
>
> *We need more people providing the services. The County needs to fund more. I know where that money comes from is a major issue in our government but the services are falling apart.*
>
> *Maybe being a little more informative to me and [Participant] as to what all the services are that are offered. Well, I do not know if it will save taxpayer dollars, but I think there needs to be a better system of, you know, when [MCO] pulled out and there is two other providers, to let us know and so he can get transitioned. There has got to be a better system of keeping coverage active and continuous and not having these lapses of reapplying, things like that.*
>
> *They have contacted me maybe a few times. I think I would like at least a monthly update. The main thing I would like is to be informed on how he is doing more often.*
>
> *Maybe a little more frequent communication initiated by them. Just to see how things are going. Maybe weekly, not just if there is a problem.*
>
> *More longevity in their staff.*
>
> *Better communication. Some supervision of their case managers so they can know that they are not doing as good as they should be doing. My experience with IHH workers is a lot of families do not know about them. So probably explaining that, and then the other thing is that what the IHH workers do is different between workers, so if they had some sort of consistency so that we know that they do these specific things.*
>
> *Just a little more communication. Just dropping a text like "Here is what I have been doing." Just regular communication. I think [Participant] sees [Staff] a lot more, but unless I directly ask him, he won't say that. So I don't think there is a problem with [Participant] getting it, just with me as the guardian getting more information.*

The program reported that they experienced turnover in multiple positions this year, including a person who helped with outcomes and a team leader. This particularly challenged the program in getting forms completed. Staff turnover also tends to affect documentation of outcomes, such as documenting goals and delivering services as part of the Empowerment outcome or recognizing and documenting when a participant has engaged in a community inclusion activity. They also reported that some IHH requirements by the MCOs are more stringent this year, including more stringent tracking expectations and higher caseloads, which means more paperwork. To accommodate these issues, the program is doing more upfront quality assurance to catch issues early.

In addition, because participants with dual diagnoses (e.g., mental illness and substance abuse) are becoming more common, the program is having a harder time locating community resources for their treatment. The program suggests that the community needs something more like a halfway house, with structure to treat substance issues but more accepting of interfering behaviors that come from mental illness.

Eyerly Ball Integrated Health Home / Service Coordination

Eyerly Ball's IHH program was challenged by the outcome expectations. The program's overall performance of 74% resulted in a Needs Improvement rating, generally consistent with, though an improvement from, prior years. This year, the program served a monthly average of 494 participants. The program reported that its average caseload for the IHH program was 43-45 participants, and their average caseload for SC was in the 60's.The program exceeded expectations in five outcome areas: Participant Satisfaction, Negative Disenrollments, Appropriate Disenrollments, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations in six additional outcome areas: Community Housing, Employment – Engagement Toward Employment, Adult Education, Access to Somatic Care, Psychiatric Hospitalizations, and Quality of Life. The program was challenged by the six remaining outcome areas: Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Participant Empowerment, Family and Concerned Other Satisfaction, and Community Inclusion.



Based on the evaluation, the program performed well in some areas. About nine of every ten participants (86%) were reported to be living in safe, affordable, acceptable, and accessible community housing. The agency reported that housing is getting more difficult. Finding landlords who will work with them is more difficult. There are fewer places who will accept county funding. More are running background checks on applicants for safety. The program reported that Rapid Rehousing has been helpful. Also, they have a referral coordinator in house who can communicate housing opportunities to staff.

Over nine of ten participants (97%) received a physical or care from their primary care physician or medical specialist during the year. The program reported that, because of a nurse relationship at Unity Point, they have a good pathway to get participants there. The program reported that last year they targeted the chronically homeless for somatic care, but for some in this population healthcare was not a priority. This year, the program will focus on a gentle hassling approach.

More than one of every four (27%) participants were engaged in employment, working at least five hours a week, meeting expectations, although only one of every ten (12%) was working 20 or more hours per week, at a Needs Improvement rating. The program reported that they are dependent on Vocational Rehabilitation Services because of a lack of community-based providers for training in soft skills for employment. Also, they reported that for many participants, they need to get people into drug rehabilitation before they can get them into employment. The program reported that one limitation is that job developers are generally not local and are consequently not able to meet in participants' homes. Transportation can also be a barrier. Another barrier is the time needed to get services initiated, where after several weeks of waiting participants might change their mind about working. They have a WRAP facilitator who help with soft skills. And Misty Johnson, a WIPA benefits planner, has been helpful in explaining to participants the impact of employment on their benefits.

Only 4 adult participants visited the emergency room for psychiatric care. Participants averaged only 2.39 nights hospitalized for psychiatric care. The program reported that sometimes habilitation providers take

participants to the ER just for triage. On the other hand, the program reported that community support services are helpful in getting participants care, appointments, and medications, which reduce the need for hospital or ER visits. Iowa Lutheran Hospital is connected to the program, and staff can ask about participant contact with them. This way, staff can get more in-depth information about hospital stays, rather than just a claim number to help them follow up with participants. The program also accepts in-patients, and the length of stay can depend on how long it takes to get a placement. For ER visits, the program reported that they have an after-hours phone to help participants decide where to go in a crisis. This is backed by a wellness flyer send out each month, written in plain English. For those who tend to frequent the ER, the program can use a behavior contract to educate participants and mitigate visits. Staff also expressed a concern that SCL providers may take participants to the ER to reduce liability risk. The program also notes that longer response times from emergency services has actually reduced ER visits because they allow participants some time to deescalate.

One participant was negatively disenrolled, and 42% of Service Coordination participants were appropriately disenrolled to other services or independence. The program reported that they have several layers of discharge, based on the PBS approach, so that participants are not discharged until each layer has been addressed. In Service Coordination, some people enroll in the service to get Medicaid and do not want to participate in services.

In interviews, 97% of participants indicated they were satisfied with services. And participants indicated in 90% of survey questions that they had experienced improvement in the quality of their lives. The program attributed some of participant satisfaction to the team care approach. This approach provides more points of contact for the participant, it provides a better experience during staff turnover, allowing "warm handoffs" with new staff (the first meeting with a new staff also includes the presence of the former staff). This also helped manage the sense of change because of the transition with MCOs this year. In addition, community support services provide extra layers of support. Also, talking with participants and making them feel that they matter helps them have a more positive outlook on their quality of life.

In administrative areas, the agency reported a score totaling 100% total for face-to-face contacts and annual assessments for participant level of functioning. The program reported that the staff sends a Monday report, which includes the current status of the LOCUS for individuals. Face-to-face visits are tracked.

In Adult Education, the program met expectations with more than one of five (22%) participants pursuing education related to employment, an improvement from FY18 (17%), which was at the Needs Improvement level. The program reported that it was helpful for staff to have a better understanding of what constitutes education for this outcome so that they can have a better dialog with participants. The program cites the HISET program and employer training to maintain jobs as ways participants met this outcome.

The program exceeded expectations in Participant Empowerment this year, continuing an Exceeds Expectations rating in FY18. Of 28 files reviewed, 27 (96%) were found to meet all four expectations. The program reported that they do trainings on the care planning process to improve this outcome. In addition, team leaders are providing quality assurance feedback with quick turnaround on file notes. Some elements of empowerment, such as discussing employment and community inclusion, are included in the template used for progress notes.

The evaluation indicates that the program was challenged in several areas. Of the program's participants, 79% met criteria for community inclusion. The program reported that this outcome is partly dependent on notes and documentation by providers. SCL providers may take participants to activities on nights and weekends without Eyerly Ball staff support. Relying on SCL staff to get participants involved in community activities has some barriers. SCL staff have some turnover, and not all staff understand the definition of a community activity for this outcome. In addition, SCL programs have priorities that take precedence over activities, such as transportation to appointments and funding. Also, the program is enrolling more people who are in crisis, such as those staying in jail, and their priorities focus more in other outcomes, getting out of jail and getting into shelter, rather than community inclusion.

For homelessness, the program reported a total of 1,853 homeless nights, averaging more than three days of homelessness per participant, an increase from FY18 (1,663 nights). The program reported that they were getting a lot of referrals from the Department of Corrections, and that they do not turn anyone down. People with criminal records have a harder time getting housing. The program suggested that the 30-day exemption for reporting homelessness (and jail days) was too short and that it might be more realistic to extend the grace period to 90 days to give the program time to work through paperwork and approvals for housing. Once housing is located, participants still have to come up with money for a deposit, and some landlords do not accept promissory notes.

The program reported 2,762 jail days for FY19 for an average of 5.59 nights per participant, an increase from FY18, when 2,534 jail days were reported (5.37 nights). The program reported that jail days in some ways is related to homelessness, as homeless participants may incur violations as they look for shelter. For example, some may be arrested for trespassing when sleeping in hallways or on private property. Individuals with substance abuse issues may alternate between homelessness and jail. In other cases, some participants have had extended stays in jail while waiting for openings in treatment programs. The program reported that the Jail Diversion program has been helpful.

The program also had challenges in reports of satisfaction. Family and concerned others in interviews reported satisfaction at 89%, up from FY18, which scored 86%, but still at a Needs Improvement rating. The program reported that in many cases in Service Coordination it was difficult to find anyone who could be a contact, even an emergency contact. The program reported that family and concerned others may not have a good impression of IHH/SC services when participants are on waitlists and not receiving services. They report that this can be mitigated by helping family members and others manage expectations about what the program can do—that a family member may have a valid concern, but the program may not be able to change anything. In addition, because the staff make the effort to respect individuals' choices, some choices may be in contrast to family's expectations.

Despite challenges, participants and many family and concerned others reported being satisfied with Eyerly Ball's IHH/SC staff and services. Evaluators were able to interview 38 participants and 29 family or concerned others. In interviews, IHH/SC staff were described as patient, respectful, and supportive. Participants appreciated staff treating them like everyone else, listening to them, and providing support and help that they need. Participants credited the program with assistance in helping them become self-sufficient and improving their lives. Representative comments from participants included:

> *They have helped me in the community.*
>
> *They always come. … They really encourage me with my goals. They do have some good workers. I just feel better that I am out of there and with Eyerly Ball.*
>
> *She has just been really good at getting me the help that I need … They are there if I need them. … They are just really good at staying in contact, and listening, and trying to understand your situation. They are doing a pretty good job.*
>
> *They don't judge me for the things that I tell them. … They are supportive, and they do care.*
>
> *Encouragement for one thing; the other is the professionalism. They are on my side I know this. They're very polite. They are really good people. Sometimes they help me when they don't even need to.*
>
> *They help their clients. Just being there for you when you need it.*
>
> *Well it has been helpful to get rides to work.*
>
> *They have helped me become self-sufficient. I think better about myself. It is easier to go back to school. … They provide services that help me be successful in my day-to-day life.*
>
> *They are very, very nice to me and they do make me feel comfortable. They are very understanding too. I don't feel like I need to hide my mental illnesses. I can talk to them openly about it, and they are very courteous to that.*

They are very honest with me. … I can tell them anything. … They take their shoes off when they come in my house. They don't upset me. They don't tell anybody my business.

They coordinate pretty good together and give me input. … They do everything pretty efficient. He's very personable and he communicates … I'm pretty impressed with the worker.

If I'm having a bad day, they talk it out with me. They are respectful to me. Everything is going great.

Their patience and kindness and the way they make me feel comfortable, and I can have my kids around them. … They always listen to me and they never make me feel stupid. They never complain. I like the way they accept me for my issues, and they help me cope with them.

They definitely show concern. They know certain boundaries and where to stop and back away … They are good about asking what I am comfortable and not comfortable with. … Very knowledgeable. I really like the professionalism. I really do like the amount of care they share towards someone's well-being and just be willing to go above and beyond and make sure the client is being taken care of. … They are definitely good people.

They are wonderful. … They are resourceful.

He keeps in touch with me quite often. He is very nice. I really can't say enough about him. He has helped me in every way for the past few years. … They gave me very positive support … peace of mind. They have all around enriched my life. There is praise. He respects my opinions. I feel very comfortable talking to him. Life is good because of Eyerly Ball. Wonderful, wonderful organization.

Yeah, they are very nice. She treats me like I matter. … She does not judge me.

It brightens up my day and gets me out of the house.

They listen to me and they are really helping me with what I need. They have helped me with my disability.

[Staff] helped me with everything. She saved my life. It's a great program.

They are there for me whenever I need them. They are very supportive of me. Everything is just peachy.

Participants raised a few concerns. Several participants were concerned about staff workload. Some expressed some concerns about working with their goals. Some had concerns about scheduling and meetings.

I wish that they could help me out more a little bit quicker and faster. … Sometimes I do not think we always communicate right... … I was supposed to go to my appointments and then they complained about it. One week they would show up, the next week they would not, and then they did not help. The worker should not control my life. She said I was being rude and that she was going to tell her boss that. If I do not understand what is going on, it makes me feel like "what can I do?" I don't know how to act around them, I don't know how to trust them. How she communicated to me, I couldn't really understand.

Because I went through six workers and it wasn't good at all. There really wasn't nothing. I overheard them talking about their clients to other workers and I didn't think that was right. When I told my worker I wanted to talk about my goals, she would say she was busy, and then go back to the break room and talk.

I don't really have anything good to say. The needs that I had didn't seem to get [attention] because everyone else seemed to have worse problems. They are working with a lot of people. … I just don't feel like I got anywhere with them. The majority of staff have less experience or education than I have.

I see them as much as they want to see me, and it does not matter how I feel.

Oftentimes there is some kind of hierarchy. They have scheduled meetings with myself and my mother and father and they don't want anything to do with it. They have whole meetings … about things that aren't appropriate to have some big problem with every month about people who I am dating.

They say that they are only able to come do home visits once a month, and again, that is a transportation issue. They don't even give me the community activity schedule anymore because I can't get to any of them because they are all at Eyerly Ball and I can't get there.

I have almost too many goals right now that I am in the middle of.

They don't talk about goals with me.

I wish they had more workers. My last worker left because they used to double-up on her workload and would not hire someone else.

I wish that they could help me out more a little bit quicker and faster. … Have more time with them. Texting with the phone service I have is not very good. Give me a phone call.

Well, they could help you set your goals and help you achieve something about them, you know what I mean?

I think funding could be changed, for IHH workers and myself. Better funding for the staff. I feel like a lot of people in these services are not well funded.

If they would have, like, a specialty program for people who have food sensitivities, because I have a lot of food sensitivities.

To make them be able to take me anywhere, even without my service dog, just to get out to like a coffee shop, or the park, just go somewhere. In general, to expand their ability to have more latitude to do more for individual clients, like somebody in my circumstance that can't afford a cab and a car, stuff like that.

I would like it if somebody could come and exercise with me.

Concerned others were also pleased with the service and staff. They reported that staff kept them informed and were able to identify and access resources to meet participants' needs, such as getting employment, mental health services, transportation, and social activities. Many remarked at how participants' lives have improved.

We really like him [Staff]. I mean the services are there and the resources are there, the support and staff are there. There is somebody to contact if you need help; there is somebody to call. They are doing their job. We feel confident that if we need something, they will know what to do. Okay wow, they treat him like you would like to be treated, like we would like anybody [to be treated]. … We are very happy with Eyerly Ball. … They are always pushing him, encouraging him to try new things, and he has made some comments about how he is happy where he is at.

He also gets cab rides to and from his job. … Before we went with Eyerly Ball, getting him to balance out his autism, to get him more involved in the community, [Staff] really pushed him. They finally got him to start blossoming instead of him being stuck where he is at. Well he is still living with me, but he is helping, instead of everything being on me. He is working now and has not quit, like every other job. He has grown emotionally.

Well, do you know [Participant's] history? The most important thing they do is coordinate his … shots every month. It is a really hard thing to do because he doesn't like it. … He is totally content now. For instance, he likes art. He has taken some art classes, some drawing classes, and they are willing to take him to the classes if he goes.

Having a job has been awesome for her. They have been great about getting her what she needs in that environment.

I have not known [Staff] long, but she is really on it. …. I think so highly of her because she did things she didn't have to do. [Staff] makes her aware of different things in the community and all that. She lets us know what is going on in Des Moines that may be good for her. They send us a calendar of events. She has not really changed but the places she can go has … the store and laundromat and church; she can go without any fear. … I am really overwhelmed with the kindness and concern she has shown. Things we have been trying to do for the last three years are finally working out.

They really treat her like an adult, and they talk to her kindly and accept her. She can be very frustrating, and they don't ever show that.

Well being able to get to appointments when she needs to and that does work out is a major improvement in her life. If she didn't get to her appointments, she would not be well enough to function independently.

Well they set goals and things that help keep him focused. I don't know. They do that and the job coach was a big deal because it helped him with some issues that he had with his manager.

They help him with being social and by going places. We take him to learn how to buy things, so he isn't scared. We used to take him and he would hand the money and run and go. They have helped us a lot with that. … If he is happy, then we are happy. If there was a problem, then he would let us know. He gained so much independence at work. He enjoys making money. Housing has not changed. Social life has changed, and he tells me about friends now.

I guess concerns about transportation, and they were addressed by setting up a schedule with paratransit. It is good having someone to give him resource information and providing him with options to continue to be healthy. Well he wanted reliable transportation to go to day habilitation, so that was part of his input, then also to find an exercise program in his area. They are professional and they are very respectful to my son and she is easy to talk to.

I would say the biggest thing is that she has a lot of trust in [Staff]. You know when he tells her something, she trusts that it is for her own good even when it is things she doesn't want to hear. That is really tough, right now. [Participant] is there for mental health this time. It is a difficult time. They treat her with respect even when she isn't [giving] a lot of respect. They still treat her with respect. They don't talk down to her. They try to calm her, and I feel very comfortable that she is in a good place. I just think [Staff] goes above and beyond for his people.

[Participant] was at a group home, this has been two years ago, and she wanted to be in her own apartment. She swore she could do it. We put her in her own apartment with the help of the worker and she has now in her second apartment. We dealt with the … [multiple] issues. … [Staff] was very, very helpful with all of those things. [Participant] has difficulties interacting with people in the community. [Staff] has been able to develop a relationship with her. They are able to communicate and not have her go to jail, because she can get really mouthy. … So [Staff] has just been amazing.

He was thinking about getting back to work and getting a part-time job and they helped with services through Goodwill. They set up appointments with them so he could get training and things like that. He wanted a computer class, so they helped him get into that. … Social life is very improved. There was a lot of stress with financial situations but now it is less and being managed with medication and counseling.

Family and concerned others raised some concerns and offered a few suggestions. Family and concerned others often expressed that they did not get enough communication with the program and that they would like to have better information about services available to the participants. Some commented about lack of funding from the state.

I can tell them what we need, which is more hours of services. But the way the population has been for the company that offers those types of services, the more hours of services you get, the less pay they get. So they respond if they ask, but if you contact the providers, it is not cost effective for them to provide the level of care that they need. So it is a systemic problem. We need to change the ways these companies are paid. And maybe those in the vulnerable population[s] might be able to get a little more service.

I would say I do not know. It seems like they are overwhelmed. They have got so many cases that they are spread pretty thin. I wish I could answer more confidently.

The communication is sluggish and there have been issues where they say they will pick you up without her knowing. She needs a lot of forewarning. So communication is not the best.

I think they are understaffed. They need more funding to be able to hire the proper staff that is needed.

To tell you the truth I feel like there is really no plan. He goes to the residential home for a week or so and then he stops taking his meds and then he ends back up in the hospital and then that happens over and over. It does not really even feel like there is any plan in place. I do not know. It is like he is not well enough to be in a residential home but not bad enough to be in the hospital. He needs something in between.

I think I would like [Participant] to be encouraged to participate in programs and stuff like that down at Eyerly Ball. I would like to see him encouraged to do that.

I would like to know every three months, be updated, and it just needs to be a phone call. It does not need to be a meeting. If she were just to call and say "This is how things are going with [Participant]" that would be great.

I don't know if it is appropriate or not since she is pretty independent, but I would like to be contacted whenever she misses an appointment she needs.

I think our legislature needs to fund mental health care because we are in crisis. We do not have near enough providers. I have been a nurse for many years, and we do not have enough providers.

Well, I think they have stripped the funding from just about as many places as they can. So would I ask for more money? Yes. Do I expect more money? No.

Yeah, I would like to see them offer something more in between the hospital and the residential home so that there is someone there to monitor them a little closer and make sure they do what they need to do.

APPENDIX A: FILE REVIEW FORM

Last case notes reviewed:

IHH & SC

File Review and Data Coding

Last case notes reviewed:

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

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

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

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

I. Housing:

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

Adult Education:

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

Consumer Empowerment

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

20. Comments:

21. Somatic Care:

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

22. Comments:

23. Community Inclusion:

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

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

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

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

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

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

B2 My (staff) helps me get the services I need.

B3 I know who to call in an emergency.

B6 My staff talks with me about the goals I want to work on.

B7 My staff supports my efforts to become more independent.

B9 When I need something, my staff are responsive to my needs.

B10 The staff treat me with respect.

B11 If a friend were in need of similar help, I would recommend my program to him/her.

B12 I am satisfied with my [Integrated Health Home/Service Coordination] services.

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

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

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

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

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

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

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

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

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

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

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

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

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

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

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

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

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Attended Church
Attended Church activities
Attended Sunday's Prayer during the week
Church Youth Group Leader

Civic

Volunteered at community agency serving lunches
Volunteered at a shelter

Cultural

Attended AA meetings
Attended NA meetings
Attended a concert
Attended daughter's school concert
Attended daughter's track meet
Attended Farmer's market
Attended gym/Planet Fitness
Attended Iowa State Fair
Attended a fair
Attended Medical Supply Seminars
Attended public events and parks with daughter
Attended Steak Night
Participated in bowling
Participated in Dungeons and Dragons Game Nights
Participated in Jurassic Quest
Participated in Special Olympics
Participated in Stand Down event at the Capitol
Participated in Urban Dreams – Community Appreciation event
Participated at YMCA
Played darts
Played shows with a band
Visited Art Center Garden
Visited a historical building
Visited dog park with granddaughter
Visited Library
Visited Pappajohn Sculpture Park
Visited Senior Center

APPENDIX E: OUTCOME CRITERIA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

toward activities for the purposes of this outcome area. The evaluator will also verify community activities through file reviews.

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

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

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

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