

**Polk County Mental Health & Disability Services Region**

# **2021 Community Living**

**Outcomes Evaluation**



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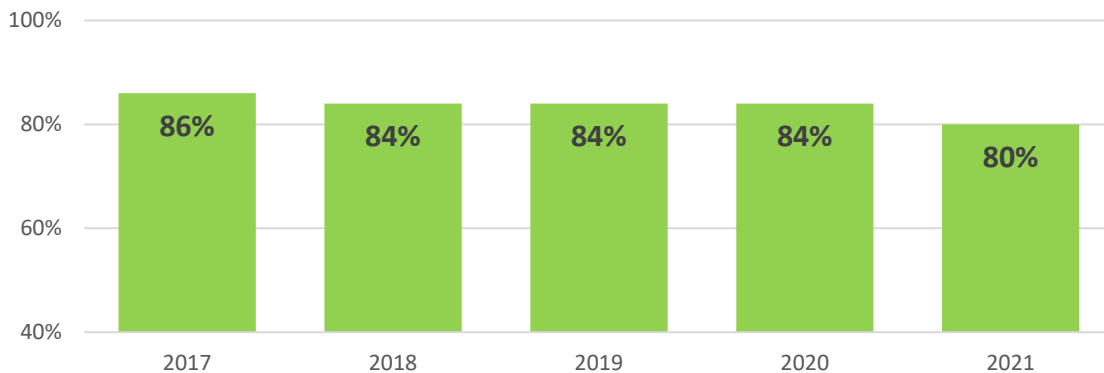
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# Executive Summary

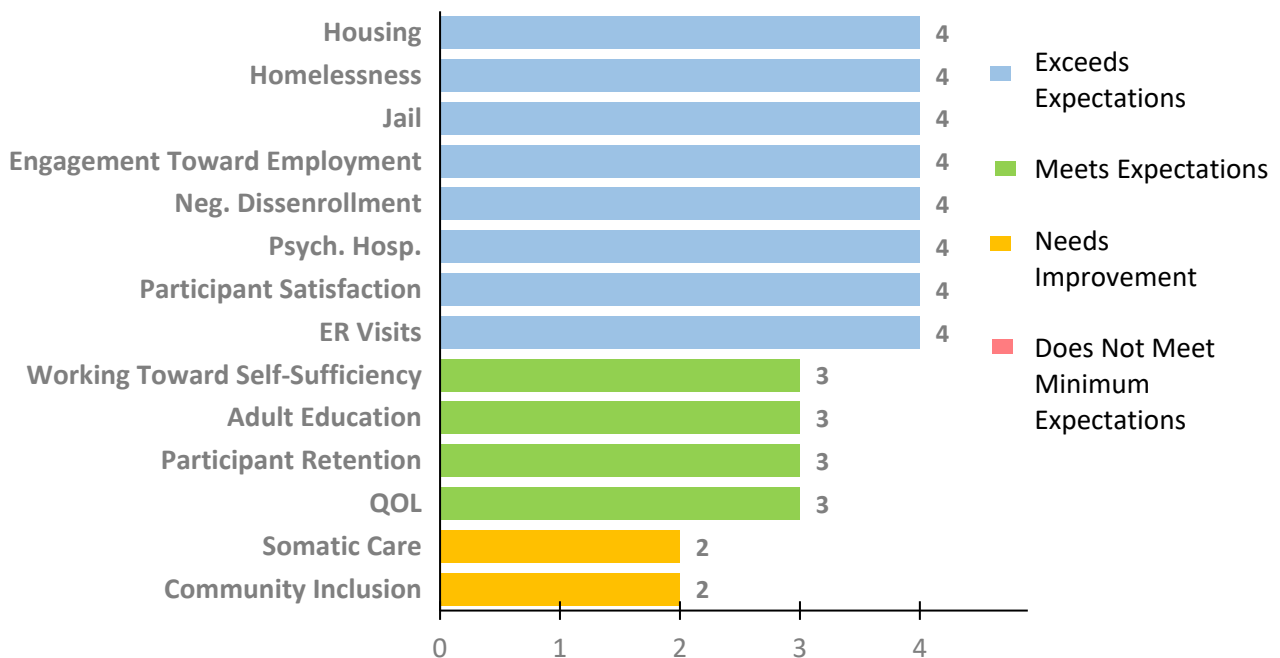
**The system's average performance *Met Expectations*, demonstrating sustained performance over the last five years**

Figure 1. Overall Program Performance 2017-2021



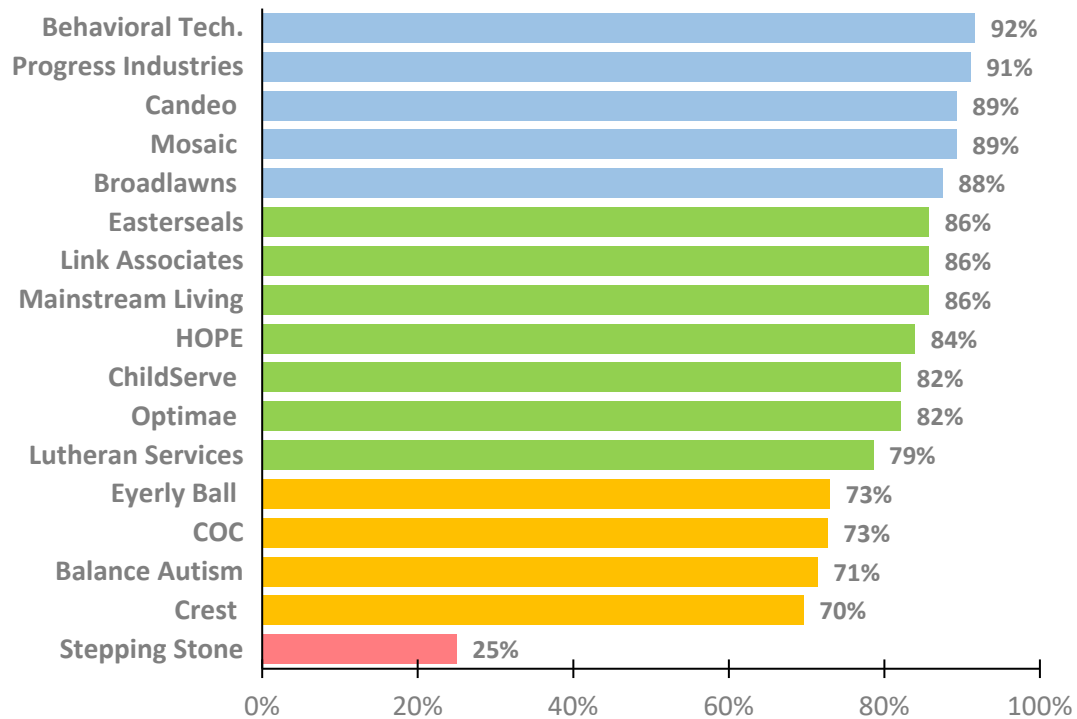
**The system *met* (4) or *exceeded* (8) expectations in 12 of the 14 outcome areas.**

Figure 2. 2021 System Averages by Outcome Area



**12 of the 17 agencies *met* (7) or *exceeded* (5) the overall expectations, with a system average of 80%**

**Figure 3. Overall Performance by Agency**



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# Overview of Community Living

## *Introduction*

The intent of the Community Living Outcomes Evaluation is to monitor participant outcomes to improve the performance of the Community Living network services. Information about the vision and history of the evaluation can be found in Appendix C. Of the almost 3,500 people Polk County funded services for during FY21, more than 2,500 people received ongoing supports and coordination.

The evaluation results were presented to the Polk County Region's Community Living Providers in October 2021 and reviewed by the Polk County Mental Health and Disabilities Regional Governing Board in November 2021.

## *Program Description*

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Community Living (CL) services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. This mission is implemented by developing supportive relationships to work through individuals' life transitions, promoting responsibility through provision of information and options, building opportunities for meaningful community participation, and supporting experiences which create meaningful life roles. The Polk County Mental Health and Disability Region's charge to the community living system is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. To this end, Polk County contracts with 17 organizations to provide community living services, and agencies participate in the evaluation in various capacities:<sup>1</sup>

## Service Providers

- |                                       |                                   |                                    |
|---------------------------------------|-----------------------------------|------------------------------------|
| • Balance Autism*                     | • Crest Services*                 | • Mainstream Living                |
| • Behavioral Technologies†*           | • Easterseals                     | • Mosaic                           |
| • Broadlawns (BMC)                    | • Eyerly Ball                     | • Optimae Life Services            |
| • Candeo                              | • HOPE Agency (HOPE)              | • Progress Industries              |
| • ChildServe                          | • Link Associates                 | • Stepping Stone Family Services*× |
| • Christian Opportunity Center (COC)* | • Lutheran Services in Iowa (LSI) |                                    |

In FY21, the system supported about 1,694 participants (monthly average) to remain living in their communities by providing community living supports.

The purpose of the evaluation is to monitor participant and management outcomes and assess the performance of Community Living services. Results are reported for eighteen outcome areas and scored in fourteen of the eighteen areas, from 1 "Does Not Meet Minimum Expectations" to 4 "Exceeds Expectations." The staff stability outcomes were not scored.

The majority (97%) of program participants reported being very satisfied with the services and supports they received and the staff who worked with them, as well as satisfied with the quality of their lives

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<sup>1</sup> Limitations in agency participation in evaluation

\*Did not participate in participant survey, no score for Participant Satisfaction and Quality of Life outcome areas

† Outcome areas for Employment and Education indicators do not apply

× Agency did not provide outcome data for FY 2021

(92%). In interviews, participants reported positive experiences with receiving effective services, supportive relationships with staff and agencies, and attributed SCL services with impacts like increased confidence, independence and quality of life.

Participants had reason to be satisfied. More than nine of every ten (97%) were living in safe, affordable, accessible and acceptable housing. About two of every five (39%) were engaged in employment, working at least five hours per week and earning minimum wage or more. One of every four (20%) participated in adult education related to employment. Agencies had high retention rates; about nine of every ten participants (89%) remained with their community living provider for at least a year. Very few participants spent any time in jail or in psychiatric hospitals or were negatively disenrolled. Participants received sufficient supports to access psychiatric care in their communities that they did not need to seek psychiatric care through the emergency room. Even in outcome areas that were challenging, about seven of every ten participants (72%) were involved in their communities, including volunteering, participating in community activities, or attending spiritual events. More than nine of every ten (92%) received somatic care during the year.

## Scope of Services

Community living services are provided by the provider within the member's home and community, according to the individualized member need as identified in the service plan.

Available components of Community Living services include:

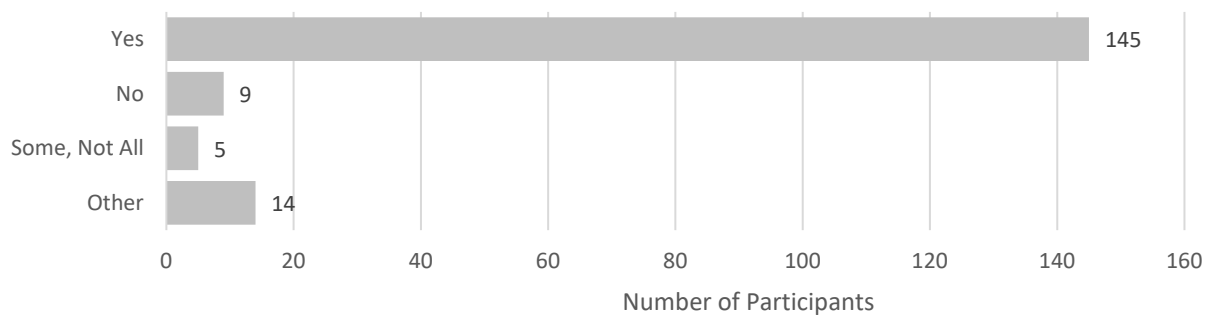
- Personal and home skills training services
- Individual advocacy services
- Community skills training services
- Personal environment support services
- Transportation
- Treatment services

## COVID Data

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 173 participants who responded to the COVID questions, 145 responded Yes, 9 responded No, 5 responded Some, Not All, and 14 responded Other (which includes Other, N/A, Don't Know or Did Not Answer).

When asked to elaborate, respondents generally agreed that they were getting their needs met with little change in services. Here, a large number of respondents indicated that their needs were getting met, and they were still getting services, but their services had changed.

Examples of ways services changed while meeting participant needs during COVID:

- Food and meal delivery
- Community integration
- Wearing face coverings, masks, PPE (Personal Protective Equipment)
- Received help cooking
- Assistance with vaccination
- Staff were responsive
- Assistance with cleaning
- Medical needs met
- Based at home quarantining and avoiding exposure to COVID
- Accessing care through telehealth

Some participants expressed that their needs were met, but mental health symptoms like stress and anxiety increased and some services were limited by COVID restrictions. Some participants reported that needs were met, but they experienced some delays and required multiple attempts to contact staff.

Examples of services which were limited by COVID:

- No agency-sponsored group activities
- More restrictions on opportunities and less willingness to participate in community integration

Participants also expressed how staff continued to provide support via regular communication over the phone with voice calls or texts, and that staff were available to support with anxiety and mental health crisis.

Some participants expressed that their needs were unmet, with some saying they continued to utilize staff support, but that was insufficient.

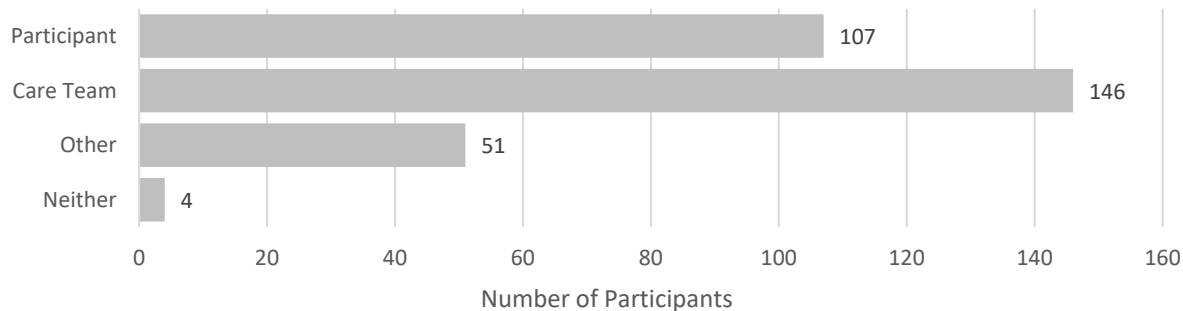
Examples of needs which were unmet during COVID:

- Exercise
- Cooking
- Participation in activities



- Health needs unmet
- Feeling isolated
- Lack of transportation options

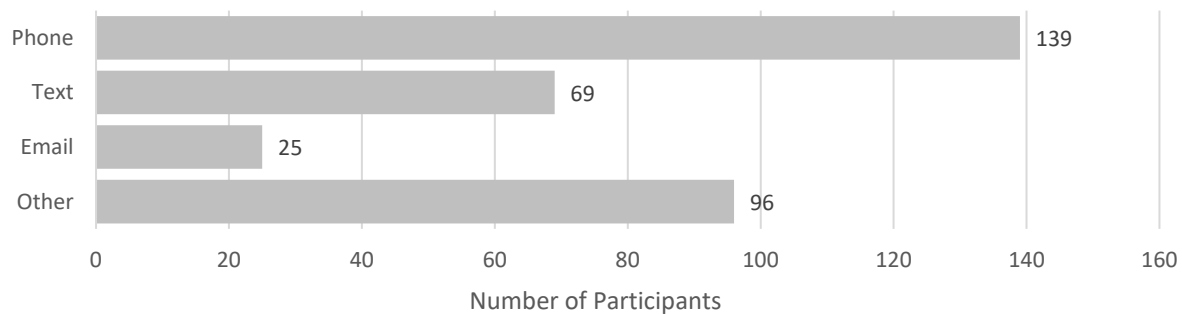
## 2. Who initiated contact between you and your team since mid-March?



Of the 173 respondents, 107 responded “Participant Initiated,” 146 responded that contacts were initiated by the agency, 51 responded “Other,” and 4 responded “Neither.” (Participants responded to each option separately, so they could have answered “Yes” to multiple options.)

Among the participants who responded “Other,” the most common response was that they were already in 24-hour SCL and staff were therefore available. In addition, respondents indicated family, friends, the agency office, a guardian, in one case, a nurse. Of those who responded “Neither,” those who initiated contact included relatives, a physician, or guardian.

## 3. In what ways did you communicate?



Of the 173 respondents, 139 responded that contacts were conducted via phone, 69 responded by text, 25 responded by email, and 96 responded “Other.” (Participants responded to each option separately, so they could have answered “Yes” to multiple options.)

Of the 96 respondents who responded “Other,” 81 elaborated on their response. Of those, most indicated that they continued to meet in person for at least some meetings. Of the in-person meetings, several respondents indicated they would meet with 24-hour SCL staff, who would always be available. In addition, respondents stated that other modes of contact included conferencing software such as Zoom, or “video chat.”

Selected quotations from these questions have been included in the agency summaries in Appendix A.

Additional Satisfaction Questions Related to COVID-19 Pandemic – System Results				
1. 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
	145	9	5	14
2. Who initiated contact between you and your team since Mid-March?	Participant	Care Team	Other	Neither
	107	146	51	4
3. In what ways did you communicate?	Phone	Text	Email	Other
	139	69	25	96

# Service Environment

## *Local and County*

### Community Resources and Collaborations

#### Housing

- Des Moines Mutual Aid
- Iowa Finance Authority
- IMPACT

### Housing affordability and Section 8

On April 30<sup>th</sup>, 2021, Iowa governor Kim Reynolds signed a bill into law allowing landlords to reject potential tenants using federally-issued Housing Choice (Section 8) vouchers to pay rent.<sup>2</sup> Des Moines, Iowa City, and Marion, all cities that have passed ordinances preventing housing discrimination based against individuals using federal Housing Choice vouchers, have until January 1, 2023 before the protections they have in place will be voided.<sup>3</sup> The legislation immediately prevents other cities from passing ordinances banning discrimination based on a tenant's use of rental assistance. Despite warnings from fair housing advocates of the negative impact the legislation will have, particularly on the state's most vulnerable populations, Republican lawmakers and landlords pushed for the rights of landlords to choose whether or not they accept federal housing vouchers.<sup>4</sup>

27% of individuals utilizing the Housing Choice voucher (e.g., Section 8) in Iowa have a diagnosed disability.<sup>5</sup>

## *National and State*

### Direct Care workforce shortage and burnout<sup>6</sup>

Nationally, there is a growing need for direct care workers among individuals with disabilities, some reasons behind the shortage of care providers include:

- Low wages
- Limited professional development opportunities
- Demanding workloads

<sup>2</sup> SF 252, 2021 (Iowa 2021). <http://www.legis.iowa.gov/legislation/BillBook?ga=89&ba=SF%20252>

<sup>3</sup> Richardson, I. (2021, April 30). Gov. Kim Reynolds signs law to let landlords refuse Section 8 vouchers. *Des Moines Register*. <http://www.desmoinesregister.com/story/news/politics/2021/404/30/gov-kim-reynolds-signs-bill-letting-landlords-reject-section-housing-hud-tenants/4748580001/>

<sup>4</sup> Sostaric, K. (2021, April 30). Reynolds signs Section 8 discrimination law. Iowa Public Radio: State Government News. <http://www.iowapublicradio.org/state-government-news/2021-4-30/reynolds-signs-section-8-discrimination-law>

<sup>5</sup> [https://www.centerondisability.org/ada\\_parcc/utills/indicators.php?id=78](https://www.centerondisability.org/ada_parcc/utills/indicators.php?id=78)

<sup>6</sup> The Invisible COVID Workforce: Direct Care Workers for Those with Disabilities. <https://www.commonwealthfund.org/blog/2020/invisible-covid-workforce-direct-care-workers-those-disabilities>

- Insufficient training to care for people with complex needs
- High cost of turnover to care agencies.

Impact staff turnover and shortage is having on service recipients:

- Challenges achieving high quality of care
- Higher costs for patients and providers
- Delaying necessary care
- Being placed in a nursing home prematurely
- Increased emergency room visits

Additional impacts to service recipients include:

- Hindering community integration
- Reduced quality of life in areas including:
  - Emotional, material, and physical well-being
  - Interpersonal relations
  - Personal development
  - Self-determination

### **Pandemic Impact on DSP workforce:**

A University of Minnesota survey and a follow up survey of 8,914 direct care workers for people with IDD found in major pandemic-related staffing shortages :

- 50% of participant said their organization was more short-staff than pre-covid
- 28% were short-staff pre-covid and continues to be equally short-staffed
- 22% reported not being short-staffed due to the pandemic
- 55% of participants said they know DSP staff who left their jobs due to the pandemic for the following reasons:
  - 20% fear of becoming infected
  - 18% family reasons
  - 17% childcare issues
  - 17% because of quarantine due to COVID-19 exposure
  - 13% because of testing positive for COVID-19
  - 9% furlough / laid off / unemployment / facility closed
  - 7% fear of infecting others

### **Ongoing Pandemic and Disparities in Risk of Infection for People With Disabilities<sup>78</sup>**

The World Health Organization outlines reasons why people with disabilities are at greater risk of infection from COVID-19<sup>9</sup>:

- Physical health problems
- Social circumstances
- Limitations in understanding of safety measures

<sup>7</sup> <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.20060780>

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7287305/>

<sup>9</sup> [Disability considerations during the covid-19 outbreak](#) [Disability considerations during the covid-19 outbreak DD \(who.int\)](#)

- Group housing arrangements
- High levels of contact with a range of caregivers
- Difficulty in enacting social distancing because of additional support needs or institutionalization
- The need to touch things to obtain information from the environment or for physical support
- Barriers to accessing public health information.
- Underlying health conditions and COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes.
- Barriers to accessing health care and disruptions for services

## **Pandemic Impact on Mental Health Symptoms**

Direct Support Professionals shared perceptions of the impact of COVID-19 on the people they support:

- 4% reported no negative consequences from social isolation
- 80% boredom
- 57% mood swings / depression
- 52% behavior issues
- 48% loneliness

## **Increased Demand for Mental Health Services among general population<sup>10</sup>**

Throughout the pandemic, significant increases in demand for mental health services have been documented across the general population. These changes across the general population can strain resources and symptoms experienced can have a compounded negative impact for people with existing mental health diagnoses.

According to a CDC report, which surveyed adults across the U.S. in late June of 2020:

- 40% of U.S. adults surveyed reported struggling with mental health or substance use in the prior 30 days, including experiencing significant emotional upheaval (anxiety, depression, trauma-related symptoms, increased substance use)
- 31% of respondents reported symptoms of anxiety or depression
- 13% reported having started or increased substance use
- 26% reported stress-related symptoms
- 11% reported having serious thoughts of suicide in the past 30 days.
- 62% of Americans have reported feeling increased anxiety

Risk factors for reporting anxiety symptoms or suicidal ideation included:

- Food insufficiency
- Financial concerns
- Loneliness
- Challenges to daily life and well being
- Isolation and lack of connection

## **Health and Mental Health Systems During Pandemic<sup>11</sup>**

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/33784745/>

<sup>11</sup> <https://www.samhsa.gov/sites/default/files/saving-lives-mental-behavioral-health-needs.pdf>

The increase in demand for mental health services during the pandemic is significant, and is coupled with a decrease in capacity and revenue:

- 52% of behavioral health organizations report an increase in the demand for services
- 54% of organizations have had to close programs
- 65% have had to cancel, reschedule or turn away patients
- Organizations have lost, on average, nearly 23% of their annual revenue
- 39% of organizations believe they can only survive six months or less.

The economic impact of COVID-19 on hospitals has been notable:

- The American Hospital Association estimates a financial impact of \$202.6 billion in lost revenue for America's hospitals and healthcare systems, or an average of \$50.7 billion per month .
- The Iowa Hospital Association's Economic Impact of the Health Care Sector report for Polk County projected a loss of @2.17 billion in revenue among Iowa's 118 hospitals due to C-19 in 2020, with industry leaders expecting some Iowa hospitals to close.
- Federal aid money distributed to Iowa was estimated to only cover half of total losses

# Outcomes

By participating in this evaluation, Polk County's Community Living providers demonstrate a commitment to assessing and ultimately improving the quality of services that they provide. Despite challenging circumstances, the evaluation suggests that community providers have continued to provide quality services and supports. With ongoing performance information, providers will be able to better monitor service provision, more quickly respond to gaps or issues, and continue to contribute to improved quality of life for the individuals that they serve.

The Community Living Evaluation includes 18 outcome areas, outlined below

- a) Quality Services
  - i) Participant Satisfaction
  - ii) Quality of Life
  - iii) Negative Disenrollment
  - iv) Participant Retention
- b) Community Integration
  - i) Community housing
  - ii) Engagement toward employment
  - iii) Working towards self-sufficiency
  - iv) Education
  - v) Access to Somatic Care
  - vi) Community Inclusion
- c) Healthy Days in the Community
  - i) Homelessness
  - ii) Involvement in the criminal justice system
  - iii) Psychiatric Hospitalizations
  - iv) Emergency Room
- d) Workforce Stability (no performance ratings applied)
  - i) Turnover
  - ii) Vacancy



# HOUSING

2021 Performance: **Exceeds Expectations (97%)**

<b>Metric</b>	The percentage of individuals living in safe <sup>12</sup> , affordable <sup>13</sup> , accessible <sup>14</sup> , and acceptable <sup>15</sup> living environments annually.			
<b>Intent</b>	<p>Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the person served regardless of the home in which they live and/or the intensity of support services. When needed, supports are designed to assist the individual achieve success in and satisfaction with community living.</p> <p>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.</p>			
<b>Rationale</b>	The Polk County Region recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible, and acceptable housing. "Many people with a serious mental illness live on Supplemental Security Income (SSI), which averages just 18% of the median income and can make finding an affordable home near impossible." (NAMI)			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b> <b>4</b> <b>90% - 100%</b>	<b>Meets Expectations</b> <b>3</b> <b>80% - 89%</b>	<b>Needs Improvement</b> <b>2</b> <b>70% - 79%</b>	<b>Does Not Meet Minimum Expectations</b> <b>1</b> <b>Below 70%</b>

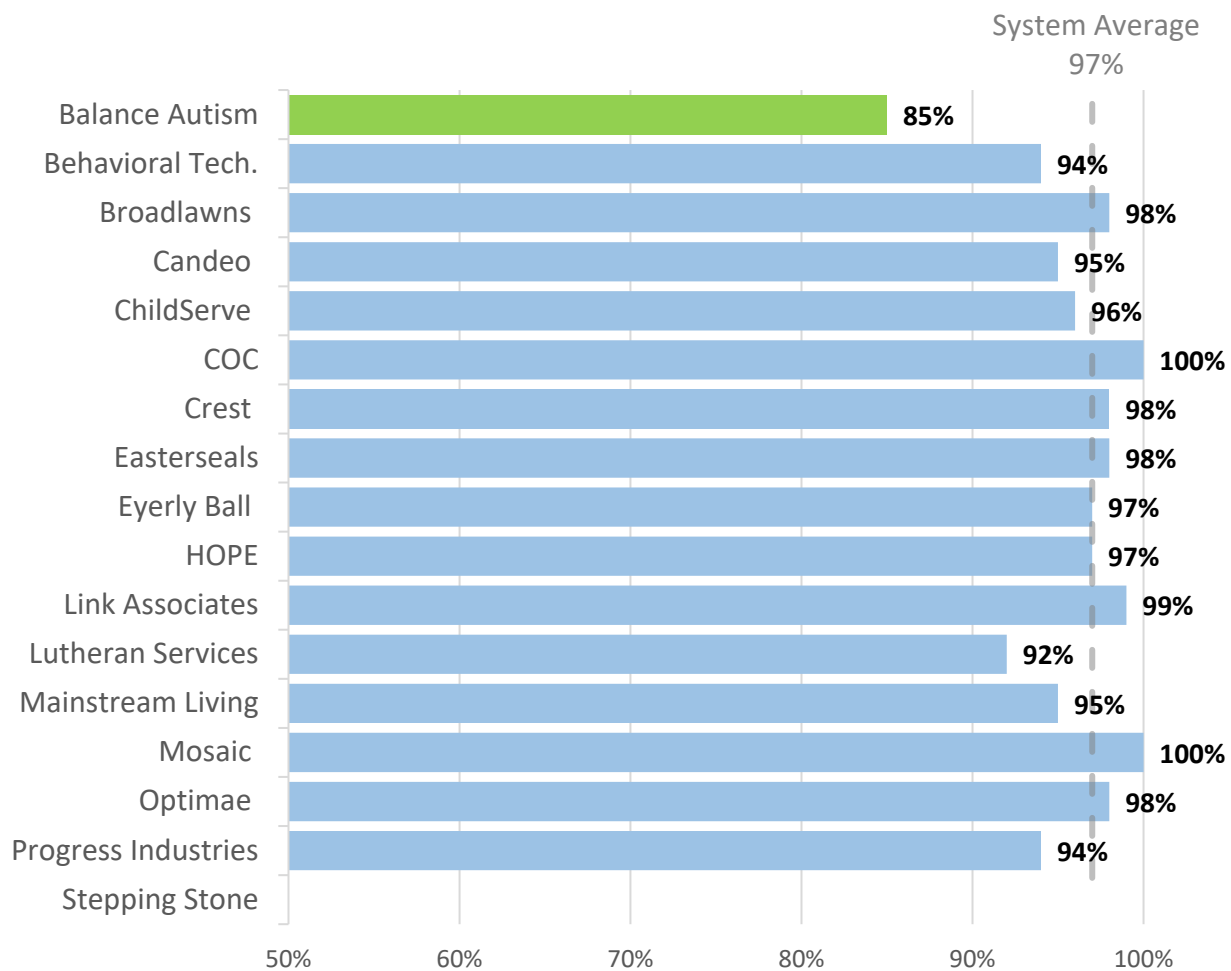
<sup>12</sup> A living environment meets safety expectations if all of the following: the living environment is free of any kind of abuse and neglect, has safety equipment, is kept free of health risks, there is no evidence of illegal activity in the individual's own apartment or living environment, and the individual knows what to do in case of an emergency.

<sup>13</sup> A living environment meets affordability expectations if no more than 40% of the individual's income is spent on total housing needs (persons receiving rent subsidy and living in host homes meet criteria; cost of rent and utilities do not exceed 40%).

<sup>14</sup> When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

<sup>15</sup> A living environment meets acceptability expectations if the individual (rather than guardian) chooses where to live and with whom. Individuals with guardians should participate and give input into their living environment to the greatest extent possible.



**Figure 4. Housing Results by Agency**

## PROVIDER PERSPECTIVES

A staff member from LINK reported that overall clients' interactions with housing are fine, but explained that a significant barrier can be finding landlords that will accept clients with Section 8 housing. Additionally, clients face barriers coming off of Section 8 housing. There is a need for affordable rent levels and landlords that allow clients to live with non-related adults. Agencies also discussed the need for moving resources for clients. Moving clients who need to move a lot of things can be difficult.

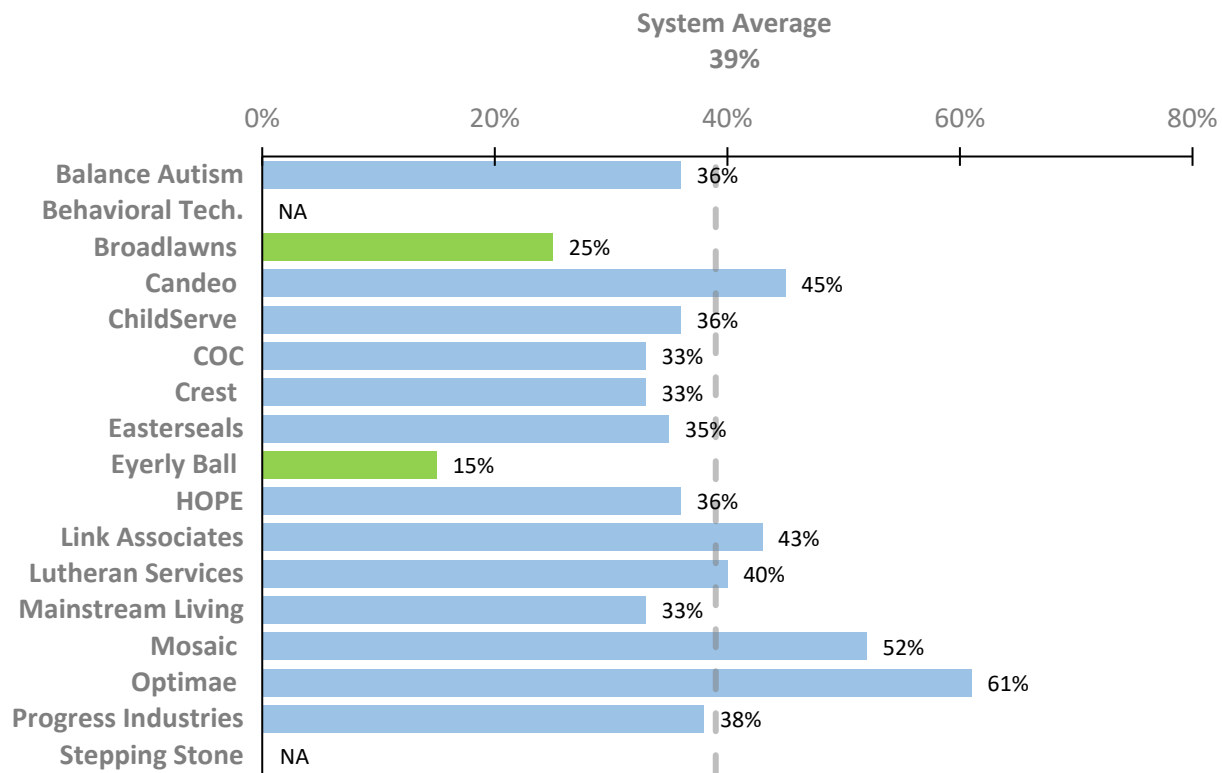


## ENGAGEMENT TOWARD EMPLOYMENT

2021 Performance: **Exceeds Expectations (39%)**

<b>Metric</b>	<p>The percentage of employable individuals working 5 hours or more per week and earning the minimum wage or greater during the four weeks in two specified reporting periods (October and April).</p> <p>Results are reported for programs with ten or more employment eligible individuals.</p>
<b>Intent</b>	<p>The number of program participants working toward self-sufficiency during the year will increase.</p> <p>The intent of the outcomes is to increase the employment rate of people with disabilities, increase wages and increase assets.</p>
<b>Rationale</b>	<p>Unemployment is one of the most profound issues facing the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)].</p> <p>The Polk County Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency.</p> <p>"Most people ... want to work, yet they face significant barriers in finding and keeping jobs, such as a limited number of jobs in communities, discrimination against people with mental illnesses, limited or compromised executive functioning skills among some consumers that hinder one's ability to perform and attend work, lack of supported employment programs, and inadequate transportation. With support, they can work in competitive jobs or start their own businesses, enabling them to increase their work activity and earnings over time." (SAMHSA.gov)</p>

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	33% - 100%	12% - 32%	5% - 12%	Less than 5%

**Figure 5. Engagement Towards Employment by Agency<sup>16</sup>**

## PROVIDER PERSPECTIVES

A couple agencies reported that most clients have remained stable with regards to their engagement toward employment. Some clients have lost their jobs due to COVID-19, but they were able to find other jobs. Similarly, more than one agency reported the need for more job coaching for clients. Some employers and businesses are requiring clients to perform more/different tasks which often requires the help of a job coach. One staff member requested the need for education and advocacy to be included in job development to help improve clients' engagement toward employment.

<sup>16</sup> Note: Behavioral Technologies and Stepping Stone are not scored on this outcome.



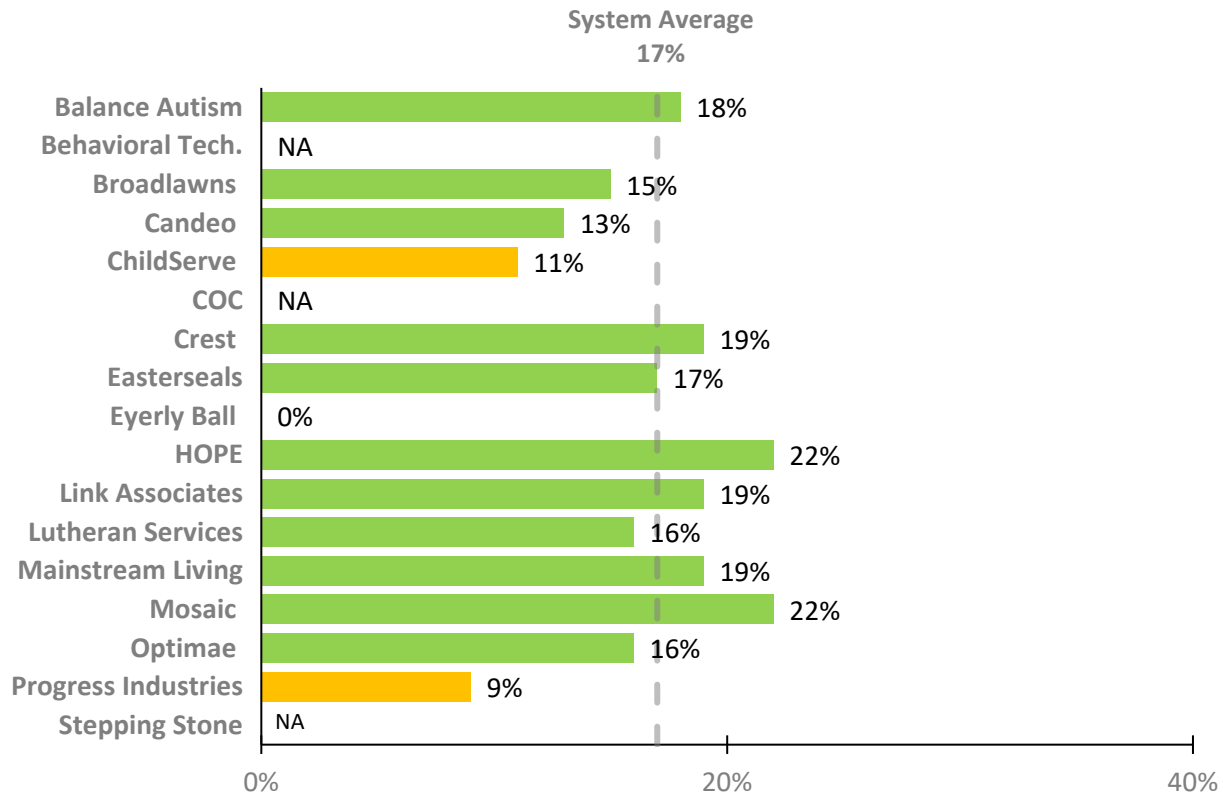
## WORKING TOWARD SELF-SUFFICIENCY

2021 Performance: **Meets Expectations (17%)**

<b>Metric</b>	<p>The percentage of employable individuals working 20 hours or more per week<sup>17</sup> and earning the minimum wage or greater during the four weeks in two specified reporting periods (October and April).</p> <p>Results are reported and scored for programs with ten or more employment eligible individuals.<sup>18</sup></p>			
<b>Intent</b>	<p>The number of program participants working at self-sufficiency during the year will increase.</p> <p>The intent is to increase people with disabilities' assets.</p>			
<b>Rationale</b>	<p>Unemployment is a notable disparity experienced by the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)].</p> <p>The Polk County Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency.</p> <p>The unemployment rate among individuals with severe mental health conditions is between 80 and 90%. The financial strain of unemployment tends to exacerbate poor mental health. Psychological distress also increases the risk of being unemployed, which impedes perceptions of self-sufficiency. Setting vocational goals for employment can be a key factor in mental health recovery. (Hong et al., 2019)</p>			
<b>Performance Ratings</b>	<p><b>Exceeds Expectations</b></p> <p><b>4</b></p> <p><b>33% - 100%</b></p>	<p><b>Meets Expectations</b></p> <p><b>3</b></p> <p><b>12% - 32%</b></p>	<p><b>Needs Improvement</b></p> <p><b>2</b></p> <p><b>5% - 12%</b></p>	<p><b>Does Not Meet Minimum Expectations</b></p> <p><b>1</b></p> <p><b>Less than 5%</b></p>

<sup>17</sup> Individuals working more than 20 hours per week, but not earn minimum wage as well as individuals working less than 20 hours per week and earning above minimum wage do not meet criterion.

<sup>18</sup> Insert definition for "employment eligible" E.g. under 65, LOCUS less than 5/6

**Figure 6. Working Towards Self Sufficiency<sup>19</sup>**

## PROVIDER PERSPECTIVES

Agencies expressed a limiting factor of clients working toward self-sufficiency is the availability of job coaches. A staff member from Link explained that the agency can provide jobs for clients, but they need the “man power” to provide the clients with the support they need to work toward self-sufficiency. A Mainstream staff member stated that they experience clients are on waitlists and that it is difficult to help clients grow in the skills that they need to be successful in their placement.

<sup>19</sup> Note: Behavioral Technologies, Christian Opportunity Center (COC), and Stepping Stone are not scored on this outcome.



## EDUCATION

2021 Performance: **Meets Expectations (20%)**

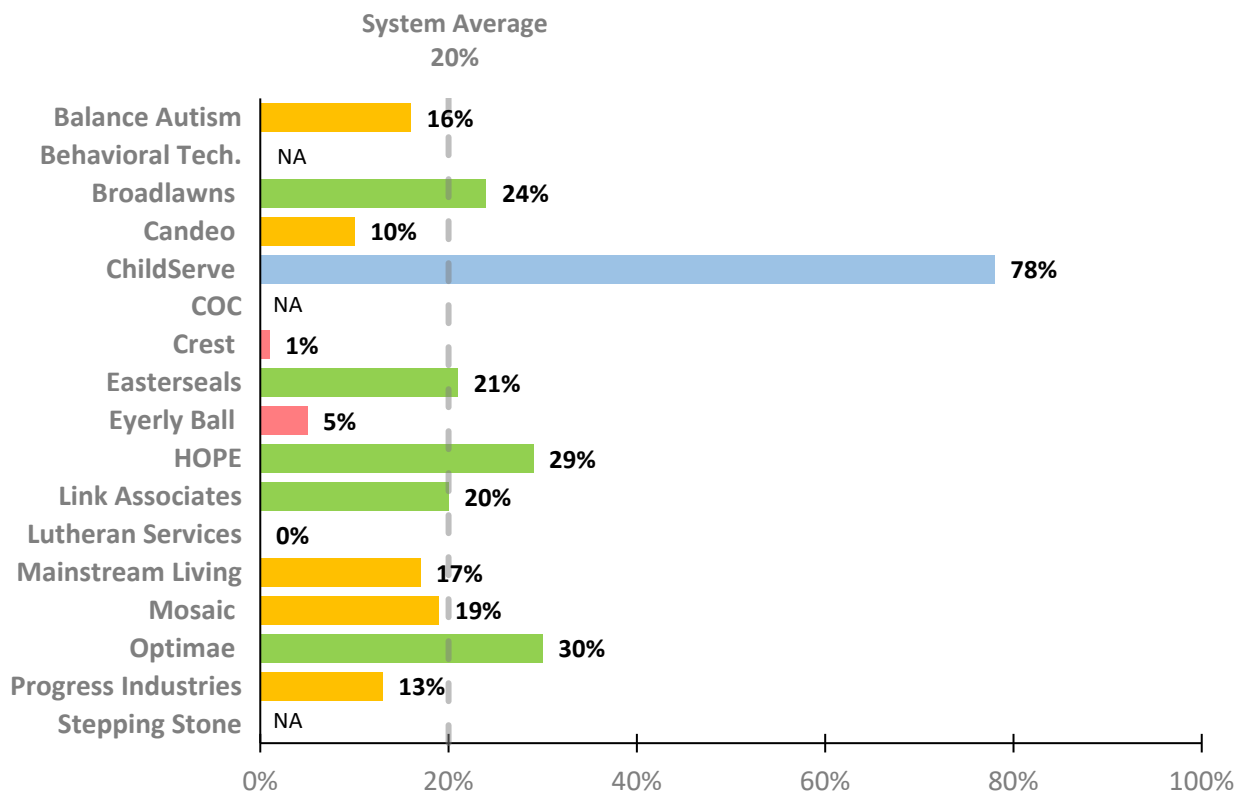
<b>Metric</b>	The percentage of employable individuals involved in training or education during the fiscal year <sup>20</sup> .
<b>Intent</b>	<p>Increase the number of program participants receiving classes or training provided by an educational institution or a recognized training program<sup>21,22</sup>.</p> <p>The intent for this outcome is to increase skill development.</p>
<b>Rationale</b>	<p>The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings.</p> <p>Education is the key to independence and future success; it is critical to obtaining work and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)].</p> <p>“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” (IDEA, Individuals with Disabilities Education Act).</p>

Performance Rating	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	40% - 100%	20% - 39%	10% - 19%	Less than 10%

<sup>20</sup> Measurement is captured in June and not averaged.

<sup>21</sup> A recognized training program meets the definition if “yes” is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill attainment and produce a certificate that will secure, maintain, or advance employment opportunities/be of value to employers?

<sup>22</sup> A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate which is recognized by employers to secure, maintain, or advance the program participant’s employment opportunities. The program will have structure through a curriculum with defined start and end dates.

**Figure 7. Education by Agency<sup>23</sup>**

## PROVIDER PERSPECTIVES

More than one agency reported challenges with meeting the education outcome. Staff members explained that they struggle to meet the education outcome criteria because of the lack of available opportunities to meet the criteria and lack of clarification about the outcome measure. Additionally, there were reported problems related to COVID-19 including a lack of training programs available to clients. Tracking the data related to the education outcome was also difficult for some agencies.

<sup>23</sup> Note that the scores for education include those participants who are likely to engage in education without significant support (i.e., those below Level of Support 5 or 6). ChildServe attained a notably high score in this outcome because many participants who scored LOS 5 or 6 were engaged in education, effectively giving the agency extra credit for this outcome. Behavioral Technologies, Christian Opportunity Center (COC), and Stepping Stone are not scored on this outcome.



## SOMATIC CARE

2021 Performance: **Needs Improvement (92%)**

<b>Metric</b>	The percentage of individuals having documentation supporting somatic care involvement with a physician <sup>24,25</sup> .
<b>Intent</b>	Program participants will receive somatic care. The intent of this outcome is to ensure that people have accessible and affordable healthcare.
<b>Rationale</b>	Americans with disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special health care needs that are not covered by their health insurance [source: The National Organization on Disability (N.O.D.)]. True independence requires accessible and affordable health care.

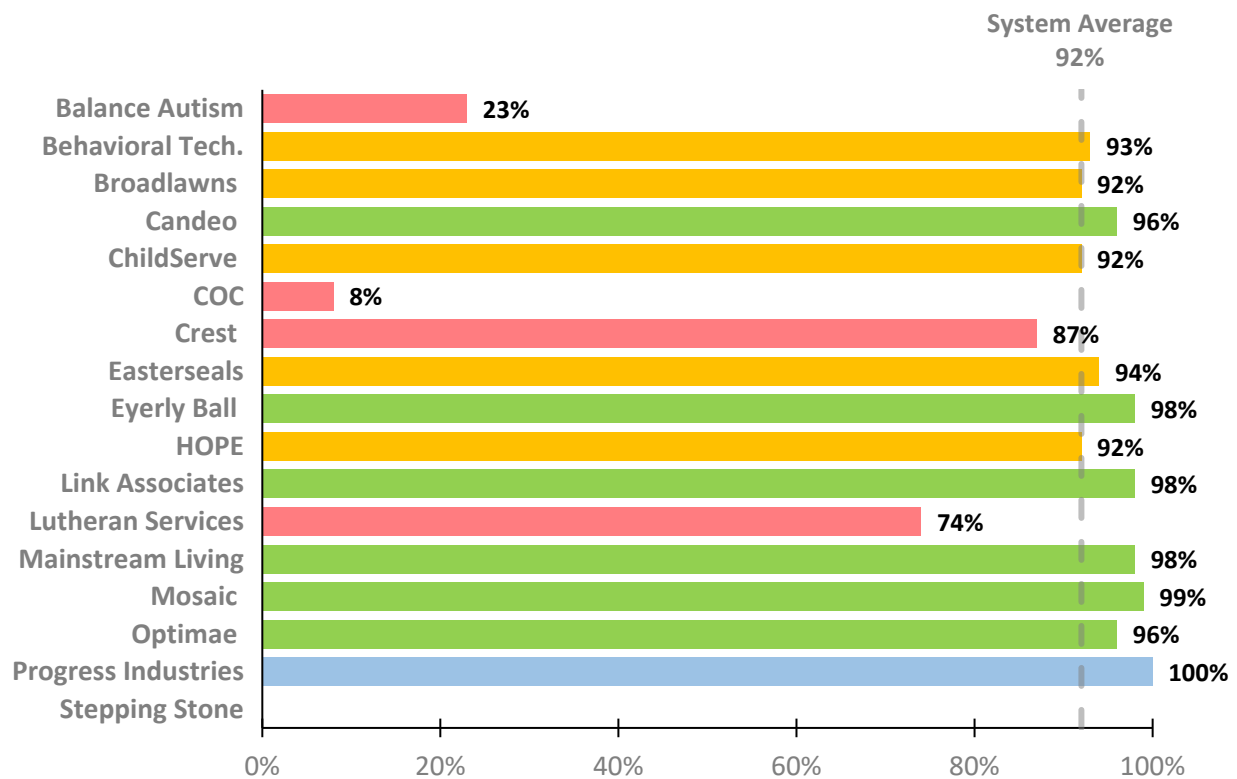
The WHO reports a high degree of multi-morbidity between mental disorders and other noncommunicable conditions (cardiovascular disease, diabetes, cancer, and alcohol use disorders and states that co-management in primary care is a logical choice. “Individuals with ... (a brain health) or substance use disorder have higher rates of acute and chronic medical conditions, shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general medical population” (Gerrity, 2014). Expenditures, such as emergency room visits, could be reduced through routine health promotion activities; early identification and intervention; primary care screening, monitoring, and treatment; care coordination strategies; and other outreach programs. (Gerrity, 2014).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	100%	95% - 99%	90% - 94%	Below 89%

<sup>24</sup> Measurement is captured in June and not averaged.

<sup>25</sup> Someone has received 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 symptoms of a physical illness appear since the physical exam and the program participant receives treatment for the illness. Emergency Room visits do not count toward this indicator. Somatic care is more than just stating that there is a physician's name on record, ongoing documentation of care is needed. This includes, but is not limited to the annual physical. The individual's file must have documentation supporting somatic care. The independent evaluator will also discuss somatic care during program participant and family interviews.



**Figure 8. Somatic Care by Agency**

## PROVIDER PERSPECTIVES

Data tracking was a barrier for some agencies and staff members reported that some clients do not disclose when they go to appointments and other clients did not want to share that information. A staff member from Optimae shared that they created a spreadsheet to help track appointments for this outcome. Other barriers to meeting this outcome included clients who did not want to go to appointments (some related to COVID-19), clients who could not go to appointments because of work, and clients who had services on hold. A staff member from Mainstream reported that there were more appointments available to clients but not all clients took advantage of that.



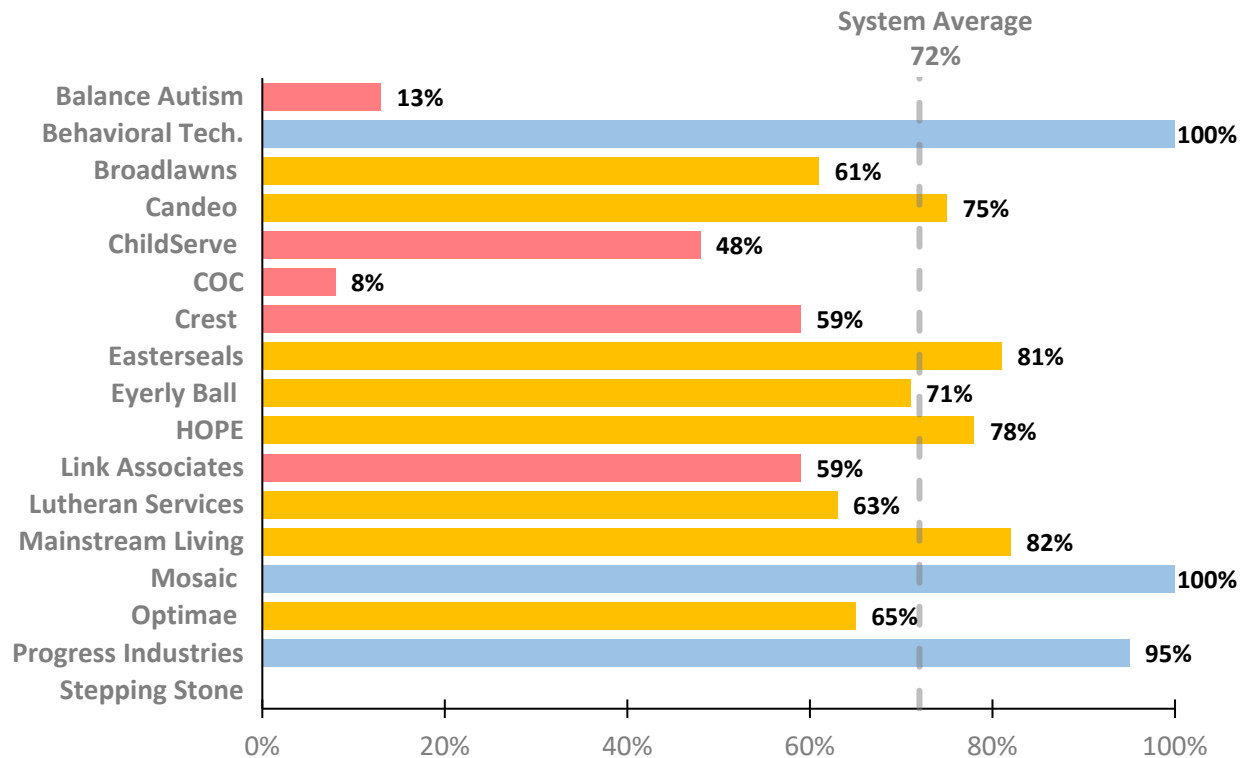
## COMMUNITY INCLUSION

2021 Performance: **Needs Improvement (72%)**

<b>Metric</b>	The percentage of program participants accessing and having ongoing involvement in 3 or more different community activities per year <sup>26</sup> .			
<b>Intent</b>	<p>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.</p> <p>The intent is to address these participation gaps and to remove barriers to community integration activities so people with disabilities can participate with non-disabled people in community activities of their choice and become a part of the community.<sup>27</sup></p>			
<b>Rationale</b>	<p>Social isolation is a health risk. Individuals with disabilities spend less time outside the home socializing, going out, and participating in community activities. Differences in involvement in religious services, local politics, cultural events, outdoor activities, and community service organizations are greatest between individuals with and without disabilities. Little to no differences exist with respect to participating in community events related to hobbies, participating in volunteer work, attending special community events such as fairs and parades, and attending recreational activities such as sporting events and movie. (National Organization on Disability)</p>			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b>  <b>4</b>  <b>95% - 100%</b>	<b>Meets Expectations</b>  <b>3</b>  <b>90% - 94%</b>	<b>Needs Improvement</b>  <b>2</b>  <b>60% - 89%</b>	<b>Does Not Meet Minimum Expectations</b>  <b>1</b>  <b>Below 60%</b>

<sup>26</sup> Measurement is captured in June and not averaged.

<sup>27</sup> Activities are grouped into three main categories: spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). An activity meets the definition if “yes” is the response to the following three questions: (1) Is the activity community-based and not sponsored by a provider agency? (2) Is the activity person-directed? and (3) Is the activity integrated? Program participants can participate in activities by themselves, with a friend/s, support staff person, 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.

**Figure 9. Community Inclusion by Agency<sup>28</sup>**

## PROVIDER PERSPECTIVES

A staff member from Optimae reported that overall, staff members were very creative in getting clients involved in community inclusion during the pandemic. Multiple agencies reported COVID-19-related barriers to community inclusion. Some guardians limited clients' participation in community activities and visitation in group homes was limited. Some agencies discussed staff workforce shortages, limited safe outdoor activities and limited virtual opportunities for clients but explained that clients did attend virtual church, AA, and NA. A staff member from Candeo relayed that some clients are initiating and planning activities for themselves.

<sup>28</sup> Stepping Stone was not scored on this outcome



## PARTICIPANT SATISFACTION

**2021 System Average: Exceeds Expectations (97%)**

**Data Source** Survey (N=173)

**Metric**

The percentage of program participants who reported satisfaction with services, including questions in the areas of access to services, staff support, empowerment, impact of services, suggestions for improvement, and unmet needs.<sup>29</sup>

**Intent**

Program participants will report satisfaction<sup>30</sup> with the services that they receive. Program participants are the best judge of how services and supports are meeting their needs. Increasing literature finds that involving participants in the delivery or re-design of health care can lead to improved quality of life and enhanced quality and accountability of health services (Bombard et al., 2018).

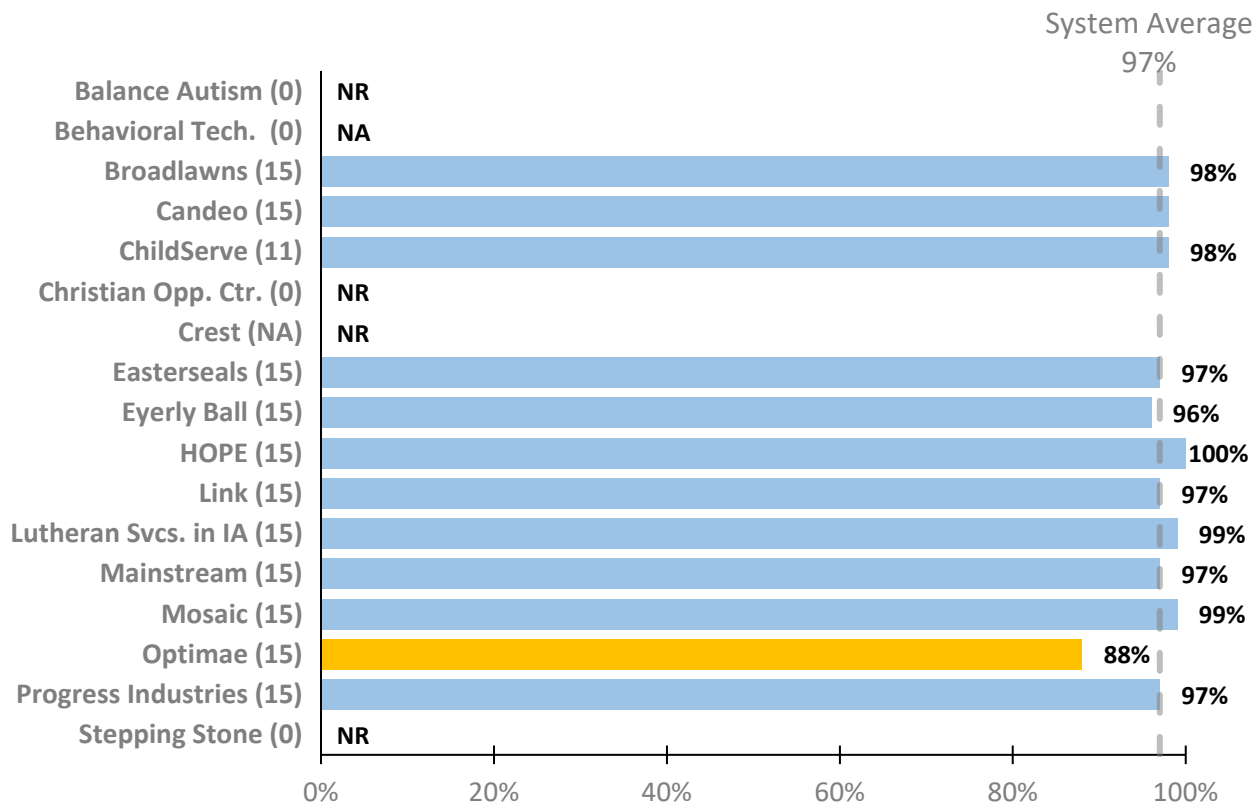
**Rationale**

When asked, many people who have struggled with brain health or addiction voice that the most important part of their recovery was finding a support plan that worked with them as an individual and not just as part of a system. Strengths-based programs that are person-centered allow individuals to work toward recovery at their own pace and utilize resources that will help them improve (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 95% - 100%	3 90% - 94%	2 85% - 89%	1 Below 85%

<sup>29</sup> Interviews were conducted by phone as part of satisfaction interviews for the Integrated Health Home or Service Coordination evaluations or solely for the Community Living satisfaction evaluation. Results are reported for agencies in which 10 or more participants were interviewed. Comments from participants are included in the individual agency summaries in Appendix A.

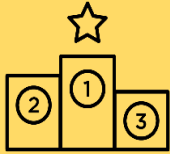
<sup>30</sup> Satisfaction is determined by the independent evaluator interviewing a 10% sample of program participants. A survey asking program participants questions regarding access, empowerment, and service satisfaction.

**Figure 10. Participant Satisfaction<sup>31</sup>**

## PROVIDER PERSPECTIVES

Agencies discussed the usefulness of client feedback as it relates to participant satisfaction. A staff member from HOPE explained that responses related to COVID-19 were particularly interesting and helpful. Staff members from Optimae and Mainstream agreed that client responses to participant satisfaction are helpful to review to educate the agencies on what they can continue to improve on.

<sup>31</sup> Note: Balance Autism, Christian Opportunity Center, Crest and Stepping Stone did not provide a sample for the Quality of Life (QoL) outcome. NR: Not Reported. Behavioral Technologies is exempt from this outcome due to level of disability.



## QUALITY OF LIFE

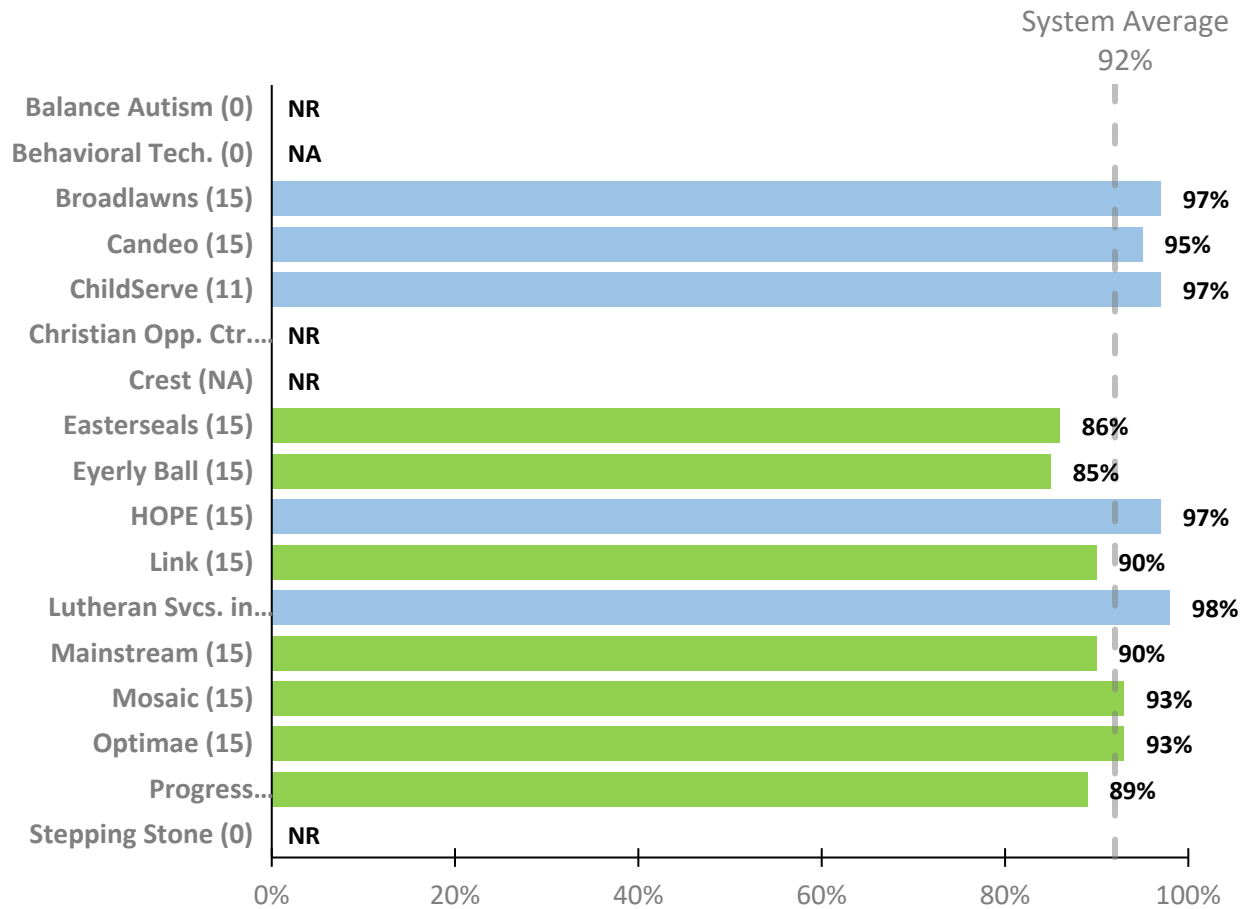
2021 Performance: **Meets Expectations (92%)**

<b>Data Source</b>	Survey (N=173) <sup>32</sup>			
<b>Metric</b>	The percentage of program participants who “agree” with the survey items. <sup>33, 34</sup>			
<b>Intent</b>	The intent is that participants will deal with daily problems effectively, have better control of their life, are better able to deal with crisis, get along better with family, do better in social situations, do better at school or work, and have experienced an improvement with their housing situation.			
<b>Rationale</b>	<p>Expectations for services focus on being individualized, person-centered and aimed at achieving and maintaining integrated lives in the community.</p> <p>The engagement of mental health providers and clients impacts the attitudes and approaches to treatment. A person-centered approach and shared decision making can benefit successful engagement from the client as their goals, desires, and life satiation are being considered (Dixon et al., 2016).</p>			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b>  <b>4</b>  <b>95% - 100%</b>	<b>Meets Expectations</b>  <b>3</b>  <b>85% - 94%</b>	<b>Needs Improvement</b>  <b>2</b>  <b>80% - 84%</b>	<b>Does Not Meet Minimum Expectations</b>  <b>1</b>  <b>Below 80%</b>

32 Since I entered the program,  
 I deal more effectively with daily problems.  
 I am better able to control my life.  
 I am better able to deal with crisis.  
 I am getting along better with my family.  
 I do better in social situations.  
 I do better at school or work.  
 My housing situation has improved.

33 The independent evaluator interviews a 10% sample of program participants served in the program. The evaluator asks the individual to respond to quality of life questions.

34 Quality of Life is based on 190 interviews of community living participants by the evaluator. Interviews were conducted by phone as part of satisfaction interviews for the Integrated Health Home or Service Coordination evaluations or solely for the Community Living satisfaction evaluation. Results are reported for agencies in which 10 or more participants were interviewed. Comments from participants are included in the individual agency summaries.

**Figure 11. Participant Quality of Life<sup>35</sup>**

<sup>35</sup> Note: Balance Autism, Christian Opportunity Center, Crest and Stepping Stone did not provide a sample for the Quality of Life (QoL) outcome. NR: Not Reported. Behavioral Technologies is exempt from this outcome due to level of disability.



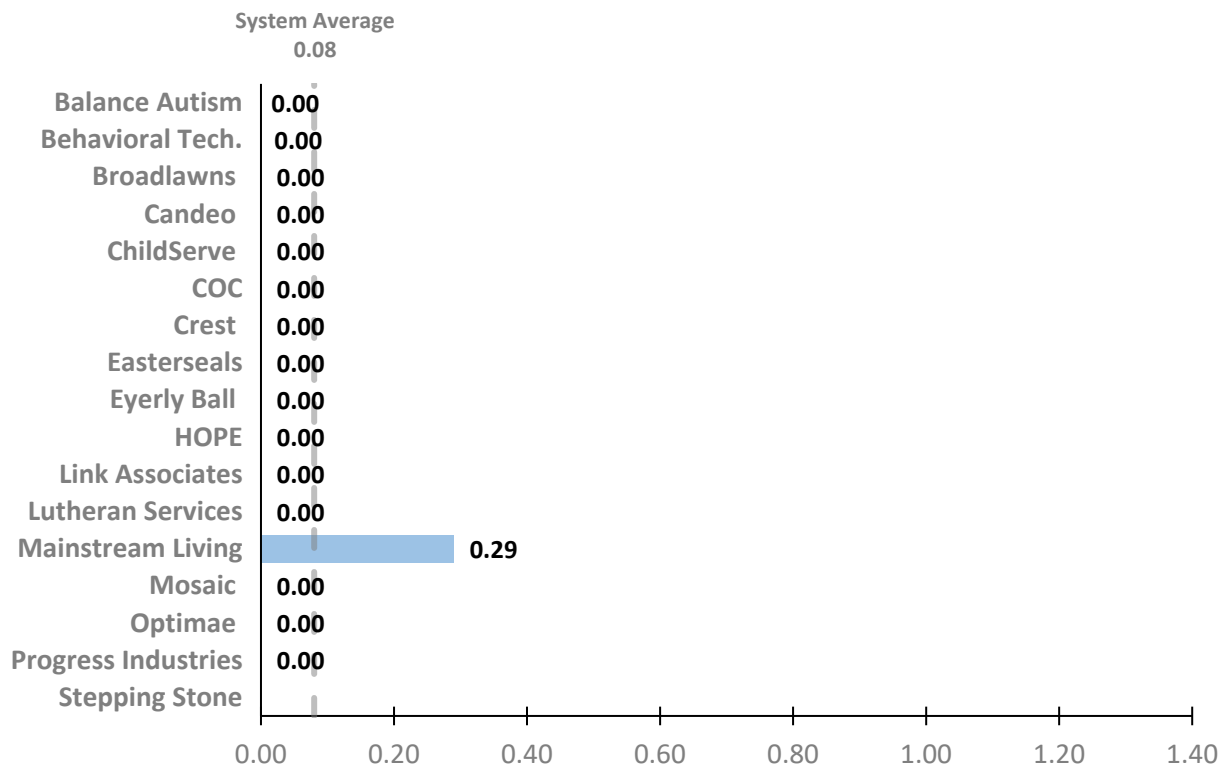
# HOMELESSNESS

2021 Performance: **Exceeds Expectations (0.08)**

<b>Metric</b>	The average number of nights spent in a homeless shelter or on the street per program participant per year.
<b>Intent</b>	<p>Nights spent homeless will be reduced.</p> <p>Individuals with disabilities are challenged to find safe, accessible and affordable housing.</p> <p>The intent is to provide adequate supports in the community and to encourage independence through working to help individuals with disabilities to live in and to view living arrangements as their home.</p>
<b>Rationale</b>	<p>“According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the U.S. At a minimum, 25% of these people were seriously mentally ill, and 45% had any mental illness.” (bbrfoundation.org)</p> <p>“Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing.” (bbrfoundation.org)</p>

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 0 - 0.4 night	3 0.41 – 1 night	2 1.01 – 2 nights	1 2+ nights



**Figure 12. Homelessness by Agency**

## PROVIDER PERSPECTIVES

A staff member from Link inquired about how the moratorium on evictions were affecting clients with regards to homelessness. Easterseals encountered only a couple clients who struggled with housing and their situations were resolved rapidly. A Mainstream staff member explained that there was a client who was homeless upon enrollment, put their services on hold until they found housing, and then canceled services; this was the client's choice. Overall, agencies are supporting clients in finding housing and reducing homelessness.



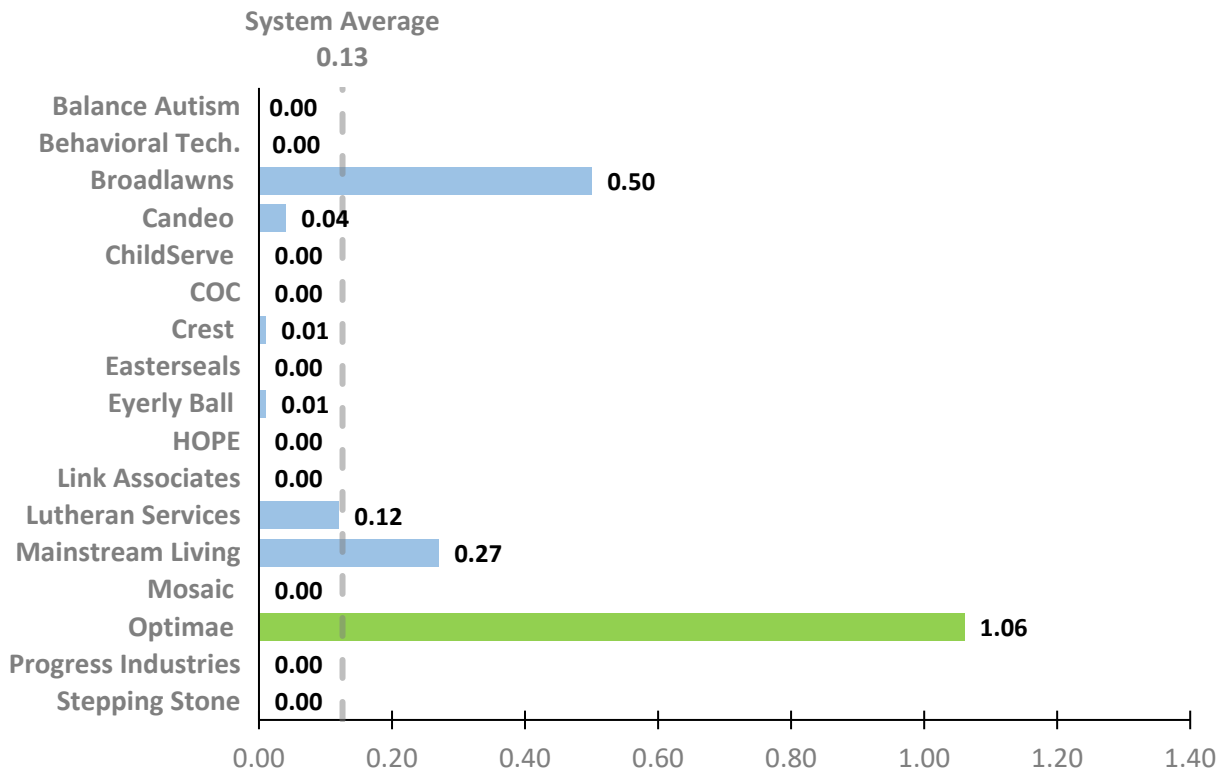
## INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

2021 Performance: **Exceeds Expectations (0.25)**

<b>Metric</b>	The average number of jail days <sup>36</sup> utilized per program participant per year.
<b>Intent</b>	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
<b>Rationale</b>	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the criminal justice system. Criminal justice involvement can be strongly influenced by societal factors, such as poverty (about 2.5 million people with mental health live in poverty), poor and unstable housing, adverse childhood experiences, racism, and alcohol and drug abuse (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 0 - 0.99 days	3 1 – 2.99 days	2 3 – 3.99 days	1 4+ days

<sup>36</sup> A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program will not be counted.

**Figure 13. Involvement in the Criminal Justice System by Agency**

## PROVIDER PERSPECTIVES

Optimae staff work with clients who have a history of incarceration and work diligently to keep clients managing parole. LSI reported that there was one client who repeatedly violated their parole which resulted in jail days for this agency's outcome measure.

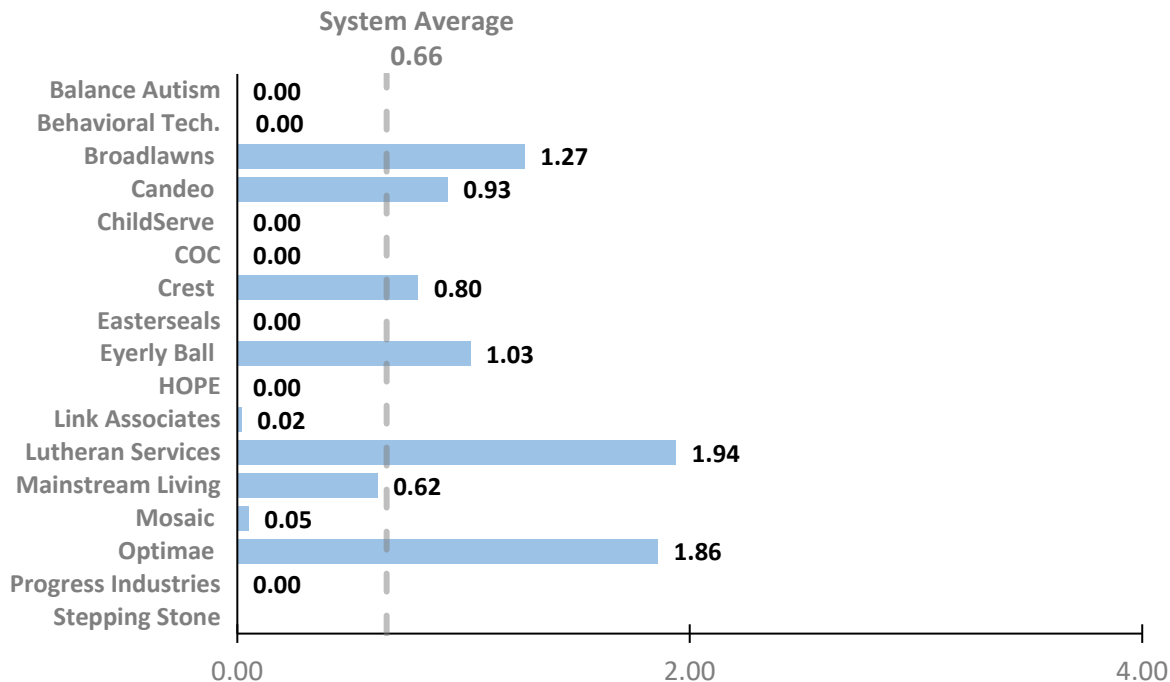


# PSYCHIATRIC HOSPITALIZATIONS

2021 Performance: **Exceeds Expectations (0.66)**

<b>Metric</b>	The average number of hospital days per program participant per year <sup>37, 38</sup> .			
<b>Intent</b>	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.			
<b>Rationale</b>	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized of crisis response services, such as observation units and behavioral health urgent care.			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b> <b>4</b> <b>0 – 1.99 days</b>	<b>Meets Expectations</b> <b>3</b> <b>2 – 3.49 days</b>	<b>Needs Improvement</b> <b>2</b> <b>3.50 – 4.49 days</b>	<b>Does Not Meet Minimum Expectations</b> <b>1</b> <b>4.5+ days</b>

Figure 14. Psychiatric Hospitalizations



<sup>37</sup> A hospital day is measured by the number of nights spent hospitalized.

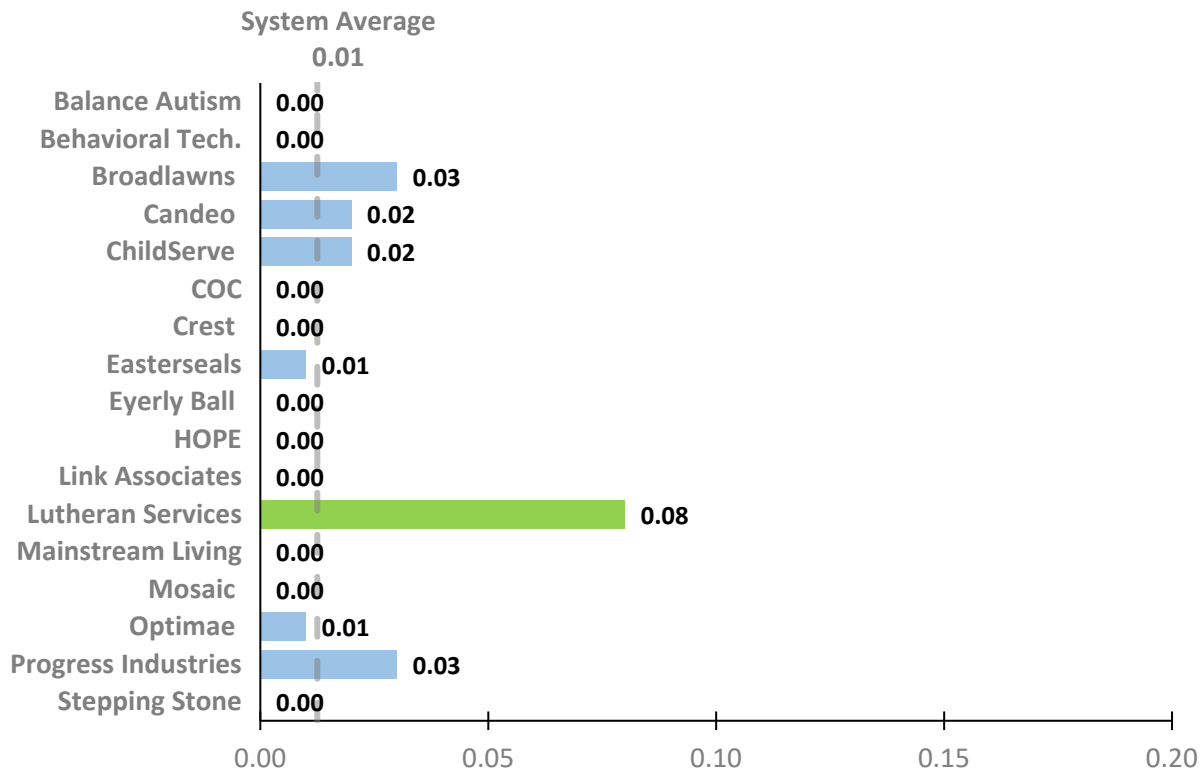


## EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

2021 Performance: **Exceeds Expectations (0.01)**

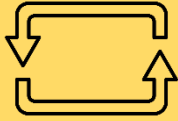
<b>Metric</b>	The average number of emergency room visits <sup>39</sup> per program participant per year.			
<b>Intent</b>	Emergency room visits for psychiatric visits will be reduced. The intent is to provide adequate supports in the community, so people do not access psychiatric care thru the ER.			
<b>Rationale</b>	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person's condition (NAMI).			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b>  <b>4</b>  <b>0 - 0.05 visit</b>	<b>Meets Expectations</b>  <b>3</b>  <b>0.06 - 0.10 visit</b>	<b>Needs Improvement</b>  <b>2</b>  <b>0.11 - 0.15 visits</b>	<b>Does Not Meet Minimum Expectations</b>  <b>1</b>  <b>0.16+ visits</b>

<sup>39</sup> An emergency room visit is measured by the number of times the individual goes to the emergency room is observed and returned home without being admitted.

**Figure 15. Emergency Room Visits for Psychiatric Care**

## PROVIDER PERSPECTIVES

In an effort to reduce the number of emergency room visits for psychiatric care, a HOPE staff member reported that a client uses Crisis Observation Center at Broadlawns instead of calling 911 when they are not feeling safe.

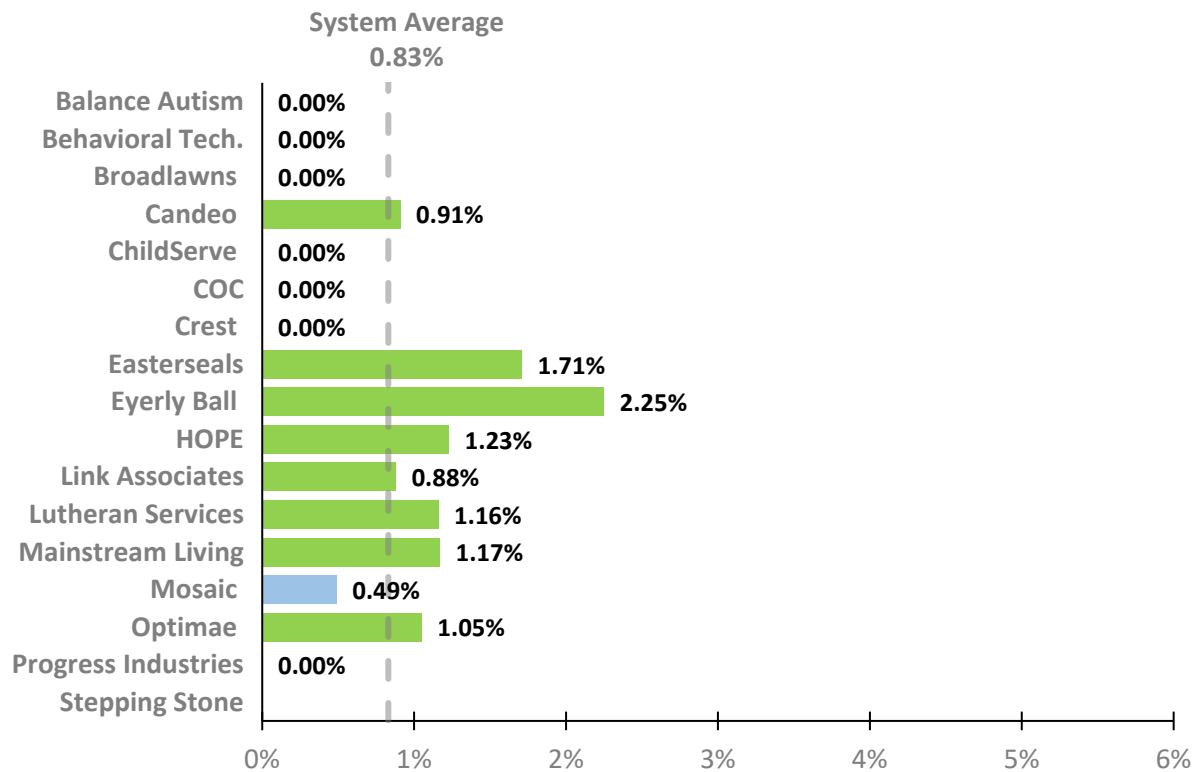


## NEGATIVE DISENROLLMENT

2021 Performance: **Exceeds Expectations (0.83%)**

<b>Metric</b>	The percentage of program participants negatively disenrolled <sup>40</sup> .			
<b>Intent</b>	The organization will not negatively disenroll program participants. The intent of this outcome is for the agencies to develop trusting and meaningful relationships with their participants.			
<b>Rationale</b>	Ensure continuity of care and avoid individuals with disabilities encountering barriers to accessing services because they are too difficult or expensive for the agency to assist. Service agencies report needing to provide services or a level of care that is not covered by state Medicaid benefits to address critical needs of clients, especially those with complex needs. (NCQA)			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b>  <b>4</b>  <b>0% - 0.99%</b>	<b>Meets Expectations</b>  <b>3</b>  <b>1% - 2.99%</b>	<b>Needs Improvement</b>  <b>2</b>  <b>3% - 3.99%</b>	<b>Does Not Meet Minimum Expectations</b>  <b>1</b>  <b>Above 4%</b>

<sup>40</sup> Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments are defined as individual refuses to participate, the individual is displeased with services, the agency initiates discharge, or the individual is discharged to prison for greater than 6 months.

**Figure 16. Negative Disenrollment by Agency**

## PROVIDER PERSPECTIVES

Agencies agreed that staff workforce shortage is an ongoing issue but does not necessarily impact negative disenrollment. A staff member from Mosaic explained that the workforce shortage impacts the quality of services and that they are actively working to maintain the quality of services. Additionally, clients are empathetic towards service providers during this staffing crisis. Easterseals and Link reported navigating how to support clients with services on hold due to COVID-19 and the possibility of disenrollment so that services could be allocated elsewhere.



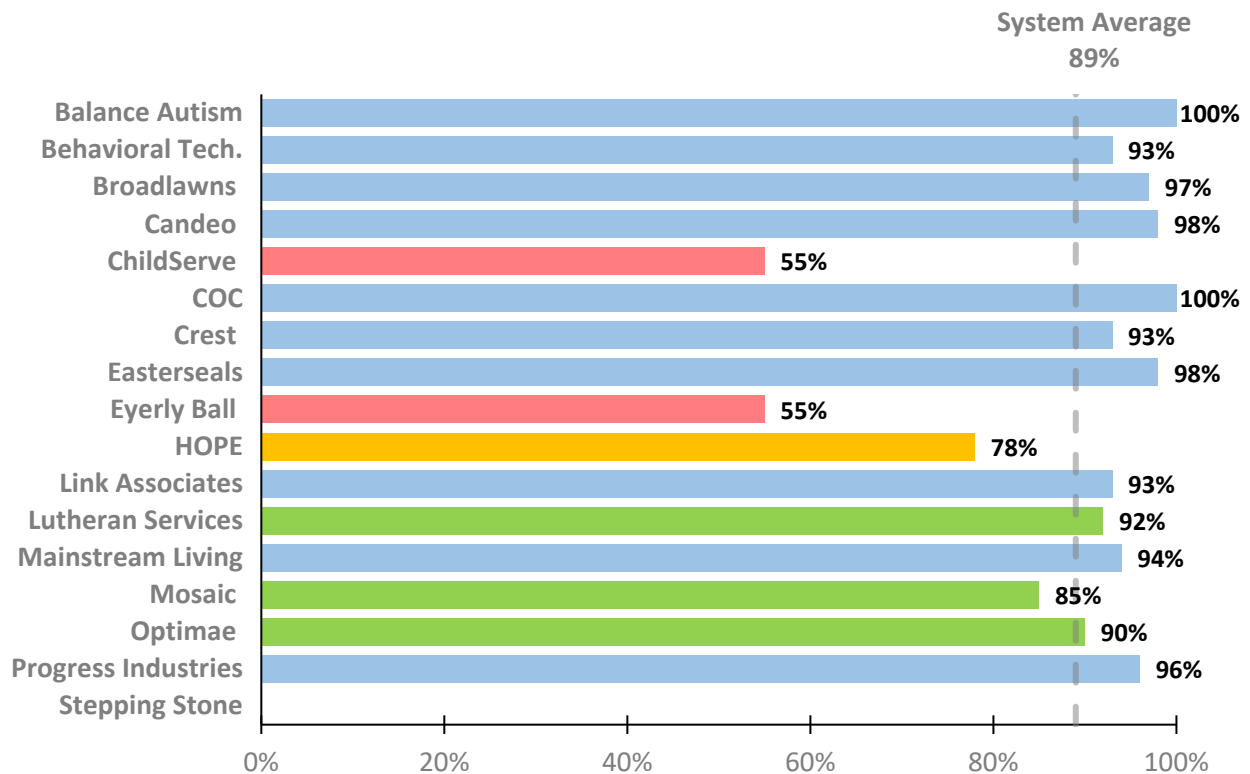


## PARTICIPANT RETENTION

2021 Performance: **Meets Expectations (89%)**

<b>Metric</b>	The percent of individuals supported for at least a year with the Community Living service provider out of the total number of individuals supported by that provider. <sup>41</sup>			
<b>Intent</b>	Individuals with disabilities will be supported through long term services and relationships with community living service providers.			
<b>Rationale</b>	Participants benefit from consistent services with a provider.			
<b>Misc.</b>	Community Living programs include Supported Community Living, Residential Care Facilities for individuals with Intellectual Disabilities, Intermediate Care Facilities for individuals with Intellectual Disabilities, and Residential Care Facilities for individuals with Persistent Mental Illness.			
<b>Performance Ratings</b>	<b>Exceeds Expectations</b> <b>4</b> <b>94% - 100%</b>	<b>Meets Expectations</b> <b>3</b> <b>85% - 93%</b>	<b>Needs Improvement</b> <b>2</b> <b>75% - 84%</b>	<b>Does Not Meet Minimum Expectations</b> <b>1</b> <b>Below 75%</b>

<sup>41</sup> Client retention is calculated by the total number of clients served by the community living service provider greater than 365 days divided by individuals supported.

**Figure 17. Participant Retention by Agency**

## PROVIDER PERSPECTIVES

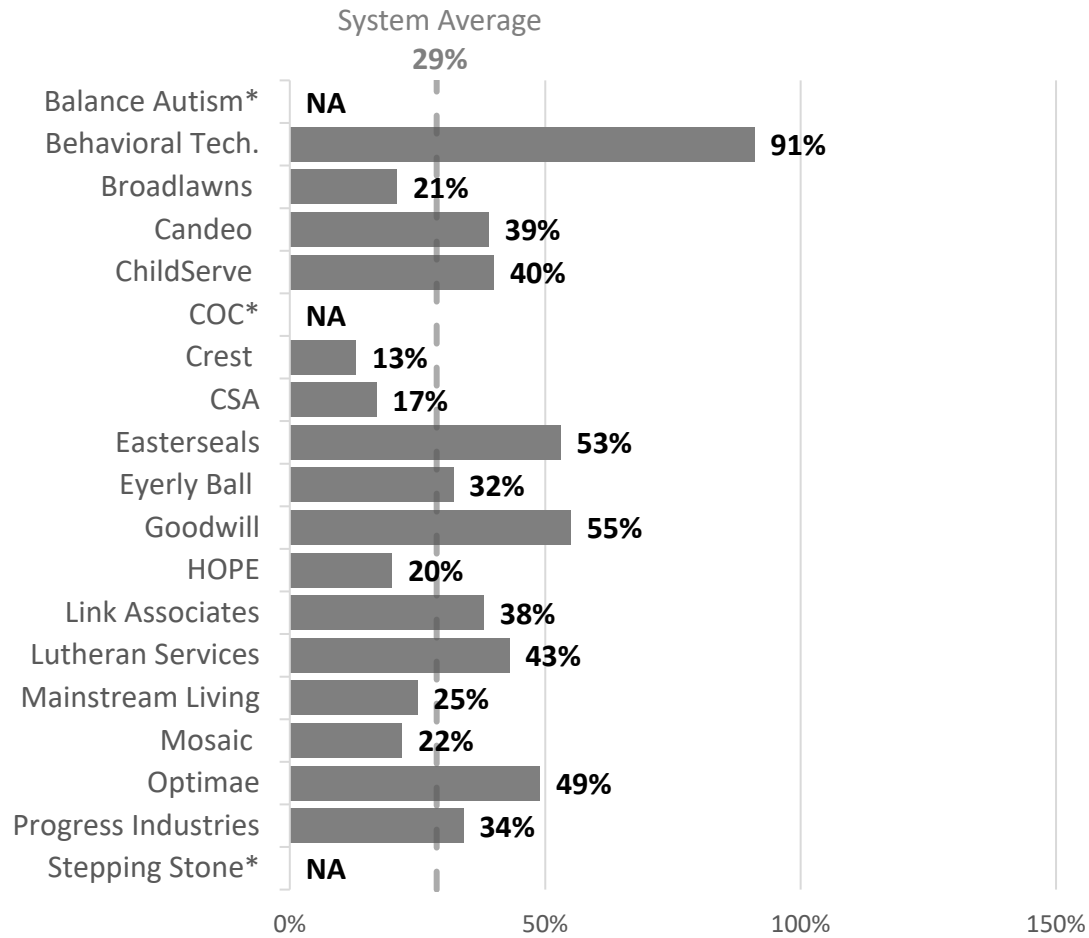
Both Link and HOPE reported adding many new clients; some came into services after July 1<sup>st</sup>. Childserve staff reported special circumstances that impacted their participant retention such as clients who lost Medicaid eligibility and a client who left hourly SCL and moved to live in a host home.



## DIRECT SUPPORT STAFF STABILITY - TURNOVER

<b>Metric</b> <sup>42</sup>	The percentage of direct support staff who leave each quarter averaged over the year, based on the total direct support staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.
<b>Intent</b>	The intent of this outcome is that individuals with disabilities will be supported through long-term relationships with community living service providers.
<b>Rationale</b>	<p>4 Staff Measures Combined:</p> <p>For most mental health positions, there are severe workforce shortages, and nearly all of Iowa's counties are designated as shortage areas in Mental Health Care Health Professional Shortage Areas (HPSA).</p> <p>The frequency of turnover in the workforce, often due low salaries and burnout, negatively impacts continuity and quality of care, and results in an added cost burden to providers who continually need to train new employees. (linked document-&gt;)</p> <p>Frontline support staff supervise direct support staff and are important for direct support staff performance and retention.</p>
<b>Misc.</b>	<p>There are four outcomes for staff stability:</p> <ul style="list-style-type: none"> <li>• Direct Support Staff Stability – Turnover Rate;</li> <li>• Direct Support Staff Stability – Vacancy Rate;</li> <li>• Frontline Supervisor Stability – Turnover Rate; and</li> <li>• Frontline Supervisor Stability – Vacancy Rate.</li> </ul>

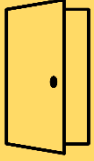
<sup>42</sup> This is the second year in which staff stability was split into four outcome measures. Targets were not set for this year.

**Figure 18. Direct Support Staff Stability – Turnover by Agency<sup>43</sup>**

## PROVIDER PERSPECTIVES

Agencies explained that it is difficult to hire and train new employees up to the expectations to serve clients. A staff member from Behavioral Technologies discussed that the turnover of direct support staff stability feels greater than it is. All agencies are concerned about vaccine mandates as they will impact the stability of both staff and clients.

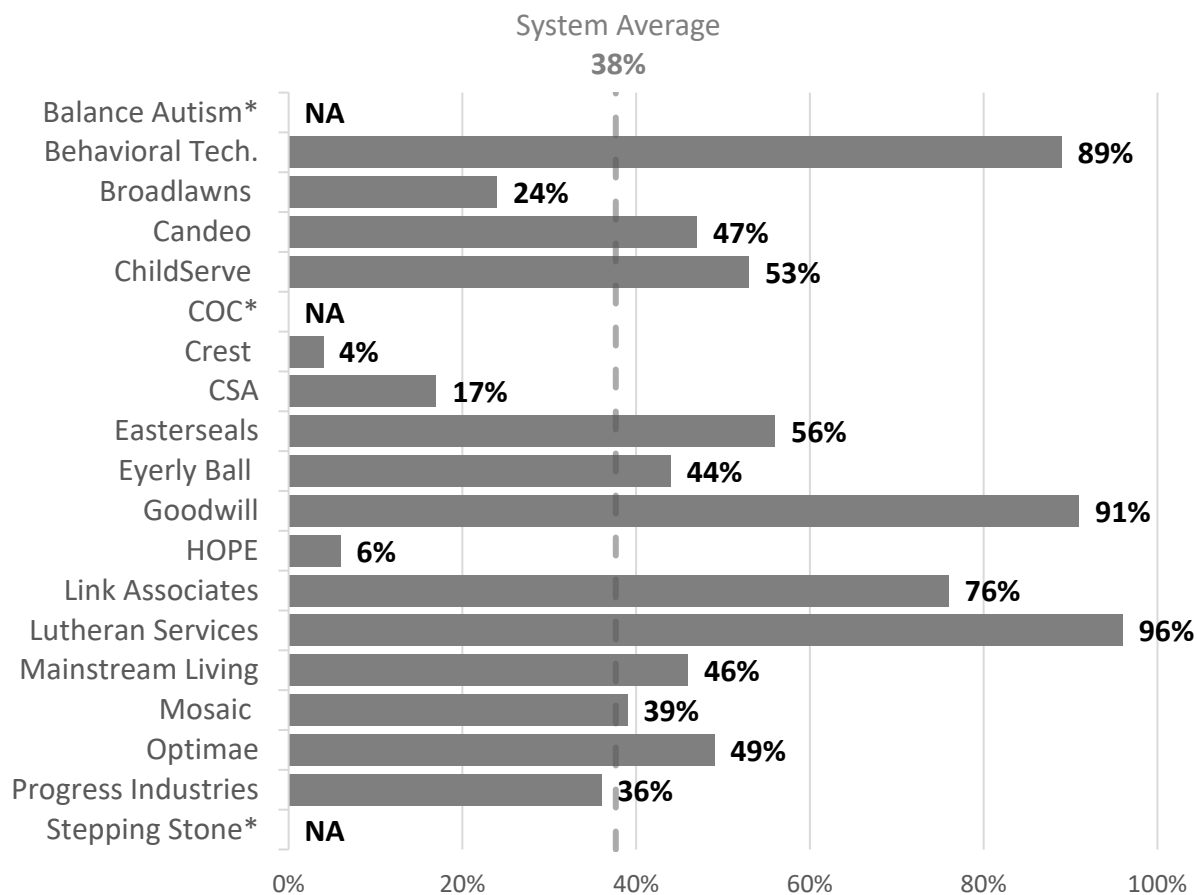
<sup>43</sup> \* Agency did not participate in outcome



## DIRECT SUPPORT STAFF STABILITY – VACANCY RATE

<b>Metric</b> <sup>44</sup>	The percent of direct support staff vacancies each quarter averaged over the year, based on the total direct support staff positions for the program. Agencies report staff stability each quarter. Agencies are not included if they did not report staff stability each quarter or if their score could not be calculated because data were not entered correctly.
<b>Intent</b>	The intent of this outcome is that individuals with disabilities will be supported through long-term relationships with community living service providers.
<b>Misc.</b>	<p>There are four outcomes for staff stability:</p> <ul style="list-style-type: none"> <li>• Direct Support Staff Stability – Turnover Rate;</li> <li>• Direct Support Staff Stability – Vacancy Rate;</li> <li>• Frontline Supervisor Stability – Turnover Rate; and</li> <li>• Frontline Supervisor Stability – Vacancy Rate.</li> </ul>

<sup>44</sup> This is the first year in which staff stability was split into four outcome measures. Targets were not set for this year.

**Figure 19. Direct Support Staff Stability – Vacancy Rate<sup>45</sup>**

## PROVIDER PERSPECTIVES

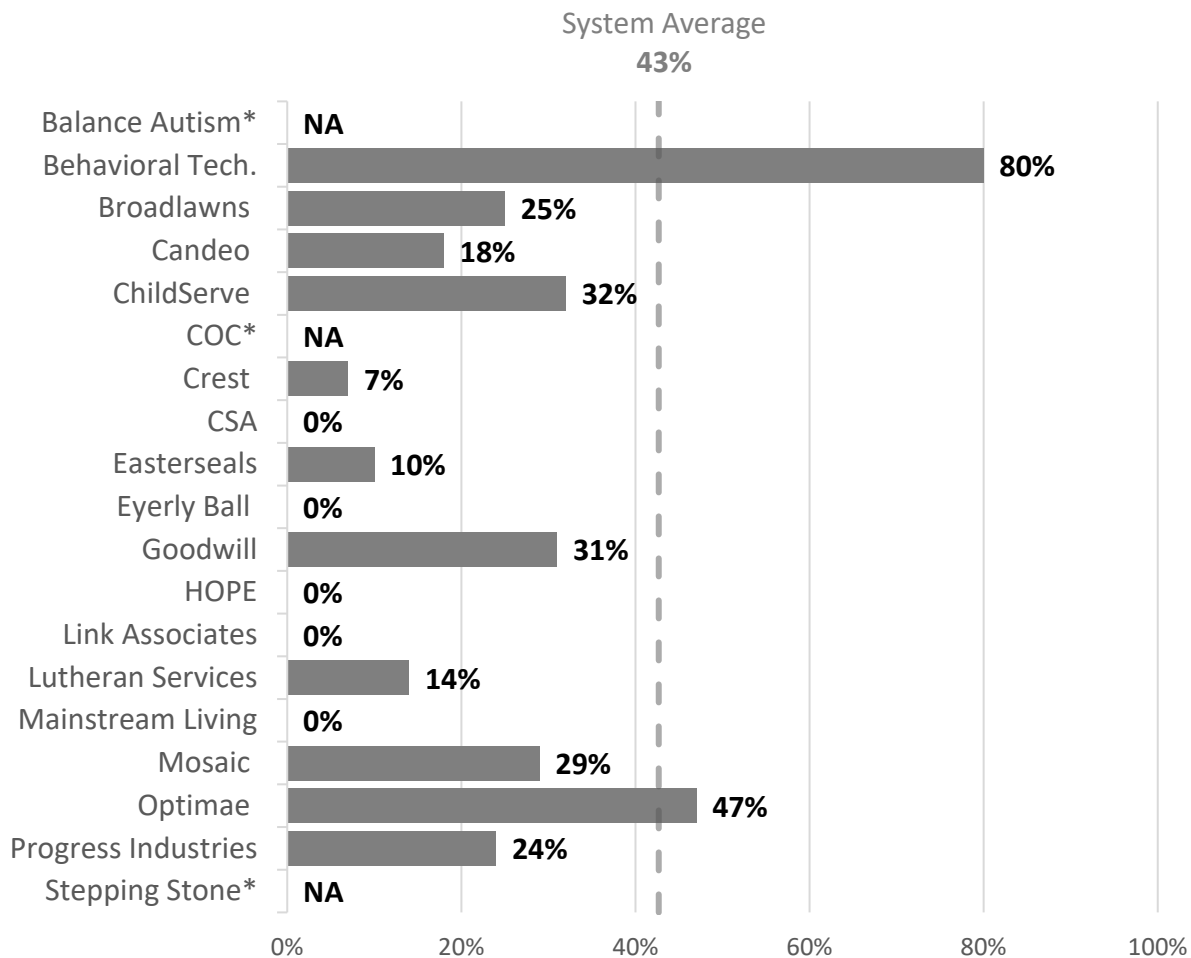
The vacancy rate of direct support staff is growing according to a Link staff member. Link reports that they are struggling to see new hires coming in and often individuals who are hired, quit within the first week or 90 days of working. Link reported implementing generous offers to encourage applicants but have not seen much of an increase in hiring. More staff members are expanding their current positions with more tasks. LSI reported a huge increase in applicants but very few reach the point of getting hired. A LSI staff member explains that applicants must go through a second round of background checks which can slow down the hiring process.

<sup>45</sup> \* Agency did not participate in outcome

## FRONTLINE SUPERVISOR STABILITY - TURNOVER

<b>Metric</b> <sup>46</sup>	The percent of frontline support staff who leave each quarter averaged over the year, based on the total frontline staff positions for the program. Agencies report staff stability each quarter.
<b>Intent</b>	The intent of this outcome is that individuals with disabilities will be supported through long-term relationships with community living service providers.
<b>Misc.</b>	<p>There are four outcomes for staff stability:</p> <ul style="list-style-type: none"> <li>• Direct Support Staff Stability – Turnover Rate;</li> <li>• Direct Support Staff Stability – Vacancy Rate;</li> <li>• Frontline Supervisor Stability – Turnover Rate; and</li> <li>• Frontline Supervisor Stability – Vacancy Rate.</li> </ul>

<sup>46</sup> This is the first year in which staff stability was split into four outcome measures. Targets were not set for this year.

**Figure 20. Frontline Supervisor Stability - Turnover<sup>47</sup>**

## PROVIDER PERSPECTIVES

Many of the agencies reported that the frontline supervisors are taking on more responsibility and shifts on top of their duties. Optimae discussed a very thin line between direct support staff and frontline supervisors. Additionally, Optimae reported a lot of frontline supervisor turnover this year while Link reported less, but explained that they have seen a loss in interest in people applying for this position. Link foresaw recent graduates coming in to their agency but did not see that.

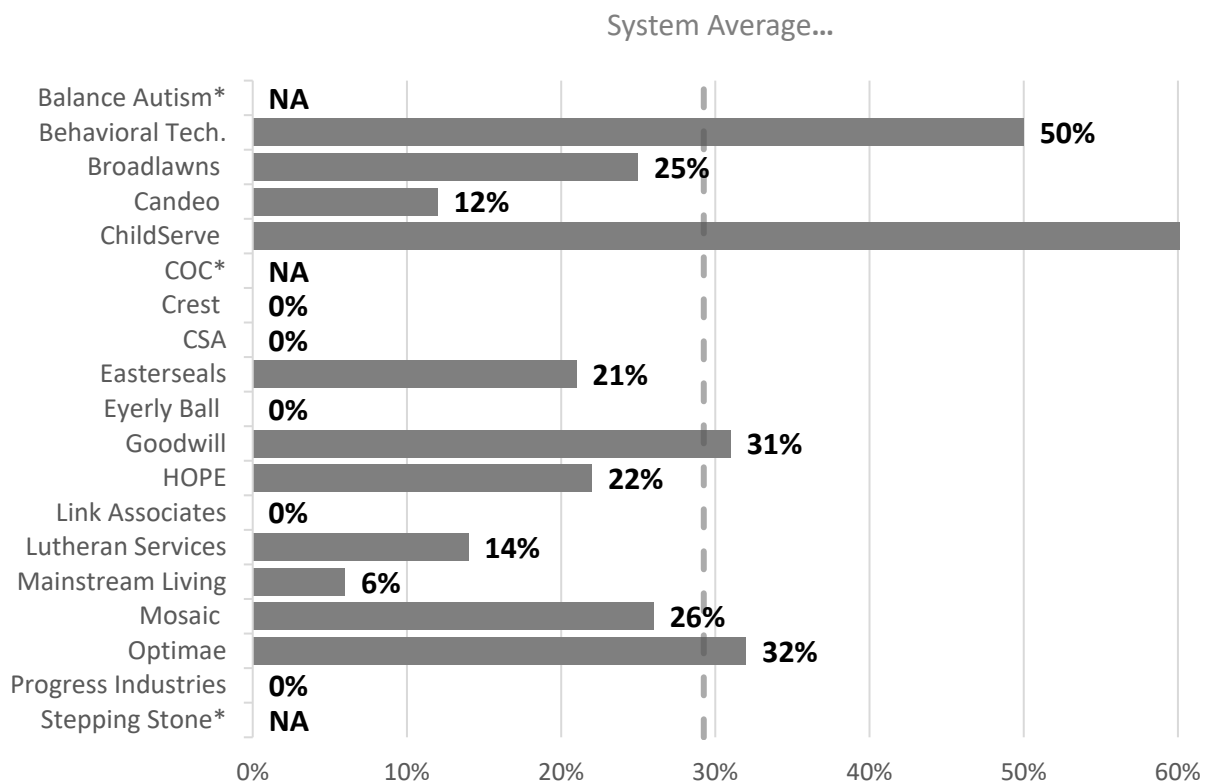
<sup>47</sup> \* Agency did not participate in outcome



## FRONTLINE SUPERVISOR STABILITY – VACANCY RATE

<b>Metric</b> <sup>48</sup>	The percent of frontline support staff vacancies each quarter averaged over the year, based on the total frontline staff positions for the program. Agencies report staff stability each quarter.
<b>Intent</b>	The intent of this outcome is that individuals with disabilities will be supported through long-term relationships with community living service providers.

**Figure 21. Frontline Supervisor Stability – Vacancy Rate**<sup>49</sup>



<sup>48</sup> This is the first year in which staff stability was split into four outcome measures. Targets were not set for this year.

<sup>49</sup> \* Agency did not participate in outcome

# Summary of Program Performance Tables

Table 1. FY21 SCL Results by Outcome Area and Agency

Agency	Housing	Homelessness	Jail	Working Toward Self-	Engagement Toward	Adult Education	Somatic Care	Community Inclusion	Neg. Disenrollment	Psych. Hosp.	ER Visits	Participant Retention	Direct Staff Stability -	Direct Staff Stability -	Frontline Supervisor - Turnover	Frontline Supervisor -	Participant Satisfaction	QOL
Balance Autism	85%	0.00	0.00	18%	36%	16%	23%	13%	0.00%	0.00	0.00	100%	NA	NA	NA	NA	0%	0%
Behavioral Tech.	94%	0.00	0.00	0%	0%	0%	93%	100%	0.00%	0.00	0.00	93%	91%	89%	80%	50%	NA	NA
Broadlawns	98%	0.00	0.50	15%	25%	24%	92%	61%	0.00%	1.27	0.03	97%	21%	24%	25%	25%	98%	97%
Candeo	95%	0.00	0.04	13%	45%	10%	96%	75%	0.91%	0.93	0.02	98%	39%	47%	18%	12%	98%	95%
ChildServe	96%	0.00	0.00	11%	36%	78%	92%	48%	0.00%	0.00	0.02	55%	40%	53%	32%	63%	98%	97%
COC	100%	0.00	0.00	0%	33%	0%	8%	8%	0.00%	0.00	0.00	100%	NA	NA	NA	NA	0%	0%
Crest	98%	0.00	0.01	19%	33%	1%	87%	59%	0.00%	0.80	0.00	93%	13%	4%	7%	0%	0%	0%
CSA													17%	17%	0%	0%		
Easterseals	98%	0.00	0.00	17%	35%	21%	94%	81%	1.71%	0.00	0.01	98%	53%	56%	10%	21%	97%	86%
Eyerly Ball	97%	0.00	0.01	0%	15%	5%	98%	71%	2.25%	1.03	0.00	55%	32%	44%	0%	0%	96%	85%
Goodwill													55%	91%	31%	31%		
H.O.P.E.	97%	0.00	0.00	22%	36%	29%	92%	78%	1.23%	0.00	0.00	78%	20%	6%	0%	22%	100%	97%
Link Associates	99%	0.00	0.00	19%	43%	20%	98%	59%	0.88%	0.02	0.00	93%	38%	76%	0%	0%	97%	90%
Lutheran Services	92%	0.00	0.12	16%	40%	0%	74%	63%	1.16%	1.94	0.08	92%	43%	96%	14%	14%	99%	98%
Mainstream Living	95%	0.29	0.27	19%	33%	17%	98%	82%	1.17%	0.62	0.00	94%	25%	46%	0%	6%	97%	90%
Mosaic	100%	0.00	0.00	22%	52%	19%	99%	100%	0.49%	0.05	0.00	85%	22%	39%	29%	26%	99%	93%
Optimae	98%	0.00	1.06	16%	61%	30%	96%	65%	1.05%	1.86	0.01	90%	49%	49%	47%	32%	88%	93%
Progress Industries	94%	0.00	0.00	9%	38%	13%	100%	95%	0.00%	0.00	0.03	96%	34%	36%	24%	0%	97%	89%
Stepping Stone	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	0%	0%
<b>CL System Average</b>	97%	0.08	0.13	17%	39%	20%	92%	72%	0.83%	0.66	0.01	89%	29%	38%	43%	29%	97%	92%

Table 2. FY21 SCL Performance Ratings by Outcome Area and Agency<sup>50</sup>

Agency	Housing	Homelessness	Jail	Working Toward Self-	Engagement Toward Employment	Adult Education	Somatic Care	Community Inclusion	Neg. Disenrollment	Psych. Hosp.	ER Visits	Participant Retention	Participant Satisfaction	QOL	Overall Performance
Balance Autism	3	4	4	3	4	2	1	1	4	4	4	4	1	1	2
Behavioral Tech.	4	4	4	NA	NA	NA	2	4	4	4	4	3	NA	NA	4
Broadlawns	4	4	4	3	3	3	2	2	4	4	4	4	4	4	4
Candeo	4	4	4	3	4	2	3	2	4	4	4	4	4	4	4
ChildServe	4	4	4	2	4	4	2	1	4	4	4	1	4	4	3
COC	4	4	4	NA	NA	NA	1	1	4	4	4	4	1	1	2
Crest	4	4	4	3	4	1	1	1	4	4	4	3	1	1	2
CSA															
Easterseals	4	4	4	3	4	3	2	2	3	4	4	4	4	3	3
Eyerly Ball	4	4	4	NA	3	1	3	2	3	4	4	1	4	3	3
Goodwill															
HOPE	4	4	4	3	4	3	2	2	3	4	4	2	4	4	3
Link Associates	4	4	4	3	4	3	3	1	4	4	4	3	4	3	3
Lutheran Services	4	4	4	3	4	1	1	2	3	4	3	3	4	4	3
Mainstream Living	4	4	4	3	4	2	3	2	3	4	4	4	4	3	3
Mosaic	4	4	4	3	4	2	3	4	4	4	4	3	4	3	4
Optimae	4	4	3	3	4	3	3	2	3	4	4	3	3	3	3
Progress Industries	4	4	4	2	4	2	4	4	4	4	4	4	4	3	4
Stepping Stone	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	1	1	1
CL System Average	4	4	4	3	4	3	2	2	4	4	4	3	4	3	3

<sup>50</sup> The following outcomes were not included in this table because they don't have performance rating expectations: Direct Staff Stability – Turnover, Direct Staff Stability – Vacancy, Frontline Supervisor – Turnover, Frontline Supervisor – Vacancy  
 NR: Not Reported, NA: Not Applicable

# Appendix A. Individual Agency Summaries

## Balance Autism

**2021 Overall Evaluation Results: Needs Improvement (71%)**

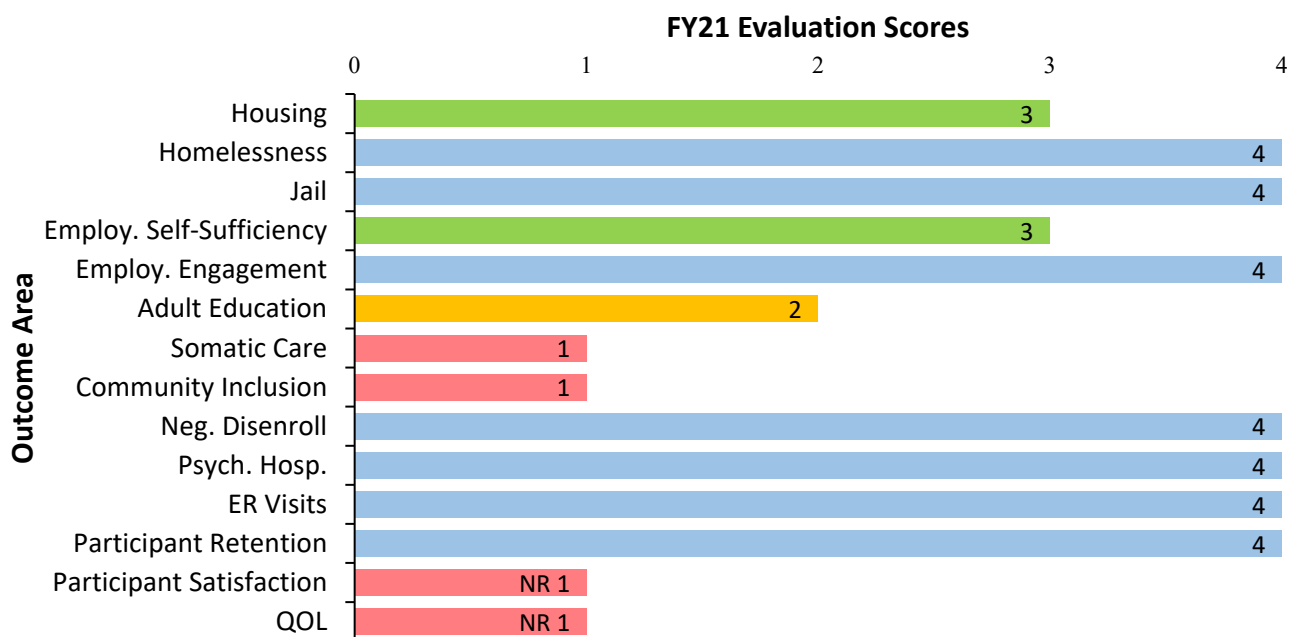
**2020 Overall Evaluation Results: Meets Expectations (81%)**

**Individuals Served: 40**

Balance Autism provides services to both children and adults with autism. In FY21, program staff supported an average of 40 individuals in the intellectual disability waiver, habilitation, and ICF (intermediate care facility) programs in support of community living.

**Of the 14 outcome areas the agency received scores for,<sup>51</sup>**

- **7 Exceeded Expectations**
- **2 Met Expectations**
- **1 Needs Improvement**
- **4 Did Not Meet Minimum Expectations**



<sup>51</sup> Balance Autism chose not to participate in the evaluation and, therefore, did not provide data for either of the staff stability outcome measures or the participant satisfaction and quality of life outcome measures. It is unclear if the participant data were reviewed during the fiscal year.

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	85%	3	100%	4	85%	3
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4
Employ. Self-Sufficiency	7%	2	7%	2	18%	3
Employ. Engagement	40%	4	40%	4	36%	4
Adult Education	23%	3	23%	3	16%	2
Somatic Care	24%	1	24%	1	23%	1
Community Inclusion	24%	1	24%	1	13%	1
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.00	4	0.00	4	0.00	4
ER Visits	0.00	4	0.00	4	0.00	4
Participant Retention	100%	4	100%	4	100%	4
Direct Staff Stability - Turnover			Not Reported	NA	Not Reported	NA
Direct Staff Stability - Vacancy			Not Reported	NA	Not Reported	NA
Frontline Supervisor - Turnover			Not Reported	NA	Not Reported	NA
Frontline Supervisor - Vacancy			Not Reported	NA	Not Reported	NA
Participant Satisfaction	0%	1	NA	NA	Not Reported	1
QOL	0%	1	NA	NA	Not Reported	1
Total		40		39		40
Possible		56		48		56
Performance	Needs Improvement	71%	Meets	81%	Needs Improvement	71%

## Behavioral Technologies

**2021 Overall Evaluation Results: Exceeds Expectations (92%)**

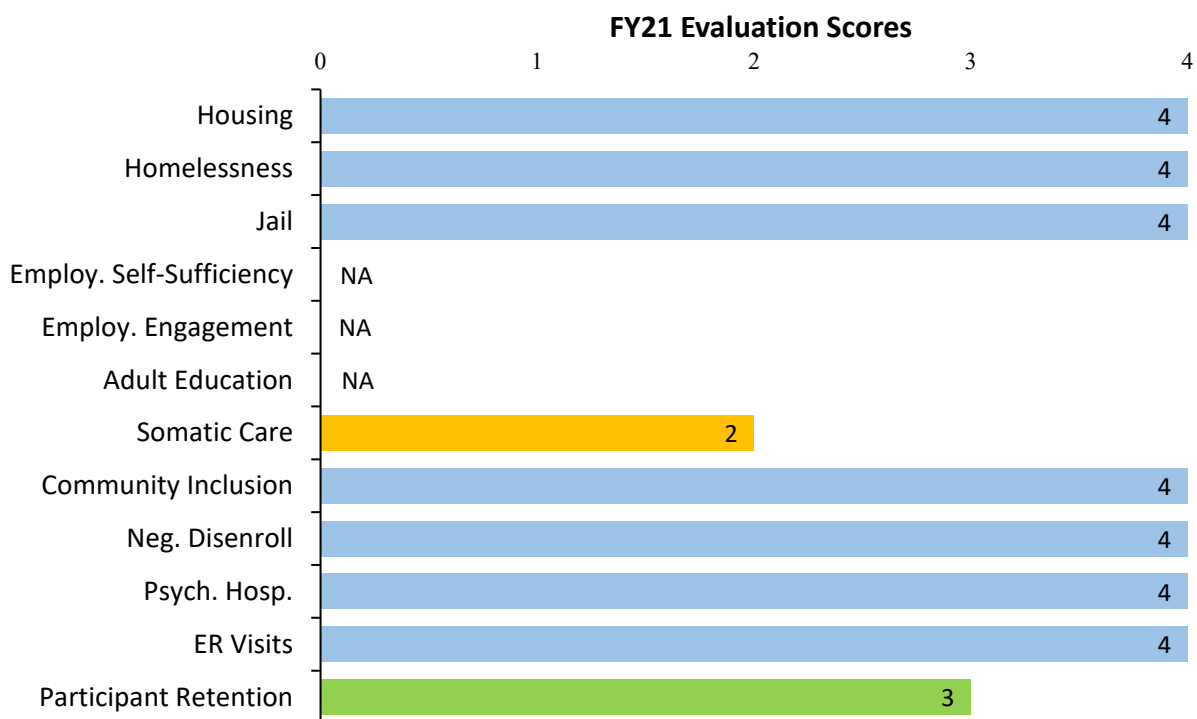
**2020 Overall Evaluation Results: Exceeds Expectations (100%)**

### Individuals Served: 39

Behavioral Technologies serves adults with intellectual disabilities. In FY21, the program supported approximately 39 adult participants in community living. Consistent with FY20 results, the agency's community living program exceeded expectations in FY21.

**Of the 9 outcome areas the agency received scores for,<sup>52</sup>**

- **7 Exceeded Expectations**
- **1 Met Expectations**
- **1 Needs Improvement**
- **0 Did Not Meet Minimum Expectations**



<sup>52</sup> Behavioral Technologies is not scored for the employment or education outcomes because they serve too few adults eligible for those outcome areas. No participants were interviewed this year, because of level of disability.

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	100%	4	100%	4	94%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4
Employ. Self-Sufficiency	0%	NA	0%	NA	0%	NA
Employ. Engagement	0%	NA	0%	NA	0%	NA
Adult Education	0%	NA	0%	NA	0%	NA
Somatic Care	100%	4	100%	4	93%	2
Community Inclusion	100%	4	100%	4	100%	4
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.00	4	0.00	4	0.00	4
ER Visits	0.00	4	0.00	4	0.00	4
Participant Retention	100%	4	100%	4	93%	3
Direct Staff Stability - Turnover			46%	NA	91%	NA
Direct Staff Stability - Vacancy			71%	NA	89%	NA
Frontline Supervisor - Turnover			10%	NA	80%	NA
Frontline Supervisor - Vacancy			0%	NA	50%	NA
Participant Satisfaction	NA	NA	NA	NA	NA	NA
QOL	NA	NA	NA	NA	NA	NA
Total		36		36		33
Possible		36		36		36
Performance	Exceeds	100%	Exceeds	100%	Exceeds	92%

## Broadlawns

**Overall Evaluation Results: Exceeds Expectations (88%)**

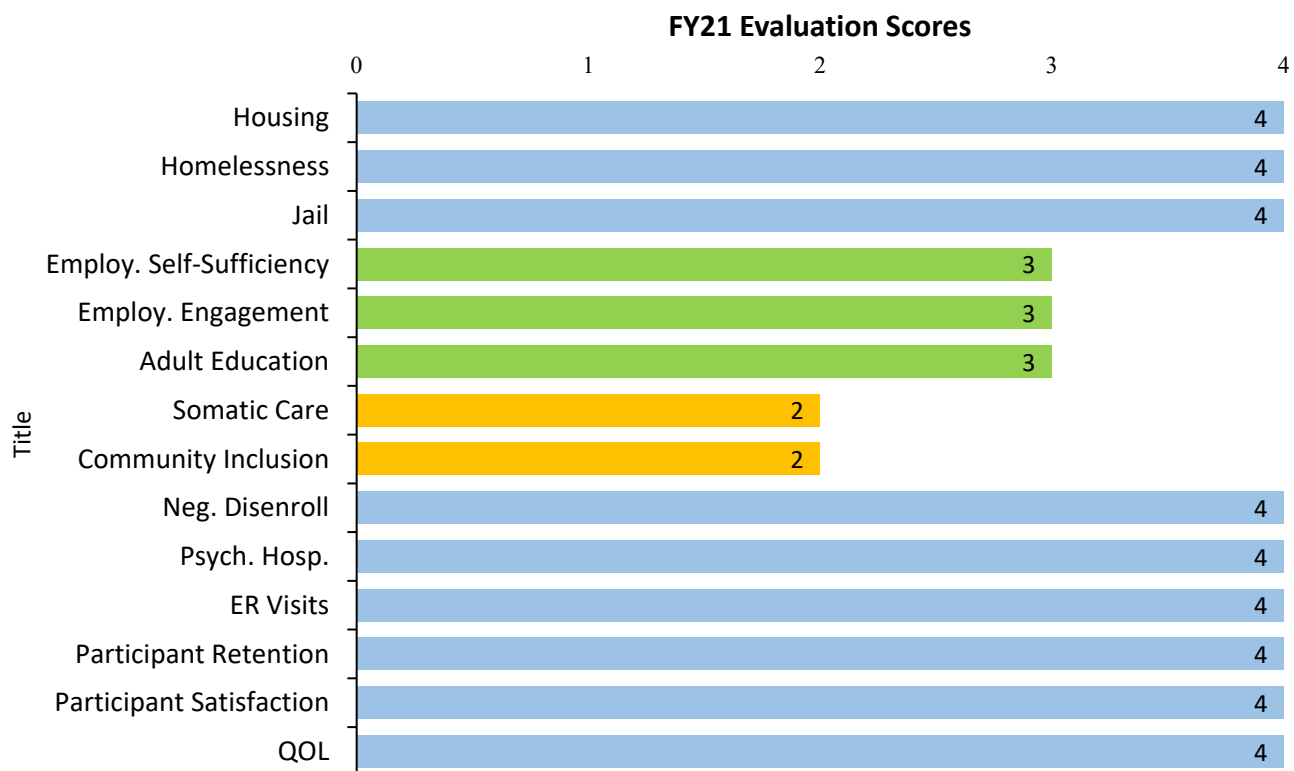
**2020 Overall Evaluation Results: Meets Expectations (82%)**

**Individuals Served: 117**

Broadlawns serves primarily adults with mental health issues who are enrolled in Broadlawns' Integrated Health Home program. In FY21, the program supported approximately 117 adult participants in community living. Compared to FY20 results of 89% and an Exceeds Expectations rating, the agency's community living program exceeded expectations for FY21.

**Of the 14 outcome areas the agency received scores for,**

- **9 Exceeded Expectations**
- **3 Met Expectations**
- **2 Need Improvement**
- **0 Did Not Meet Minimum Expectations**





Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	99%	4	99%	4	98%	4
Homelessness	0.92	3	0.92	3	0.00	4
Jail	4.34	1	4.34	1	0.50	4
Employ. Self-Sufficiency	11%	2	11%	2	15%	3
Employ. Engagement	17%	3	17%	3	25%	3
Adult Education	11%	2	11%	2	24%	3
Somatic Care	100%	4	100%	4	92%	2
Community Inclusion	97%	4	97%	4	61%	2
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	2.74	3	2.74	3	1.27	4
ER Visits	0.00	4	0.00	4	0.03	4
Participant Retention	98%	4	98%	4	97%	4
Direct Staff Stability - Turnover			9%	NA	21%	NA
Direct Staff Stability - Vacancy			6%	NA	24%	NA
Frontline Supervisor - Turnover			44%	NA	25%	NA
Frontline Supervisor - Vacancy			13%	NA	25%	NA
Participant Satisfaction	100%	4	100%	4	98%	4
QOL	100%	4	100%	4	97%	4
Total		46		46		49
Possible		56		56		56
Performance	Meets	82%	Meets	82%	Exceeds	88%

## Participant Comments (N=12)

Twelve participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*They take care of my transportation. And they keep up on things that are available for me [services] and make sure that I'm doing well and make sure that I'm getting out of the house.*

*They [staff] always encouraged me and told me I was doing better which makes you want to do things.*

*[Staff] helps me get out and about on my own and just sees how I'm doing and what I've been doing.*

*We talk about the goals. We work on finding stuff to meet my goals, different coping mechanisms, that kind of thing. [Staff] usually does a mental health check-in ... definitely an outlet for me.*

### **Positive Relationships with Agency or Staff**

*Oh, yes, definitely. They [staff] are very good people and are great at their jobs. They care about me and I'm not just a number to them.*

*Always. I like it because ... [staff] makes me comfortable as a person. I'm more relaxed being around (staff).*

*Totally. I appreciate taking the time to work with me and take me the places I need to go. They're just very friendly and feel like family.*

*I would. I don't know how to explain what I mean except it's such a blessing that I'm sure other people would benefit from it too.*

### **Positive Impacts of Services**

*Oh, yeah, they're great at helping and getting back to me. When I was out of food, I called and, she was here in an hour to bring me to a pantry and get food.*

*Getting more independent and getting out and socializing more along with doing more activities. We just had that big meeting talking about goals last week. All six of us were here.*

*I think I'm more independent than I used to be, and I think [staff] and [staff]'s support has helped me with that. They've given me enough support that I feel more confident.*

### **Concerns**

*I don't generally see Broadlawns.*

### **COVID-19**

*[I] hated not being able to see them over the pandemic ...but [the SCL worker] always called and talked once a week.*

*Well, they're [Broadlawns is] short on help. Before COVID hit, we met three times a week. Then COVID hit and we couldn't see each other [at] all ... and now it's twice a week.*

### **Quality of Life**

*When I started services, I was homeless in the shelter downtown, now I'm not on just program funding, I'm on Section 8. I've had a house for six years and not just a house, a safe house. I was actually in the shelter because of a domestic violence situation. It's made a world of difference [from] depending on someone who hurts me to having a safe home where I can raise my children. It's a huge difference because you can't heal if you don't have your basic necessities.*

*It seems like it's more under control. With them helping me get my doctor's appointments set up, that has helped a lot. I have pretty bad anxiety and before I would just put it off. It has helped a lot.*

*I have coping mechanisms. I have an emergency plan. I know I have people I can call if my mental health is taking a dive.*

### **Suggestions**

*Yes, yeah, they could be doing a lot more. Yeah, things like going to the grocery store and seeing them [staff] more.*

*Sometimes. There are times I want to see them [staff] more. There's not as many people working there anymore.*

## Candeo

**2021 Evaluation Results: Exceeds Expectations (89%)**

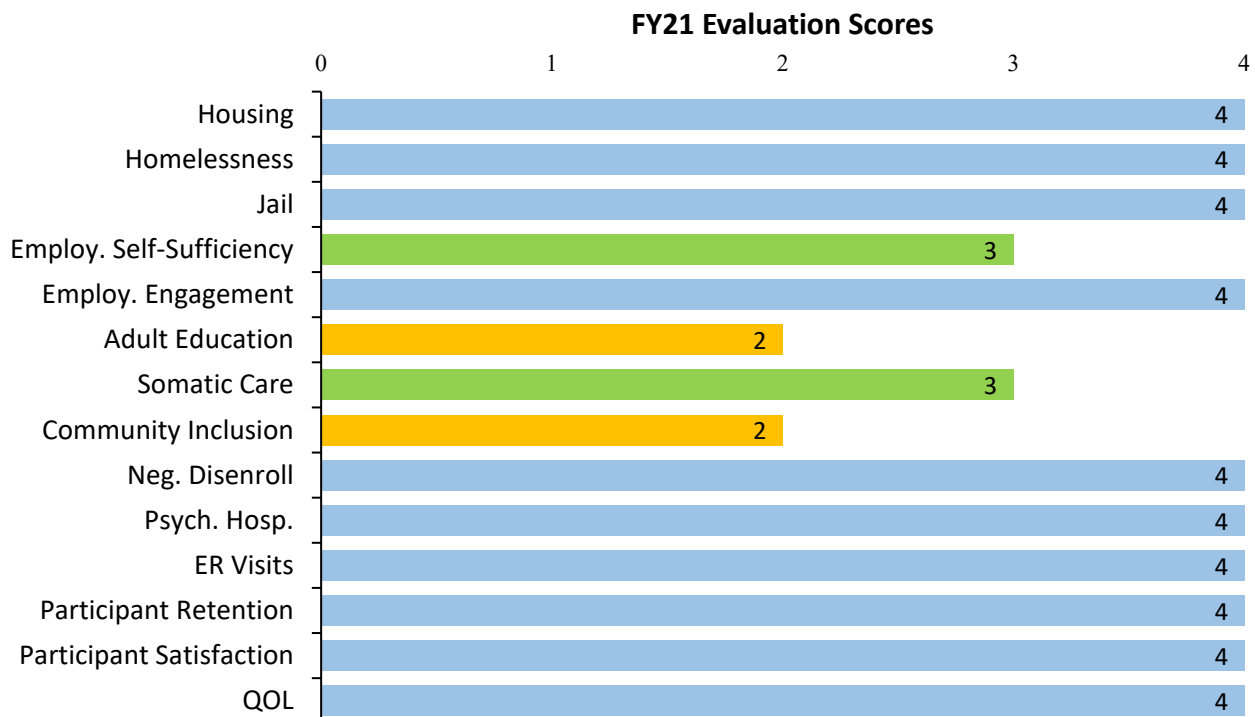
**2020 Evaluation Results: Meets Expectations (84%)**

**Individuals Served: 110**

Candeo serves adults between the ages of 18 and 65 who have intellectual disabilities, brain injury, or mental health diagnoses. In FY21, the program served an average of 110 adult participants in community living. Consistent with FY20 results, the agency's community living program met expectations in FY21.

**Of the 14 outcome areas the agency received scores for,**

- **10 Exceeded Expectations**
- **2 Met Expectations**
- **2 Needs Improvement**
- **0 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	94%	4	100%	4	95%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.12	4	0.12	4	0.04	4
Employ. Self-Sufficiency	14%	3	14%	3	13%	3
Employ. Engagement	57%	4	57%	4	45%	4
Adult Education	9%	1	9%	1	10%	2
Somatic Care	87%	1	87%	1	96%	3
Community Inclusion	84%	2	84%	2	75%	2
Neg. Disenroll	0.77%	4	0.77%	4	0.91%	4
Psych. Hosp.	1.92	4	1.92	4	0.93	4
ER Visits	0.00	4	0.00	4	0.02	4
Participant Retention	94%	4	94%	4	98%	4
Direct Staff Stability - Turnover			40%	NA	39%	NA
Direct Staff Stability - Vacancy			39%	NA	47%	NA
Frontline Supervisor - Turnover			39%	NA	18%	NA
Frontline Supervisor - Vacancy			22%	NA	12%	NA
Participant Satisfaction	98%	4	98%	4	98%	4
QOL	99%	4	99%	4	95%	4
Total		47		47		50
Possible		56		56		56
Performance	Meets	84%	Meets	84%	Exceeds	89%

## Participant Comments (N=15)

Fifteen participants were interviewed for the evaluation. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*Yes, absolutely. They've even given me like a list of resources, things of that nature, to be able to like help me out. They've been really good. They've even helped me out with, like I was having issues with my payroll, and they helped me figure out who to contact. It was super frustrating. We're still dealing with it and Candee has been super helpful with me to try and get this figured out. Now it's a waiting game on how to retrieve the funds.*

*Like I text her [staff] and like within a day she will text me back. And if she doesn't know right then and there, she will acknowledge what I need and get back to me right away. She's very good about communication.*

*They help me figure things out. They help me plan. They help me get out into the community and help me with creative ideas.*

*It's 24-hour supervision care. It's really good.*

*Well, we have staff Monday [through] Friday. Staff in the afternoon and at night. I have staff in the morning. Yeah, what I have now is good.*

### **Positive Relationships with Agency or Staff**

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

*Yes, he [staff] talks to me about how I've become independent and what I should do to take initiative. He's [staff's] always there.*

*Candeo's a great company with respect and they not only do 24-hour care, but they also have services for highly independent clients.*

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

*[I would say] that Candeo would help them improve their overall health and living situations with getting more independent to getting on their own.*

### **Positive Impacts of Services**

*Yeah, I actually have a primary care doctor. They [staff] gave me a few organizations to look into so I can keep track of my health. It's saved my life. I've had three surgeries this year and if I didn't have access to the care I do, it could be life threatening.*

*Candeo staff have a positive impact on me and my life and my roommate's life. They [staff] take us to the Night Shine in February. They take us to the mall and [to] hang out with friends. They [staff] do all of that.*

*Yes. They're good staff and stuff like that. They [staff] help me channel my anger and stuff like that.*

*I'm able to keep my place clean, working on it, and eating healthy.*

### **Concerns**

*They're short staffed. I don't have a way to reach out because my service provider or my manager doesn't get back to me on things really.*

*[I would say] that they help you. I don't know really. I guess I don't know if I'd recommend because they're so short staffed right now. But if they weren't I definitely would recommend.*

*No, I don't have numbers for my staff.*

*They're short-staffed right now, so I don't have the hours that I need.*

*They're okay but I do like to have two or three hours. Can't really know for sure. I don't know for sure (what the goals are).*

*Not really because I'm not getting ...I'm missing out on being able to be with staff longer and not being rushed, not feeling rushed because we don't have that much time.*

**COVID-19**

*Yeah, it gets hard to see people and go to things with COVID. I want real people not over the phone.*

*I haven't seen all my friends for a long time because COVID has been crazy.*

*Yes. I wish I could see my friends more often, but it is hard with COVID going on.*

**Quality of Life**

*Yes. I think we moved in October or November. Yep, I like where I live. I feel safe here.*

*It helped me better understand social things and get out into the community and talking to people.*

*They [staff] do, but I try to do some stuff on my own. Like I can take a shower by myself. The staff has to help me turn the shower on so it's not so hot when I get in. [Taking those showers helps manage stress.]*

*Yes. Me and my roommates get along very well, and I think that talking to my family helps. I call my grandma and grandpa to see how they are doing, and I call my mom to see how she's doing.*

*Yes. My attitude and the more inner peace within me.*

*Candeo helps me with my home lifestyle outside of work.*

**Suggestions**

*It would be nice to have guy staff to talk to. I had one really good staff and he retired, and I miss him.*

*Helping them know how to make their environment more autistic-friendly [without] loud noises and sunglasses with lighting and stuff like that.*

*More hours that the same staff work, more staff, more hours.*

## ChildServe

**2021 Overall Evaluation Results: Meets Expectations (82%)**

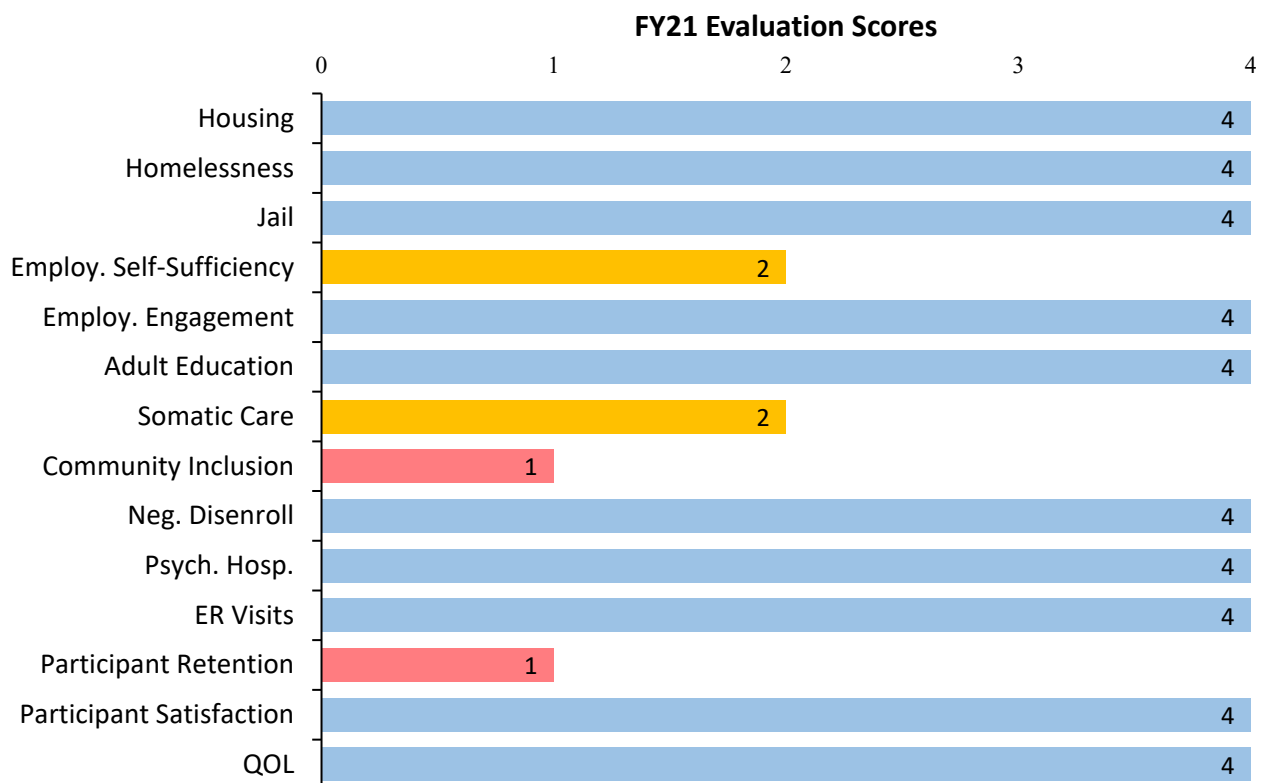
**2020 Overall Evaluation Results: Exceeds Expectations (94%)**

**Individuals Served: 58**

ChildServe serves individuals ages 5-25, depending on service (SCL, 24 hour SCL, ICF/ID) with various diagnoses including but not limited to intellectual disabilities, traumatic brain injury, cerebral palsy, Down syndrome, autism, ADHD, PDD and seizure disorder.

**Of the 14 outcome areas the agency received scores for,**

- **10 Exceeded Expectations**
- **0 Met Expectations**
- **2 Need Improvement**
- **2 Did Not Meet Minimum Expectations**





Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	95%	4	100%	4	96%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.36	4	0.36	4	0.00	4
Employ. Self-Sufficiency	40%	NA	40%	NA	11%	2
Employ. Engagement	87%	NA	87%	NA	36%	4
Adult Education	155%	4	155%	4	78%	4
Somatic Care	96%	3	96%	3	92%	2
Community Inclusion	92%	3	92%	3	48%	1
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.07	4	0.07	4	0.00	4
ER Visits	0.02	4	0.02	4	0.02	4
Participant Retention	96%	4	96%	4	55%	1
Direct Staff Stability - Turnover			35%	NA	40%	NA
Direct Staff Stability - Vacancy			43%	NA	53%	NA
Frontline Supervisor - Turnover			15%	NA	32%	NA
Frontline Supervisor - Vacancy			30%	NA	63%	NA
Participant Satisfaction	100%	4	100%	4	98%	4
QOL	93%	3	93%	3	97%	4
Total		45		45		43
Possible		48		48		56
Performance	Exceeds	94%	Exceeds	94%	Meets	77%

## Participant Comments (N=11)

Eleven participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*Working on it. It's one of my goals to work on being social. That's what my SCL is for, we [staff and I] go on outings.*

*We [staff and I] go out and we work on communication, shopping, and money and sometimes we do cooking.*

*...it's kind of like hard to explain, but they [staff] basically help me get ready for future life with cooking skills, cleaning skills, learning things along those lines.*

*Yes, I have dialysis most days and they're [staff are] going to see if ...they're [staff are] going to let me go by myself. Like getting dropped off and yeah.*

Yes [I go to the doctor or dentist when I need to]. They [staff] get me the appointments and usually set up a ride and once I actually need the time of the appointments. They'll [staff will] let me know a few days in advance. 'Hey so and so [staff] is going to take you to your appointment at this time, be ready so he or she [staff] can easily take you.'

They [staff] say they'll [staff will] get to it when they [staff] have the time. It's usually if the staff here isn't a driver, they'll [staff will] pass it on to the main supervisor at the house whenever he or she [the supervisor] gets in or on the clock and they can easily help out. But if he or she [staff] is a driver I can ask him or her [staff] 'can you help me out and take me to this location to grab this certain item?' And he or she [staff] will say, 'I will be happy to. Give me one moment to get this filled in and clocked in and I will easily take you.'

### **Positive Relationships with Agency or Staff**

Yes, that they're [staff are] unbelievable staff and I really appreciate them [staff]. If I were them [staff], I would say 'come to ChildServe or look up childserve.com and get registered for services'.

They [staff] always treated me with respect. When I showed them [staff] respect, I get the same kind of respect in return. I had one certain staff, he helped me out after I taught him [staff] my favorite skill that he [staff] has never learned, and he [staff] helps me out by teaching me one of his [staff's] meals that he knows. But it's been a while since I've seen that one staff since he's [staff's] in a different location.

To be honest they [staff] are doing top of the line which I don't think they can do anything better in my perspective. They [staff] are beyond doing really well.

When my grandma passed away from COVID, they [staff] helped me feel better.

I do everything by myself. Nope, I do it myself [and they encourage and support that].

I'm happy there, work and making friends. It's [I'm] happy being at ChildServe.

### **Positive Impacts of Services**

Yeah, just everything [has] gotten better. I like where I live. It is safe and comfortable, yes.

I'm mostly satisfied with them [staff] trying to push me to my limits to get me my own driver's license so I don't have to rely on them [staff] every single day.

They [staff] help me by communicating my feelings more and help me figure out how to live in my home with a roommate.

Well, I live with my family, so. It's better. I interact with them [staff] more [since being with ChildServe].

I've gotten more improved with my cooking skills and my people skills. In the past I wasn't much of a people person but ever since I've been in this program I've opened up and gotten out of my shell.

### **Concerns**

I don't know [if ChildServe has emergency service numbers or a number to call].

Yes, I don't know what services I get.

We haven't done some activities in a while because of staff shortages.

I don't know [what's gotten easier to manage].

*When somebody ignores me, when I get upset. Yeah, I get upset, yeah. Sometimes I do.*

### **COVID-19**

*They [staff] would call instead of meeting in person for contact.*

*No [nothing really changed with services when the pandemic began]. [I met with ChildServe as normal. I didn't have new needs since the pandemic started]. They've [staff have] been pretty fast.*

*I like them better now [the services, since the pandemic started]. No [not more responsive]. Yeah [about the same as before].*

*They helped out a lot with ordering stuff to get to the house and if we needed something we'd let them know.*

*Okay, two things that made my life better are being able to cook on Wednesdays during COVID-19 time and also making food for weekends.*

### **Quality of Life**

*Yeah, just everything [has] gotten better. I like where I live. It is safe and comfortable, yes.*

*Sometimes. Like I said, depending on the situation, I don't freak out as much. Depending on the situation. [ChildServe has helped with dealing with those emotions].*

*Yeah, I'm better [at handling stress than before]. Happy, smart.*

*I play basketball with friends and try to get along with them and trying to communicate things, problem-solving skills.*

*Here and there, yes. I've gotten more improved with my cooking skills and my people skills. In the past I wasn't much of a people person but ever since I've been in this program I've opened up and gotten out of my shell.*

*I had a bad temper in the past but ever since then I've seen a huge improvement with me not exploding and not having so much anger inside.*

*They have pushed me pretty much helped me out by getting me meeting new people that I have not known, seen, and they pretty much come in with new staff they [staff] come in with new ideas for some clients, I'm always an open book to new paths and new ideas. So whenever that he or she [staff] comes out with another idea I'm always ready for a new life front to actually try something new.*

### **Suggestions**

*I wouldn't change anything.*

*I don't know [if ChildServe has emergency service numbers or a number to call].*

*We haven't done some activities in a while because of staff shortages.*

*I don't know [what's gotten easier to manage].*

*When somebody ignores me, when I get upset. Yeah, I get upset, yeah. Sometimes I do.*

## **Christian Opportunity Center (COC)**

### **2021 Overall Evaluation Results: Needs Improvement (73%)**

## 2020 Overall Evaluation Results: Meets Expectations (81%)

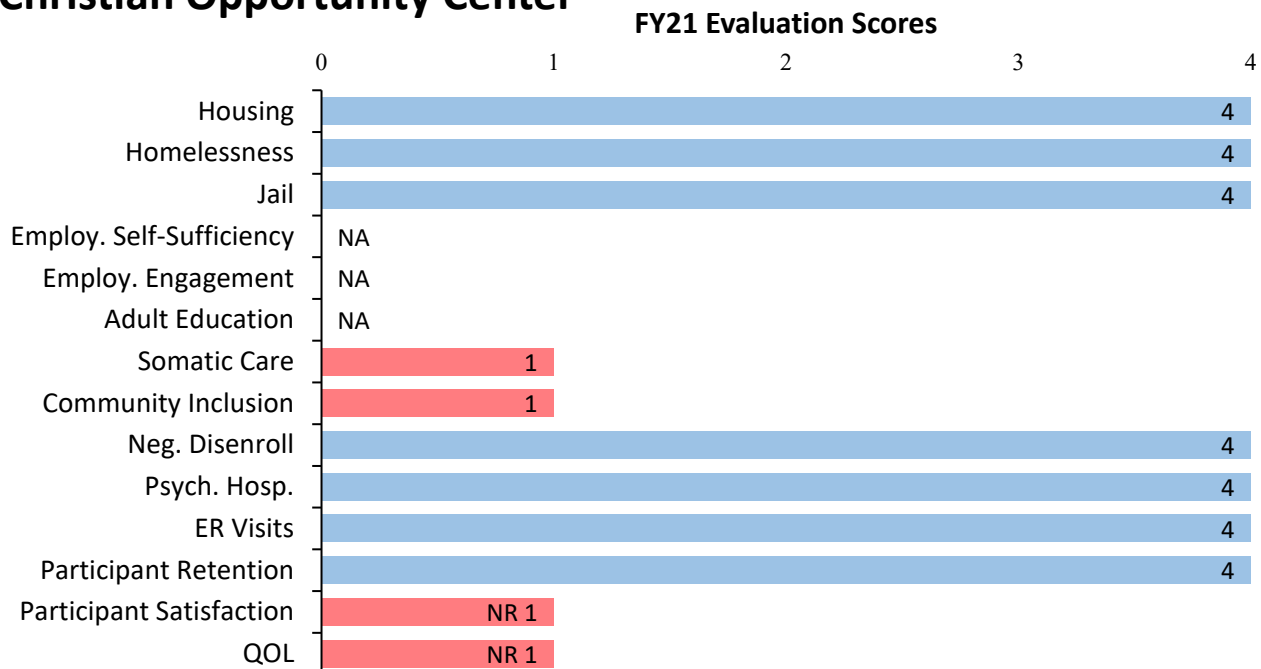
### Individuals Served: 13

Christian Opportunity Center's primary focus is to serve adults with intellectual and mental disabilities. COC's mission is to serve to integrate Christian values in teaching quality work and living skills that address the needs of the whole person. Their purpose is to provide people with disabilities or other special needs the opportunity to reach their potential.

**Of the 11 outcome areas the agency received scores for,<sup>53</sup>**

- **7 Exceeded Expectations**
- **0 Met Expectations**
- **0 Need Improvement**
- **4 Did Not Meet Minimum Expectations**

## Christian Opportunity Center



<sup>53</sup> Christian Opportunity Center (COC) is not scored for the employment or education outcomes because they serve too few adults eligible for those outcome areas. NR: Not Reported. COC did not provide a sample for the Participant Satisfaction and Quality of Life (QoL) outcomes

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	88%	3	99%	4	100%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4
Employ. Self-Sufficiency	0%	NA	0%	NA	0%	NA
Employ. Engagement	27%	NA	27%	NA	33%	NA
Adult Education	0%	NA	0%	NA	0%	NA
Somatic Care	0%	1	0%	1	8%	1
Community Inclusion	0%	1	0%	1	8%	1
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.00	4	0.00	4	0.00	4
ER Visits	0.00	4	0.00	4	0.00	4
Participant Retention	92%	3	92%	3	100%	4
Direct Staff Stability - Turnover			NA	NA	NA	NA
Direct Staff Stability - Vacancy			NA	NA	NA	NA
Frontline Supervisor - Turnover			NA	NA	NA	NA
Frontline Supervisor - Vacancy			NA	NA	NA	NA
Participant Satisfaction	0%	1	NA	NA	Not Reported	1
QOL	0%	1	NA	NA	Not Reported	1
Total		30		29		32
Possible		44		36		44
Performance	Needs Improvement	68%	Meets	81%	Needs Improvement	73%

## Crest

**2021 Overall Evaluation Results: Needs Improvement (70%)**

**2020 Overall Evaluation Results: Meets Expectations (86%)**

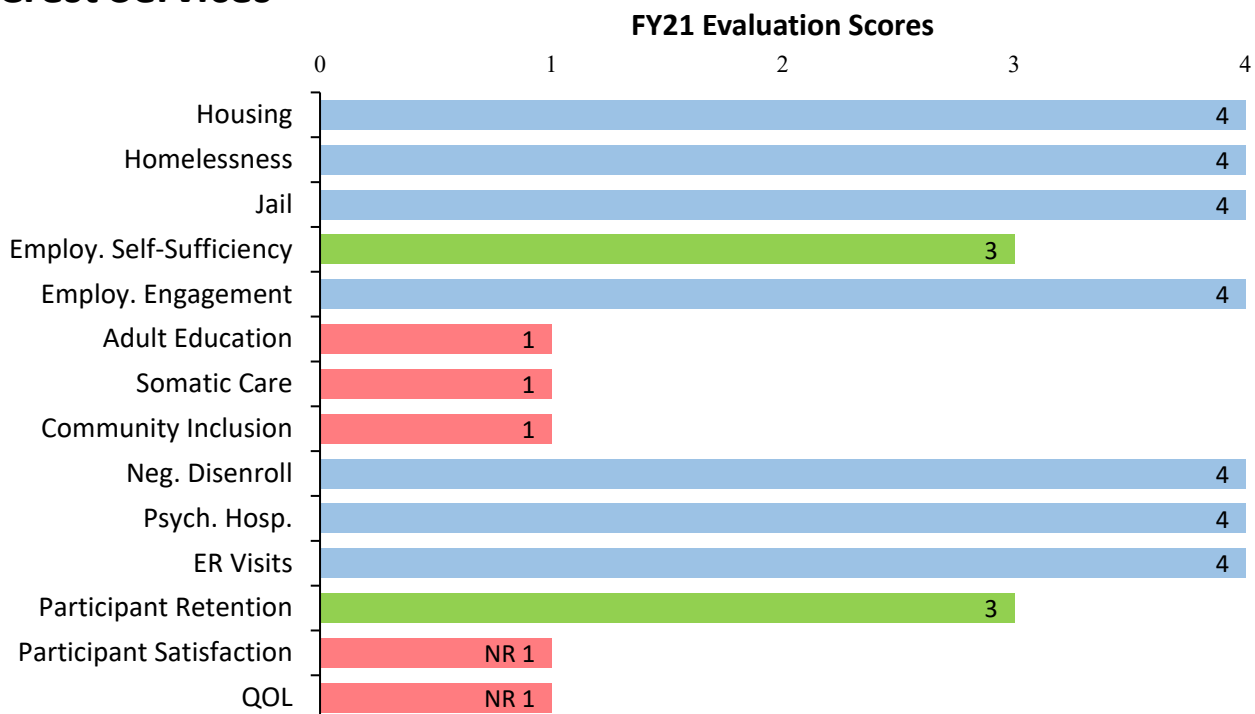
**Individuals Served: 112**

Crest Services Des Moines provides 24-hour SCL and habilitation services to persons with intellectual, developmental, or mental disabilities. Crest Services provides hourly SCL services to persons with intellectual, developmental, and mental disabilities in addition to Brain Injuries. Crest Services' primary focus is residential services to persons with intellectual disabilities, ranging in age from 22 to 86 years old.

**Of the 14 outcome areas the agency received scores for,<sup>54</sup>**

- **7 Exceeded Expectations**
- **2 Met Expectations**
- **0 Need Improvement**
- **5 Did Not Meet Minimum Expectations**

## Crest Services



<sup>54</sup> NR: Not Reported. Crest did not provide a sample for the Participant Satisfaction and Quality of Life (QoL) outcomes

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	80%	3	97%	4	98%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.18	4	0.18	4	0.01	4
Employ. Self-Sufficiency	20%	3	20%	3	19%	3
Employ. Engagement	44%	4	44%	4	33%	4
Adult Education	6%	1	6%	1	1%	1
Somatic Care	95%	3	95%	3	87%	1
Community Inclusion	86%	2	86%	2	59%	1
Neg. Disenroll	0.00%	4	0.00%	4	0.00%	4
Psych. Hosp.	0.10	4	0.10	4	0.80	4
ER Visits	0.01	4	0.01	4	0.00	4
Participant Retention	96%	4	96%	4	93%	3
Direct Staff Stability - Turnover			14%	NA	13%	NA
Direct Staff Stability - Vacancy			12%	NA	4%	NA
Frontline Supervisor - Turnover			7%	NA	7%	NA
Frontline Supervisor - Vacancy			7%	NA	0%	NA
Participant Satisfaction	99%	4	99%	4	Not Reported	1
QOL	91%	3	91%	3	Not Reported	1
Total		47		48		39
Possible		56		56		56
Performance	Meets	84%	Meets	86%	Needs Improvement	70%

## Easterseals

**2021 Overall Evaluation Results: Meets Expectations (86%)**

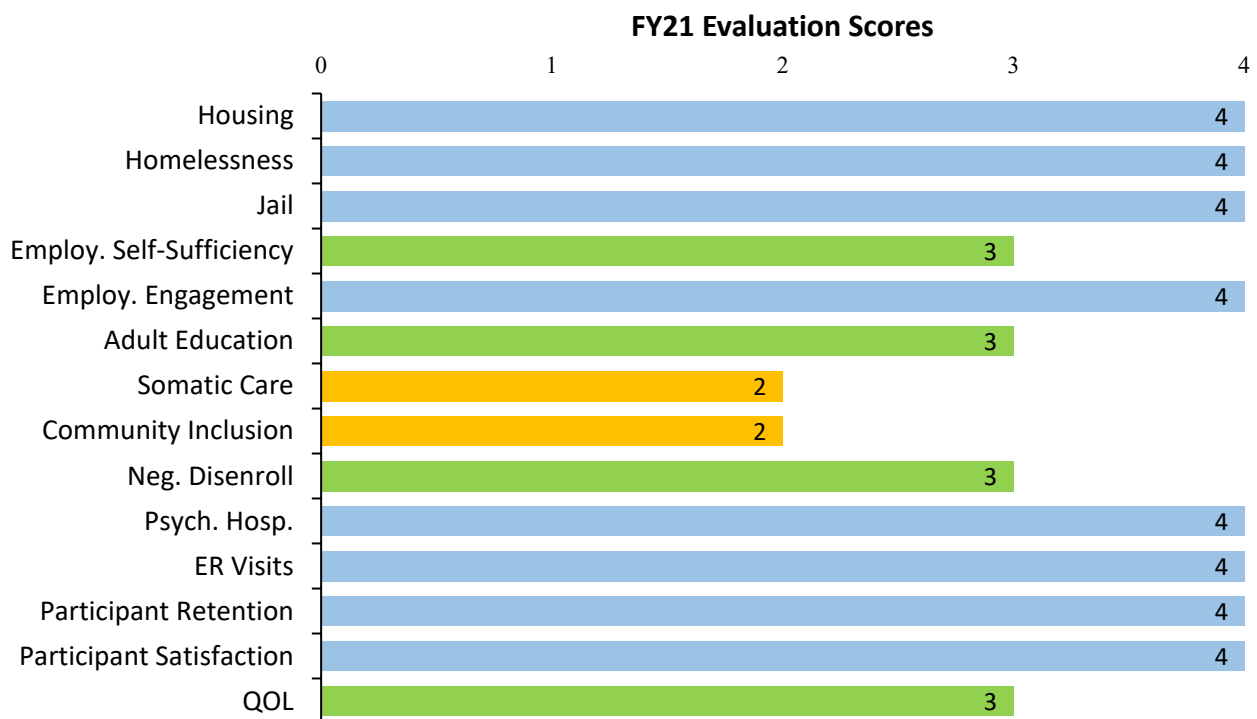
**2020 Overall Evaluation Results: Meets Expectations (82%)**

**Individuals Served: 117**

Easterseals serves persons of all ages on both the Intellectual Disabilities (ID) and Habilitation (HAB) Waivers in Hourly SCL Programs and adults on the ID Waiver in 24-Hour SCL Programs.

**Of the 14 outcome areas the agency received scores for,**

- **8 Exceeded Expectations**
- **4 Met Expectations**
- **2 Need Improvement**
- **0 Did Not Meet Minimum Expectations**





Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	94%	4	97%	4	98%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.22	4	0.22	4	0.00	4
Employ. Self-Sufficiency	22%	3	22%	3	17%	3
Employ. Engagement	41%	4	41%	4	35%	4
Adult Education	14%	2	14%	2	21%	3
Somatic Care	86%	1	86%	1	94%	2
Community Inclusion	84%	2	84%	2	81%	2
Neg. Disenroll	0.75%	4	0.75%	4	1.71%	3
Psych. Hosp.	0.32	4	0.32	4	0.00	4
ER Visits	0.01	4	0.01	4	0.01	4
Participant Retention	88%	3	88%	3	98%	4
Direct Staff Stability - Turnover			169%	NA	53%	NA
Direct Staff Stability - Vacancy			91%	NA	56%	NA
Frontline Supervisor - Turnover			22%	NA	10%	NA
Frontline Supervisor - Vacancy			22%	NA	21%	NA
Participant Satisfaction	97%	4	97%	4	97%	4
QOL	90%	3	90%	3	86%	3
Total		46		46		48
Possible		56		56		56
Performance	Meets	82%	Meets	82%	Meets	86%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*She [staff] encouraged me to get ahold of a lawyer for my disability. She [staff] helps me to fill out paperwork. She [staff] did come over and check on me.*

*They [staff] take me out into the community. If I need help around the house, they [staff] help me if they [staff] can. And they [staff] also help me by just being there, so I have someone to talk to. They [staff] help me with my anxiety.*

*Yes, like if I have an emergency appointment or need to rearrange something or get a test done or have a little outpatient surgery. They [staff] will move things around and get it taken care of.*

*They [staff] help me [with] a lot of stuff and they [staff] talk to me. They [staff] help me with my problems and meet my goals. They [staff] remind me to take my medicine when I'm with them.*

*They [staff] get me out. We've been to the zoo. [Staff] take me to the grocery store and to doctor's appointments if I need it too. They [staff] give me resources for personal needs too.*

*Oh, yeah, yep. Every single day, five days a week. In-person contact. If something were to come up on the weekends, I can get ahold of them [staff] as well.*

### **Positive Relationships with Agency or Staff**

*They're [staff are] always very polite. She [staff] listens and doesn't talk down to me. She [staff] encourages me.*

*They [staff] treat me as a person. They [staff] don't talk down to me or look down on me for my past. They [staff] see me as I am today.*

*One staff I've had for years. She [staff] helps me by telling me how much I've changed, and grown, mentally and how I look at things.*

*If there's something wrong with me, ... if I'm very quiet she'll [staff will] know there's something wrong with me. Finally, I'll tell her [staff] what's wrong with me and she'll [staff will] tell me what to try and keep me from getting upset too much.*

*He [staff] helped me find a new place to live which is 100 times better than the last place. He [staff] also helps me stay sane. He's [staff] probably the best worker I have ever had.*

### **Positive Impacts of Services**

*Yes. I came a long way within the last four years. I have been here that long. [I] used to let people stay with me and there used to be issues and get me in trouble. I used to be homeless and in jail several times for assault, but Easterseals has helped me come a long way. I have been out of Woodward for 10 to 15 years and I didn't think I would make it, but I did.*

*Yes. Because I remember, when I started with Easterseals, I knew nothing about taking the bus. They [buses] are my main transportation, other than Easterseals [staff]. They [staff] helped show me how to take the bus and what to do. Healthy choices, they [staff] help and encourage me to do too.*

*I have a problem with crowds and going in public, so I'm getting better with that. Breathing techniques help with that.*

*They [staff] talk to me if I have a problem. They [staff] help me get through it. [Staff] changed me, my way of thinking, to positive instead of negative.*

### **Concerns**

*They ask me about goals, but they don't come out and help me do them. I set goals and sometimes I get in a rut and can't finish them. Walking on my own is a goal but I need help with that.*

*They don't help me with independence, they just check in.*

*They don't help me with anything, they just ask me how I'm doing. They don't help with anything.*

*Yes and no, I guess. There are a lot [of] times that I don't get enough time with staff.*

*What I don't like about Easter Seals is issues with communication. Sometimes communication is not the best.*

*I would say it's difficult because like they say they're going to do something, they agree, like for instance they tell us that... they tell me, 'Hey, basically if you do this for us then we'll get staff together for you and you can go do something'. Well, they don't necessarily hold themselves accountable. They expect me to hold myself to a higher standard, but they don't hold themselves to a higher standard.*

*It's just that there're times they agitate you, yeah, because you have to tell them multiple times, you know.*

*I once had a worker that didn't want to do anything, but they got me someone different.*

*That the service as a whole, Easter Seals, I would tell them not to do it because they're not reliable and they're not trustworthy. They tell you one thing and do something else... In other words, Easter Seals as a whole, I would tell them to go to a different company, because they don't treat their employees well and ...they don't work together as a team.*

## **COVID-19**

*Yes. I had some concerns that I brought to my team leader about one of my staff. They took the mask requirements away and one of my staff was complaining and said that 'We all die eventually' about the pandemic and I let my team leader [know] about it.*

*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.*

*We saw each other in person outside during COVID.*

*During quarantine we did telehealth as well, and I see them in-person.*

## **Quality of Life**

*They [staff] talk to me a lot, giving me positive and negative feedback, getting over little things that would stress me out, issues with friends, family or neighbors.*

*I just... I'm controlling my life the way [I] do and they [staff] know... if I get upset, they [staff] tell me either walk away from a situation or say a code name and I calm down. They [staff] really help me on being upset and everything.*

*Yeah, my family is actually [several] hours away from Des Moines but I'm trying to have a better relationship with my mom. Within the last year or so I would say I got rid of all the negative people in my life.*

*Yeah, they [staff] helped me find a more secure environment. I have been here a year.*

## **Suggestions**

*Hold themselves [staff] to the same standard as they [staff] hold their clients.*

*Yeah, and I wish I could become and do more independent stuff as well.*

*I'm satisfied with them [Easterseals] but I would like to see them more often and do less paperwork stuff with them.*

*More activities that could teach me more. Maybe like showing us how to use fire extinguishers and fire plans, things like that. More about safety in the household when living on your own.*



## Eyerly Ball

**2021 Overall Evaluation Results: Needs Improvement (73%)**

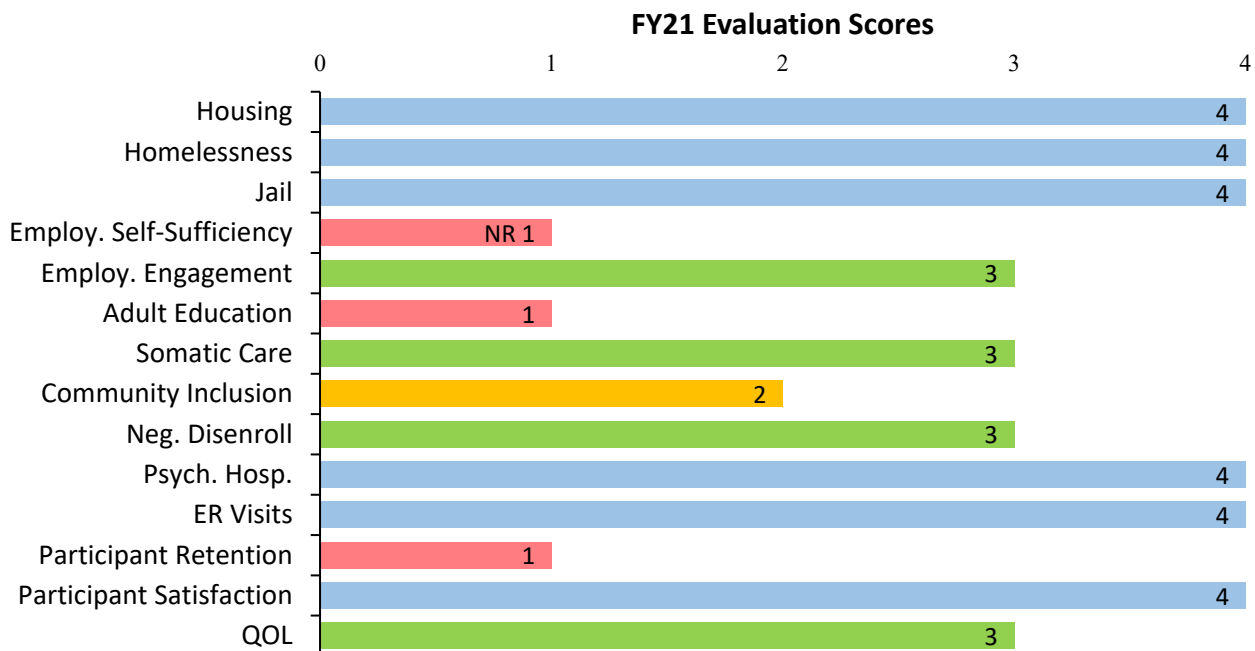
**2020 Overall Evaluation Results: Needs Improvement (66%)**

**Individuals Served: 89**

Eyerly Ball's Cummins and Francis homes serve adults who have a psychiatric diagnosis. These residents are unable to effectively manage their mental health symptoms independently and require ongoing supervision. The habilitation service promotes further independent goal development after successfully completing Residential Care Facility for individuals with persistent mental illness service. Residents require daily ongoing supports and are in the community working, volunteering, or participating in a day program. Eyerly Ball Supported Community Living serves adults who have a psychiatric diagnosis and are living in the community.

**Of the 14 outcome areas the agency received scores for,<sup>55</sup>**

- **6 Exceeded Expectations**
- **5 Met Expectations**
- **1 Needs Improvement**
- **2 Did Not Meet Minimum Expectations**



<sup>55</sup> NR: Not Reported. Eyerly Ball did not submit data for the Employment: Self Sufficiency outcome

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	99%	4	97%	4	97%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	2.58	3	2.58	3	0.01	4
Employ. Self-Sufficiency	5%	2	5%	2	Not Reported	1
Employ. Engagement	20%	3	20%	3	15%	3
Adult Education	29%	3	29%	3	5%	1
Somatic Care	100%	4	100%	4	98%	3
Community Inclusion	87%	2	87%	2	71%	2
Neg. Disenroll	5.94%	1	5.94%	1	2.25%	3
Psych. Hosp.	9.34	1	9.34	1	1.03	4
ER Visits	0.00	4	0.00	4	0.00	4
Participant Retention	81%	2	81%	2	55%	1
Direct Staff Stability - Turnover			44%	NA	32%	NA
Direct Staff Stability - Vacancy			37%	NA	44%	NA
Frontline Supervisor - Turnover			0%	NA	0%	NA
Frontline Supervisor - Vacancy			0%	NA	0%	NA
Participant Satisfaction	88%	2	88%	2	96%	4
QOL	80%	2	80%	2	85%	3
Total		37		37		41
Possible		56		56		56
Performance	Needs Improvement	66%	Needs Improvement	66%	Needs Improvement	73%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*Yes, they [staff] take me where I need to go for doctor's appointments and stuff. They help us keep track of our doctor's appointments.*

*To get out in the community, go shopping, take me to the grocery store. To mainly get out instead of staying home all the time. They [staff] also help me with budgeting. They [staff] also assist with suggesting coping skills.*

*They [staff] help me when I need help. They [staff] have useful information that I don't know, and they [staff] help me figure things out.*

*They [staff] assist me in community support, like the transportation and providing a consistent service for food groceries, household supplies, and they're [staff are] available with an open ear.*

### **Positive Relationships with Agency or Staff**

*Most definitely. [I would say] that they [staff] are there for you and they [staff] take care of the things that you need. [Staff] help keep your meds [medications] in order, stuff like that.*

*They [staff] take everything serious. If you need help, they're [staff are] willing to be there for you and won't give up.*

*I have before, yeah. They're [staff are] dependable. If they [staff] say they're going to do something they're [staff are] going to do it.*

*I would say if they're in a position where they need to be motivated as far as being independent, and securing a place, I would say that if you get with Eyerly Ball they would do that and help you with some skills and how to approach that.*

### **Positive Impacts of Services**

*Yeah, about every six months. Go to the gym, try to make it to bible study. I work out a lot. They [staff] help me do that.*

*I would say that it's had a positive impact for me because my mental health is a lot better than what it was, I'm a lot more stable.*

*Yes, they [staff] take me to see my doctor and see about finding a place to live and maybe living in a house.*

*Oh, absolutely. Getting organized. When I moved into my new place, they [staff] helped me get organized because it was overwhelming.*

### **Concerns**

*It's been over six months since I heard from them.*

*Yeah, but they won't take me to the store when I want to, and they take everybody else.*

*The services haven't done much for that other than talking to me though.*

*Most of them do, but some of them just think they can step on me.*

### **COVID-19**

*Well, the things that they [staff] do for us here is that they [staff] take us to doctor appointments and then we [staff and participant] go to Walmart once a week and in the mornings ...well before COVID we [staff and participant] went to different places around Des Moines to see certain historical places and things like that*

*It was hard to meet in-person with COVID.*

**Quality of Life**

*Well, I don't have a car, so the transportation has been very helpful. And I'm free to go to church if I want to go. Or I can get there if I have a ride there.*

*It is kind of at a stalemate for now. Since I don't have much of an education, they [staff] want me to stay here for now. They [staff] taught me how to cook meals, small janitorial duties throughout my time, educational things in mornings.*

*Helping me with my rent. That has helped me a lot. I was homeless and now I have been able to maintain and keep my apartment for two years. They are there when I need them.*

**Suggestions**

*I'd say give us more time to reflect on the things we do during our day because they [staff] don't give us much time to have privacy ... to reflect.*

*They're [staff are] pretty good about everything, but the past two or three months they [staff] can't find anyone to drive or anything.*

*I would love to see them more involved in getting jobs and stuff like that.*

*They're pretty good about everything, but the past two or three months they can't find anyone to drive or anything.*



## HOPE

**2021 Overall Evaluation Results: Meets Expectations (84%)**

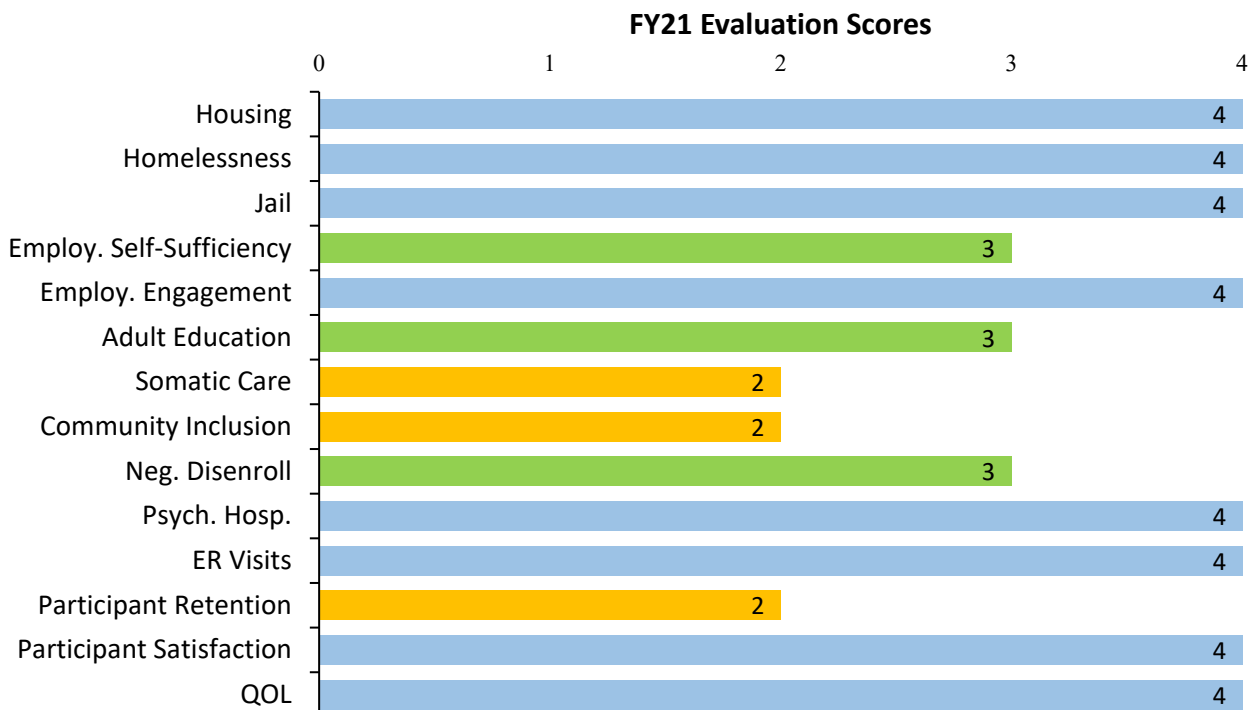
**2020 Overall Evaluation Results: Meets Expectations (84%)**

### Individuals Served: 82

HOPE serves primarily young and middle-aged adults who utilize funding from the intellectual disability (ID) and Brain Injury (BI) Waivers, as well as individuals who have a primary diagnosis of developmental disability. Their primary focus of services lies with supporting individuals to live as independently as possible, including community integration and building natural supports.

**Of the 14 outcome areas the agency received scores for,**

- **8 Exceeded Expectations**
- **3 Met Expectations**
- **3 Need Improvement**
- **0 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	85%	3	97%	4	97%	4
Homelessness	0.44	3	0.44	3	0.00	4
Jail	0.04	4	0.04	4	0.00	4
Employ. Self-Sufficiency	33%	4	33%	4	22%	3
Employ. Engagement	60%	4	60%	4	36%	4
Adult Education	28%	3	28%	3	29%	3
Somatic Care	94%	2	94%	2	92%	2
Community Inclusion	91%	3	91%	3	78%	2
Neg. Disenroll	1.76%	3	1.76%	3	1.23%	3
Psych. Hosp.	0.00	4	0.00	4	0.00	4
ER Visits	0.04	4	0.04	4	0.00	4
Participant Retention	69%	1	69%	1	78%	2
Direct Staff Stability - Turnover			24%	NA	20%	NA
Direct Staff Stability - Vacancy			18%	NA	6%	NA
Frontline Supervisor - Turnover			0%	NA	0%	NA
Frontline Supervisor - Vacancy			0%	NA	22%	NA
Participant Satisfaction	97%	4	97%	4	100%	4
QOL	97%	4	97%	4	97%	4
Total		46		47		47
Possible		56		56		56
Performance	Meets	82%	Meets	84%	Meets	84%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*I would say that they are good at what they do: helping making sure you are achieving goals, and being able to be more independent.*

*We normally double-check that we are on the same page prior to meeting. Normally [we] text before to check and make sure that we're still available. Monday every week for one and Wednesday every other week for the other.*

*Yeah. We get needs resolved right away. They get back to me that day or a few hours after I call.*

*They help me be able to start a conversation with other people and find out what common interests I might have with them or how to ask for help if I'm in a store shopping.*

Yes, I do. They are helping me maintain my apartment day-to-day. Working on cooking, cleaning, and doing activities. Going to the zoo with participants or playing disc golf, things like that.

I feel like I'm quite independent as is, but if I had a problem, I could ask my staff member to help me problem-solve it.

### **Positive Relationships with Agency or Staff**

I would. [I would tell them] that they are phenomenal, and they would encourage you and make your life better. They're always trying to help you get out of the program and be independent.

Yeah, and I treat them with the same respect they give to me. They ask me what I want to do.

I feel like if something went wrong, I'm able to reach out to them and [I] am confident they would help as much as possible.

Yeah, I would. They help and that HOPE is a really good agency to go through if you are looking for one. I would highly recommend them to a friend.

If I need some space to gather my thoughts, they let me do that.

### **Positive Impacts of Services**

I'm a lot more independent than I was back then.

They have helped me be able to live on my own and get my driver's license.

Well, recently my car stopped working and before, I would go to my parents and ask them for help to do stuff, and I learned how to do it on my own.

Being more independent makes me... and feeling like I'm doing things I need to do to live on my own.

Yes, I am. More and less depending on our schedules. I've been hanging out with one of my high school friends and reaching out more.

I have to say that being able to manage my money, that lets me do some more things out in the community [because I can afford it].

### **COVID-19**

I still saw them even during the pandemic to get groceries and stuff.

Yeah, [it] stayed in-person with our regular visits.

[We haven't had many game nights since COVID started]

I did volunteer at a nursing home before COVID hit.

### **Quality of Life**

I think everything goes good, because I feel really like if I have a problem I will call one of the higher ups at HOPE. She's one of the other ones who wants me to go to therapy. They think that will help if I open up about my feelings more.

Ever since I moved out it's all going fine. At first my mom didn't want me to move out, but she sees that now I'm cooking on my own and everything. Oh, that was one of my goals: to cook.

Yeah, yep. Yeah, I don't get so excited, and my anxiety is down more.

Oh yeah, yep. Yeah, ... that was hard. Yes, my staff helped me through that.

*Yes, I have, I was actually able to move out. I do like where I'm at and it does feel safe and comfortable there.*

**Suggestions**

*I would like some more time, but it's working out right now.*

*Just working with them maybe a few more hours.*

*That they would let me watch more tv shows [but they don't].*

*Oh nothing, I don't want to change anything. I like things the way they are right now.*

## Link Associates

**2021 Overall Evaluation Results: Meets Expectations (86%)**

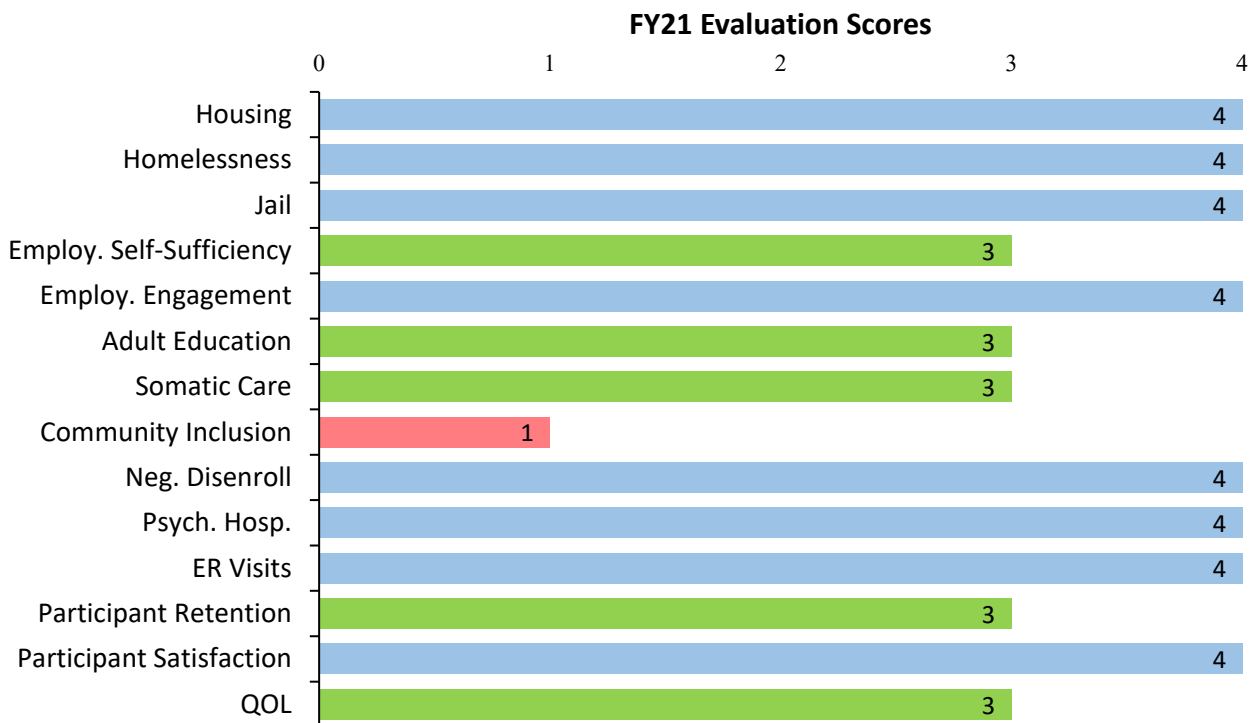
**2020 Overall Evaluation Results: Meets Expectations (80%)**

**Individuals Served: 113**

Link Associates provides Supported Community Living services to adults with intellectual and physical disabilities who are at least 18 years old. Services are provided in their own home. Link Associates will personalize supports to persons in meeting their social and leisure interests within their community, as well as teaching the daily living skills needed to become as independent as possible. Individuals and their families are encouraged to be an active part of the decision-making process.

**Of the 14 outcome areas the agency received scores for,**

- **8 Exceeded Expectations**
- **5 Met Expectations**
- **0 Need Improvement**
- **1 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	99%	4	92%	4	99%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	3.67	2	0.00	4
Employ. Self-Sufficiency	16%	3	14%	3	19%	3
Employ. Engagement	34%	4	49%	4	43%	4
Adult Education	17%	2	9%	1	20%	3
Somatic Care	97%	3	96%	3	98%	3
Community Inclusion	90%	3	77%	2	59%	1
Neg. Disenroll	0.00%	4	1.75%	3	0.88%	4
Psych. Hosp.	0.04	4	0.01	4	0.02	4
ER Visits	0.01	4	0.00	4	0.00	4
Participant Retention	93%	3	93%	3	93%	3
Direct Staff Stability - Turnover			45%	NA	38%	NA
Direct Staff Stability - Vacancy			61%	NA	76%	NA
Frontline Supervisor - Turnover			13%	NA	0%	NA
Frontline Supervisor - Vacancy			4%	NA	0%	NA
Participant Satisfaction	93%	3	100%	4	97%	4
QOL	91%	3	95%	4	90%	3
Total		48		45		48
Possible		56		56		56
Performance	Meets	86%	Meets	80%	Meets	86%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*I have rides to my medical appointments as needed and it helps me so that I can stay on track and don't worry about having to drive*

*Yeah, they are here all the time. I see them when we do activities. I don't know what days those are.*

*Housing and social security and all kinds of other stuff ...like they help me with job situations, transportation, and they have someone who takes me to my appointments.*

*They want you to [do] good on your goals so you can become independent.*

*Yeah. I like where I live and the staff. I get to live with my friends. Yes, I [feel] comfortable and safe.*

*Yes ma'am. I'm thrilled with my services.*

*Yes, they are. Yes, they help with my issues. [Staff] does a good job and helps with anything.*

*I would say that they help out with anything you really need. It's good to know who to trust. It's hard at first but then after a while you kind of get used to it.*

*They get out my card for me because I can't get it, my debit. And they pay some of my housekeeping check too. I have somebody that cleans house for me. [They do talk to me in a respectful way.]*

*I feel like everyone's doing a good job with me. I feel Anna's helping. If I get upset, I go to my room and listen to the radio.*

*I'm still trying to figure out what I need to do to manage my stress. I have someone [from Link] who helps me with that and they're good about that and know that stress gets to me fast.*

*Sometimes we go for walks and stuff. Sometimes I go home, home visits to my mom. [That is easier than before.]*

### **COVID-19**

*Over the pandemic I didn't work, I was laid off work for a while. And then now it's back at work, so kind of nice to be back at work this year. It was just awful last year.*

### **Quality of Life**

*It has, because they've been helping all the way around with me since I got in here 2018. I go to the doctor, the dentist, the hospital, if I needed to. Actually, a specific one is taken to a house, which is better.*

*Getting out more and exploring and making new friends and job opportunities*

*Everything [has gotten easier to manage].*

*I'm independent doing my own laundry. I pick up my room, things like that.*

### **Suggestions**

*I don't know if I would change anything around it. Just keep it the same.*

*Yes. More time with [Staff] and more time with [Staff].*

*I would change how staff needs to treat me with respect if I'm trying to tell them something I don't like, and they just laugh at it or don't care.*

*Everything else takes time and they've got a long process.*

*I think it's gotten worse, and they keep building up problems. In fact, I never know how my day's going to turn*

*Then there's some staff that don't treat ...when I get angry, they laugh about it and talk behind my back to my roommate about me.*

*Some of them like to push it because I tell them to not bother me and then they keep bothering me and they don't respect that.*

*On a rating scale I'd give it a one out of ten. They're just not there for the clients. Like when a client has a situation, they always take the staff side over the clients.*



## Lutheran Services

**2021 Overall Evaluation Results: Meets Expectations (79%)**

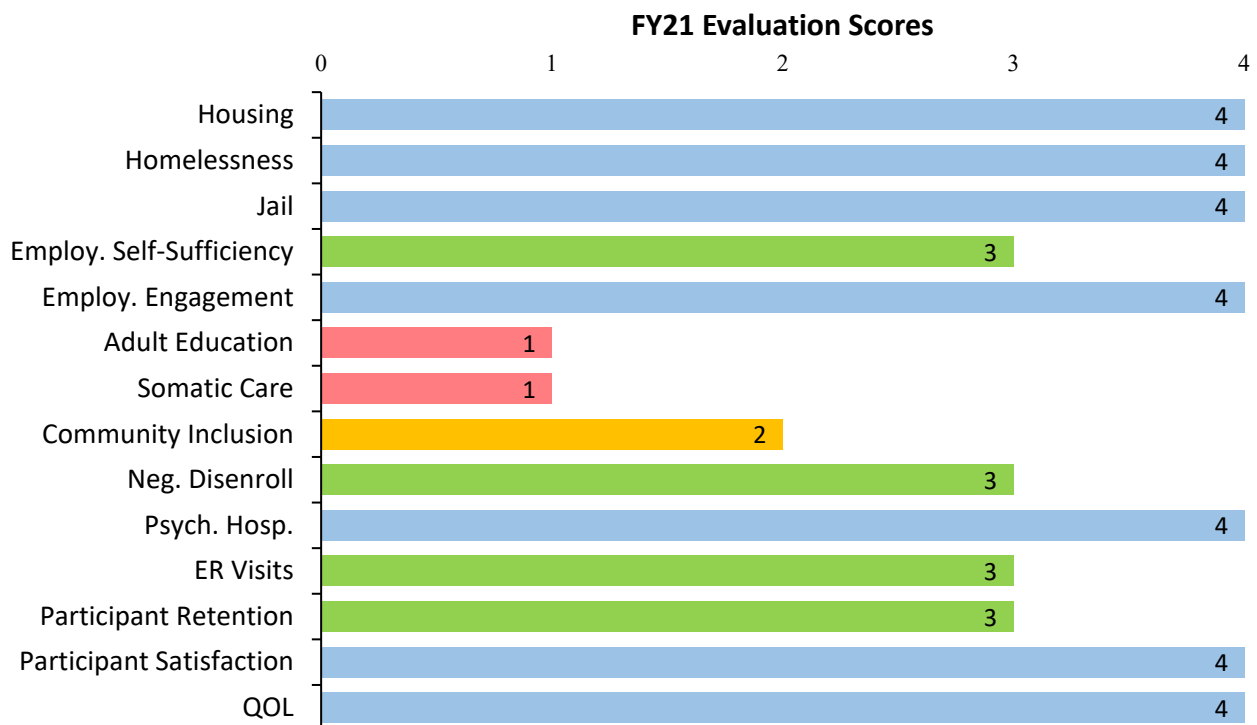
**2020 Overall Evaluation Results: Meets Expectations (77%)**

**Individuals Served: 86**

Lutheran Services in Iowa provides Supported Community Living and Respite Services for all ages, from child through adult. In FY21 Lutheran Services in Iowa supported an average of 86 adults in community living through their Des Moines location.

**Of the 14 outcome areas the agency received scores for,**

- **7 Exceeded Expectations**
- **4 Met Expectations**
- **1 Needs Improvement**
- **2 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	93%	4	95%	4	92%	4
Homelessness	1.47	2	1.47	2	0.00	4
Jail	0.02	4	0.02	4	0.12	4
Employ. Self-Sufficiency	26%	3	26%	3	16%	3
Employ. Engagement	40%	4	40%	4	40%	4
Adult Education	23%	3	23%	3	0%	1
Somatic Care	75%	1	75%	1	74%	1
Community Inclusion	95%	4	95%	4	63%	2
Neg. Disenroll	2.25%	3	2.25%	3	1.16%	3
Psych. Hosp.	1.33	4	1.33	4	1.94	4
ER Visits	0.19	1	0.19	1	0.08	3
Participant Retention	89%	3	89%	3	92%	3
Direct Staff Stability - Turnover			54%	NA	43%	NA
Direct Staff Stability - Vacancy			88%	NA	96%	NA
Frontline Supervisor - Turnover			14%	NA	14%	NA
Frontline Supervisor - Vacancy			0%	NA	14%	NA
Participant Satisfaction	96%	4	96%	4	99%	4
QOL	92%	3	92%	3	98%	4
Total		43		43		44
Possible		56		56		56
Performance	Meets	77%	Meets	77%	Meets	79%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*She goes above and beyond for me. She set up transportation services for me that are non-medical for groceries and things ... She has done it all. She's awesome.*

*Very much. Just recently ... 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.*

*Yeah, we work on what need to get done. Right now, it's being able to maintain a job for a year. Then after that getting my own apartment. I do a few activities per month out in the community, at least two community events per month.*

*About two minutes for them to respond. It doesn't take long at all, sometimes right away.*

*Definitely. My goals, I have a book with them in it. ... Managing my overall health, living in the community independently, exercise routine, improve and maintain physical and mental health, transportation as need, to stop smoking, take medicine as prescribed, coping skills. Research healthy meals, cook healthy meals, develop a food budget. Save money and maintain budget independently.*

*She's great. I used my food stamps and the store workers threw the money at me. My worker went to the store manager and said that it was not okay for the store staff to throw money at someone. My [Staff] took care of it and I haven't had it happen anymore. If people treat you with respect and kindness it goes a lot further than making fun of them.*

*She's teaching me how to like myself. She respects herself and she would never say anything against me or embarrass me. But she pushes me to do better.*

*I can always text [Staff] if something was going on and I would need a two-day notice for my psychiatrist. I just had something kind of traumatic happen and I had their help. They are an awesome bunch. All of my team are really, really, good.*

*Yeah, [I would say] that they help with any goals you want to work on. They're working with you. You aren't working for them.*

*Yes, I would [recommend it]. [I would say] that I basically work with a very responsive staff and that they are very professional.*

*Oh yeah, since the beginning they have encouraged me to get a service dog and helped me locate that. [They] helped me with decision making, using apps, supported me through my addiction, with my finances. They were very supportive. I'm very reclusive and now I have no problems with that because of them.*

*I can do cleaning. I take my calls better. I remember to try to be more independent. I drive myself. I know how to use the skywalk to get to the Y.*

*I'm more active in the community now. I get out and go for walks instead of just being shut in the apartment all of the time. I'm better at cleaning my apartment instead of it being a constant mess.*

*Yes, I'm in more control of my life. My mental health and illness has gotten better. That's the biggest one really.*

*Yes, going out and doing different things has gotten better and made my life better.*

## **COVID-19**

*I didn't have services for a while because I didn't want COVID. For a while I didn't let anyone in my house. With my staff now, it has been a couple months but, they're all vaccinated and always wear a mask.*

*Right now, she can't come in to see me in-person until next Wednesday, so we are doing FaceTime ... The last few weeks have been online. I don't really like that but that's the rules. ...I guess that's the rules but it doesn't make sense to me. If I didn't have an iPhone I don't know what I would do. I'm vaccinated so I don't know why.*

*Yes. I expressed a desire to move into the hourly program about a year ago. It took about a year, but it looks like we are moving into that stage. I know COVID made that unfeasible a year ago and there was much more to consider then.*

*I have had issues with taking me places I thought that is part of my plan, but I have had issues. I wish I could, my staff would take me out more. She doesn't want to go out because of COVID.*

### **Quality of Life**

*I've been living downtown about four years now. I like it. I do feel safe and comfortable. I have been making new friends and that's good. And I hope that keeps going good.*

*Well, as far as my living where I'm at, I'm in an apartment that I share with my mom, and we split the rent and the groceries. Yes, I'm very satisfied with my living situation.*

*Yeah, I'm doing activities with my staff at Lutheran and getting out. We've been to the Science Center and the library downtown, Barnes and Noble. Since I [got] hurt ... I haven't been able to do much walking, but I will be doing more now. I've also been getting out with my family.*

*Yep, [I'm] trying to get better with [family]. Well, I communicate a lot better with them and they understand what my problems and my situations are yeah.*

### **Suggestions**

*Yes, that is a difficult question. There are so many different facets to it. The religious part of the program has been muted. I would say more of a religious component should be made part of the program.*

*I would change the method of placements for roommates and the selection process .... I think that area needs a little bit more work. I was placed in a not-ideal situation. It has worked out and is always a learning situation. Better attention could be spent looking at compatibility of roommates.*

*I think more responsibly in social situations yes ... Hopefully [I'll] have more time to get out there and into more clubs and into the community.*

*They're kind of short-staffed and so like when my worker could only come once a week, I had to rearrange a lot of stuff because they were short staffed.*

*It is difficult because I do feel like 24-hour services have been a little restrictive.*

*I don't know right at the moment [if LSI has emergency phone services.]*

## Mainstream Living

**2021 Overall Evaluation Results: Meets Expectations (86%)**

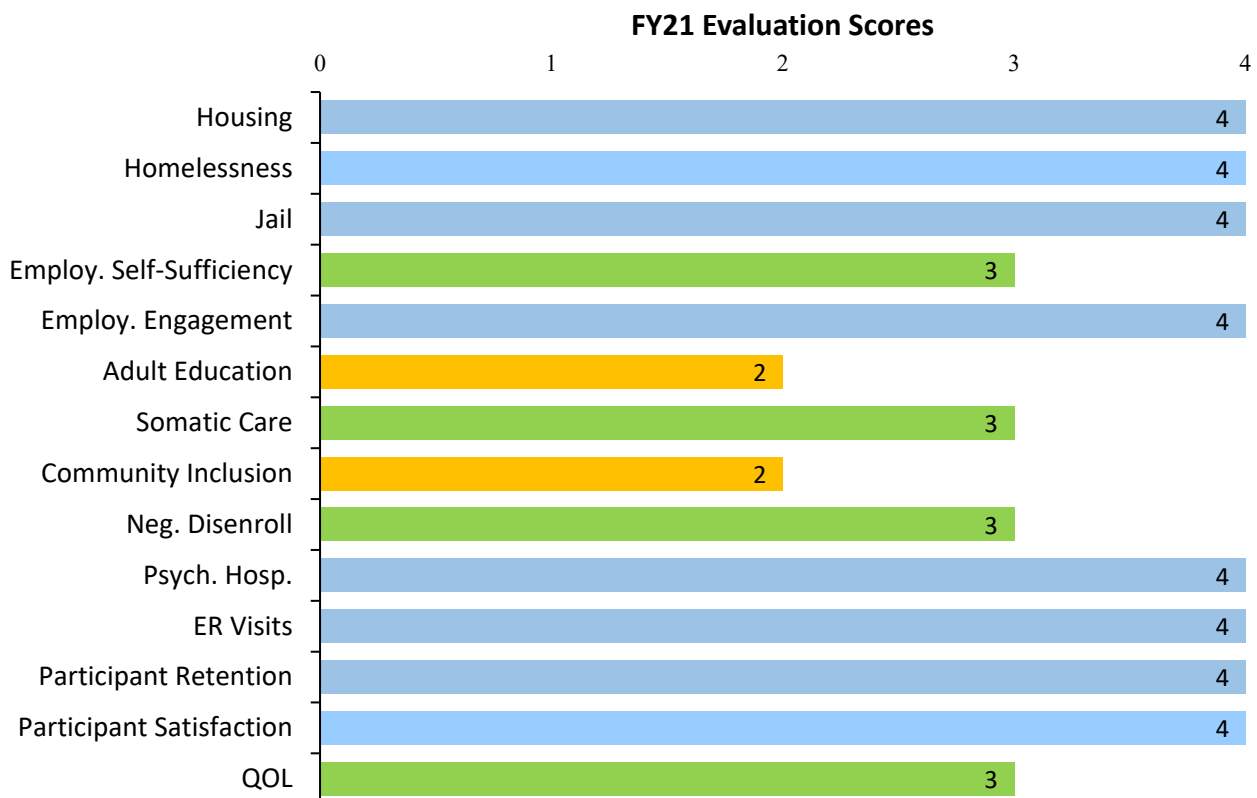
**2020 Overall Evaluation Results: Exceeds Expectations (89%)**

**Individuals Served: 257**

Mainstream Living serves individuals with intellectual disabilities and mental illness. In FY21 the program supported a total of 257 adult participants in community living.

**Of the 14 outcome areas the agency received scores for,**

- **8 Exceeded Expectations**
- **4 Met Expectations**
- **2 Need Improvement**
- **0 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	94%	4	94%	4	95%	4
Homelessness	0.33	4	0.33	4	0.29	4
Jail	0.98	4	0.98	4	0.27	4
Employ. Self-Sufficiency	14%	3	14%	3	19%	3
Employ. Engagement	31%	3	31%	3	33%	4
Adult Education	23%	3	23%	3	17%	2
Somatic Care	99%	3	99%	3	98%	3
Community Inclusion	96%	4	96%	4	82%	2
Neg. Disenroll	2.46%	3	2.46%	3	1.17%	3
Psych. Hosp.	0.59	4	0.59	4	0.62	4
ER Visits	0.01	4	0.01	4	0.00	4
Participant Retention	88%	3	88%	3	94%	4
Direct Staff Stability - Turnover			20%	NA	25%	NA
Direct Staff Stability - Vacancy			28%	NA	46%	NA
Frontline Supervisor - Turnover			0%	NA	0%	NA
Frontline Supervisor - Vacancy			0%	NA	6%	NA
Participant Satisfaction	98%	4	98%	4	97%	4
QOL	96%	4	96%	4	90%	3
Total		50		50		48
Possible		56		56		56
Performance	Exceeds	89%	Exceeds	89%	Meets	86%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*They [staff] helped me tremendously when I didn't have disability or transportation. They are good to talk to with, the phone calls, and when I need help like that.*

*I get so many services. They [staff] help me a lot. Transportation, getting food, working with my bills, just so much that they help with I couldn't probably tell you the half of it.*

*We [staff and participant] work on going out into the community, like going to the Rose Garden outside the Art Center and the Botanical Center, going to shops, and Walgreens, and other places too. They [staff] help me with cooking and organizing my stuff. We [staff and participant] work on the internet, and she [staff] helped me find some music I wanted to learn.*

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

*There's nothing I'm not happy with. They [staff] are always doing one-hundred-and-ten percent and going out of their [staffs'] way to help me.*

*[I would say] that it helps me get things that [I] need to get done accomplished. And it's goal-oriented, and it gives you someone to talk to twice a week.*

### **Positive Relationships with Agency or Staff**

*They [staff] make me feel like I'm their [Mainstream Living's] only client and special.*

*Where do I begin? When going through ... [the judicial process], my attorney wouldn't get back to me. My worker kept calling and calling until he [the attorney] would. She's [staff] the person by your side that everyone needs. I pray to God she [staff] never changes jobs. She [staff] is a sister, a best friend. I just can't imagine life without her [staff].*

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

*She [staff] is wonderful. She [staff] is terrific. She [staff] tells me what I do and don't need to worry about. The yearly meeting for ... services is in August and this morning she told me she already had it handled.*

*[Staff] always checks in. She [staff] takes extra time in her day. She [staff] helps with half the rent.*

### **Positive Impacts of Services**

*They've [staff have] made me become more compliant, and they've helped me become more confident with going out in the community.*

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

*Yes [I'm getting help and support]. They're [staff are] very helpful. I've never lived on my own before this.*

*I'm working on being more social and getting out of the house, eating healthy, keeping up with my ... [brain health].*

### **Concerns**

*I don't have the money for activities outside of the home. That is frustrating because she wants me to do those so I can keep my services. But I can't do it because I don't have the money.*

*I get myself to my appointments when I don't forget them. When I forget them, I ask them to call me the day before and sometimes they don't.*

*There are still questions that she doesn't answer for me sometimes because she doesn't know the answers. Mostly those are questions about my mental diagnosis. Questions about my health*

*and if I can do things now. I had questions about having guns and being able to have them with my mental diagnosis.*

*Sometimes I have issues with getting a worker to respond, but it only happened a couple times.*

*I hardly ever talk to [Staff], and she hasn't done a home visit in quite a while. I don't remember the last time I saw her face-to-face.*

*I've never had a worker that I really liked, and I've gotten to a place where I can speak up and say that I don't think it's going to work.*

*I'm having a problem with the one that comes on Mondays, not coming to shifts. Or, you know, he was okay at first, but now he doesn't give me a time that he's coming or sometimes he don't come at all. Or he don't call or come.*

## **COVID-19**

*I want to get out more. I want to go to the centers and meet people and do activities, things like that, do some volunteer work. A lot of stuff hasn't opened up completely yet from the pandemic.*

*Yeah, just with the pandemic and stuff they [staff] were able to stay in contact with me and make sure I just didn't feel so stuck and alone in my house.*

*With COVID it has been mainly over the phone, but we have stayed in contact during that time. Mainly talking on the phone ...we have texted a few times.*

*[Staff] and I talk once a month, over COVID it was on the phone. Now we are back in-person. We [staff and participant] met today.*

## **Suggestions**

*I wish they worked on weekends.*

*It would be nice if they had substitutes for sick workers.*

*Honestly, I've thrown a lot of curveballs at them. I know that a lot of their workers don't have children and I do. So, I ask questions about parenting and they aren't always in the know about that.*

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

*I would change the part where they don't tell people that you can change your workers.*



## Mosaic

**2021 Overall Evaluation Results: Exceeds Expectations (89%)**

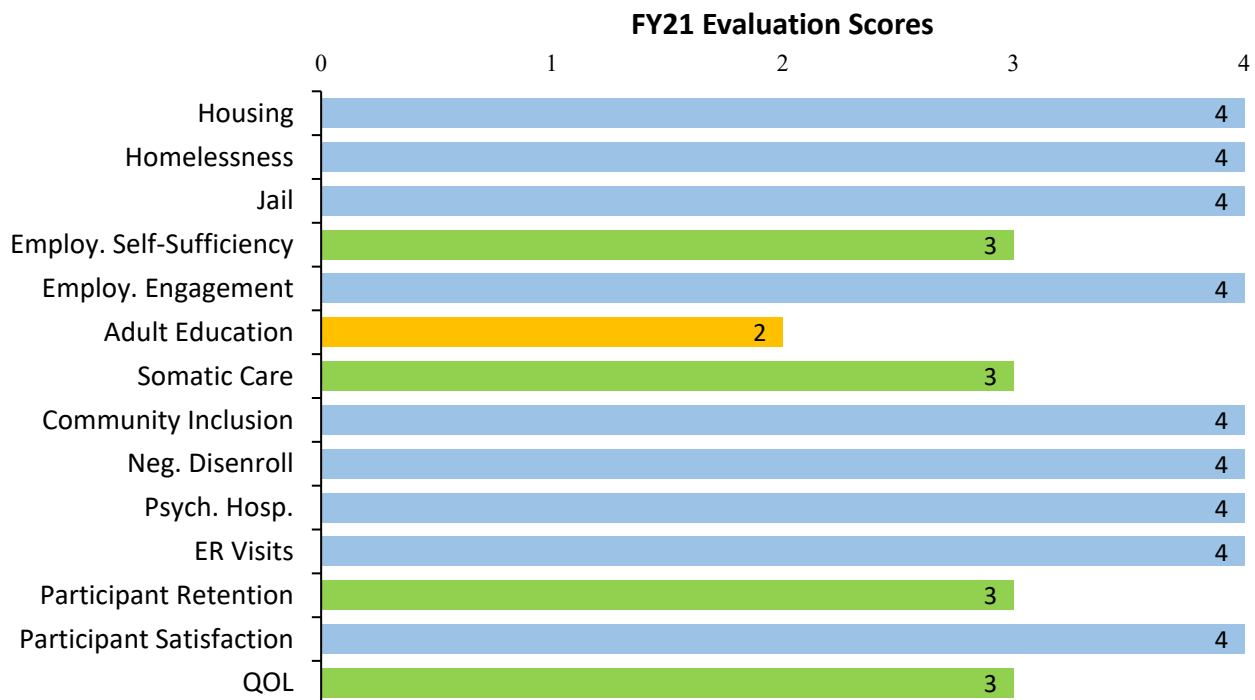
**2020 Overall Evaluation Results: Exceeds Expectations (93%)**

**Individuals Served: 206**

Mosaic serves adults with intellectual disabilities aged 19-90 years, in 24-hour settings, including group homes, apartments, and host homes. Mosaic provides both ICF/ID services and HCBS ID Waiver Services (24-hour supported community living).

**Of the 14 outcome areas the agency received scores for,**

- **9 Exceeded Expectations**
- **4 Met Expectations**
- **1 Needs Improvement**
- **0 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	99%	4	94%	4	100%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4
Employ. Self-Sufficiency	12%	3	12%	3	22%	3
Employ. Engagement	39%	4	39%	4	52%	4
Adult Education	15%	2	15%	2	19%	2
Somatic Care	100%	4	100%	4	99%	3
Community Inclusion	100%	4	100%	4	100%	4
Neg. Disenroll	0.53%	4	0.53%	4	0.49%	4
Psych. Hosp.	0.22	4	0.22	4	0.05	4
ER Visits	0.04	4	0.04	4	0.00	4
Participant Retention	87%	3	87%	3	85%	3
Direct Staff Stability - Turnover			27%	NA	22%	NA
Direct Staff Stability - Vacancy			48%	NA	39%	NA
Frontline Supervisor - Turnover			31%	NA	29%	NA
Frontline Supervisor - Vacancy			19%	NA	26%	NA
Participant Satisfaction	100%	4	100%	4	99%	4
QOL	97%	4	97%	4	93%	3
Total		52		52		50
Possible		56		56		56
Performance	Exceeds	93%	Exceeds	93%	Exceeds	89%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*Yeah, they show me pictures of people and I get their names and face who they are. I get ready to say their names to them. I'll know who's who, what their picture looks like, what they look like, who they are.*

*Well, they help me with the cooking and the laundry and all that stuff. They're going to try to find me a job ...at the office, like janitorial work, so I can get out more often and clean up the Mosaic office. Vacuuming, washing windows, and also cleaning the bathrooms.*

*They sure do. They get my dinner ready for me. They help me lay down. Yeah, they sure do. And also, my staff, they give me a shower and my breakfast in the morning.*

*Yeah, I'm very, very, very excited. I'm very happy. Like I said, I got wonderful staff that takes good care of me.*

*Yeah. Like I said, they're doing a terrific job working with me.*

*They're caring. They're wonderful [the staff]. The staff help me go places, like going to my family's houses and stuff like that.*

*I have wonderful staff here that really takes good care of me. And I just love them to pieces.*

*You betcha. Mosaic is a wonderful agency.*

*Yeah, a positive impact on my life, well just recently starting college so assisting me with the proper tools and proper paperwork of attending DMACC and college. Yeah, ... [they] help me be more outgoing and fun, friendly. So pretty much just focused on the positive of life.*

*If it wasn't for my staff, I wouldn't be here and I thank God I'm here.*

*Yeah, I do, yeah, yeah. What's gotten easier, maybe like just routine, like doing a routine, getting stuff done faster, the time management so like just managing time better and figuring out scheduling, yeah.*

*Sometimes when I get upset, I have a pad of notebook paper ... I can write things down that what irritates me the most.*

## **COVID-19**

*I would like to visit with more people and do more activities though, but I know we can't because of COVID.*

*Yeah, I go to shopping one or two days a week because of COVID, it's not easy.*

*FaceTime, just recently in-person after getting the shot.*

*Yes, except with COVID it's hard. We talk over Zoom. [Staff] usually does all the schedule stuff if I need to talk to them, he does it.*

## **Quality of Life**

*When I go out in the community, ... I love going to the mall. They drop me off when they see my boyfriend at the mall, and I can be in the community with him.*

*Yes. Yes, I do like it here. Yes, I feel safe and comfortable here. I lived here six years.*

*I'm a social person. Well, being here, I go out a lot and shop because she's [roommate] a shopper. I just kind of go along.*

*I enjoy my life.*

*I'm able to get along with my mom very-very-very well. She calls me once in a while to check on me and I call her back to check on her and all that.*

## **Suggestions**

*I would change that they need, ... more one-on-one talking sessions. Not really counseling, but more like talking to the client one-on-one and hearing them out and listening to them because usually what the client says, the client feels, and you have to understand how they feel without judgment.*

*They could improve on like communicating with the client better, if the client does wrong, and setting goals to like focus on what went wrong and the problem instead of just putting restrictions down.*

*More choices of where to live.*

*Yeah, they could just hangout more and do more stuff so I could meet more people and get out more because we haven't done that for a while.*

*How they deal with my money. It's hard for me to see how much I have. I can't call the bank and see how much I have, but [Staff] helps me with that.*

## Optimae

**2021 Overall Evaluation Results: Meets Expectations (82%)**

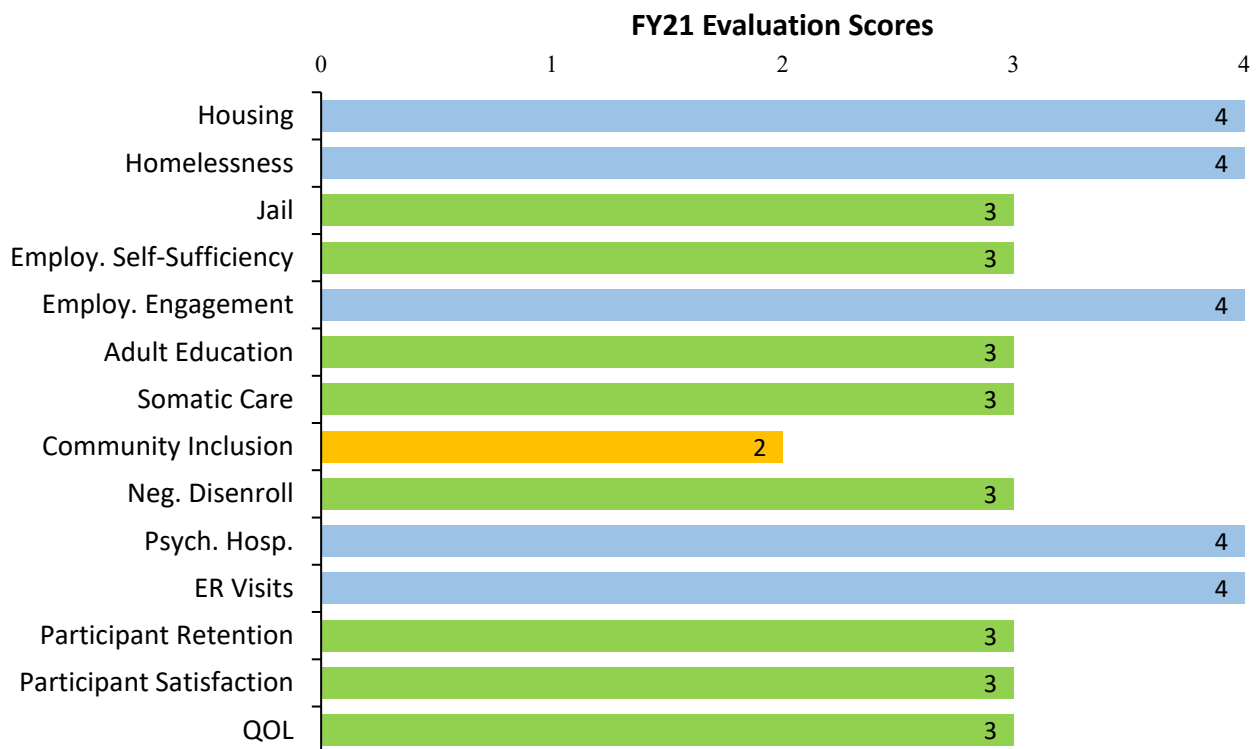
**2020 Overall Evaluation Results: Meets Expectations (77%)**

**Individuals Served: 190**

Optimae primarily supports individuals with mental health challenges in community-based homes.

**Of the 14 outcome areas the agency received scores for,**

- **5 Exceeded Expectations**
- **8 Met Expectations**
- **1 Needs Improvement**
- **0 Did Not Meet Minimum Expectations**



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	98%	4	91%	4	98%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	2.21	3	2.21	3	1.06	3
Employ. Self-Sufficiency	14%	3	14%	3	16%	3
Employ. Engagement	42%	4	42%	4	61%	4
Adult Education	26%	3	26%	3	30%	3
Somatic Care	92%	2	92%	2	96%	3
Community Inclusion	87%	2	87%	2	65%	2
Neg. Disenroll	1.36%	3	1.36%	3	1.05%	3
Psych. Hosp.	2.71	3	2.71	3	1.86	4
ER Visits	0.02	4	0.02	4	0.01	4
Participant Retention	92%	3	92%	3	90%	3
Direct Staff Stability - Turnover			63%	NA	49%	NA
Direct Staff Stability - Vacancy			48%	NA	49%	NA
Frontline Supervisor - Turnover			78%	NA	47%	NA
Frontline Supervisor - Vacancy			48%	NA	32%	NA
Participant Satisfaction	86%	2	86%	2	88%	3
QOL	91%	3	91%	3	93%	3
Total		43		43		46
Possible		56		56		56
Performance	Meets	77%	Meets	77%	Meets	82%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*They take me to doctor's appointments [or] if I need to go to the store for anything. Yesterday my Optima worker came over to take me to pick up my meds. They help me a lot.*

*Everything that I need. I get locations of things I can get through [them] and she gives me advice. She does a lot of paperwork for me and stuff like that. She's also a good support.*

*I like to talk to her about my goals. I have my yearly meeting. One of my goals is to try to get out more socially ... I planted some flowers and am tired of watering them. It was a goal to water flowers but now I'm tired of watering them.*

*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 ... where I didn't feel valued, like I mattered.*

*When I got ready to move, no one stopped me. They were like, '[PARTICIPANT], you're super independent' and they just understood that I was ready for that next chapter in my life and they were perfectly cool with me going for it.*

*Yes one-hundred percent. They are very good about any decision with my care and I have a say with all parts of my care. In the past we had a communication issue ... Within a week I would be able to have a meeting set up if I wanted to have a group meeting with them.*

*They're very responsive to my needs. The higher up of my workers took me to the store to make sure I had groceries. They will make sure you have what you need.*

*I got a job, and it helps me to get out of the house, and I can do things more. They take me to the store and to my appointments. .... And my staff is good.*

*Yes, they do. Transport, helping get some suggestions for around the house, community outreach, going out in the community and being in the community in a group.*

*To get me out in community [is a goal], the other one is to lose weight. I don't have a car, but they ... helped me find two speeding tickets ... I just had to pay those two tickets off. I kept going to take the driver's test.*

## **COVID-19**

*My problems with the services might just be because of the virus and things going on.*

*It was harder with COVID because all they could do was call me on the phone.*

*I have not been going out with community because of COVID. They kind of closed that down.*

*Yeah well, like I said, my goals have been kind of lowered because of COVID.*

## **Quality of Life**

*Being self-sufficient, being able to do things without any help.*

*Yeah, definitely, they got me into a really nice place. I've got a washer and dryer and an ice maker. I'm the first person to live here. It really is nice, I'm very lucky.*

*The big one right now is getting into employment and getting back to school. Continue working on therapy, learning how to budget. Absolute top of the list is keeping my sobriety. Learning how to socialize better with others is also something I want to work on. I have a wide vocabulary and often unknowingly make people feel uncomfortable.*

## **Suggestions**

*Get the Hope Center back open so I'd have somewhere to go so I'm not so bored all the time. Get more hours that I'm allotted.*

*They're kind of short-handed sometimes and I don't get what I need. I meet with them two, sometimes three, times a week.*

*More funding, better locations, healthier locations for people to live when they live in the actual housing. I think, more qualified staff and for Optimae to make really thoughtful, careful choices when hiring.*

*I don't want them talking down to me.*

*They're switching people on me always, who is taking me places. I had the same person for years, and they've been switching everything around and don't tell me anything about it. I don't have anything scheduled.*



## Progress Industries

**2021 Overall Evaluation Results: Exceeds Expectations (91%)**

**2020 Overall Evaluation Results: Exceeds Expectations (91%)**

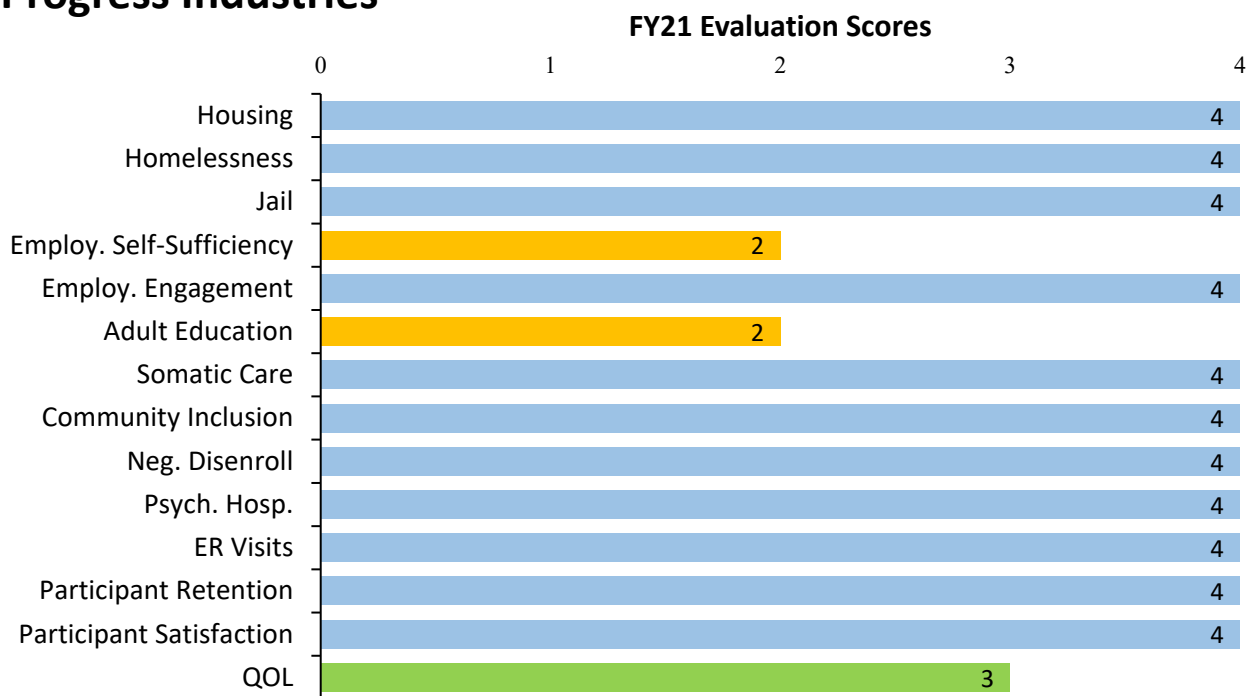
**Individuals Served: 59**

Progress Industries provides life skills supports for adults with intellectual disabilities and mental illness.

**Of the 14 outcome areas the agency received scores for,**

- **11** Exceeded Expectations
- **1** Met Expectations
- **2** Need Improvement
- **0** Did Not Meet Minimum Expectations

## Progress Industries



Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	95%	4	85%	3	94%	4
Homelessness	0.00	4	0.00	4	0.00	4
Jail	0.00	4	0.00	4	0.00	4
Employ. Self-Sufficiency	13%	3	13%	3	9%	2
Employ. Engagement	48%	4	48%	4	38%	4
Adult Education	42%	4	42%	4	13%	2
Somatic Care	100%	4	100%	4	100%	4
Community Inclusion	98%	4	98%	4	95%	4
Neg. Disenroll	1.78%	3	1.78%	3	0.00%	4
Psych. Hosp.	0.57	4	0.57	4	0.00	4
ER Visits	0.00	4	0.00	4	0.03	4
Participant Retention	87%	3	87%	3	96%	4
Direct Staff Stability - Turnover			63%	NA	34%	NA
Direct Staff Stability - Vacancy			39%	NA	36%	NA
Frontline Supervisor - Turnover			25%	NA	24%	NA
Frontline Supervisor - Vacancy			25%	NA	0%	NA
Participant Satisfaction	96%	4	96%	4	97%	4
QOL	92%	3	92%	3	89%	3
Total		52		51		51
Possible		56		56		56
Performance	Exceeds	93%	Exceeds	91%	Exceeds	91%

## Participant Comments (N=15)

Fifteen participants were interviewed. Comments from the participants are listed below and a codebook defining themes is in Appendix E.

### Effective Services

*Yeah, the services I get from Progress, they take me out into the community. I do my exercise at the mall. I go to the library and come home. I go to the YMCA and walk on the track and do the elliptical too.*

*Yes ... it's hard for me to socialize, and they help me practice that by getting me out into the community.*

*Absolutely yes. The main one is transportation, and they helped me with that very quickly. They almost always get back to me immediately when I call them.*

*We have been working on getting out and doing stuff out in the community because I can be anti-social. In the house we work on budgeting and cleaning.*

*Absolutely. They are the most efficient business that I have worked with in the 10 to 11 years I have been doing this.*

*Yeah, I would tell them they are really nice. They can help you with your chores and stuff. They bring you out into the community and then they bring you home for free time.*

*They treat me with respect. It's the same staff I've had. I see the same people all the time and he is like [family] to me.*

*Yeah, they are just good to get along with and they don't push me aside, they listen to my needs.*

*Very. I'm guessing I would not have to wait very long to hear back if I called them. They seem very on the ball and reliable.*

*The most important thing is they help me pay my bills and they are always there for me to help me be more independent. If they weren't there for me, I wouldn't be able to be so independent.*

*Yes, making my bed: they showed me how to make my bed and now I can do it. I'm working on my cooking independently too.*

*Yeah, ... [I'm doing] better with going grocery shopping.*

*I will get a reward for weight loss. I lost four out of five pounds and that's better for my diabetes. That's one of my goals to lose weight.*

## **COVID-19**

*Yeah, [there are] not really any activities that they bring me to for social [time], just more to get out into the community more.*

*Since reopening: in-person with masks.*

*In-person and any way I wanted to contact them.*

*Seeing each other in-person, socially distanced, and with masks.*

## **Quality of Life**

*Yeah, yes, they take me to medical and therapy appointments. Progress helps me set up appointments.*

*Basically, everything is fine. It just takes a while to get used to people and every once-in-a-while you get upset and calm down. All the people who live here are very nice.*

*Sure, yeah things are good here. Yes, I feel comfortable here. Yeah, I have 24-hour services and I get along with my roommates.*

*I work .... I like my co-workers there. We have lots of fun.*

*Yeah, [I'm] both seeing and talking to family and friends more.*

## **Suggestions**

*Like more staff helping with grocery shopping or going out to movies or thrift shopping. You know, spend a little more time in the community. Being considerate of the residents a little more. Show kindness and compassion a bit and they show it back.*

*[Do] not make it so stressful for staff and be able to get the hours in for people that need them.*

*No, I don't have any alone time in the public, but I do have it in dialysis and in the house. That's something I want to talk more with them about, getting alone time.*

## Stepping Stone

**2021 Overall Evaluation Results: Does Not Meet Minimum Expectations (29%)**

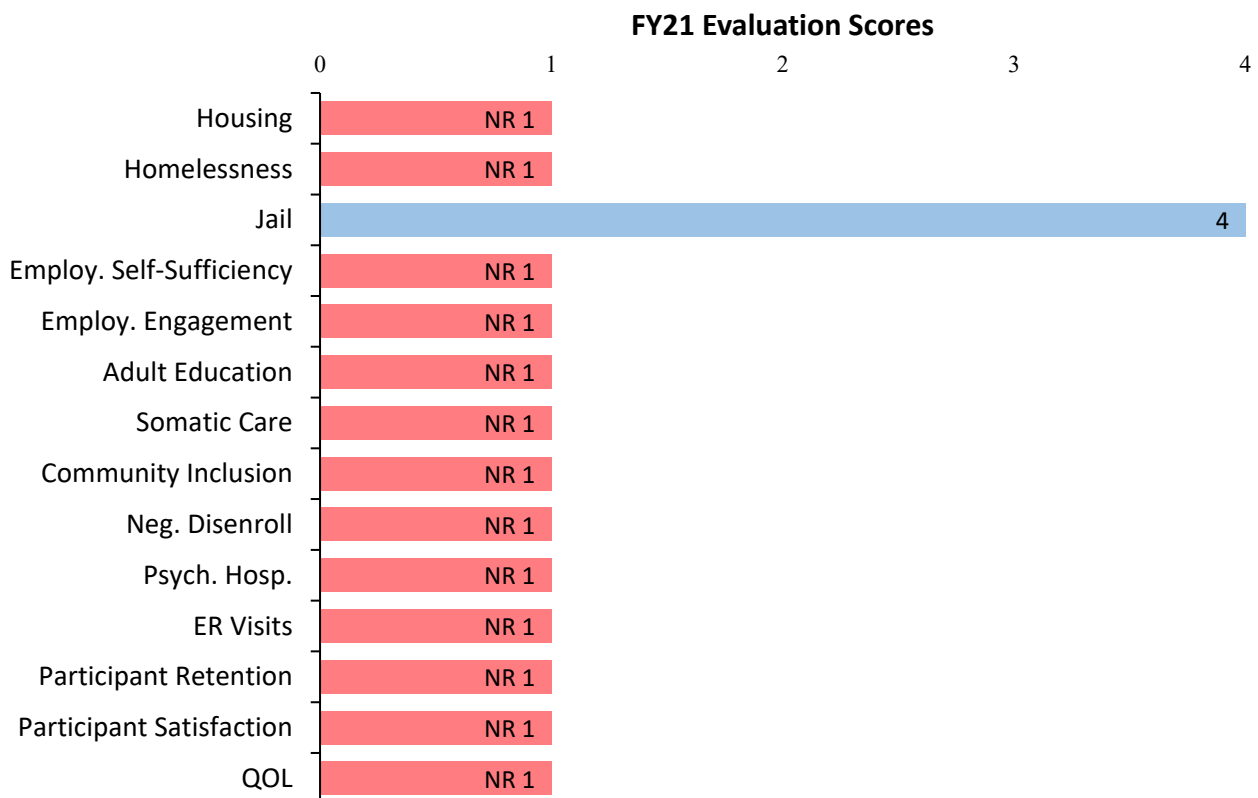
**2020 Overall Evaluation Results: Meets Expectations (77%)**

### Individuals Served: Not Reported

Stepping Stone Family Services works primarily with participants with mental health issues, providing community living supports and therapeutic services.

**Of the 14 outcome areas the agency received scores for,<sup>56</sup>**

- **1 Exceeded Expectations**
- **0 Met Expectations**
- **0 Needs Improvement**
- **13 Did Not Meet Minimum Expectations**



<sup>56</sup> NR: Not Reported. Stepping Stone did not submit data for outcomes

Outcome Area	FY19 Results	FY19 Score	FY20 Results	FY20 Score	FY21 Results	FY21 Score
Housing	96%	4	78%	2	Not Reported	1
Homelessness	0.00	4	0.00	4	Not Reported	1
Jail	1.08	3	1.08	3	0.25	4
Employ. Self-Sufficiency	12%	3	12%	3	Not Reported	1
Employ. Engagement	27%	3	27%	3	Not Reported	1
Adult Education	30%	3	30%	3	Not Reported	1
Somatic Care	93%	2	93%	2	Not Reported	1
Community Inclusion	84%	2	84%	2	Not Reported	1
Neg. Disenroll	1.12%	3	1.12%	3	Not Reported	1
Psych. Hosp.	1.32	4	1.32	4	Not Reported	1
ER Visits	0.04	4	0.04	4	Not Reported	1
Participant Retention	95%	4	95%	4	Not Reported	1
Direct Staff Stability - Turnover			NA	NA	Not Reported	NA
Direct Staff Stability - Vacancy			NA	NA	Not Reported	NA
Frontline Supervisor - Turnover			NA	NA	Not Reported	NA
Frontline Supervisor - Vacancy			NA	NA	Not Reported	NA
Participant Satisfaction	0%	1	NA	NA	Not Reported	1
QOL	0%	1	NA	NA	Not Reported	1
Total		41		37		21
Possible		56		48		72
Performance	Needs Improvement	73%	Meets	77%	Does Not meet minimum expectations	29%

# Appendix B: Methods

## *Data Sources*

### Outcomes

This FY21 evaluation presents information on 18 outcome measures for the 17 Community Living Service providers (See Appendix F). Twelve outcome measures (Community Housing, Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self-Sufficiency, Engagement Toward Employment, Adult Education, Access to Somatic Care, Community Inclusion, Negative Disenrollment, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Participant Retention) are events tracked and entered into PolkMIS (Polk County's centralized database) by the Integrated Health (IHH) programs and entered by Community Living providers for individuals with Service Coordination and Managed Care Organizations' Care Coordination. Community Living Service providers are able to review this information for accuracy and work with the coordination agencies to rectify any issues. Direct Support Staff Stability and Frontline Supervisor Stability are reported directly by the Community Living Service providers. Participant Satisfaction and Quality of Life are assessed through participant interviews conducted by the Iowa Social Science Research Center at the University of Iowa. Interview questions are included in Appendix D.

### Provider Interviews

Agencies providing Community Living services provided feedback over a video conference call regarding performance in each outcome area. LHPDC took notes and compiled the main themes from discussions about each outcome area.

### Participant Surveys

Except for data from the interviews, data from PolkMIS for the other outcome areas was provided to LHPDC by PCHS in August 2021. Community Living Service provider agencies and the Polk County Mental Health and Disability Services Regional staff reviewed the complete evaluation in October 2021 in a group exit meeting facilitated by LHPDC staff.

# Appendix C: Community Living Mission & Vision

## Getting a life for people and coaching them into it – is the intervention

(Todd Risley, Ph. D.).

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Community living services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. They promote this mission by developing supportive relationships to work through individuals' life transitions; promoting responsibility through information and options; building opportunities for meaningful community participation; and supporting experiences which create meaningful life roles.

The Polk County Region envisions a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have a community presence (characterized by blending community integration, community participation, and community relationships). Connectivity with the community and integration into living in the community are key elements to creating a meaningful life. Individuals should be an integral part of welcoming home environments, where neighbors invite individuals to block parties, where individuals host card and 4<sup>th</sup> of July parties, where neighborhood children sell Girl Scout cookies or come trick or treating, where individuals connect with their "Facebook" friends and when moving, where individuals go to the post office to fill out a change of address card and notify friends and family of their new address.

As Tom Pomeranz (2009) suggests, institution is a state of mind. Polk County desires to promote community living with a paradigm shift from schemas of "us" and "them" to integration. To accomplish this task, systems must reject the medical model of changing the person and adopt a universal design approach of removing barriers and designing inclusive environments. The reality is that barriers cause difficulties, not disabilities (Pomeranz, 2009). The Region's charge is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. Based on Danish culture, people with disabilities should be integrated with the culture of their non-disabled counterparts. As a part of society, then, people would be known as individuals, valued for who they are, given opportunities to follow their own dreams, welcomed to participate in reciprocal (give and take) relationships, given the chance to be accepted as whole persons, including being allowed to make honest efforts and acknowledge honest mistakes.

The Region acknowledges that community does not exist to be found, but must be built (O'Brien, J., & O'Brien, C.L., 1994). Salzer and Baron (2006) define community integration as the opportunity to live in the community, like everyone else, and to be valued for one's uniqueness and abilities. This means creating opportunities to contribute more like everyone else in the life domains of housing, employment, education, health status, leisure/recreation, spirituality, citizenship/civic engagement, valued social roles (marriage, parenting), peer support, and self-determination. Community integration results in community presence and participation, facilitating individuals' well-being and recovery.



COMMUNITY PARTICIPATION (SALZER & BARON, 2006)				
<u>PARTICIPATION LESS LIKE EVERYONE ELSE</u>				<u>PARTICIPATION MORE LIKE EVERYONE ELSE</u>
Institution/Agency-Based Participation	>	>	>	Community-Based Participation
Staff-Directed Participation	>	>	>	Person-Directed Participation
Separation	>	>	>	Association

Pomeranz describes this community presence (i.e. the “Cheers” feeling where everyone knows your name) as one part community integration, one part community participation and one part community relationship. He suggests that individuals analyze their connectedness based on a Quality of Life framework (Pomeranz, 1992), characterized by a 4-square model which diagrams the connection between the value of the activity to the individual with the personal relationships present in the activity (see diagram).

Quality of Life Profile (based on Pomeranz, 1992)		
Value of Activities	<b>A</b> Value Self	<b>B</b> Enriched (value others and activities)
	<b>C</b> Impoverished	<b>D</b> Value Others
	Value of Personal Relationships Present in Activity	

People in valued social roles are apt to be accorded the good things in life, while people in socially devalued roles are apt to be mistreated (Wolfensberger, 2000). People who lack valued roles also are more likely to be ostracized and develop fewer friendships. Thus, Polk County suggests that encouraging, empowering, and supporting decisions which create meaningful life roles and relationships will help to create or improve a life the individual values.

We must provide an environment that is healthy enough for a life to happen (Dan Berkowitz). Thus, the Region's charge is to promote a change from individuals doing activities, especially those chosen and structured by others, (i.e. going to a restaurant, going to work, going bowling) to supporting individuals in choosing and designing who they want to become and how they want to structure their time (e.g.,

becoming a hotel employee, a community volunteer, a Lion's Club member, a spouse, or an athlete). Denying individuals these choices and experiences may result in a meaningless life, one in which they believe that they have nothing to lose, and nothing matters.

Alternatively, identifying individual goals, dreams, and support circles are critical components to supporting and creating an enviable life—one where the individual is missed when away, is loved and has others to love, is given the opportunity and makes a difference, is respected, and works toward passions and dreams. How people should live should be determined by how they wish to live, not by their diagnosis (Pomeranz, 2009). The Polk County Region promotes that individuals are individuals, not their diagnosis, and it is the community's responsibility to encourage, support, and include individuals in being more like their non-disabled peers. In part, this means reframing individual challenges and appreciating the beauty of individual personalities. Efforts to resolve challenges strengthen relationships are statements of how much people care. It also requires identifying barriers and challenging assumptions by asking "why."

## Community Living Core Values

Polk County community living services and supports are based on the following values:

1. Individuals should be empowered. People should be treated with dignity and respect, retaining control over their lives as much as possible. Supports should be designed to control the environment, not the individual, and encourage empowerment through cultivating hope, training, support, and education. Individuals' privacy should be respected. Individuals supported should be actively involved in all aspects of planning for their futures in addition to delivering and evaluating services.
2. Supports should be person-centered. Supports should focus on individuals' assets and strengths in order to create meaningful lives which are not defined by their disability. Individuals should be treated with respect and allowed to make meaningful choices regarding their future. Services should support individuals' opportunity to succeed and the right to fail.
3. Services should be holistic, coordinated and comprehensive. There should be ongoing partnerships and linkages between participating individuals, agencies, and various payers. In order to be effective, communication should occur at and between the individual supported, provider, county, and state levels. Service supports should be necessary and meet people where they are at, minimize restrictions, have a long-term commitment to the individual to provide a stable home, and promote full citizenship.
4. System flexibility should be maintained. Individuals supported should have immediate access to the services they need for as long as they need them. A wide array of services should be developed. Services should be consistent, yet flexible to provide individualized supports, meet individuals' changing needs, and encourage personal growth. Long-term continuity of care should be developed.
5. Services should rely on natural, community-based services and supports. Individuals supported should be encouraged to have connected relationships and use natural support systems, such as their own friends, family, church, and community resources. Individuals supported should have diversified life roles and be integrated into the normal living, working, learning, and leisure time activities of the community. Individuals supported should live in homelike settings, have leases with their landlords, and, whenever possible, own their own homes. State resource

centers, mental health institutes, and out of county providers will not be used unless community programs are not able to provide the appropriate services. Work should be an integral part of life experiences. Different kinds of work opportunities are needed in order to challenge different abilities.

6. Services should meet special needs. Services should embrace individuals receiving the most appropriate supports and be adapted to address special needs, such as youth in transition to adulthood, individuals with multiple conditions, individuals who are homeless, and elderly adults.
7. Services should be accountable. Services should be monitored to assure quality and effectiveness in meeting the needs of individuals served. Services should be accountable and demonstrate improvement at the system, agency, and individual levels.

American culture views being diagnosed with a psychiatric or intellectual disability as something inherent to the individual, resulting in a life of poverty, isolation, failure, rejection, and loneliness. The subtleties of low expectations then create lives with limited possibilities. In addition, people with disabilities and their families are challenged to navigate through a complex maze of paperwork and funding in order to demonstrate one's disability and begin to achieve one's potential. At the same time, Medicaid's focus in supporting individuals with disabilities focuses on disability deficits and process compliance rather than improving an individuals' quality of life, maintaining abilities, and finding meaningful roles. As a disability system, the Polk County Region has evolved from medical and developmental models into a person-centered, individualized support model. This model is characterized by supporting the individual as a citizen, in the person's home, local businesses, and community of choice. The array of disability services are defined by the person's unique needs, skills, talents and gifts. Decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships. Unfortunately, a disconnect lies between supporting individuals utilizing the individualized support model and funding that support through an antiquated medical model. Rules and regulations may prevent bad things from happening, but they rarely give people a life (Pomeranz, 2009).

Polk County has two distinct strategic advantages: collaborative partnerships with Network Providers and the Positive Behavior Support Network. There are many individuals being served well in Polk County community living services. However, Polk County has become aware that there are individuals with unmet needs. Over the past several years, the Polk County Region has partnered with community living providers to promote learning and re-learning ways of working with individuals with serious disabilities and interfering behaviors, while promoting employment as a valuable life role for individuals with disabilities. In order to mainstream initiatives, increase efficiencies and integrate philosophies into the service delivery system, PCHS convened a Community Living Guiding Coalition (individuals from service providers, integrated services and case management) to lead and make recommendations to improve Polk County community living services.

## Defining Community Living

One of the Community Living Guiding Coalition's first charges was to discuss and develop a definition of community living. For the purposes of system evaluation, the previous indicator of community living was based on independent housing. Independent housing adequately captured individuals living in apartments and owning their own homes. However, the outcome was problematic for individuals living with their families. The Guiding Coalition redefined community housing to address individuals' desires, goals, strengths, abilities, needs, health, safety, and life span issues, regardless of the home in which

they live and/or the intensity of support services. 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. When needed, supports are designed to assist the individual to achieve success in and satisfaction with community living. Thus, the goal of community living supports is to support individuals with disabilities to live successfully within the community in safe, affordable, accessible, and acceptable housing.

## **Evolution of the Community Living Scorecard and Evaluation**

In order to design or select community living supports which will best promote that individual to reach her potential and realize her value to the community, participant stakeholders need information about the available services and the opportunity to ask difficult questions. In 2011, the Region published their first Community Living Scorecard. This contained an overview of the individuals receiving supported community living services as well as how each of the 16 Community Living Service providers supports their program participants for the 2011 calendar year.

Subsequently, the Guiding Coalition and PCHS decided to modify the evaluation from a management tool to a systems alignment tool. Community Living agencies are able to utilize individual outcome data to ensure individuals supported have positive supports and meaningful lives.

During FY18, Community Living Providers assumed primary outcome responsibility for individuals with intellectual and developmental disabilities due to the Managed Care Organizations' (MCOs') decision to no longer contract with Polk County for Community Based Care Management (CBCM).

## Appendix D. Participant Interview Items

Participant Satisfaction Items	
C2	My Community Living staff helps me get the services I need.
C2A	What services are you currently getting from your community living provider?
C4	Next, please tell me two things about your community living service that have made your life better
C6	My community living staff talks with me about the goals I want to work on.
C7	My community living staff supports my efforts to become more independent.
C8	Community living staff members at [CL provider] are willing to see me as often as I need.
C9	When I need something, community living staff are responsive to my needs.
C10	The community living staff treats me with respect.
C11	If a friend were in need of similar help, I would recommend my community living program to him or her.
C11A	Please tell me a little more about that. [What would you tell your friend about the community living services? Or your CL worker?]
C12	I am satisfied with my community living services ... overall.
C13	I am getting the help and support that I need from [CL provider] with regard to Community Living services.
C17	If you could change one or two things about your community living services to make them better, what would you change?
B3	I know who to call in an emergency.
B18	Do you have medical care if you need it?
Quality of Life Items	
B5A1	Since I started CL Services, I deal more effectively with daily problems.
B5A2	Since I started CL services, I am better able to control my life.
B5A3	Since I started CL service, I am better able to deal with crisis.
B5A4	Since I started CL services, I am getting along better with my family.
B5A5	Since I started CL services, I do better in social situations.
B5A6	Since I started CL services, I do better at school or work.
B5A7	Since I started CL services, my housing situation has improved.

## Appendix E. Qualitative Codebook

<b>Positive and Satisfactory</b>	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).
<b>Concerns</b>	Participant describes dissatisfaction with services, experiences, outcomes, interactions with staff and agency, relationships with staff, as negative such as slow or inefficient, not helpful.
<b>Pandemic and Quarantine</b>	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.
<b>Suggestions for improvement</b>	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 Area Definitions

**Participant Satisfaction:** Participant satisfaction is based on interviews by the independent evaluator of program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. Polk County's expectation is service excellence. The expectation is that the vast majority of individuals will rate their program's service in the highest category. Participants are asked eleven questions concerning their satisfaction with their community living staff, 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 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 given the number of responses.

**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.

**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. This criterion has been set 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 was 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.

**Adult 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.

**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.

**Participant Retention:** This outcome is measured as the percent of individuals supported for at least a year with the community living service provider. Client retention is calculated by the total number of clients served by the community living service provider greater than 365 days divided by the total individuals supported.

**Direct Support Staff Stability – Turnover:** This outcome is measured as the percentage of direct support staff who were retained per quarter. Direct support staff are workers whose primary responsibilities include providing support, training, supervision, and personal assistance to people with disabilities or an older adult. Direct Support Staff Stability – Turnover is calculated as the number of direct support staff who leave each quarter divided by the total number of direct support staff positions (number of direct support staff plus number of vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

**Direct Support Staff Stability – Turnover:** This outcome is measured as the percentage of direct support staff vacancies per quarter. Direct support staff are workers whose primary responsibilities include providing support, training, supervision, and personal assistance to people with disabilities or an older adult. Direct Support Staff Stability – Vacancy Rate is calculated as the number of direct support staff vacancies each quarter divided by the total number of direct support staff positions (number of direct support staff plus number of vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

**Frontline Staff – Turnover:** This outcome is measured as the percentage of frontline supervisory staff who were retained per quarter. Frontline supervisors are employees whose primary responsibility (more than 50% of their role) is the supervision of direct support staff. Frontline Staff – Turnover is calculated as the total number of frontline supervisors who leave during the quarter divided by the total number of frontline staff positions (number of frontline staff employed plus frontline staff vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

**Frontline Staff – Vacancies:** This outcome is measured as the percentage of frontline supervisory staff vacancies per quarter. Frontline supervisors are employees whose primary responsibility (more than 50% of their role) is the supervision of direct support staff. Frontline Staff – Vacancies is calculated as the total number of frontline supervisor vacancies during the quarter divided by the total number of frontline staff positions (number of frontline staff employed plus frontline staff vacancies) during the quarter. Then, the four quarters are averaged for the annual result.

**Participant Satisfaction:** Participant satisfaction is based on interviews by the independent evaluator of program participants from each agency. The interviewer asks program participants questions regarding access, empowerment, and service satisfaction. The expectation is service excellence, that the vast majority of individuals will rate their program's service in the highest category. Participants are asked eleven questions concerning their satisfaction with their community living staff, 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 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 given the number of responses.

**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.