

Polk County Health Services
Integrated Services Program
Evaluation

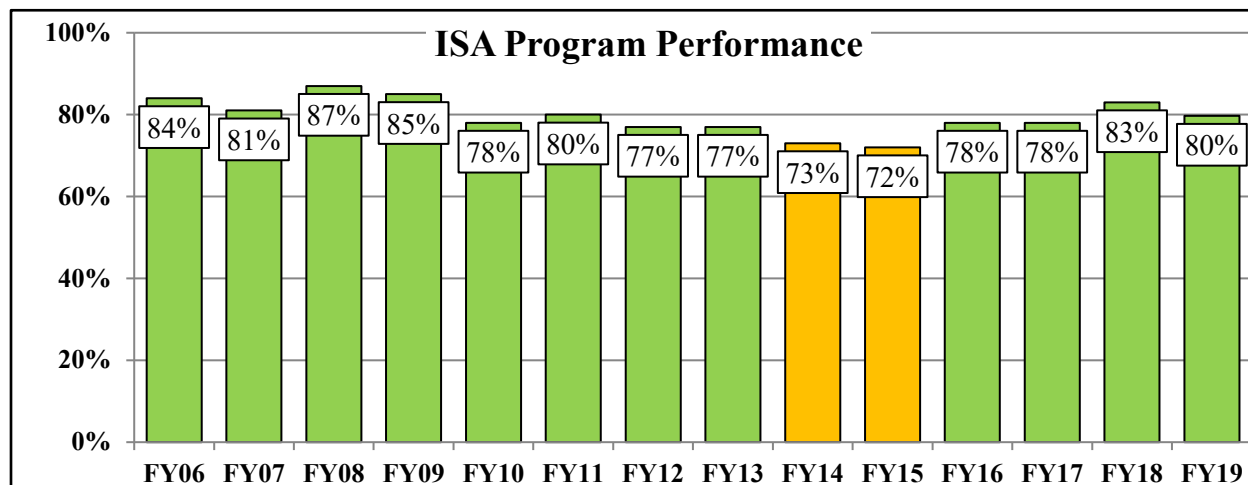
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INTEGRATED SERVICES PROGRAM EVALUATION SUMMARY

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



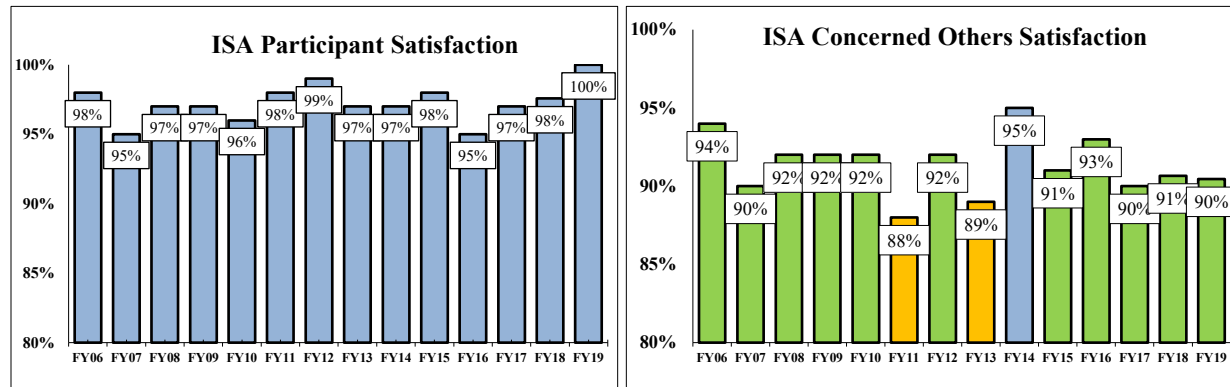
ISA Program Performance Legend			
Goal	Rating	Goal	Rating
88% - 100%	Exceeds Expectations	63% - 74%	Needs Improvement
75% - 87%	Meets Expectations	Below 63%	Does not meet minimum expectations

Program system averages met or exceeded expectations for 14 of 16 outcome areas, resulting in an overall average of 80%. The system exceeded expectations in seven outcome areas: Community Housing, Employment – Engagement Toward Employment, Participant Satisfaction, Participant Empowerment, Community Inclusion, Negative Disenrollments, and Emergency Room Visits. The system met expectations in seven outcome areas: Employment – Working Toward Self-Sufficiency, Education, Concerned Other Satisfaction, Access to Somatic Care, Psychiatric Hospitalizations, Quality of Life, and Administrative Outcomes. The system was challenged in two areas: Homelessness and Jail Days.

Program	Avg. No. Participants		Typical Population
	FY18	FY19	
PATH (Broadlawns Medical Center)	172	179	Mental Illness
Community Support Advocates (CSA)	144	160	Mental Illness, intellectual/developmental
Easterseals (AIM Program)	105	101	Intellectual/developmental
Eyerly Ball Behavioral Health	121	139	Mental Illness
ISA System	542	579	

One key measure of any service program is satisfaction. If participants do not report being satisfied with services, they are less likely to participate in the program and the program will not be successful in meeting its objectives. This year, participants and concerned others continued to report satisfaction with the services provided and the ISA staff who work with participants and noted many ways in which the programs helped to improve the quality of their lives. Staff were described as caring and dedicated. They were praised for their availability and dedication. Participants appreciated both the practical assistance the program provided

such as help with appointments, medications, and getting groceries, as well as the emotional and practical support to help them become independent. They also appreciated that staff were respectful and pleasant. Participants often commented on the ways that the programs helped them to find and maintain stable housing, improve and maintain their mental and physical health, help locate and support employment, and provide opportunities to socialize and become part of their communities.



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

After several years in gains in employment, the ISA system somewhat stabilized in employment for program participants. As with last year, about one of every three participants (33%) was working at least 20 hours per week; more than half of the participants in the program (55%) were working at least 5 hours per week at or more than minimum wage. These numbers fit with the national trend of employment for individuals with disabilities in 2016. The Bureau of Labor Statistics (June 21, 2017) reports that the employment-population ratio for persons with a disability rose to 17.9 in 2016, compared to 17.5 in 2015. Individuals without a disability experienced a similar ratio increase from 64.9 in 2015 to 65.3 in 2016. Dr. John O’Neill, Director of Employment and Disability Research at the Kessler Foundation is optimistic, “Looking at 2015 and 2016, it’s clear that the job climate has improved for people with and without disabilities. ... Not only were more people with disabilities entering the labor market, their gains often outpaced those of people without disabilities. Some of this improvement may be fueled by national efforts to increase the participation of people with disabilities, such as hiring requirements for federal contractors and subcontractors. (Kessler Foundation & University of New Hampshire Institute on Disability, 2017).” Dr. Andrew Houtenville, Associate Professor of Economics at University of New Hampshire and Research Director at the Institute on Disability notes that as of June 2017, “The growth in the labor force participation rate of people with disabilities continues to outpace that of people without disabilities, which is a strong indicator that people with disabilities are working, want to work, and are indeed striving to work (Brennan-Curry, 2017).” The benefits of employment for individuals with disabilities are well documented, including fewer mental health symptoms, reductions in hospitalizations, improvements in medication compliance, higher quality of life, community integration, self-esteem and self-efficacy (Salyers, et al., 2004; Bond et al., 2001a & 2001b; Fabian, 1992; Harding et al., 1987; Knoedler, 1979; McGurrin, 1994; and Van Dongen, 1996).

In addition to employment, the ISA system demonstrated improvement or maintained expected performance in many other outcome areas. Participants were more likely to be involved and engaged in their communities with nearly all participants (97%) meeting the Community Inclusion outcome. Slightly fewer participants, less than one-third (30%) were pursuing education related to employment as compared to FY18. All but seven participants received somatic care during the year and only fourteen (0.03 average per person) sought

psychiatric care through the emergency room. The system showed a slight increase in average psychiatric hospital days but continued to meet expectations in that outcome area.

This year, the system averaged under 3 nights homeless (2.68 nights) on average per participant, an improvement from FY18 (3.10 nights), though still not meeting minimum expectations for this outcome. Homelessness decreased both in the number of nights homeless and the number of participants who experienced homelessness during the year. In FY19, 28 participants accrued a total of 1,556 homeless nights, compared to 30 participants who accrued 1,682 homeless nights in FY18. Low-income housing is a challenge in Polk County. The Urban Institute (2017) recently reported that Polk County has only 30 affordable housing units for every 100 extremely low-income (ELI) renters, fewer than Brooklyn, New York (The Guardian, May 26, 2017). Some Iowa communities, such as Iowa City and Marion, require landlords to accept housing vouchers but Des Moines does not have such a requirement (Achbrenner, 2017). Recent conversions of low-income housing into high-income units (Aschbrenner, 2017), fires at some low-income complexes (e.g., the Eddy Apartment Building, Giottonini, May 26, 2017), and impending sales of other low-income complexes (e.g., the River Hills Apartments, Aschbrenner, June 23, 2017) is likely to further contribute to the problem. The Integrated Service Agencies continue to joint fund a Community Housing Coordinator to increase networking with landlords to identify safe and affordable housing for program participants. This year, all agencies reported good results from the network's Housing Coordinator, who was reported to have good working relationships with the area's landlords and the knowledge of the laws to advocate for the ISA, FACT, and KEY participants. She was reported to have saved participants from losing Section 8 funding, to help participants avoid evictions, or delay evictions until participants can locate other housing, to attend court hearings with participants, to communicate housing issues with agencies, and to refer participants to resources.

The ISA system improved in Participant Empowerment this year, from 90% in FY18 to 98% in FY19, exceeding expectations for this outcome. This outcome is a measure of documentation and based solely on the file review. One agency met expectations outcome this year, with three exceeding expectations. A strength in FY19 was planning and documenting goals for participants with their input. Documenting participants' involvement in goal development and ensuring that individualized and measurable goals are in place and reviewed regularly are essential to providing services. These activities document the agreement between the individual's choices and desires, the services that the program is willing and able to provide, and the basis for which PCHS provides funding. Without such plans, services are unguided, participants do not know what they can expect, and PCHS does not have a basis to provide funding. Employment and education are expectations for most individuals receiving services. Another part of empowerment is addressing employment or education with participants throughout the fiscal year, which adheres to PCHS's gentle hassling approach. This approach has likely contributed to the improvements noted in employment from 31% engagement in employment in FY10 to above 50% in recent years. The final component is documentation of services provided. PCHS funds the provision of services in the ISA program through public monies and is accountable to the public for how funds are used. Documentation of services provided is one of the mechanisms by which PCHS verifies their use of public funds. For the ISA programs, file reviews are completed twice a year. The expectation is that feedback provided from the first review will be used to address issues prior to the second review.

The system showed an increase in jail days, no longer meeting expectations. In FY19, 49 participants accrued 2,570 jail days, comparable to the 45 participants who accrued 1,467 in FY18. PCHS has invested in programs over the past several years to address incarceration rates, including the Jail Diversion program and the FACT alternative support service.

Overall, the ISA system met expectations in continuing to provide quality services that meet the needs and expectations of program participants. This is the twenty-first year for PCHS's ISA program. The system has weathered the transition to managed care organizations while maintaining participant and concerned other

satisfaction and demonstrating improved results in many outcome areas. The ISA programs and staff should be praised for their continued dedication to Polk County's residents.

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INTRODUCTION

This is a report on the findings of the independent evaluation of the PCHS Integrated Services Program from July 1, 2018, through June 30, 2019. The four integrated service agency (ISA) programs evaluated are **PATH (Broadlawns Medical Center), Eyerly Ball Behavioral Health (formerly Golden Circle), Community Support Advocates (CSA) and Easterseals (AIM Program)**. PATH and Eyerly Ball serve individuals whose primary disability is mental illness. Easterseals serves individuals with intellectual and/or developmental disabilities. CSA serves both individuals with mental illness and those with intellectual and/or developmental disabilities.

Background Information: 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.

Procedures: The following outlines procedures for the FY19 evaluation. Information was obtained from four sources:

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

Meetings. Preliminary results of the file reviews were provided to program directors in April and July 2019. Phone consultations were conducted with each of the program directors in July to review the outcomes to date with each program and receive their insight on program performance for the year. Finally, exit interviews were held with PCHS and program staff in early August to review the complete report.

File Reviews. LHPDC randomly selected 15 program participant files from each agency for file review, for a total of 60 files reviewed. The File Review Form (Appendix A) was used to monitor documentation. Two file reviews were completed. The first review was completed in February. The second file review was completed in June. The expectation is that reported results will be consistent with information in the file in order for PCHS to have confidence in and rely on the information reported by the programs. Participant Empowerment outcome is based solely on the file review. As technical assistance, programs were provided with information from the file review. Information from the file review analysis is reported in Appendix E.

Participant Interviews. A total of 60 participants were interviewed as part of the evaluation process. Fifteen participants were interviewed from each of three programs. Interviews were conducted by phone. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the Participant Satisfaction and Quality of Life outcome scores. Comments from the interviews are included in the Participant Satisfaction and Quality of Life outcome sections of the report. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

Concerned Others Interviews. Sixty family members or concerned others of individuals supported were interviewed as part of the evaluation process. Fifteen were interviewed from the each of the agencies. Concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted by phone. Agree/disagree responses to the

questions make up the statistics would have been used for the Family and Concerns Others Satisfaction outcome scores. Concerned others were asked to rate their satisfaction using the same scale as that for participants. The concerned others interview form is included as Appendix C of the report. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct 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 evaluators were provided with all the data that each of the programs submitted monthly to PCHS.

Scoring: Outcomes were scored according to the following scale:

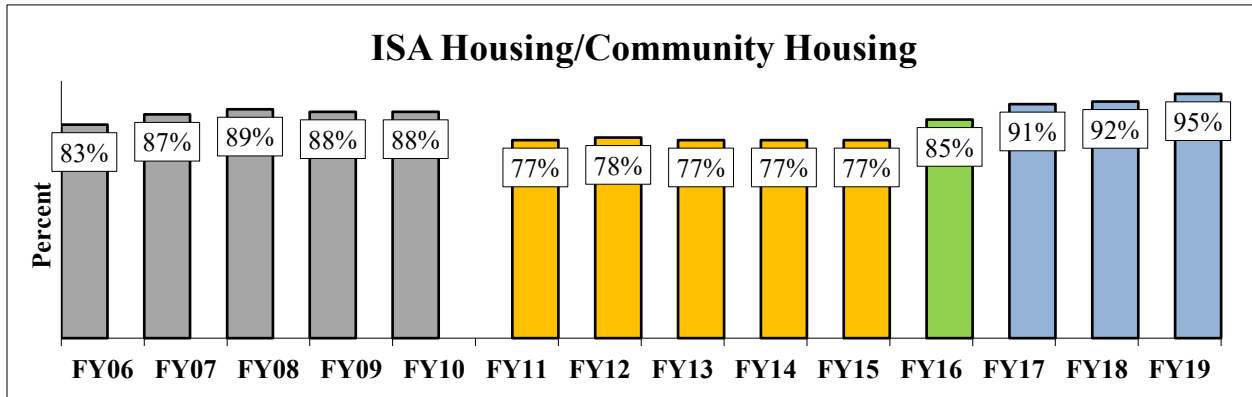
Exceeds Expectations	4
Meets Expectations	3
Needs Improvement	2
Does Not Meet Minimum Expectations	1

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

OUTCOMES

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

COMMUNITY HOUSING



Outcome: Individuals with disabilities will live successfully within the community in safe, affordable, accessible, and acceptable housing. PCHS recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible and acceptable housing. The intent of this outcome is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources 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. The criteria for Community Living were developed in FY11. Scores and ratings from FY11 and afterward are not comparable to years prior to FY11.

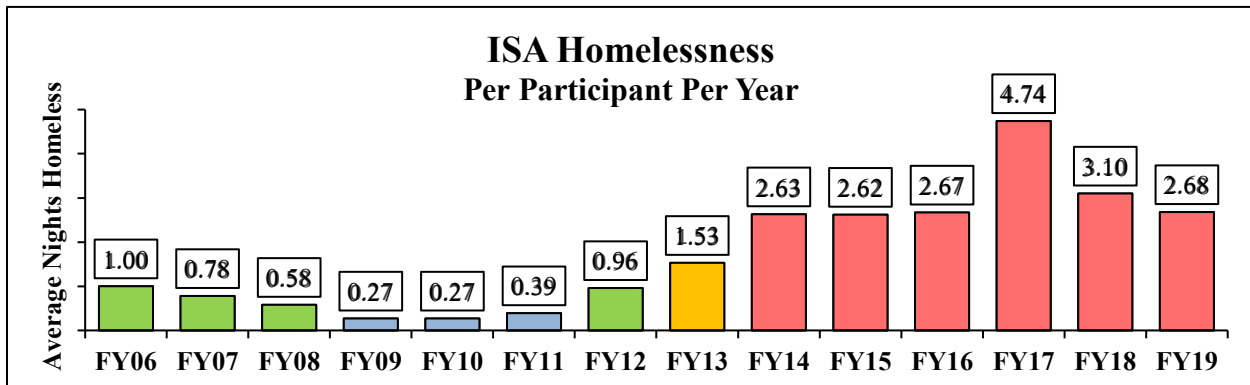
Goal	Rating	Points
90% - 100%	Exceeds Expectations	4
80% - 89%	Meets Expectations	3
70% - 79%	Needs Improvement	2
Below 70%	Does not meet minimum expectations	1

Community Housing

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	97%	4	97%	4
CSA	90%	4	92%	4
Easterseals-AIM	85%	3	93%	4
Eyerly Ball	94%	4	96%	4
System Average	92%	4	95%	4

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

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

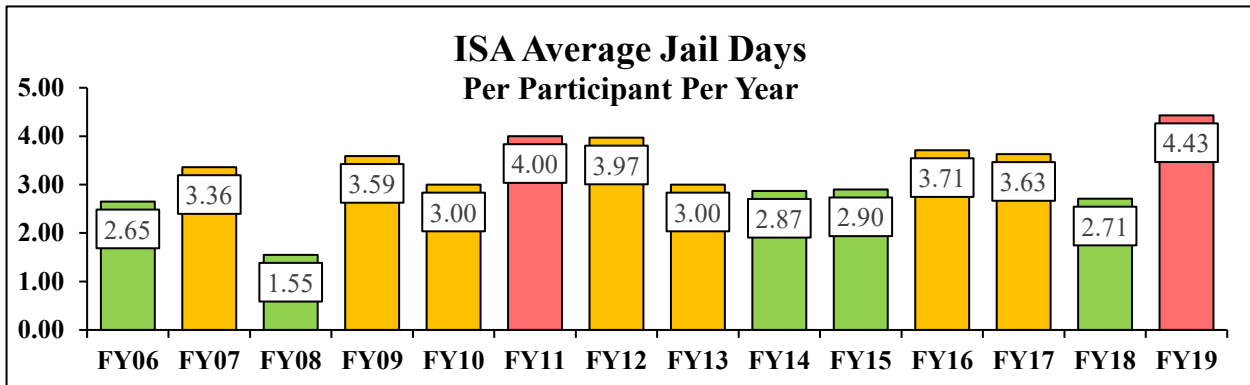
Homelessness

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	4.28	1	4.71	1
CSA	3.44	1	3.89	1
Easterseals-AIM	0.59	3	0.87	3
Eyerly Ball	3.19	1	0.00	4
System Average	3.10	1	2.68	1

Comments: Homelessness remains a challenging area. Across the system, 28 (5% of individuals served) accrued a total of 1,556 nights homeless, resulting in a Does Not Meet Minimum Expectations rating for the sixth consecutive year. The homeless nights are an improvement from FY18, where 30 individuals (6% of total) accrued 1,681 nights homeless. At each program, the majority of homeless nights were attributable to a few individuals. BMC’s PATH program reported 846 total nights (versus 739 nights in FY18), accrued by 15 participants (versus 13 for FY18). Nearly half of PATH’s homeless nights (47%) were attributable to 3 participants who spent about 3 months or more (ranging from 91 to 181 days) homeless during the year. Notably, Easterseals reported only 88 nights homeless from two participants (44 nights each). CSA reported a total of 622 total homeless nights (compared to 487 in FY18) by 11 participants. Two participants accounted for more than one-third (36%) of the homeless nights for CSA (ranging from 92 to 129 nights). The reduction for the year in homeless nights in the system can be attributed to Eyerly Ball, who reported no homeless nights for their participants.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

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



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

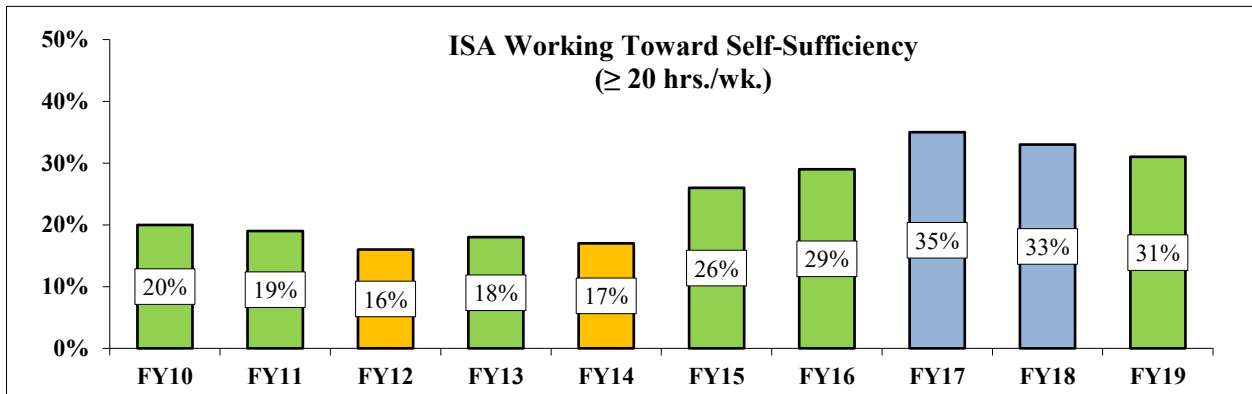
Jail Days

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	3.55	2	7.57	1
CSA	3.37	2	4.86	1
Easterseals-AIM	2.08	3	0.73	4
Eyerly Ball	1.25	3	2.60	3
System Average	2.71	3	4.43	1

Comments: Average time spent in jail increased over the previous year, resulting in a Does Not Meet Expectations rating for this outcome. During FY19, a total of 49 participants (8% of ISA participants) served a total of 2,570 nights in jail (compared to 45 participants at 1,468 in FY18). Only 13 individuals accounted for about half of jail days (1,229 days, 47%), spending at least two months in jail each (range 59 – 197 days). BMC PATH, CSA and Eyerly Ball reported more jail days this year than last; Easterseals reported a sizeable decrease, with two individuals accounting for 74 nights. In FY19, PATH reported a total of 1,358 days in jail, accrued by 22 participants. Over half of that total (56%) was attributed to five individuals who spent a total of 754 days in jail. CSA reported a total of 777 jail days, accrued by 14 participants. The majority (75%) were attributable to five individuals, who spent a combined 580 days in jail (71% of the total for CSA). Eyerly Ball reported 361 jail days, of which 6 participants accounted for nearly all days (98%) of the 11 participants who reported jail days.

EMPLOYMENT OUTCOME – WORKING TOWARD SELF-SUFFICIENCY

Outcome: The number of individuals engaged toward employment during the year will increase. PCHS recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. PCHS has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (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
33% - 100%	Exceeds Expectations	4
18% - 32%	Meets Expectations	3
12% - 17%	Needs Improvement	2
Less than 12%	Does not meet minimum expectations	1

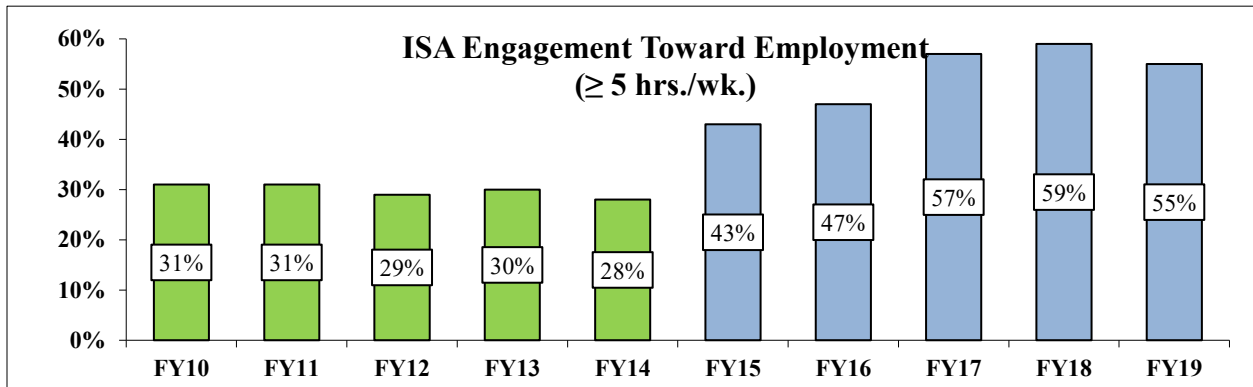
Employment – Working Toward Self-Sufficiency

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	42%	4	26%	3
CSA	31%	3	29%	3
Easterseals	41%	4	35%	4
Eyerly Ball	15%	2	34%	4
System Average	33%	4	31%	3

Comments: ISA programs have been characteristically successful in supporting individuals to pursue and maintain employment. However, in FY19, the program has experienced some decline in employment, the second year of this decline. Less than one of every three participants was working at least 20 hours per week and earning at least minimum wage, resulting in a Meets Expectations rating, down from an Exceeds Expectations rating in FY18. A notable increase was reported by Eyerly Ball. All four programs either met or exceeded expectations.

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

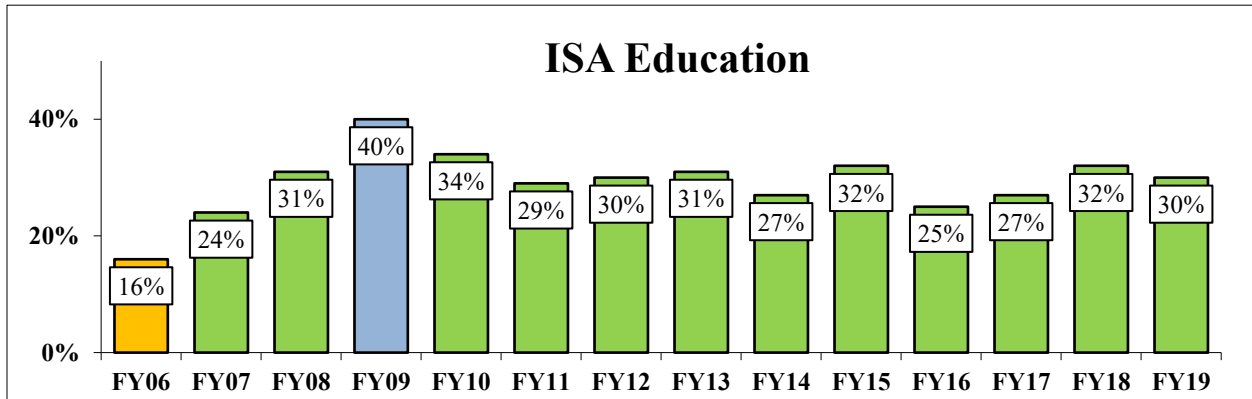
Employment – Engagement Toward Employment

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	87%	4	67%	4
CSA	59%	4	42%	4
Easterseals	59%	4	57%	4
Eyerly Ball	37%	3	53%	4
System Average	59%	4	55%	4

Comments: ISA programs reversed their 4-year trend of increasing their success in employment with a decrease in FY19. More than half of participants (55%) were working at least 5 hours per week and earning at least minimum wage, still resulting in an Exceeds Expectations rating for the system average. One of the four programs reported an increase in engagement in employment. All programs exceeded expectations for this outcome area this year.

EDUCATION

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



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

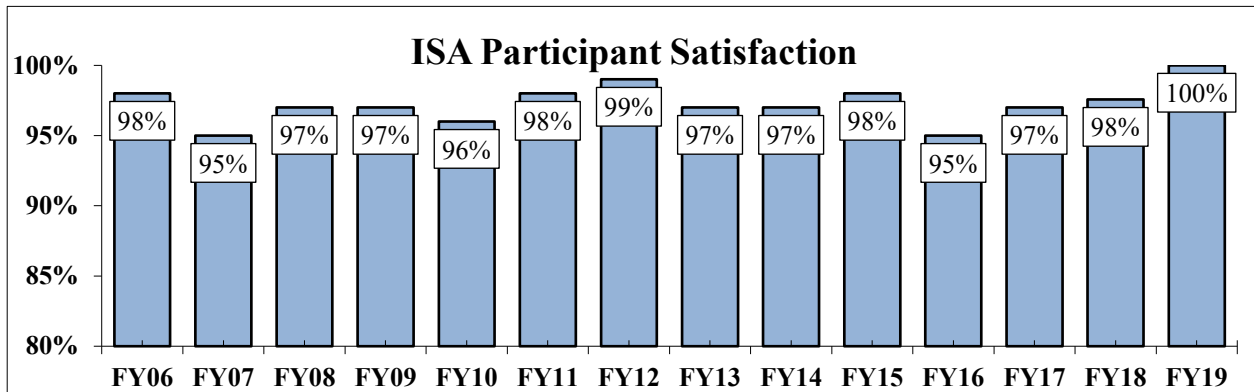
Education

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	55%	4	30%	3
CSA	23%	3	26%	3
Easterseals-AIM	22%	3	21%	3
Eyerly Ball	44%	4	58%	4
System Average	32%	3	30%	3

General Comments: The system somewhat decreased the number of participants who reported involvement in education activities this year, remaining in the Meets Expectations range. About one of every three participants was engaged in adult education related to employment. All programs met or exceeded expectations for the outcome.

PARTICIPANT SATISFACTION

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



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

Participant Satisfaction

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	95%	4	100%	4
CSA	99%	4	100%	4
Easterseals-AIM	97%	4	100%	4
Eyerly Ball	99%	4	100%	4
System Average	98%	4	100%	4

General Comments: Participant satisfaction continues to be a strength of the ISA programs. The system maintained its Exceeds Expectations rating for this outcome, with all programs exceeding expectations with scores of 100%. This means that out of 60 participants from the four programs, when presented with 15 statements relating to satisfaction with the program, no one disagreed.

BMC-PATH: PATH participants reported being very satisfied with the program and the staff that work with them, maintaining the program’s Exceeds Expectations rating. In interviews, participants praised staff for their availability and dedication. They appreciated staff’s responsiveness. Participants appreciated both the practical assistance the program provided such as help with transportation, with problem solving, and with sobriety, as well as the emotional support to help them become independent. They also appreciated that staff were respectful and pleasant. Representative comments included:

That is the benefit about PATH; they have a lot of activities that deal with health and wellness and it is a godsend to have them. They always encourage me to be safe and let someone know if I feel like

I'm going to hurt someone or myself. ... PATH has made an alternative to being hospitalized by keeping me safe at home, taking my meds. I mean, they are doing their job for sure. I do better at work.

Before, I was just frustrated because [paperwork] wasn't making sense to me, and they really guided me through it. They are pushing me a little bit, which is good. They try to keep me on track ... Sometimes they point out ways I can do things myself that I didn't even think of, which is helpful for my personal growth.

Well they are very supportive. They are very helpful with suggestions and helping me use resources in the community. ... I feel like they are a good support system. ... They really do encourage me to be independent. ... They treat me with respect. They want you to be as independent and a part of the community as much as possible.

They encourage me as far as going through the process of my physical needs, my mental needs. I couldn't really have the life that I have now, that I'm happy with, without them.

If there is ever a problem, I know I can always go and talk to them. ... I would tell them that they are very kind, very good listeners, really respectful and that they do their best to help you with anything. ... It gives me activities to go to that I enjoy. I have been very happy with the service and with them.

They are really good to me. The way they go about doing things, I am not scared of them. I could tell them anything. ... They are more like friends than staff. I put my trust in them. They acknowledge me.

They have been helping me out a lot. ... They are respectful and they listen and they help a lot of people. ... Plus you get to do activities and interact with others so it is actually really good.

I would not be able to do the things that I have been able to do in the past. ... I wouldn't be able to go out in this world without them.

They are kind to me and they listen to what I am saying. Plus they have a lot of resources to direct you. I like that they don't just blow me off or that I don't have to call them four times. I hope they know how important they are to me. I love the things that I have been involved with.

They are very good at what they do. I have a wonderful support system going on. I can call those guys any time of day and they will talk to me. I can certainly count on them.

I love my staff members to death. If it wasn't for them, I would be screwed. They respect me. They care about me. They help me. ... They keep me off my drugs.

They are willing to talk to me. ...I am getting help and support from everyone there. I think they are great the way they are. [Staff] always listens to me and gives me advice and coping skills.

They are kind and polite. ... Any type of support I need [they give me].

One participant also expressed a concern.

They have a huge case load.

In terms of suggestions for improvement, some respondents wanted more staff contact, better access, and different activities.

Hire more people.

After-hours staff or something like that.

Craft groups or exercise and a lot of it involves a co-payment and I wish that every so often they could offer different activities to do.

CSA: CSA participants reported being very satisfied with the program and staff this year, resulting in an Exceeds Expectations rating. In the interviews, participants frequently mentioned how much their life has become better with the assistance of the program. They described staff as compassionate and concerned for their welfare. Participants frequently appreciated the respect they get from staff, their kindness and willingness to help, and their responsiveness. Representative comments included:

It don't take them very long to respond. They just show me respect ... and if you need something, they are always there. Everything is going good.

They are really good people. They are respectful. They don't judge you [and] they listen to what you got to say.

They speak gentle to me. They listen to me [and] they just show that they care by calling and checking on me if I haven't called them. ... They are really helpful and considerate and kind and willing to help ... extend a hand. They are awesome. If it wasn't for the CSA, I know I would still be homeless.

[CSA is] wonderful. I would be lost without them. I can't put into words how it has helped me and changed my life. They are just great. They are always there when I need them. They don't treat me like I have any diagnosis or anything. They treat me like a person. They talk to me like a friend. ... They are kind, supportive and caring. ... They are professional. They have changed my life. They have taken a lot of the worries out of my life. I thank God for them, I really do. I learned to cope better having CSA to be a support.

They are kind, attentive. They listen to what I have to say. They will work with you and help you at a pace you are comfortable with to achieve the goals that you want to achieve. They check in with me often to see if there is anything I am in great need of.

They have helped me a lot throughout rough times, stuff like that. I get more help from my case worker.

Well, if they were not here, I wouldn't be here today. They just got a lot of respect for people, that's all. They are always there if I need them.

The employees there are very friendly. ... [Staff] is very understanding of my needs and how he helps me. I have been going a lot farther with him and I just like it there.

They have made my life a lot easier. They treat me like I am my own individual person, not just a number. They try to learn what my interests are, help me out with anything I need.

They don't talk down to me. They treat me like a human being. They still take my opinion and they value the things that I have to say and how I feel about my care. They are really good at going the extra mile. CSA is always there to guide me in the right direction if I need them to.

I can honestly say, if it wasn't for a previous CSA person, I wouldn't be alive. Had she not come over unannounced that evening, I would not be speaking with you now. That was way above and beyond. They have seen me at my worst, and they have never criticized me. Some of the best people I know, I am so grateful for them being in my life. Since I go to meetings with their assistance, I got out of depression and sobered up. I am hard-pressed to think of any area of life they haven't improved.

They are flexible. They listen to me and they respond positively. We communicate very well with each other and they are very understandable. They have had a positive influence on me. Sometimes they go out of their way to take me places, like at the last minute. They have helped me with my depression and have been supportive and optimistic. They care about what I do, if I am going to family functions, stuff like that.

One participant expressed a concern about worker caseloads :

We have had some times where the communications got kind of back and forth. ... having a heavy case load and their staff changing a whole lot.

Participants offered a few suggestions. Generally, they were hoping to have better access to activities.

[I wish there were] more outings. They do quite a few every month, but I can't go to them since I am working. They don't really have any on my days off.

I wish they had a little more functions to attend.

Easterseals-AIM: Easterseals participants reported being very satisfied with the program and the staff who support them, resulting in an Exceeds Expectations rating. In interviews, staff were described as friendly, helpful, and respectful. Participants particularly appreciated staff's willingness to help them get the services they need, even if it means referring them to another service. Participants praised the program for helping them to live independently and supporting their choices. Representative comments included:

They are usually polite [and are] understanding that there are boundaries. They are supportive of both me and another relative of mine. Currently, it feels adequate or like I am receiving the services that I need.

They encourage people to be independent ... I think they do a great job of helping me with what they can, and if another facility is better suited, they get me in touch with them. Generally, I would say really I am [satisfied] ... Easterseals is really good on goals and listening to my goals [and] what I want to do. They encourage me to interact socially, but they helped me get classes in the arts and I got my own music class, which was really great for me. I am living totally independently for the first time in my life. Easterseals did the big work of getting me out of the house, and not letting me be [a] recluse.

[Having them] being there and for the support [has made my life better]. Just generally they treat me with respect. They make me happy and just to be with them.

They just treat me with the same amount of respect as I give them. They are here to help. [They are] just all around nice people. [Staff] is always here when I need him. I am satisfied as I can be. It is nice to have that extra help.

Easterseals helps bridge the gap, the gap between the abled and disabled, and I would recommend it to anyone.

They help me in every way they can with their sources and make my life a little better. They are not pushy or tell me what I should do and don't do. They are really good at helping people and being there for people.

They overall just treat me with respect.

Whatever I am up to do, [staff] is up for it too, and she's very good at listening. They are always polite and professional and looking out for my best. ... It is still a very worthwhile program because they can help you with everything. I trust them. I am very happy with the services they provide and I really appreciate them.

They are always really nice to me. It is a really, really, nice program. I get to do a lot of stuff. They help me with a lot of stuff. I really do not need help for anything. I need support and they do give that to me.

They actually know what I am going through and stuff.

Without Easterseals, I probably wouldn't have gotten better.

Some participants expressed some concerns about not getting some services and about staff practices.

Generally, I have a small complaint on that. I am the last person on Fridays, which means ... lot of time if the weather's bad, I get cut off because people are heading home. ... I have only had one person talk to me [without respect] and the person that did it, I talked to Easterseals about that. ... I feel like we lost some areas of expertise, especially social services, which is a huge field.

[My goal is] to have better meals, but then they have not helped with that. [Staff have inaccessible vehicles]. I can't get into either of those. I wish they had a car, so I can get in it.

The only things they could work on would be meeting with me a little more. We used to meet once a week and now it's just once a month usually. ... I would like to see them more. ... They are running ragged already.

I sometimes have a little trouble with them getting my money. Sometimes they think they need to be controlling of me of what I can and can't do or say. I say it how it is, and if they do not like it, then they start [having] their attitude. [They treat me with respect] sometimes, but not all the time. They sometimes give me the support I need. [Staff] told us that the clients were the one who had to clean the messes up. If the staff makes mistakes or messes then we have to clean their messes up ... The staff always tells me to do things their way and not mine. ... Whenever they give me the social calendar, they have been dropping the ball on that. They tell me a day before the actual event or sometimes after the event is actually over. ... I do not have a car. They have not offered to take me to work at all.

A few participants offered suggestions:

They could be giving me more money. Forty-six dollars a week ain't cutting it.

If the staff was going to visit someone in a wheelchair, making sure that person could get into their vehicle.

I would love to see more clients helping clients and getting [to] know one another and if needed, provide help and reaching out to other people.

They need to add things back on the social calendar or bring back the men and women groups. I started a book club many years ago ... They need to put that back on the social calendar. The clients should be the ones in charge to help the staff to get their priorities straight and get stuff back on the social calendar.

Eyerly Ball: Eyerly Ball participants reported being very satisfied with the services they receive and the staff that support them, in increased numbers from FY18, resulting in an Exceeds Expectations rating. In interviews, participants described the services as comprehensive and the staff as helpful and friendly. Many liked how they were treated by staff, specifically that they were treated with respect and as individuals. Many attributed Eyerly Ball for their ability to live independently. Representative comments included:

Their Reach Out program is pretty good. They listen to me, they make time to spend with me, and it seems to be working really well. ... They are very good listeners. They respond to your needs and they make you feel safe and comfortable.

They are calm when I'm upset. ... They tell me to do coping skills, so that has been helping. They have been telling me to go to therapy groups and therapy.

They never have a harsh word to say. They have always been very caring. ... They didn't let me be homeless. The ISP team will do most anything I ask them to do. They are a good bunch of people.

They don't pass judgements or think I don't have integrity or dignity. They let me be myself and work [on] what I have to. They work with me instead of against me ... They help reassure me that I'm still doing good, making it in the program. They are more apt to work with you instead of against you. They don't control your life.

They are very good about helping people with disabilities try to be as independent as possible and help them with their needs. They are very helpful and they are able to make me more independent and I'm very happy with them.

I think they have good motor skills, good activities, [and are] good listeners.

They politely talk with you. ... This team would be the best place to go for knowledge or help. The team does an awesome job.

For the most part they get everything done that I need. They are responsive to my needs ... We have had some really wonderful team helpers that were really wonderful to work with.

They changed my perspective on my life and stopped me from whining and complaining about everything. They treat me with one-on-one communication problems, [they] help me overcome my fears, [and] help me with a majority of [my] life. They have been good people and very honest with me and very trusting.

They are very helpful with connecting to community resources.

They are always there when I need them. ... They support me going to AA meetings and they have helped me with my drinking.

I don't feel like I'm bothering them since they always make time for me. And they are really good about keeping in contact with me and helping me with what I need. They were very supportive and encouraging if I got overwhelmed with tasks at my house. ... They are more than willing to reschedule on a different time or day based on my needs. They are definitely my biggest advocates. I am definitely better off than when I started. ... I credit having that job with the support from Eyerly Ball and their staff. They helped me make that connection.

Some expressed some concerns. Most concerns reflect issues with communication and wait times. One participant would like less focus on goals.

My time is my time and [staff] needs to be here. I can't stand half the time when I get their voicemail. I leave messages, but it takes them a couple days to respond and by the time they respond, the need is gone and I feel kind of put back.

Sometimes they have an attitude. ... When I annoy them a little bit, one of them gets all grumpy and kind of raises their voice. It is kind of frustrating sometimes.

I've been trying to get them to take me to a place for driving services to figure out my driving situation and they haven't done that yet. That's the part I don't like because it goes into more detail about things because when you discuss your goals and they write it down and then I feel like I have to do it. Then if I don't do my goal, I feel bad about myself and like a failure. I would rather just plan something in my own mind and then just keep it between me and God and just do the best I can because I know they wouldn't see me as a failure. I also don't like the questions about my financial situation because to me, that's private and no one else should know about that. I don't see what that has to do with me being in the program.

It can often take 24 hours with a little phone tag. ... Every other month they help give access to free haircuts. But the last couple months when I have called, they have been in the office, and of course if it is a Friday, you have to wait until Monday. Sometimes if I really needed something, like in the next hour or two, that is something I don't have the ability to do, to contact someone if they are not in the office.

They don't talk to each other so communication would be the one thing that could be improved. I said something to one person, and she said she would tell my team, but then when I brought it up they had no idea, and they were in the same building. So, I would say that communication among themselves could be better.

Participants offered a few suggestions.

Being on the phone when you need them, not voicemail. They need to respond a little bit better.

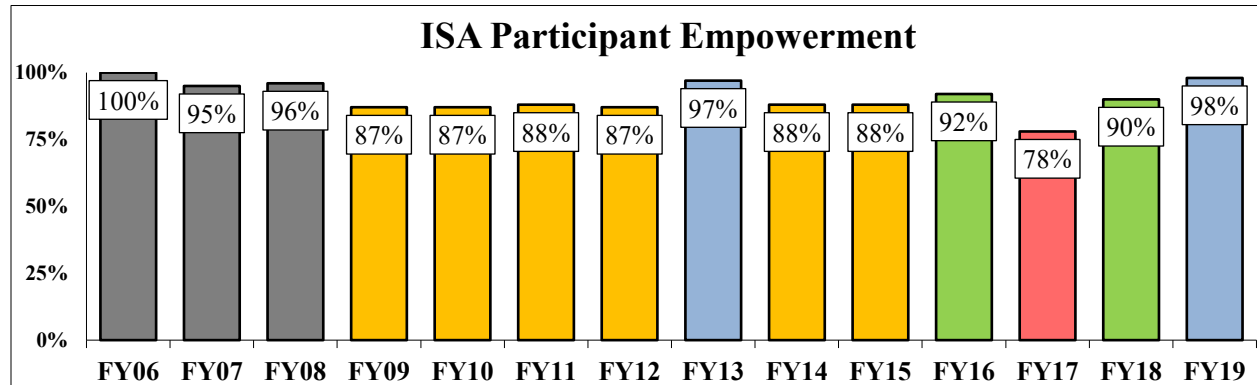
I would make it so that some of the games we play and stuff would have more than one winner since it is such a large group. There can be more than one winner, like when we play bingo or blackjack.

[I wish] they [would] take me out to eat more.

A little more in-depth mental work maybe [would be appreciated]. [I would like] a longer time together. Right now we get about 15 minutes to an hour. I just wish their visits were a little longer so we could accomplish more work. I think it would be helpful if they had people just to run you place to place so your ISP worker could spend more time working on things.

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
BMC-PATH	67%	1	100%	4
CSA	100%	4	100%	4
Easterseals-AIM	93%	3	93%	3
Eyerly Ball	100%	4	100%	4
System Average	90%	3	98%	4

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

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

Comments: The ISA system evidenced improvements in Participant Empowerment performance this year, resulting in an Exceeds Expectations rating. Three programs exceeded expectations and one met expectations for this outcome area this year.

BMC-PATH: This year, PATH improved in their performance in this outcome area, notably with a score of 100%. Of the 15 files reviewed, all were found to be complete. All files documented clear, measurable goals, which were addressed regularly. All files documented participants' active participation in goal development. All files contained sufficient documentation of employment or education being addressed with the participant throughout the evaluation period. PATH participants were working on a wide range of individualized goals. Most were focused on improving or maintaining physical and mental health by exercising, keeping their current doctors, making and attending appointments, staying sober, getting a therapy dog, and "quiet my mind." Some wanted to find, maintain, or improve their living arrangements. A few wanted to find or maintain employment. Some were working on increased socialization such as attending PATH activities or having more community involvement, and getting more involved in church. Several wanted to work on their budgeting and managing money. Some had specific projects, such as buying a car, starting projects around the house, volunteering as a foster grandmother, and saving money for plane tickets.

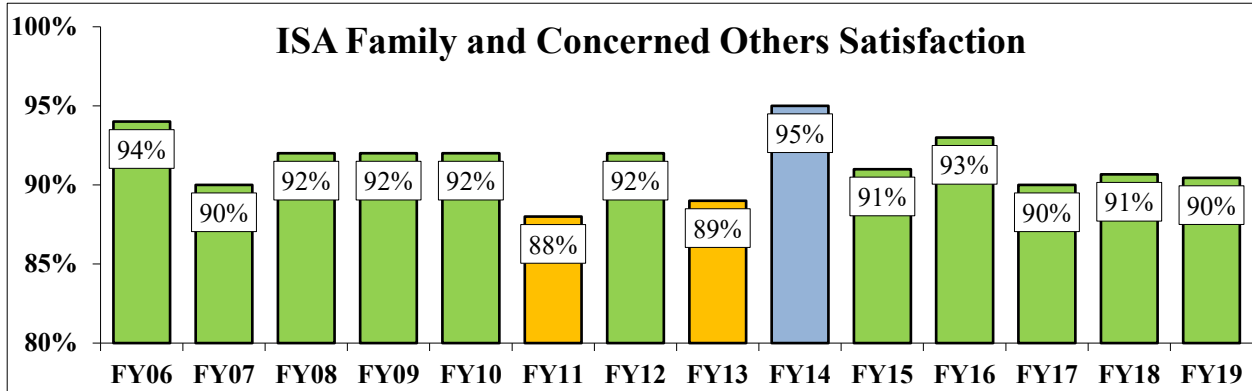
CSA: CSA maintained their performance in this outcome area at 100%. Of the 15 files reviewed, all were found to be complete. Based on the file review, CSA participants were working on a variety of goals. Most CSA participants had goals related to increasing their socialization or social activities, such as going to church, volunteering, improving socialization, or just getting into the community. Many had goals to get, maintain, or improve employment. Many others wanted to improve their mental and physical health, by attending appointments, taking medications, losing or maintaining weight, and exercising. Some wanted to improve their money situation ("learn my bank statement," get SSI). Some had specific goals, such as keeping their mail organized or working on custody issues.

Easterseals: Easterseals maintained their performance in this outcome area this year, at a Meets Expectations rating. Of the 15 files reviewed, 14 were found to address all of the Participant Empowerment outcome criteria. One file lacked sufficient documentation of participant involvement in goal development. The file review indicates that Easterseals participants were working on a wide range of goals. Participants were more often focused on improving or maintaining their health and wellness. Some were interested in finding employment or volunteering. Others expressed a goal to become more independent or improving independent living skills. A few want to improve their personal skills, such as improving reading and writing skills. Several wanted to manage their money better. A few specific goals included getting a driver's license, getting their art into the community, and going to the YMCA.

Eyerly Ball: Eyerly Ball also maintained their performance with a score of 100% in this outcome area this year. All of the 15 files reviewed were found to address all of the Participant Empowerment outcome criteria. Eyerly Ball participants were also working on a variety of goals. Most had socialization goals that included attending activities or going into the community periodically, such as four times per month or five times per week. Many wanted to improve their physical health by eating better, exercising, and losing weight. Some wanted to improve their mental health by getting out of the house more often, managing medications, learning coping skills, and attending appointments. A few expressed a desire to improve or maintain independence. Some specific goals included getting a cell phone, getting family together, finding a girlfriend, earning a GED, and getting a driver's license.

FAMILY AND CONCERNED OTHERS SATISFACTION

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



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

Family and Concerned Other Satisfaction

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	94%	3	85%	2
CSA	99%	4	95%	4
Easterseals-AIM	87%	2	90%	3
Eyerly Ball	83%	1	91%	3
System Average	91%	3	90%	3

General Comments: Family members and concerned others reported being satisfied with the ISA programs and staff at the system level, maintaining a Meets Expectations system rating. Three programs met or exceeded expectations. One received a Needs Improvement rating in this outcome area.

BMC-PATH: Family members and concerned others of PATH participants did not report being as satisfied with the program and staff this year as FY18, changing to a Needs Improvement rating. This year fifteen individuals provided feedback on PATH. Family and concerned others expressed appreciation for the support and respect the staff have provided to participants. Some noted the caring and professionalism of staff. A few appreciated the activities provided through the program. Representative comments included:

[Staff] is nice and friendly, and he does his work well and he helps us with the paperwork when we need it. They help him and they talk to him. The people are friendly ... and they help you to get well.

I know that one time [Participant] went mushroom hunting with them, so I know they do fun stuff with them, too. I think she is doing pretty good, actually.

They have been with him through his struggles and been there in a positive way. They know each client personally. He speaks highly of them and they speak highly of him. They let him speak his own mind, it is about him. ... They give off good vibes. They communicate with him and make sure he has everything he needs. They are positive with him and his attitude with them is awesome. He is not just a client; he is a person to them. I love all of his workers.

I think the group activities are beneficial to her. ... They have always included her. [Staff] has just been always very helpful, concerned, easy to work with

I think they care about [Participant]. ... He overall trusts them. He would go to them before someone else. Before PATH, we were really having struggles. Just having another advocate, the activities and community involvement. I would say [staff] goes above and beyond. I am thrilled with having her.

They support her in decisions and thoughts.

I would give PATH a high mark for trying everything they can ... As far as their willingness and their follow-through for what's available, they are above and beyond.

They help her be happier. She is happy with them and so am I. I want them to know that I am very satisfied with the services.

They are always very professional in their manner. ... They always hold a respectful manner and keep their personal emotions out of there. They are available and informative. They always go the extra mile to help out. I have always worked well with the members, and any time he has an issue they have been helpful.

PATH family members and concerned others offered a few concerns. Many were concerned about the communication between themselves and staff. Many were concerned about staff workloads and the amount of their time the participants receive. One would like more resources or services so they could also help the participant.

They do not help me access any services for him. They never contact me. I do not know what ISA is, I am not sure what we are talking about. I do not know these services. I am unaware of the staff. I do not know them or aware of them. I had some issues and I have been waiting for a person I can contact with that.

Yeah, they have less workers. They are busier than they have been in the past few years.

The service plan needs to be expanded. I don't know what service plan they have, whether they visit [Participant] once a month or once a week. He needs to be monitored. In terms of school or work, he is not doing either. More needs to be done; getting him to school and to work. ... There's a problem with communication.

I hardly ever speak to them. I have never had contact with them, other than to say hi. They do take her out sometimes, maybe not often enough. I do think they are busy though. I do not think once a month is enough. I know they are busy, but she wouldn't take that much time.

The level of care and assistance he would need to accomplish that is not available. With his medication management, checkups, counseling, and support is minimal. He gets his shot and his medicine and that's it. Sometimes it takes six weeks.

They do not provide me any resources or services to help him.

It seems like a little less time dedicated toward each person. It seems pretty stretched on staff. I wouldn't know who to contact for the supervisor or director of the program. I do not have their information.

Family and concerned others offered some suggestions. Most suggested increased services, such as support with hygiene, transportation, medical, and translation services. One was concerned with program costs.

Probably just more working with cleanliness, hygiene; encouraging more of those. My son just needs a lot of encouragement.

They need more help. More staff, more therapists. They need more help. I think if they had more job training programs, that would help.

[Participant] has to get his shots and meds and if he does not, he will end up in the hospital. This costs money from taxpayers. I think he needs in-home services, which would save money.

If they have a problem with the language, they should look for a translator. And they should explain to [Participant], because the service plan has not been told to her.

I do think more help could be given as far as rides and stuff. Just the help and maybe a few more visits so she can interact with them more.

I'd like to see them be able to have better training and follow up with the staff that's working with the people at this level.

I would like to see more of the medical services provided.

CSA: Family members and concerned others of CSA participants reported being very satisfied with the program and staff this year, maintaining an Exceeds Expectations rating. In interviews, Family members and concerned others described staff as respectful, responsive, and good listeners. Respondents seemed to credit these attributes as having major contributions to the success of the participants, for reasons such as being respected, having consistency, and feeling a part of a family. Representative comments include:

[Staff] goes above and beyond. She is honest and she will tell me if she doesn't know something and then figure it out. She is really good with [Participant]. She will guide me in the right direction if not just doing it herself. ... They encourage him to do better. They give him some dignity. I can't recommend her more. She has been a great help to me.

They are always willing to help him. ... They are very good about listening to him, like they ask him if he has any goals that he wants to improve on. They do not ever talk down to him unless there is a real problem. ... He was very polite. He was very kind and open with him. They are very good to work with. They are a good resource for mental health needs, if needed, or physical.

They do everything in their power to include her, ... treating her like everybody else, you know. They treat her the way I would like to be treated.

I feel like it has helped him get organized, which has led him to have more confidence in his life. ... I can just see what a positive impact it has had on his life. His attitude towards life and his future and his hopefulness, everything has changed. The help that he gets, the meetings he goes to, all those are important things.

They do a fantastic job. ... The help desk, they are very helpful. And her case worker always gets back to me the next day if I call after hours. ... They are genuinely interested and listening to what she has to say. ... They focus on [Participant]. I do not have a negative thing to say about CSA or the services they provide.

They are the only people that she has ever had that are constant and they are always there for her. She sees them as family. They do what they say and when they are going to do it.

I think just having someone to talk to helps with his mental health issues. I have not heard anything about him having suicidal thoughts lately, which to me is a huge improvement. His overall mood is better or at least more stable than in the past. ... He told me he felt listened to and respected.

Well they got him into treatment and he seems to be doing a lot better with drugs. He says he is clean and I can tell he has a better attitude. I think it is a really great program and really good for the client. I was really impressed with [staff].

Things are working pretty smoothly. He is a lot happier. [Staff] helps with so much. He seems like he is truly concerned. They have concerned workers that can help you get through the paperwork maze.

I think she likes listening to [Participant] and enjoys talking to her. I think that is good for [Participant] to listen to someone older that gives him advice and they both respect each other.

They never talk down to him and never snuff off anything he says. They give things he says in the meetings importance. They praise him for what he does. ... They are just so good to him.

A few respondents had suggestions or concerns. Many were concerned about not getting expected or reduced services, such as transportation. One was concerned about whether programs were available. Some felt they did not get enough communication with the program. Representative comments included:

I sometimes have to try to find or look for other programs because of some other needs.

It seems like it is so much more of a "you got to fill these forms out" but I don't think there is any getting around that. People seem like they could be focusing more on the paperwork than the people.

I just have not heard of any programs or anything in several years. She hasn't been doing any new programs or anything. ... She is not working or getting out as much- socially. I have not been contacted in the last couple of years.

When [Participant] was trying to get to his appointment ... and he was trying to figure out who was going to take him out there, every time he tried to call, no one answered.

They do not spend much time with him.

There have been issues with the health care.

I think most of the case workers are overloaded.

The whole transportation thing, he made the comment he really didn't like having to order a cab. ... The transportation issues, with Medicaid changing, they don't offer that anymore or I am not sure if they do with everything being up in the air right now. Sometimes there would be a bus service, and sometimes there would not be.

Family and concerned others had a few suggestions:

I guess maybe to find more ways of employment. Maybe there is some other service out there that might be able to be a job coach, on the job, job coach. I think it would be good to promote people who have disabilities to employers, market them a little bit better.

Maybe an earlier intervention. I think the earlier they get them in, the less issues they are going to have later on in life.

I think they should help with taxes.

If there was a brochure of the things that they do or provide. [Participant] likes visuals and he will understand what they do. That would help him a lot. I think if there is cooperation between services and different groups. So, just knowing what services are what and having a structured framework.

Perhaps more case workers. I think most of the case workers are overloaded, so it would give them more time [with the participants].

Easterseals-AIM: Easterseals participants' family members and concerned others reported being more satisfied with the program and staff compared to last year, putting them at a Meets Expectations rating. In interviews, family and concerned others praised staff for the ways that they interacted with participants. Respondents frequently mentioned different ways staff have improved participants' employment situation. They appreciated that staff was not only responsive to participants but also showed compassion and respect. Representative comments include:

They can talk him out of things that are really troubling him. Well, when he gets upset and he will not talk or he gets angry, they keep their cool. They show him a lot of respect. If you need help, they are there. They can be behind you. I just hope that they stick with him. Keep doing what they are doing and be a part of his life. Thank heavens for Easterseals.

They are always willing to provide services and advice when needed. Part of the services is job-employment and he really enjoys that time. He has been given recognition to things he has done. ... They deal with all disabilities and are broad and good for a lot of people.

They have been pretty understanding about having to reschedule things recently. Very helpful for [job coaching] especially. The [staff] we are working with has gone to lots and lots of training and is right on top of the process and helping us get through it. The insight is very valuable. They are very responsive to him and understanding of his needs. They have been good about meeting with him and keeping the meetings. Setting him up for success I guess is the best way to describe what they are doing.

They are always polite and include her in the planning. I have been satisfied with them. They were good about helping her set up interviews.

They generally treat her with respect.

They encourage him. ... He feels like he can talk to [staff] about his problems, and they work it out together. They value his opinion. She is always there when we need her

When she had a person she saw regularly, they did things together and, it was very good, and it was beneficial.

I would say that they are very good about making sure that things do happen with them.

A great service where they pay for a cab for him to get to work. He likes what he does with them. They are polite and friendly, and they like him. They are always here when they say they are going to be here. ... they do what they say.

[Staff] was good at getting her out, walking around Gray's Lake. She has never not liked someone she has worked with.

Well, they give her companionship ... She knows they are there in case she needs them. ... [Participant] never complains or they do not say anything that upsets her.

She has never gotten a raise and she has been there [supported employment] for 15 years. And she communicated with [supported employment] like, 'What are you doing with her paycheck?' Within a couple of weeks of her sending that message to them, [Participant] got a raise. She thoroughly enjoys the company, when they take her out every week. [The offices are in] a better area because they were in a neighborhood that had a lot of shootings.

Family and concerned others raised a few concerns. Almost all respondents who had concerns mentioned staff turnover or lack of available staff as an issue, and many connect this to reduced services. Several respondents expressed frustration that scheduling seemed uncertain, with appointments scheduled or canceled at the last minute. Another theme is that respondents did not feel they know what services are available. Some respondents had concerns about the new location of the main office. Representative comments included:

I do not know if I see any differences, but they do have a large turnover in workers.

They have moved their headquarters from Des Moines to Ankeny which makes it more difficult for us. The main clients will have more difficulty getting there and back.

I do not know the resources or services provided. I have never been asked or told anything. I do not know of any. I am not sure what Easterseals services are. They have never tried contacting me. I do not know who I am supposed to contact.

I liked it when we did not have this private insurance. ... [Participant] can be independent sometimes, and she can be pushed to the side sometimes when someone has more needs than she does. So she gets skipped over every once in a while, and they do not make it up.

I am not sure she is getting very many services ... I have not had any contact for at least a year. I do not think she is seeing anyone often and doing things together... She used to get transportation, but not anymore. No housing or nursing. At times it has been very helpful, not so much right now. ... they are not able to do much with her.

I have no regular contact with anyone there. They do not contact me. They have my phone number, cell phone number, address. ... They have a lot of turnover.

Well, a lot of turnover. They moved to a different place. They used to go to ball games more, too. They do not do a lot of group things anymore. It just seems like they need money.

I do not know if they are telling me about everything that is available. The problem is [staff] will just have one or two more meetings with her and then it will be someone else new. ... it does not create a kind of continuance. There just is not that much for someone with autism. I do not know if Easterseals has a speech therapist. ... [The] thing I am most concerned about is never knowing until ... morning who is meeting with her.

I do not even know what services they offer. They come and talk to her and that is about it.

They do not contact me ... What they say is that say they are coming in a couple of hours, and they do not plan ahead.

For the weekly visits she never knows if they will come. People will always call and say they can't come. They are so horrible at coming and she needs them to come [on a specific day]. ... They do not show up and help her make those decisions. ... Some staffing problems, they do not have enough people or are not getting paid well so they are leaving.

I do not know if Easterseals is not taking care of their workers very well because they really come and go. They have a big turnover. I think it is an internal problem. ... If I try to call [staff], she will not return my call.

Several family and concerned others offered some suggestions:

I think adding more social events would be good. Maybe [Participant] needs more encouragement to go to them.

Maybe a little more warning and an appointment reminder, things such as a text.

Probably more information on future placement: housing placement. ... I am concerned what is going to happen to him when I am gone. I need more information on what is going to happen, since he lives with me now.

I guess [another] county will not pay for Easterseals, which is going to be tough. I wish that they could work together so that people could maintain their connections that they already have.

I like to be contacted by phone every couple of months. ... more interaction with them and support.

They do not contact me. They have my phone number, cell phone number, address. I would like quarterly contact or something that tells me what they are working on with him.

I think that it would be good for [Participant] to have a man help him as well. Maybe more activities for them to have more often. There is not really anymore. Maybe charge people a little. They could probably get some more money if they charge people that can afford it.

I think there could be a thing where they could call workers during off-hours.

I think it needs to be an hour every other week. In an hour you can't get much done. I think it needs to be at least two hours.

Hold the workers accountable [when they don't show up].

Eyerly Ball: Eyerly Ball family members and concerned others reported being more satisfied with the program and staff this year, resulting in a Meets Expectations rating. In interviews, family members and concerned others agreed that they were satisfied with the ISA staff members, that staff treated the participant with respect, that the staff were friendly and professional. They noted how much participants' lives have been improved, including less anxiety, and better ability to communicate and socialize. Many appreciated the services and support the participants have received such as transportation, shopping, and activities like holiday dinners. Representative comments include:

They have helped a lot with getting her medication on schedule. She is also really benefiting from the transportation services. It has helped her anxiety a lot. They are so kind to her and accommodating. She is doing more things because of the staff. [Participant] is going so well and is glad she has a team.

They help him so much when he asks. They are very proud of him there. They have a relationship to where they talk. [Participant] listens to her and values her advice. This program shouldn't ever go away.

She seems to be pleased with how they are treating her. [Staff] is concerned about her needs. She is there to help her when she has a specific need. [Staff] has offered more than any other person has. This allows her to be independent.

Just that they always make time for him when I or [Participant] call. They help us tackle a lot of problems. They always manage to get him in. I think he is getting what he needs. They are there for him.

Basically they help him monetarily and are kind of a support system for him. They wanted to make sure he was making friends and doing things. I feel very comfortable calling if I had a concern. He's very stable right now and [Eyerly Ball] is the reason for that. He likes all three of his case workers and he does open up to them on some degree.

They're a great team. They offer things that we were surprised that they did that she badly needed, and they do provide them. They check up on her often and they come over and check on the house safety as well. The most [important] thing is the fact that they have helped her get out among people. Their activities are done so well and they try to have people involved and they usually have a good turn up. They also helped my daughter get into good financial shape ... Anything that they think will help her, they provide. It's one of the best programs that my daughter has been in.

He had positive feedback about them. ... They give a lot of help to the family. They did provide a lot of hope and that has been helpful.

I just think they understand our situation. ... I think this is a good service for him. ... Like one of them is the Thanksgiving and Christmas dinners, he really enjoys those. ... The overall help he's gotten and the way they talk to him or to me on the phone, I am satisfied.

So I appreciate that they take her shopping or to the grocery store, things that I used to do for her. I am grateful that these services are there for her. ... they are very good about letting me know what is going on with [Participant] and how I can help. I am very pleased with them.

Anytime they can get him out of his apartment that is wonderful. ... The people are nice ...

He knows that those people are there for him if he needs them. And he has not been isolating himself as much and it has helped ... the one guy that comes, have a secret handshake and that makes him feel good. Amazed at the quality, the care, concern and compassion [of the staff]. He does get all the services that he needs from Eyerly Ball. I would say in the last six months that everyone: family, church members, has noticed a complete turnaround in him being much more happy and social and involved in things. ... it is amazing.

So that [outings] has definitely helped him. It has been a good all-around program for [Participant], helping to get out more, being with other people and learning to fend for himself better. He is getting everything he wants.

[Participant's communication] has really improved. He talks to all of his workers. He gets to say what he would like to do when it comes to goals. They do not treat him like he has an illness. They treat him like anybody else ... I have never seen such caring and nice people. Sometimes I have issues too and they are very supportive. This program is really great and has been such a blessing.

Some family and concerned others expressed concerns. Some believed that their participant needed more time with staff. One was disappointed that the participant could not get a job. Another would like to be contacted by the staff more often.

Some things they just don't have time for. There are a lot of forms to fill out that she needs help with. ... They also need to check more if appointments are covered by her insurance; she has had problems with that.

When I call and try to talk to them they shut me down and hang up on me. They do need to reach out more because he doesn't like to ask. They never communicate with me. I would like to be contacted weekly.

He goes to a job service but he hasn't had a job in a while. They haven't found something that fits.

I'm sure there are things they would like to do but can't due to limitations on funds.

The only thing I wish is that my brother's unit that takes care of his basic needs ... I wish he could be in a place a little bit bigger. His space is elbow to elbow.

It is not long enough for her to have. They only give her an hour a week to run her around to the store and stuff. They help her go grocery shopping and that is about it. It is only a brief period and she does not have any time to do the things she needs, like going to get her hair cut and stuff. I guess, if she has a service plan, it would be nice to have enough time to do what is on her service plan.

Some family and concerned others offered some suggestions:

Maybe if the visits were a little longer. They can't get to the other things that they need to do. They meet for less than an hour.

Have a class saying this is what we are all about and this is what we do so he doesn't expect things they can't do. Or if we didn't know they offered something that could help. Maybe finding insurance that will work with the mental health services continually.

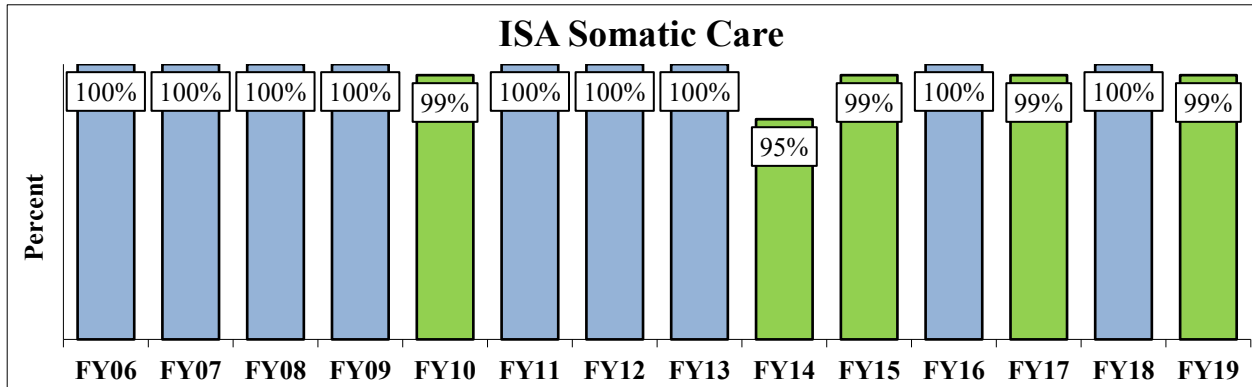
Seeing that he stays in contact with the support group so he doesn't get out of control again, that would be helpful.

Maybe require people [in the program] to work.

I wish they had a program where they would have more of a caretaker there with him more rather than as a service. Some kind of respite care so the person taking care of him does not end up totally burned out.

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

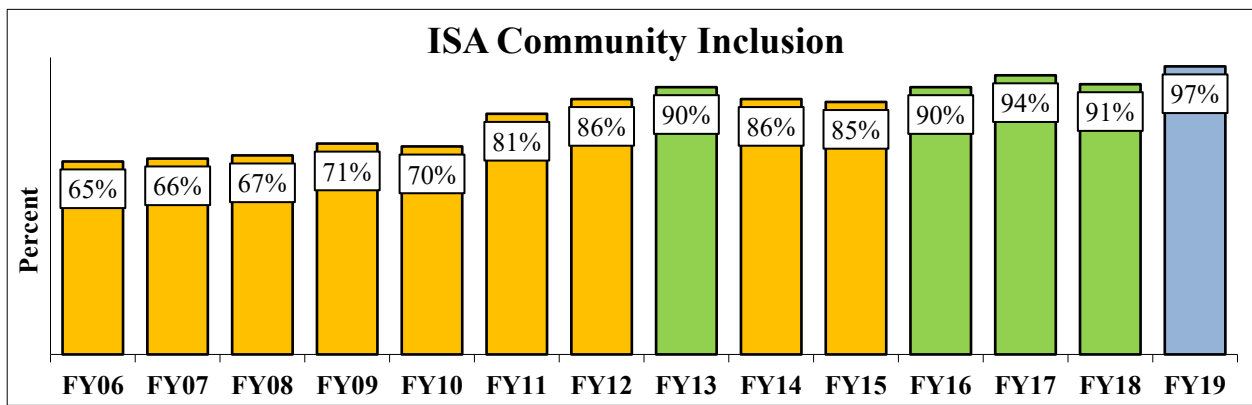
Organization	2018 Reported	2018 Score	2019 Reported	2019 Score
BMC-PATH	100%	4	98%	3
CSA	99%	3	98%	3
Easterseals-AIM	100%	4	100%	4
Eyerly Ball	100%	4	100%	4
System Average	100%	4	99%	3

General Comments: Access to somatic care continues to be a strength of the ISA programs, with all meeting or exceeding expectations. All but seven participants out of all programs met the Somatic Care outcome this year. Because the expectation for this outcome is high, the score resulted in a Meets Expectations rating, lower than last year.

COMMUNITY INCLUSION

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

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



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

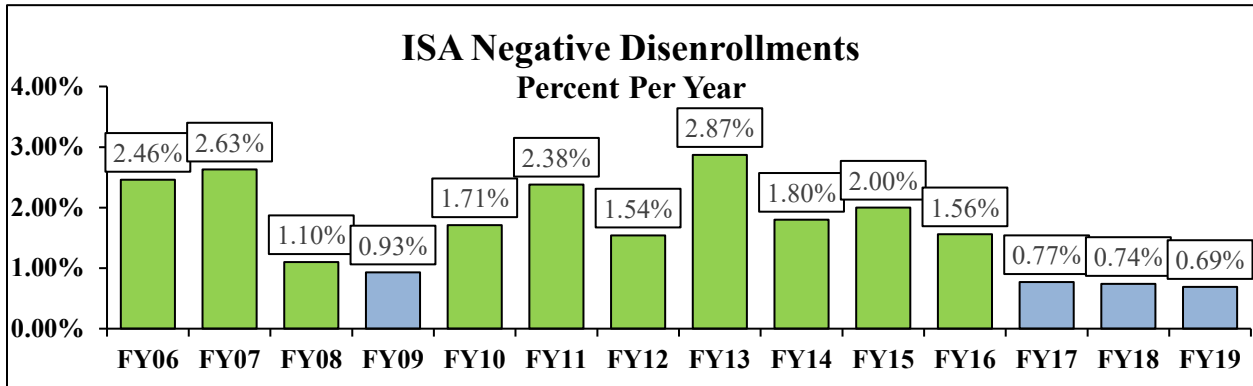
Community Inclusion

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	86%	2	95%	4
CSA	95%	4	97%	4
Easterseals-AIM	83%	2	98%	4
Eyerly Ball	100%	4	99%	4
System Average	91%	3	97%	4

General Comments: This year, the ISA system had a notable increase in the number of participants engaged in their communities, raising the rating to Exceeds Expectations for the first time for the Community Inclusion outcome. All but sixteen participants in the network were reported to have been involved in integrated community activities or attending integrated community events based on their individual interests. All agencies Exceeded Expectations.

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

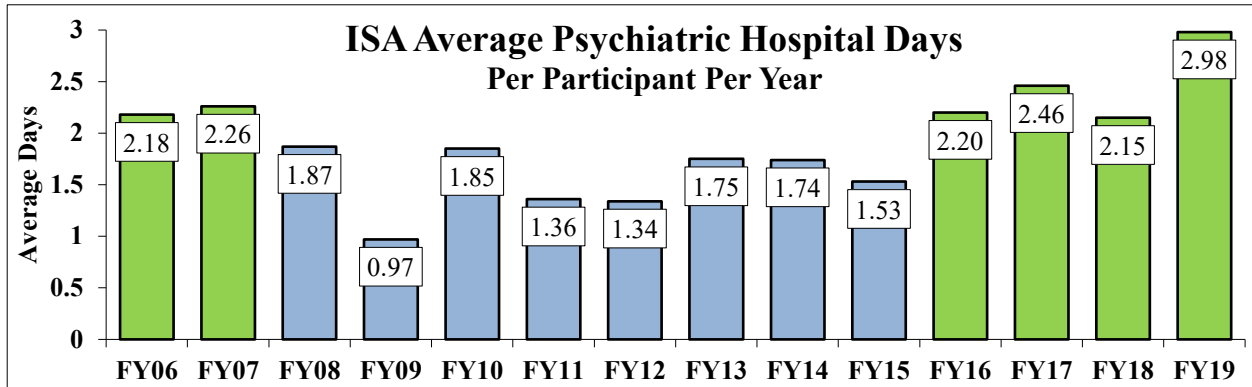
Negative Disenrollment

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	0.00%	4	0.00%	4
CSA	1.39%	3	0.63%	4
Easterseals-AIM	0.00%	4	0.00%	4
Eyerly Ball	1.65%	3	2.16%	3
System Average	0.74%	4	0.69%	4

Comments: The ISA system again exceeded expectations for the Negative Disenrollments outcome the year. The system reported 4 negative disenrollments this year, the same number as last year. In FY19, two participants were negatively disenrolled by the agency, one refused to participate, one was sentenced to prison. The latter was later reenrolled and is currently back in the ISA program.

PSYCHIATRIC HOSPITALIZATIONS

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



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

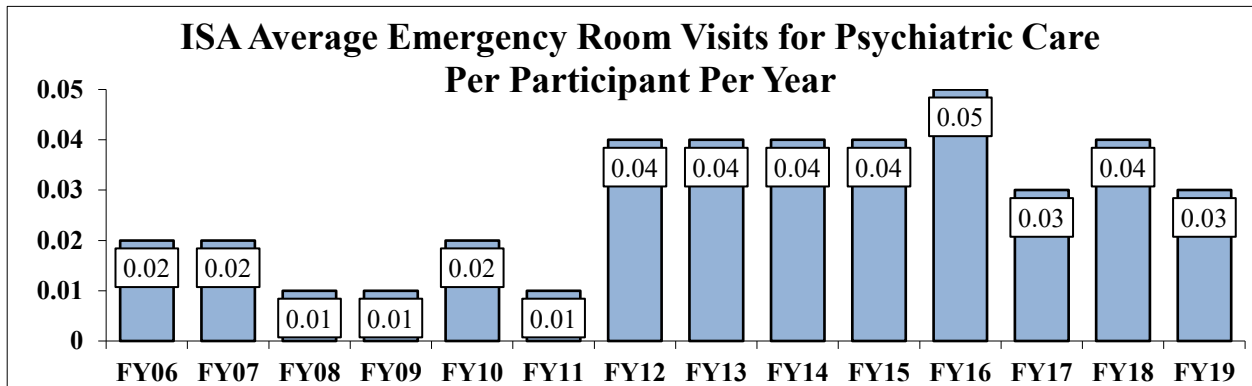
Psychiatric Hospitalizations

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	2.75	3	6.15	1
CSA	2.60	3	2.54	3
Easterseals-AIM	0.63	4	0.05	4
Eyerly Ball	2.08	3	1.53	4
System Average	2.15	3	2.98	3

Comments: The ISA programs increased overall their average psychiatric hospitalizations but maintained a Meets Expectations rating for FY19. Psychiatric hospital days were reported for 31 participants, 5% of the participants served by the ISA programs. The system reported a total of 1,727 hospital days, compared to 1,159 hospital days in FY18. CSA, Easterseals, and Eyerly Ball reported fewer hospital days, meeting or exceeding expectations. BMC-PATH reported increases in hospital days, changing their rating to Does Not Meet Minimum Expectations from Meets Expectations in FY18. Three agencies reported total nights exceeding a month for at least one participant. BMC reported 9 participants staying at least a month of nights (31, 31, 32, 37, 54, 62, 62, 71, and 99 nights). CSA reported 3 individuals with at least a month’s worth of hospital nights (77, 80, and 117 nights). And Eyerly Ball had 3 participants with at least a month of nights (31, 32 and 48 nights). Easterseals had two individuals for a total of 5 nights.

EMERGENCY ROOM VISITS

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



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

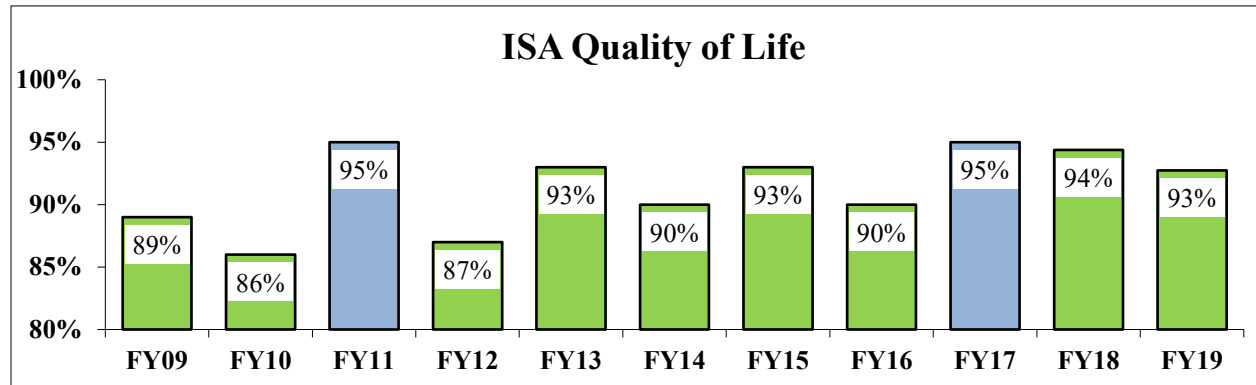
Emergency Room Visits

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	0.01	4	0.02	4
CSA	0.05	4	0.04	4
Easterseals-AIM	0.03	4	0.01	4
Eyerly Ball	0.07	3	0.02	4
System Average	0.04	4	0.03	4

Comments: ISA agencies continue to do an exceptional job of supporting individuals and accessing resources to minimize unnecessary emergency room visits for psychiatric care. The system reported a total of 15 emergency room visits for psychiatric care, fewer than the 20 reported in FY18. All agencies exceeded expectations for this outcome this year.

QUALITY OF LIFE

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



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

Quality of Life

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	92%	3	93%	3
CSA	93%	3	94%	3
Easterseals-AIM	96%	4	92%	3
Eyerly Ball	97%	4	93%	3
System Average	94%	3	93%	3

General Comments: All programs met expectations for Quality of Life satisfaction this year. Overall, the system experienced a slight decrease from last year, resulting in a Meets Expectations rating.

BMC-PATH Compared to last year, PATH participants reported roughly as satisfied with the quality of their lives, maintaining a Meets Expectations rating. In interviews, many participants credited the program with helping them to cope with stressful situations and to reduce behavioral problems, such as response to situations with anger or anxiety. Several mentioned that they are more independent. Some that they have become calmer. Some were helped with housing. Another appreciated having reliable transportation. Representative comments included:

I do better at work. There was a time where I was hearing voices at work and seeing things, and I wasn't able to concentrate at work. I wasn't able to hold down a job at all, and now I've been holding down a job for 20 years straight. They helped me get my meds under control.

If I really need a whole lot, they are there to talk me through it. I haven't had good luck with houses the last couple years. My landlord sold the house to the bank. ... Now they are helping me find another place again. They made me realize that I don't have to deal with it by myself. They talk me down or talk me through it or whatever.

I had ... the PATH program since August. They are very helpful if I am having confusion or paranoia symptoms. They are good at putting me in the right perspective of what is going on around me. And in the end, they let me make my own decisions and they back up my healthy decisions that I have been making since joining the program. ... I was homeless for about eight months, you know. They helped me ... make wise decisions about choices to keep myself safe and from going down that path again. I do have light social anxiety but they have helped me with that.

I wouldn't know what to do without them. Me in general; my memory, my mind, how to take care of my home, me, my dogs, keeping up with my doctor's appointments, being there for me when I need them. I can talk freely to them. They are just good caregivers for me I believe.

If I get stressed or if it is something that I think I'm not going to be able to do, I know that with their help and support that I will probably be able to accomplish it.

Not having to worry about how I am going to get somewhere, or to the store. They make sure of that. It is how they handle things. ... They acknowledge me.

Most of my daily problems are gone [since entering the program]. They help me with a lot of them. They have been helping me a lot. They helped me get rid of my anger, like I used to have severe anger. I most likely won't get explosive, bloody angry, anymore. They constantly came every other day just to help me and make sure I am doing okay. Last year they did that a lot with me.

They do activities like taking you to the baseball games, things like that, get you out, activities like walking bike trails and stuff, which helps with the depression and anxiety and things like that. Also the paperwork is very stressful, and they keep me from going off the deep end since it is so stressful doing that paperwork. I would call them if I had an emergency. Like stressed out things. They would talk me down and tell me they can help me and we would get it done without too much stress as far as that goes. If you had to do some of this stuff on your own, it would be impossible for me.

Like panic stress that keeps me from completing what I am involved in. It doesn't keep me from doing those and when it does, it isn't consequential. The workers are good listeners.

I can call those guys any time of day and they will talk to me. I can certainly count on them ... if I can't get ahold of my church family. They are invaluable to me.

Psychologically; I am a drug user and they keep me off my drugs. Again, there's the Broadlawns psych unit and they come and see me. They help me out with the problems I am having.

She always listens to me and gives me advice and coping skills.

CSA: CSA has also maintained participants' level of satisfaction with their quality of life, compared to last year, resulting in a Meets Expectations rating. In interviews, many participants mentioned how the program helped them to improve their overall mood and symptoms of mental illness. Participants reported improvements in housing, sobriety, relationships with family, and social situations. Representative comments from Quality of Life included:

I keep up with my appointments more than what I used to.

Well, like, we [family members] are getting along talking, sharing and laughing. ... We don't bicker back and forth like we used to. We used to really go at it, but we don't anymore. Well, they have that program. I don't go out and go to it too often, but we will go on trips and exercise and things like that. They get me out of the house. I got a place now. If it wasn't for the CSA, I know I would still be homeless. I didn't know how to do it or how to go about it. ... I am moving the rest of my stuff in tomorrow.

I learned to cope better having CSA to be a support. I don't have to worry so much about getting around. I think when a person has mental diagnoses, knowing you have a support system and someone to rely on makes it a little easier. [I have more control over] just getting to my appointments, [and] knowing that I can utilize a lot of things in my life a lot easier. ... Knowing that if I have a crisis over the weekend, there are areas they can help me with, a lot of coping, [and] knowing that there is tomorrow and that they are there. [I do] not [have] so much anxiety when I go to the store. When I first started going to the store, it was bad.

They have been helping me get out and find actual situations where I can be social. They have been helping me find some kind of gaming group. I can get out and socialize at events at the company.

My medication management has gotten better because I am able to get it and afford it with their help and assistance. And just my overall health because, thanks to them, I am able to get to my doctor's appointments on time and get my check-ups. Some days are better than others with my illness, but I think I am pretty stable at this point, more stable. ... I've been here for a couple years, and before I got here I was homeless, so it has improved a whole lot. My CSA worker when I was homeless assisted me in helping me look for places, stuff like that. It is not the place where I would have chosen, but it compares to nothing. I am grateful, let's put it that way.

Well, at one time I was an active alcoholic and addict, and since I go to meetings with their assistance, I got out of depression and sobered up. [I better control my] budget, health, [and] they even helped me move. I moved to an apartment next door because of flooding and they even assisted in that. I am hard-pressed to think of any area of life they haven't improved besides that I am single. That's not their responsibility.

I used to sleep a lot. They have helped me with my depression and have been supportive and optimistic. They worry about like, they care about what I do, if I am going to family functions, stuff like that.

Well, I got more control over because I manage my own money and go to the store on my own. They brought a whole new outlook for me when they helped me, and I have learned a whole lot of stuff like caring for others. [I am better able to deal with a crisis] because they showed me how to handle a crisis when it comes up.

Easterseals – AIM: Easterseals participants reported a somewhat lower satisfaction score in quality of life this year, compared to last year, but still resulting in a Meets Expectations rating. In interviews, most emphasized that they have been able to be more social and have better social skills. Some mentioned that they had become more independent and praised the program for helping them to cope better and have fewer symptoms.

Easterseals is really good on goals and listening to my goals [and] what I want to do. They encourage me to interact socially, but they helped me get classes in the arts and I got my own music

class, which was really great for me. I am living totally independently for the first time in my life. I have a service dog that I train. The Easterseals [staff] help me socialize and get around. ... I am autistic. I know I was a constant source of frustration for [my mother] because I didn't grow up to be a normal woman. We had a lot of conversational grooves we would get into [that] I didn't know how to get out of. We learned how to work on that so not every interaction became a competition. ... When I started, I couldn't talk on the phone. Easterseals did the big work of getting me out of the house, and not letting me be [a] recluse. We used to have a lot more group socials, which I really liked. I liked having interactions with other autistic people. I told my mom that some of the happiest times I've had were sitting at a table with six other autistic people with our backs to each other. I love it.

If I have a problem I can't handle on my own, I know they are there for backup if need be. They have helped me cook some. I did not have much confidence then, and I do now. They just keep calm and they are able to keep me more calm than I already am. They keep me from panicking, which I sometimes do. They have allowed me to come out [of] my shell by taking me to those social events. I am able to talk to people and make friends that way. Like my communication skills are higher up, and clarification, and [I] get things done efficiently as they want me to.

I know that I can advocate for myself better now after the advocacy I've done for other people.

They have taught me how to be independent. When my family was around, I depended on them. I usually take care of things on my own, but they are always there for me, if needed. They have activities there. I am a private person. [I do better in social situations because of] when they have socials, which I really enjoyed going to. [I do better at] my job. ... They taught me a new skill and they taught me how to use a computer.

They are working with me on reading and how to cope with certain situations. To me, it does a lot.

[I am better able to deal with a crisis] because I have someone who I can talk to. Before I entered the program; I was basically by myself, except my parents. But they have their own life and I don't want to bother them and constantly rely on them. Now I have someone who can directly help me and I can ask advice from. For example, I had one person I keep in touch with, and we sometimes hang out in my apartment, who was a former coworker of mine, and I helped him with his problems because of Easterseals. I used the skills I got from them to help other clients. As well as social skills they help me as far as things like, "am I being too open?" or things like that.

Without Easterseals, I probably wouldn't have gotten better.

Eyerly Ball: Eyerly Ball participants reported being somewhat less satisfied with the quality of their lives in FY19 compared to FY18, but the program still Meets Expectations. In interviews, most were grateful of the coping skills they have learned so they can manage their daily stresses. These skills have helped many to become more social. Some have mentioned specific benefits, such as transportation for shopping, agency social gatherings, and therapy groups. Representative comments include:

They are helping me to stop feeling like a failure. They are giving me books to read for self-esteem to help me get over that.

My schizophrenia, my voices, they tell me to do coping skills, so that has been helping. They have been telling me to go to therapy groups and therapy. I am going to be studying therapy with my psychiatrist. [I] use my coping skills or talk with someone, like a therapist or staff or them.

I feel like I'm not being a burden on them. The ISP team will do most anything I ask them to do. They are a good bunch of people.

I can dress myself and so forth. I had no problem with that. They help me [get groceries] because Walmart, which I go to, is on the west side of town and they help transport me and let me make my own choices on what I eat instead of telling me to buy this, this and that, and "not this." I'm pretty much my own being. That's what I like about this program. I've been here fourteen years, and I feel, man, I am actually making this for once.

Like I know if I have problems I can reach out to my family, and if for some reason my family isn't available, they [the ISP team] would be able to help me.

They taught me how to breathe and how to learn how to focus in on life and deal with situations in different ways. I spend more time with them. I get out and meet new people and have more friends now.

[P]rior to the program I was in and out of the hospital a lot due to psychiatric issues and now I haven't been to the hospital in a couple of years. I am better at managing day-to-day problems as opposed to emotionally breaking down. Markedly, I had been with my family, which was a tense situation. They ended up throwing me out, but Eyerly Ball helped me find new housing pretty quickly.

I have a number of things I have to deal with: anxiety and depression. I was dealing with that before starting at Eyerly Ball, but I do see a psychiatric specialist to help with some of those needs and I also have chronic pain. When you combine those things, you have a tendency to want to spend your entire life in bed, so the prodding to get out and about helps. I used to have a short fuse about some things, and in a way, the fact that I'm in this program has made family members more aware of my problems. So in that regard, there is less friction.

I was pretty lonely when I started and I was living at home. And now I live on my own, and we are really hitting on goals and working on those. Oh yeah, I have been out of the hospital for almost eight or nine years now. I was almost back in the hospital because I wasn't handling stress well right when we got hooked up to Eyerly Ball and they have helped me better deal with small issues. Yes, I have had more confidence. They had a picnic event for clients and I went to it by myself. Usually that would cause a lot of stress and social anxiety for me, but there were a few friendly faces there, and when they left, I had to decide if I was going to make a new friend or leave, and I decided to stay and made a new friend. That gave me a lot of confidence. Yes, they helped me get into a job. ... Now I have a job at a hotel due to the job I had before.

I take more responsibility in life instead of blaming everything on everyone else. I got over my drug addiction. I learned how to take a situation and look at it constructively and not catastrophically. I can see solutions to problems where I couldn't before. They have taught me the importance of how to budget and how to live within my means. [Staff] has taught me how to breathe it out if I feel like I am having anxiety attacks, what to do to make myself calm down, how to take a breath and look at the situation, and think before I chew out my mouth.

ADMINISTRATIVE OUTCOME AREAS

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

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

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

Administrative Outcomes

Organization	2018 Results	2018 Score	2019 Results	2019 Score
BMC-PATH	89%	2	93%	3
CSA	96%	3	95%	3
Easterseals-AIM	98%	4	100%	4
Eyerly Ball	98%	4	99%	4
System Average	95%	3	96%	3

General Comments: System wide adherence to administrative outcomes stayed about the same compared to last year, maintaining a Meets Expectations rating. All agencies met or exceeded expectations. Three individual outcomes are averaged to create the Administrative Outcomes category. Adherence to level of support assessments remained high at 100%. Monthly face to face contacts improved from 90% last year to 95% this year, improving to an Exceeds Expectations rating. Quarterly face to face contacts in the home went down slightly from 95% to 93%, to a Meets Expectations rating.

Face to Face Contact

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

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

Monthly Face to Face Contacts

Organization	2018 Results	2019 Results
BMC-PATH	77%	92%
CSA	94%	95%
Easterseals-AIM	96%	99%
Eyerly Ball	96%	97%
System Average	90%	95%

Face to Face Contact in the Home

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

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

Face to Face Contacts in the Home

Organization	2018 Results	2019 Results
BMC-PATH	91%	88%
CSA	94%	89%
Easterseals-AIM	97%	100%
Eyerly Ball	99%	99%
System Average	95%	93%

Level of Functioning Completion

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

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

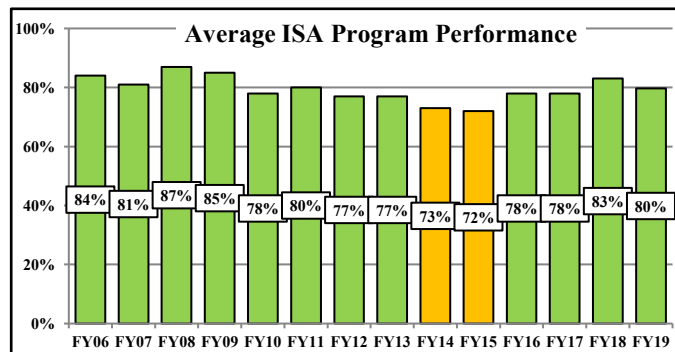
Level of Functioning

Organization	2018 Results	2019 Results
BMC-PATH	100%	100%
CSA	100%	100%
Easterseals-AIM	100%	100%
Eyerly Ball	100%	100%
System Average	100%	100%

SUMMARY OF PROGRAM PERFORMANCE

Program Performance Scale

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



2019 Outcome Score Summary	BMC	CSA	Easterseals	Eyerly Ball	Average
Community Housing	4	4	4	4	4
Homelessness	1	1	3	4	1
Jail Days	1	1	4	3	1
Employment: Working Toward Self-Sufficiency	3	3	4	4	3
Employment: Engagement Toward Employment	4	4	4	4	4
Education	3	3	3	4	3
Participant Satisfaction	4	4	4	4	4
Participant Empowerment	4	4	3	4	4
Concerned Other Satisfaction	2	4	3	3	3
Somatic Care	3	3	4	4	3
Community Inclusion	4	4	4	4	4
Negative Disenrollment	4	4	4	3	4
Psych Hospital Days	1	3	4	4	3
ER Visits	4	4	4	4	4
Quality of Life	3	3	3	3	3
Administrative	3	3	4	4	3
Total Score	48	52	59	60	51
Points Possible	64	64	64	64	64
Percentage	75%	81%	92%	94%	80%

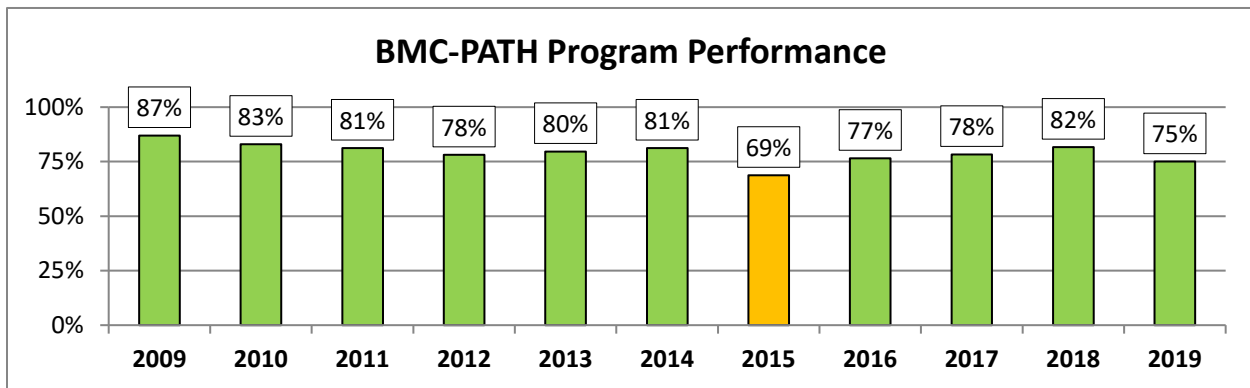
Overall Outcome Summary and Comparison	PATH	CSA	Easterseals	Eyerly Ball	Average
2018 Total Score	49	52	55	51	53
2019 Total Score	48	52	59	60	51
2018 Percentage	77%	81%	86%	80%	83%
2019 Percentage	75%	81%	92%	94%	80%

2019 Outcome Percentage Summary	BMC	CSA	Easterseals	Eyerly Ball	Average
Community Housing	97%	92%	93%	96%	95%
Homelessness	4.71	3.89	0.87	0.00	2.68
Jail Days	7.57	4.86	0.73	2.60	4.43
Employment: Working Toward Self-Sufficiency	26%	29%	35%	34%	31%
Employment: Engagement Toward Employment	67%	42%	57%	53%	55%
Education	30%	26%	21%	58%	30%
Participant Satisfaction	100%	100%	100%	100%	100%
Participant Empowerment	100%	100%	93%	100%	98%
Concerned Other Satisfaction	85%	95%	90%	91%	90%
Somatic Care	98%	98%	100%	100%	99%
Community Inclusion	95%	97%	98%	99%	97%
Negative Disenrollment	0.00%	0.63%	0.00%	2.16%	0.69%
Psych Hospital Days	6.15	2.54	0.05	1.53	2.98
ER Visits	0.02	0.04	0.01	0.02	0.03
Quality of Life	93%	94%	92%	93%	93%
Administrative	93%	95%	100%	99%	96%
Total Score	48	52	59	60	51
Percentage	75%	81%	92%	94%	80%

INDIVIDUAL AGENCY SUMMARIES

BMC-PATH

Overall, the PATH program demonstrated somewhat decreased performance in FY19, compared to FY18. This year, BMC's PATH program met expectations with an overall 75% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY19 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



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

PATH program participants continue to report being very satisfied with the program and staff, as well as the improvements in the quality of their lives since entering the program. In interviews, staff were described as available and dedicated. Participants praised staff for providing both practical assistance, responsiveness, and emotional support. They credited the program with helping them cope with stressful situations, and praised them for helping them become more independent. The program scored less well with Family and Concerned Other Satisfaction. In interviews, family and concerned others appreciated the support and respect the staff provided the participants and their caring and professionalism. However, family and concerned others were concerned about communication with the agency and staff workloads. The agency staff were concerned that they may not be getting a good response rate on the family and concerned other satisfaction calls. They suggested that someone send a letter or some kind of advance alert that they would be receiving a phone call from the University of Iowa Survey Center so that they would be more likely to answer the call.

Participants had reason to be pleased with the program. The program reported that more than nine of every ten participants (97%) were living in safe, affordable, accessible and acceptable housing. The agency reported that they had challenges this year. They had particular difficulty getting housing for voucher and Section 8 participants, largely because of landlords' prior experience with poor tenants. Also, finding safe housing that will accept participants has been difficult. The agency staff praised the network Housing Coordinator for help. They also cited the YMCA as transitional housing as helpful. One participant was described as in and out of housing until he found the "love of his life," and then he stabilized.

Of employment eligible participants, about two of every three participants (67%) were working at least 5 hours per week, and one of every four (26%) for 20 or more hours per week. Somewhat fewer than one-third

(30%) were pursuing education related to employment, many through trainings as part of their employment. The program noted Evelyn K Davis Center and Project Iowa for providing important training in job skills. The program experienced no negative disenrollments, an indicator that the staff is working to maintain good relationships with their participants and keeping them in the program.

The program empowered participants, documenting that participants were involved in setting individualized and measurable goals, addressed those goals regularly, encouraged employment or education, and provided needed services consistently through the year. In addition, nearly all participants (95%) participated in activities in the community at least three times during the year. The program reported that they have emphasized having regular discussions about education and employment.

The program also continued to support physical and mental health care for individuals. The program was successful in helping participants to connect with and access community-based mental health services, reducing the need for emergency room services. The program also reported only 4 emergency room visits for psychiatric care. All but 4 PATH participants accessed somatic care during the year. Of those, one would not see a physician for fear of a bad diagnosis, and another would not leave their apartment. However, the program was challenged in average number of days participants were hospitalized for psychiatric reasons, reporting a total 1,104 psychiatric bed days, up from 467 in FY18. The agency reported that one reason for this was that the Broadlawn system for admissions was challenging and time consuming, and by the time participants could get in, they would need longer stays.

In addition to Family and Concerned Other Satisfaction and Hospitalizations, the program continued to be challenged in the areas of homelessness and jail days. The program reported an increase from 739 homeless nights in FY18 to 889 in FY19. There was also an increase in number of participants experiencing homelessness from 13 in FY18 to 15 in FY19. The agency staff reported that homelessness could be a potential tool to provide natural consequences to decisions. They preferred not to pay to put participants into housing if it was likely that there would not be change. This was perceived as enabling.

The program reported 1,358 jail days in FY19, compared to 612 in FY18. Of the 22 participants who spent time in jail, over half of the jail days (56%) were attributable to five individuals who each spent more than a month in jail. The program reported that they are serving individuals with more challenges than in recent years, and more of them are homeless or in jail. They have put effort into keeping the individuals in the program while in jail. Therefore, they see people through the court process, ensure that rent is paid while they are in jail, and see that they get their medications. Sometimes jail and homelessness are related in that participants may go to jail trying to survive with unstable housing. Other issues that affected jail days included individuals who should have been in the hospital for psychiatric care instead ended up in jail because admissions have been tightened. Other participants spent long periods in jail waiting for court dates or because they were not able to produce bail.

The program reported that they are enrolling more and more participants with complex histories, which has produced mixed results compared to the earlier years. These individuals affected the outcomes in several areas, such as jail days and homelessness.

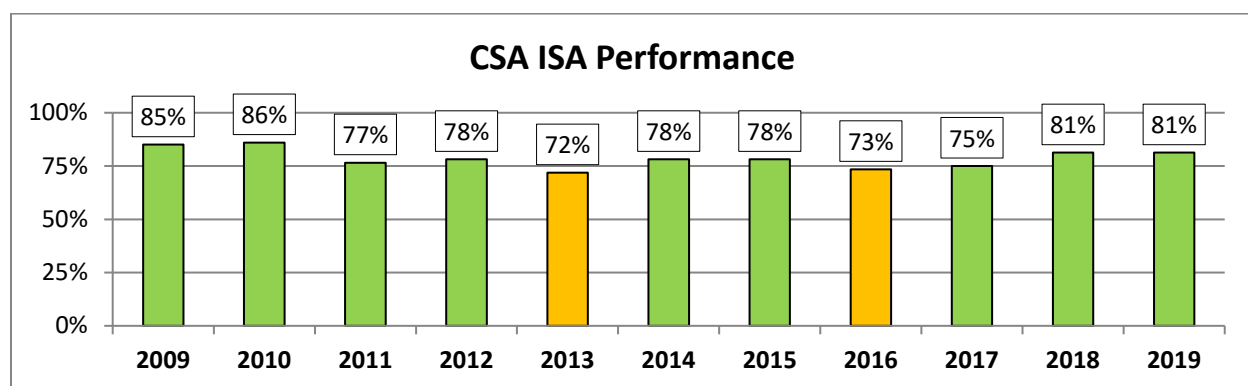
In addition, the program reported that they experienced greater numbers of participants with dual diagnosis (i.e., individuals who have substance abuse issues as well as a mental health or cognitive disability). Substance abuse presents a particular challenge for housing. Individuals who enter the program who are addicted, particularly those who have experienced substance abuse for years, often lose housing because of damage to the rental property, sometimes from inviting their friends into the property. After several attempts, the agency may have to decide to allow the person to go homeless or damage their relationships with their property owners.

Also, people coming into the program with substance abuse issues are likely to resist having a payee, which often results in their not being able to pay rent. Thus, the program is experiencing an increased need to support participants with rent assistance. The agency reports that housing is primary to all the other outcomes. Without housing, participants will find it difficult to find employment, they will have more difficulty addressing mental health and substance abuse issues, they will not be able to participate in the community to much degree, and other issues.

Because of the increased need, PATH has two staff specifically to support substance abuse. All workers are trained in working with people with substance abuse, but these two staff have certifications as substance abuse counselors.

Community Support Advocates (CSA)

Overall, CSA's ISA maintained its performance compared to FY18, meeting expectations. This year, CSA's ISA program met expectations with an overall 81% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY19 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



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

CSA program participants and concerned others reported being very satisfied with the program and staff, as well as the improvements in the quality of participants' lives since entering the program. In interviews, staff were described as compassionate and concerned for their welfare. Participants and concerned others both praised staff for their respect, willingness to help, and responsiveness. Participants expressed improvements in their housing, sobriety, relationships with family, and improvements in social situations. The agency reported that they attribute their Family and Concerned Others Satisfaction score to their good relationships with this group.

Nine out of ten participants were living in safe, affordable, accessible and acceptable housing. Almost all (95%) of program participants were active and engaged in their communities. The agency reported that housing is primary and needs to be stabilized so that the other outcomes are possible. Housing has become more challenging, largely because more participants are using substances. The Section 8 lottery has been helpful, but fewer landlords are accepting it. The agency has added some additional funds toward specific costs that improve housing, such as a move-in basket containing laundry detergent, and similar items needed daily. In addition, the agency has used funding for bed bug treatments, laundry, and cleaning for inspections.

Fewer than half the participants (42%) were working at least 5 hours per week, and almost one of every three (29%) was working 20 or more hours a week. The agency reported that a decrease in employment can happen as individuals retire. Also, when the agency gets an increase in members, they are usually not employed, and employment can take some time.

More than one of every four participants also were pursuing education related to employment. The agency reported about a single mom, who was homeless in 2013, with mental health issues went back to school while working. She received a degree and was working on an advanced degree when she was in an accident. Because of that she needed a less physical job than her degree entailed. She did get a job that meets her needs.

All but three participants received somatic care this year. The agency reported that younger participants are hard to convince to get checkups because they do not see the need. Some participants are in and out of jail, making it difficult to get to appointments. The program reported only seven visits to the emergency room for psychiatric care.

The program reported a small increase in psychiatric hospital days, compared to the previous year. The program reported a total of 406 hospital days, accrued by 16 participants, compared to 374 days in FY18, accrued by 18 participants. One participant accounted for 117 of the program's total hospital days. The program had three participants who accounted for most (71%) of the hospital days. The agency reported that the Crisis Observation Center is overall doing what it was intended for, but it may not be a good fit for the more extreme cases, particularly those who have dual diagnoses (disability plus addiction). In addition, the crisis centers, the emergency rooms, and jail may work systemically for people who need a safe space. Participants might use the ER for stabilization but today are being educated to use alternate resources. However, at times Transitional Services at Broadlawns (called the Step Down program by staff), a transitional program to help transition consumers from hospitalization to the community, had a waitlist, so some people ended up in jail. While in jail, they might still benefit, rather than being in the community without support.

The program maintained its Participant Empowerment performance, based entirely on the file review, by meeting all four components of Empowerment, giving them an Exceeds Expectations rating. Of the 15 files reviewed, all 15 were found to meet all four components of Participant Empowerment.

Nearly all participants (95%) in the program participated in at least three community-based activities during the year. The agency reported that they have designated one person to email a list of activities each month to participants so they know what is available. Only one participant was negatively disenrolled. Thus, it appears that the agency is engaging participants to establish connections in the community and within the program to keep them participating.

The program was challenged in two outcome areas: Homelessness and Jail Days. The program reported 622 homeless nights accrued by 11 participants, as compared to 494 nights in FY18. Two participants accounted for about one-third of the program's total homelessness with 221 nights.

The program reported a total of 777 jail days, accrued by 11 participants (7% of the program participants) as compared to 484 for FY18. The majority (56%) were attributable to five individuals, who had 71% of the jail days for the program.

The agency reports that housing was an ongoing issue for them this year. They had two individuals who were not interested in housing assistance and ended up homeless. The agency struggled to find the best way to support two others, who needed significant support, probably twenty-four hour care. These individuals accounted for many of the psychiatric bed days and jail days.

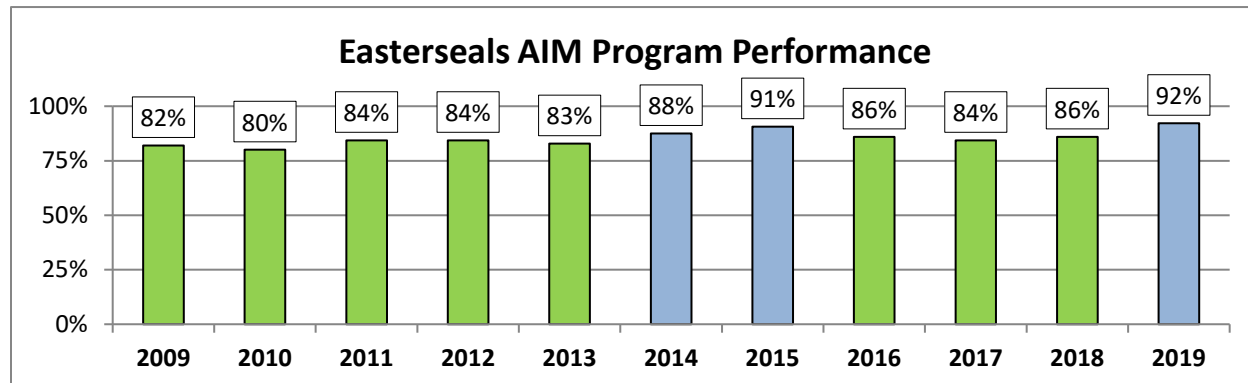
One individual in particular experienced an increase in mental illness leading to an increase in aggression and threats. This person was rejected from the shelter numerous times and was off medications, ending up in jail. This individual is currently getting medications and is stabilizing. Another participant with mental health and addiction issues was involved in a car wreck, which led to moving out of family home into Section 8

housing. This individual then had a traffic offense and charge of domestic violence, which led to extended jail time. The individual is waiting for a competency hearing. A third participant with mental health and intellectual disabilities experienced barriers to understanding the consequences of their behavior, and through impulsive acts has had multiple stays in jail.

The agency also had a significant growth, so that they had to increase their staff. Participants who enter the program are often in crisis, so they need more support, and this can affect outcomes. In addition, adding new staff requires additional training and can result in some administrative errors as staff learn reporting requirements. Thus, it is notable that the agency maintained its 81% score, as compared to 81% in FY18.

Easterseals-AIM

This year, the AIM program exceeded expectations with an overall 92% performance. Until FY16, PCHS adjusted the program's reported results based on the file review results. Thus, overall scores for FY19 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



In FY19, the program exceeded expectations in eleven outcome areas and met expectations in five others. The program exceeded expectations in Involvement in the Community Housing, Criminal Justice System, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Participant Satisfaction, Access to Somatic Care, Community Inclusion, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes. The program met expectations for Homelessness, Education, Participant Empowerment, Concerned Other Satisfaction, and Quality of Life.

Participants as well as family and concerned others reported being satisfied with the services the program provided, the staff who work with participants, and the improvements in participants' quality of life. Both participants and concerned others praised the program for their friendliness and helpfulness, and particularly their willingness to get them the help they needed. Concerned others were grateful for the program's assistance in helping participants find and maintain employment and social opportunities. Participants felt that their quality of life improved particularly in their ability to participate in social life. Improved independence and better ability to cope were also mentioned.

More than nine out of ten participants (93%) were in accessible, affordable, acceptable, and safe housing. The agency reported that housing is important for participants, and this year they were able to stabilize most of the chronically homeless into housing. At times when participants might be at risk going to a shelter, they would be placed in a hotel. The agency also praised the network Housing Coordinator for helping their participants in many ways, including preventing evictions, delaying evictions, and attending court hearings with participants.

The program participants experienced only 88 days of homelessness in FY19, compared to 62 in FY18. Two participants (44 nights each) accounted for the homeless nights. The agency reported that the two participants were notable in that they were a married couple, so a homeless day for one meant a homeless day for the other. The agency tries to have conversations about the components of living—budgeting, employment, and the like—to emphasize participants having the knowledge to make choices. They report that the use of Positive Behavior Support (PBS) and motivational interviewing methods to help participants make choices.

The program has been particularly successful in supporting participants to find and maintain employment. In FY19, more than half of participants (57%) were working five or more hours per week and more than one of

every three (35%) were working twenty or more hours per week. The program reported that they now have a benefits planner who can educate participants about how they can work without losing benefits. Participants may choose not to work for other reasons, such as fear, lack of confidence, or a conviction they need to stay home with their children. More than one of every five (21%) of participants were pursuing education related to employment. The program reported that they are having more conversations about getting a GED to get better jobs. However, with more national focus on student loans, participants are less inclined to go back to school.

The program made notable improvement this year in community inclusion, with nearly all (98%) participants pursuing community activities and events of interest or visiting local attractions, as compared to about 8 of 10 participants (83%) in FY18. The program reported that they encourage participants to go to all the downtown activities, and that it was important to know each participant's interests.

For the eleventh year, all program participants accessed somatic care, completing an annual physical, having ongoing care from a medical specialist or seeing a primary care physician. The program noted that they are working on going beyond just basic somatic care and following up with discussions/gentle hassling about healthy living, attending mammograms and the like. Further, the agency has a new wellness coordinator.

The program has also been successful in maintaining low rates of jail days (74 days), psychiatric hospitalizations (5 days), and emergency room visits for psychiatric care (1 day), exceeding expectations for the three outcomes. The program reported that their use of PBS and motivational interviewing again have been helpful in encouraging participants to make better choices. One way was to provide options. For example, for a participant who would frequently get caught driving without a license, to get a cab. Another would be to offer strategies to reduce possibilities for jail, which might include attending Alcoholics Anonymous or going to therapy. Further, because participants have more complex needs than in the past, because of dual diagnoses, recreational drug use, or former gang affiliation, they need to be monitored for changes in behavior that may lead to escalations and bad outcomes. Broadlawns Urgent Care Center was cited as helpful.

The program had no negative disenrollments this year, indicating that they are working to establish strong relationships with participants, encouraging them to stay with the program to be successful. The program reported that they try to be flexible, understand the needs of the participants, and have the support they need.

The program maintained its Participant Empowerment performance at 93%, based entirely on the file review, by meeting three of the four components of Empowerment, giving them a Meets Expectations rating. Of the 15 files reviewed, all 15 met expectations for two of the components of empowerment, and 14 of the 15 were found to have individualized and measurable goals in place and reviewed regularly and documentation of services delivered.

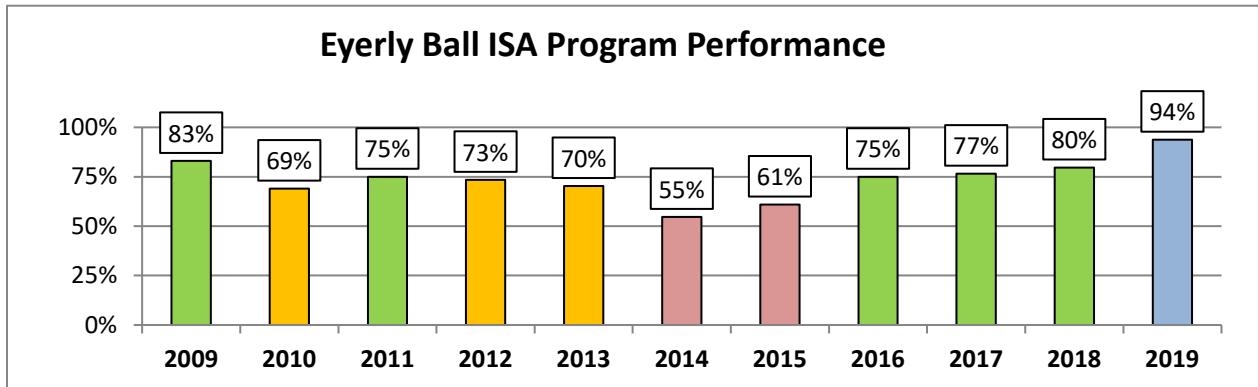
The agency reported that they have gone through significant transitions this year, creating particular challenges. They moved their offices from a centralized Des Moines location to one farther away from their participants. In addition, they switched their office paradigm to be more mobile, with one staff in office during the day as part of a rotation. The rest of the staff would be in the field. Thus, they put more emphasis on having a live person at a support phone line during the day to improve communication. Further, the program had increased staff, which required additional training. On the other hand, this resulted in few people stopping by the office. The agency further reported that they are pleased that they raised their score this year despite these challenges. One staff remarked, "I love my team; I love my clients."

For the future, the program plans to increase the process of sharing information about participants among team members. They are also working on a development proposal for a program to improve training for

participants to increase employment opportunities for them. They hope to help participants move beyond entry-level positions.

Eyerly Ball

This year, Eyerly Ball’s ISA program exceeded expectations with an overall 94% performance, a notable increase from the 80% score of FY18. Until FY16, PCHS adjusted the program’s reported results based on the file review results. Thus, overall scores for FY19 are not directly comparable to years prior to FY16 and are comparable to scores after and including FY16.



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

Eyerly Ball program participants continue to report being very satisfied with the program and staff, as well as the improvements in the quality of their lives since entering the program. In interviews, participants described the services as comprehensive and the staff were described as friendly and helpful. Participants appreciated being treated with respect and their increased ability to live independently. Participants reported that the coping skills they learned would help them manage their daily stresses. They also felt they had become more social and involved in their community and families. The agency staff attribute their participant satisfaction levels to their responsiveness to participants, returning calls and making constant contact. They have also increased the number and variety of activities this year.

Concerned others were also satisfied. In interviews, they described staff as respectful, friendly, and professional. They particularly noted how much the participants’ lives had improved. And they appreciated the services and support the participants had received. The agency reported that they had two events this year, a spring picnic and a Thanksgiving dinner, where family were invited. They also sent a newsletter to family and concerned others.

Based on the evaluation results, participants had reason to be pleased with the program. Almost all participants (96%) were living in safe, affordable, accessible and acceptable housing. The program praised the assistance of the network Housing Coordinator for helping participants get and keep housing. They emphasized the importance of maintaining relationships with mostly the smaller private property owners/landlords. They also reported that they may have participants stay long term in hotels to keep a roof over their heads so that they can stabilize housing. The agency reported a change in policy in home visits. Instead of requiring a home visit every 90 days, the agency now requires a home visit every two months. This helps them monitor changes in participants’ behavior more closely by observing their living conditions.

In addition, the program reported that no participant had a night homeless. Because the agency believes home stability is important to other outcomes, they step in quickly if participants' housing becomes unstable. Further, sometimes they opt for long term stays in hotels when shelters do not have beds or when participants do not feel safe because of other individuals with mental illness or because of concern about theft.

Participants were also reported to have fewer nights in jail (74 nights) this year compared to FY18 (153 nights). Nearly all jail days (98%) were attributable to six individuals. All participants met somatic care during the year and nearly all (99%) were involved in community activities. The agency reported that many participants have ongoing medical needs, so they are persistent about getting appointments for these individuals, and they collaborate with their Integrated Health Home (IHH) to get participants care. To get individuals into community activities, the agency reported that they plan their efforts for the year to disseminate opportunities for community involvement. This includes a monthly newsletter that includes local free activities.

Employment showed some change compared to FY18. Over half of participants (55%) were working at least 5 hours per week, and about one of every three (34%) was working 20 or more hours per week, compared to FY18, where about one of every three (37%) was working at least 5 hours per week and about one of every seven (15%) was working 20 or more hours, making this outcome an Exceeds Expectations rating for both outcomes for FY19. The agency reported that they have an employment specialist (who is leaving this year), who helped participants maintain their jobs and who brought in a benefits planner. The staff focused on job fairs and making connections with employers, particularly in small businesses. They reported that they set up more job coaches this year.

More than half of participants (58%) were pursuing education related to employment, an increase from about two in five (44%) in FY18. The agency particularly appreciated community resources, such as Evelyn K Davis Center, Dress for Success, Iowa Works, and Project Iowa, to train participants in basic job skills.

Consistent to FY18, the file review results again exceeded expectations in the Participant Empowerment outcome. Of 15 files reviewed, all were found to meet expectations for all four Participant Empowerment criteria. The agency attributes this score to training staff so that they understand expectations and to a systematic quality assurance, where they meet every Wednesday to review files.

The program experienced a slight increase in negative disenrollments this year (2 in FY18). There were three negative disenrollments, keeping the agency at an Exceeds Expectations rating. They report that increased substance use, particularly substances like heroin, have made it harder to avoid negative disenrollments. The agency reported 212 nights for participants hospitalized for psychiatric reasons, down from 252 nights for FY18. Emergency room visits also decreased to 3 visits in FY19 from 8 visits in FY18. The agency reported that participant satisfaction and trust are helpful for avoiding hospitalizations and ER visits. If participants turn to staff first, they are more likely to avoid hospitalizations and ER visits. The more frequent home visits also helped staff stay on top of issues before they escalate. The Psychiatric Urgent Care Clinic at Broadlawns was cited as a helpful resource.

The program reported that this year they are putting more funding into the participants. This means that they are spending more on housing, and sometimes putting participants in month-to-month situations (i.e., hotels) when participants refuse to stay in homeless shelters. They work to establish relationships with landlords and work with the system Housing Coordinator to identify possible rental locations in the area. They emphasize that housing is primary to the needs of the participants. Establishing housing affects the rest of the participant's life.

The program has an Employment Specialist to help locate jobs, and they work with Iowa Workforce, Evelyn K. Davis Center, Goodwill Connections Center, and Dress for Success to support participant entry into the workforce. In addition, the coordinator can take participants to job fairs and to small businesses. They can connect participants to skills trainings. Also, to encourage individuals who are on the fence about working because of their concern about losing benefits, they have Misty Johnson, a WIPA benefits planner, speak once a month to give specific information to participants about pay and benefits.

The staff also prioritizes reinforcing somatic care and inclusion to participants. To improve somatic care, the program's intake coordinator accesses the MCO portal for reminders about doctors' appointments.

The program notes that they have had a relatively stable staff this year. Having this consistency results in a staff dedicated to the participants and to the agency, which can improve outcomes.

Last case notes reviewed:

APPENDIX A: FILE REVIEW FORM

**ISA
File Review and Data Coding Form**

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

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

Name	DOB	
	Month/ Day / Year //	Adult < 65 Adult ≥ 65 (retired)

ISA 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
More Housing Changes on Back <input type="checkbox"/>			
Date of Annual Documentation Found In File:		Yes	
Comments:			
ALL HOUSING AGREE AND DOCUMENTED		Yes No	

Related Administrative Outcomes:

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

Home Visit Dates: _____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____,
 _____, _____, _____, _____, _____, _____, _____,

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

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

Move on _____ : Visits _____, _____, _____, _____
Move on _____ : Visits _____, _____, _____, _____
Move on _____ : Visits _____, _____, _____, _____

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

Education:

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

Participant Empowerment

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

20. Comments:

21. Somatic Care:

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

22. Comments:

23. Community Inclusion:

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

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

Administrative Outcomes:

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

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

Hospital Discharge on _____ : Visits _____, _____, _____, _____

Hospital Discharge on _____ : Visits _____, _____, _____, _____

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

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:										

Related Administrative Outcomes:

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

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

Job Change on _____ : Visits _____, _____, _____, _____

Job Change on _____ : Visits _____, _____, _____, _____

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

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

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

B3. I know who to call in an emergency.

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

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

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

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

B10. The staff treat me with respect.

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

B12. I am satisfied with my staff.

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

B18. I have medical care available if I need it.

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

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

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

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

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

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

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

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

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

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

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

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

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

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

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

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

B9. I am satisfied with my family members ISA worker.

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

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

APPENDIX D: EXAMPLES OF COMMUNITY PARTICIPATION

Spiritual

Attended church
Participated in church choir

Civic

Volunteered at Senior Community Center
Attended neighborhood association meetings
Attended board meetings

Cultural

Attended Alcoholics Anonymous meetings
Attended fireworks and music
Attended Altoona fireworks
Attended Ankeny fireworks
Attended autism conference
Attended Drake basketball games
Attended a baseball game
Attended Billy Eliot
Attended Comic Book Inclusion
Attended a comic book convention
Attended child's event at school
Attended Free Stages
Attended Garden Nightclub
Attended farmers' markets
Attended Firefighters' Pancake Breakfast
Attended flea markets at the fairgrounds
Attended Grimes' fireworks
Attended Jingle in the Junction
Attended Kesha concert
Attended Mama Mia
Attended Mesa Market
Attended Misery
Attended a NASCAR race
Attended Night Eyes
Attended NYE party
Attended Pixies Show
Attended Rendezvous on Riverview
Attended son's martial arts class
Attended Spring Musical
Attended Sleepy Hollow
Attended a substance abuse treatment class
Attended the Newton races
Attended Yankee Doodle Pops
Participated in Biggest Loser meeting
Participated in fishing
Participated in a Memorial Day Grillout
Participated in Planet Fitness
Participated in Younkers Tea Room
Participated in yoga classes
Walked at a lake
Visited Adventureland
Visited Canada
Visited Garden of the Gods
Visited Pappajohn Sculpture Park
Visited the YMCA
Visited the Zoo

APPENDIX E: FILE REVIEW RESULTS

Outcome Area	Specific Outcome	BMC-PATH		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	15	15	100%
Education	File and PolkMIS Agree	15	15	100%
Employment	File and PolkMIS Agree	9	11	82%
Participant Empowerment	All Goal Components Present	15	15	100%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	13	15	87%
Homelessness	File & PolkMIS Agree	14	15	93%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	14	15	93%

Outcome Area	Specific Outcome	Community Support Advocates (CSA)		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	12	15	80%
Education	File and PolkMIS Agree	14	15	93%
Employment	File and PolkMIS Agree	13	13	100%
Participant Empowerment	All Goal Components Present	15	15	100%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	12	15	80%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

Outcome Area	Specific Outcome	Easterseals - AIM		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	11	15	73%
Education	File and PolkMIS Agree	14	15	93%
Employment	File and PolkMIS Agree	16	20	80%
Participant Empowerment	All Goal Components Present	14	15	93%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	14	15	93%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

Outcome Area	Specific Outcome	Eyerly Ball		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	13	15	87%
Education	File and PolkMIS Agree	15	15	100%
Employment	File and PolkMIS Agree	7	7	100%
Participant Empowerment	All Goal Components Present	15	15	100%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	14	15	93%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

APPENDIX F: 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 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.