

Polk County Health Services

Knowledge Empowers Youth

Evaluation

August 2019

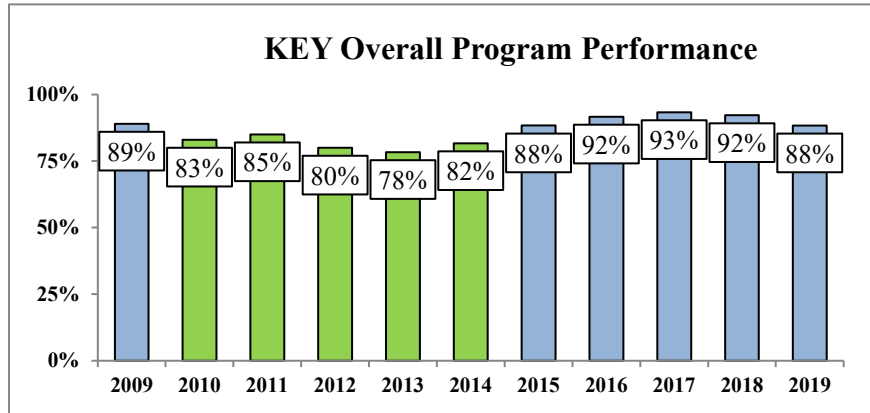
Document produced by: Law, Health Policy & Disability Center
David Klein, Director of Technology
Boyd Law Building
University of Iowa College of Law
Iowa City, Iowa 52242

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

KNOWLEDGE EMPOWERS YOUTH PROGRAM EVALUATION SUMMARY

The KEY program earned an overall Exceeds Expectations rating for the FY19 fiscal year. The program is a subsidiary Integrated Services Program for young adults transitioning from the foster care system. It offers the same flexibility of services as the Integrated Services Program. In FY19, the program excelled in ten outcome areas

(Community Housing, Homelessness, Adult Education, Participant Satisfaction, Community Inclusion, Negative Disenrollments, Psychiatric Hospital Days, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Outcomes) and met expectations in four additional areas (Involvement in the Criminal Justice System, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, and Access to Somatic Care). The program was challenged in the outcome area Participant Empowerment.



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

Consistent with previous evaluations, KEY participants report that they are very satisfied with the services that they receive, the staff who work with them, and the quality of their lives. In interviews, participants praised KEY staff for being available and providing good support, especially during crises. Participants frequently noted that the staff and the activities they participated in helped them to become more independent or social over time. Many expressed the importance of close relationships they acquire with the staff.

The evaluation results suggest that KEY participants were living typical young adult lives. Almost all KEY participants were involved and integrated into the community, participating in community activities, attending community events, or visiting local attractions. One of every three participants was working at least 5 hours per week, and more than one of every five for 20 or more hours per week. Two of every five participants were enrolled in education, either finishing high school, pursuing post-secondary education, or participating in trainings related to their employment. Nine out of ten participants were living in safe, affordable, accessible, and acceptable housing. The KEY program reported no days homeless, ~~no~~ low psychiatric hospital days, and no visits to an emergency for psychiatric purposes.

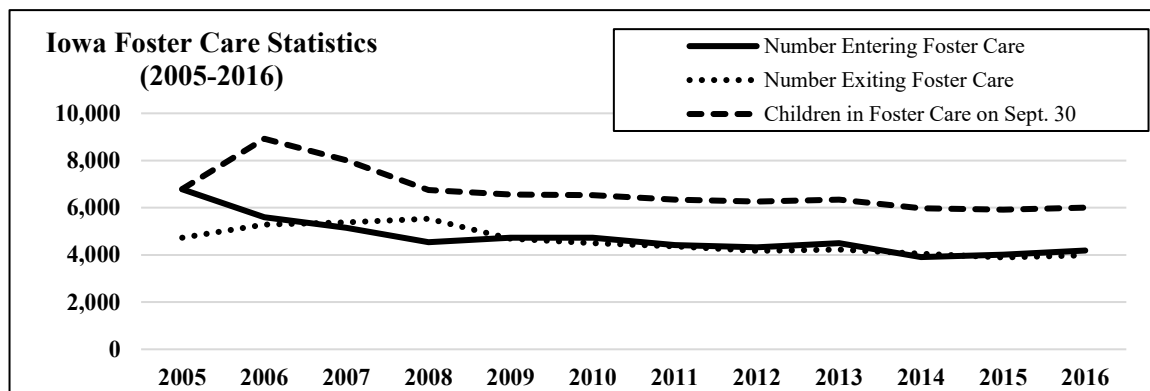
The program continued to be diligent in appropriately documenting outcome information and completing the level of functioning assessments to ensure that participants receive the services that they need and are eligible for. Participants also had relatively few average days in jail. Overall, participants had reason to be pleased with the program.

The program's sole challenging area this year was the Participant Empowerment outcome area. This outcome is determined solely on file reviews. The major challenge to the outcome was some inconsistency of documentation that staff were regularly discussing employment or education with participants.

The agency reported that they experienced significant staff turnover this year. Because the rules and guidelines for types of services provided, how services are delivered, and how events and requirements are documented, training of new staff is critical. Usually, new staff take some time, up to several months, to become comfortable with all they need to remember. This training period can have an effect on documentation in particular, as new staff come to understand what events need to be documented and when.

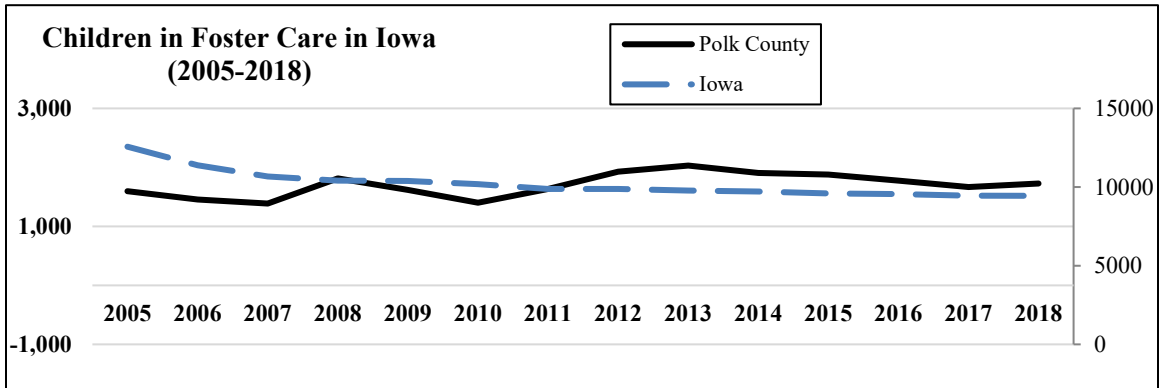
The program also enrolled several new participants this year. Because this program in particular enrolls mostly young adults, usually in their late teens, they frequently do not have jobs and generally do not have employment experience. Add to that that the program is small. Consequently, employment outcomes tend to be more difficult to achieve under these circumstances.

As has been mentioned in previous evaluations, the KEY program serves an important community function, providing transitional support for youth in the foster care system to become responsible and productive adults. The Adolescent Representation Clinic at Columbia Law School (2016) recently reported that more than one of every four children who aged out of the foster care system in New York frequently spent time in homeless shelters within their first three years of aging out; youth that experience housing instability are at risk for future mental health issues, substance abuse, and becoming victims of crimes. After following 19 youth for their first year after aging out of the foster care system in Northern Virginia, Rome and Raskin (2017) recommend that youth should receive specialized services to promote stability rather than self-sufficiency to improve successful transitions to adulthood. Several studies have indicated that continued support of former foster children is cost effective in terms of improved academic achievement and, therefore, income potential, as well as decreased likelihood of arrests and use of public benefits (Burley & Lee, 2010).



Unfortunately, the need for support for these young adults will likely exist into the foreseeable future as considerable numbers of youth continue to age out of the foster care system. In 2016 (the most recent available statistics for Iowa (Kids Count Data Center, 2019), more than one of every 10 youth leaving Iowa's foster care system had reached the age of 18 without having been reunified with or adopted by a family (11%), similar to national results (8%; Kids Count Data Center, 2019). On a national level (U.S. Dept. of Health & Human Services, 2003-2015), the percent of children aging out of foster care has remained in the 9% to 11% range for the past 10 years, up from the 7% to 8% reported in the previous years. Most recent statistics (Iowa State Data Center, 2019) suggest a slight decline in the number of children entering and exiting the foster care system in Iowa over the past decade, though it has mostly

stabilized in recent years. Even if the percent aging-out in Iowa remained at 9%, that would still mean that more than 350 Iowa children are expected to age out each year.



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INTRODUCTION

This is a report on the findings of the independent evaluation of Community Support Advocates' (CSA's) Knowledge Empowers Youth (KEY) program from July 1, 2018, through June 30, 2019. KEY is a subsidiary integrated services program for young adults transitioning from the foster care system. The program officially began serving individuals as of January 1, 2006. The KEY program offers the same flexibility of services as the integrated services program. Because these youth often find it extremely difficult to get established in housing, employment, and education, many KEY participants struggle to maintain and enjoy their independence from the foster care and, in some cases, the juvenile justice systems. The KEY program provides a unique source of support for these youth in transition.

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 describes procedures for the FY2019 evaluation. Information was obtained from four sources:

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

Meetings. In April and July 2019, LHPDC staff provided preliminary results of the file review and discussed discrepancies with the directors. A phone consultation was conducted with the directors in July to review the outcomes to date and receive their insights on agency performance for the year. Finally, an exit interview was held with PCHS and KEY agency staff in early August to review the complete report.

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

Participant Interviews. In contrast to the evaluation for the other ISA programs, the program set up face-to-face interviews with participants at their offices or phone interviews from the KEY offices. Of the 48 individuals who were enrolled in the KEY program in FY19, the evaluator interviewed 15. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the Participant Satisfaction and Quality of Life outcome scores. Comments from the interviews are included in the Participant Satisfaction and Quality of Life outcome sections of the report. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

Concerned Others Interviews. Attempts were made to interview family members or concerned others of all KEY participants for whom contact information was provided. Contact information was provided for 8 family members or concerned others. Of the 8 contacts provided, the evaluator was able to interview 3 of the concerned others. Because of the low number of respondents, the Concerned Other Satisfaction outcome was not scored this year. These concerned others were interviewed via telephone.

The concerned others interview questions are included as Appendix C of the report. Agree/disagree responses to the questions make up the statistics would have been used for the Family and Concerns Others Satisfaction outcome scores. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct quotes are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned to the quotes.

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

Scoring: For 2019, outcomes were scored according to the following scale:

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

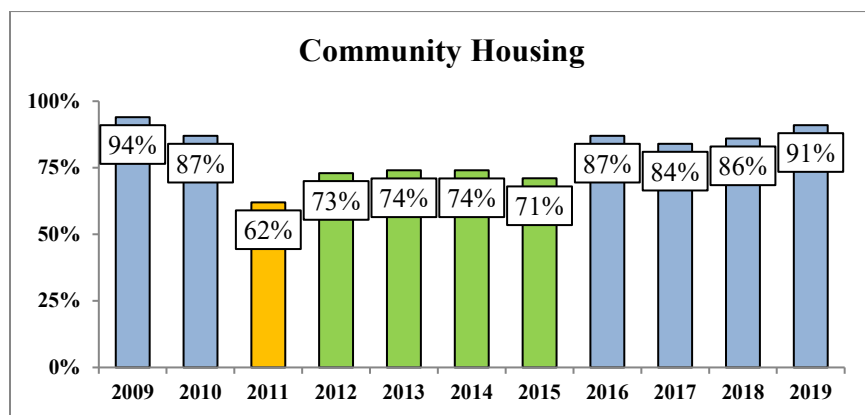
This scale aligns performance evaluation with contract expectations. Scores of two or less indicate unmet goal areas.

OUTCOMES

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

COMMUNITY HOUSING

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



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

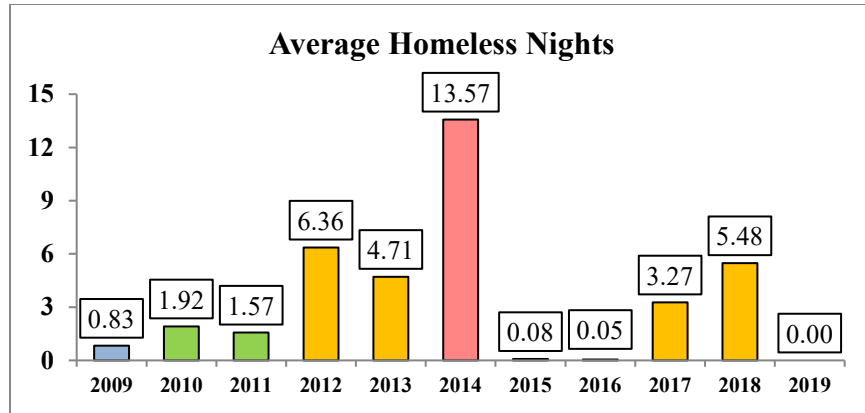
Community Housing

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	86%	4	91%	4

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

HOMELESSNESS

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



Goal	Rating	Points
0 – 1 night	Exceeds Expectations	4
1.01 – 3 nights	Meets Expectations	3
3.01 – 10 nights	Needs Improvement	2
10+ nights	Does not meet minimum expectations	1

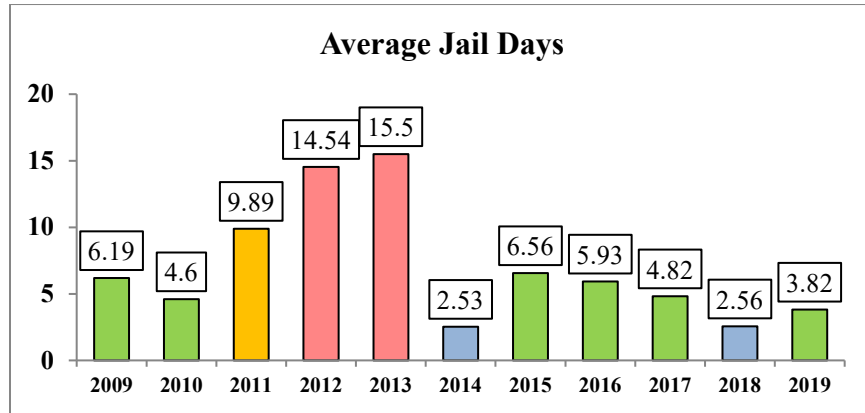
Homelessness

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	5.48	2	0.00	4

Comments: Notably, no KEY participants spent a night homeless this year. Thus, the Homelessness Outcome exceeded expectations. The program reported that, because their population is young, when enrolled the participants usually have people they are staying with, such as friends or family. In addition, working to attain permanent housing is often a goal as participants come into the program. Therefore, with housing as a priority, homelessness tends to be reduced.

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

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



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

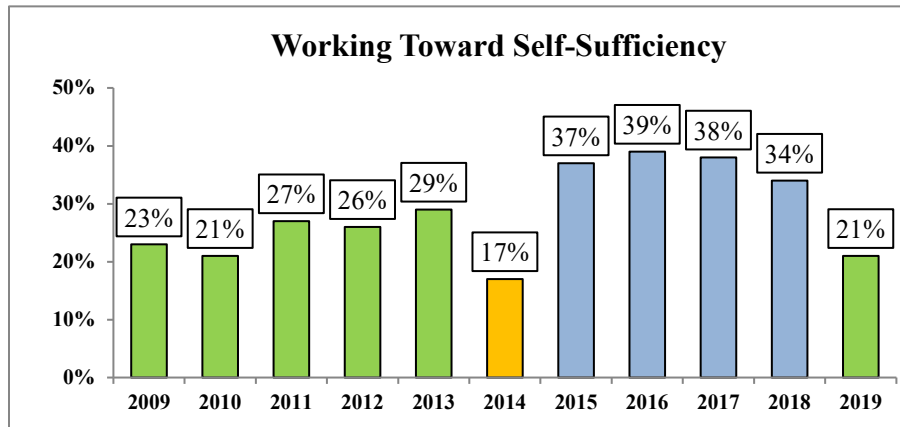
Jail Days				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	2.56	4	3.82	3

Comments: The KEY program reported an increase in jail days, reducing their rating to Meets Expectations for FY19. The program reported a total of 182 days in jail, accrued by five participants. The majority (97%) were accrued by two participants. Of these, one participant had to choose between unstable housing that was relatively safe and stable housing that was unsafe due to increased exposure to people with risky behavior. The participant chose the latter and ended up in jail. The individual is now out of jail, in stable housing, and has a job.

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 Outcomes

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	34%	4	21%	3

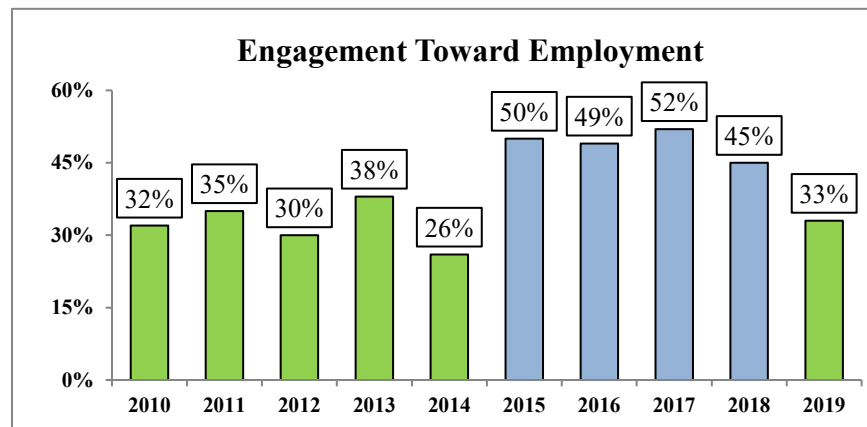
Comments: This year, the KEY program had a decline in employment from 34% in FY18 to 21% in FY19 for Working Toward Self-Sufficiency outcome, showing decreases in participation over the last three years. This changes the outcome to a Meets Expectations rating this year. One of every five participants was working at least 20 hours per week and earning at least minimum wage. This follows a trend of reduced employment in other programs over recent years. Note, however, that the agency reports that they have enrolled many new participants this year, which can have an effect on employment as the young adults gain experience in the workforce.

The program reported that this population has particular difficulty getting beyond minimum-wage jobs. With little employment experience, they do not necessarily know how to quit a job gracefully or how to identify burnout in their employment and may leave jobs abruptly or on bad terms.

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

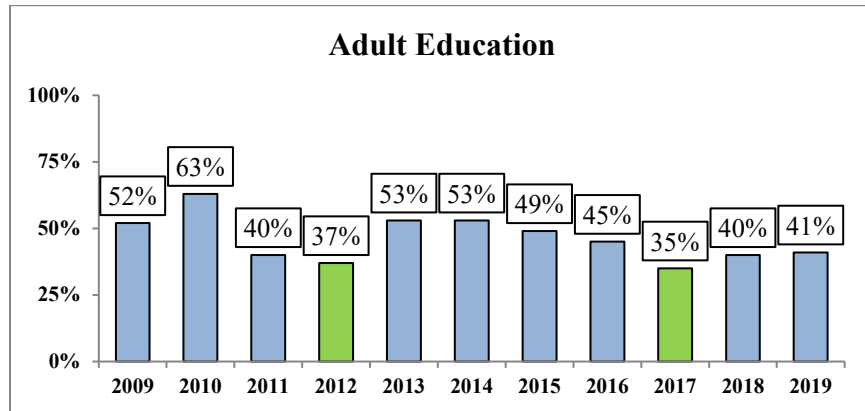
Employment Outcomes

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	45%	4	33%	3

Comments: The score for the KEY program went down in FY19 for the Engagement Toward Employment outcome area, changing their rating to Meet Expectations. About one of every three participants was working at least 5 hours per week and earning at least minimum wage.

ADULT EDUCATION

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



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

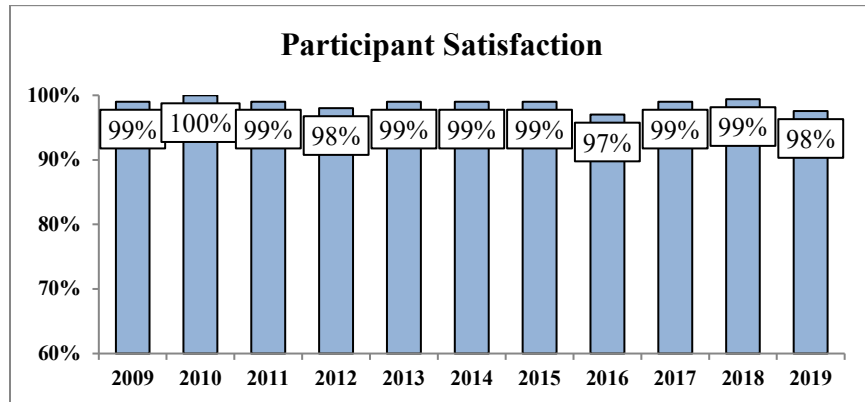
Education

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	40%	4	41%	4

Comments: KEY maintained engagement in education from the previous year and continues to exceed expectations for the Adult Education outcome area. This year, 19 of the program's participants were engaged in education. The program reported that one of their participants is going to the University of Northern Iowa.

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
KEY	99%	4	98%	4

Comments: KEY participants continue to report being very satisfied with the services they receive and the staff that support them, retaining an Exceeds Expectations rating. In interviews, participants praised KEY staff for being available and providing good support, especially during crises. Participants frequently noted that the staff and the activities they participated in helped them to become more independent or social over time. Many expressed the importance of close relationships they acquire with the staff. Representative comments include:

[Staff] is pretty good with insurance and [other staff] knows a lot about insurance. They are pretty good at housing.

I am getting more independent. I got an award for overall improvement. The staff I have is good. My new staff has proven to be awesome. Before I could not calm myself down, but I know now that talking to them [staff] helps.

They helped me become independent and have helped me become less of a child.

And if I need [staff], I just hit him up with a text and he arranges a get-together and talk. ...But as I started to know people, I was like, “this is pretty awesome.”

I have nothing but good things to say... [Services are] perfect: especially [staff]. KEY does help a lot though. [Activities] help me have better social skills.

I like being a part of this program. Most of them are good people. Specialists have improved. I have people here ... People here (KEY) cared. They help me with my social life. KEY has helped me be less shy.

[Staff] give me advice ... recipes and opportunities for jobs. [Staff] has given me someone to confide in. [Staff], he helped me, literally, move in.

They help me figure out my mental health stuff. ... [T]hey are willing to listen and give me advice. They support me in what I do. They give me advice to help me calm down in stressful situations. Each year it gets better and better. They have helped me gain more confidence.

She really helped me with the baseball crowd ... having her there and as an anchor. It has exposed me to a social circle outside my house and eased me into other stuff. Talking to other people helps me with my skills. If I am struggling I can text [staff], or call her, and always get a response. I feel great about it. She is great. Very accommodating.

They are caring and goofy. They support me making my decisions.

[Staff] is accessible. They have helped me in the past getting out more.

[Staff] makes sure I get what I need. I have them. I just don't use them. They talk to me. They talk my anxiety down. They root me on. I have learned a lot of things from these guys. They have helped me and furthered my insight. I use them for a crisis.

KEY participants voiced a few concerns. One lamented the time it has taken to get started with goals. One expressed frustration about staff turnover. One had a communication issue.

It is hard to work with [staff]. ... It takes forever. We started goal-planning in February and that didn't start until March or May. I expected government programs to be sucky and crappy. ... We either change it or we don't. There are too many of us and not quite enough workers.

I keep getting new workers and it is making me sick. I miss [staff] still. They are busy. I needed something but I called, and they didn't answer. Sometimes I didn't hear from them the same day.

The only complaint I have is in the past. Sometimes it was hard in the past but we decided to use Messenger to communicate. They sometimes don't respond and do a meeting when we need it...

A few participants offered suggestions for improvement.

The biggest thing I want to see with the KEY program is getting out more. It would be nice for them to come on a daily basis. I want somebody every day. I would train them more about Medicaid and Iowa Vocational Resource Services.

Just things from a technical standpoint like have a chat group or Slack ... like a work website.

They could use fewer clients per staff. I am sure staff are constantly frazzled. Get more staff.

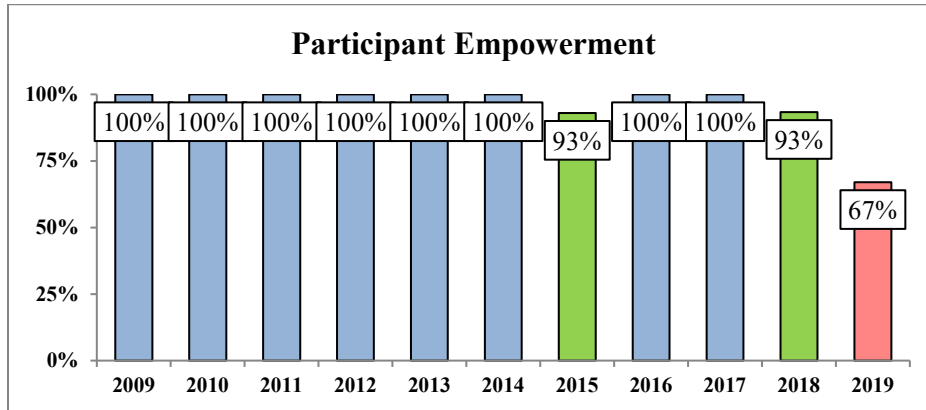
I wish they would interact more. We should meet more. Have more contact.

But I would like to see her more ... maybe once a week. More frequent visits would be appreciated.

There is not one consolidated KEY calendar ... like KEY Club with a page. CSA should have a page.

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
KEY	93%	3	67%	1

Measurement: The outcome is calculated as the percent of files reviewed that meet all four of the following criteria.

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

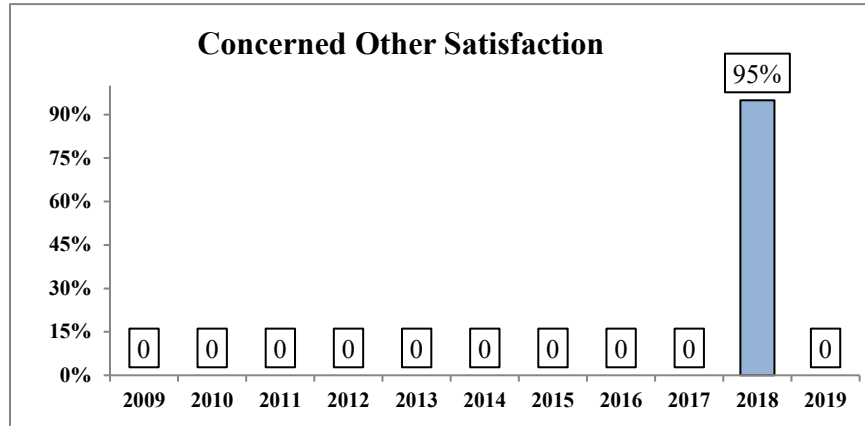
Comments: Participant empowerment has been a strength of the KEY program. However, this year, the program has been challenged, scoring 67%, putting the Participant Empowerment rating at Does Not Meet Expectations. Of 15 files reviewed, 10 of files met the four outcome criteria. The biggest reason for the score this year is that for five files, there was not documentation of regular discussions or activities related to employment or education for those participants who could work. PCHS expects that staff will address employment or education in some way at least once every three months, unless participants need a level of support that would make employment difficult or if they are retired. The agency reported that they had significant staff turnover this year, and training them of expectations and outcomes and on how to document their activities takes some time. Thus documentation may be inconsistent for a while as staff incorporate the training into their daily processes.

Based on the file review, all participants had either an employment goal or education goal, where goals were getting, maintaining, or upgrading employment and starting or completing educational goals (high school, GED, college). Less common goals included getting into the community, maintaining or improving mental health, and getting housing. Some had particular goals, such as getting through a pregnancy, having time with children, finding a safe place to spend time, getting a driver's license, and stay out of jail. One wants to keep doing well living better, and one want to be happier.

The program reported that this year is transitional for the agency. New staff take time to train, so the results of this outcome were likely affected by the complexity in training staff: Among their many duties they need to have regular empowerment conversations with participants as well as fully document those conversations, and the documentation in particular may have been intermittent.

FAMILY/CONCERNED OTHER SATISFACTION

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



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

Family/Concerned Other Satisfaction

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	95%	4	NA	NA

Comments: A primary purpose of the KEY program is to support these young adults who are aging out of the foster care system and who do not have family support. The program provided the evaluators with contact information for eight concerned others who agreed to be contacted. Three individuals responded to the survey calls and completed the survey.

In interviews, one concerned other reported that they appreciated the assistance the program provided, the way that staff treated the participants with respect, and the resources the program provided. One was glad they took the participant for exercise. Another appreciated the staff's friendliness. Representative comments included:

If we have something that has come up that has been difficult for her to figure out or cope with or work on, they try to help her. They are trying to gain her trust so that she can be more independent. Them being here for her and making a relationship with her. I mean that has made a huge impact on her. Also, CSA trying to stretch the boundaries and have her exposed to things that are not comfortable to her. Whenever they come to the house and I am there, they always respect her and also me. ... When [staff] talks to her, or about her, she seems interested. She

seems to be able to stay involved and connected to her. She is always super, super, nice and always calls right back if [Participant] needs her. If she wants to look into some things, they always try to find a resource or help her. The things that stick out the most is that they have unlimited resources that they have or know about that can help you. It is really just having someone there for you and helping you when they need it. They have done so many things for her, especially resources.

I think it's very beneficial that they come out and take him to the Y to exercise, because [Participant] needs all the exercise he can get. I think it is a lot better now that he gets out once a week.

[Staff] is very friendly and agreeable. I think he is getting the services he needs. They are very agreeable.

A few individual expressed some a concern and suggestion related to the program. One had a concern about staff caseloads. Another suggested the program have connections to other programs.

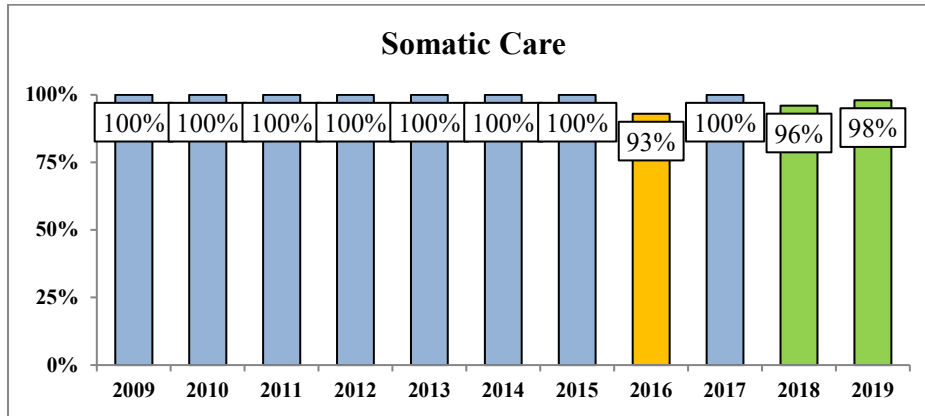
I guess the one thing would be if they would be able to have more people or more caseworkers. I feel like they have so many people they work with and so many people that need help. ... I think the program is too overwhelmed and they are burned out with all the people they are providing [supports to]. Once in a while they may go a while, like a week or two, without contacting her and I think they just get overwhelmed and they just can't. I do not know that they have the staff that they need.

Suggestion:

If they could make more connections with other programs... and also letting them know at school or when they need to sign up for help. People need to know that they can sign up and let people know and become more aware, but I am not sure if there are certain criteria. Just to have those connections to work with other programs. That may help.

ACCESS TO SOMATIC CARE

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



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

Somatic Care

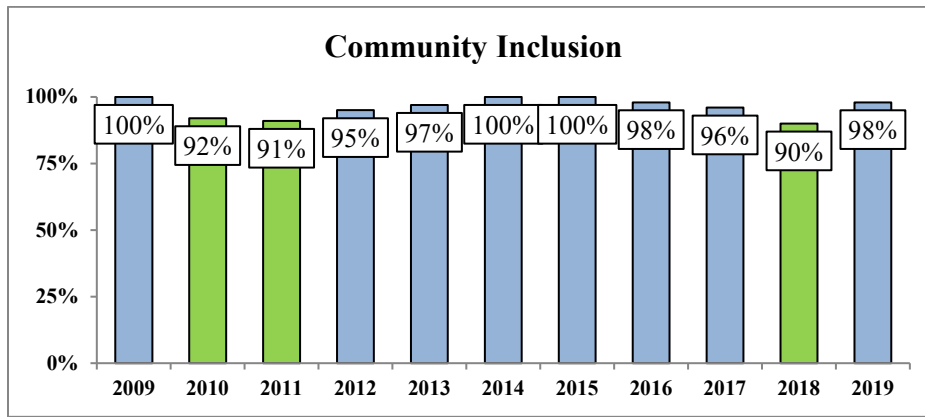
Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	96%	3	98%	3

Comments: The KEY program somewhat increased their performance on the Access to Somatic Care outcome area, resulting in a Meets Expectations rating. All but one participant were reported as receiving a physical, ongoing care from a specialist, or saw a primary care physician during the 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 (spiritual, civic, or cultural) three times during the year. Activities must be person directed, integrated, and community based (not sponsored by a provider agency).



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

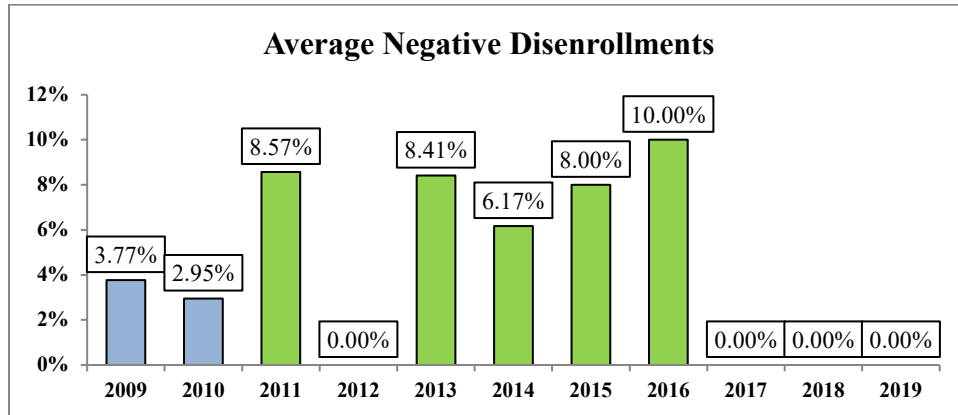
Community Inclusion				
Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	90%	3	98%	4

Comments: The KEY program continues to do well at supporting participants to be active and involved in their communities. They increased their community inclusion to a 98% score and an Exceeds Expectations rating. KEY participants, similar to other youth their age, are attending community events, participating at the YMCA, and visiting local attractions. This year all but one KEY participant met the criteria for Community Inclusion. Examples of community participation activities found in the file reviews are listed in Appendix D.

The program reported that they had a number of participants who were disengaged from the community this year. They worked to help members feel more engaged in their KEY Club, which included a commitment by the program to meet every Friday at 1:00, to include all staff, and to have activities member driven. In addition, staff were encouraged to have conversations with participants about recovery and empowerment.

NEGATIVE DISENROLLMENT

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



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

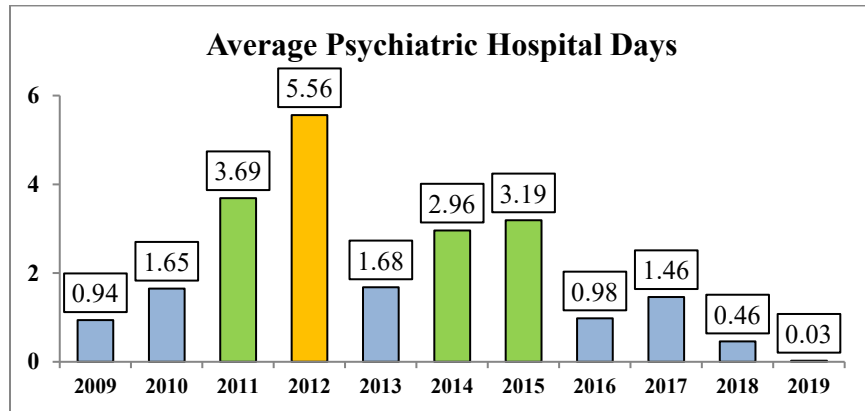
Negative Disenrollment

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	0.00%	4	0.00%	4

Comments: KEY exceeded expectations for the Negative Disenrollment outcome area. For the third year in a row, the program reported zero negative disenrollments. The program reported that they believe the success of this outcome is a result of their commitment to the individual.

PSYCHIATRIC HOSPITALIZATIONS

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



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

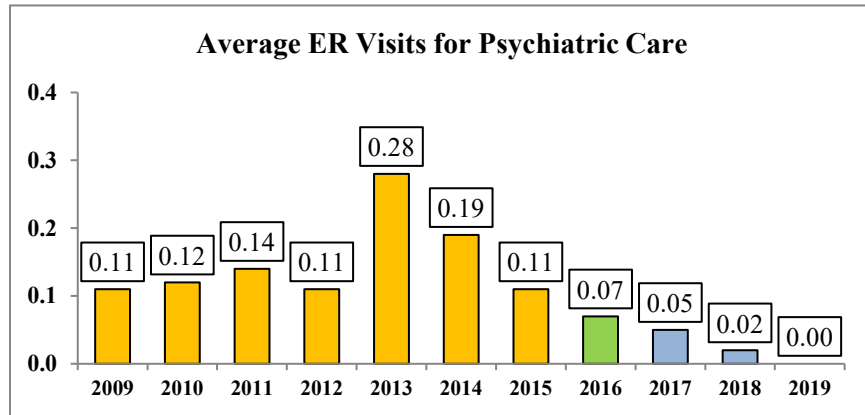
Psychiatric Hospitalizations

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	0.46	4	0.03	4

Comments: The KEY program maintained its Exceeds Expectations rating in the Psychiatric Hospitalization outcome area. The program reported its best year for hospital days, which totaled 15 bed days for psychiatric hospitalizations during the year.

EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

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



Goal	Rating	Points
0 – .06 visit	Exceeds Expectations	4
.07 – .10 visit	Meets Expectations	3
.11 – .19 visits	Needs Improvement	2
.20+ visits	Does not meet minimum expectations	1

Emergency Room Visits

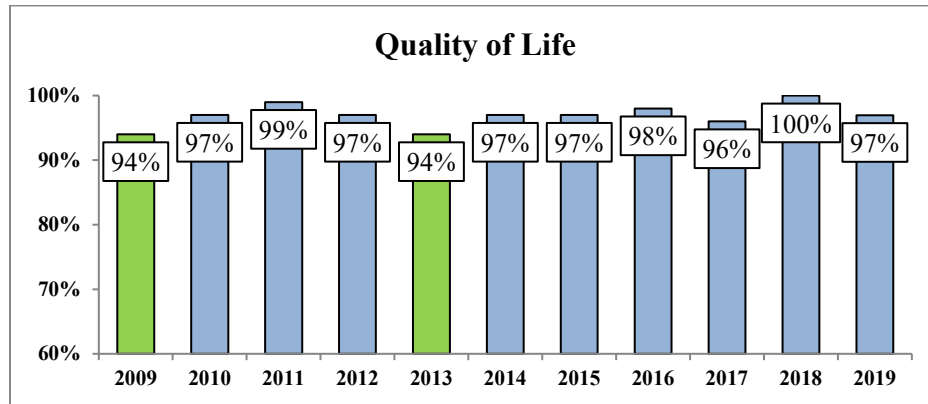
Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	0.02	4	0.00	4

Comments: The KEY program excelled in supporting participants in being connected to community providers, rather than using emergency rooms, for psychiatric care. This year, the program reported its best year for emergency room visits for psychiatric care, with no participant visiting the ER for psychiatric purposes, resulting in an Exceeds Expectations rating.

The program reported that they worked to dismantle stigmas related to mental illness and encouraged more talking about the issues. This helped to break down barriers that would often lead to admissions to the ER. Instead, participants had conversations earlier and were able to get more appropriate treatment for crises.

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
KEY	100%	4	97%	4

Comments: KEY participants reported being very satisfied with improvements in the quality of their lives since entering the program, maintaining their Exceeds Expectations rating. In interviews, participants acknowledged improvements in their lives. Some had developed better coping skills; others noted improvements in their housing and life skills, such as personal finances and making appointments. Several mentioned that they were more social and outgoing or had better relationships with family. Representative comments include:

Before I could not calm myself down, but I know now that talking to them [KEY staff] helps.

Routine tasks, self-care sort of things [have improved].

When I first started this program, I didn't know how to pay bills, to do job interviews ... everything about being on my own. I would like to talk to groups of kids and talk about my abuse to help them know it ends.

KEY does help a lot though. [Activities] help me have better social skills.

They help me with my social life. I have people here ... a few months ago my dad and I went through a dilemma. People here (KEY) cared. They help me. When I started, I didn't want to talk to people. KEY has helped me be less shy.

[Staff], she helped me, literally, move in. It is my first place on my own.

They give me advice to help me calm down in stressful situations. They are always there. Each year it gets better and better. I can still use help here and there. I still argue with Dad once in a while and he still doesn't understand my situations ... but they [KEY staff] are working with me to try and better understand him. They have helped me gain more confidence. We get involved in the community like game day and going to the zoo. It has made me more confident.

Stress - I deal with better. If something bad happens I can go to my plan.

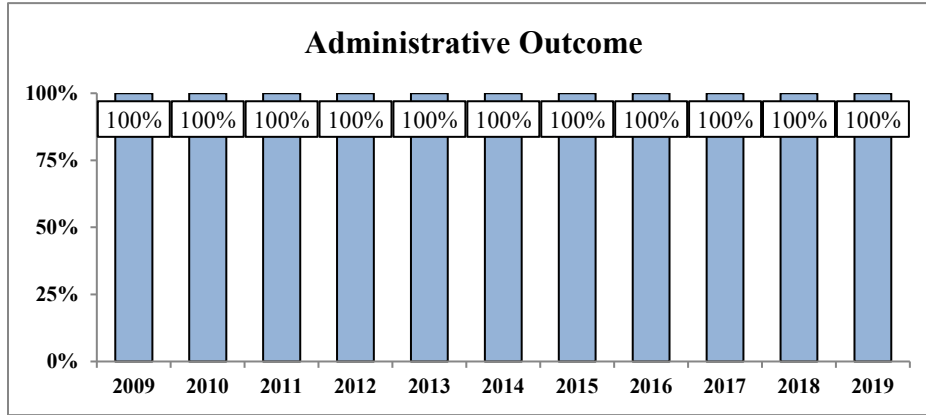
They support me making my decisions. I am just a little frustrated about living where I do. I talked to [staff] about an emotional support dog.

Before I was with them (KEY) I didn't want to make doctor appointments ... but now I will make my own and I am on my medications and they will give me rides. My uncle died last year and I am now learning to not bottle my feelings.

I have learned a lot of things from these guys. They have helped me and furthered my insight. I am a humble guy. I use them for a crisis. If I am going down a hole, I call them. I grew up seeing the symptoms.

ADMINISTRATIVE OUTCOME AREAS

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



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

Administrative Outcomes

Organization	2018 Results	2018 Score	2019 Results	2019 Score
KEY	100%	4	100%	4

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

SUMMARY OF PROGRAM PERFORMANCE TABLE

2019 Scale

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

2019 Outcome Summary	KEY Results	KEY Score
Community Housing	91%	4
Homeless	0.00	4
Involvement in the Criminal Justice System	3.82	3
Employment – Working Toward Self-Sufficiency	21%	3
Employment – Engagement Toward Employment	33%	3
Education	41%	4
Participant Satisfaction	98%	4
Participant Empowerment	67%	1
Concerned Other Satisfaction	NA	NA
Access to Somatic Care	98%	3
Community Inclusion	98%	4
Negative Disenrollments	0.00%	4
Psychiatric Hospital Days	0.03	4
Emergency Room Visits for Psychiatric Care	0.00	4
Quality of Life	97%	4
Administrative	100%	4

Outcome Summary Comparison	Percentage	Total Points
2018 Total (based on 64 possible)	92%	59
2019 Total (based on 60 possible)	88%	53

APPENDIX A: FILE REVIEW FORM

KEY/FACT

File Review and Data Coding

Last case notes reviewed:

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

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

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

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

I. Housing:

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

Education:

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

Consumer Empowerment

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

20. Comments:

21. Somatic Care:

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

22. Comments:

23. Community Inclusion:

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

24. List Community Participation Activities:

25a. List Other Activities:

26. Comments:

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

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

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

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

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

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

B3. I know who to call in an emergency.

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

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

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

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

B10. The staff treat me with respect.

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

B12. I am satisfied with my staff.

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

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

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

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

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

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

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

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

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

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

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

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

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

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

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

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

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

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

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

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

B11 If I knew someone in need of similar help, I would recommend the KEY program.

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Attended church

Civic

Cultural

Attended Altoona Carnival

Attended Fourth of July parade

Attended Farmers' Market

Attended Dirt Track Races

Attended Jolly Holiday Lights

Participated in bowling

Participated at the YMCA

Participated at a YMCA Exercise Class

Participated in an Easter egg hunt

Visited Art Studio

Visited the Botanical Garden

Visited the Science Center

Visited Pappajohn Sculpture Park

Visited the Military Museum

Visited a zoo

Went camping

APPENDIX E: KEY FILE REVIEW RESULTS

Outcome Area	Specific Outcome	KEY		
		Frequency	Expected	Accuracy
Housing	File and PolkMIS Agree	14	15	93%
Education	File and PolkMIS Agree	13	15	87%
Employment	File and PolkMIS Agree	15	15	100%
Participant Empowerment	All Goal Components Present	10	15	67%
Somatic Care	File and PolkMIS Agree	15	15	100%
Community Inclusion	File and PolkMIS Agree	15	15	100%
Homelessness	File & PolkMIS Agree	15	15	100%
Jail	File and PolkMIS Agree	15	15	100%
Negative Disenrollment	File & PolkMIS Agree	15	15	100%
ER Visits	File and PolkMIS Agree	15	15	100%
Psychiatric Hospitalizations	File and PolkMIS Agree	15	15	100%

APPENDIX F: OUTCOME CRITERIA

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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