

Polk County Mental Health and Disability Services Region

# **2021 Forensic Assertive Community Treatment**

Outcomes Evaluation

**IOWA** | **LAW**

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## ***INTRODUCTION***

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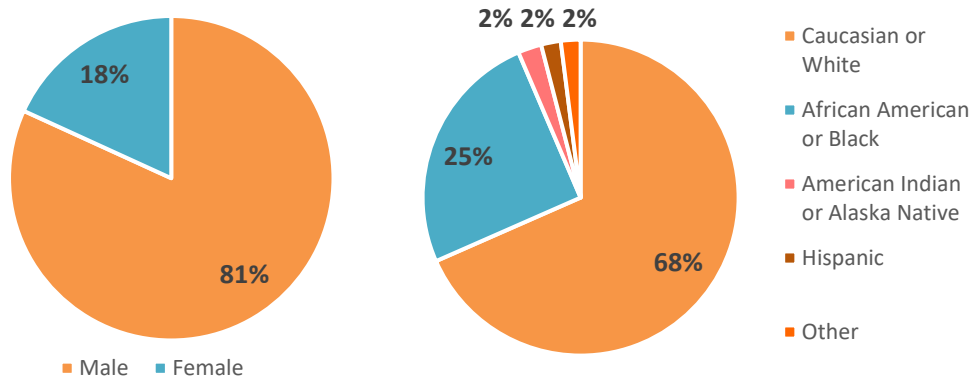
This is a report on the findings of the independent evaluation of the Forensic Assertive Community Treatment program (FACT) from July 1, 2020, through June 30, 2021. FACT is a program for adults who are at high risk or have a history of criminal justice involvement. The program began serving individuals as of November 1, 2011.

The FACT program is a subsidiary Integrated Services Program, offering the same flexibility as the Integrated Services Programs but specifically serving adults who are at high risk or have a history of criminal justice involvement. As Pinal (2014) notes in a recent review article, individuals with mental health issues “who have criminal justice and forensic involvement have an increased risk of significantly fractured care (Hoge et al., 2009) and a high risk of mortality and poor outcomes (Binswanger et al., 2007). ... Their trans institutional existence and characteristics make treatment challenging and far more costly (Swanson et al., 2013). Barriers to uninterrupted care include multiple comorbidities associated with mental health, substance use, and medical illness. These are often treated in disjointed approaches at different community settings, across numerous hospitalizations, and through emergency room visits” (pg. 7).

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

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

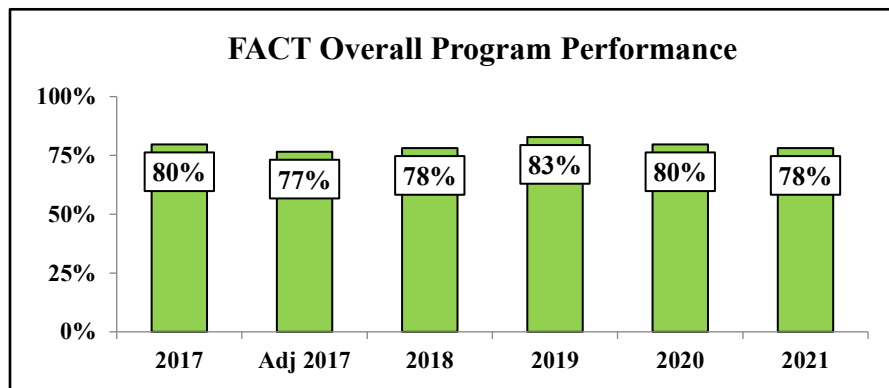
### 2021 FACT Participant Demographics by gender (left) and race (right)



### Results Summary

This year, the FACT program increased its census to a monthly average of 78 participants from 75 in FY20. Participants were served by a team of eight staff members, including a Team Lead, an Assistant Team Lead/Case Manager, a vocational specialist, a substance abuse specialist, a housing specialist, a peer support specialist, and registered nurses. A probation officer typically attends weekly team meetings, though participants may be assigned to other probation officers. This year, because of COVID, probation officers have largely worked from home, so weekly meetings have been disrupted.

This is the ninth year for the FACT evaluation to have performance expectations for the outcome measures. It is the fifth year that the program has met overall expectations without adjustments. For FY13-FY15, the Polk County Region adjusted program reported results based on file review results. For FY16-FY17, the Polk County Region reported both adjusted and non-adjusted results so that the scores could be compared to previous years. After FY17 results have not been adjusted because the performance of FY17 met expectations.



In FY21, the program's results exceeded expectations in ten outcome areas and met expectations in two additional areas. The program was challenged in the remaining four outcome areas (Homelessness, Participant Empowerment, Family and Concerned Others Satisfaction, and Access to Somatic Care).

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

FACT participants continue to report high satisfaction with the program and the staff who assist them, as well as satisfaction with the quality of their lives since entering the program. Participants described staff as approachable, nonjudgmental, respectful, goal-oriented, and reliable. FACT participants reported various services that have been helpful, including housing assistance, medication management, ensuring routine mental and physical healthcare, and emotional support.

In many ways, the program maintained or improved from FY20. Participants were more likely to be employed, both in terms of engagement (greater than five hours per week) and self-sufficiency (greater than twenty hours per week). Notably, the percentage of participants employed more than five hours per week nearly doubled from last year, going from 45% to 77% of participants eligible for employment.

Other ways that the program maintained Exceeded Expectations ratings included Community Housing, Involvement with Criminal Justice (jail days), Participant Satisfaction, Community Inclusion, Negative Disenrollments, Emergency Room Visits for Psychiatric Reasons, Quality of Life, and conducting level of functioning assessments (Administrative Outcome).

The program showed some reduction in scoring in some areas compared to last year, though staying within expectations. The percentage of participants receiving classes or training provided by an educational institution or recognized training program went from 13% to 5%. Also, the average number of nights participants spent in the hospital for psychiatric reasons more than doubled from FY20, though this was largely because of a single individual.

The program was challenged in some areas this year. Participant Empowerment, documentation of goals that are measurable and regularly reviewed, participant involvement of goal planning, conversations about employment or education, and delivering services related to goals, improved from last year but was still a challenging area for the program.

Homelessness remained a challenging area for FACT, with homelessness numbers tripling from last year to a level comparable to FY18. An additional challenge included getting participants to an annual physical or comparable general healthcare visit.

The FACT program continues to struggle with family and concerned others satisfaction, despite high participant satisfaction. In interviews, respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. Others were appreciative that participants were getting their medications reliably and that they were now in stable housing.

The agency reported that they have some places to improve. Substance use/abuse was an important factor this year, so it is important that the agency has a substance use specialist on the team. The FACT program values supporting people who are challenging, admitting it is OK not to have perfect scores, and making great community partnerships.

The FACT program should be congratulated on their sixth consecutive year of meeting overall expectations and their continued improved performance. Their diligence and effort have contributed to improved outcomes and better lives for the FACT participants.

## COVID-19

An additional challenge this year was the COVID-19 pandemic. The Iowa state of emergency began March 9, 2020, with the Governor's Proclamation of Disaster Emergency, with gradual reopening starting with an April proclamation for outside businesses, and May proclamations for indoor businesses. The pandemic resulted in statewide job layoffs and furloughs, and many citizens were substantially confined to their residences for several months of the 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 15 respondents who participated in the satisfaction interviews, 14 responded Yes and 1 responded Some, Not All. When asked to elaborate on their experiences, 5 participants responded that their services are the same or basically the same. Four others reported that in particular they received transportation to medical appointments and for food shopping. Two reported that services were still the same with some changes, such as using masks or not being able to go to the office. One reported missing personal contact. Another reporting relapsing and that the staff helped them to “get clean.”

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

Of the 15 respondents, 14 responded that contacts were initiated by the agency and 1 responded “Other.” One participant elaborated saying that they were contacted mostly via text and some by phone.

**3. In what ways did you communicate?**

Of the 15 respondents, 3 responded that contacts were conducted via text and 12 responded “Other.” All 12 participants who responded “Other” elaborated that their contact was face to face.

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

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

### Background

**Background Information:** This year marks the eighth year (seventh complete year) that the FACT program has reported individuals’ data regarding each outcome measurement area. David Klein, Director of Technology, and Tessa Heeren, Assistant Research Scientist, at the Law, Health Policy & Disability Center (LHPDC) were the primary individuals involved in completion of the evaluation. University of Iowa’s Iowa Social Science Research Center (ISRC) conducted the interviews.

**Changes in Evaluation Procedures:** In accordance with recent years, the Polk County Region did not adjust the FACT program’s reported results based on the file review results for FY21. Thus, scores are directly comparable to results from FY18 and non-adjusted results from FY17 but are not comparable to other prior years. Note that only selected outcomes were adjusted in years prior to FY17.

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

- **Meetings with the program director and staff members**
- **File reviews**
- **Interviews with participants and family members**
- **Analysis of data submitted to the Polk County Region**

**Meetings.** LHPDC staff conducted a phone consultation with the director in July to review the outcomes to date and receive their insights on agency performance for the year. An exit interview was held with the Polk County Region and FACT agency staff in early August to review the complete report.

**File Reviews.** Using a similar process to the other Integrated Services Agency (ISA) programs, LHPDC randomly selected fifteen FACT files to review. The file reviews were completed using the File Review Form (Appendix A) in June 2021. The expectation is that reported results will be consistent with information in the file in order for the Polk County Region to have confidence in and rely on the information reported by the program. Participant Empowerment outcome is based solely on the file review. As technical assistance, the program was provided with information from the file review. Results from the file review analysis are reported in Appendix D.

**Participant Interviews.** Usually, face-to-face interviews with participants would be scheduled by the program and held at their offices; however, because of COVID-19, this year phone interviews were exclusively used. Of the 83 participants enrolled in the FACT program as of June 2021, 55 agreed to be interviewed, and 15 were contacted and completed the interviews. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the Participant Satisfaction and Quality of Life outcome scores. Comments from the interviews are included in the Participant Satisfaction and Quality of Life outcome sections of the report. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff members is randomly assigned.

**Concerned Other Interviews.** Of the 43 contacts provided by the program who were willing to be contacted, evaluators contacted and interviewed 12 family members or concerned others of FACT program participants. Family and concerned others were interviewed via telephone. The family and concerned others interview questions are included as Appendix C of the report. Agree/disagree responses to the questions make up the statistics used for the Family and Concerned Other Satisfaction outcome scores. Comments from the interviews are included in the Family and Concerned Others outcome section of the report. Although direct quotations are used, neither names of respondents nor staff members are included and gender of both respondents and staff are randomly assigned to the quotations.

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

## ***OUTCOMES***

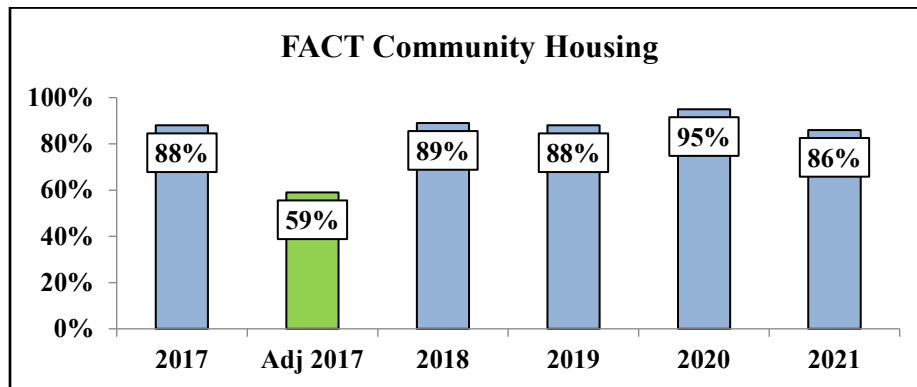
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This section of the report includes descriptions of and results for each outcome area. Evaluation results are discussed along with information from file reviews, participant and family member interviews, and meetings with program staff. Specific outcome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



## *COMMUNITY HOUSING*

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



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

### Community Housing

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	95%	4	86%	4

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

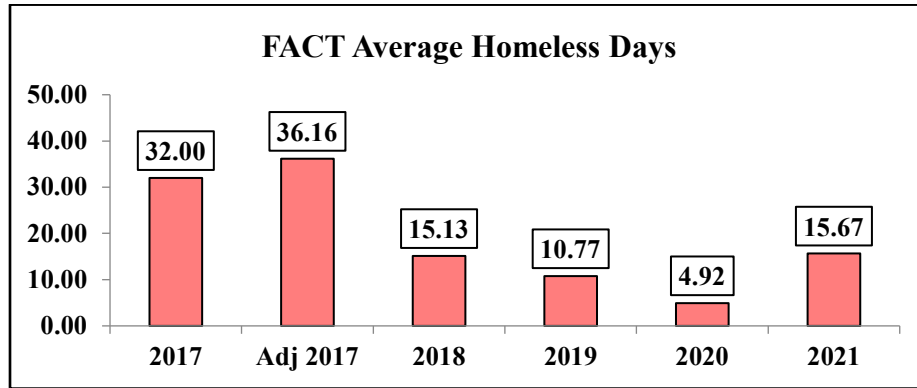
The agency reported that homeless days are up this year, and it has become challenging to keep people in housing, regardless of what staff could do. Participants faced barriers including their own choices, eviction, and their own threatening behavior. The agency added that the program enrolls individuals with the highest needs, who are hard to stabilize and engage.

The agency reported that their housing specialist makes contacts with landlords and makes key connections. There are four or five landlords they work with regularly and have longtime relationships with to avoid evictions (having participants move out, rather than have an eviction on their record). The program uses flex funds (part of the FACT funding model) to supplement deposits, higher rents, and other expenses the participant is unable to pay on their own.

The staff stress that housing is important for making face-to-face contacts, getting medications to participants, and facilitating regular communication. It also allows staff to check participants regularly, and it allows them to check the property regularly, which helps with landlord trust and confidence.

## ***HOMELESSNESS***

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



Goal	Rating	Points
0 – .4 night	Exceeds Expectations	4
.41 – 1 night	Meets Expectations	3
1.01 – 2 nights	Needs Improvement	2
2+ nights	Does not meet minimum expectations	1

### Homelessness

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	4.92	1	15.67	1

**Comments:** The FACT program continues to be challenged by the homelessness outcome, receiving a Does Not Meet Minimum Expectations rating. The program reported 1,220 homeless nights, about three times as many nights of homelessness (367 nights) in FY20. Homeless nights were accrued by 19 program participants, about one-quarter of the 78 program participants, who spent at least one night homeless during the fiscal year. Nights homeless by participants ranged from 1 to 195. Three participants each exceeded about five months of homelessness (165, 184, 195 nights) totaling almost half the homeless nights (45%) for the program. Seven individuals having homeless nights also were either in jail or using inpatient hospitalization.

The agency reported that almost all of those who were homeless had substance abuse issues. This program is the “last stop” for community-based services. The next step would be residential, but many participants would not qualify for residential because of substance use. So the program retains them.

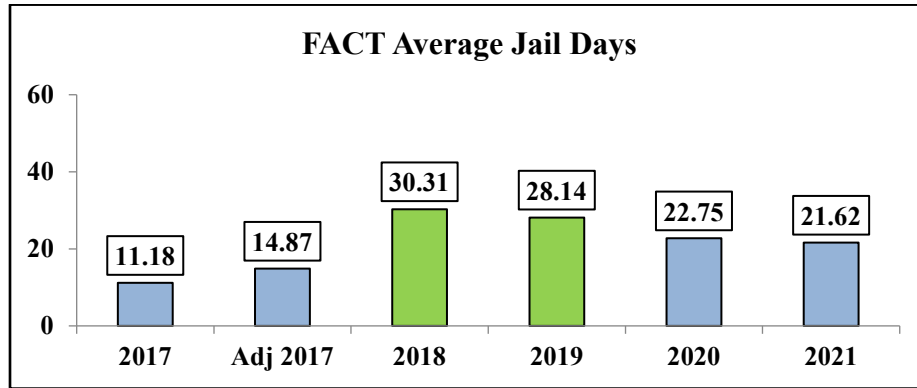
Staff report that connections with landlords is important. Sometimes homeless days cannot be helped, regardless of assistance and advocacy. For example, participants can be sent to jail and can lose their housing because of thi, which they have no control over.

The agency also reports that the team takes new enrollees, who often are homeless from the beginning, so these participants need to have housing. Very few participants are able to find housing on their own. Landlords want to know that participants are supported to be reassured they can rent to them.

Hotels can be used as temporary housing, but hotels generally do not want FACT participants. Some participants have burned bridges and are blacklisted from everywhere. A couple of hotels do work with the team but for a deposit and large increase in rent.

## *INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM*

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



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

### Jail Days

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	22.75	4	21.62	4

**Comments:** The FACT program serves individuals who are at high risk or have a history of involvement in the criminal justice system. Therefore, high numbers for jail days are not unexpected. To promote communication with probation, a probation officer attends weekly team meetings and acts a liaison with the criminal justice system, though this process was interrupted this year because of COVID. All probation officers worked from home and none attended team meetings. This year, the program Exceeded Expectations, reporting just over 3 weeks (22 days) of jail days per participant on average. The 1,683 total jail days reported in FY21 is consistent with jail days from 1,692 reported in FY20. This year, the jail days were accrued by 28 FACT participants, 36% of total participants served. Jail days ranged from 1 to 161. Of the 28 participants who spent nights in jail, 8 participants spent more than 90 days each (more than 3 months) in jail during the fiscal year, accounting for over half (55%) of the program's total jail days.

The agency reported that for participants in the FACT program involvement with the criminal justice system has been pretty stable. A few are in and out of jail, and a few are in jail for the long term, mostly for probation violations or waiting for court dates. With increasing levels of acuity, they had expected an increase in jail days.

The agency reports that relationships with probation officers (POs) really helps with jail days. The majority of staff go with participants to PO appointments, have the PO's cell numbers, and talk on

Saturday mornings. Some behaviors may be probation violations, but jail is not always the best placement for them.

The team increased supports for one participant, who relapsed and was experiencing a crisis. Instead of jail, they met with the team substance abuse specialist, who creates a safe space for people not doing well, letting the participants just be where they are at the moment.

Another participant's mother had a stroke and was sent to Iowa City. The participant was unable to process this, now being sober, so their first stop after leaving the hospital was to the FACT team.

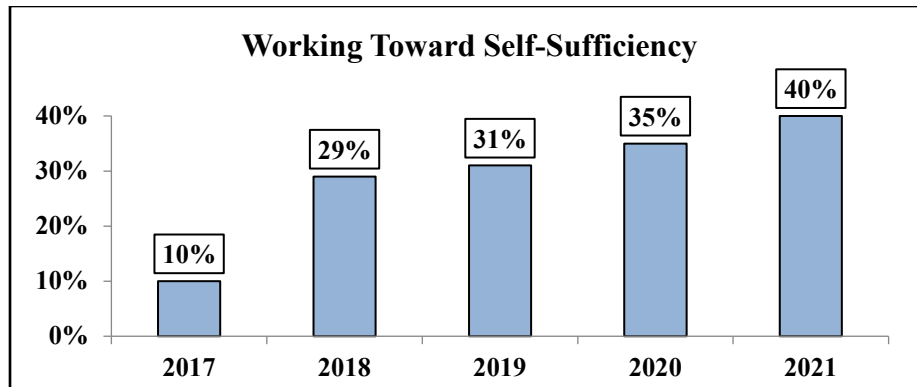
Staff suggested joint training ideas for POs and the FACT team. Some of the POs are "old school" and think in terms of a punitive, harm reduction model, which is very black and white. Men and women are treated differently. Men are generally sent to jail for any violations. Staff would prefer more trauma-informed care and would provide followup training for POs and the Department of Corrections.

Staff expressed a concern for court-ordered outpatient treatment, which is hard to enforce. For individuals who have been reported and who are decompensating, some police departments in other counties will take the individuals to the hospital rather than arrest them. In counties staff cited, which included Story, Buchanan, Fayette, and Carroll, for example, this approach works well.

## ***EMPLOYMENT OUTCOME – WORKING TOWARD SELF-SUFFICIENCY***

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

The Polk County Region recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. The Polk County Region has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (typically October and April). Note that prior to FY18 reporting was conducted over four one-week reporting periods (quarterly).



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

Employment Outcomes				
Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	35%	4	40%	4

**Comments:** This year, FACT participants who were employed at or greater than 20 hours per week and earning at least minimum wage increased again from last year in a trend that has continued since 2015. The program reported that 40% of participants were working for at least 20 hours per week. This score rates as Exceeds Expectations for this outcome. With 35 participants eligible for employment over the two reporting periods, 14 participants met the employment criteria for this outcome this year.

The agency reported that they have had a steady increase in employment over the last five years. They praised their agency employment specialist, who has worked hard to make connections with employers, helped fill out applications, did job coaching, and matched participants with jobs that are suitable for them. She also advocated in particular for employers to accept participants with criminal backgrounds. The agency added that in general COVID did not seem to have much of an effect on employment for their population, with just a few getting laid off for a short time.

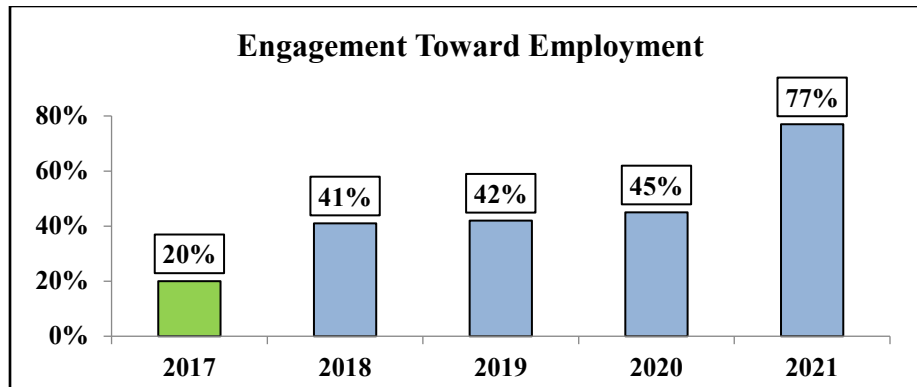
Clients are noted as being more interested in working and becoming more stable. For reporting purposes, it is key for staff to capture data during the two-week reporting periods to be able to show growth. This has been a struggle for staff with many individuals using temp agencies and their employment not falling within the reporting periods.



## ***EMPLOYMENT OUTCOME – ENGAGEMENT TOWARD EMPLOYMENT***

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

The Polk County Region recognizes that employment is not only a profound issue for the disability community but a key to self-sufficiency. The Polk County Region has developed two employment outcomes with the intent to increase both the employment rate and earned wages. Employment–Working Toward Self-Sufficiency requires being employed 20 or more hours per week and earning at least minimum wage. Engagement Toward Employment requires working 5 or more hours per week and earning at least minimum wage. The employment outcome is measured during four weeks of the year in two reporting periods (typically October and April). Note that prior to FY18 reporting was conducted over four one-week reporting periods (quarterly).



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

### **Employment Outcomes**

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	45%	4	77%	4

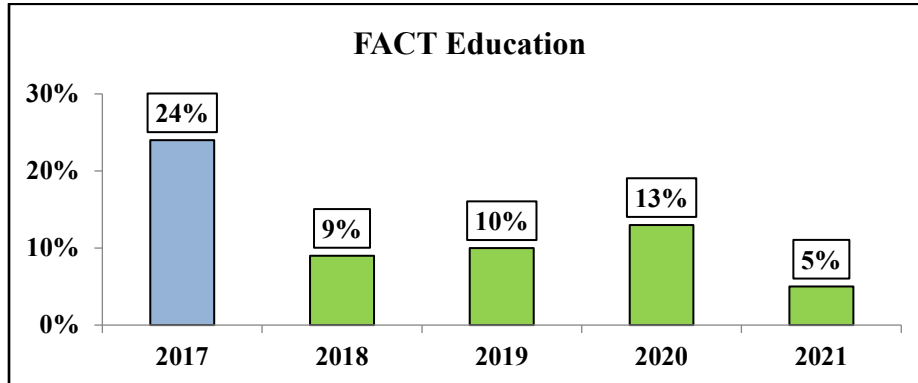
**Comments:** The program reported that 77% of employable participants were working at least 5 hours per week and earning at least minimum wage. Thus, the program earned an Exceeds Expectations rating. With 35 participants eligible for employment over the two reporting periods, 27 participants met these employment criteria during the year.

The agency was pleased that engagement for employment increased so much this year.

Staff reports that 77% of participants were using temp agencies. Many participants apply for jobs they know they can get hired for. Many are obtaining employment through connections at employers, such as knowing someone who worked there, and that COVID did not impact employment if people wanted to work and were not scared.

## ***EDUCATION***

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



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

Education				
Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	13%	3	5%	3

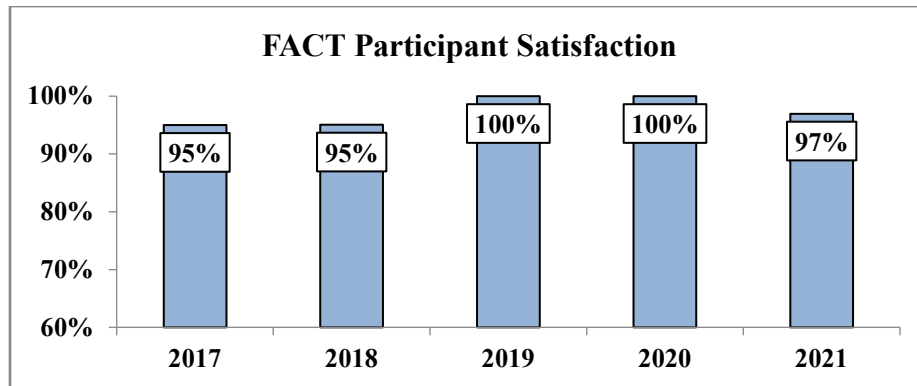
**Comments:** This year, the FACT program saw a decrease in the percentage of participants in the Education outcome area at 5%, as compared to FY20 at 13%, resulting in a Meets Expectations rating again this year. One FACT participant was enrolled in a training program or employment related education opportunity this year.

The agency reported that, with most educational opportunities having moved to online classes, their population was hard to engage. Doing so would be a challenge for anyone, but for FACT participants, who may not have phones or do not know how to work smart phones, the move online was scary.

Staff reported that education was more difficult this year, with many trainings not available; thus, participants assumed that education meant school or college. The staff have been working to get back more employment-focused (training) groups. The team has recently done some outreach with Dupaco, where a manager has conducted financial training.

## ***PARTICIPANT SATISFACTION***

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



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

**Participant Satisfaction**

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	100%	4	97%	4

**Comments:** Of the 78 participants on average enrolled in the program, evaluators interviewed 15 participants, 19% of the program's average enrollment. While many participant interviews usually take place onsite at the FACT offices in Des Moines, this year all the participant interviews were conducted over the phone from the Iowa Social Science Research Center call center because of COVID-19.

FACT participants reported being very satisfied with the services they are receiving and the staff who work with them, maintaining an Exceeds Expectations rating. FACT participants commented on the services they received, improved outcomes, and positive relationships with staff. Participants described staff as approachable, non-judgmental, respectful, goal-oriented, and reliable. FACT participants reported various services that have been helpful, including housing assistance, medication management, ensuring routine mental and physical healthcare, and emotional support.

Themes from responses fit into three main themes: *effective services*, *positive relationships with agency or staff*, and *positive impacts of services*. Representative comments include the following:

### **Effective Services**

*I would say their services helped when I didn't have anything. They paid for my meds before I was on disability. They helped out with that.*

*Two and a half years since I have been in the FACT program ... and I wouldn't admit I had mental health problem. They got me in FACT and Dr. [name] helped me get my medication right. At my age, I wasn't sleeping. Meds they have got me on have been working for the last 18 months. Now I sleep through the night.*

*They have been huge in getting me the services I need. Making sure I got my meds is the biggest thing and that I don't run out. They have helped me find classes when I needed to do anger management to get my kids. She got me services that I wouldn't otherwise know about.*

*She helps me actually find apartments. She started all that. She helped somewhat build my credit and helped me get an apartment. Looking for them and actually deciding what one I wanted ... decide which one was better for me.*

*I'm very bad at my medication. That's why I go off sometimes when I handle my medicine. They got me on an injection shot. It works out perfect. [Staff] calls me and tells me I have provider appointments and helps me get meds on time. Everything has been good since the injections.*

*I think probably all of the FACT team ... I'm kind of needy when my mood swings happen. And they're not afraid to give me that attention. They help a lot. I call [staff], we talk all the time. She's great and very nonjudgmental.*

*They helped me with housing when that was an issue. They got me to food pantries and helped me get food stamps. They even, when I got a new job, helped me get a new pair of pants or shoes. They helped with everything.*

*They helped me get clean and stay clean. And when I relapsed, they didn't make me feel judged and helped me. They're the reason I am clean and that I have clean time under my belt. They also helped me believe in myself and love myself. They are amazing. They are the family that I never had. Me and my boyfriend would be completely lost without them. [Staff] and [staff] have been a big part of our lives these last years. It means the world to me.*

*The biggest impact is they have made sure my family has stayed my family. I don't think they would all be in my house if I wasn't clean and sober and working. [Staff] holds me accountable.*

*I was homeless when I got with FACT and [now] I have been in a home for five years.*

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

*They were always nice to me even when I first got out ... when I wasn't nice to them. They say, "every day is a new day." They don't hold it against you.*

*I can't imagine my life without them now. I really want them to know that I appreciate them. They deserve to know that. [Staff] also at the front desk, I wouldn't have stayed even the first day if it wasn't for her.*

*They are just a good group of people: the nurses, case workers. I don't like bothering people and they say, "that is what we are here for." I lean on them.*

*I'm blessed with an amazing worker. It would be a barrier if she didn't work there. I developed a relationship with this woman. When you get juggled around, it makes a difference.*

*I call [staff] first. I call her before I call my momma. I won't call on-call unless [staff] is not available. [staff] and [staff] are the people who care. There's a lot of turnover. [Staff] is my counselor and my job person ... so does everything.*

### **Positive Impacts of Services**

*I haven't been in the hospital even once. They saved my life. I can't express how much it means. They take me to my PO appointments and to a court appointment once. They really care. She [Staff] advocates for me.*

*She[staff] brought up the para-transit bus and that has been working for me to get to groceries and appointments. That makes me more independent to be able to use that bus.*

*I would be back in prison within the first three months if it wasn't for them.*

*I have a savings account now. I never did before. My biggest goal is keeping my body clean and drug free.*

*I probably can't find enough words to say. They helped me so much. I didn't know the program was available until the last four years and I have struggled with mental illness my whole life. They helped me big time.*

*Yes, because I never had a support system before ... someone I could call with advice. They helped me cope and to be healthy about it. I'm afraid that one day people's jobs change, and I fear them not being there one day. They have just been such a big part of my life. I fear not having them one day.*

*Without them I would be homeless. Maintaining a job, staying sober... I attribute everything good in my life to them.*

*The biggest impact is they have made sure my family has stayed my family. I don't think they would all be in my house if I wasn't clean and sober and working. [Staff] holds me accountable.*

A few FACT participants shared negative experiences with services or staff, noting issues like a lack of responsiveness and perceptions of not being listened to.

*Not extremely satisfied, but they do still help me with my rent. They hold that over my head a bit.*

*I need to get my license. I have never had one. I think I'm kind of on my own with them. I've told them about it, but they don't really listen.*

*Sometimes they will answer my questions ... and they have an on-call number and nobody answers it. I tried the on-call number a year ago and nobody answered. There was a voicemail, but someone didn't call back. And if I call the case manager directly, it takes a day or two.*

A few participants commented on how FACT could be improved, sharing perceptions that the program and staff could benefit from increased capacity and funding.

*I would put them in their own building again like they had on Court Street. I would ride my bike there and have some water. Now they are in the basement ... there is no place to congregate like on Court.*

*They used to have outings and they haven't lately had those. We used to go to the zoo in Omaha and that would be nice to have ... any of those outings. A lot of people would enjoy getting out of their homes. I just asked her about the outings. They stopped when COVID started but they still don't have them now. Even barbeques and to the parks.*

*The only thing I would change is that there are providers on hand but there isn't really a therapist. I believe they had someone in the past, and I think they're trying to implement that again.*

*Structure ... with the staff members coming and going, it's hard on the clients. I'm generalizing. You move from one case manager to another, and you get therapy going and that stops. And it starts up again. The structure could be better. [Staff] has been consistent for a while.*

*Probably the turnover rate. It's hard to build a relationship with someone when they change. I stopped asking people their names. I have been through 12 nurses. That's too much. To me a relationship needs to be built with more than one conversation. I'm glad I was given [staff] in the beginning and haven't had to change.*

## COVID-19

Participants shared how the pandemic and subsequent quarantine and social distancing recommendations (beginning March 2020) impacted their personal lives, program goals, and receipt of services. Representative examples include the following:

*Everybody from [staff] down to the other case workers ... everybody helped. They helped me with it. I have been vaccinated but still wear a mask. Even with COVID she was showing up and taking me to get groceries. We mask-up and I would sit in the back. She helped me get a primary care doctor and [staff] took me to all kinds of medical appointments. She goes beyond her pay grade. She has been by my side. She cares about my health.*

*When COVID happened, things go real slow ... but [staff] helped then [and things are getting back to normal]. They aren't doing outings yet again, but they will let me know. They are really good here.*

*They still came. They are front line workers, and they came with masks.*

*I needed a lot. I needed more help during the pandemic. But [staff] made sure we had food. She used to take us to the store. But we had to wear a mask and gloves and we used hand sanitizer.*

*COVID 19 affected the services they did have. She helped me get the first shot (vaccine) and she is helping me get the last vaccine.*

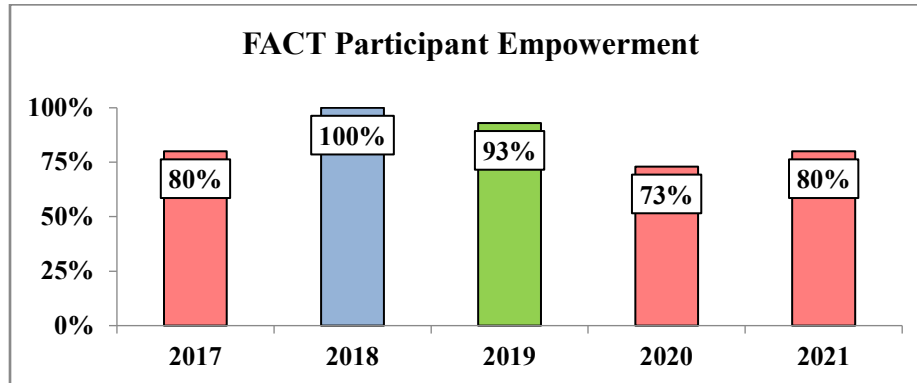
*They have helped me the whole time. The aspect of COVID ... where I didn't see my team during that time. I talked to them but didn't have any specific needs during that time.*

In answers to the COVID questions, many participants expressed disappointment that the FACT location on Court Street was closed, a place where they could meet and socialize.

Staff related a story of an individual who joined the program after five and a half years in prison. This participant met with the team prior to release to discuss and secure post-release needs. After being released, this person got his own place, had meds delivered twice a week, and suffered a relapse. His probation officer removed the relapse violation because the individual initially called the FACT crisis line. Now this participant is looking for employment and has become a strong self-advocate. Staff reportedly worked hard through COVID and never stopped seeing participants, not taking advantage of phone calls to stay home. Staff said they supported participants during COVID-19 by providing masks and hand sanitizer.

## ***PARTICIPANT EMPOWERMENT***

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



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

### Participant Empowerment

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	73%	1	80%	1

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

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

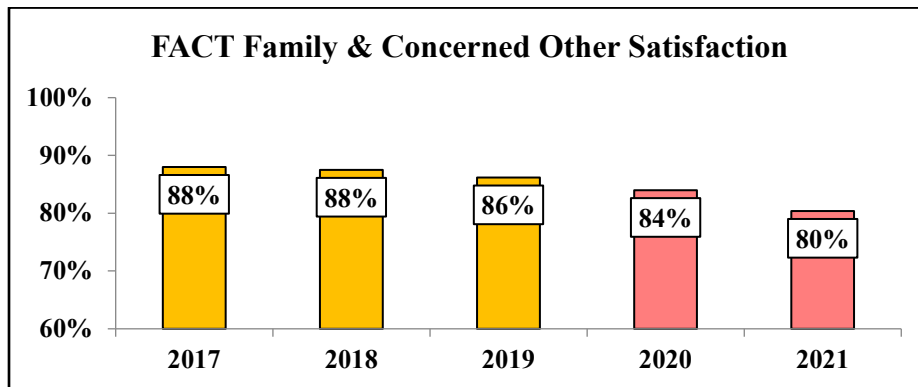
**Comments:** This year the FACT program had a somewhat higher score (80%) compared to FY20 (73%) in the Participant Empowerment outcome, but still resulting in a Does Not Meet Minimum Expectations rating. Of the 15 files reviewed this year, 12 were found to sufficiently document all four areas of empowerment. The most challenging area was documentation of regular discussions about employment or education with participants (or community inclusion for those not eligible for employment), which was documented for 12 of the 15 participants.

The agency reported that this year's score is not where they would like it to be, though it improved from last year.



## ***FAMILY & CONCERNED OTHER SATISFACTION***

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



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

**Family & Concerned Other Satisfaction**

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	84%	1	80%	1

**Comments:** Family and Concerned Other Satisfaction continues to be a challenging area for the FACT program. The program provided contact information for 43 participants' family or concerned others. Interviewers were able to complete 12 interviews. These interviews with family and concerned others resulted in a Does Not Meet Minimum Expectations rating for the program this year.

In the satisfaction questionnaire, respondents generally agreed that the participant input into the service plan was well received and ideas included, that staff treats participants with dignity and respect, and that they were satisfied with the staff working with the participant. About one in three respondents responded "Disagree" that the staff provided them with resources about programs and services. About one in four disagreed that staff helped them obtain access to services. In interviews, respondents consistently reported that the FACT staff was very helpful to the participant, staff were available to assist with issues or concerns, and they were satisfied with the FACT worker assigned to the participant. Several mentioned the ability of staff to respect the participant and allow them to be independent in their own way. Others were appreciative that participants were getting their medications reliably and that they were now in stable housing.

Themes from responses fit into three main themes: *effective services*, *positive relationships with agency or staff*, and *positive impacts of services*. Representative comments include the following:

### ***Effective Services***

*If it wasn't for the help that they give her when she needs it, there could be a real bad outcome. Everything they do is taken care of in a timely and professional fashion. I don't think she would've made it through without them.*

*Whenever she contacts them, they will return the call right away. They won't make her wait until they've got time. It's usually a pretty quick response.*

*I think that this program, and others similar that follow up with people who have mental illnesses, at least the follow-up that can prevent the hospitalization, can save the taxpayer's dollars. So, the follow-up it provides is just real key in somebody maintaining and being successful.*

*Just how it has helped him in getting his apartment and helped him maintain living independently. And have someone follow-up, not just prescribe medicines, but observe and see that he's taking the medicines, kind of keep an eye on him and catch it before it goes too far if he starts getting manic before he has to be hospitalized.*

*He has been staying out of jail, which is a really big thing. The FACT program helped him get housing and they have been really good about helping him with his medications and making sure he's taking them.*

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

*They do work hard, and they do their best, and to me communication is huge. And not only [staff], but also her supervisor, they do communicate with me, which is very important to me.*

*Even when he's being difficult, they don't lose their temper. They just try to calm him down and talk him down.*

*She's always been very helpful. She's an outstanding worker.*

*They're respectful in the way they treat him and also the way ... you know you can tell by the way someone looks at you whether they respect you or not. They treat him as a valuable person.*

*She'll contact [staff] and [staff] will talk to her and give her some advice, and it's just very helpful.*

### ***Positive Impacts of Services***

*I think that the one positive thing is that when he's consistently in his therapy he's getting to the point where he can work through some of his trauma. And he's able to talk about the trauma. Whereas before he's never really been able to talk about the trauma that he's faced.*

*Having someone involved that can help him. He no longer has an extreme drinking problem, which the people have somehow their help has helped him with that. And he also feels better about himself than before he was in this program. They do help with bringing his medication to*

*him too, and he does take it right because he knows that they care about him and want to see him succeed. Before he was in that program, he didn't take his medicines like he should have.*

*[Participant] has been sick for 10 years and the last six years have been the worst. I just don't have the resources to always help him. He has really benefitted from the guidance and care. It has been a life saver for him and all of us.*

Concerned others raised several issues in the program and system. Most respondents wanted more contact and information from the program, some expressing frustration with not knowing how the participant is doing on a regular basis. Others expressed a belief that participants were not getting the services they need.

*In the beginning they were supposed to be contacting me and my husband, but they haven't been doing that. They haven't gotten back to us when we have asked questions or needed their help either.*

*He does need a job, but are they assisting him to get a job? I'm not sure. I want that to be figured out.*

*I haven't had any contact with them at all. In the past we have reached out with questions, and they have gotten back to me at least once or twice. Nothing recently. Last time I probably had contact with them was over a year ago.*

*I think the problem is really that the services that they provide. He's kind of outside of the scope of those services. I think they don't really know what to do with him. I mean, he fits the drugs and the homelessness but he's not able to live alone, and they keep placing him by himself, so he goes through bouts of homelessness.*

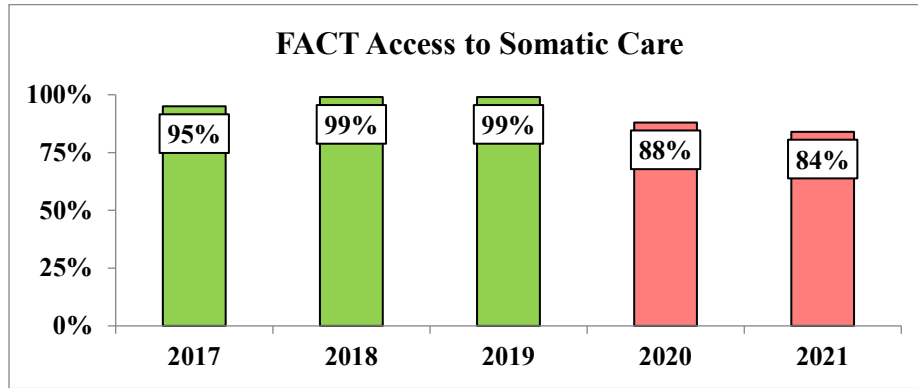
During discussions about the evaluation, the agency suggested that for participants who are independent and do not want family or friends to participate in surveys, staff could look beyond family for people (concerned others) who support the participant and reach out to them for natural supports. Agency noted that many participants have “burned a lot of bridges” with family or do not want to bother family with their recovery. In addition, some prefer to keep their services private and do not want to disclose how or why they are getting services. Thus, family participation in the satisfaction survey is limited.

In addition, the agency reported that they did not have the large gatherings that would have included families this year because of COVID. They would like to get back to them as the pandemic gets under control.

An all or nothing participation rate—either they are really involved or not at all—was noted by staff in regards to family/concerned other involvement in activities. Family issues, such as dysfunction, safety, or distancing, and expectations for outcomes were seen as influencing the level of staff and participant interaction with family and concerned others.

## *ACCESS TO SOMATIC CARE*

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



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

### Somatic Care

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	88%	1	84%	1

**Comments:** This year, the FACT program Did Not Meet Minimum Expectations in the Somatic Care outcome area. Of the 79 participants enrolled in the program and eligible for somatic care in FY21, 66 accessed somatic care during the year. To meet criteria, participants must be connected to and meet with a primary care physician or be seen for ongoing issues by a specialist during the fiscal year. Somatic care is a key component of the FACT model.

The agency reported low participation in somatic care for two reasons: First, some were acutely ill and spent considerable time in jail or were hard to contact. Second, some were capable of attending annual physicals but just did not do it. Some missed so many appointments that they were “blacklisted,” not allowed to schedule appointments for a period with their healthcare providers.

The agency also noted that they have been successfully working with CareMore, a specialty clinic in the Des Moines area who implement the social determinants of health (SDH) model associated with Amerigroup. Although CareMore experienced some staff turnover, they were able to connect with someone there who understood the population and was flexible. They have had less success with Babylon (using telehealth), which is associated with Iowa Total Care, because participants do not want to do telehealth for primary medical care.

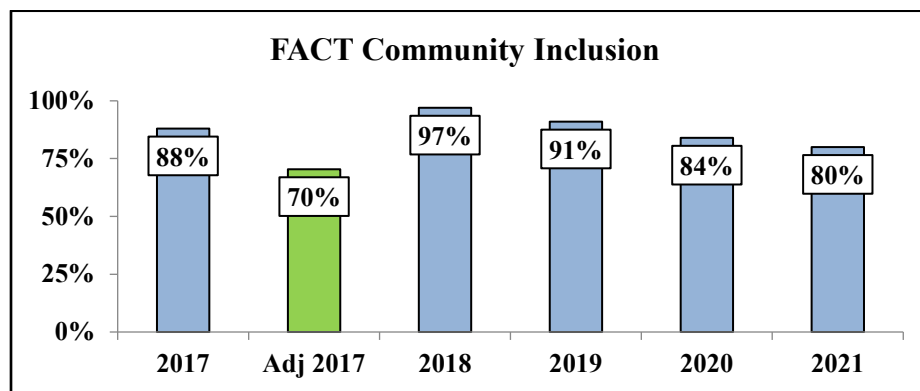
Staff reported that long-term jail stays were a barrier preventing participants from accessing healthcare. Other issues included difficulty locating people for appointments that had been set in advance, multiple

cancellations and refusal of future services by providers as a result, and the subsequent need for individuals to reestablish care elsewhere. Staff noted that no clinics in the area offer drop-in physicals; however, Iowa Total Care accepts telehealth, and Amerigroup has CareMore as an option for more urgent care.

## COMMUNITY INCLUSION

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

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



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

### Community Inclusion

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	84%	4	80%	4

**Comments:** The FACT program Exceeded Expectations for the Community Inclusion outcome this year. The program reported that 63 of the 79 eligible program participants in FY21 were involved in integrated community activities or attended integrated community events. A list of community participation activities documented during this year's file reviews is included as Appendix D of the report.

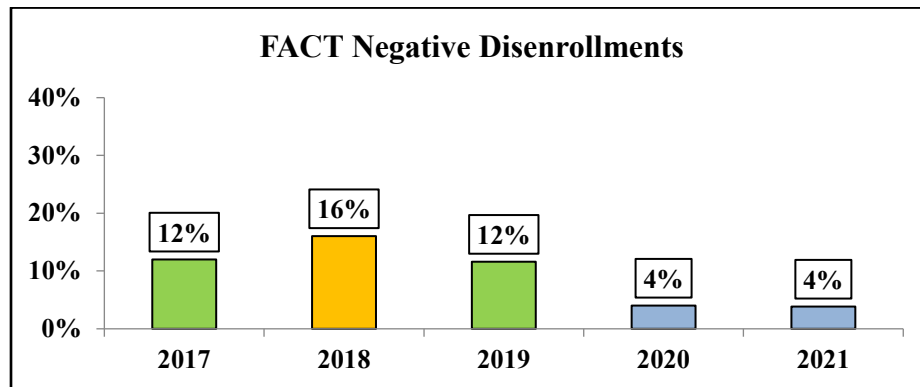
The agency reported that once the community started opening up from the pandemic, participants were ready to get out and get involved again in the community, which helped their score.

Staff noted the lack of community inclusion options during COVID. The online options that were offered such as AA and NA were often viewed by clients as not feeling the same in terms of strength of connection. Staff spent time trying to convince people to get out in the community and, with the new

COVID variants, participants felt afraid to go out again. Access to electronics to communicate was a barrier to some, though staff noted that the FACT Community Center has computers and internet with restricted capacity, and had remained open for those in crisis.

## ***NEGATIVE DISENROLLMENT***

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



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

### Negative Disenrollment

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	4.02%	4	3.85%	4

**Comments:** The FACT program reported 3 negatively disenrolled participants this year, resulting in an Exceeds Expectations rating, consistent with last year, where 3 participants also were negatively disenrolled.

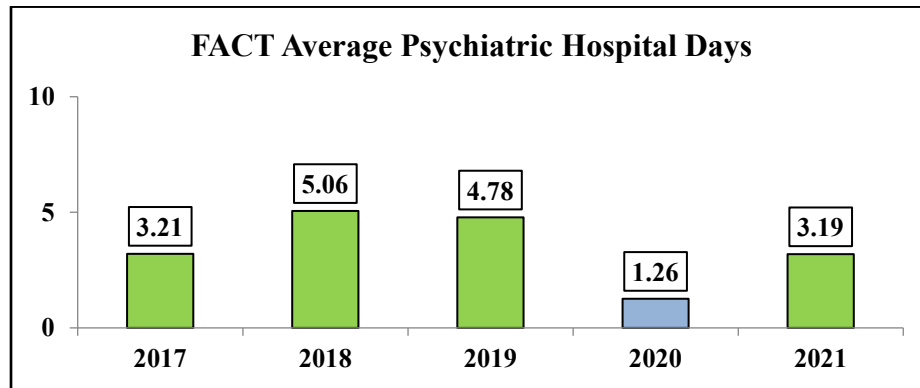
The agency reported that they do not disenroll, except when participants refuse to participate or go to prison.

Staff reported that they have a waiting list for services with the program, indicating that more services are needed; however, there is not enough staff to handle current caseloads. Staff is considering trainings such as substance abuse, treatment guidelines, and harm reduction that might be beneficial in improving outcomes for individuals in the program as they reported that 90% have substance use disorder in their histories, along with dual diagnoses. One issue impacting enrollment was forced sobriety in jail and lack of accepted insurance disqualifying individuals from entering needed substance use disorder treatment post-release. The program has moved, and the new building does not have a place for groups or one-on-one meetings, which limits services.



## ***PSYCHIATRIC HOSPITALIZATIONS***

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



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

### Psychiatric Hospitalizations

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	1.26	4	3.19	3

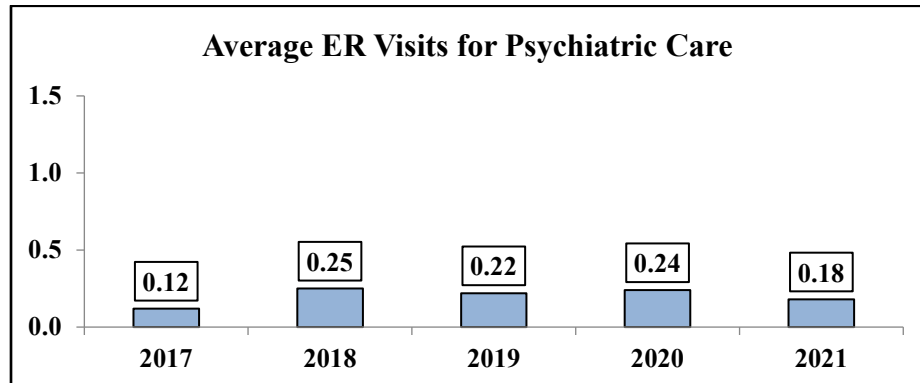
**Comments:** The FACT program reported more psychiatric hospital days compared to FY20, changing the outcome rating to Meets Expectations. The program reported a total of 248 psychiatric hospital bed days, averaging just over 3 days per participant this year compared to 94 days and about 1 day per participant in FY20. Of the 78 eligible program participants, 11 (14%) had psychiatric hospital stays, ranging from 1 to 105 days. One person spent 105 days hospitalized. Two others spent 40 and 45 days. These three participants accounted for more than three-quarters of hospitalizations (77%) for the agency.

The agency reported that the increased hospital days is associated with the participants' higher acuity level. Those who had longer stays (105 days and 45 days) needed to be inpatient, and the agency considers these cases appropriate level of care.

Staff reported that some hospitalized individuals needed to be there for safety, often long-term, while waiting for other placements. So the program maintained their enrollment until placement. If participants were discharged from the hospital when the plan was to wait for long-term placement elsewhere and they were to be disenrolled from FACT, they would have no services and nowhere to stay. In addition, it allowed the program to offer a "warm handoff" to the participants' new services.

## ***EMERGENCY ROOM VISITS***

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



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

### Emergency Room Visits

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	0.24	4	0.18	4

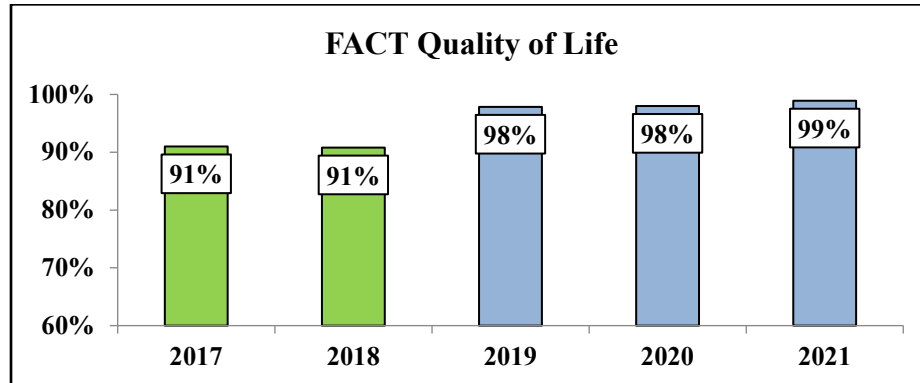
**Comments:** The FACT program continued to minimize use of the emergency room for psychiatric care this year. The program reported a total of 14 emergency room visits for psychiatric care for the program, similar to prior years, again resulting in an Exceeds Expectations rating for this outcome area. Six FACT participants visited the emergency room for psychiatric care.

The agency reported that they were helped by the walk-in clinic at UnityPoint Health and the Psychiatric Urgent Care Clinic at Broadlawns. Staff try to keep people out of the ER, so when participants go there, it is largely because they have gone on their own, except occasionally based on providers' recommendations. The agency now has a staff psychiatrist working five days a week, an increase from two days last year, which helps when participants need some changes in medications.

Staff reported that they work hard to keep people out of the ER, especially with COVID, leaving those resources to the physically sick when needed.

## QUALITY OF LIFE

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



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

### Quality of Life

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	98%	4	99%	4

**Comments:** The Quality of Life outcome measure is based on participant interviews. Of the participants enrolled in the program in May 2021, 55 were eligible for contact, from whom evaluators interviewed 15 participants. Participants reported being very satisfied with the quality of their lives, resulting in an Exceeds Expectations rating. In interviews, respondents commented on how the FACT program contributed to their quality of life, including improvements in relationships, social and coping skills, crisis management, support toward education and employment, stability in housing, progress in substance use goals, and maintaining physical and mental health. FACT participants emphasized the positive impact of staff and appreciate the genuine and person-centered treatment they receive. Representative comments include the following:

*There were a couple times that I slipped. Instead of moving forward I went a few steps back, and I did reach out to them, and they helped me out a lot.*

*If I know she's coming over, I feel stronger and feel like things are going to be better.*

*I am on track and staying on track. If it wasn't for them, I would still be in it. I used to stress about everything and to reduce that stress I used to self-medicate. But now I have people who I can talk to. They're like my second family. Even when [staff] is busy, they will sit and talk to me. They are seriously concerned. They do care about the people.*

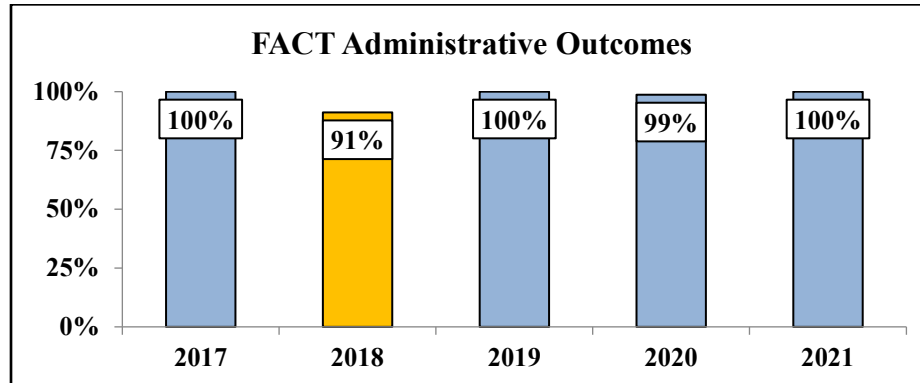
*I got my family back. I made amends with them. I blamed them at first, but I was strung out. You hurt family and yourself. My family can't believe the change in me. My boys are talking to me. I love them to death. This program ... I don't know what I would do without it. I love this program.*

*I spent over 20 years of my life behind bars. I'm starting to come out of my shell. I am now starting to trust people.*

*Social situations ... I tend to get isolated, but it's a work in progress. She [staff] gives me ideas of ways to get out. One day we wrote down three things I could do. I told her I would get ahold of the library and find out the procedure for checking out books.*

## *ADMINISTRATIVE OUTCOME AREAS*

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



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

### Administrative Outcome - Level of Functioning

Organization	2020 Results	2020 Score	2021 Results	2021 Score
FACT	99%	4	100%	4

**Comments:** Administrative outcomes for the FACT program require an annual assessment of level of functioning. In FY21 the program documented this assessment for 100% of participants, resulting in an Exceeds Expectations rating.

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## ***SUMMARY OF PROGRAM PERFORMANCE TABLE***

2021 Outcome Summary		FACT Results	FACT Score
Community Housing		86%	4
Homelessness		15.67	1
Involvement in the Criminal Justice System		21.62	4
Employment – Working Toward Self-Sufficiency		40%	4
Employment – Engagement Toward Employment		77%	4
Education		5%	3
Participant Satisfaction		97%	4
Participant Empowerment		80%	1
Concerned Others Satisfaction		80%	1
Access to Somatic Care		84%	1
Community Inclusion		80%	4
Negative Disenrollments		3.85%	4
Psychiatric Hospitalizations		3.19	3
Emergency Room Visits for Psychiatric Care		0.18	4
Quality of Life		99%	4
Administrative		100%	4
Outcome Summary Comparison	Points Possible	Percentage	Total Points
FY2020	64	80%	51
FY2021	64	78%	50

### 2021 Scale (Overall Performance)

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

## APPENDIX A: FILE REVIEW FORM

### IOWA

#### Administrative

##### Q1.1. File Review Start Date

##### Q1.2. File review status

- ☐ First round (July-February)  
☐ Second round (March-June)  
☐ Final disposition (post discrepancy meeting)

##### Q1.3. Integrated Service type

- ☐ ISA  
☐ FACT  
☐ KEY

##### Q1.4. Reviewer

- ☐ Amy Blessing  
☐ Halaina Graves  
☐ Tessa Heeren  
☐ David Klein  
☐ Other

##### Q1.5. Member Identification

PolkMIS ID	<input type="text"/>
Participant First Name	<input type="text"/>
Participant Last Name	<input type="text"/>
Alias	<input type="text"/>
Date of Birth	<input type="text"/>
Age	<input type="text"/>
Date of Enrollment	<input type="text"/>
Agency	<input type="text"/>
Staff First Name	<input type="text"/>
Staff Last Name	<input type="text"/>

##### Q1.6. Are the Member ID fields above consistent with PolkMIS sample list?

- ☐ Yes  
☐ No

#### Polk MIS events

##### Q2.1.

Enter the Date(s) listed in PolkMIS

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

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

	Polk MIS Event List
	Date(s)
LOCUS / LOF	<input style="width: 100%;" type="text"/>



## Polk MIS Event List

Date(s)

Housing Status (write in event type(s))

Employment status (write in event type(s))

Education

Somatic Care

Community Inclusion

Homelessness

Jail

Negative Disenrollment

Psychiatric Emergency Department

Psychiatric Hospitalization

## Q2.2. PolkMIS events notes

## Level of Functioning

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

	Date(s)		PolkMIS and document consistent?		Assessment		
	PolkMIS	LOF document	Yes	No	LOCUS	ICAP or SIS	Document missing
Most Recent Level of Functioning	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Q3.2. LOF is 5 or 6?

- ☐ Yes  
☐ No (1-4)

## Q3.3. Level of Functioning notes

## Housing

## Q4.1. Housing Checklist and PolkMIS Events

Additional housing events can include

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

PolkMIS Event type		Date		Checklist Meets CL Criteria		Polk MIS meets CL Criteria		Does file documentation agree with PolkMIS event?	
		PolkMIS	Checklist	Yes	No	Yes	No	Yes	No
<input type="checkbox"/> Annual Documentation	✓	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Additional housing event 1	✓	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PolkMIS Event type		Date		Checklist Meets CL Criteria		Polk MIS meets CL Criteria		Does file documentation agree with PolkMIS event?	
		PolkMIS	Checklist	Yes	No	Yes	No	Yes	No
<input type="checkbox"/> Additional housing event 2		<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Additional housing event 3		<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Additional housing event 4		<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Additional housing event 5		<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q4.2. Home visits**

Enrollment Date:

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

	Addressed 4 times throughout year? Enter at least one date for each quarter				Not applicable Request not to visit at home	Home Visits Score	
	~July-Sept	~Oct-Dec	~Jan-Mar	~Apr-June		Total found	Total expected
Home Visits phone and video call meet criteria	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

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

- ☐ Yes  
☐ No

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

**Employment and Wage Reporting****Q5.1. Employment**

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

From PolkMIS:

Employed

☐ Employed (includes Competitive, Does not meet criteria, CWE for MEPS, Enclave, Self Employed, Supported Employment, Workshop)

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

Inactive employment

☐ Unemployed (includes Engaged, not engaged, education skills/training) 
☐ Not in Labor Force (includes LOS 5/6, retired) 
**Q5.2. Does the participant's PolkMIS status indicate any type of Employment in the fall (10/18/20 - 10/31/20) or spring (4/16/21 - 4/30/21) reporting periods?**

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

**Q5.3. Hours worked and wages**

	Hour and wage reporting			Source of wage reporting	All hour and wage information included and consistent across PolkMIS and agency?	
	Hours worked (over 2 week time period)	Wage (per hour)	Date verified		Yes	No
Fall Reporting Period (10/18/20 - 10/31/20)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="radio"/>	<input type="radio"/>
Spring Reporting Period (4/16/21 - 4/30/21)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="radio"/>	<input type="radio"/>

**Q5.4. Employment and Wage and Hour reporting comments***Examples:**Dates active in each employment status**Change in Job**Documentation inconsistencies*

**Education****Q6.1.****Education**

	Dates		Educational activity details	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file		Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)	Under-reported (Documented, but not claimed in MIS)
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q6.2. Education notes**

**Participant Empowerment****Q7.1. Empowerment plan goals**

	Goals and services	
	From empowerment plan(s), enter participant goals	From reviewer notes, enter services provided that are aligned with goals
Empowerment plan 1 goals	<input type="text"/>	<input type="text"/>
Empowerment plan 2 goals (if provided and unique from empowerment plan 1 goals)	<input type="text"/>	<input type="text"/>

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

**Q7.2. Empowerment Discussion Quarterly Expectations****Enrollment Date:**

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

**Q7.3. Empowerment planning**

	Yes	No
Individualized and measurable goals are in place (see Q7.1)		
<ul style="list-style-type: none"> <li>Empowerment plans provided for entire reporting period (July-June)</li> <li>Empowerment plan meeting held during reporting period, date(s)</li> </ul>	<input type="radio"/>	<input type="radio"/>
Documentation supporting consumer involvement in goal development		
<ul style="list-style-type: none"> <li>Client signature included on each plan (or appropriate notation), provide date(s)</li> </ul>	<input type="radio"/>	<input type="radio"/>
Empowerment discussions (employment, education, community inclusion) regularly held (Q7.2)	<input type="radio"/>	<input type="radio"/>
Documentation in the file reflecting services delivered (see Q7.1)		
<ul style="list-style-type: none"> <li>Monthly contact maintained throughout evaluation period (Q11.1)</li> </ul>	<input type="radio"/>	<input type="radio"/>

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

Score achieved	
Score expected	4

**Q7.5. Participant Empowerment comments**

--

**Somatic Care****Q8.1. Somatic care**

	Dates		Somatic care	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file		Details, describe discrepancy if applicable	Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)
Somatic Care				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q8.2. Somatic Care notes**

**Community Inclusion****Q9.1. Community Inclusion**

	Dates		CI details from file  Activities	Documented in file?		Agrees with Polk MIS?		If no, type of discrepancy	
	From PolkMIS	From file		Yes	No	Yes	No	Over-reported (Claimed in MIS but not Documented)	Under-reported (Documented, but not claimed in MIS)
Community Inclusion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q9.2. Community inclusion notes**

*Include any activities that were reported as community inclusion, but do not meet criteria*

**Adverse Experiences****Q10.1. Adverse experiences**

	Event reported in Polk MIS?	Event documented in file?		Do PolkMIS events agree with file?	
	Date, if applicable	Yes	No	Yes	No
Homelessness	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jail	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Negative Disenrollment	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Emergency Room Visits (not admitted)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Hospitalizations	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q10.2. Adverse Experiences notes**

**Routine Expectations****Q11.1. Routine contact**

Enrollment date:

	Were services provided and documented?		
	Yes	No	NA
Monthly contact initiated by agency and documented?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were services provided and documented?

	Yes	No	NA
Dates of program enrollment consistent between PolkMIS and Agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Notes are original (not copied and pasted)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q11.2. Routine contact notes**

**Reviewer Notes****Q15.1. Finalize reviewer notes**

Include details such as

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

Examples of "other" notable events can be anything that affects a participant's treatment or progress, such as:

- Relationship issues
- Trauma
- Medication mismanagement
- Unable to be located
- Change in program status (on hold status, disruptions in Medicaid eligibility)
- Notes about participant, but not direct contact (such as provider-to-provider communication, or MCO communication)
- 

Note discrepancies such as

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

**Q15.2. Review notes from previous sections****Q15.3. Final status summary**

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

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

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

Start each new discrepancy with \*\* to keep separate

## ***APPENDIX B: PARTICIPANT SATISFACTION SURVEY QUESTIONS***

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

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

B3. I know who to call in an emergency.

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

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

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

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

B10. The staff treat me with respect.

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

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

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

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

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

B5A1. I deal more effectively with daily problems.

B5A2. I am better able to control my life.

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

B5A4. I am getting along better with my family.

B5A5. I do better in social situations.

B5A6. I do better at school or work.

B5A7. My housing situation has improved.



## ***APPENDIX C: CONCERNED OTHERS SATISFACTION SURVEY QUESTIONS***

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

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

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

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

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

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

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

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

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

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

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

## ***APPENDIX D: EXAMPLES OF COMMUNITY INCLUSION***

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### **Spiritual**

### **Civic**

### **Cultural**

Participated in AA meetings

Visited the Art Center

Attended Fourth of July Fireworks

Attended Fourth of July Picnic

Attended Goodguys Car Show

Participated in NA meetings

Visited Urban Air Trampoline Park

*APPENDIX E: FACT FILE REVIEW RESULTS*

Outcome Area	Specific Outcome	FACT		
		Frequency	Expected	Accuracy
<b>Functioning Assessment</b>	File and PolkMIS Agree	15	15	100%
<b>Housing</b>	File and PolkMIS Agree	15	15	100%
<b>Education</b>	File and PolkMIS Agree	15	15	100%
<b>Employment</b>	File and PolkMIS Agree	3	3	100%
<b>Participant Empowerment</b>	All Goal Components Present	12	15	80%
<b>Somatic Care</b>	File and PolkMIS Agree	15	15	100%
<b>Community Inclusion</b>	File and PolkMIS Agree	15	15	100%
<b>Homelessness</b>	File & PolkMIS Agree	14	15	93%
<b>Jail</b>	File and PolkMIS Agree	15	15	100%
<b>Negative Disenrollment</b>	File & PolkMIS Agree	15	15	100%
<b>ER Visits</b>	File and PolkMIS Agree	15	15	100%
<b>Psychiatric Hospitalizations</b>	File and PolkMIS Agree	15	15	100%

## ***APPENDIX F: OUTCOME CRITERIA***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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