

Polk County Health Services

Forensic Assertive Community

Treatment Program Evaluation

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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

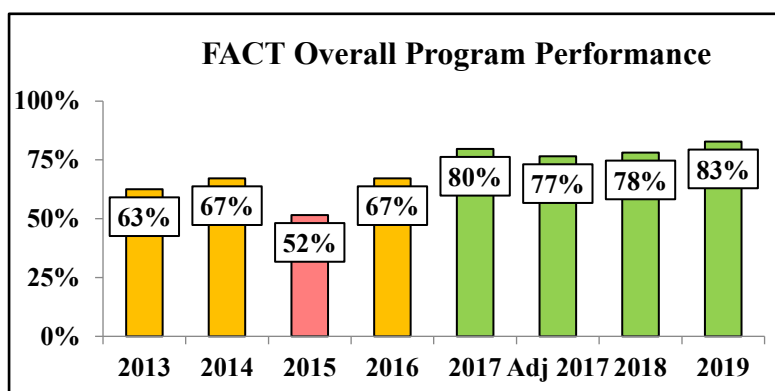
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FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT) PROGRAM EVALUATION SUMMARY

The FACT program is a subsidiary Integrated Services Program, offering the same flexibility as the Integrated Services Programs but specifically serving adults who are at high risk or have a history of criminal justice involvement. As Pinal (2014) notes in a recent review article, individuals with mental health issues “who have criminal justice and forensic involvement have an increased risk of significantly fractured care (Hoge et al., 2009) and a high risk of mortality and poor outcomes (Binswanger et al., 2007) ... Their trans institutional existence and characteristics make treatment challenging and far more costly (Swanson et al., 2013). Barriers to uninterrupted care include multiple comorbidities associated with mental health, substance use, and medical illness. These are often treated in disjointed approaches at different community settings, across numerous hospitalizations, and through emergency room visits” (pg. 7). To combat this fractured care, the FACT model provides treatment, rehabilitation, and support services using a self-contained team of professionals from psychiatry, nursing, addiction counseling, vocational rehabilitation, and the criminal justice system. Services are available seven days per week, twenty-four hours each day to assist individuals with building independent living and coping skills in real life settings.

The FACT program began serving individuals in November 2011. This year, the FACT program maintained a census of 69 participants. Participants were served by a team of six members, including a Team Lead, an Assistant Team Lead/Case Manager, a vocational specialist, a substance abuse specialist, a housing specialist, and a nurse. All participants who are on probation are assigned to one probation officer who attends weekly team meetings.

This is the seventh year for the FACT evaluation to have performance expectations for the outcome measures. It is the third year that the program has met overall expectations. For FY13-FY15, PCHS adjusted program reported results based on file review results. For FY16-FY17, PCHS reported both adjusted and non-adjusted results so that the scores could be compared to previous years. Since FY17 results have not been adjusted because the performance of FY17 met expectations. Thus, the results presented for FY19 compares to the non-adjusted results for FY16 and FY17, but they do not compare to years prior to FY16.



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

In FY19, the program’s results exceeded expectations in eight outcome areas (Community Housing, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Participant Satisfaction, Community Inclusion, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Outcomes), met expectations in six additional areas (Involvement in the Criminal Justice System, Education, Participant Empowerment, Access to Somatic Care, Negative Disenrollments, and Psychiatric Hospitalizations). The program was challenged in the remaining two outcome areas (Homelessness and Family and Concerned Others Satisfaction).

FACT participants continue to report high satisfaction with the program and the staff who assist them, as well as satisfaction with the quality of their lives since entering the program. Participants praised the program for assistance with sobriety, healthcare, mental health, and transportation. Participants particularly appreciated the availability, responsiveness, and advocacy efforts of staff members.

Improvements were noted in many outcome areas compared to previous years. Notably, participants were more likely to express a high quality of life since entering the program. Fewer participants left the program for negative reasons. And all participants were assessed for level of functioning consistently across the program. It should also be noted that, although the levels of homelessness for the program was high, the average number of days participants experienced homelessness decreased by a third.

In many ways, the program maintained or slightly improved from FY18. Participants were reported likely to be living in safe, affordable, accessible and acceptable living situations. Many participants were working, both toward self-sufficiency and engaged in employment. They were likely to be involved in their communities. Nearly all participants received physicals, ongoing care from a medical specialist, or care for an acute condition from a medical physician during the fiscal year. They were also somewhat more likely to be involved in an educational program that would benefit their employment.

The program also maintained quality service at the same levels as last year. Very few visited the emergency room for psychiatric care during the year. Similarly, there were fewer average days participants were hospitalized for psychiatric reasons. There were also somewhat fewer days participants spent in jail.

The rating for Participant Empowerment decreased from an Exceeds Expectations (100% score) in FY18 to a Meets Expectations rating this year. The file review is an estimate of the program's accuracy in documenting their activities with participants and reporting those activities to PCHS. The Participant Empowerment outcome is solely based on the file review. This year there was missing documentation showing that participants were involved in decisions about their goals for the year and that they had clear, measurable goals that were addressed regularly.

The program was challenged in some areas this year. The FACT program continues to struggle with family and concerned others satisfaction, despite high participant satisfaction. Respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. Several indicated that they wanted better communication with staff and know what the participant is doing on an ongoing basis. In the satisfaction questionnaire, several respondents indicated that the program did not provide them with resources that would be helpful and that staff did not contact them so they could feel informed. About one in four indicated that they did not know the participant's staff. The program has indicated that connections with family and concerned others for this program can sometimes be problematic. Participants often enter the program having already alienated their family or may have come from some dysfunction, so some participants choose not to sign waivers allowing family members access to their information in the program.

Homelessness remained a challenging area for FACT. The program reported fewer homeless nights than in FY18. However, with an average of 10.77 nights per participant, the number of homeless nights still does not meet minimum expectations. About a quarter of the program participants (17 of 69) experienced at least some homeless nights during the year.

The program reported that this is a year of transition for them. They have had some staff turnover. Because training on rules, activities, and documentation can be extensive for this program, particularly because it is not a standard program, the probability of error increases. The program suggested that it may

take a year for staff to be fully trained. Another transition the program is experiencing is the current program director is leaving at the end July. This year, the program nurse has devoted half time to take on some duties of the director and will be transitioning into the director position in August.

The program also reported that they are experiencing a higher prevalence of substance abuse/addiction in their new participants. As a consequence substance abuse and criminal records affect housing, somatic care, and many other outcomes. They report that they are spending most of their time on these issues. They estimate that possibly 75% of the program are actively using.

Dealing with substance abuse issues can take more resources than the staff can provide. As a result, as participants enroll, the staff do assessments, but referrals can take more than the 28 days grace period to set up resources for challenging participants. One issue is that there are no programs in the area that are well designed for dual diagnosis individuals (where participants are diagnosed with both addiction and a mental or cognitive disability). The program suggests that most of these participants require in-treatment programs that may last as long as a year. They remarked that Bridges of Iowa has been the most successful, but they do not accept participants who take drugs, which is not effective for those needing drugs to manage mental illness.

A particular issue is that participants with substance abuse issues may enroll in the program and get into housing, but they (or their friends) often damage the property and get evicted. After a few cycles like this, the program has to decide whether to damage their relationships with landlords or allow the participants to go homeless. This also increases program expenses because of increased damage deposits and costs for repairing the properties.

The program reports also that the staff could benefit from further staff safety training. Although the program does not accept individuals who have a violent history and are likely to be a risk to staff, incidents related to substance abuse may still happen. Current trainings do not address circumstances where staff have to de-escalate a person in a substance-induced state of mind, for example.

After years of not meeting expectations, the FACT program should be congratulated on their third consecutive year of meeting overall expectations and their continued improved performance. Their diligence and effort have contributed to improved outcomes and better lives for the FACT participants.

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INTRODUCTION

This is a report on the findings of the independent evaluation of the Forensic Assertive Community Treatment program (FACT) from July 1, 2018, through June 30, 2019. FACT is a subsidiary Integrated Services program for adults who are at high risk or have a history of criminal justice involvement. The program began serving individuals as of November 1, 2011.

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

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

Background Information: This year marks the seventh year (sixth complete year) that the FACT program has reported individuals' data regarding each outcome measurement area. David Klein, Law, Health Policy & Disability Center (LHPDC) Director of Technology, was the primary individual involved in completion of the evaluation. University of Iowa's Iowa Social Science Research Center conducted the interviews.

Changes in Evaluation Procedures: In accordance with last year, PCHS chose not to adjust the FACT program's reported results based on the file review results for FY19. Thus, scores are directly comparable to results from FY18 and nonadjusted results from FY17 but are not comparable to other prior years. Note that only selected outcomes were adjusted in years prior to FY17.

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

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

Meetings. LHPDC staff met with the FACT co-director in April 2019 to provide technical assistance relevant to documentation for outcomes. LHPDC staff conducted a phone consultation with the

director in July to review the outcomes to date and receive their insights on agency performance for the year. An exit interview was held with PCHS and FACT agency staff in late July to review the complete report.

File Reviews. Using a similar process to the other Integrated Services Agency (ISA) programs, LHPDC randomly selected fifteen FACT files to review. The two file reviews were completed using the File Review Form (Appendix A), the first in February 2019 and the second in June 2019. The expectation is that reported results will be consistent with information in the file in order for PCHS to have confidence in and rely on the information reported by the program. Participant Empowerment outcome is based solely on the file review. As technical assistance, the program was provided with information from the file review. Information from the file review analysis is reported in Appendix D.

Participant Interviews. Face-to-face interviews with participants were scheduled by the program and held at their offices, additional phone interviews were also conducted. Of the 69 participants enrolled in the FACT program as of June 2018, 15 agreed to be interviewed. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the Participant Satisfaction and Quality of Life outcome scores. Comments from the interviews are included in the Participant Satisfaction and Quality of Life outcome sections of the report. Although direct 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 Other Interviews. Of the 68 contacts provided by the program, evaluators contacted and interviewed 13 family members or concerned others of FACT program participants. Concerned others were interviewed via telephone. The concerned others interview questions are included as Appendix C of the report. Agree/disagree responses to the questions make up the statistics used for the Family and Concerned Other Satisfaction outcome scores. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff are randomly assigned to the quotes.

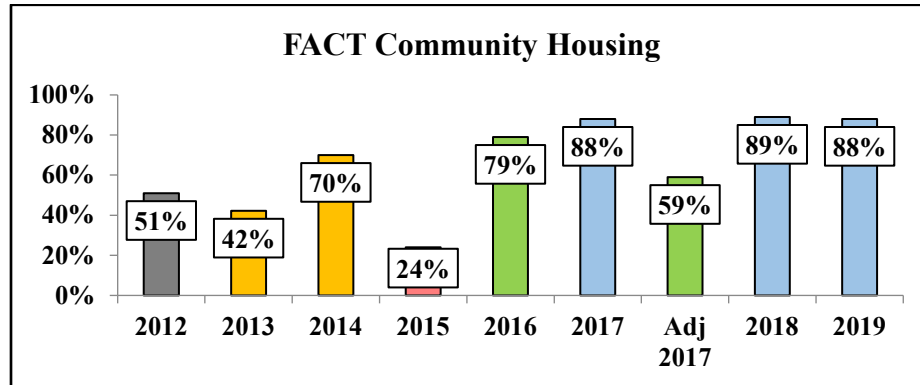
Data Analysis. In addition to data from file reviews and interviews, the evaluators were provided with the data that the program submits monthly to PCHS.

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. In contrast to previous evaluation reports, specific outcome criteria definitions have been moved to Appendix E.

COMMUNITY HOUSING

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



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

Community Housing

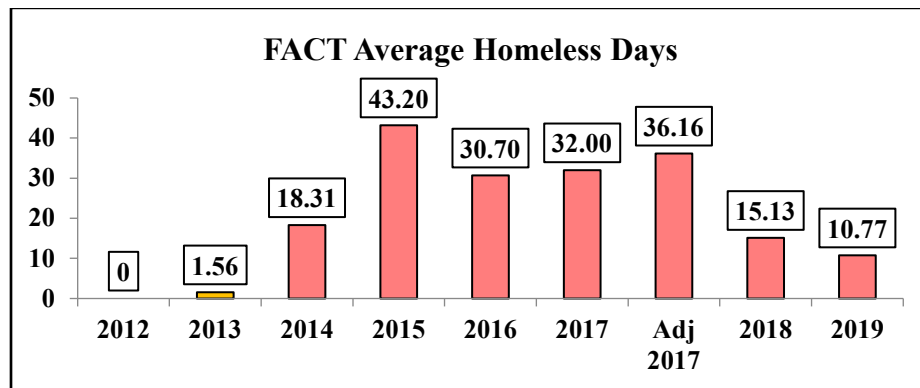
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	89%	4	88%	4

Comments: Based on adjusted results, the FACT program exceeded expectations for the Community Housing outcome. The program reported that almost 9 of every 10 participants were living in safe, affordable, acceptable and accessible housing situations.

The program reported that they were helped by the network Housing Coordinator, who had made connections with landlords and who could help negotiate entry into housing. They reported that the stability of their housing was a result of their maintaining relationships with landlords and the support they provide participants to live in stable housing. They also note that a couple of participants renewed annual leases this year and were excited that they had stayed in housing for a 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

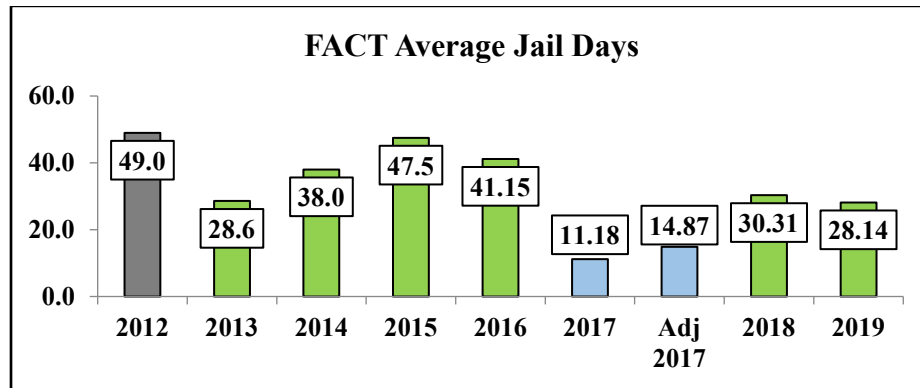
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	15.13	1	10.77	1

Comments: The FACT program continues to be challenged by the homelessness outcome. The program reported 743 homeless nights, about three quarters as many nights of homelessness (1,038 nights) as in FY18. Homeless nights were accrued by 17 program participants, i.e., about a quarter of the 69 program participants spent at least one night homeless during the fiscal year. Nights homeless by participants ranged from 2 to 118. Eight participants accounted for about three of every four (73%) of the homeless nights. Notably, the average number of homeless nights for FY19 is the lowest since 2013.

The program reported that the network Housing Coordinator was also instrumental in reducing homelessness by working to extend eviction time, helping the program to find alternate housing. The program noted that several participants had difficulty finding housing because they had exhausted their resources, and had numerous evictions and criminal backgrounds, such as sex offenses, with a limited supply of housing. Some applied for housing but were turned down because they had been evicted years ago, which the participants did not remember. One participant in particular burned bridges with landlords by being destructive and then was not willing to work with the program.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

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



Goal	Rating	Points
0.00 – 24.99 day	Exceeds Expectations	4
25.00 – 49.99 days	Meets Expectations	3
50.00 – 69.99 days	Needs Improvement	2
70+ days	Does not meet minimum expectations	1

Jail Days

Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	30.31	3	28.14	3

Comments: The FACT program serves individuals who are at high risk or have a history of involvement in the criminal justice system. Therefore, high numbers for jail days are not unexpected. To promote communication with probation, all program participants who are on probation are assigned to the same probation officer, and this officer attends weekly team meetings. This year, the program reported under a month (28 days) of jail days per participant on average. The 1,942 total jail days reported were accrued by 34 FACT participants, 49% of total participants served. Jail days ranged from 1 to 277 per participant. Of the 34, 9 participants spent more than 90 days (more than 3 months) in jail during the fiscal year, accounting for about three-quarters (74%) of the program's total jail days.

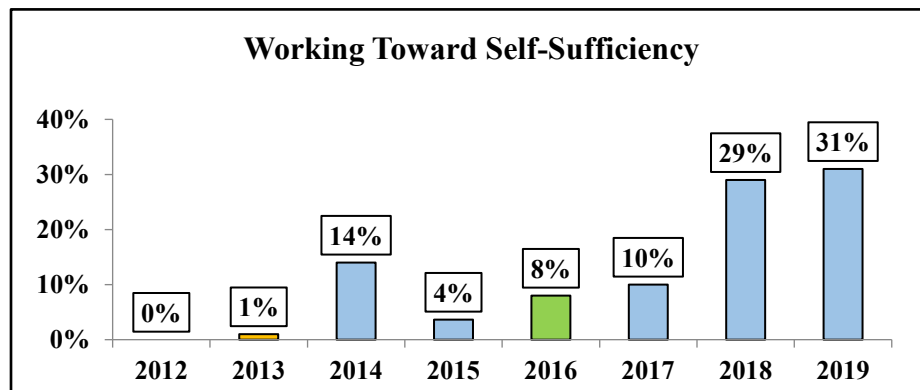
The program reported that jail days often accrued because participants were waiting for court dates, for competency hearings, or to get into treatment programs. Sometimes the jail processes exacerbated days. A participant might be too symptomatic to go to a hearing. They could have their medications addressed in a few days to stabilize them, but the next court date would be in a month. For some, limited jail stays might be the safest place for them and for the public. The program also noted that those who return to jail tend to get longer sentences and get more serious charges. The program staff suggested that judges differed in sentencing and an overworked Public Defender's office had difficulties advocating for them.

The program also praised police and probation officers who had been trained by the Jail Diversion program for reducing the number of jail days. For example, a participant who might otherwise be cited for public intoxication would be referred to treatment by trained officers.

EMPLOYMENT OUTCOME – WORKING TOWARD SELF-SUFFICIENCY

Outcome: The number of individuals engaged toward employment during the year will increase.

PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (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).



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

Employment Outcomes

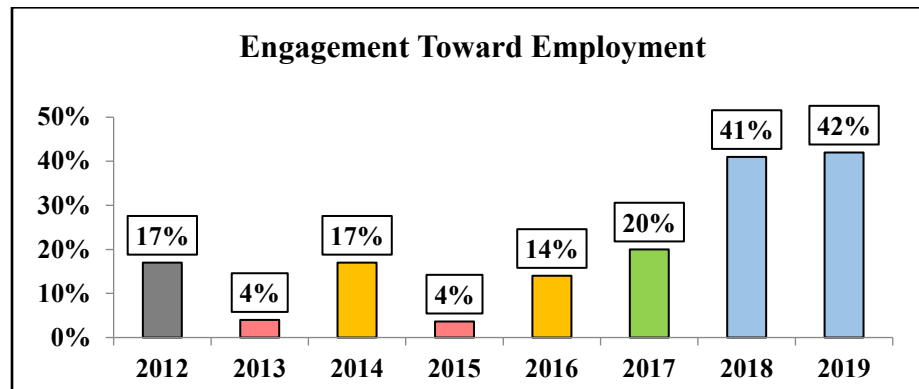
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	29%	4	31%	4

Comments: More FACT participants were employed this year. The program reported that 31% of employable participants were working for at least 20 hours per week. The program exceeded expectations for Working Toward Self-Sufficiency. Of the 55 employment eligible participants, 17 met this criterion for at least one reporting week during the year. In FY18, the program reported that 20 of 70 employment eligible participants met the criteria at least one reporting week during the year.

EMPLOYMENT OUTCOME – ENGAGEMENT TOWARD EMPLOYMENT

Outcome: The number of individuals engaged toward employment during the year will increase.

PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (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).



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

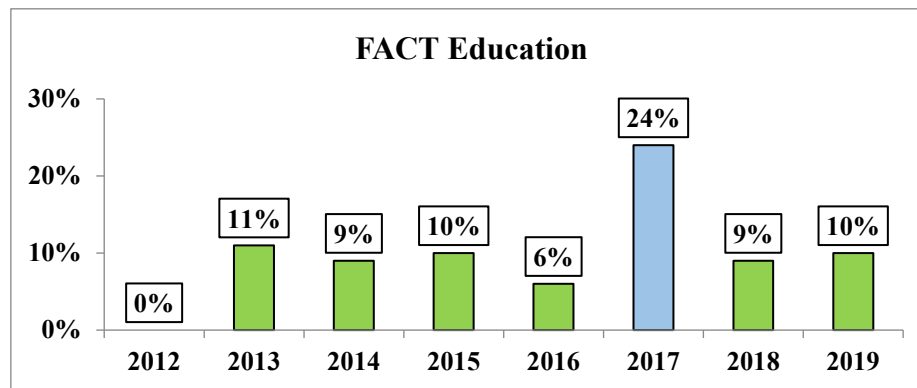
Employment Outcomes

Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	41%	4	42%	4

Comments: The program reported that 42% of employable participants were working at least 5 hours per week and earning at least minimum wage. Of the 55 employment eligible participants, 23 met this criterion for at least one reporting week during the year. In FY18, the program reported that 29 of 70 employment eligible participants met these criteria for at least one reporting week during the year. The program noted that a couple of participants lost their jobs right before a reporting period.

EDUCATION

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



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

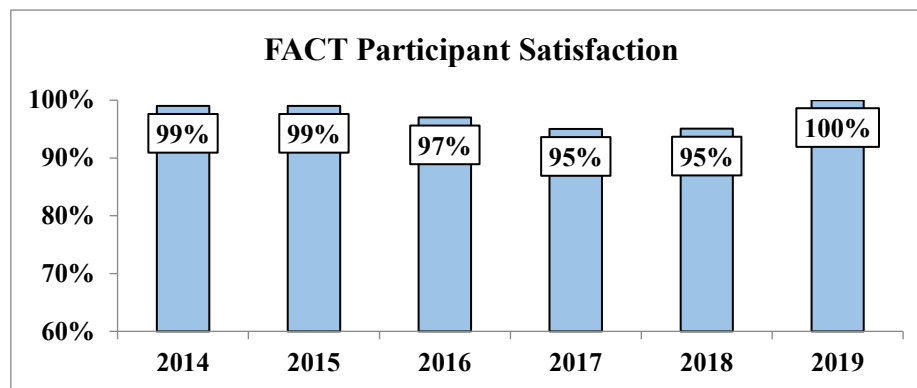
Education				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	9%	3	10%	3

Comments: This year, the FACT program maintained its percentage of participants in the Education outcome area compared to FY18, resulting in a Meets Expectations rating this year. Three FACT participants were enrolled in a training program or employment related education opportunity this year, compared to three last year.

The program reported that one participant received a high school diploma. Another is in a welding program through DMACC. Another is getting a master's degree. They encouraged participants to get into registered apprenticeships so that they could learn a skill, rather than rely on minimum wage jobs.

PARTICIPANT SATISFACTION

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



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

Participant Satisfaction				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	95%	4	100%	4

Comments: Of the 68 participants enrolled in the program in December 2018, evaluators were able to interview 15 participants this year, slightly fewer than a quarter of the program's enrollment at the time. Most participant interviews were conducted face-to-face at the FACT office in Des Moines. The FACT program set up but did not sit in on the actual interviews. They did provide breakfast or lunch to participants, notified participants ahead of time (in writing or in person) of pending interviews, and provided transportation to the interviews, if needed.

FACT participants reported being very satisfied with the services they are receiving and the staff who work with them, maintaining an Exceeds Expectations rating. Participants praised the program for assistance with sobriety, healthcare, mental health, and transportation. Participants particularly appreciated the availability, responsiveness, and advocacy efforts of staff members. Representative comments include:

[Staff is] awesome. She keeps me in check ... keeps me out of jail. ... I don't have anything bad to say about her. She helps me in all facets. We do goals. One-hundred percent happy; I could not ask for anything more. They have given me a structure. I am getting better at managing my emotions.

She is one of my main supports in my sobriety. If it weren't for this program I don't know where I would be. Everybody in this program is great. The biggest impact was just getting me in the program ... AND the moral support. I am ecstatic. It is a great program.

The FACT team has been really good about checking in on me. These folks will take me places. I was grateful they were there for me when I was having trouble. [Staff] helps me goal-set. I am one-and-a-half years sober. The encouragement I get, and they show a compassion of ... wanting to help people with mental health and they are a resource. They are very supportive. They are all nice.

Their attitudes about helping people with mental health issues ... We socialize. She found me a better place.

It is going very good. He helps me organize. There is always someone who gets back to me. They always respond immediately. When I was out of food, they bought me food. They encourage me to go to AA meetings and get to my appointments.

[Staff] is amazing. I would just be sick if I had someone else. He speaks for me, gives me courage, takes me places, listens to me. He is amazing. I have fought depression my whole life and I feel like there is a special group of people here. I am so grateful. I have struggled my whole life, but I am grateful for the FACT program. He deserves a raise. They have made an impact. They understand addiction. I have more peace of mind.

She helps me. She doesn't bug me. She helps with goals... She is always there to help me. Any time I want to see them, they see me. I am better than I was last year. Doing it by myself, I don't think I could do it. She takes some of the burden. She supports me.

They are there for me. If I need something they are there. They don't take your disability away from you when you work. They are pretty good.

[Staff] was the first and the ultimate. [Two staff members] took me from rock bottom to living sober, to seeing my grandkids. If she can't answer, she will point me in the direction of whoever can help. It works. Everything I say about this program is good. It has been a lifesaver. They do a good job with everybody from what I see. I am more independent now.

He gets back to me right away with whatever he can do and if he can't resolve it, he will reach out for other resources. They are part of my support system, so I let them know how I am ... even the stresses. I can identify crises better because of them. I have better social confidence because I know what is triggering stuff.

[Staff] is great. He was so supportive. ... I got put with someone [a FACT worker] I really like ... and I am stable. You really get to know your workers when you, yourself, are stable. I am more happy, so I am more outgoing.

She does a lot. I have stopped getting incarcerated so much. They work as a buffer between me and my P.O. (Probation Officer). It's a good program. Case managers listen even if they are busy. I always have a safe place to go.

Several participants were concerned about or had suggestions for the program. Respondents discussed staff hours, funding, and turnover.

The only thing is that [staff] doesn't work weekends unless it's her weekend to work.

Once every week. Sometimes I would like to see [staff] more, but I can call.

The only drawback is there is such high turnover. More case managers. They seem overwhelmed. Funding is another thing. ISP client advisory meetings highlight that our funding is less. The payees program is bad. Eyerly Ball should have more control over it. I don't trust them.

More plants in the office.

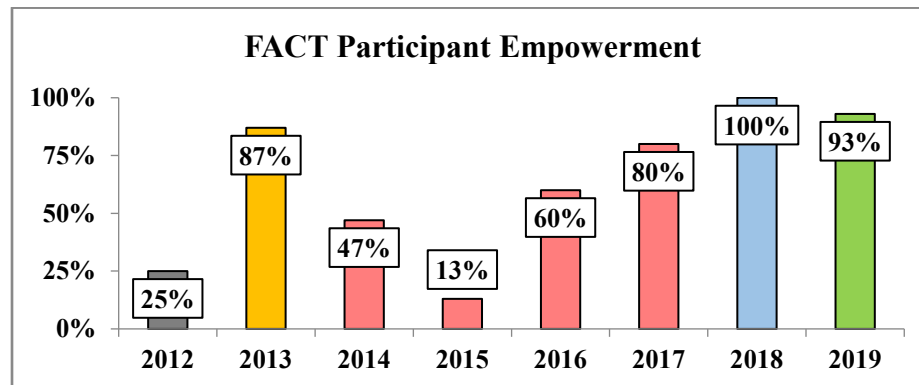
[With respect to staff] looking into stuff further, with regard to diagnoses in the past, [staff] is doing her job but I would like them to have access to records.

I think they should help more disabled people.

The program reported that they focused on being supportive, listening to participants' needs, and emphasizing achievable goals. The staff specifically praised the Peer Support staff for establishing connections with participants by listening without judgment, talking to participants when they are upset, and having a "less business" approach (less filling out forms, meeting goals, and the like), and thus being more approachable.

PARTICIPANT EMPOWERMENT

Outcome: Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system. PCHS recognizes with this outcome that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is based on the file review.



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

Participant Empowerment				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	100%	4	93%	3

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

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

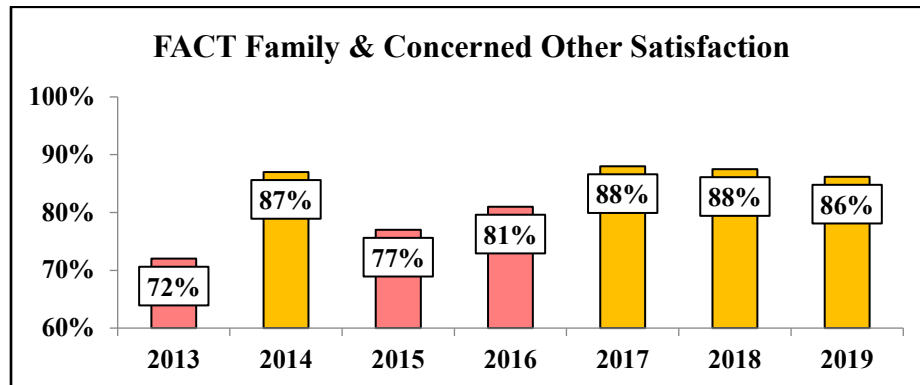
Comments: This year the FACT program has a reduced score compared to FY18 in the Participant Empowerment outcome, resulting in a Meets Expectations rating. Of the 15 files reviewed this year, 14 were found to sufficiently document all four areas of empowerment.

Based on the file review, most participants had a goal to maintain or improve mental and to a lesser extent physical health. Steps to accomplish these goals included taking medications appropriately, attending appointments or treatment, complying with medical advice, developing coping skills, eating healthier, getting exercise, and/or staying sober. Nearly as many had goals to obtain or maintain housing. Other goals included working on their legal issues (completing probation), staying out of jail or the hospital, and

budgeting or saving money. Some participants wanted to work on appropriate socialization or just become more involved in their communities. Several wanted to obtain or maintain employment. Some wanted to get a driver's license. One wanted to get a passport.

FAMILY & CONCERNED OTHER SATISFACTION

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



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

Family & Concerned Other Satisfaction				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	88%	2	86%	2

Comments: Family and Concerned Other Satisfaction continues to be a challenging area for the FACT program. The program provided contact information for 38 participants' family or concerned others. Interviewers were able to complete 13 interviews. These interviews with family and concerned others resulted in a Needs Improvement rating for the program this year.

Respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. In the satisfaction questionnaire, about one in three respondents responded disagree that the program provides them with resources about programs and services beneficial to them (question B2) and the staff contacts them, when appropriate, so that they could feel informed (B4). About the one in four indicated that they did not know the participant's staff (B1). The survey questions show that family and concerned other were more likely to disagree with the statements that address the relationship between staff and family or concerned others. Statements that address the concerned other's perceptions of how the participant is treated by the program generally show high scores. Representative comments include:

[Staff] spent time with me, and she is a good support system. I have never had a problem with her returning a call or getting back to me. [Staff] gets along with [Participant]. She is really good about keeping things stable between her and [Participant]. She is able to tell him the truth in a way that he can understand it. Oh yes, [Staff] has always shown him respect and treats him better than anyone else does. She knows how to communicate with [Participant's] illness. The people I have talked to are great and right on it. People like [Staff] are amazing. ... [T]hese services really work.

He has told me, every time he has a concern [Staff Members] go above and beyond to help him. ... They handle him very well and do not demean him in any way. She is easy to get in contact with and is always there. All the staff is understanding, helpful, and knowledgeable.

He is very communicative. It has enabled her a place to live, so she can be somewhat independent. Making sure she is signing up for other services ... they are really good about that. [Staff] is really responsive when [Participant] needs something. I can communicate with him and he will do what he can to help. They really work with the clients to make sure that they are getting their needs met, making them independent as they can be.

His living has improved and then his ability to communicate with people. I see them treat him with respect.

They do a great job in other ways, though. I can't say enough about them. They are great. I can communicate with her any time and she seems to be an advocate for my son as far as battling this horrendous bureaucracy. ... Just having that connection mediates things They are doing the best they can. You know, thankless job. These people are doing a great job.

They've been very helpful to [Participant]. They have always been there and been really good. They have always listened and done their best to help her. Honestly, they have told her that they don't look down on her for bad choices she has made and that she is a good person at heart who needs to let that stuff go. They are good at working with people with mental illness and a criminal history because they help them get on their feet. They do not give up on her.

They always utilize his patience and privacy. They take into account that he owns his own life. I do appreciate that. I am satisfied with [Staff] because I know she cares about him. She takes extra steps to help him.

They got him motivated, got him a job, and around people rather than sitting at home and sleeping. They got him turned around.

They do seem to be concerned about his personal rights and how he feels. I don't have any reason to feel unsatisfied that I know of.

I think they do a good job for him, a very good job. They have improved his life one hundred percent. Well, when [Initial Staff] used to take him to work out, he suggested that to [the New Staff]. Now [the New Staff] does that with [Participant], too.

Concerned others raised several issues and made some suggestions for improvements in the program and system. Most respondents wanted more contact and information from the program, some expressing frustration with not knowing how the participant is doing on a regular basis. One expressed a desire for resources so they could help. Some expressed some frustration with incarcerating people before treating them for mental illness.

Honestly, they do not communicate often. I only have seen [Staff] once when [Participant] had court.

They have never contacted [me]. I like being contacted by email.

He does need more psychiatric evaluation. They do not necessarily involve the family members formally.

They should get back to me with it, but they have not yet. They sometimes contact me, like when I contact them or leave a message. I wish they would contact me more often.

They do not provide me any resources. They do not help, but I have no control over what he does or doesn't do. I have seen no differences.

I just can't stand it. [He] definitely needs some kind of structure and he is not getting that. They do have a minimal amount of structure. I just get the feeling that he is out there waiting for bad things to happen.

I don't feel like they have provided any services. I feel like they are trying to cookie-cut everything and having them go through all the steps. They are causing these people, my brother, to not being treated appropriately and so now he is in and out of the jail system. It is a continuous cycle. I think the way the state runs everything is limiting on how they can help us. They rarely reach out to me. I know he is unhappy about getting turned away from drug treatment. If they would actually treat these people right away, and not put them in and out of the prison system.

They could have helped my son with more things... He completed his probation. I wish they would have talked to me about that. Sometimes it may take a few days to receive a call back.

He is legally blind, and they are supposed to be taking him places but I have been mostly doing that. I am not really sure what they are doing for him. I would like to once a week know they are checking on him, and this phone number. ... they have given him a bus pass, but he can't see so he really needs transportation other than a bus.

Suggestions:

I believe they need more funding and a lot more of everything, as far as I know. I want to see more funding from the government.

I suppose more formal meetings and with family members.

I wish they would contact me more often. I think the change that I would like is focusing more on his employment and schooling.

Maybe a little more one-on-one with them. Maybe like, mandatory meetings that they have to participate in.

More programs and classes that talk about the issues.

I would think it would save taxpayer dollars to prevent someone from even being charged with a crime that he did not actually commit due to their mental illness. I don't think the court should have to go through something like that.

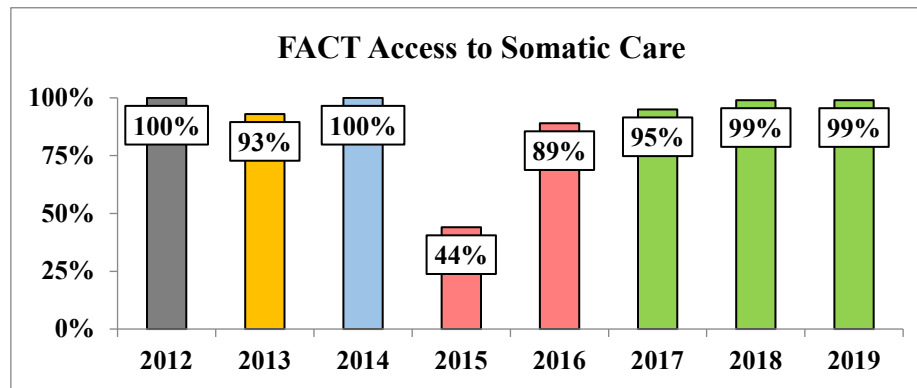
I would like them to encourage him to get out more. He doesn't feel like he can go places without getting lost. I really think he needs a more one-on-one [transportation] than just the general bus.

The program reported that they have had some success connecting with families and concerned others through activities such as dinners that include families. They have made further attempts to contact families and concerned others.

However, the program reported that some participants do not talk to their family, they may refuse to release information to family, or they may allow only emergency information releases, leaving families without much information about the participant. On the other side, families may have high expectations of the program and be disappointed when participants are sent to jail or to not receive services participants are not qualified for.

ACCESS TO SOMATIC CARE

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



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

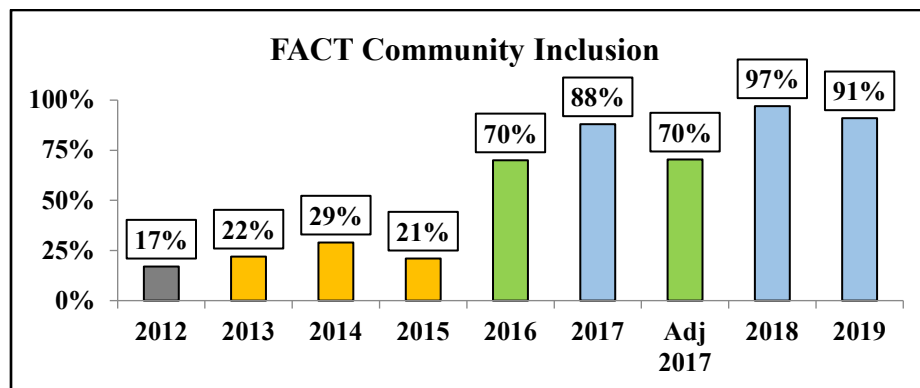
Somatic Care				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	99%	3	99%	3

Comments: This year, the FACT program met expectations in the Somatic Care outcome area. Of the 69 participants enrolled in the program in FY19, 67 accessed somatic care during the year. To meet criteria, participants must be connected to and meet with a primary care physician or be seen for ongoing issues by a specialist during the fiscal year. Somatic care is a key component of the FACT model. The program reports that they continue to emphasize to staff healthcare coverage for physical health, establishing care with doctors, and scheduling visits, though some participants schedule their own appointments.

COMMUNITY INCLUSION

Outcome: Individuals supported will participate in and contribute to the life of their community.

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



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

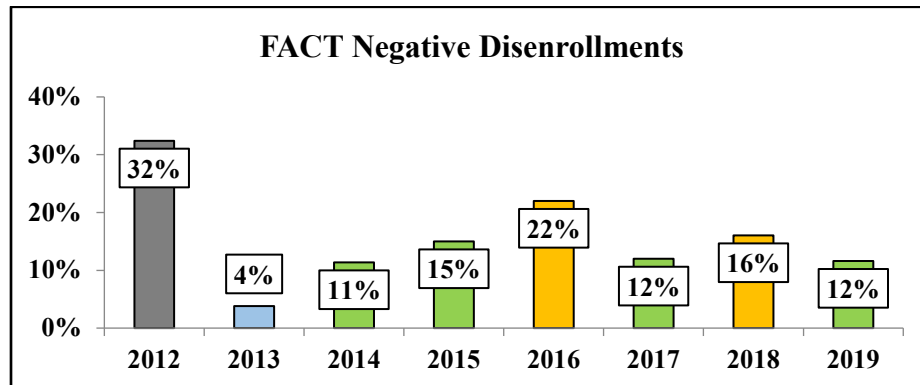
Community Inclusion

Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	97%	4	91%	4

Comments: The FACT program exceeded expectations for the Community Inclusion outcome this year. The program reported that 62 of the 69 program participants in FY19 were involved in integrated community activities or attended integrated community events. A list of community participation activities documented during this year's file reviews is included as Appendix D of the report.

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 refuses to participate, is displeased with services, is discharged to prison for greater than 6 months, or the agency initiates the discharge.



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

Negative Disenrollment				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	16%	2	12%	3

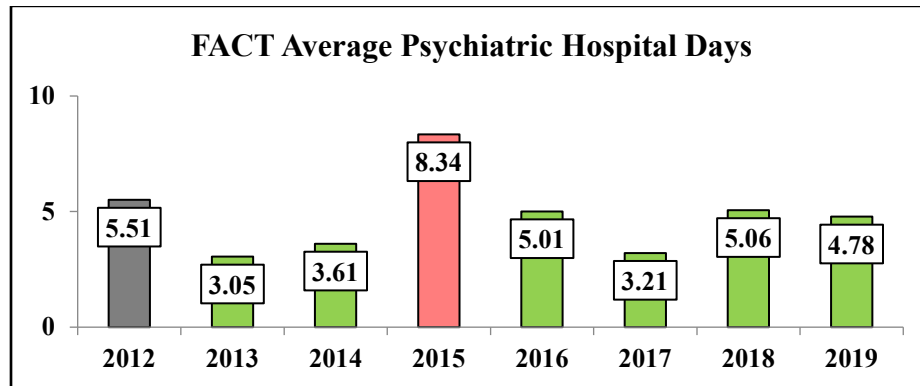
Comments: The FACT program reported 8 negatively disenrolled participants this year, resulting in a Meets Expectations rating, an improvement over last year, where they received a Needs Improvement rating. In FY18, 11 participants were negatively disenrolled. The program reports that they select people carefully, particularly because of increased issues with substance abuse. For those for whom they cannot provide services, they do provide referrals. For those in the program who have similar kinds of issues, the program brings in other services.

The program reported that having sixty days to complete assessments has helped, providing time to get services into place. On the other hand, participants may experience that criminal histories can work against them, where relatively small offenses (such as driving without a license) can lead to prison. One participant was worried about losing benefits if released and so chose to go to prison. One did not want to struggle following the rules for parole and chose prison. Another remained in the program until he got parole and then, not seeing the value in the program, opted out.

The staff reported that they are seeing an increase in drug use and bigger risks to safety over last year.

PSYCHIATRIC HOSPITALIZATIONS

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



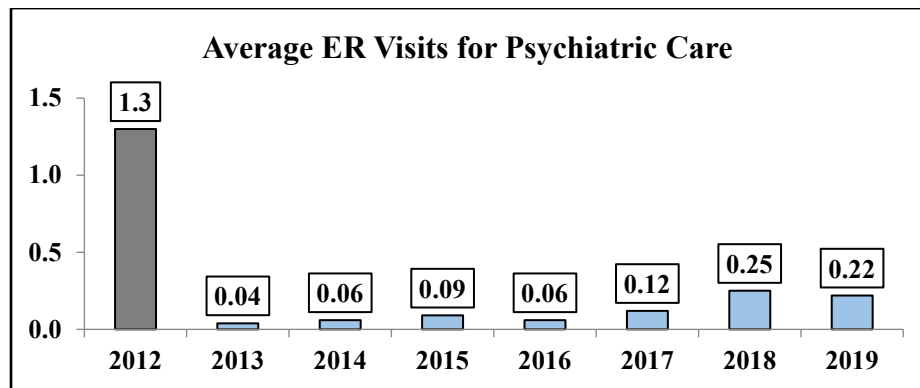
Goal	Rating	Points
0 – 1.99 day	Exceeds Expectations	4
2 – 5.99 days	Meets Expectations	3
6 – 6.99 days	Needs Improvement	2
7 + days	Does not meet minimum expectations	1

Psychiatric Hospitalizations				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	5.06	3	4.78	3

Comments: The FACT program reported fewer psychiatric hospital days compared to FY18, where the outcome rating remained at Meets Expectations. The program reported a total of 330 psychiatric hospital bed days, averaging less than 5 days per participant this year compared to more than 5 days per participant in FY18. Of the 69 program participants, 20 (29%) had psychiatric hospital stays, ranging from 1 to 82 days. Four participants spent more than one month (36, 38, 47, and 82 days) in the hospital this year, accounting for nearly two-thirds (62%) of the program's total hospital bed days.

EMERGENCY ROOM VISITS

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



Goal	Rating	Points
0 – .30 visit	Exceeds Expectations	4
.31 – .75 visit	Meets Expectations	3
.76 – 1.30 visits	Needs Improvement	2
More than 1.30	Does not meet minimum expectations	1

Emergency Room Visits				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	0.25	4	0.22	4

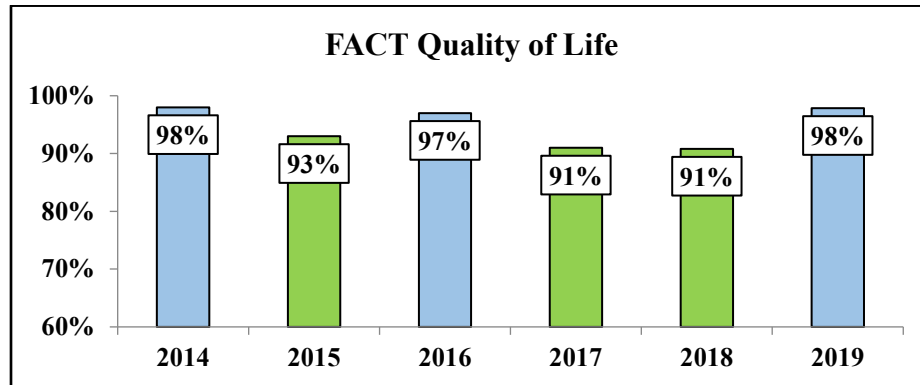
Comments: The FACT program continued to be able to minimize use of the emergency room for psychiatric care this year. The program reported a total of 15 emergency room visits for psychiatric care for the program, two fewer than the number from FY18, again resulting in an Exceeds Expectations rating for this outcome area. Seven FACT participants visited the emergency room for psychiatric care. One participant visited 7 times.

The program reported that they have a staff who monitors emergency room visits and communicates them across the program.

Some participants tended to use the emergency room as a place to be safe, but with education they are relying more on the FACT team. They are also better able to distinguish between the emergency room and urgent care clinics, such as the Psychiatric Urgent Care Clinic and the Crisis Observation Center.

QUALITY OF LIFE

Outcome: Increase participant satisfaction with housing, employment, education, and recreation/leisure activities. The Quality of Life outcome is based on participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities.



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

Quality of Life				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	91%	3	98%	4

Comments: The Quality of Life outcome measure is based on participant interviews. Of the 69 participants enrolled in the program in December 2018, evaluators were able to interview 15 participants this year. Participants reported being very satisfied with the quality of their lives, resulting in a Exceeds Expectations rating. In interviews, several participants commented on how the program has helped them with medications, transportation, housing, coping skills, and substance abuse issues. Most expressed a reversal and improvement in their mood and thinking about life. Representative comments include:

They have given me a structure. They deliver meds in the morning, so I don't sleep in, and they take us on field trips. I am getting better at managing my emotions. [In the past year] I had my kids and I had a breakdown but now I am on supervised visits and that is going well.

It's easier with a team. It is easier to survive ... especially in Iowa winters. I can call the FACT team and just be irritated and they forgive me. Dad is always contacting [Staff]. They stay in touch to manage my mental health. They work on bills or whatever. I have more opportunities to have social situations. They have events and everybody has a diagnosis so nobody judges.

It is about the same. They know I am with people who are supportive and they help me to succeed. I have a close-knit family. They [FACT] encourage me to keep communications open.

He found me a better place. The landlord wasn't good in the last place.

When I was out of food, they bought me food. They encourage me to go to AA meetings and get to my appointments.

[It is] easier to maintain with a program working with you. There is more stability.

I have more peace of mind.

I am better than I was last year. Doing it by myself, I don't think I could do it. She takes some of the burden. She helped me clean up a phone scam with my Medicaid. She has helped me with bills. She supports me.

I am more independent now. Before I had someone to take care of me. I have to put forth effort now. [Staff] is trying to get me more independent.

They impact on my necessities. I don't ask all the time either. To some degree, they are part of my support system so I let them know how I am ... even the stresses. I can identify crises better because of them, like with the need to move housing. I have better social confidence because I know what is triggering stuff.

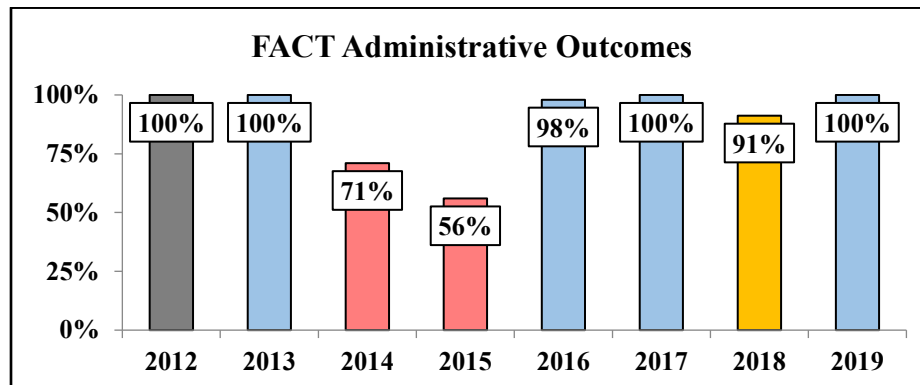
Way better. I have been sober, off meth, for over a year. I am more happy, so I am more outgoing. I go to church. I got a dog. I have a new apartment. I was victimized at my old place by a neighbor but I ended up in a better apartment.

I always have a safe place to go.

No participants expressed concerns when responding to the quality of life questions.

ADMINISTRATIVE OUTCOME AREAS

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



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

Administrative Outcome - Level of Functioning

Organization	2018 Results	2018 Score	2019 Results	2019 Score
FACT	91%	2	100%	4

Comments: The FACT program returned to its prior performances for the Administrative Outcome. Administrative outcomes for the FACT program require an annual assessment of level of functioning. In FY19, the program documented this assessment for 100% of participants, compared to 91% in FY18, resulting in an Exceeds Expectations rating.

The program reported that they have been more diligent and regular about their quality assurance processes.

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SUMMARY OF PROGRAM PERFORMANCE TABLE

2018 Scale

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

2018 Outcome Summary		FACT Results	FACT Score
Community Housing		88%	4
Homelessness		10.77	1
Involvement in the Criminal Justice System		28.14	3
Employment – Working Toward Self-Sufficiency		31%	4
Employment – Engagement Toward Employment		42%	4
Education		10%	3
Participant Satisfaction		100%	4
Participant Empowerment		93%	3
Concerned Others Satisfaction		86%	2
Access to Somatic Care		99%	3
Community Inclusion		91%	4
Negative Disenrollments		12%	3
Psychiatric Hospitalizations		4.78	3
Emergency Room Visits for Psychiatric Care		0.22	4
Quality of Life		98%	4
Administrative		100%	4
Outcome Summary Comparison	Points Possible	Percentage	Total Points
FY2018	64	78%	50
FY2019	64	83%	53

APPENDIX A: FILE REVIEW FORM

KEY/FACT

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	
Community Support Advocates (KEY) Eyerly Ball (FACT)	Month/ Day / Year / /		Adult

Name	DOB	
	Month/ Day / Year / /	

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

I. Housing:

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

Education:

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

Consumer Empowerment

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

20. Comments:

21. Somatic Care:

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

22. Comments:

23. Community Inclusion:

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

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

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

Employment Status:										
10/14/18 – 10/27/18	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:										
4/1/19 – 4/20/19	In PolkMIS		Documented		Hours	Wages	Source	Agree		
If employed, then...	Yes (1)	No (2)	Yes (1)	No (2)			1 Consumer 2. Job Coach 3. Employer 4. Pay stub	Yes (1)	No (2)	N/A (4)
Job changes/notes:										

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

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

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

B3. I know who to call in an emergency.

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

B7. My staff supports my efforts to become more independent.

B8. My staff are willing to see me as often as I need.

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

B10. The staff treat me with respect.

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

B12. I am satisfied with my [program] services.

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

B18. Do you have medical care if you need it?

To assess improvement in quality of life, participants are asked the following seven questions. Agencies receive one point for each statement that the participants agrees with (i.e., is satisfied). Each question is preceded with the following: “Since I entered the program, ...”

B5A1. I deal more effectively with daily problems.

B5A2. I am better able to control my life.

B5A3. I am better able to deal with a crisis.

B5A4. I am getting along better with my family.

B5A5. I do better in social situations.

B5A6. I do better at school or work.

B5A7. My housing situation has improved.

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

B1. My family member and I know his or her staff.

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

B3. Staff helped us in obtaining access to the services he/she needed.

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

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

B7. Consumer's input into the service plan was well-received and his/her ideas were included in the plan.

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

B9. I am satisfied with my family member's worker.

B10. My family member is getting the services she or he needs.

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

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Attended church services

Civic

Volunteered at Connection Café

Cultural

Attended AA meetings

Attended NA meetings

Attended a concert

Attended Shine Down Concert

Attended farmers markets

Attended parades

Attended Fireworks

Participated in bingo

Participated in Pokémon Go! outings

APPENDIX E: FACT FILE REVIEW RESULTS

Outcome Area	Specific Outcome	FACT		
		Frequency	Expected	Accuracy
Functioning Assessment	File and PolkMIS Agree	13	15	87%
Housing	File and PolkMIS Agree	11	15	73%
Education	File and PolkMIS Agree	15	15	100%
Employment	File and PolkMIS Agree	6	6	100%
Participant Empowerment	All Goal Components Present	14	15	93%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	15	15	100%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	14	15	93%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

APPENDIX F: OUTCOME CRITERIA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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