Polk County Mental Health and Disability Services Region

2021 Integrated Health Homes/Service Coordination

Outcomes Evaluation

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POLK COUNTY INTEGRATED HEALTH HOMES/SERVICE COORDINATION EVALUATION SUMMARY

SUMMARY

This is a report on the findings of the evaluation of care coordination for participants with mental illness from July 1, 2020, through June 30, 2021. Results for integrated health home (IHH) and service coordination (SC) programs are combined for th evaluation. There are three integrated health home/service coordination programs evaluated by the population served. Programs vary in size with the smallest serving a monthly average of 218 participants to the largest with 806 participants in the Polk Region.

Agency	Avg. Participants Served per Month
IHH/SC Programs	
Broadlawns IHH-ICM/SC	806
CSA IHH-ICM/SC	218
Eyerly Ball IHH-ICM/SC	560
System	1,584

This year, **the Integrated Health Home / Service Coordination system** was challenged by outcome expectations. This is the sixth year that IHH and SC outcomes have been combined. The combined system achieved an overall 72% performance, resulting in a Needs Improvement rating. One program met expectations, and the other two were challenged by the evaluation expectations.
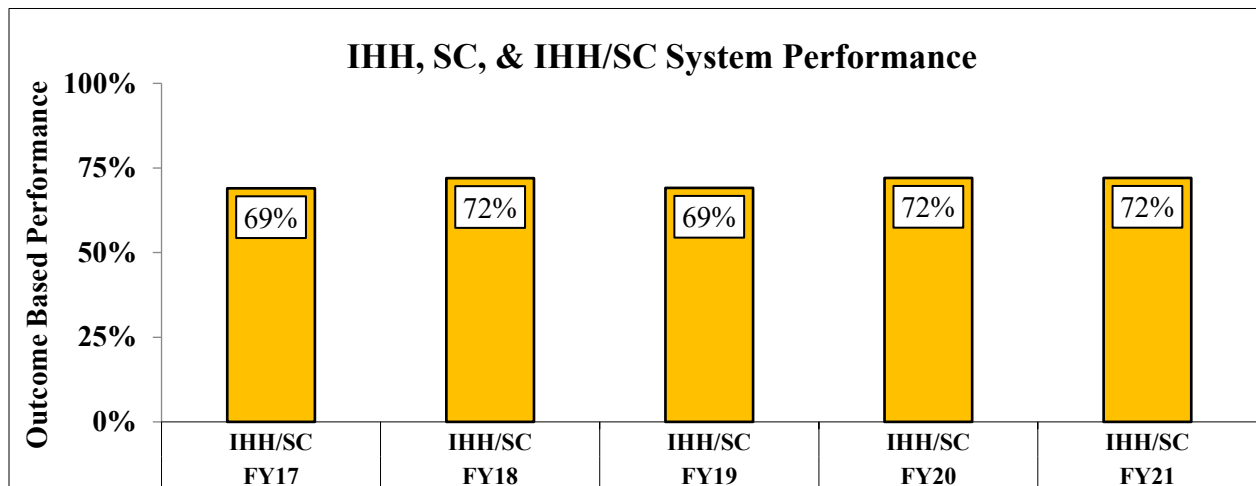
The IHH/SC system **exceeded expectations in six outcome areas**: Community Housing, Participant Satisfaction, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Administrative Outcomes.

The system **met expectations in six outcome areas**: Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Adult Education, Appropriate Disenrollment, and Quality of Life.

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The system was **challenged in the remaining five outcome areas**: Homelessness, Participant Empowerment, Family and Concerned Others Satisfaction, Access to Somatic Care, and Community Inclusion.

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
• Community Housing • Participant Satisfaction • Negative Disenrollments • Psychiatric Hospitalizations • Emergency Room Visits for Psychiatric Care • Administrative Areas	• Involvement in the Criminal Justice System • Employment – Working Toward Self-Sufficiency • Employment – Engagement Toward Employment • Adult Education • Appropriate Disenrollments • Quality of Life	• Homelessness • Access to Somatic Care	• Empowerment • Family and Concerned Others Satisfaction • Community Inclusion

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

The combined IHH/SC system performed well in several areas. More than nine of every ten participants (96%) were reported to be living in safe, affordable, acceptable, and accessible community housing.

Agencies consistently reported challenges, or impending challenges, that affected the housing market in the county. A recently passed state law prevents counties from mandating landlords to accept Section 8 rental support (see below). This law will come into effect in 2022, but appears to already be affecting the county. Second, the COVID eviction moratorium allowed individuals to remain in their homes generally without the consequence of eviction for nonpayment of rent. During this time, rental support resources have been constricted in different ways. A state law caused a change in county policy, which has eliminated rental support for a large number of residents with mental illness disabilities. Further, a last resort housing assistance option, Rapid Rehousing, was no longer available because it has reached a funding cap. Agencies warned that once the eviction moratorium has been lifted and landlords are able to enforce evictions, there could be a surge of homelessness in the county.

In contrast, the Polk County system again averaged high rates of homelessness, though significantly lower than the previous year. The system reported a total of 3,144 homeless nights, averaging about two homeless nights per participant for the year, comparable to the previous year (4,270 nights).

One of every three participants (39%) was engaged in employment, working at least five hours per week, and about one of every five participants (21%) was working at least 20 hours per week. Despite COVID-19, these percentages reflect a system high for employment in recent years.

One of every five adult participants (21%) participated in education related to employment.

Programs were successful in supporting participants' physical and mental health. More than nine of every ten (92%) participants received a physical or other medical care from a primary care physician or medical specialist during the year.

This year, Emergency Room visits exceeded expectations with a total of 31 ER visits (0.02 average) for the year in the system. Programs were successful in supporting participants to minimize psychiatric hospitalizations.

No participants were negatively disenrolled from any program, possibly associated with high levels of participant satisfaction as mentioned above. Within the service coordination tracks one of every five (20%) participants were appropriately disenrolled to other services or to independence.

The system improved in involvement with the criminal justice system from last year. Total jail days reported by the system were 2,805, averaging less than 2 jail days (1.77) per participant for the year, about three-quarters of those reported in FY20 (3,782). Criminal justice system involvement in the system showed a reduction with 2,805 total jail days (averaging 1.77 days per participant) for the year, down from 3,782 in FY20.

All IHH/SC programs were challenged by the Community Inclusion criteria. Of participants, 54% were reported to have met these criteria during the year, down from 70% last year. Agencies reported that COVID was generally the cause for the low numbers of community inclusion compliance, because for much of the year community activities were mostly not available.

The IHH/SC programs continued to be challenged by the Participant Empowerment outcome area, with one agency meeting expectations. Participant Empowerment is based entirely on the file review. Of the 124 files reviewed, 93 (75%) were found to meet expectations for the Participant Empowerment outcome, a decrease from last year (84%). The most challenging criterion for IHH/SC programs was documenting regular conversations about employment or education (or community inclusion for those who need higher levels of support) with 104 files (84%) meeting criteria. The other outcomes were less challenging. There were 114 files (92%) that documented consumer involvement in the goals, 114 (92%) that documented measurable goals in place and addressed regularly, and 119 (96%) documented delivery of services. Goals are essential to service provision. They document the agreement between the individual's choices and desires, the services that the program is willing and able to provide, and the basis for which funding is provided. Without such plans, services are unguided, participants do not know what they can expect, and one may question the provision of public funds. Thus, documentation of goals is critical to the functioning and accountability of service provision. Employment and education are expectations, guided by goals, for most individuals receiving services.

Agencies across the system reported administrative burden from changing program expectations, including repeated changes to forms, additional, burdensome expectations for data tracking, and extremely short deadlines, which tasked additional burdens in a challenging year for Care Coordinators. Care Coordinators described the experience as chaotic, overwhelming, and unmanageable in terms of job responsibilities. Nonetheless, Participant Satisfaction and Quality of Life results demonstrate that Coordinators prioritized support to participants.

Overall, despite challenges with homelessness, the system has maintained a high percentage of participants in housing. And despite challenges in somatic care, and community inclusion, which can be characterized as outcomes that tend to be achieved as participants become more stabilized, the

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system has continued to reduce visits to the emergency room and hospital stays for psychiatric reasons.

COVID-19
An additional challenge this year was the COVID-19 pandemic. The Iowa state of emergency began March 9, 2020, with the Governor's Proclamation of Disaster Emergency. Gradual reopening began with an April proclamation for outside businesses, and May proclamations for indoor businesses followed. The pandemic resulted in statewide job layoffs and furloughs, with many citizens substantially confined to their residences for four months of the fiscal year.

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

1. Have your needs been met by your care team since the onset of the COVID-19 measures requiring people to shelter in place?
Of the 174 participants who responded to the COVID questions, 148 responded Yes, 19 responded NO, and 7 responded Some, Not All. When asked to elaborate, respondents generally agreed that they were getting their needs met with little change in services. Sixty respondents elaborated that there was no change in services, that their needs had been met, or that their needs were met but with a small change in services, such as using the phone more, masks, and needing to sanitize. Another 15 responded that generally their needs had been met but that there was a period of transition where they may have felt secluded, got depressed, or gained weight, for example. Another 6 respondents elaborated that they received extras, such as food delivery or financial assistance. Seven respondents suggested that they received reduced services, such as fewer visits, the office being closed, or appointments cancelled. Four respondents remarked that they did not have any needs during the year.

Among the respondents who stated their needs were not met during the year, 8 cited a reduction in services, such as the office being closed, fewer contacts with staff, and no in-person visits. An additional 4 respondents indicated they had not received services when they needed them, such as transportation to the doctor or moving to new housing. Another 2 cited lack of transportation. Another 2 indicated that change was difficult.

2. Who initiated contact between you and your team since mid-March?
Of the 174 respondents, 165 responded that contacts were initiated by the agency, 3 responded Participant Initiated, 3 responded Other, and 3 responded Neither. Among the participants who responded Other, one indicated that they interacted with staff from other programs. Another remarked that they could not contact other staff from the team besides the main staff contact.

3. In what ways did you communicate?
Of the 170 respondents who responded to this question, 45 responded that contacts were conducted via phone, 37 responded by text, 23 responded by email, and 65 responded Other. Of the 65 respondents who responded Other, 60 responded that they met face to face. Of these, 4 specified that they met at the program office. Other modes of contact included regular mail, conferencing software such as Zoom, Google Meet, "telehealth calls," or Skype.

Selected quotations from these questions have been included in the Participant Satisfaction Outcome section below.

Additional Satisfaction Questions Related to COVID-19 Pandemic - System Results			
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the COVID-19 measures requiring people to shelter in place?	148	19	7	0
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	3	165	3	3
	Phone	Text	Email	Other
In what ways did you communicate?	45	37	23	65

DETAILS

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

Changes in Evaluation Procedures:

For the FY21 evaluation, at the request of the Polk County Region, LHPDC added three questions to the satisfaction interviews to provide an understanding of how the COVID-19 pandemic affected services from the perspective of participants. An analysis of the results is included in the Introduction. Verbal responses are included in each agency's summary.

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

- Meetings with program supervisors and staff members
- Documentation of changes to state Medicaid policies and program requirements
- File reviews
- Interviews with participants and family members
- Analysis of data submitted to Polk County Health Services (Polk County Region)

    Meetings. Exit interviews over Zoom web conference software were conducted with directors and staff at each agency in September to review the outcome data with them and receive their insight on agency performance for the year.

    File Reviews. The evaluators randomly selected at least ten percent sample of the active files of each agency at the time of sampling for file review but capping the samples at 50 for the larger agencies (124 IHH/SC total). The File Review Form (Appendix A) was used to monitor documentation. The expectation is that reported results will be consistent with information in the file in order for the Polk County Region to have confidence in and rely on the information reported by the

programs. Participant Empowerment outcome is based solely on the file review. As technical assistance, programs were provided with information from the file review.

Participant Interviews. The evaluators interviewed at most ten percent of adult program participants at the time of sampling from each of the agencies, resulting in a total of 174 IHH-SC participant interviews (80 BMC, 25 CSA, and 69 Eyerly Ball). Because of the pandemic, interviews were conducted entirely by phone. The Participant Satisfaction and Quality of Life interview questions are included as Appendix B of the report. Comments from the interviews are included in each program's summary. Although direct 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 quotations.

Concerned Others Interviews. The goal was to interview approximately ten percent of family members or concerned others of program participants at the time of sampling as part of the evaluation process. For the IHH-SC program, evaluators were able to complete only 125 of the expected 15 family and concerned other interviews because of a response rate from the sample from one agency. These family members or concerned others commonly included parents, guardians, siblings, spouses, adult children, grandparents, aunts/uncles, and others. These interviews were conducted by phone. The interview questions for Family and Concerned Other Satisfaction are contained in Appendix C of the report. Comments from the interviews are included in each program's summary. Although direct 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 quotations.

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

OUTCOMES

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

COMMUNITY HOUSING

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

Community Housing

FY17 IHH/SC	94%	
FY18 IHH/SC	94%	
FY19 IHH/SC	93%	
FY20 IHH/SC	94%	
FY21 IHH/SC	96%	
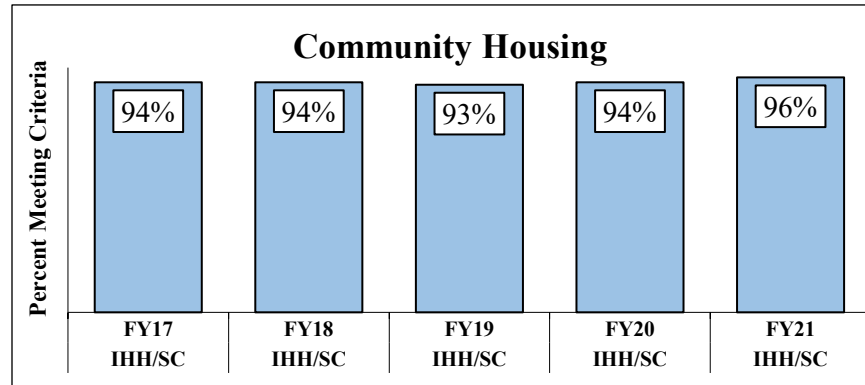
Goal	Rating	Points
90% - 100%	Exceeds Expectations	4
80% - 89%	Meets Expectations	3
70% - 79%	Needs Improvement	2
Below 70%	Does not meet minimum expectations	1

Community Housing

IHH/SC Organization	Results 2020	Score 2020	Results 2021	Score 2021
Broadlawns	99%	4	99%	4
CSA	92%	4	89%	3
Eyerly Ball	87%	3	93%	4
IHH/SC System Avg.	94%	4	96%	4

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

Agency Director and Staff Perspectives:

Reduction in housing placement and rent support resources
- Eligibility for rent assistance was narrowed to participants with Serious Mental Illness (SMI) diagnoses in response to legislative desire to reduce housing support budget
    - Impacted access to housing support for lower needs participants (e.g., NCMI)
- Polk County shifted funding streams for rent assistance to General Assistance, but total funds available for assistance and access to Rapid Rehousing funds were reduced or available only after applying for SSI
    - Immediate impact on participants was lessened due to the federal eviction moratorium, but agency leadership and staff anticipate many participants are facing eviction since the moratorium ended
    - Agencies emphasized the critical importance of stable housing and providing timely rent assistance during transitions for participants (e.g., moving, post hospitalization, new enrollees before full housing benefits are available)
- Agencies reported that fewer resources prompted some participants to increase income through employment to maintain housing.

Pandemic Relief filled some gaps in housing resources
- IMPACT funding and Iowa Finance Authority funding was used to mitigate rental costs.

Shortage of affordable housing options and supportive landlords
- Upcoming changes to Section 8 policy changes will allow landlords to refuse renting to participants paying for rent with subsidies or Section 8
    - While the policy does not go into effect until January 1, 2022, agencies reported that participants were being notified so landlords can remodel housing for higher rent
- Agencies reported concerns that the supply of affordable housing that also meets safety, accessibility, and acceptability criteria is dwindling.
    - Ensuring criteria were met was challenging during pandemic due to fewer or no home visits.
    - Agencies shared perceptions that landlords were less responsive to maintenance requests during the pandemic

Challenging to maintain compliance in documentation
- Agencies reported administrative burdens in ensuring housing documentation was in compliance (e.g., paperwork needed to be restarted if there was an error, which was difficult to track when participants moved and there were fewer face-to-face interactions)

HOMELESSNESS

Outcome: Reduce the number of nights spent homeless. The intent of this outcome is to provide adequate supports for people in the community. The outcome is measured by the average number of nights spent in a homeless shelter or on the street per individual per year.
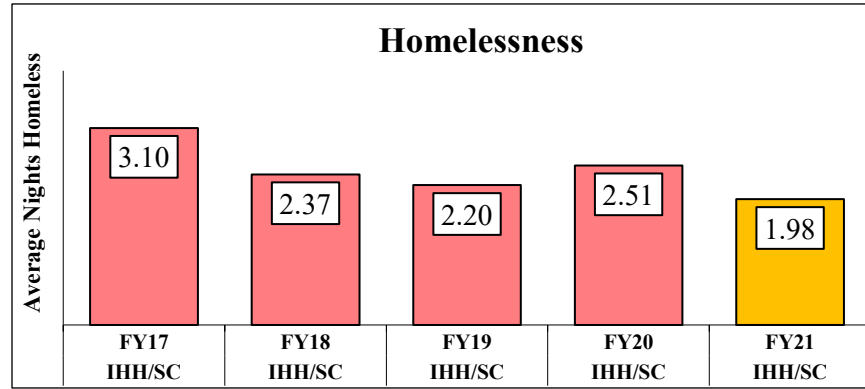
Goal	Rating	Points
0 – .4 night	Exceeds Expectations	4
.41 – 1 night	Meets Expectations	3
1.01 – 2 nights	Needs Improvement	2
2+ nights	Does not meet minimum expectations	1

Homelessness

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	0.50	3	0.41	3
CSA IHH/SC	1.68	2	1.60	2
Eyerly Ball IHH/SC	5.88	1	4.39	1
IHH/SC System Avg.	2.51	1	1.98	2

General Comments: The IHH/SC system continues to be challenged in this outcome area but did improve in its rating, averaging less than two homeless nights per participant. Program results were mixed. The system rating of Needs Improvement was largely the result of high homeless rates reported by one of the three IHH/SC programs. Two agencies were challenged in this outcome, and one met expectations. Broadlawns had a total of 335 nights. Out of 5 individuals (0.6% of BMC participants) who experienced homelessness, 2 were homeless over 4 months, accounting for 275 (82%) of BMC homeless nights. CSA had 3 participants (1%) homeless for 348 nights, with two participants accounting for 345 (99%) of the nights. And Eyerly Ball had 21 participants (3.75%) homeless for 2,461 nights. Eyerly Ball had 5 participants experience more than 6 months of homeless nights, accounting for 47% of the nights. One participant in the Eyerly Ball Service Coordination program was homeless for the entire year (365 nights).

Agency Director and Staff Perspectives:

Newly enrolled participants entered the program while experiencing homelessness
- Referrals from psychiatric emergency departments, Department of Corrections, Familiar Faces program, and homeless shelter (Central Iowa Shelter & Services) would increase homeless rates because participants would enter the system homeless
  - Agencies continued to accept participants regardless of housing status and barriers to housing such as limited rental history and criminal records
- Participants experienced delays in benefits enrollment and access to housing resources
  - Agencies reported a provider shortage for Supported Community Living (SCL) openings and SCL expectations that participants would have funding secured prior to joining waitlists, which can be 6-8 months for services

Participants experienced unstable housing
- Agencies reported that many participants were able to avoid homelessness by staying with friends or family temporarily, particularly younger participants, but agencies prioritized the goal to achieve safe and stable housing for all

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.

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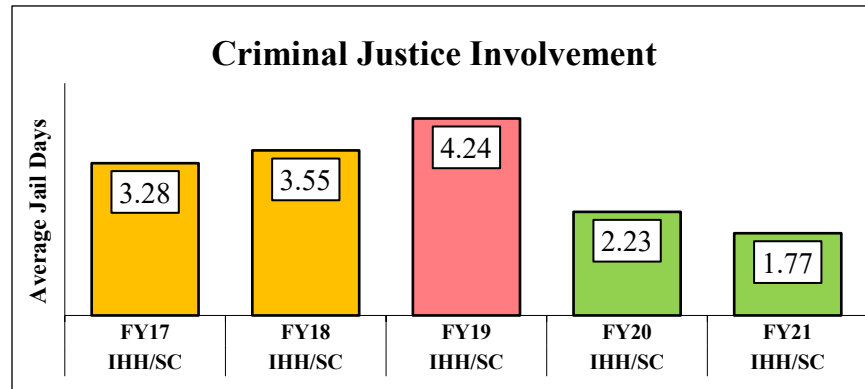
Goal	Rating	Points
0.00 – 0.99 day	Exceeds Expectations	4
1.00 – 2.99 days	Meets Expectations	3
3.00 – 3.99 days	Needs Improvement	2
4+ days	Does not meet minimum expectations	1

Jail Days

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	2.16	3	1.46	3
CSA IHH/SC	3.07	2	1.78	3
Eyerly Ball IHH/SC	2.02	3	2.21	3
IHH/SC System Avg.	2.23	3	1.77	3

General Comments: This year the average number of days participants spent in jail decreased to less than 2 days per participant on average, keeping the rating at Meets Expectations for the Involvement with the Criminal Justice System outcome. At Broadlawns, 59 participants (7%) experienced at least one night in jail totaling 1,177 nights. Fifteen BMC participants spent at least one month in jail, amounting to 847 nights, 72% of BMC's total nights. At CSA, 13 participants (6%) had at least one night in jail, totaling 380 nights. Of these, 5 experienced at least one month (90%) of jail nights. And at Eyerly Ball, 49 participants (9%) had a total of 1,240 nights in jail. Nineteen participants experienced at least one month of jail days, accounting for 1,045 (84%) nights.

Agency Director and Staff Perspectives:

Participants with criminal records faced additional barriers to stability
- Agencies report participants involved in the criminal justice system can have severe mental illness and face challenges gaining acceptance into services, sometimes due to a prior negative history or severity of charges, finding employment, and securing housing
- A few individuals in the total participant population can account for a majority of jail days accumulated

Participants with criminal records encountered systemic shortcomings in accessing needed services
- Participants faced barriers in accessing substance use treatment, and justifying needs for specialized services needed to be combined with mental health diagnosis and treatment
- Levels of Service could limit meeting needs of participants who chose to not live in Hab housing. In this case, participants entered a less intensive tier of support, which limited hours staff could spend with them (though issues were complex enough to qualify for more intense tier of support)
  - Gap between tiers was 4 hours to 16 hours per week. Then daily service was the next threshold

Agencies were responsive to complex needs of participants
- Providers reported extended hours in a day for people to have access to care. This was important because people are more symptomatic at late in the day or at night. In one instance, a participant had been placed in a hotel, thereby preventing the person from committing crimes

Collaborations prevent arrest and support community re-entry
- Agencies reported positive outcomes for participants through collaborations with Eyerly Ball's Jail Diversion program and UnityPoint Security.
- Along with making pre-trial release arrangements via the Jail Diversion program, agencies noted that time spent in jail was lessened because jails were aiming to keep capacity lower due to COVID.
- Agencies reported limited access to participants while in jail during COVID.

EMPLOYMENT OUTCOMES – WORKING TOWARD SELF-SUFFICIENCY

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

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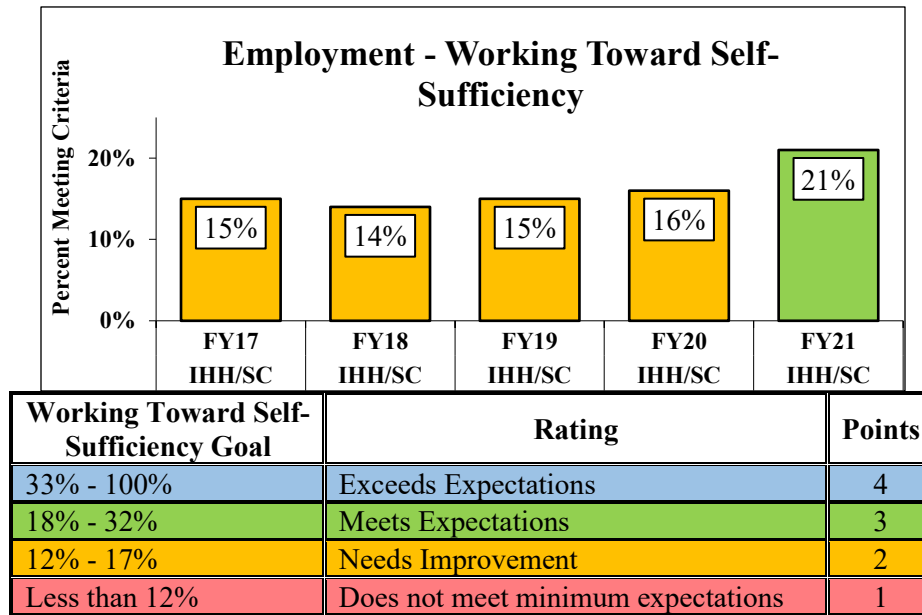
Working Toward Self-Sufficiency

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	14%	2	19%	3
CSA IHH/SC	34%	4	31%	3
Eyerly Ball IHH/SC	11%	1	19%	3
IHH/SC System Avg.	16%	2	21%	3

General Comments: The IHH/SC system improved in the Employment for Self-Sufficiency outcome this year, reporting about one in five participants working at least 20 hours per week at or above minimum wage. Program results were consistent with all IHH/SC programs rating a Meets Expectations in this outcome area. Among all agencies, 270 participants out of 1,268 eligible participants were working toward self-sufficiency.

EMPLOYMENT OUTCOMES – ENGAGEMENT TOWARD EMPLOYMENT

Outcome: The number of individuals engaged toward employment during the year will increase. The Polk County Region recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. The Polk County Region has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (typically October and April). Note that prior to FY18 reporting was conducted over four one-week reporting periods (quarterly).
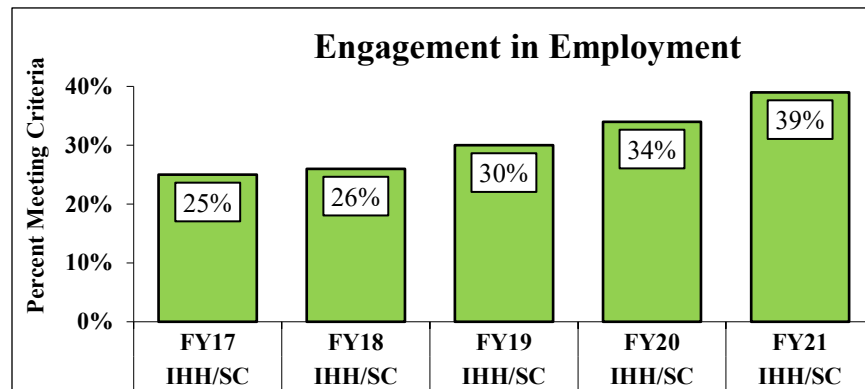
Engagement in Employment

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

Engagement Toward Employment

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	36%	3	41%	4
CSA IHH/SC	53%	4	47%	4
Eyerly Ball IHH/SC	24%	3	34%	3
IHH/SC System Avg.	34%	3	39%	3

General Comments: More than one of every three IHH/SC participants was working five or more hours at or above minimum wage, meeting expectations. Two programs exceeded expectations, and one met expectations. This was another increase from last year in a progression of increases for the last six years. Among all programs, 497 participants out of 1,268 eligible participants were working at least 5 hours per week earning at least minimum wage.

Agency Director and Staff Perspectives:

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Employment opportunities in the community and other service programs
- Workforce shortage allowed for more opportunities for those who wanted employment
- Utilization of programs and local resources for employment and support

COVID pandemic and quarantine impacted participants' mental health and service delivery systems
- Mental health declined and more symptoms appeared in individuals
- Program shutdowns and startups took longer periods of time
- Work hours changed due to COVID: getting more hours, being laid off, or voluntarily quitting due to discomfort in pandemic work environment
- Virtual options for trainings or employment were difficult to attend due to technology issues

Staff addressed employment more intentionally and worked toward more engagement in employment
- Due to rent assistance changing, more intentional discussions about employment to fill those gaps happened
- Difficult to find job development due to long and slow-moving waitlists
- Focused more on outcomes and working with participants on improving outcomes (e.g., education)

ADULT CONTINUING EDUCATION

Outcome: The number of individuals receiving classes or training provided by an educational institution or a recognized training program leading to a certificate or degree will increase. The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings. Their intent for this outcome is to increase skill development. The outcome is measured by the percentage of employable individuals involved in training or education during the fiscal year.
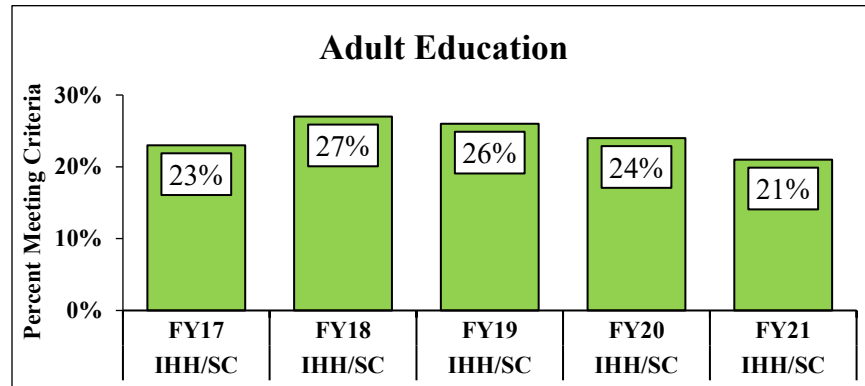
Goal	Rating	Points
40% - 100%	Exceeds Expectations	4
20% - 39%	Meets Expectations	3
10% - 19%	Needs Improvement	2
Less than 10%	Does not meet minimum expectations	1

Education – Adult

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	43%	4	31%	3
CSA IHH/SC	25%	3	20%	3
Eyerly Ball IHH/SC	9%	1	10%	2
IHH/SC System Avg.	24%	3	21%	3

General Comments: The IHH/SC system met expectations again this year with about a quarter of eligible participants involved in education. Two of the IHH/SC programs met expectations. One program was challenged this year.

Agency Director and Staff Perspectives:

Pandemic barriers to education opportunities
- COVID-19 limited opportunities at work for participants to receive training. Community-based options, such as Goodwill, were limited
- Agencies reported some younger participants held off going to college during the pandemic after high school because they did not feel that online learning was best for them
- Agencies reported that some participants preferred face-to-face education over online education that had been offered during the pandemic
- Agencies and participants encountered waitlists for supportive education
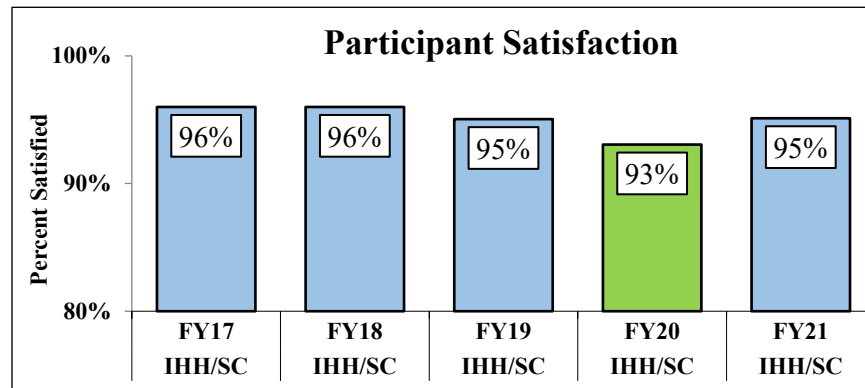
Challenge to focus on education
- Agencies reported that housing, employment, and somatic care often took precedence over education. Agency staff forgot to prompt education conversations and opportunities with participants
- Agencies also reported inconsistencies with tracking education
- Education was not as popular among participants
- New system was put in place at one agency to assist agency staff with supporting participants' educational goals

Education engagement
- Agencies reported that the majority of participants engaged in continuing education through the jobs they were working in. Employed participants received training through work via the High School Equivalency Test (HiSET) and DMACC classes
- Some participants were also enrolled in high school and college
- Agencies reported some participants preferred and thrived with online learning. Reports of bachelor's and master's degrees completed online.

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. Polk County Region's expectation is service excellence. The Polk County Region expects that the vast majority of individuals will rate their program's service in the highest category.

Participant Satisfaction

Percent Satisfied	FY17 IHH/SC	FY18 IHH/SC	FY19 IHH/SC	FY20 IHH/SC	FY21 IHH/SC
	96%	96%	95%	93%	95%

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

Participant Satisfaction

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	96%	4	95%	4
CSA IHH/SC	92%	3	97%	4
Eyerly Ball IHH/SC	89%	2	95%	4
IHH/SC System Avg.	93%	3	95%	4

General Comments: This year Participant Satisfaction again attained an Exceeds Expectations rating. All IHH/SC programs exceeded expectations. Comments from participants are included in each program's summary.

Agency Director and Staff Perspectives:

Staff and Care team focused on building strong relationships with participants to ensure care and needs being meet

**Agencies provided support and need assistance during the pandemic**
- Provided support and positive affirmation, with use of work phones to provide more services for participants
- Restructured team approach to improve implementation, communication, and quality
- Used the Compassion Fund with UnityPoint to assist with client needs (e.g., utility bills)

Agencies provided a variety of meeting types for participants to allow for comfortability during COVID-19 and allowed for compromise in communication and frequency of contact

- Completed comfort calls, using other options for virtual contacts like Facebook, Zoom, and video chats to provide care and support when unable to do face to face
- Began meeting in person recently, and explored ways to meet other than face to face while providing more personalized services during COVID
- Provided more check-ins and contact for support and to be a positive presence during a time where feelings of isolation were higher

PARTICIPANT EMPOWERMENT

Outcome: Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system. The Polk County Region recognizes that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is based on the file review. The outcome is the percent of files reviewed that meet the following four criteria: (1) evidence that the participant was involved in setting the goals, (2) individualized, measurable goals were in place and documentation of the services the program planned to provide to achieve the goals, (3) employment or education goals were addressed with the participant, or community integration if the participant is 65 or older, applying for disability benefits, or eligible for Level 5 or 6 supports, and (4) goals were regularly reviewed with respect to expected outcomes and services documented in the file.
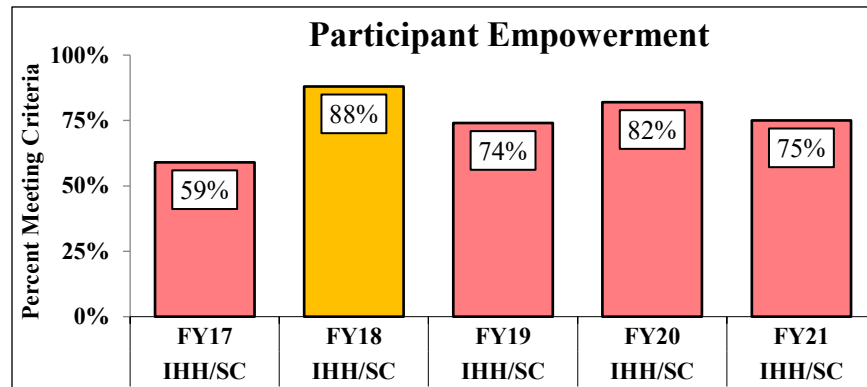
Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs Improvement	2
Below 85%	Does not meet minimum expectations	1

Participant Empowerment

IHH/SC Organization	Percentage 2020	Score 2020	Percentage 2021	Score 2021
Broadlawns IHH/SC	68%	1	60%	1
CSA IHH/SC	100%	4	92%	3
Eyerly Ball IHH/SC	88%	2	82%	1
IHH/SC System Avg.	82%	1	75%	1

General Comments: The IHH/SC system continues to be challenged by this outcome area, with a Does Not Meet Expectations rating. About 75% of files documented participants' involvement in creating and setting goals, that they had goals in place and were addressed regularly, and that employment or education were addressed regularly. The most common challenge among the agencies was lack of documentation that staff were having conversations about employment or education (or meaningful activities in the community or day program for those needing higher levels of support). For this component of this outcome, 84% of files met expectations. Information about each program's performance can be found in the program summaries. One agency met expectations.

Agency Director and Staff Perspectives:

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Agencies struggled with changes from MCOs and data collection formats
- Changes in paperwork, additional data measurements due to COVID
    - Additional documentation required.
    - There were longer assessments changing from a few pages to upwards of 20+ pages to be completed
- New documentation did not account for the trauma that participants may have gone through and was not strength-based, which in turn may have undermined trust between participants and case workers

Agency and staff struggled with burnout causing staff turnover and high caseloads
- Suggested more funding to hire staff and lower current staff caseload from 50+ participants
- Struggled with feelings of hopelessness, being overwhelmed, loss of control, and low staff morale
- Suggested fill-ins for DSP to assist with participants' needs in transportation or moving

Documentation changes caused lower scores due to large number of changes and pressure to complete the documentation over working with participants
- Due to COVID, signatures on documentation were completed later or omitted. Similarly plans with addendums were duplicated or not signed
- Issues with maintaining information flow with participants, so incident reports were documented later with little information
- Document changes were highly analyzed causing more pressure on staff to complete and revise the documentation and the addendums instead of working with participants
- Preferred higher rates of satisfaction over higher numbers in participant empowerment
- Discussing participant empowerment, specifically employment and community inclusion, sometimes did not make sense to staff due to the uncertainty and changes over the last year

Agencies predicted their focus on trauma-informed care with participants and workers would improve

Changes need to be discussed on a legislative or policy level in Polk County and on a state level

FAMILY AND CONCERNED OTHER SATISFACTION

Outcome: Families and concerned others will report satisfaction with services. The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individuals supported and his/her family member with the needed services and supports. Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of ten percent, if possible, of program participants from each agency's program. The Polk County Region'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.

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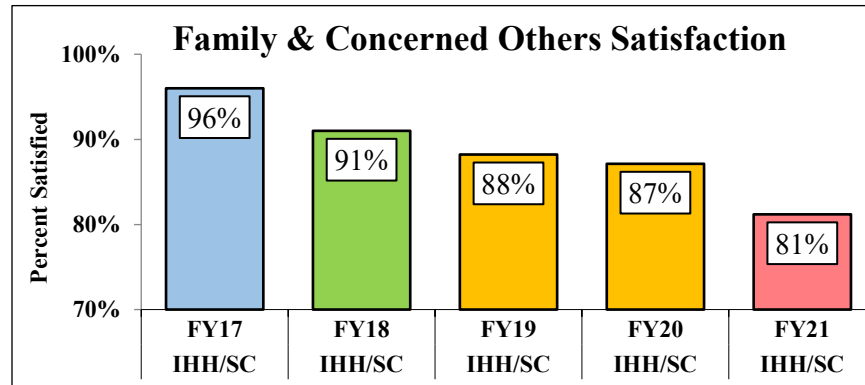
Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
85% - 89%	Needs improvement	2
Below 85%	Does not meet minimum expectations	1

Family/Concerned Others Satisfaction

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	87%	2	83%	1
CSA IHH/SC	89%	2	83%	1
Eyerly Ball IHH/SC	88%	2	79%	1
IHH/SC System Avg.	87%	2	81%	1

General Comments: The IHH/SC system went down in a five-year decline to a score of 81% in this outcome area from 87% in FY20, resulting in a Does Not Meet Minimum Expectations rating for the system. All programs were challenged for this outcome this year. Comments from respondents are included in each program's summary.

Agency Director and Staff Perspectives:

Agency challenges with lack of supportive others for participants

- Agencies reported difficulties identifying and contacting family/concerned others for participants
- Agencies reported that some participants have "burned bridges" with family and concerned others. Substance abuse can cause rifts in family relationships. Agencies may not have contact with family and concerned others due to a participant's lack of external supports

- Older adults did not always have extra support. Many have outlived family members
- Agencies reported that participants did not always want to talk to their family/concerned others and did not always want them involved in their services
- Participants without family/concerned others would ask if they can use therapists and agency staff as their support
- Agency staff who worked with guardians and guardianship experienced issues with guardian capabilities and guardian expectations of agency staff

Misconception of services
- Expectations for services were more than what was possible. Some family and concerned others did not know what was possible and did not understand what agencies could and could not do
- Agencies reported being caught in a triangulation between the family/concerned others, the participant, and the reality of services. Agencies could help but they were not the actual service providers
- Agencies reported that some guardians wanted staff to have control over things they could not control

Family and concerned others grievances
- COVID-19
  - Agencies reported that family/concerned others were angry about providers not coming out due to lack of workers and restrictions due to safety of staff. There were also reports of mask-related grievances
  - Family and concerned others who were engaged with agency staff were upset by the lack of face-to-face interactions. Agencies speculated that family/concerned others were unable to witness staff and client interactions due to the pandemic, and that influenced their perception of services
- General
  - Lack of engagement may have been due to dissatisfaction in the answers that agencies give to family/concerned others
  - Agencies communicated with family/concerned others and answered questions from family/concerned others, but family/concerned others may have been unhappy with the answers
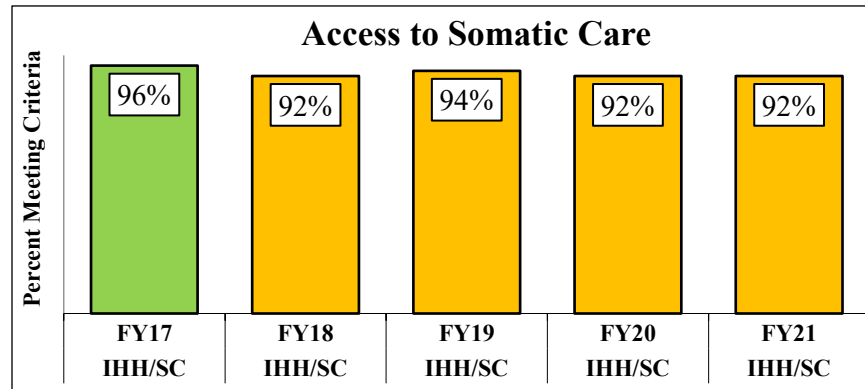 - Agencies reported family/concerned others had complaints about waitlists for services to participants

Difficulty creating family and concerned others sample for the interviews
- Agencies reported that negative outcome scores may have been related to their difficulty in creating a sample
  - Methodology may not be working. Agencies discussed changes in coding for systemic issues/grievances versus agency dissatisfaction
- Including family and concerned others was a voluntary program. Not all participants had external individuals involved in their lives
- Some contacts that were included were outdated or mislabeled (emergency contact, next of kin, advocate/natural support)
  - Agencies reported hesitancies removing contacts because they were often used to help track down participants
- Agencies reported that due to few numbers of family/concerned others, they struggled to meet the sample size for phone calls

- Agencies reported being unable to review the spreadsheet with the sample of family and concerned others because it was rushed, and some of the people should not have been contacted. This may have contributed to low satisfaction scores

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.

Access to Somatic Care

96%	92%	94%	92%	92%
FY17 IHH/SC	FY18 IHH/SC	FY19 IHH/SC	FY20 IHH/SC	FY21 IHH/SC

Percent Meeting Criteria

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

Access to Somatic Care

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	93%	2	94%	2
CSA IHH/SC	95%	3	88%	1
Eyerly Ball IHH/SC	89%	1	92%	2
IHH/SC System Avg.	92%	2	92%	2

General Comments: The IHH/SC system averages maintained the Needs Improvement rating with more than nine of every ten participants (92%) receiving somatic care. Out of all agencies, 112 participants were not reported to have received somatic care. All programs were challenged in this outcome this year.

Agency Director and Staff Perspectives:

Client barriers to somatic care

COVID-19
- Agencies reported that many participants were afraid to go to the doctor in person. Participants stayed in their homes and were not getting out
- In past years, agency staff would take participants to appointments, but they were unable to do that as much this past year
- Virtual appointments were made available to participants but not all participants had the capability to do virtual appointments (internet, video call, and phone incapability)
    - Polk County was able to distribute cell phones to participants via agencies, but it was a struggle to help participants get used to the phones

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- o Participants with hearing impairments or language barriers did not communicate well over the phone. Some participants hung up or gave the phone to someone else
  - o Mental illness severity impacted communication via phone
- Agencies noted that not all participants had primary care providers. It was difficult to find appointments for participants, and the waitlists were long because of the pandemic

General
- Agencies reported that some participants chose not to see a provider. Participants may have had no medical concerns and felt there was no reason to address their physical health. Agency staff gentle hassled participants who were resistant to seeing providers but respected the individual and what they wanted
- Agencies reported participants who struggled with paranoia and other mental health concerns avoided going to the doctor because they did not want to consent to screenings and questionnaires
- Some participants preferred to go to the hospital, emergency room, and urgent care instead of seeing a primary care physician. Appointments for primary care physicians may have been made, but participants did not always go to appointments
- Agencies reported that participants scheduling appointments sometimes experienced long wait times

Nurse assistance with somatic care
- A new process at agencies reported that nurses were helping participants connect with services Nurses could contact doctors, coordinate across multiple doctors and clinics, make appointments, and ask participants about health needs
- Agencies reported that teams have their own nurses, which created a collaborative effort. "Huge props to nurses in contacting participants"
- Agencies reported that nurses engaged in multiple administrative tasks such as following up with complex medical needs, signing off on treatment plans, completing comprehensive assessments, and entering HIP into MCO portals

Somatic care documentation consistency and communication
- Agencies reported that HEDIS (Healthcare Effectiveness Data and Information Set) metrics match Polk County
- Some agencies also reported having access to electronic medical records for participants who were being cared for by affiliated hospitals (UnityPoint, Broadlawns Medical Center)
- Agencies noted that there were gaps in care reviews through MCO portals
- Agencies communicated with other, nonaffilitated organizations and healthcare providers when sharing records. Some organizations were faster at sharing than others.
- The ISAC (Iowa Association of Counties) policy agenda includes HIPAA and data sharing. State law cannot be more restrictive than federal law

Future somatic care goals
- Agencies reported that additional contact from care coordinators was helpful. Pushing team effort and sharing the client improves and increases access to somatic care
- Agencies also reported that they were going to work on promoting preventative care, health promotion, and checking gaps in care.

COMMUNITY INCLUSION

Outcome: Individuals supported will participate in and contribute to the life of their community.
People with disabilities spend significantly less time outside the home, socializing and going out, than people without disabilities. They tend to feel more isolated and participate in fewer community activities than their nondisabled counterparts. [Source: The National Organization on Disability (N.O.D.)]. The intent of this outcome is to remove barriers to community integration activities so people with disabilities can participate with nondisabled people in community activities of their choice and become a part of the community. The outcome is measured as the percent of participants who exhibit ongoing involvement in community inclusion activities. Ongoing involvement is defined by involvement in any one category area (spiritual, civic such as local politics or volunteerism, or cultural such as community events, clubs, and classes) three times. An activity meets the definition if it is community-based and not sponsored by a provider agency, person-directed, and integrated.
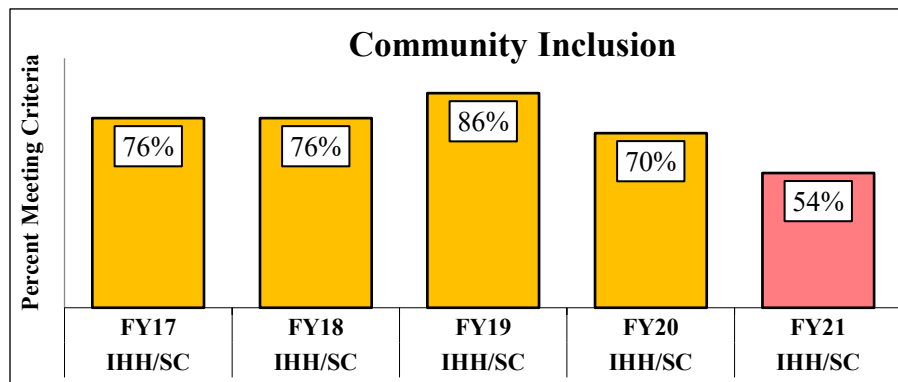
Goal	Rating	Points
95% - 100%	Exceeds Expectations	4
90% - 94%	Meets Expectations	3
60% – 89%	Needs Improvement	2
Below 60%	Does not meet minimum expectations	1

Community Inclusion

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	75%	2	48%	1
CSA IHH/SC	71%	2	59%	1
Eyerly Ball IHH/SC	63%	2	59%	1
IHH/SC System Avg.	70%	2	54%	1

General Comments: The IHH/SC system continues to be further challenged by this outcome area, with percentages down notably this year for all agencies for the second year, with just over half of participants participating in activities that meet the definition for Community Inclusion. All IHH/SC programs performed in the Does Not Meet Expectations range. Examples of community inclusion from the file review can be found in Appendix D.

Agency Director and Staff Perspectives:

COVID-19 barriers to community inclusion
- Agencies reported a lack of opportunities, virtually no opportunities for community inclusion

  - Narcotics Anonymous, Alcoholics Anonymous, and church groups were starting back up again, but many participants were still hesitant to go
- Agencies reported that participants regressed due to the pandemic. Some had more difficulty getting out of the house once the community opened up than they did before COVID
- Virtual community inclusion opportunities were available, but not all participants had access to internet and technology resources
  - Virtual events without interpreters or closed captioning were difficult for participants with hearing impairments
- Agencies reported that a lot of providers were not able to see participants face-to-face to help encourage participants to go out into the community
- Agencies hired new staff during the pandemic and reported needing to work on educating them better on what counts as community inclusion and what does not count as community inclusion

Agency inconsistency with documentation
- Agencies reported that participants may have met community inclusion criteria, but it may not have been reported
  - Documentation of community inclusion requires lots of paperwork. Staff may have talked about community inclusion in case work but will not take the extra step to document it
  - Staff defiance against paperwork was a possible issue, according to agencies
- Agencies also reported that care coordinators would enter outcomes at once during team meetings.
  - Potentially another defiance issue, inability to prioritize paperwork. "It's an extra step to add to MIS"

Community inclusion improvements
- Agencies reported that staff made a calendar outlining activities and put together a newsletter for community events. Agencies projected improvement with new opportunities available and peer supports
- Agencies reported that they are working on educating staff on events and scripts to talk to participants about events. Their hope is that next year participants will be more willing to get out into community
- Utilize funding opportunities, such as the Compassion Fund, for community inclusion activities

NEGATIVE DISENROLLMENTS

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

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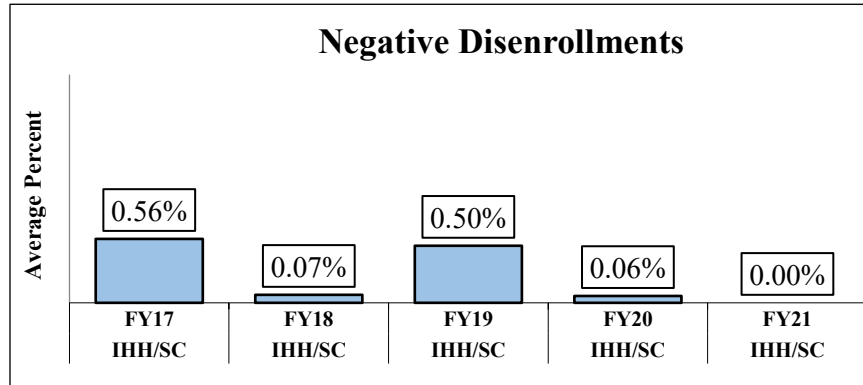
Goal	Rating	Points
0% - .99%	Exceeds Expectations	4
1% - 2.99%	Meets Expectations	3
3% - 3.99%	Needs Improvement	2
4% and above	Does not meet minimum expectations	1

Negative Disenrollment

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	0.00%	4	0.00%	4
CSA IHH/SC	0.00%	4	0.00%	4
Eyerly Ball IHH/SC	0.17%	4	0.00%	4
IHH/SC System Avg.	0.06%	4	0.00%	4

General Comments: All IHH/SC programs exceeded expectations for this outcome area. The IHH/SC system reported no negative disenrollments this year.

Agency Director and Staff Perspectives:

Lower numbers of negative disenrollment among agencies' participants
- Agencies worked on finding participants' best fit with staff members to maintain participant retention
- Staff engaged with participants, building rapport and showing commitment to participants and participants' needs
- Staff documented information and worked to coordinate with other teams in cases of a disenrollment from care
- Staff worked together to assist and support each other to create a good environment

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APPROPRIATE DISENROLLMENTS

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

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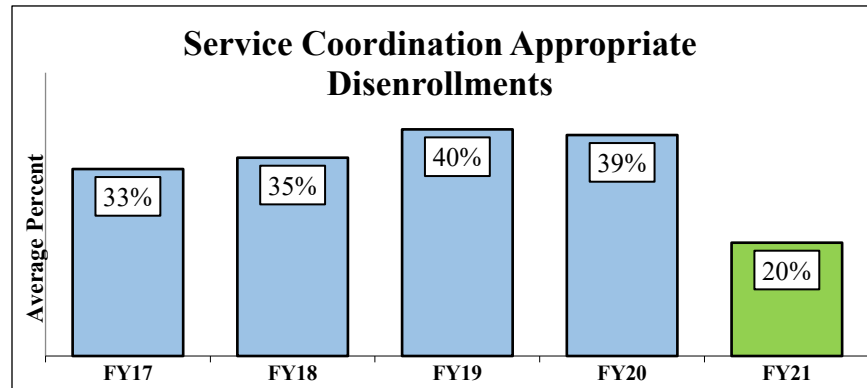
Goal	Rating	Points
21% – 100%	Exceeds Expectations	4
8% – 20.99%	Meets Expectations	3
5% – 7.99%	Needs Improvement	2
Below 5%	Does not meet minimum expectations	1

Appropriate Disenrollments

Organization	Results 2020	Score 2020	Results 2021	Score 2021
BMC SC	5%	2	32%	4
CSA SC	60%	4	11%	3
Eyerly Ball SC	58%	4	16%	3
SC System Average	39%	4	20%	3

General Comments: The Service Coordination system continues to support appropriate disenrollments of participants to other systems or independence. The system showed consistency in appropriate disenrollments. All three programs met or exceeded expectations for this outcome area. Notably, however, the program rated Meets Expectations, down from consistently exceeding expectations over the past ten years.

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.

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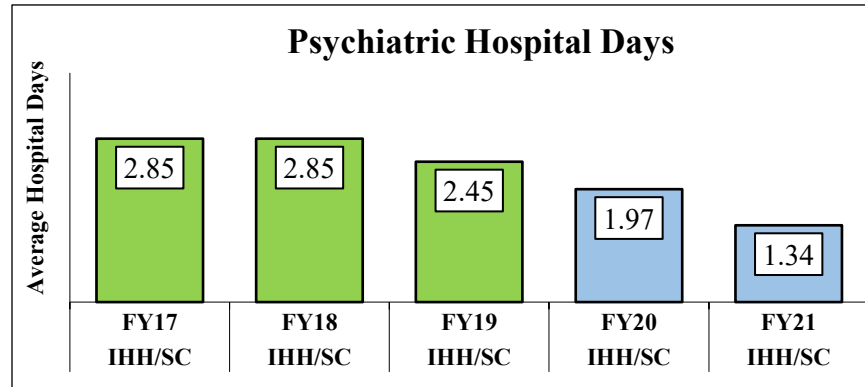
Goal	Rating	Points
0 – 1.99 day	Exceeds Expectations	4
2.00 – 3.49 days	Meets Expectations	3
3.50 – 4.49 days	Needs Improvement	2
4.5 + days	Does not meet minimum expectations	1

Psychiatric Bed Days

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	1.97	4	1.97	4
CSA IHH/SC	1.61	4	0.97	4
Eyerly Ball IHH/SC	2.12	3	0.59	4
IHH/SC System Avg.	1.97	4	1.34	4

General Comments: The IHH/SC system results continued a trend in reducing the number of hospital days, with less than 2 days per participant on average, scoring an Exceeds Expectations rating. All programs met or exceeded expectations. The system reported a total of 2,128 hospital bed days for psychiatric care.

Agency Director and Staff Perspectives:

**Agencies reported that providing regular check-in and support prevented hospital visits**
- Staff assisted with access to medications, follow-up after visits, and encouraged education and use of Behavioral Health Urgent Care (UnityPoint) and Psychiatric Urgent Care (BMC)
- Staff committed to doing regular check-in calls during COVID, due to participants not wanting to go to hospitals, allowing staff to be attentive to client needs and potential for hospital visits

Discussed improvements to document ER visits and verifying that only psychiatric ER visits were counted
- Improved team approach to include nurses and peer support to assist participants as well

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.

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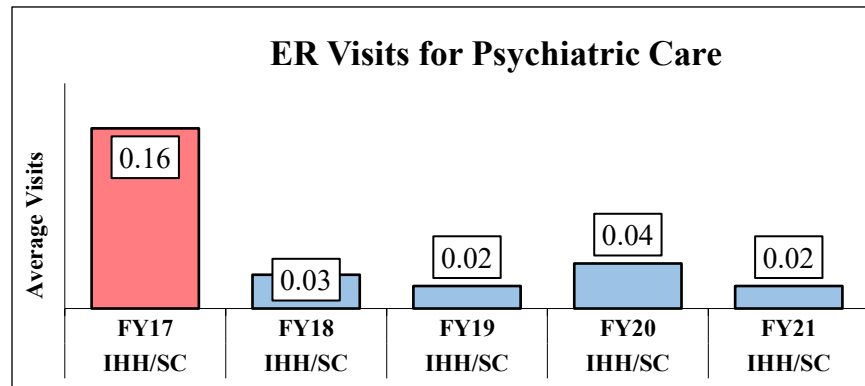
Goal	Rating	Points
0 – .05 visit	Exceeds Expectations	4
.06 – .10 visit	Meets Expectations	3
.11 – .15 visits	Needs Improvement	2
.16+ visits	Does not meet minimum expectations	1

Emergency Room Visits

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	0.02	4	0.01	4
CSA IHH/SC	0.08	3	0.10	3
Eyerly Ball IHH/SC	0.00	4	0.00	4
IHH/SC System Avg.	0.04	4	0.02	4

General Comments: The IHH/SC system exceeded expectations in this outcome area this year. All programs met or exceeded expectations. The system reported individuals spending a total of 31 visits to Emergency Departments, down from 41 in FY20.

Agency Director and Staff Perspectives:

Difficult for agencies to track emergency room visits, due to not always being notified of incidents
- Mobile crisis assisted but was more inclined to provide an intervention before taking participants to the hospital
- Participants tended to prefer urgent care or emergency rooms to primary care providers, so staff found it difficult to convince participants about preventative services

Staff worked to educate and empower participants with the knowledge of available resources and finding care when it was needed

Some participants during situations of homelessness or absence of supports tended to use ER visits as ways to find care while waiting for services (e.g., during closed office hours)

- Emergency rooms were convenient for participants who needed medications or support when there was no ability to contact the crisis line

Agencies discussed possible overreporting of psychiatric emergency visits versus regular emergency visits from lack of clarifying information in incident reports

QUALITY OF LIFE

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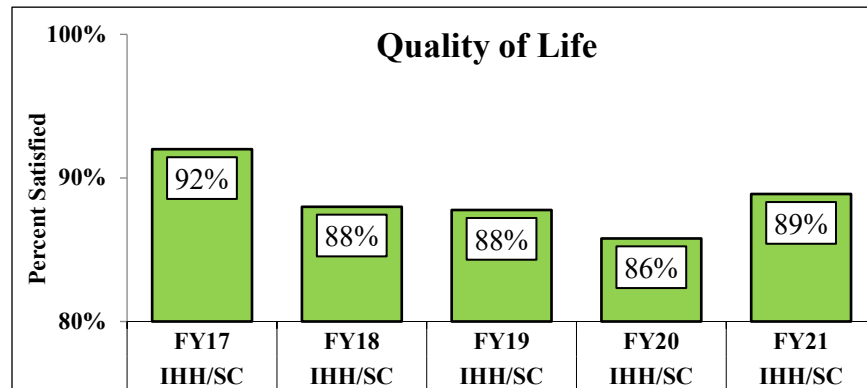
Quality of Life

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

Quality of Life

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	91%	3	90%	3
CSA IHH/SC	76%	1	90%	3
Eyerly Ball IHH/SC	81%	2	87%	3
IHH/SC System Avg.	86%	3	89%	3

General Comments: The IHH/SC systems Met Expectations for the Quality of Life outcome area. All agencies met expectations in how participants perceive the quality of their lives have improved while participating in the IHH and SC programs. Comments from participants are included in each program's summary.

Agency Director and Staff Perspectives:

Frequent contacts during COVID offered emotional support and encouraged independence
- Staff empowered participants to advocate for themselves, reminded participants of their successes and progress, and encouraged focusing on positive aspects of their lives under challenging and isolating circumstances
- Agencies adapted communication to fewer face-to-face encounters and increased phone and video conferencing contacts, which they attributed to maintaining rapport
- Agencies noted that some participants rose to the challenge of fewer in-person staff interactions and were able to problem solve independently

ADMINISTRATIVE OUTCOMES

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

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

Administrative Outcome (Averaged)

IHH/SC Organization	Reported 2020	Score 2020	Reported 2021	Score 2021
Broadlawns IHH/SC	97%	4	100%	4
CSA IHH/SC	99%	4	100%	4
Eyerly Ball IHH/SC	100%	4	100%	4
IHH/SC System Avg.	98%	4	100%	4

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

IHH/SC Organization	SC Face to Face Visits	Score 2021	Level of Support	Score 2021
Broadlawns IHH/SC	100%	4	100%	4
CSA IHH/SC	100%	4	100%	4
Eyerly Ball IHH/SC	100%	4	100%	4
IHH/SC System Avg.	100%	4	100%	4

General Comments: Administrative outcomes are the direct result of the IHH/SC program efforts. This year, all programs exceeded expectations for this outcome area. All programs reported 100% compliance at assessing participants' level of functioning and in reporting annual face-to-face visits with participants. One agency (CSA)noted integrating metrics in their electronic health record system (EHR), which could systematically detect documentation shortcomings and accuracy.

Agency Director and Staff Perspectives:

Frequent changes to documentation templates, claims systems, and administrative expectations burdened agencies
- Because policies were unclear or fluid, agencies struggled to consistently document telehealth visits appropriately (whether to code as phone contact or face to face)
- Changes required frequent retraining of staff, which was challenging while staff were working remotely and reduced staff capacity in other areas

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- MCOs required extensive assessments at all levels of care, and the paperwork required for each participant increased notably
    - Additional areas included in assessment seemed overly invasive and personal (e.g., questions about sexual activity)

Agency leadership was proactive in meeting challenges
- Directors reviewed new rules and paperwork templates to adequately prepare staff and integration into processes and documentation systems
- Directors were candid with staff about challenges and fostered supportive environments
- Despite efforts to mitigate burnout through prioritization of staff self-care, agencies still reported staff turnover as a challenge

INTEGRATED HEALTH HOME AND SERVICE COORDINATION PROGRAM PERFORMANCE TABLES

2021 Summary of Program Performance - Scores

88% – 100%	Exceeds Expectations
75% – 87%	Meets Expectations
63% – 74%	Needs Improvement
Below 63%	Does Not Meet Minimum Expectations
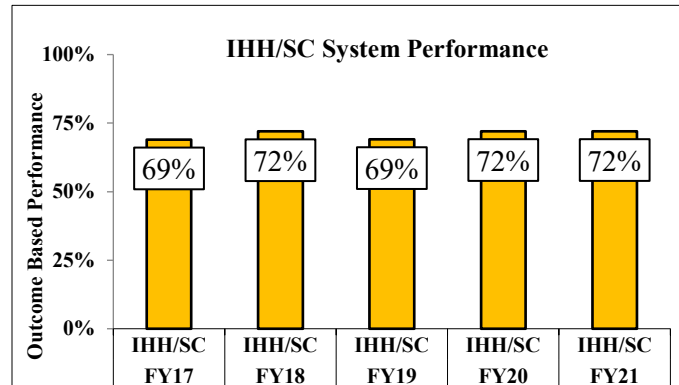
Integrated Health Home / Service Coordination Programs				
Outcome	**BMC IHH/SC**	**CSA IHH/SC**	**Eyerly Ball IHH/SC**	**IHH/SC Avg.**
Community Housing	4	3	4	4
Homelessness	3	2	1	2
Criminal Justice	3	3	3	3
Employment – Working Toward Self-Sufficiency	3	3	3	3
Employment – Engagement Toward Employment	4	4	3	3
Adult Education	3	3	2	3
Participant Satisfaction	4	4	4	4
Empowerment	1	3	1	1
Concerned Other Satisfaction	1	1	1	1
Somatic Care	2	1	2	2
Community Inclusion	1	1	1	1
Negative Disenrollment	4	4	4	4
Appropriate Disenrollment	4	3	3	3
Hospital Bed Days	4	4	4	4
ER Room Visits	4	3	4	4
Quality of Life	3	3	3	3
Administrative Areas	4	4	4	4
2021 Total Score	52	49	47	49
Points Possible	68	68	68	68
2021 Overall Percentage	76%	72%	69%	72%
2020 IHH-SC Total Score	51	53	42	49
2020 IHH-SC Overall Percentage	75%	78%	62%	72%

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2021 IHH/SC Program Percentages

Integrated Health Homes & Service Coordination Programs				
Outcome	BMC IHH/SC	CSA IHH/SC	Eyerly Ball IHH/SC	IHH/SC Avg.
Community Housing	99%	89%	93%	96%
Homelessness	0.41	1.60	4.39	1.98
Criminal Justice	1.46	1.78	2.21	1.77
Employment – Working Toward Self-Sufficiency	19%	31%	19%	21%
Employment – Engagement Toward Employment	41%	47%	34%	39%
Adult Education	31%	20%	10%	21%
Participant Satisfaction	95%	97%	95%	95%
Empowerment	60%	92%	82%	72%
Concerned Other Satisfaction	83%	83%	79%	81%
Somatic Care	94%	88%	92%	92%
Community Inclusion	48%	59%	59%	54%
Negative Disenrollment	0.00%	0.00%	0.00%	0.00%
Appropriate Disenrollment	32%	11%	16%	20%
Hospital Bed Days	1.97	0.97	0.59	1.34
ER Room Visits	0.01	0.10	0.00	0.02
Quality of Life	90%	90%	87%	89%
Administrative Areas	100%	100%	100%	100%

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PROGRAM SUMMARIES

Broadlawns Medical Center Integrated Health Home & Service Coordination

BMC's IHH/SC program's overall performance of 76% resulted in a Meets Expectations rating. This year, the program served a monthly average of 806 participants.

BMC IHH, SC, & IHH/SC Program Performance

	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	• Community Housing • Employment – Engagement Toward Employment • Participant Satisfaction • Negative Disenrollments • Appropriate Disenrollments • Psychiatric Hospitalizations • Emergency Room Visits for Psychiatric Care • Administrative Areas	• Homelessness • Involvement in the Criminal Justice System • Employment – Working Toward Self-Sufficiency • Adult Education • Quality of Life	• Access to Somatic Care	• Empowerment • Family and Concerned Others Satisfaction • Community Inclusion

Based on the evaluation, the BMC IHH/SC program performed well in several areas. The program scored as Exceeds Expectations for Participant Satisfaction with a score of 99%, based on interviews with the University of Iowa's call center. The agency noted that satisfaction is a strong point of the program, and that they emphasize building good relationships with their participants. Staff genuinely care about their participants, and client needs are a priority.

Another indication of participant satisfaction is Negative Disenrollments, and this year the program reported none, suggesting that the program engages participants in trusting, meaningful relationships,

ensuring continuity of care, and keeping participants in the program, regardless of the level of their needs. The agency reported that they always thrived on keeping participants no matter what. In addition, the agency reported making an effort to match staff with participants. Further, the system agencies have partnered to communicate with each other about participants transferring between agencies to avoid participants playing the agencies off one another.

About one in three participants (32%) in the service coordination programs were appropriately disenrolled from the SC program, improving their rating to Exceeds Expectations from Needs Improvement last year. This indicates that the Service Coordination program is enrolling their participants in services that are appropriate to their needs or graduating participants that no longer need support of the program. The agency noted that they put effort into ensuring that their data were captured accurately, raising the score from last year.

The participant survey also scored 90% on participants' perception of their quality of life compared to their entry into the program, scoring them at a Meets Expectations rating for the Quality of Life outcome. The agency reported that all of their services combined improve their participants' lives.

This year, nearly all participants (99%) were living in safe, affordable, accessible, and acceptable housing. The agency reported that COVID presented a challenge to participants. On one hand, participants were prevented from eviction from nonpayment of rent. But on the other hand, some participants who were not receiving rent assistance were tempted not to pay rent, causing a backup in their rent that will likely cause them to be evicted when the moratorium is removed. In another housing challenge, with the new Iowa law that removes requirements to accept Section 8 assistance. In addition, because of a county change in policy for rent assistance for people with mental health disabilities, 220 participants lost rent assistance during this time. An aggravating factor was the unavailability of Rapid Rehousing funds, which is no longer available until it is reduced under its cap. The agency expressed concern that FY22 will have a wave of evictions, resulting in greater housing issues and a surge in homelessness.

The program did particularly well in employment. About two out of five participants (41%) were employed at least 5 hours per week at or above minimum wage, exceeding expectations. And about one in five participants (19%) were working at least 20 hours per week at or above minimum wage, rating the program at Meets Expectations. The agency reported that they have been getting more referrals from outpatient Behavioral Health at Broadlawns, and these participants are generally more interested in working. Staff attempt to connect participants with job coaches. However, they note that Iowa Vocational Rehabilitation Services has not had much funding and mostly works to connect people to jobs, One network provider is not operating employment services anymore, and the other employment support program only provides employment services for their participants.

About one in three (31%) were pursuing education related to employment. The agency noted that much of education activity was from participants getting training through their employers.

In addition to exceeding expectations for community housing, the program reported 335 homeless nights, compared to 450 nights in FY20, scoring 0.41 average nights per participant and maintaining their rating at Meets Expectations. The agency reported that Rapid Rehousing helped with homelessness and has help house over 2,000 participants since 2015. However, the agency projected that homelessness will increase without Rapid Rehousing this year. The agency reported that staff at Service Coordination work with staff in the Integrated Health program to transition participants when entering the IHH program. Where the program had had a presence in the Central Iowa Shelter & Services (CISS) and Primary Healthcare, they are no longer able because they can no longer provide rental assistance. However, they report that they do get referrals from CISS, the Inpatient Behavioral Health Unit (SANDS) at Broadlawns, other psychiatric units, and prison, though not much from the jail. They are working with the Polk Region to improve jail referrals.

For Involvement in the Criminal Justice System, the program reduced the average number of days in jail per participant from 2.16 (1,936 nights in jail) in FY20 to 1.46 (1,177 nights), maintaining the rating at Meets Expectations. The program reported that they get many referrals from the Department of Corrections. However, these are generally individuals who have committed major crimes, such as sex offenses, murders, and manslaughter and who have mental health issues. Consequently, they are hard to find housing for in the county so they often end up in residential facilities in other parts of the state. Staff work with the Jail Diversion program to obtain pretrial release, reducing time spent in jail.

The program reduced average emergency room visits to 0.01 (9 visits) this year compared to the 0.02 (21 visits) in FY20, again exceeding expectations. In addition, the agency maintained an average number of hospital bed days score for psychiatric reasons at 1.97 days but reducing total days from 1,765 days to 1,587 days this year, maintaining their rating at Exceeds Expectations. The agency reported that the BMC Crisis Observation Center was a good support for participants in crisis, where participants can stay for 23 hours, and the agency has partnered with them for referrals. In addition, the agency mentioned the BMC Psychiatric Urgent Care as a good resource. The Service Coordination program also has staff at the hospital who can follow up after a visit and can provide updated contact information.

The Administrative outcome was exceeded expectations this year, scoring 100%, compared to 97% in FY20. The agency scored 100% on administering level of functioning assessments, and the Service Coordination program scored 100% on documenting annual face-to-face contacts. Note that the agency discovered that many face-to-face contacts for Service Coordination were reported as telehealth calls but not included in the final reporting, the score was modified to add the calls determined to be telehealth calls. The agency reported that COVID prevented staff from conducting face-to-face visits. Staff did do telehealth calls, which would have been considered face-to-face visits. However, many participants were limited in their technology abilities. The agency added that there was likely a disconnect between what occurred and what was reported.

The program was challenged in four outcome areas.

Nine out of ten participants (94%) received physicals or care from their primary care physician or medical specialist, which rated Needs Improvement for the outcome. The agency reported that they have three nurses on the IHH team, who follow up with complex medical needs, sign off on treatment plans, do comprehensive assessments, and enter health information into MCO portals, so their job is largely administrative. However, the nurses can contact doctors and coordinate access across multiple doctors and clinics, make appointments, and ask about health needs.

Family and concerned others responded to interviews positively to just over eight out of ten satisfaction questions (83%). The agency reported that family and concerned who are involved in participants' lives are always difficult to find. Most participants are older adults and, especially when substance use has caused rifts in the family, often do not have external support. For many, the most they have is an emergency contact.

For Participant Empowerment, of 50 files reviewed, 30 (60%) met all four of the empowerment criteria. The program's most challenging criterion was documenting that staff had regular conversations about employment or education (or having meaningful activities in the community for those who needed higher levels of support), with 38 of the files (76%) meeting this criterion. Documentation was better for participants' involvement in goal development (90%), that individualized, measurable goals were in place and reviewed regularly (88%), and services were delivered and documented (96%).

The agency reported that they had expected to do better this year on the Empowerment outcome because they had put more emphasis on having employment discussions and other issues. However, program supervisors remarked that the frontline staff may have been reacting to the burden of paperwork they are experiencing. Supervisors attribute this largely to burnout from repeated changes in expectations by the Managed Care Organizations, elevating the workload. For example, the agency reported that they were "inundated" with spreadsheets, where MCOs wanted the agencies to track additional data normally

tracked by the MCOs, including meals provided, vaccinations, authorization changes, employment, and incident reports, among others. A mandatory assessment was changed five times in six months, and they changed a treatment plan format. Turnaround time ranged from two hours to twenty-four hours in demands for data. The rates paid for some services were reduced. The agency reported that a typical IHH case manager would take the roles of supported community living, care coordinator, health coach, also quality assurance. Also, staff are responsible for providing services if a provider cannot be connected, such as employment, benefits specialist, housing coordinator, and transportation provider. Further, expectations for the MCOs usually do not match those for the county, which causes double documentation. Thus, supervisors asserted that staff have higher workloads with more participants, which is overwhelming them. They are therefore less likely to complete paperwork.

About half of participants (48%) were participating in community activities, compared to 75% of participants last year, rating this outcome as Does Not Meet Minimum Expectations this year. The agency reported that COVID was the determining factor for this outcome this year. For nine months there were virtually no opportunities for community activities. The most commonly attended community activities in the past, Narcotics Anonymous, Alcoholics Anonymous, and church, just started with face-to-face meetings recently. The agency added that documentation of Community Inclusion may have been neglected by staff because of high paperwork demands (see Empowerment).

Despite challenges, participants and concerned others reported being satisfied with program staff and services. Evaluators were able to interview 80 program participants and 50 family or concerned others. In open-ended responses, participants described

Representative comments include:

Positive Relationships with Agency or Staff

> *Yeah. I mean, like I said, [staff's] very helpful to me. She's driven over here and actually was here the other day to drop something off, but we just chat and stuff. She's so helpful. She supports me one hundred percent.*

> *Well, just having support, because I have been through a lot in the past few months. My worker has been understanding and able to help me through it, even if it has interfered with their personal time. That support has been huge.*

> *I would say that it's definitely the program to be in. You just need to find the right program for you and stick with it. If you don't like something, stick up for yourself and get the program switched. IHH is a helpful program.*

> *My support worker, she's my best friend, and she's my therapist. I love her. They better not ever change her. Me and her have a very, very, good relationship. She sits in when I go to the doctor, and therapist, and psychiatrist, and them. I let her sit in. She knows everything. Like I said, we have a friendship bond. She really supported me when my mama passed away.*

Positive Impacts of Services

> *They're helping me with my rent, and that has been really positive. Them helping set up appointments and make sure I get my medications right too. They even set me up with a guy to help get groceries with.*

> *Things are good. I'm actually thinking about getting a place closer to a few of my friends. Yes, I feel safe and comfortable there.*

I get mental, emotional, and financial support. Regardless of if I'm working or not, they're a huge help and huge support. That means a lot, and that does a lot for a person. Just to live here and not know anyone really in the city, and they are here helping me and going through it with me. I can live here and not have to worry.

Effective Services

Most definitely. I get rental assistance, [they] helped look for apartments and finding places. [I] talked to them about vocational rehab. [They] helped with so many resources: DART and school. They are very understanding, and they have worked with me through everything. If I'm feeling down, it's nice that I can have someone to talk to that can help and is relatable.

Absolutely, she's fantastic. She set me up with [SCL provider] and she meets with me twice a week and we set goals. We get groceries together, and she helps be find other services to help.

Definitely, yes. IHH is very good at handling a high stress situation, like what I was in, and being able to deescalate a stressful situation because they're very good at what they do. You don't have to worry or stress out about your situation anymore.

They help with everything. [Staff] just helped me get in contact with another program for my medication too. I met with them yesterday actually. I also get a Y membership. [Staff] is just everywhere and helps me with anything. She's helped me with jobs.

Ineffective Services

I don't know. It isn't structured well. I haven't really learned anything. I know the goals were supposed to help but we weren't really doing anything for them. Maybe once, but this was also when my health wasn't very good as well.

They used to, but I haven't had contact with them in maybe over 15 months.

I've thought about quitting my program because of the lack of urgency and the way I've been treated. It feels like I constantly switch workers and I can't get ahold of them ever. We always miss each other's calls, and they won't answer my texts.

Services Received

They give me the resources I need when I ask, yes. They always tell me where to go and things like that. They got me a phone during the pandemic after it got stolen.

They take me places, and I have a worker that comes over every day.

I didn't do much at all with the community, but they would take me on rides and go for walks at the YMCA. When my health took a turn, they would come sit and talk.

I've got goals set that I want to accomplish, and they keep me motivated in that. They make sure that I know what to do if I have a crisis or breakdown and who I can call in a split notice.

[I] see the worker twice a week on Thursdays and Fridays. Sometimes we have picnics. We go to the store, run errands, go to the park, go to a bookstore, whatever.

COVID-19

They would come and see me more often before the pandemic, but now I only see them once a month.

It basically went from one hundred to zero. I went from seeing my worker all the time to not at all. I heard nothing. Finally, I got ahold of my worker, and we switched to only meeting over the phone. She tried to encourage me to get out and exercise, but I didn't have the motivation for that because we were all online or not meeting in person. I started getting depressed too but now I'm on medications for that. I've also gained some weight, which sucks.

I have not been going out with community because of COVID. They kind of closed that down. They take me to doctor's appointments [or] if I need to go to the store for anything.

Because of the COVID, I haven't been able to see her, but we talk on the phone, and that is about every other week. I always keep her informed on what's going on, and I'll probably talk to her about the surgery today.

Quality of Life

I would say that they can help you be able to breathe better. I hate to say it that way, but ... I used to have such bad anxiety that I would hold my breath and I wouldn't breathe. They help me breathe. When I get set up with stressful things, I can breathe now.

I learn how to cook, because I don't know how to cook. I learn to better control my diabetes, you know, for the stuff that I eat. And then exercise has improved for me.

Without them I didn't know how to live, but since I'm on the program I have found myself and got back to church. And they taught me coping skills, and I know that I can call them.

Like taking my meds every day, getting my medication, taking a shower, and getting dressed every day, just being productive. I don't like to do things, so getting up is a goal of mine.

Suggestions

I want more consistency of them being with their client. That would be so helpful.

I probably would have more time with the one-on-ones. Like schedule more times I can see [Staff]: like three or so times a week.

More frequent contact. There's a big difference between teams. I have a lot of anxiety with new people, so I need time. And with my son's team, there is not a lot of communication. So they just tell you that this person is leaving. "Today is their last day." And then want to throw someone new at you. [Staff's] team is not like that.

Having a virtual option. Doing the phone calls but being able to see each other. Meeting maybe more than once a month but having one of those virtual to help make it easier for them.

Family and Concerned Others

Family and Concerned Others shared their perceptions of services and satisfaction with their participant's services, along with their own experiences being included in Broadlawns IHH/SC programming.

Representative comments include the following:

Positive Relationships with Agency or Staff

She has had the same case worker since she was sixteen. We have a good rapport with [Staff]. She is very well-connected with the community and has been great. I had a conversation with [Staff] in the last 72 hours. My daughter is interested in finding a volunteer position. So, she even brainstormed with my daughter within the last 48 hours about places she could do that volunteer work.

[Staff] was super helpful in getting power of attorney set up and helped us navigate through all that. Obviously, that's not a program they offer, but she helped give us advice on that. Until [Participant] was diagnosed with her cancer, I had never met [Staff] and that's when we were in contact first.

The whole program is great. He has a disability. I just help him manage his healthcare. These services are great because it helps give me an extra break. The cab rides to the grocery store and having the services through [SCL provider] have been good. Getting rides to appointments was huge during COVID as well.

I'm grateful for everything that has been provided for him, and I know there are other people that need services too, so I guess just helping everyone out who needs it.

Positive Impacts of Services

I know that they've helped her tremendously in getting the care and services when she needs it, the information she needs, providing her with the … I know they helped her with disability.

Everything they've done for him seems like they've gotten him to the point where he's listening, and things are making sense to him more than just the family telling him. So, it's helped him a whole, whole lot. I think it took several times, but right before COVID it all started, and he started getting help.

Yes, they have had a positive impact. He has gotten to the point where he has a job, so that is a positive. The job helps him with socialization too.

My daughter is interested in finding a volunteer position. So, she even brainstormed with my daughter within the last 48 hours about places she could do that volunteer work.

Effective Services

I haven't really had any concerns with services, but I know she would address them. She's super-efficient.

They've helped him with the rent and electricity and with his job if he has a problem. [Staff] has been someone who, if he calls, he can always count on him to get him what he needs.

They talked about specifically how often he wanted to be seen or what he felt he needed most. Every year we get together with the team and talk about it and review it, and if he isn't happy, they talk about it, and they definitely listen.

There were more phone calls during that period when they weren't as active, and I really appreciate that. No, they were always responsive: a day or two to respond whenever.

Ineffective Services

She's never provided us with any information, but I don't know if [Participant] has requested that to happen. I've never received anything.

I contacted the case manager about living conditions and shortly after the direct care person changed. So, I don't know if that was because of my call. I never received any feedback. I just know that things changed.

With [Staff], it took over two weeks for me to get in contact with her when he was struggling and that's why I reached out.

I have no idea. I don't really know about the services and from what I understand she doesn't get very many.

COVID-19

The only thing that really changed was the COVID lockdown. When all that closed, but most of her social [life] is going to the senior center. It's opened only the last month or so.

Yes, especially within the parameters that she had to work with. Telehealth was hard for her, and it's going back now, which is good. I don't think she had any issues or needs during this time.

Right before the pandemic, through IHH and [SCL provider], there was a housing opportunity that we were going to move [Participant] to. It was a good location but then right before, there was a kind of insurance thing and the pandemic hit, so we didn't do that. They've brought it up recently again, so we may look into that again.

Any contact has been over the phone. I don't even think anyone has seen his new apartment. I understand COVID, but I don't think they were active enough with him during that time.

Quality of Life

Well, the housing situation is better, and her health situation is getting better. She has had thyroid cancer, and they are focusing on that. Her social life has gotten better as well.

He has shown more and more each year where he socialized, and he speaks up more. He's talking more to other people. He feels more comfortable. They have on Tuesdays and Thursdays going to his [employer] job in a cab. They're working real good with him with that.

She was in not so good situations, they helped tremendously getting her a place, where she is now, at [SCL provider] where she is now. They've always been in touch with [Participant], even during the pandemic.

Suggestions

Have more workers and smaller caseloads. I know there are a lot of people on waiting lists for IHH.

I think a little bit more contact, which I understand is hard because there is a lot of clients. Sticking with one worker to stay on the case.
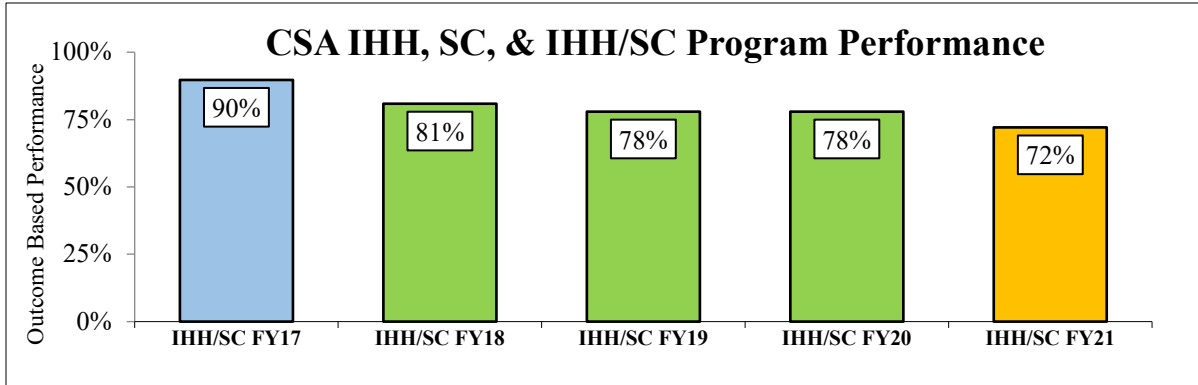
More funding to help people and more areas or buildings for better programing and in patient care

I would like to be contacted if there's a switch with workers and if appointments are coming up so I know ahead of time so I can be more helpful.

Additional Satisfaction Questions Related to COVID-19 Pandemic - BMC				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the COVID-19 measures requiring people to shelter in place?	63	13	4	0
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	1	73	3	3
	Phone	Text	Email	Other
In what ways did you communicate?	15	15	8	39

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

CSA's IHH/SC program performed at a Needs Improvement rating this year. The program's overall performance of 72%. This year, the program served a monthly average of 218 participants.

CSA IHH, SC, & IHH/SC Program Performance

90%	81%	78%	78%	72%
IHH/SC FY17	IHH/SC FY18	IHH/SC FY19	IHH/SC FY20	IHH/SC FY21

Outcome Based Performance (y-axis: 0%, 25%, 50%, 75%, 100%)

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
• Employment – Engagement Toward Employment • Participant Satisfaction • Negative Disenrollments • Psychiatric Hospitalizations • Emergency Room Visits for Psychiatric Care • Administrative Areas	• Community Housing • Involvement in the Criminal Justice System • Employment – Working Toward Self-Sufficiency • Adult Education • Empowerment • Appropriate Disenrollments • Quality of Life	• Homelessness	• Family and Concerned Others Satisfaction • Access to Somatic Care • Community Inclusion

Based on the evaluation, the program performed well on many outcomes.

Participants indicated that they were very satisfied with staff and services. In interviews, participants scored their satisfaction at 97%, exceeding expectations. Expecting that isolation from COVID would have had a negative impact on participant satisfaction, the agency reported that they were happy with the result this year. Staff maintained regular contact with participants however they could, including telehealth/video calls, phone calls, texts, Facebook accounts, and email to stay connected, and it was particularly helpful for contacting participants who are hard to track. In contrast, getting back to face-to-face visits has been challenging for some participants, who are concerned about close contact with others.

In interviews, participants indicated that they had experienced improvements in their quality of life (90%), up from 76% in FY20, scoring Meets Expectations for this outcome. The agency reported that they were pleasantly surprised with this outcome, not certain what the rating would be after a year of COVID. This year, most coordination staff could not be available at a level participants were used to because of COVID. Thus, some participants had to find ways to accomplish tasks on their own. For example, participants had to learn to scan documents and send to service providers because staff were not

able to quickly pick up the documents face to face. This is encouraging to staff, who have not always had time to push participants toward more independent behavior but will be more likely to work on this in the future.

About than nine of every ten participants (89%) were living in safe, affordable, acceptable, and accessible housing, though down from FY20 (92%). The agency reported that COVID did create some challenges this year. Staff were working offsite, or partially offsite (i.e., not in the office), so processes, communication, follow through, and tracking were difficult. This was aggravated when participants moved. Because of this, the agency suspected that some participants met housing criteria but were not documented. The agency noted that staff are becoming overwhelmed with state expectations of timeliness, calling this "spreadsheet fatigue." So the agency has implemented some new processes for documenting housing, working to standardize timing, for instance. The agency also reported that affordable housing is increasingly becoming an issue.

Just under half of the participants (47%) were engaged in employment, working more than 5 hours per week at or above minimum wage. About one in three (31%) were working toward self-sufficiency, working more than 20 hours per week. The agency reported that COVID had an impact for both groups of participants (those working more than 5 hours per week and those working more than 20 hours per week). Some people were laid off, some lost their jobs, and some were not comfortable going into work.

A fifth (20%) of participants were pursuing education related to employment, down from 25% in FY20. The agency reported that this outcome was also affected by COVID. The nontraditional education options (not college, for example) were limited or nonexistent. There were fewer opportunities for employment-based training or community-based options. One employment agency has in the past been a reliable source of training, but that was limited also.

Participants spent few days in psychiatric hospitals (1.34 nights per person), amounting to 211 nights total for the program and down from last year (356 nights; 1.61 per person). Visits to the emergency room for psychiatric care were infrequent (22 visits, averaging 0.10 per person), consistent with last year (18 visits, averaging 0.08). The agency reported that they thought the ER visits might have been overreported, because it appeared to them that some participants who started in the ER ended up in a crisis unit. The ER acted only to refer the participants to other support, and that should not count as an ER visit. Also, some ER visits may have actually been medical visits, rather than for psychiatric reasons. In addition, some providers (e.g., SCL services) may take participants to the ER, rather than crisis units. The agency noted that some participants like going to the ER.

There were no negative disenrollments, and the program's service coordination track appropriately disenrolled about one out of ten (11%) of their participants to other service programs or to independence, though down from last year (60%). The agency remarked that typically negative disenrollments occur when participants go to prison, which did not happen this year. The agency reported that they believe the appropriate disenrollments was underreported, because of a variety of issues related to documentation.

The agency also did well with administrative outcomes, scoring 100%, exceeding expectations. The agency documented 100% of assessments administered for level of functioning, and the Service Coordination program documented 100% of annual face-to-face visits. The agency reported that they had not changed processes from last year. They focused on tracking reminders and staying on top of documentation. They noted that they added a category to their electronic records (EMR) so that they could record video telehealth calls as face-to-face home visits.

The program reported an average of 1.78 nights in jail for participants, compared to an average of 3.07 nights in FY20, raising the rating to Meets Expectations. The agency reported that the majority of participants who were in jail tended to have longer stays. One participant who had longer stays was enrolled into the FACT program. Alternatively, one participant who had experienced long jail stays in the past did not have as many jail days this year.

CSA's IHH/SC program rated a Meets Expectations in the Participant Empowerment outcome this year. Of 25 files reviewed, 23 were found to meet criteria (92%) for this outcome. The agency scored evenly at documenting services delivered, having measurable goals in place and reviewing them regularly, having regular discussions about employment or education (or having meaningful activities in the community for those who need higher levels of support), and documenting consumer involvement in creation and setting of goals (96%). The agency reported that one empowerment plan was missing from the file because of a misunderstanding in documentation when a participant was enrolled in SC Triage, shortly disenrolled, and then enrolled into long-term Service Coordination. In addition, the agency remarked that they need to work on having conversations about employment. The agency noted that staff tried to get signatures from empowerment plans that were conducted via telehealth but were specifically asked not to do so because of using the COVID signature form instead.

The agency reported that documentation was more challenging this year. In December the MCOs changed assessments entirely. The Comprehensive Assessment and Social History (CASH) format changed completely, from 16 pages to 28 pages. They also started requiring a "meticulous" level of detail in the plans. One MCO sent plans back for lack of specificity, and this could occur multiple times. In addition, documentation for MCOs changed five times during the year for the person-centered service plan. Since considerable information needed to be copied from prior forms, the agency hired two part-time employees just to do the copying and pasting transfer of information. The agency further noted that the documentation of progress notes is now more structured and stringent.

In addition to the above, the agency reported that they had issues with MCO portals. With one MCO, staff repeatedly had to re-upload documents so that the MCO could see them. The agency questioned whether the MCOs understand the population they serve and how hard it is to get tasks completed on time. For example, they are required to fill out incident reports monthly (e.g., arrests, hospitalizations), though they may not be aware of some incidents their participants encounter. At one point they received a nine-month report and had to follow up on the incidents, such as ER visits. In addition, their participants may not even remember what occurred nine months earlier. Agencies were also required to track meals provided to participants and COVID vaccinations. There were different due dates, follow-throughs, and expectations for such tracking. Further, they have diminished the role of what peer supports can do, which puts more responsibilities on the care coordinators or nurses.

The program was challenged in five outcome areas this year.

Family and concerned others were less satisfied with services (83%), scoring in the Does Not Meet Minimum Expectations range, compared to 89% for FY20. The agency reported that this information was thoroughly reviewed when submitted the first time. It was requested two months later that the format be changed to be similar to the other program. The agency reported that this information was sent back without a second review of the sample. Therefore, it appeared that interviewers may have contacted individuals who were not involved or knowledgeable of services, such as emergency contacts only, those who have bad relationships with their participant, or those not involved in services, which could have affected scores. They also remarked that isolation from a participant's family member may have affected family responses to satisfaction scores.

Of the program's participants, 59% were involved in their communities, attending events, participating in activities, or visiting attractions. This level of involvement decreased from last year (71%) and scored a Does Not Meet Minimum Expectations rating this year. The agency reported that challenges with people participating in community activities was clearly from COVID. There were no community activities for most of the year, and when activities became available, many participants were reluctant to go into the community. Some were able to participate in virtual activities, but many were either not interested or not able to participate. The agency added that they have to do ongoing education of SCL providers on the expectations for the outcome and what activities meet criteria.

The program reported 348 days of homelessness for FY21 for an average of 1.60 days per participant, consistent with 1.68 (361 days) reported for FY20, and still at a Needs Improvement rating. The agency reported that one participant had a significant number of homeless days. There were difficulties finding a new provider, and one that was chosen by the guardian did not follow through, so the participant was placed with a habilitation provider (group home), instead of supported community living (SCL).

In addition, less than 9 out of 10 participants (88%) received physicals or care from their primary care physician or medical specialist during the year, down from FY20 (95%), and scoring a Does Not Meet Minimum Expectations rating. The agency reported that staff tried to get everyone into annual healthcare appointments, but because of COVID, some were too afraid to go. There were some who used telehealth for their healthcare; however, many were not able to. Further, staff were not able to transport participants to appointments this year. Staff were able to do care reviews to identify gaps in care through MCO portals, and the agency staff have access to EPIC through UnityPoint Health to determine if participants have had care from that provider.

The agency reported that they had to work on supporting staff differently this year. They expanded their use of Google Docs so that they could share and work on documents more efficiently. They also focused on staff training, some through Google Hangouts and Zoom. In addition, supervisors focused on admitting that challenges created externally can be difficult but that they have figure out how to make it work and do what is asked. In addition, staff received a lot of values training, including a values component in weekly meetings. Supervisors viewed this effort as important because agency processes had changed with staff mostly working from their desks, to encourage collaboration and coordination. Rather than walking over someone in another cubicle, other kinds of efforts were needed.

CSA IHH/SC program participants and family and concerned others reported being satisfied with the services received and the staff who work with them. Evaluators were able to interview 25 program participants and 25 family or concerned others. See Appendix E for definitions of qualitative themes outlined below. In interviews, Representative comments included:

Effective Services

> *If I need something, or need to go somewhere, they are always there. I once had a worker that didn't want to do anything, but they got me someone different.*

> *Oh yes, they do, they do. They ask what I think of things and my opinion and what I would like to do, and they ask what I want, not what they want.*

> *Very much. Just recently with the bed thing she was the first person I reached out to, and she took off running. If it's early in the day, she will get back to me that day, otherwise the next day normally.*

> *They do a really good job at it. They're not here just for money. They really love it and want to see improvement. We have movie nights and go volunteer sometimes. We get out in the community.*

Services Received

> *I just talked to him the other day. I asked him about my mental needs, and I said I didn't feel safe. He asked how he could help. How can I help is the number one question.*

> *They help me with my meds. They help me figure out coping skills. They help me figure out different activities I can do, and that kind of stuff.*

She helps me set goals in a realistic time frame and set smaller goals to make that possible. Like not working so many jobs where I wear myself and go backwards.

Yeah, I'm very independent, and they encourage that. I would definitely know if they weren't. Sometimes I can overdo things, and it's good to have them to tell me to relax and take care of myself

Positive Relationships with Agency or Staff

Very much, they ask what I want, and they try to get my opinions on what I would like to do. They're more centered on working for me to get my stuff and get my goals and interactions in and getting what I need and helping me with things.

My staff is wonderful. They always knock before they come in. They are respectful of my time. They communicate if they're going to be late or early or if they're not going to be here or that kind of stuff.

[I would tell them] that they're helpful. They help with meds and coping skills. They can help you with building your self-confidence, getting out into the community. They can basically help you set up goals to get yourself back on track.

They treat me like an actual human being. They treat me as a grown adult, you know. We discuss things seriously. They take my concerns seriously and help me to the best of their ability.

Positive Impacts of Services

Yes, she helped set up transportation for me to do stuff. My self-esteem is much higher and that helps too. I have got family I have chosen, and my neighbors are wonderful.

They have really impacted me in the last three years. They have motivated me to go to college, and other stuff including getting a job. I have always wanted a job. They have helped me with my depression and schizophrenia. I play it day-by-day, but if I need something they are always there for me. They give me two positives every day of what I have done.

Basically, keeping a job, being able to budget effectively, making sure all my bills are paid on time, and interacting with the public better.

I learned to more watch out when people are taking advantage of me and know when they are. To know my limits when I'm trying to help someone because I'm trying to learn my limits myself.

Ineffective Services

Yes, I would. The last time was a text in late July. [Communication] has largely been texting, and we video chatted once. We met in person once as well. [It] used to be more frequent, when I was working with [Staff], but my worker just switched to [other Staff], and we are working on communication.

I don't know. I don't see them that much. Sometimes we text and visit. I talked to them via text today. There's no routine, I don't get that much from them or see them.

A little, yeah. Like I was saying before, about leasing housing ... and if something with work comes up. It varies sometimes when they get back to me.

I was having a problem at first when it came to talking to them and staying in contact when I was in the hospital.

COVID-19

They have been really protective of us when COVID came.

I would like for them to come more often. With COVID we have had some staff changes and I don't like change. I'm not good with strangers because I have some trust issues.

I know we used to meet person-to-person, which has changed because of COVID, and I miss that, being able to speak face-to-face with my worker. But I understand that because of COVID, that's not really up to snuff right now.

They tried to do it as well as they could, given the circumstances. It ended up being mostly over the phone, but they still urged me to do what we normally would have done even if it couldn't be in-person.

Quality of Life

Absolutely. Back when I entered the program, I was extremely reclusive and isolated. It was so hard to get me to go anywhere. Going and doing errands was hard because it made me indecisive, and I couldn't make decisions. It makes me more independent and decisive.

Basically just moving to that new place so my quality of life ... I used to be in a situation where it was kind of dangerous and since I've been working with [Staff], I've been working well with my new roommate, and I've been able to keep myself clothed and fed and, you know, a roof over my head with ease. If I have any issues with housing, or what have you, I can easily get in contact with [Staff] by phone or Skype.

Yes, I live in a sober living house now, and before I was living on people's couches and was homeless and had an abusive relationship that she helped me get out of. They helped me get back with a psychiatrist so I can take proper medication.

Suggestions

Maybe changing the income requirements for certain things. That way more people could get access to services that they need. But that's really out of their control, I guess.

That it would be quicker. It takes a long time for services and paperwork. I understand that isn't on my workers. It just takes a while.

That they could come more often.

Family and Concerned Others

Family and concerned others also reported satisfaction with the IHH/SC staff and the services they provided but scoring in the Does Not Meet Minimum Expectations range. In interviews, family and concerned others representative comments included the following:

Effective Services

She is getting medical funding, and she is getting Social Security disability checks. [Staff] helped set those up. She also gets somebody to go into her home and help her with laundry and clean or cooking.

Well, he gets Medicaid. He gets other services from support staff and, as far as I know, she coordinates some of that, that he stays up to date on his Social Security paperwork for SSI and tries to assist with contacting SS when there are issues.

She's [staff] always right there to check and is like, "let me find out." Well, she communicates with [Participant]. About the only time I communicate with her is if there's a problem. She's always really good about getting back with [Participant] and responding to our questions. If she's in a meeting, she'll text. She should get an award.

She communicates with [son] monthly and because of the pandemic it has been mostly by telephone. [Staff] and I email a lot. If I ever have a question, I shoot and email to her and she answers within 24 hours.

Positive Relationships with Agency or Staff

CSA knows more than most. [Staff] is willing to ask questions and find answers for us, but not all service providers will do that. The service provider for my other son is not willing to do that.

They have gone way above and beyond. They've done well above and beyond what I hoped would be get done for him.

With [Staff], pretty much wherever we need help, she is trying to get us what we need. She has been there for meetings and always there for us.

She is really good about that kind of stuff. We just sat down with [Staff] for the first in-person since COVID. From the get-go [Staff] has always been looking for resources for [Participant] and she's always on her phone. When we have seen her in person, she just automatically looks up things on our behalf. She's always two steps ahead of us and thinks of things I wouldn't think to ask.

She's been one of the best case managers we've ever had. I've heard other people complain about their case managers and I don't have one single complaint about [Staff].

Positive Impacts of Services

She's not homeless, so that's good. They are working on her mental and physical health. They're putting an importance on making her get to those appointments. Our relationship has gotten a lot better within the last few years. I think these services are huge for that and helping her grow. She realizes she needs to hold herself accountable and work on herself too.

I can only say that they have improved him. I talk to him frequently on the phone. He is in a better mood. He has as good a life as he is going to have. I think as far as how things have bettered ... if we didn't have them, I don't know how he would get by.

Services not delivered effectively

There was one girl who helped, and I asked her if she could help with [Participant]'s food stamp application and she said, "well, it's my last time, so the next person will have to do it," and it didn't happen.

What they talk about is insurance. They wait for insurance to approve that stuff. I think that's the reason they give for why it's taking so long

COVID-19

> *I know they took care of him. They brought someone there to get his shot, and I think they did everything they could during the COVID situation.*

> *CSA never once called him or asked how he was doing through COVID, and they never reached out to see how he was doing during the really bad parts.*

> *The only thing I think would be good would be in-person contact. I know with COVID, that's hard ... but you can connect so much better in person. We had a meeting today for our other son. We had a Zoom meeting for that, and I haven't seen anyone in person.*

> *It's hard to say because of COVID ... it stayed the same except we were on the phone. She did her monthly calls and spoke to [Participant] independently. During the COVID thing she did set up a meeting with a HAB home to meet with them. It's hard to know what is different. When things started opening up, she found an event that ... he likes cars, and she found a car event.*

> *Most of the things were online, you couldn't meet with anyone most of the time. He needed to talk to people, had concerns and stuff and everything was online, which wasn't good.*

Suggestions

> *You know I would like to see places that don't take people with mental health and addiction issues. Those issues often go hand in hand, and I wish they would help those people more*
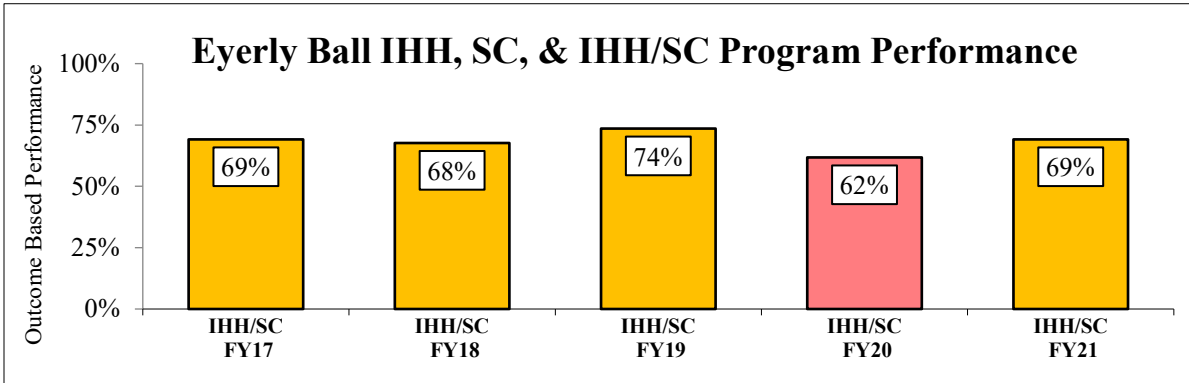
> *I think [Participant] really needs more mental health help. At this point he only sees the psychiatrist when he's in jail or the hospital. He doesn't have a regular psychiatrist.*

> *I'm sure they are all over worked and there is not enough support.*

Additional Satisfaction Questions Related to COVID-19 Pandemic - CSA				
	Yes	No	Some, Not All	Other
Have your needs been met by your care team since the onset of the COVID-19 measures requiring people to shelter in place?	24	1	0	0
	Participant Initiated	Agency Initiated	Other	Neither Initiated
Who initiated contact between you and your team since Mid-March?	1	24	0	0
	Phone	Text	Email	Other
In what ways did you communicate?	2	8	3	11

Eyerly Ball Integrated Health Home / Service Coordination

Eyerly Ball's IHH/SC program was challenged by the outcome expectations. The program's overall performance of 69% resulted in a Needs Improvement rating, an increase from FY20. This year, the program served a monthly average of 560 participants, a decrease from 587 in FY20.

Eyerly Ball IHH, SC, & IHH/SC Program Performance

Bar chart titled "Eyerly Ball IHH, SC, & IHH/SC Program Performance" with Y-axis "Outcome Based Performance" ranging 0% to 100%. Bars: IHH/SC FY17 = 69%, IHH/SC FY18 = 68%, IHH/SC FY19 = 74%, IHH/SC FY20 = 62%, IHH/SC FY21 = 69%.

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
• Community Housing • Participant Satisfaction • Negative Disenrollments • Psychiatric Hospitalizations • Emergency Room Visits for Psychiatric Care • Administrative Areas	• Involvement in the Criminal Justice System • Employment – Working Toward Self-Sufficiency • Employment – Engagement Toward Employment • Appropriate Disenrollments • Quality of Life	• Adult Education • Access to Somatic Care	• Homelessness • Empowerment • Family and Concerned Others Satisfaction • Community Inclusion

Based on the evaluation, the program performed well in several areas.

Participants showed that they were satisfied with services they received. In interviews, participants agreed with 95% of satisfaction questions, resulting in an Exceeds Expectations rating. The agency reported that they focused on a team-based approach, including RNs and peer supports. They expressed to participants a willingness to see them even during the pandemic when the need was safety related. Otherwise, they emphasized "comfort calls," regular and frequent calls to participants to check in. To do this, they reworked their schedules to include nights and weekends so that people would feel supported.

Participants indicated in 87% of survey questions that they had experienced improvement in the quality of their lives, resulting in a Meets Expectations rating for the Quality of Life outcome. The agency reported that they focused on a team-based approach, using available services. They also conducted extra check-ins, which helped participants.

About nine of every ten participants (93%) were reported to be living in safe, affordable, acceptable, and accessible community housing. The agency reported that many participants could not be evicted this year because of the COVID eviction moratorium. Staff made a concentrated effort to improve the housing

outcome. They explored as many funding sources as possible, such as the Iowa Finance Authority. The IFA in particular was helpful because two former IHH coordinators worked for the IFA.

No adult participants visited emergency rooms for psychiatric care this year from this program. Participants averaged only 0.97 nights (211 total nights) hospitalized for psychiatric care, compared to 2.12 nights (1,245 nights total) in FY20. The agency reported that COVID actually helped with these outcomes. Participants were less willing to go anywhere, including the ER and hospital. The agency also attributed the low hospitalizations and ER visits to participants knowing that staff are there to take phone calls because of their frequent check-in calls. Supervisors also noted that staff are attentive to participants and can act in time to prevent hospital visits. The agency also held a monthly meeting with social workers at Iowa Lutheran Hospital to talk about their clients so that they could get their needs met and work on discharge plans, which reduced time in the hospital and reduced readmissions. The agency praised Behavioral Health Urgent Care for helping keep participants out of the ER and hospital.

No participants were negatively disenrolled, and 16% (26) of Service Coordination participants were appropriately disenrolled to other services or independence. The agency reported that staff have persistence and resilience to stay engaged with participants to build trust.

The program reported 1,240 jail days for FY21 for an average of 2.21 nights per participant, comparable to FY20, when 1,186 jail days were reported (2.02 average), meeting expectations. The agency reported that they updated their process for transitions from jail to the community. They collaborated with the Jail Diversion team. In addition UnityPoint security contacted the Eyerly Ball office, rather than calling police, resulting in fewer arrests for trespassing and disorderly conduct as they can de-escalate participants.

About one of every three (34%) participants were engaged in employment, working at least five hours a week at or above minimum wage, meeting expectations. One of every five (19%) was working 20 or more hours per week, also meeting expectations. The agency reported that participants had a lot of opportunities for employment. Two employment agencies reopened, providing opportunities. However, COVID had an impact. Because of the stress from the pandemic, which affected participants' mental health in general, some participants experienced an increase in symptoms and had difficulty working. Many of these were able to get into supported employment. Some participants were able to work for temp agencies and maintained or increased their work hours. Where some employment programs had shut down because of COVID and were taking a long time to open up, a workforce shortage created opportunities for those who wanted to and were able to work. The agency added that they were getting better at tracking employment.

In administrative areas, the agency reported a score totaling 100%, resulting in an Exceed Expectations rating. The program documented 100% of participants assessed for level of functioning, and they documented 100% of annual face-to-face visits. With the change of criteria of telehealth calls as considered face-to-face visits, the agency initially struggled to identify such calls as face-to-face visits in their monthly reporting. However, the agency was given credit for the calls reported as telehealth calls, on review of progress notes. The agency reported that changes in templates and staff working from home made it hard to keep up with training staff on MCO expectations. In addition, the Polk County staff had 100% turnover, including some turnover in leadership. With the extra work, quality assurance was limited. Some staff had pre-existing conditions, which prevented them from seeing participants face to face.

The program was challenged in six outcome areas.

Of the program's participants, 59% met criteria for community inclusion, rating Does Not Meet Expectations. The agency reported that COVID created issues systemwide, with participants not willing to get into the community. Supervisors were working with staff to educate them on what activities can be classified as Community Inclusion activities. And staff had scripts to help them talk to participants about inclusion. This was particularly needed because many staff were new. More activities are becoming

available, including peer supports. But many hesitated to go out to be social, and there were online alternatives, but technology was a barrier for those who do not have smartphones or internet access. The situation was aggravated by staff not able to visit participants face to face and by some participants regressing to old behaviors because of the pandemic.

In Adult Education, the program rated a Needs Improvement with about one in ten (10%) participants pursuing education related to employment, slightly up from FY20 (9%). The agency reported that they were tracking education along with employment this year.

The program rated Does Not Meet Expectations in Participant Empowerment this year. Of 49 files reviewed, 40 (82%) were found to meet all four expectations. The program did well in documenting services delivered (86%), showing consumer involvement in creating goals scored 92%, and having measurable goals in place and reviewing them regularly scored 96%. The program was more challenged in having regular conversations about employment or education (or having meaningful activities in the community for those needing higher levels of support), scoring 86%. The agency reported that their biggest challenge this year was COVID. With changes made with directives from the state, they had to do an addendum every time there was a change. This added up to a lot of additional documentation and tracking. Service Coordination did not have as much time to do file reviews because they were busy serving clients. Quality assurance was also affected. File review discrepancies were staff errors, and the agency plans to work on documentation consistency.

The agency also reported that beyond COVID there were "huge" changes in documentation from the MCOs. A 4-page social history became a 26-page assessment. This was required information for most participants. Further, these form/documentation expectations were changed several times. Tracking meals, desk audits of habilitation provider documentation, authorizations, care plans, the chart review workbook were changed multiple times. The agency lamented that staff is not holding up well. Turnover was high. Finding replacement staff was difficult. Those who are leaving are not just going to another agency; they are leaving the field. The agency reported that the staff struggled with "hopelessness, loss of control, and burnout." They wondered when there is time to work with participants with the documentation burden. The state wants a trauma-informed workforce, but it was hard to keep qualified staff.

About nine of ten participants (92%) received a physical or care from their primary care physician or medical specialist during the year, rating Needs Improvement. The agency reported that they had implemented a new process with their RNs to help participants get connected with services. One staff searched UnityPoint records to see who had not had appointments. They also reviewed MCO portals for claims. Other entities require a release for health information, which slows the process. Staff also connect with Broadlawns and Mercy to learn about appointments, but Mercy in particular can take time to respond. The agency praised CareMore Health for their responsiveness.

For homelessness, the program reported a total of 2,451 homeless nights, averaging over four days of homelessness per participant (4.29), but a decrease from FY20 (3,459 nights). The agency noted that their IHH program does not have a waitlist so they are able to take any referrals. Consequently, they had an increase in participants who are homeless when they are enrolled. They emphasized that they take anyone regardless of their housing situation. Referrals come from homeless shelters and from emergency departments where homeless individuals may go for a warm place and meals. The agency added that finding housing is difficult for their population, especially for felons, but they find places that will accept them.

Family and concerned others in interviews reported satisfaction at 79%, a decrease from FY20, which scored 88%. This satisfaction score rated at Does Not Meet Minimum Expectations. The agency suggested that the score may have reflected a lack of engagement in the families and concerned others, or that they did not like answers to their questions. The agency reported that families were unhappy that they were not visiting face-to-face as they used to, but the agency was restricted by lack of workers and

restrictions based on safety of staff. The majority of participant grievances were around providers not visiting or having to wear a mask.

Despite challenges, most participants and many family and concerned others reported being satisfied with Eyerly Ball's IHH/SC staff and services. Evaluators were able to interview 69 participants and 50 family or concerned others. See Appendix E for definitions of qualitative themes.

Representative comments from participants included the following:

Effective Services

> *The fact that I have her, that I can call every time to ask questions, and if she doesn't know the answer right away, she's good at getting back to me to find the answer out. She's helped me quite a bit to get my food stamps and to make sure I did the paperwork right.*

> *She encourages, like we talk about stuff and make a to-do list and talk about that. She might say, "I can do this. While I'm doing this, YOU can do this. So we both do something."*

> *I had an instance where another staff at a different company wasn't [respectful], and I contacted [Staff] and told her I felt like I was being disrespected, and she got on it and stopped that whole thing and was very much there for me.*

> *Yes. They help me do what I need to do. Getting socialized with people, going to the pantry to get more food, going to doctor's appointments and stuff. Get out and go fishing and stuff whatever they have planned for me.*

Positive Relationships with Agency or Staff

> *Absolutely. Well, they acknowledge my pronouns. They recognize my name. When I changed my name, well you literally have to change everything, and it was so smooth with them. Honestly, it was very refreshing.*

> *They are an awesome bunch. All of my team are really, really good. I just started another thing and I have a job worker too. Along with my therapist as well who is very helpful for me too.*

> *Oh yeah, they're all about trying to go out on a limb, and they're great. I wish they could get more funding so they could do more. That's how everyone should be trying to help everyone else and working together. Even if they can't help, they find someone else that can help.*

> *Yes. They're really encouraging and helpful. Giving up independence for me has shown me how to make myself more independent. Having that person on my shoulder is good.*

Positive Impacts of Services

> *I'm not on drugs anymore, and I live with my mom. And so, I mean, there're two things right there … and I have a dog now.*

> *They will be so proud of me when I'm able to be fully independent. Each step is building something, and one day I will be there. I will be sad when I see them less.*

> *Yes, I do better at work. There are times where it can be very hectic or overwhelming, but I talk to my counselors, and they give me suggestions on how to deal with it.*

Yes, it has. Finances are starting to get back, being able to pay bills, and being able to take care of stuff with the family and food and bills and stuff like that.

When I started I was completely homeless. They have helped with the entire process of disability and rent assist.

Ineffective Services

I've been on a five-year waiting list for home help and a waiting list for mental health. [I] lost my insurance and no one would answer my phone calls, or insurance phone calls. My worker went up there and wouldn't answer calls anymore. I'm really upset.

I want to know what's going on with my housing and vouchers for moving out of state. I don't know what to do, and I haven't been in contact her within the last month.

Well, I mean, I talk with Eyerly Ball itself. They don't really do anything. They talk to me for ten minutes on the phone.

I've called for appointments multiple times, and it always took her at least a week to get back to me if she did at all. Even if I texted her, it took days for her to reply, and then more than half the time I'd arrive for my appointment, and she'd have some excuse for why she wasn't there.

I have no idea what they're doing because they aren't helping me, and they saw that they are. I can't find the proper doctors. They won't listen to me, and they don't work with me. I have to keep switching doctors and I need their help to find new ones.

COVID-19

Through my medical side, I had to switch doctors, so I wasn't getting that communication that I needed. It made it harder during the COVID time. My worker was good still through Eyerly Ball. We just didn't get to see each other as often.

I was positive with the COVID and had to stay home but they were able to call and check-up on me.

They still touched base with me and wanted to make sure that things were going okay and asked me what kinds of resources I may have needed with COVID. They got a worker out to help me with transportation and getting me resources and setting goals and trying to still get me out.

There was a lot going on so yes ... but no. I had some issues, but they were able to get to me right away. Eventually they were able to help me, but it took longer because of COVID.

Quality of Life

Absolutely, without a doubt. I think with crisis management it's better I just sort of nip things in the bud early. When I feel uncomfortable, I just try to deal with it, and it's something I need to confront early on. And I've been better off with some of the services they provide dealing with emotional intensity and borderline personality type stuff.

Before entering the program, I would always hide my relapses and use until I had to go to the hospital. I have relapsed three times since being in the program, and every time I have, I have gone to them within five days of doing something else.

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I want to feel like a person. They make me feel like I'm a human … like I'm more than just a number. There are places I have worked in the past where I didn't feel valued, like I mattered. Eyerly Ball though, specifically, they have done a phenomenal job,

The fact that I have her, that I can call every time to ask questions, and if she doesn't know the answer right away, she's good at getting back to me to find the answer out. She's helped me quite a bit to get my food stamps and to make sure I did the paperwork right.

Suggestions

Originally, they did provide some funding for getting transportation to work, but that eventually got cut.

They need more people because they keep their workers busy.

I guess maybe more of like a weekly checking. I have a hard time reaching out because of my PTSD, but a weekly or biweekly check-in would be great for me.

I would give them more funding. It's hard because they're doing a lot of running around and trying to help everyone.

Communication, and I just want to know what other services they could have for me. And following up with what they say they do.

Family and Concerned Others

Concerned others were also pleased with the service and staff. They credited the program with improvements in participants' lives.

Effective Services

Probably the ride share has helped her as far as getting to different appointments that she needs to get to. I know that she has talked to someone about how to get things done that she needs to get things done, and I think they've helped her with that.

I understand her. They help us with a place to stay so we're not homeless. They help her with doing therapy. They've helped provide her with a place to stay, with the personal necessities for the household, a program for workers who come to the home to give rides to the doctor or grocery store.

They're very thorough. They'll help you meet your goals. If we have a question, [Staff] is really good about digging into it, helping with a solution, or giving suggestions on how to move forward with resources, that sort of thing.

She'll find resources available or get numbers to other places that might be able to help. Like we needed help with a couple of projects around the house and she gave us ideas of a couple places we could call for help.

Positive Relationships with Agency or Staff

I'm really impressed with the program, the staff they have, the help he receives. That was so important to find a place where the staff cares about the people, and they're not just a number.

There were a couple things I didn't understand because we were all on the phone and I'm not a health expert. There were lots of acronyms being thrown around. I have to rely on people who know. They were always very kind.

Eyerly Ball has been involved for a longer period of time than I have been involved. But we both have a lot of respect for one another.

In the phone calls, they're very positive. And when staff are here, they never talk down to her or make light of her symptoms or experiences and are always very understanding and kind.

Yes, she's very nice and keeps pretty good notes and is willing to investigate and troubleshoot and try to get answers. And she's really good about following up. That was very nice.

Positive Impacts of Services

I know that the biggest thing was her coming out of her shell. She used to isolate herself a lot. So that was one of the biggest things for her to get out into the community and not being so scared to just go to the store. So they really focused on her improving in that, and I've seen big improvement.

He's in wonderfully good spirits. He's just so joyous, and I attribute that partly to the antidepressant medications, but it may be because of other therapy too. But he's mostly triumphing with his own drinking issues.

Housing has been coming up on a year. It has been close to two years from the time when he was a son who I stayed up at night worrying about to someone who says, "Mom, I'm house manager where I live." So, without the help he has gotten, he wouldn't be there. I am tearing up saying it.

He's learned how to hold down a job. He gets all the money on a card. He can buy things with his money. He has to buy his phone card. He's learned how to stand in front of people at the store and pay for something. It used to be he'd drop the money and run, and now he don't do that. Of course, he's learned to dress better.

Ineffective Services

It was hard to get an answer and we kept getting conflicting information. Sometimes I think I didn't hear back from [Staff] because he was still trying to get me an answer. It's been really bad this summer, and I don't know who to blame for it.

Just because they don't have resources it seems like. There's not enough people, not enough hours.

They've been helpful, but Eyerly Ball wanted to move him into a filthy dumpy apartment. They're awful houses, and they should be demolished.

They don't listen. They will pretty much say we'll get right on that, but nobody gets on anything.

COVID-19

I think unfortunately with COVID that's changed things for everybody. Because of the masking and the contacts are less just because it's over the phone and not personal. I don't think that's good probably for everybody, but hopefully it's changing for the better.

The program needs help and we've had a very difficult time with it, but I don't believe it's the IHH worker's fault. I think it's with the transitions [during COVID and moving into her own apartment] and going to in-patient.

No changes to the program in the last year or two with the program except they stopped having person-to-person visits after the COVID hit.

I just know that when COVID hit, there was no one to help her with a ride to go get food or groceries.

They're working on the employment right now, but with the new COVID Delta it might be a while. He's fully vaccinated, but you don't know and don't want to put someone in a situation.

Suggestions

[Participant is moving on Sunday] and he likes the place he's moving to. [It's] some kind of subsidized situation, but I know he has essentially nobody to help him move his stuff. It would be great if Eyerly Ball had a truck to help people move.

Providing more rounded support. These people need more help than just getting to appointments or apartments. Maybe monthly events that they can go to and socialize. To get them out of their apartment. Legal services to help them stick up for themselves and answer questions, like law students or someone to help.

I guess maybe if I heard from her person assigned to her, that would help. Because then I'd know more about what was going on because [Participant] has a tendency to tell you what she wants to hear or wants you to think. So a little more contact with the person.

I wish they would talk more and get in contact with her more. With her, I know she is younger, and I don't always know what she is putting up with. I just wish she had more people to talk to and express herself more than me.

She thinks that there should be couples counseling help maybe, as well.

I think she could probably work a little harder to make sure people feel like they can trust her. I told her she needs to keep going so she has someone to talk to. I feel like if they gave a little more effort into getting to know her and caring instead of it just being her job.

Additional Satisfaction Questions Related to COVID-19 Pandemic - EB				
Have your needs been met by your care team since the onset of the COVID-19 measures requiring people to shelter in place?	Yes	No	Some, Not All	Other
	61	5	3	0
Who initiated contact between you and your team since Mid-March?	Participant Initiated	Agency Initiated	Other	Neither Initiated
	1	68	0	0
In what ways did you communicate?	Phone	Text	Email	Other
	28	14	12	15

Last case notes reviewed:

APPENDIX A: FILE REVIEW FORM

IOWA

Administrative

Q1.1. File Review Start Date

Q1.2. File review status
- ○ First round (July-February)
- ○ Second round (March-June)
- ○ Final disposition (post discrepancy meeting)

Q1.3. Integrated Service type
- ○ ISA
- ○ FACT
- ○ KEY

Q1.4. Reviewer
- ☐ Amy Blessing
- ☐ Helaina Graves
- ☐ Tessa Heeren
- ☐ David Klein
- ☐ Other

Q1.5. Member Identification

PolkMIS ID	
Participant First Name	
Participant Last Name	
Alias	
Date of Birth	
Age	
Date of Enrollment	
Agency	
Staff First Name	
Staff Last Name	

Q1.6. Are the Member ID fields above consistent with PolkMIS sample list?
- ○ Yes
- ○ No

Polk MIS events

Q2.1.
Enter the Date(s) listed in PolkMIS

Enter NA if event isn't documented in PolkMIS during the reporting period (July 1 2020 - June 30 2021)

If an event type has more than one status, enter the most recent and active status

	Polk MIS Event List
	Date(s)
LOCUS / LOF	

	Polk MIS Event List
	Date(s)
Housing Status (write in event type(s))	
Employment status (write in event type(s))	
Education	
Somatic Care	
Community Inclusion	
Homelessness	
Jail	
Negative Disenrollment	
Psychiatric Emergency Department	
Psychiatric Hospitalization	

Q2.2. PolkMIS events notes

Level of Functioning

Q3.1. Level of Functioning (LOCUS/ICAP/SIS)

	Date(s)		PolkMIS and document consistent?		Assessment		
	PolkMIS	LOF document	Yes	No	LOCUS	ICAP or SIS	Document missing
Most Recent Level of Functioning			○	○	○	○	○

Q3.2. LOF is 5 or 6?

○ Yes
○ No (1-4)

Q3.3. Level of Functioning notes

Housing

Q4.1. Housing Checklist and PolkMIS Events

Additional housing events can include

- **Change of address**
- **Change in CL criteria**
- **Housing checklist completion**

PolkMIS Event type		Date		Checklist Meets CL Criteria		Polk MIS meets CL Criteria		Does file documentation agree with PolkMIS event?	
		PolkMIS	Checklist	Yes	No	Yes	No	Yes	No
⌄	Annual Documentation			○	○	○	○	○	○
⌄	Additional housing event 1			○	○	○	○	○	○

PolkMIS Event type		Date		Checklist Meets CL Criteria		Polk MIS meets CL Criteria		Does file documentation agree with PolkMIS event?	
		PolkMIS	Checklist	Yes	No	Yes	No	Yes	No
⌄	Additional housing event 2			○	○	○	○	○	○
⌄	Additional housing event 3			○	○	○	○	○	○
⌄	Additional housing event 4			○	○	○	○	○	○
⌄	Additional housing event 5			○	○	○	○	○	○

Q4.2. Home visits

Enrollment Date:

Home visit criteria: no more than 90 days lapse between home visits

	Addressed 4 times throughout year? Enter at least one date for each quarter				Not applicable	Home Visits Score	
	~July-Sept	~Oct-Dec	~Jan-Mar	~Apr-June	Request not to visit at home	Total found	Total expected
Home Visits *phone and video call meet criteria*					☐		

Q4.3. All housing events agree and documented? If no, explain in notes

○ Yes
○ No

Q4.4. Housing notes (documentation source, address, relocation dates, checklist details, etc.)

[ ]

Employment and Wage Reporting

Q5.1. Employment

Select all applicable employment statuses during the reporting period and write in dates of active status

From PolkMIS:

Employed

☐ Employed *(includes Competitive, Does not meet criteria, CWE for MEPD, Enclave, Self Employed, Supported Employment, Workshop)*
[ ]

☐ >=20'/wk & >=min wage [ ]
☐ 5'-19'/wk & >=min wage [ ]

Inactive employment

☐ Unemployed *(includes Engaged, not engaged, education skills/training)* [ ]
☐ Not in Labor Force *(includes LOS 5/6, retired)* [ ]

Q5.2. Does the participant's PolkMIS status indicate any type of Employment in the fall (10/18/20 - 10/31/20) or spring (4/16/21 - 4/30/21) reporting periods?

☐ Yes, fall reporting period
☐ Yes, spring reporting period
☐ No, neither reporting period

Q5.3. Hours worked and wages

	Hour and wage reporting			Source of wage reporting	All hour and wage information included and consistent across PolkMIS and agency?	
	Hours worked (over 2 week time period)	Wage (per hour)	Date verified		Yes	No
Fall Reporting Period (10/18/20 - 10/31/20)				⌄	○	○
Spring Reporting Period (4/16/21 - 4/30/21)				⌄	○	○

Q5.4. Employment and Wage and Hour reporting comments

Examples:
Dates active in each employment status
Change in job
Documentation inconsistencies

Education

Q6.1.
Education

	Dates		Educational activity details	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file	Activities	Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)	Under-reported (Documented, but not claimed in MIS)
Education				○	○	○	○	○	○

Q6.2. Education notes

Participant Empowerment

Q7.1. Empowerment plan goals

	Goals and services	
	From empowerment plan(s), enter participant goals	From reviewer notes, enter services provided that are aligned with goals
Empowerment plan 1 goals		
Empowerment plan 2 goals *(if provided and unique from empowerment plan 1 goals)*		

	Goals and services	
	From empowerment plan(s), enter participant goals	From reviewer notes, enter services provided that are aligned with goals
Empowerment plan 3 goals *(if provided and unique from empowerment plan 1 and 2 goals)*		

Q7.2. Empowerment Discussion Quarterly Expectations

Enrollment Date:

	Addressed 4 times throughout year? Enter at least one date for each quarter				Empowerment discussions	
	~July-Sept	~Oct-Dec	~Jan-Mar	~Apr-Jun	Found	Expected
Employment or Education discussed						
Community Inclusion discussed						

Q7.3. Empowerment planning

	Yes	No
Individualized and measurable goals are in place (see Q7.1)		
• Empowerment plans provided for entire reporting period (July-June)		
• Empowerment plan meeting held during reporting period, date(s)	○	○
Documentation supporting consumer involvement in goal development		
• *Client signature included on each plan (or appropriate notation), provide date(s)*	○	○
Empowerment discussions (employment, education, community inclusion) regularly held (Q7.2)	○	○
Documentation in the file reflecting services delivered (see Q7.1)		
• Monthly contact maintained throughout evlaution period (Q11.1)	○	○

Q7.4. Participant Empowerment score (Q7.3 total)

Score achieved	
Score expected	4

Q7.5. Participant Empowerment comments

Somatic Care

Q8.1. Somatic care

	Dates		Somatic care	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file	Details, describe discrepancy if applicable	Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)	Under-reported (Documented, but not claimed in MIS)
Somatic Care				○	○	○	○	○	○

Q8.2. Somatic Care notes

[ ]

Community Inclusion

Q9.1. Community Inclusion

	Dates		CI details from file	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file	Activities	Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)	Under-reported (Documented, but not claimed in MIS)
Community Inclusion	[ ]	[ ]	[ ]	○	○	○	○	○	○

Q9.2. Community inclusion notes
Include any activities that were reported as community inclusion, but do not meet criteria

[ ]

Adverse Experiences

Q10.1. Adverse experiences

	Event reported in Polk MIS?	Event documented in file?		Do PolkMIS events agree with file?	
	Date, if applicable	Yes	No	Yes	No
Homelessness	[ ]	○	○	○	○
Jail	[ ]	○	○	○	○
Negative Disenrollment	[ ]	○	○	○	○
Psychiatric Emergency Room Visits (not admitted)	[ ]	○	○	○	○
Psychiatric Hospitalizations	[ ]	○	○	○	○

Q10.2. Adverse Experiences notes

[ ]

Routine Expectations

Q11.1. Routine contact

Enrollment date:

	Were services provided and documented?		
	Yes	No	NA
Monthly contact initiated by agency and documented?	○	○	○

	Were services provided and documented?		
	Yes	No	NA
Dates of program enrollment consistent between PolkMIS and Agency?	○	○	○
Notes are original (not copied and pasted)	○	○	○

Q11.2. Routine contact notes

Reviewer Notes

Q15.1. Finalize reviewer notes

Include details such as

- Date of contact
- Method of contact (Include location if face-to-face)
- Notable events related to participant circumstances (e.g. transportation, health, housing, major relationships)
  - Safety Concerns
  - Substance Use
  - Housing issues, change in meeting checklist criteria
  - Change in Employment
  - Education
  - Goal planning, annual meeting
  - Relocation, moved, change households
  - Somatic care
  - ED visits
  - Hospitalization
  - Homelessness
  - Jail
  - Negative disenrollment
  - Transportation issues
  - Changes to health
- Include details such as dates, sources, context about notable events if applicable

  Examples of "other" notable events can be anything that affects a participant's treatment or progress, such as:
  - Relationship issues
  - Trauma
  - Medication mismanagement
  - Unable to be located
- Change in program status (on hold status, disruptions in Medicaid eligibility)
- Notes about participant, but not direct contact (such as provider-to-provider communication, or MCO communication)
-

Note discrepancies such as

- Gaps in contact for longer than 30 days
- Repetitive notes (copied and pasted repeatedly)
- Notes do not match participant file
- Inconsitencies between PolkMIS documents and agency documents
- Mismatch between serices and activities and partipant goals (when goals are provided)
- Logical inconsistencies
- Date inconsistencies
- Missing documentation

Q15.2. Review notes from previous sections

Q15.3. Final status summary

○ No discrepancies to report
○ Potential discrepancies to discuss or clarify
○ Discrepancies present - scores affected

Q15.4. Please provide all information from your file review needed to understand the context and nature of discrepancies found

Include dates of case notes and how the file is discrepant. For example, how notes and PolkMIS event don't match, lack of documentation supporting requirements, or how notes indicate requirements have not been met.

Start each new discrepancy with ** to keep separate

APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS

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

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

B3 I know who to call in an emergency.

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

B7 My staff supports my efforts to become more independent.

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

B10 The staff treat me with respect.

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

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

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

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

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

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

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

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

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

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

APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS

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

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

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

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

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

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

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

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

APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION

Spiritual

Attended church
Attended virtual church services
Participated in church events

Attended AA meetings
Attended AA meeting online
Attended Capital City Pride cooking event
Attended Fourth of July fireworks
Attended Muay Thai virtually
Attended NA meetings
Attended Odd Fellows meetings
Attended Planet Fitness
Attended Skywalk
Attended weekly Mayhem comics to play games
with friends
Participated in bowling
Participated in Community Garden
Participated in Eagle Watch
Participated in gym workouts

Civic

Cultural

Participated in an online parenting class
Participated in softball
Participated in swimming
Participated in transgender support group
Visited the Art Center
Visited the Asian Gardens
Visited the Blank Park Zoo
Visited Book Connection
Visited the Botanical Garden
Visited the Des Moines Botanical Gardens
Visited the Des Moines Historical Museum
Visited Jester Park
Visited Pappajohn Sculpture Park
Went fishing at Birdland Park
Worked out at the YMCA

APPENDIX E: QUALITATIVE THEME DEFINITIONS

Positive and Satisfactory	**Participant describes services, experiences, outcomes, interactions with staff and agency, relationships with staff, as positive, including supportive, respectful, informative, efficient, etc.**
Positive Relationship with staff or agency	Talking about staff or agency in a positive way, "I like them," includes qualities such as accountability, supportive, person centered care, responsive, knowledgeable, kind, nice, friendly, helpful, respectful, would refer to friends
Impact of Services	Participants describe how services have improved their lives or certain aspects of life, such as mental health symptoms, increased independence, increased confidence, goal achievement, needs being met, more included in community, etc.
Services Delivered Effectively	Participants talking positively about services they received, such as help setting goals, care coordination (help making appointments, transport to appointments, pharmacy), medication management, financial support and benefits management, employment support, housing support (finding a place to live), help with various paperwork, improving access to the community and encouragement, emotional support (gives advice, someone to talk to). Includes communication with staff and agency (timely, clear, reliable, accessible), responsiveness to emergencies, crisis line access).
Negative or Unsatisfactory	Participant describes services, experiences, outcomes, interactions with staff and agency, relationships with staff, as negative such as unsupportive, disrespectful, slow or inefficient, not helpful
Negative relationship with staff or agency	Talking about staff or agency in a negative way, "I don't like them," includes qualities such as unhelpful, unresponsive, not kind or understanding.
Services not Delivered Effectively	See services received, with additional, explicit negative context included, includes communication with staff and agency slow, unclear, unreliable, inaccessible). Includes ineffective services (e.g. unsafe housing placement) unmet needs, also includes lack of awareness or information about services
Pandemic and Quarantine	Any pandemic or quarantine related comments such as loss of employment, changes in staff or services, changes to communication (e.g. transition to telehealth communication by phone, computer), less communication, describing agency protocols (e.g. no face to face contact or social distancing expectations, regular check-ins), includes reports of no changes during the pandemic.
Suggestions for improvement	Any time a participant describes unmet needs outside of scope of expected services or services they would like or benefit from, changes to how programming is run, agency changes, policy changes, benefit changes, staff wage changes etc.

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. The Polk County Region has set this criterion at 40% of income to be consistent with the U.S. Department of Housing and Urban Development's Housing Choice Voucher Program (Section 8) requirements. Income sources include Employment Wages, Public Assistance, Social Security, SSI, SSDI, VA Benefits, Railroad Pension, Child Support, and Dividends. Starting FY16, the Affordability criteria for Community Living was broadened to allow for participants to pay more than 40% of their income to rent and utilities provided that (1) the individual is on the Section 8 waiting list and is aware that they will either need to move or will not be eligible for Polk County Rent Subsidy should they be offered Section 8 and (2) the individual is able to pay bills to ensure their basic needs are met.

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

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

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

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

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

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

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

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

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