

**POLK COUNTY REGIONAL
MENTAL HEALTH AND DISABILITY SERVICES
MANAGEMENT PLAN**

III. FISCAL YEAR 2015 ANNUAL REPORT

PREPARED BY:



GEOGRAPHIC AREA: Polk

APPROVED BY THE GOVERNING BOARD: Scheduled for 12/09/15

Table of Contents

III. FISCAL YEAR 2015 ANNUAL REPORT

A. Introduction	3
B. Services provided in Fiscal Year 2015	3
1. Core Service/Access Standards: Iowa Administrative Code 441-25.3	3
2. Additional Core Services Available in Region: Iowa Code 331.397(6)	6
3. Provider Practices & Competencies	7
C. Individuals Served in Fiscal Year 2015	10
1. Persons Served by Age Group and by Primary Diagnostic	10
2. Unduplicated Count of Adults by Chart of Accounts Number and Disability Type	10
3. Unduplicated Count of Children by Chart of Accounts Number and Disability Type	12
This chart lists the number of children funded for each service by diagnosis	12
4. Mental Health System Growth/Loss Report	12
D. Moneys Expended	13
1. Total Expenditures by Chart of Accounts Number and Disability Type	13
2. Revenues	15
3. County Levies	15
E. Outcomes	16
1. Progress on Goals	16
2. Waiting List	19
3. Statewide Outcomes (Quality Service Development & Assessment, QSDA)	19
4. Polk County Region Outcomes by Program	21
5. System Satisfaction	36

III. FISCAL YEAR 2015 ANNUAL REPORT

A. Introduction

The Mental Health Re-design prompted counties to form into Mental Health and Disability Service Regions under Iowa Code Chapter 28E in compliance with Iowa Code 331.390. The Polk County Region received an exemption from this requirement. In compliance with IAC 441-25, the Polk Management Plan includes three parts: (I) Policies and Procedures Manual; (II) Annual Service and Budget Plan; and (III) Annual Report. Section III, the Polk County Region Annual Report covers Fiscal Year 2015 (7/1/14 – 6/30/15).

B. Services provided in Fiscal Year 2015

Polk County service contracts require that all providers meet all applicable licensure, accreditation or certification standards; however Polk County makes serious efforts to stimulate access to more natural supports in its service provider network.

Successful attainment of positive outcomes, consumer and family satisfaction, and cost effectiveness measures are the most important factors in continued network participation. PCHS has identified access points within the provider network to assist individuals or their representatives to apply for services. This section includes:

- Access Standards for Core Services and what we are doing to meet access standards
- Additional Core Services, availability and plans for expansion
- Provider Practices and Competencies
 - Multi-Occurring Capable
 - Trauma Informed Care
 - Evidence Based Practices

1. Core Service/Access Standards: Iowa Administrative Code 441-25.3

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	<ul style="list-style-type: none"> • 2 Adult CMHCs • 1 Child CMHC • 1 FQHC 	Broadlawns and Eyerly Ball Community Mental Health Services are Adult Community Mental Health Centers and Orchard Place/Des Moines Child Guidance is a children’s Community Mental Health Center. Primary Health Care, Inc. is an FQHC.
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<ul style="list-style-type: none"> • Broadlawns Medical Center • Iowa Lutheran Hospital • Mercy Hospital 	BMC = 30 beds with plans for expansion to 44 Lutheran = 40 Adult, 16 kids, 12 Gero beds Mercy = 18 adult and 16 kids
Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	Timeliness: The region shall provide outpatient treatment services. Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.	<ul style="list-style-type: none"> • Broadlawns Medical Center • Iowa Lutheran Hospital • Mercy Hospital 	The Crisis Team has been in place for decades fielding calls and seeing people in the emergency room. If a person is in an emergency, all outpatient providers would see a person, call for emergency services or refer the person to one of the three hospitals or the Crisis Observation Center.
25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one	Urgent services are provided with one hour of	If it is urgent, CMHCs serve people and refer for crisis services as necessary.

	hour of presentation or 24 hours of telephone contact.	presentation or 24 hours of telephone contact.	
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	<ul style="list-style-type: none"> Broadlawns: 14 days for medication management and 25 days for therapy DM Child: 6.5 days Eyerly Ball: 12 days for prescribers and 4 days for therapy 	Polk County's target is to see someone within 10 working days of first point of contact. Providers reported point-in-time metrics this year. Our goal is for providers to report quarterly. The standard was met by DM Child and Eyerly Ball, partially met by Broadlawns.
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	Providers noted in 24.3(1)a are centrally located in Des Moines.	All providers of outpatient services are centrally located in Des Moines and on bus lines.
Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	<ul style="list-style-type: none"> Broadlawns Medical Center Iowa Lutheran Hospital Mercy Hospital 	People, in need of emergency inpatient treatment are able to access the treatment within 24 hours. There are times that a person may be diverted from our designated inpatient facility but the person can receive treatment within twenty four hours at another hospital.
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	<ul style="list-style-type: none"> Broadlawns Medical Center Iowa Lutheran Hospital Mercy Hospital 	Providers are centrally located and on bus lines.
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	<= 7 day Industry Standard	Seven day follow up is an industry standard provided by hospitals and also by IHH programs.
Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	<ul style="list-style-type: none"> Broadlawns Crisis Team Iowa Lutheran Hospital Access Center Mercy Access Center Eyerly Ball Crisis Observation Center 	Each hospital provides crisis response 24/7. In addition, Eyerly Ball operates a Mobile Crisis Response Team (MCRT) that is available in support of the police for 22 hours each day/7 days each week, a crisis observation center that is open 24/7 for mental health crisis that do not rise to the level of requiring an ER response.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	See 25.3(4)a	
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.	Met	Appointments are scheduled but interviews, acceptance and service start dates are subject to provider staff capacity and consumer choice of providers.

Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	Met	Referrals are made within the access time frame but interviews, program acceptance and start dates are subject to provider capacity and consumer choice of providers.
Recovery Services: (Family Support, Peer Support)			
25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	<u>Family Support:</u> NAMI <u>Peer Support:</u> Integrated Services, Integrated Health, Peer Support Requests made through the Service Appeal Board	All services in Polk County are within 30 miles. Plans for financially supporting NAMI family support services are subject to adequate funding.
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	Proximity: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	<ul style="list-style-type: none"> • Broadlawns: (IHH) • Community Support Advocates (IHH, TCM) • Eyerly Ball (IHH) • Link (TCM) • Easter Seals (TCM) • ChildServe (TCM) 	All service coordination providers are located in Des Moines centrally located and on bus lines. Service Coordinators are also located on site at Central Iowa Shelter and Services.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	<ul style="list-style-type: none"> • Broadlawns • Community Support Advocates • Eyerly Ball 	People are triaged by an Intake Coordinator and a Service Coordinator begins to work with people immediately upon request.

2. Additional Core Services Available in Region: Iowa Code 331.397(6)

Service Domain/Service	Available:	Comments:
Comprehensive Facility and Community-Based Crisis Services:331.397~ 6.a.		
24-Hour Crisis Hotline	<ul style="list-style-type: none"> Broadlawns Medical Center National Suicide Prevention Lifeline 	The Crisis Team has been in place for decades fielding calls and seeing people in the emergency room. We also promote the National Suicide Prevention Lifeline on our websites www.pchsia.org and http://polk.ia.networkofcare.org/mh/emergency-services.aspx
Mobile Response	Eyerly Ball Community Mental Health Services	Mobile response for supporting police calls has been in operation for 14 years. Plans for continued regional support are subject to adequate sustainable funding.
23-Hour crisis observation & holding	Eyerly Ball Community Mental Health Services	23-hour crisis observation and holding has been in operation for 1 year. Plans for continued regional support are subject to adequate sustainable funding.
Crisis Stabilization Community Based Services	No	Not in planning stage
Crisis Stabilization Residential Services	Eyerly Ball Community Mental Health Services	Crisis Stabilization has been in operation for 1 year. Plans for continued regional support are subject to adequate sustainable funding.
Other	<p>Mental Health First Aid – NAMI</p> <p>Polk County Mental Health Response Team – Volunteers, sponsored by Polk County Health Services</p> <p>Hospital Step-Down – Broadlawns Medical Center</p>	<p>Polk County Health Services and other teams provide MHFA.</p> <p>The Polk County Mental Health Response Team has been in operation for four years and provides Critical Incident Stress Management debriefings.</p> <p>A transitional treatment program for continued treatment support for up to 2 weeks before returning home.</p>
Crisis Residential Services:331.397~ 6.b.		
Subacute Services 1-5 beds	No	Not in planning stage
Subacute Services 6+ beds	No	Not in planning stage
Justice System-Involved Services:331.397~ 6.c.		
Jail Diversion	Eyerly Ball	Mobile Crisis Response Team Post-Booking Jail Diversion Forensic Assertive Community Treatment
Crisis Intervention Training	Des Moines Police	Available at the DMPD Police Academy
Civil Commitment Prescreening	Eyerly Ball CMHC	Available during the past year.
Other	NA	NA

3. Provider Practices & Competencies

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY
<i>441-25.4(331)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>Narrative</i>
<p>Service providers who provide services to persons with 2 or more of the following co-occurring conditions:</p> <ul style="list-style-type: none"> a. Mental Illness b. Intellectual Disability c. Developmental Disability d. Brain Injury e. Substance Use Disorder 		<ul style="list-style-type: none"> - Candeo - ChildServe - Crest Services -Community Support Advocates - Easter Seals - Eyerly Ball - Link Associates - Lutheran Services In Iowa - Mainstream Living - Mosaic - Optimae LifeServices - Progress Industries 	<ul style="list-style-type: none"> - Candeo - ChildServe - Crest Services -Community Support Advocates - Easter Seals - Eyerly Ball - Link Associates - Lutheran Services In Iowa - Mainstream Living - Mosaic - Optimae LifeServices - Progress Industries 	<p>The Polk County Positive Behavior Support Network (PBSN) is the mechanism to positively impact the competency of its network members. Training occurred through the National Association of Dual Diagnosis, Motivational Interviewing, Emotional Intelligence, Universal Enhancement, trauma informed care and the PBS Simulation. The PBS FY15-18 strategic plan includes strategies to learn and grow within the network and other intersecting systems, create/expand training opportunities and methods of delivering training, and tracking impact of training. PBSN Academy set its training calendar for FY16 which includes co-occurring training with Dr. Bonfardin, cultural competency, ethical boundaries, and motivational interviewing.</p>
Trauma informed care		<ul style="list-style-type: none"> - Candeo - ChildServe - Crest Services -Community Support Advocates - Easter Seals - Eyerly Ball - Link Associates - Lutheran Services In Iowa - Mainstream Living - Mosaic - Optimae LifeServices - Progress Industries 	<ul style="list-style-type: none"> - Candeo - ChildServe - Crest Services -Community Support Advocates - Easter Seals - Eyerly Ball - Link Associates - Lutheran Services In Iowa - Mainstream Living - Mosaic - Optimae LifeServices - Progress Industries 	<p>The Polk County Positive Behavior Support Network (PBSN) is the mechanism to positively impact the competency of its network members. Training occurred through the National Association of Dual Diagnosis, Motivational Interviewing, Emotional Intelligence, Universal Enhancement, trauma informed care and the PBS Simulation. The PBS FY15-18 strategic plan includes strategies to learn and grow within the network and other intersecting systems, create/expand training opportunities and methods of delivering training, and tracking impact of training. PBSN Academy set its training calendar for FY16 which includes co-occurring training with Dr. Bonfardin, cultural competency, ethical boundaries, and motivational interviewing.</p>

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Core: IAC441-25.4(3)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Assertive Community Treatment or Strength Based Case Management			Eyerly Ball	Verified when we did our initial request for an exception to the regional rules	Work with FACT Team on Positive Behavior Support, Motivational Interviewing, Dynamic Risk Assessment. Available to ACT Team upon request.
Integrated Treatment of Co-Occurring SA & MH					Support for involvement in Minkoff and Cline training. Also through PBS Network
Supported Employment					We continue to work toward implementing best practice programs, however did not measure to fidelity.
Family Psychoeducation					Available through NAMI.
Illness Management and Recovery			Eyerly Ball		Available as group therapy when sufficient demand.
Permanent Supportive Housing					We continue to work toward implementing best practice programs, however did not measure to fidelity.

The Polk County Region, in partnership with IACP & our other Regional partners began discussing how to develop a statewide approach to identifying and collecting Social Determinant Outcome data, looking at provider practices and competencies, and entering into performance-based contracts/pay for performance. During FY15, the priority area was identifying and creating statewide outcomes. In FY16, we will work to partner with other regions and providers to increase awareness of SAMSHA best practices and highlight Iowa programs implementing best practices and move toward creating an independent verification process.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Additional Core: 331:397(6)d</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying? List Agencies</i>	<i>Narrative</i>
Positive Behavioral Support		<ul style="list-style-type: none"> - <i>Candeo</i> - <i>ChildServe</i> - <i>Crest Services</i> - <i>Community Support Advocates</i> - <i>Easter Seals</i> - <i>Eyerly Ball</i> - <i>Link Associates</i> - <i>Lutheran Services In Iowa</i> - <i>Mainstream Living</i> - <i>Mosaic</i> - <i>Optimae LifeServices</i> - <i>Progress Industries</i> 	<ul style="list-style-type: none"> - <i>Candeo</i> - <i>ChildServe</i> - <i>Crest Services</i> - <i>Community Support Advocates</i> - <i>Easter Seals</i> - <i>Eyerly Ball</i> - <i>Link Associates</i> - <i>Lutheran Services In Iowa</i> - <i>Mainstream Living</i> - <i>Mosaic</i> - <i>Optimae LifeServices</i> - <i>Progress Industries</i> 	We are not currently independently verifying agencies fidelity scales. Each agency is encouraged to utilize the PBS fidelity scale as a foundation for developing their PBS strategic plan.	The Positive Behavior Network has been operational in Polk County for over 10 years.
Peer Self Help Drop In Center					Plans for supporting peer support drop in center services are subject to adequate funding. Plan to implement was put on hold due to lack of ongoing and sustainable funding.
Other Research Based Practice: IE IPR IAC 331.397(7)					Contract with Central Iowa Recovery

C. Individuals Served in Fiscal Year 2015

Polk County citizens are eligible for county-funded services if they meet financial eligibility criteria as well as one of the following population group categories: persons in need of mental health services (MI), persons with intellectual disabilities (ID), or persons with developmental disabilities (DD). This section includes:

- Persons Served by Age Group and by Primary Diagnostic Category
- Unduplicated Count of Adults by Chart of Accounts Number and Disability Type
- Unduplicated Count of Children by Chart of Accounts Number and Disability Type
- Mental Health System Growth/Loss Report

1. Persons Served by Age Group and by Primary Diagnostic

The chart below shows the unduplicated count of individuals funded by diagnosis. Several programs are funded through block grants, impacting unduplicated counts.

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	461	5,202	5,663	40
Intellectual Disabilities	538	1,331	1,869	42
Other Developmental Disabilities	1	329	330	43
Total	1,000	6,862	7,862	

2. Unduplicated Count of Adults by Chart of Accounts Number and Disability Type

This chart lists the number of adult individuals funded for each service by diagnosis.

FY 2015		Polk MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains							
Age	COA	Treatment					
Adult	* 43301	Assessment & evaluation	67				67
Adult	42305	Mental health outpatient therapy	314				314
Adult	42306	Medication prescribing & management					0
Adult	* 71319	Mental health inpatient therapy-MHI	64				64
Adult	73319	Mental health inpatient therapy	85				85
Basic Crisis Response							
Adult	32322	Personal emergency response system		1			1
Adult	44301	Crisis evaluation					0
Adult	44305	24 hour access to crisis response					0
Support for Community Living							
Adult	32320	Home health aide	112		6		118
Adult	32325	Respite		4	2		6
Adult	32328	Home & vehicle modifications					0
Adult	32329	Supported community living	107	13	77		197
Support for Employment							
Adult	50362	Prevocational services	12	35	5		52
Adult	* 50367	Day habilitation	16	4	3		23
Adult	* 50364	Job development	6	60	35		101
Adult	50368	Supported employment	3	70	41		114
Adult	50369	Group Supported employment-enclave					0
Recovery Services							
Adult	45323	Family support					0
Adult	45366	Peer support	1				1
Service Coordination							
Adult	* 21375	Case management	5	42	64		111
Adult	24376	Health homes	22				22
Core Evidenced Based Treatment							
Adult	45373	Family psychoeducation					0
Adult	* 42397	Psych rehab (ACT & IPR)	80	1			81
Core Domains Total			894	230	233		1357

FY 2015		Polk MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Mandated Services							
Adult	46319	Oakdale					0
Adult	72319	State resource centers					0
Adult	* 74XXX	Commitment related (except 301)	340	17	2		359
Adult	75XXX	Mental health advocate	6				6
Mandated Services Total			346	17	2		365
Additional Core Domains							
Comprehensive Facility & Community Based Crisis Services							
Adult	44346	24 hour crisis line					0
Adult	44366	Warm line					0
Adult	44307	Mobile response	1				1
Adult	44302	23 hour crisis observation & holding	1				1
Adult	44312	Community based crisis stabilization					0
Adult	44313	Residential crisis stabilization	30	1			31
Sub-Acute Services							
Adult	63309	Subacute services-1-5 beds					0
Adult	64309	Subacute services-6 and over beds					0
Justice system-involved services							
Adult	46305	Mental health services in jails					0
Adult	46422	Crisis prevention training					0
Adult	74301	Civil commitment prescreening	1				1
Adult	* 46399	Justice system-involved services-other	1				1
Additional Core Evicted Based Treatment							
Adult	42366	Peer self-help drop-in centers					0
Additional Core Domains Total			34	1	0		35
Other Informational Services							
Adult	03XXX	Information & referral					0
Adult	04XXX	Consultation					0
Adult	05XXX	Public education					0
Other Informational Services Total			0	0	0		0
Other Community Living Support Services							
Adult	06399	Academic services					0
Adult	22XXX	Services management	558	14	38		610
Adult	23376	Crisis care coordination	320	2	1		323
Adult	23399	Crisis care coordination other					0
Adult	24399	Health homes other					0
Adult	31XXX	Transportation	133	19	40		192
Adult	32321	Chore services					0
Adult	32326	Guardian/conservator					0
Adult	32327	Representative payee	118	9	1		128
Adult	32335	CDAC			3		3
Adult	33330	Mobile meals	87	5	1		93
Adult	33340	Rent payments (time limited)					0
Adult	33345	Ongoing rent subsidy	503	37	5		545
Adult	* 33399	Other basic needs	330	7	1		338
Adult	41305	Physiological outpatient treatment	100				100
Adult	41306	Prescription meds	195	1	1		197
Adult	41307	In-home nursing					0
Adult	41308	Health supplies					0
Adult	41399	Other physiological treatment					0
Adult	42309	Partial hospitalization					0
Adult	42363	Day treatment	1				1
Adult	42396	Community support programs	484	62	89		635
Adult	42399	Other psychotherapeutic treatment					0
Adult	43399	Other non-crisis evaluation					0
Adult	44304	Emergency care	1				1
Adult	44399	Other crisis services					0
Adult	45399	Other family & peer support					0
Adult	* 50361	Vocational skills training	10	72	13		95
Adult	50365	Supported education	3	5	2		10
Adult	50399	Other vocational & day services					0
Adult	63XXX	RCF 1-5 beds	1				1
Adult	63XXX	ICF 1-5 beds					0
Adult	63329	SCL--1-5 beds	29	27	4		60
Adult	63399	Other 1-5 beds					0
Other Comm Living Support Services Total			2873	260	199		3332
Other Congregate Services							
Adult	50360	Work services (work activity/sheltered work)					0
Adult	64XXX	RCF--6 and over beds	34	2	1		37
Adult	64XXX	ICF--6 and over beds					0
Adult	64329	SCL--6 and over beds	12				12
Adult	64399	Other 6 and over beds					0
Other Congregate Services Total			46	2	1		49
Administration							
Adult	11XXX	Direct Administration					0
Adult	12XXX	Purchased Administration					0
Administration Total							0
Regional Totals							
(45)County Provided Case Management						1470	1470
(46)County Provided Services							0
Regional Grand Total							

D. Moneys Expended

Polk County citizens are eligible for county-funded services if they meet financial eligibility criteria as well as one of the following population group categories: persons in need of mental health services (MI), persons with intellectual disabilities (ID), or persons with developmental disabilities (DD). This section includes

- Total Expenditures by Chart of Accounts Number and Disability Type
- Revenues
- County Levies

1. Total Expenditures by Chart of Accounts Number and Disability Type

The chart below show the regional funds expended by service and by diagnosis. The “*” designate lines where PolkMIS service codes track chart of account services at a more granular level were translated into the new format and appropriate COA code for state reporting purposes.

FY 2015 Accrual	Polk MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains						
COA	Treatment					
* 43301	Assessment & evaluation	\$ 245,869				\$ 245,869
42305	Mental health outpatient therapy	\$ 256,391	\$ 71	\$ 1,626		\$ 258,088
42306	Medication prescribing & management					\$ -
* 71319	Mental health inpatient therapy-MHI	\$ 1,323,622				\$ 1,323,622
73319	Mental health inpatient therapy	\$ 146,463				\$ 146,463
	Basic Crisis Response					
32322	Personal emergency response system		\$ 111			\$ 111
44301	Crisis evaluation					\$ -
44305	24 hour access to crisis response					\$ -
	Support for Community Living					
32320	Home health aide	\$ 254,278		\$ 20,568		\$ 274,846
32325	Respite		\$ 3,373	\$ 2,981		\$ 6,355
32328	Home & vehicle modifications					\$ -
32329	Supported community living	\$ 428,878	\$ 33,730	\$ 638,481		\$ 1,101,089
	Support for Employment					
50362	Prevocational services	\$ 32,115	\$ 144,503	\$ 13,400		\$ 190,018
* 50367	Day habilitation	\$ 13,472	\$ 9,143	\$ 9,710		\$ 32,326
* 50364	Job development	\$ 7,361	\$ 98,461	\$ 39,120		\$ 144,941
50368	Supported employment	\$ 8,317	\$ 409,952	\$ 46,334		\$ 464,602
50369	Group Supported employment-enclave					\$ -
	Recovery Services					
45323	Family support					\$ -
45366	Peer support	\$ 2,369				\$ 2,369
	Service Coordination					
* 21375	Case management	\$ 8,770	\$ 44,745	\$ 77,421		\$ 130,936
24376	Health homes	\$ 233,895				\$ 233,895
	Core Evidenced Based Treatment					
45373	Family psychoeducation					\$ -
* 42397	Psych rehab (ACT & IPR)	\$ 698,542	\$ 1,424.50			\$ 699,967
	Core Domains Total	\$ 3,660,342	\$ 745,514	\$ 849,640		\$ 5,255,496

FY 2015 Accrual	Polk MHDS Region	MI (40)	ID(42)	DD(43)	Admin (44)	Total
Core Domains						
Mandated Services						
46319	Oakdale					\$ -
72319	State resource centers					\$ -
* 74XXX	Commitment related (except 301)	\$ 149,714	\$ 3,653	\$ 300		\$ 153,667
75XXX	Mental health advocate	\$ 105,251				\$ 105,251
	Mandated Services Total	\$ 254,965	\$ 3,653	\$ 300		\$ 258,918
Additional Core Domains						
Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line					\$ -
44366	Warm line					\$ -
44307	Mobile response	\$ 472,494				\$ 472,494
44302	23 hour crisis observation & holding	\$ 1,279,179				\$ 1,279,179
44312	Community based crisis stabilization					\$ -
44313	Residential crisis stabilization	\$ 646,911	\$ 27,230			\$ 674,141
Sub-Acute Services						
63309	Subacute services-1-5 beds					\$ -
64309	Subacute services-6 and over beds					\$ -
Justice system-involved services						
46305	Mental health services in jails					\$ -
46422	Crisis prevention training					\$ -
74301	Civil commitment prescreening	\$ 108,333				\$ 108,333
* 46399	Justice system-involved services-other	\$ 276,140				\$ 276,140
Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers					\$ -
	Additional Core Domains Total	\$ 2,783,058	\$ 27,230	\$ -		\$ 2,810,288
Other Informational Services						
03XXX	Information & referral					\$ -
04XXX	Consultation	\$ 166,374				\$ 166,374
05XXX	Public education	\$ 10,948				\$ 10,948
	Other Informational Services Total	\$ 177,322	\$ -	\$ -		\$ 177,322
Other Community Living Support Services						
06399	Academic services					\$ -
22XXX	Services management	\$ 669,830	\$ 10,985	\$ 46,608		\$ 727,423
23376	Crisis care coordination	\$ 206,675	\$ 1,225	\$ 175		\$ 208,075
23999	Crisis care coordination other					\$ -
24399	Health homes other					\$ -
31XXX	Transportation	\$ 130,752	\$ 22,411	\$ 111,303		\$ 264,467
32321	Chore services					\$ -
32326	Guardian/conservator					\$ -
32327	Representative payee	\$ 76,965	\$ 5,974	\$ 28		\$ 82,967
32335	CDAC			\$ 43,032		\$ 43,032
33330	Mobile meals	\$ 107,818	\$ 6,994	\$ 583		\$ 115,394
33340	Rent payments (time limited)					\$ -
33345	Ongoing rent subsidy	\$ 1,077,029	\$ 52,095	\$ 8,762		\$ 1,137,885
* 33399	Other basic needs	\$ 50,557	\$ 1,589	\$ 200		\$ 52,347
41305	Physiological outpatient treatment	\$ 15,740				\$ 15,740
41306	Prescription meds	\$ 24,999	\$ 35	\$ 35		\$ 25,068
41307	In-home nursing					\$ -
41308	Health supplies					\$ -
41399	Other physiological treatment					\$ -
42309	Partial hospitalization					\$ -
42363	Day treatment	\$ 40,000				\$ 40,000
42396	Community support programs	\$ 3,241,029	\$ 450,948	\$ 895,444		\$ 4,587,421
42399	Other psychotherapeutic treatment					\$ -
43399	Other non-crisis evaluation					\$ -
44304	Emergency care	\$ 13,250				\$ 13,250
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
* 50361	Vocational skills training	\$ 14,191	\$ 383,514	\$ 58,421		\$ 456,126
50365	Supported education	\$ 3,671	\$ 16,259	\$ 9,149		\$ 29,080
50399	Other vocational & day services					\$ -
63XXX	RCF 1-5 beds	\$1,021.70				\$ 1,022
63XXX	ICF 1-5 beds					\$ -
63329	SCL-1-5 beds	\$ 716,925	\$ 465,093	\$ 205,244		\$ 1,387,263
63399	Other 1-5 beds					\$ -
	Other Comm Living Support Services Total	\$ 6,390,454	\$ 1,417,122	\$ 1,378,983		\$ 9,186,558
Other Congregate Services						
50360	Work services (work activity/sheltered work)					\$ -
64XXX	RCF-6 and over beds	\$ 490,749	\$ 11,675	\$ 58,667		\$ 561,091
64XXX	ICF-6 and over beds					\$ -
64329	SCL-6 and over beds	\$ 199,140				\$ 199,140
64399	Other 6 and over beds					\$ -
	Other Congregate Services Total	\$ 689,889	\$ 11,675	\$ 58,667		\$ 760,231
Administration						
11XXX	Direct Administration				\$ 4,690,084	\$ 4,690,084
12XXX	Purchased Administration				\$ 47,988	\$ 47,988
	Administration Total				\$ 4,738,073	\$ 4,738,073
	Regional Totals	\$ 13,956,030	\$ 2,205,194	\$ 2,287,590	\$ 4,738,073	\$ 18,448,813
	(45)County Provided Case Management				\$ 7,112,644	\$ 7,112,644
	(46)County Provided Services					\$ -
	Regional Grand Total					\$ 30,299,530

2. Revenues

The chart below show the regional accrual funds by source.

FY 2015 Accrual	Polk MHDS Region		
Revenues			
	Fund Balance as of 6/30/14		\$ 8,014,402
	Local/Regional Funds		\$ 14,575,153
10XX	Property Tax Levied	\$ 14,369,136	
5310	Client Fees	\$ 206,017	
	State Funds		\$ 6,559,643
2250	MHDS Equalization	\$ 6,539,434	
2645	State Payment Program	\$ 20,209	
2646	MHDS Transition	\$ -	
	Federal Funds		\$ 8,079,331
2344	Social services block grant	\$ 1,256,073	
2345	Medicaid	\$ 6,823,258	
	Total Revenues		\$ 29,214,127
	Total Funds Available for FY15	\$ 37,228,529	
	FY15 Regional Expenditures	\$ 30,299,530	
	Accrual Fund Balance as of 6/30/15	\$ 6,928,999	

3. County Levies

The chart below show the regional levy rates. During FY15, the state implemented property tax reform and rolled back the taxable valuation on commercial and industrial property to 95% of assessed value. The State then gave us property tax replacement dollars to replace the tax dollars lost due to the 5% rollback. Polk levied that amount in conjunction with the State replacement dollars and assumes 0.5% of taxes are uncollectible; so when levying the \$14,439,175, Polk only actually received \$14,369,136.

County	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Polk	443,710	\$ 20,978,609	\$14,439,175	\$ 14,439,175	\$14,186,262	\$ 32.54
Region	443,710	\$ 20,978,609	\$ 14,439,175	\$ 14,439,175	\$ 14,186,262	\$ 32.54

E. Outcomes

1. Progress on Goals

Polk County Health Services, Inc. exists to support improved access to health care and to promote full citizenship for people with mental illness, intellectual disabilities, or developmental disabilities. This plan assumes that the state will not mandate expansion of initial core services or creation of additional core services without additional funding.

a) Strategic Commitment #1: System Resources & Infrastructure

GOAL: To establish a system of resource and infrastructure management to accommodate demands on the capacity of the system.

STRATEGY:	DESCRIPTION & SUMMARY:	STATUS
1.1	Provide incentive payments for intensive care coordination for about 800 individuals.	MET
	In October, 2014, the PCHS Board approved awarding incentive funds based on the FY14 Integrated Health Home Intensive Care Coordination (IHH-ICM) Evaluation.	
1.2	Work with a local organization to recruit, organize, and support a Consumer Council.	D/C
	Feasibility study completed and decided not to implement.	
1.3	Work with ID/DD providers to identify ways to position Polk as a managed care entity.	MET
	PCHS Staff met multiple times with network providers to discuss potential Managed Care Organization (MCO) scenarios.	
1.4	Explore options for ensuring cultural competence, Expand Service Coordination for individuals in crisis with multi-occurring needs, and Continue to implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.	MET
	The Systems Integration Task Force addressed cultural competence at the provider level. Service Coordination for homeless individuals was expanded within the Broadlawns Service Coordination program and located at the Central Iowa Shelter & Services (CISS) and Primary Health. Due to Social Security constraints, Service Coordinators use their knowledge to complete the application, but cannot use the SOAR process. Coordinators are able to get people through the process in about six months.	
1.5	Explore the feasibility of automated data sharing and Support IHH-ICM program infrastructure.	MET
	Exploring the feasibility of automated data sharing was put "on hold" due to financial uncertainty; however Integrated Health Homes were supported to improve outcome and Regional coordination reporting.	
1.6	Introduce Family Psychoeducation program which is an EBP to clinic directors and develop a plan for implementation and Utilize Certified Peer Support services through local providers using the Service Appeal Board (SAB) process.	MET
	The Family Psychoeducation program was placed on an "on hold" status due to financial uncertainty; however two SAB proposals for the Strong Foundation have been approved.	
1.7	Build the structure for what the new network will be and the processes for how it will operate, developing and implementing a network agreement.	MET
	The System Integration Task Force met quarterly. Systems Integration Members developed and implemented a stakeholder agreement to indicate support for the initiative.	

FY15 KEY INDICATORS:

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Metric	FY15 Goal	Jul14 to Sept14	Oct14 to Dec14	Jan15 to Mar15	Apr15 to Jun15
Average monthly amount spent on people receiving treatment services	\$390,000				\$25,712
Average length of time to first face to face contact in Service Coordination Triage	<20 days	9 days (n = 118)	9 days (n = 86)	11 days (n = 202)	8 days (n = 117)

b) Strategic Commitment #2: Employment

GOAL: Polk County will see movement toward self-sufficiency.

STRATEGY:	DESCRIPTION & SUMMARY:	STATUS
2.1	Reinstate Supported Education. Easter Seals provides students with disabilities support at DMACC's Ankeny campus.	MET
2.2	Implement customized employment and certified benefits planning services and Implement payment structure changes.	MET
	Thirty-two Supported Employment (SE) specialists, Forensic Assertive Community Treatment (FACT) & Integrated Services Agency (ISA) staff completed customized employment certification. Additionally, Supported Community Living (SCL) and Coordination staff received training on customized employment and their role in the process.	

FY15 KEY INDICATORS:

Metric	FY15 Goal	Jul14 to Sept14	Oct14 to Dec14	Jan15 to Mar15	Apr15 to Jun15
Increase the percentage of adults in the labor force working 20 or more hours per week at minimum wage or higher	>18%				18%
Increase the percentage of adults in the labor force working greater than 5 hours per week at minimum wage or higher	>18%				28%

c) Strategic Commitment #3: Community Living

GOAL: Provide opportunities for individuals to live healthy and productive lives within the community.

STRATEGY:	DESCRIPTION & SUMMARY:	STATUS
3.1	Develop community living alternatives for individuals living outside of Polk County or for individuals needing services within Polk County.	NOT MET
	PCHS Staff continue to host bi-monthly Residential Options meetings to connect individuals with providers. Ten of the 22 individuals living outside Polk County returned to their home community.	
3.2	Implement incentive payments for Community Living Providers.	MET
	In November, 2014, the PCHS Board approved awarding incentive funds to Polk County	

	Network providers participating in the FY14 Community Living Evaluation. While the Community Living Evaluation was completed in FY13, this was the first year pay for performance funds were paired with the evaluation.	
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FY15 KEY INDICATOR:

Metric	FY15 Goal	Jul14 to Sept14	Oct14 to Dec14	Jan15 to Mar15	Apr15 to Jun15
Decrease net number of individuals living outside of Polk County in licensed facilities.	11 people	-2 (20 people)	0 (20 people)	-7 (13 people)	-1 (12 people)

d) Strategic Commitment #4: Treatment

GOAL: Treatment services will incorporate recovery concepts and principles and people will receive the treatment service that best fits the treatment goals.

STRATEGY:	DESCRIPTION & SUMMARY:	STATUS
4.1	Increase Jail Diversion capacity.	MET
	The Jail Diversion program was expanded by one staff person which allowed the program to increase the caseloads from 20 to 40 people. Additionally, a vehicle was purchased to allow Jail Diversion Staff to transport people to appointments to complete warm handoffs to traditional service providers.	
4.2	Improve Pre-Commitment Screening Process.	MET
	An additional full-time staff was added at Eyerly-Ball to support the pre-commitment screening process/provide therapy at the Crisis Observation Center. The new pre-commitment screening process is still evolving.	
4.3	Develop Crisis Stabilization Center.	MET
	By mid-September of 2014, the Crisis Stabilization Center (CSC) was opened. The CSC is a complementary service to the Crisis Observation Center. People are supported in their readiness for re-integration into the community.	
4.4	Develop Crisis Aversion Keya House Model.	HOLD
	At the January PCHS Board Meeting; Steve Miccio, CEO People Inc., provided an overview of the peer supported Keya House Model. The Crisis Aversion service was put "on hold" due to uncertainty in funding.	
4.5	Negotiate an agreement with NAMI to fund Family to Family, which is an EBP, and other family support programs	HOLD
	This strategy was placed on an "on hold" status due to financial uncertainty.	
4.6	Increase financial support for Arlington step-down for transitioning from psychiatric hospitalizations through Broadlawns.	MET
	Funding was increased to Broadlawns' Arlington step-down program. Transitioning individuals with identified community living environments frees up inpatient hospitalization beds as well as allows individuals needing additional support time to transition. Approximately 156 people were served (2.3 people per day).	
4.7	Assist in providing Crisis Intervention Training (CIT) for law enforcement and emergency medical staff	HOLD
	This strategy was placed on an "on hold" status due to financial uncertainty.	
4.8	Provide Mental Health First Aid (MHFA) training	MET

	PCHS Staff provided MHFA trainings to Link Associates, Department of Health, and DMACC.	
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FY15 KEY INDICATORS:

Metric	FY15 Goal	Jul14 to Sept14	Oct14 to Dec14	Jan15 to Mar15	Apr15 to Jun15
Decrease admissions to Mt. Pleasant	<200 people				Facility Closed
Minimize jailing individuals with mental health issues thru Mobile Crisis Team	<2%	2.5%	.84%	2.25%	.78% (YTD= 1.6%)
Decrease average days per booking for people engaged in post-booking jail diversion that were connected to the MH/DD system	< 45 days				31 days

2. Waiting List

While the Polk County Region policy is outlined in the Regional Management Plan, the Service Appeal Board reviews circumstances in which Polk County funds are authorized, allocated or expended. Another function the Service Appeal Board fulfills is to review and determine resolution of appeals. During this fiscal year, there were no appeals presented to the Service Appeal Board. Polk County did not have a waiting list during the fiscal year ending June 30, 2015.

3. Statewide Outcomes (Quality Service Development & Assessment, QSDA)

a) Role of QSDA

The Polk County Region, in partnership with IACP & our other Regional partners began discussing how to develop a statewide approach to identifying and collecting Social Determinant Outcome data, looking at provider practices and competencies, and entering into performance-based contracts/pay for performance. During FY15, the priority area was identifying and creating statewide outcomes.

b) Creating QSDA Capacity within the Regions

In FY15, Regions generally addressed the QSDA process as Region specific. Most regions were beginning to identify the QSDA scope and conclude that to fulfill the QSDA requirements would require building capacity, developing priorities and implementing in phases. The initial effort to look at a statewide standardized approach targeted outcomes. The rationale for selecting outcomes was that there was a successful model which had been developed by Polk County and a service delivery model, regardless of the type, could be evaluated by looking at outcomes.

c) Statewide Outcomes Project

The process began when the Iowa Association of Community Providers (IACP) scheduled a conference on the 5-Star Quality model (<http://www.craconferences.com/fivestar.html>) in December 2014. Participants were community providers and regional staff. A core group of providers, regional staff, and Iowa State Association of Counties (ISAC) Community Services Network (CSN) staff organized to discuss and design a statewide outcomes project in January 2014. At the ISAC Spring School in March, there

was a presentation on an introduction to value-based social determinant outcomes and pay for performance. IACP gave an overview of the 5-Star Quality model to about 600 provider participants from all HCBS waivers and Habilitation services at a state wide training in April. IACP also trained community providers (over 300 persons in attendance) on the 5-Star Quality model in May.

Objectives for the statewide outcomes project:

- Provider Agencies and Regions will work collaboratively as partners
- Develop one set of standardized social determinant outcomes statewide
- Establish a single point for data entry and data retrieval
- Establish a set of core values utilizing the 5-Star Quality model as a framework.

We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the individual against the legal responsibilities and fiscal resources of the Region.

We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents, where decisions are made thru personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.

We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).

d) Development of the Statewide Outcomes Model

We utilized the Polk County Region outcomes model that has 16 measurable outcomes: Community Housing, Homelessness, Jail Days, Employment: Working toward Self-Sufficiency (at least 20 hours/week at minimum wage or higher), Employment: Engagement toward Employment (at least 5 hours/week at minimum wage or higher), Education, Participant Satisfaction, Participant Empowerment, Somatic Care, Community Inclusion, Negative Disenrollment, Inpatient Psychiatric Hospital Days, ER Visits, Quality of Life, and Administrative. This system has been operational since FY98.

Operational Steps:

- Developed in the first phase 6 outcomes – Somatic Care, Community Housing, Employment, Community Integration, Clients Served and Staff Turnover.
- Met with Rose Kim (DHS) who is overseeing the outcomes process to review outcomes and determine if the project track is consistent with the Outcomes Workgroup recommendations.
- Discussed with Jeanine, CSN Director, the viability of utilizing CSN for a provider input of outcome data
- Presented Outcomes Project proposal to Regional CEOs
- In April constructed the following timeline for the Statewide Outcomes Project:
 - July, 2015 – Informational meetings
 - September, 2015 – Support team training and system testing
 - October, 2015 – ISAC Statewide Training – Provide philosophical training (5-Star with Derrick)
 - October, 2015 – Follow up regional support team training
 - October, 2015 – Web-based provider portal launched
 - October, 2015 – In person training for providers and regional staff
 - October, 2015 – Project implementation – Providers begin entering data
 - November, 2015 – ISAC Fall School – EBP – permanent supportive housing, permanent supportive housing fidelity scale (process measure), statewide outcomes (outcome measures)

- o January, 2016 – All providers begin entering data for the quarter

e) Statewide Regional Objectives

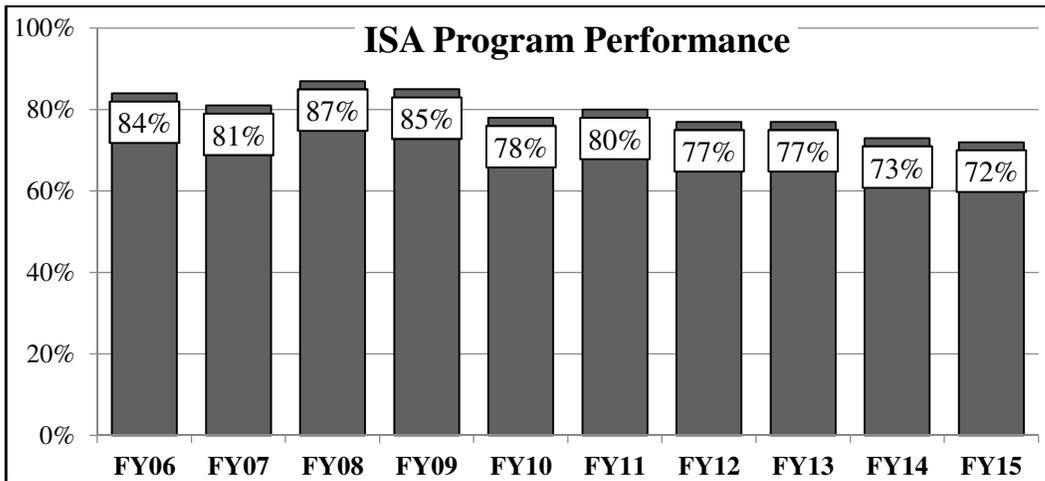
Moving forward, we intend to:

- Move to create QSDA positions in the regions, where necessary
- Set an organizational meeting by 10/1/15 for all regional designated QSDA staff
- Develop, implement and train on new provider portal built by ICTS by 11/1/15
- Identify scope of regional QSDA functions by 11/1/15
- Identify training needs (ongoing)
- Hold Statewide meeting in the fall focusing on QSDA

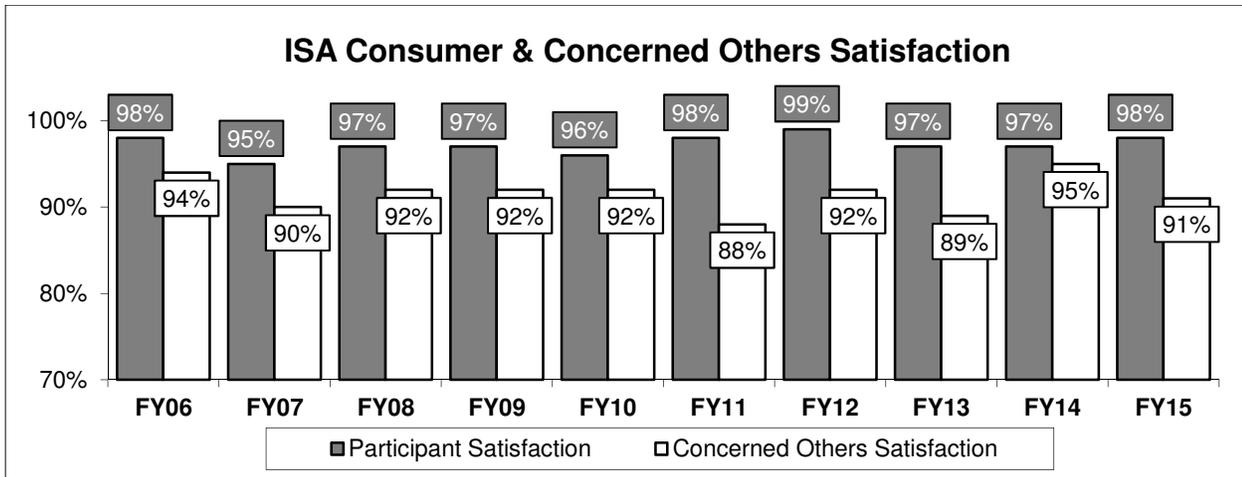
4. Polk County Region Outcomes by Program

a) Integrated Services Program Evaluation Summary

The Integrated Services program consists of the four Integrated Service Agencies as well as Polk County Health Services, where all share risk and are vested in the program’s success. This year’s evaluation suggests that the system was challenged, performing in the Needs Improvement range. One program exceeded expectations, and another met expectations. Two programs were particularly challenged by outcomes, one performing in the Needs Improvement range and the other not meeting minimum expectations.



Program system averages met or exceeded expectations in 11 of 16 outcome areas, resulting in an overall average of 72%. The system exceeded expectations in four outcome areas: Employment – Engagement Toward Employment, Participant Satisfaction, Psychiatric Hospital Days, and Emergency Room Visits for Psychiatric Care. The system met expectations in seven outcome areas: Employment – Working Toward Self-Sufficiency, Education, Concerned Other Satisfaction, Somatic Care, Negative Disenrollments, Quality of Life, and Administrative Outcomes. The system was particularly challenged in five areas: Community Housing, Homelessness, Involvement in the Criminal Justice System, Participant Empowerment, and Community Inclusion.



One key measure of any service program is satisfaction. If participants do not report being satisfied with services, they are less likely to participate in the program and the program will not be successful in meeting its objectives. This year, participants continued to report high satisfaction with the services provided and the staff who work with them. Participants described staff as caring and dedicated; they praised the way in which staff supported them to be more independent. This year, PCHS undertook a Rehabilitation and Recovery Coach (RRC) Initiative to foster peer support services within the ISA programs. Feedback from participants and staff was supportive, noting that the inclusion of RRCs on the team provided different insights and ideas, ways of connecting with participants, and additional services and supports. Information about the RRC program and evaluation is included in Appendix G of this report.

In contrast to participant satisfaction, which remained high, a decrease was noted in concerned other satisfaction compared to last year. Although family and concerned others noted many improvements in participants' lives and functioning over time, respondents were concerned that the frequency of services had declined. Many wanted more information about, as well as contact and updates from, the programs. Programs that are struggling in this area might benefit from general outreach (brochures with basic information about the program, staff contact lists) and ongoing individualized contact with family and concerned others. Even when programs cannot provide specific information or updates because of confidentiality restrictions, family and concerned others should be encouraged to share their insights and concerns with the programs so that staff remain well informed and can address any issues as quickly as possible.

The program continues to perform well based on several other outcomes. Participants are supported in the community and linked to providers so that they have infrequent use of emergency rooms for psychiatric care and relatively low rates for psychiatric hospitalizations. In interviews, a few respondents mentioned the new crisis observation and stabilization centers as resources that they knew of or had been referred to. Many participants and family commented on the availability and support of staff in times of personal crises or distress.

Building on last year's improvements in employment engagement, this year's results demonstrate increases in both employment outcome areas. More than one of every four participants was working at least 20 hours per week, and two of every five were working at least 5 hours per week. The benefits of employment for individuals with disabilities is well documented, including fewer mental health symptoms, reductions in hospitalizations, improvements in medication compliance, higher quality of life, self-esteem and self-efficacy (Salysers, et al., 2004; Bond et al., 2001a & 2001b; Fabian, 1992; Knoedler, 1979; Van Dongen, 1996; Harding et al., 1987). Employment has also been associated with increased community integration (McGurrin, 1994), an area which the ISA program continues to find challenging both in addressing and meeting expectations.

The system continues to be faced with high homelessness, jail days, and challenges in meeting community housing expectations. Although the majority of homeless nights and jail days are associated with a few participants, these participants

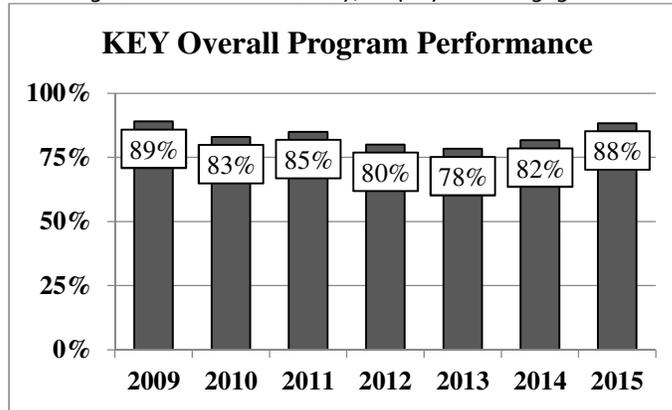
spend a considerable number of days in jail or homeless. The programs appreciate the services of the Jail Diversion program to assist with communication with the criminal justice system, as well as monitoring of participants when they are in jail. PCHS continues to invest in the FACT program, which enrolled more participants in FY15, to provide an alternative support service.

The ISA system reported challenges in Participant Empowerment. Participant Empowerment is a measure of documentation and based on the file review. While the issue was noted for one agency in FY14, two agencies struggled with this outcome in FY15. For one, the issue was documenting the addressing of employment, education or community inclusion throughout the year. For the other, the issue was ensuring that individualized and measurable goals were in place and reviewed regularly. Goals are essential to service provision. They document the agreement between the individual's choices and desires, the services that the program is willing and able to provide, and the basis for which PCHS provides funding. Without such plans, services are unguided, participants do not know what they can expect, and PCHS does not have a basis to provide funding. Thus, documentation of goals is critical to the functioning and accountability of service provision.

b) Knowledge Empowers Youth Program Evaluation Summary

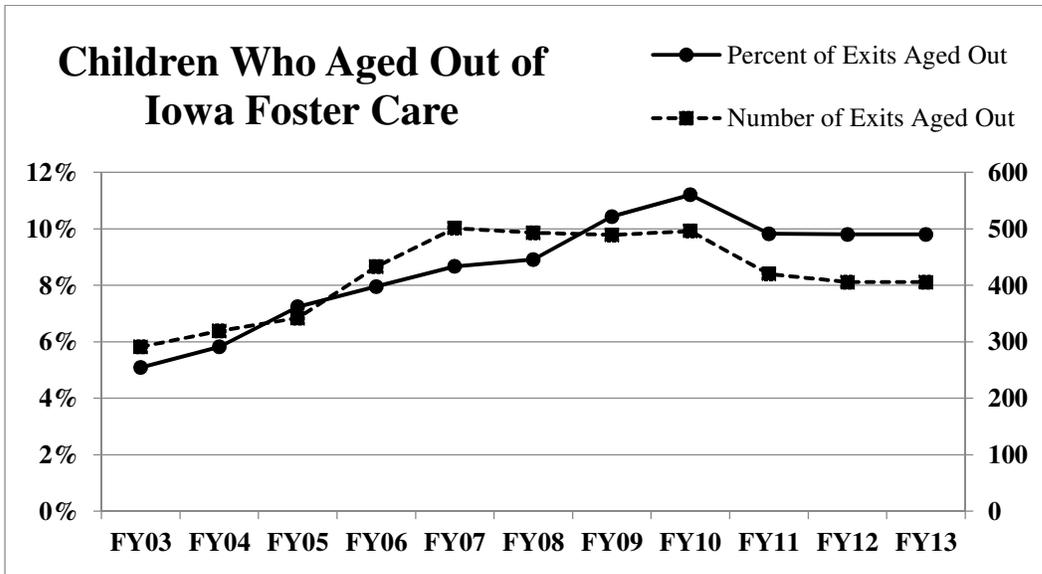
The KEY program is a subsidiary Integrated Services Program for young adults transitioning from the foster care system. The program offers the same flexibility of services as the Integrated Services Program. The program performed well this year, resulting in an Exceeds Expectations rating. The program excelled in nine outcome areas and met expectations in five others. The program excelled in Homelessness, Employment-Working Toward Self-Sufficiency, Employment-Engagement Toward Employment, Education, Participant Satisfaction, Somatic Care, Community Inclusion, Quality of Life, and Administrative Outcomes. The program met expectations for Community Housing, Involvement in the Criminal Justice System, Participant Empowerment, Negative Disenrollments, and Psychiatric Hospital Days. The program was challenged by the Emergency Room Visits for Psychiatric Care outcome area.

Consistent with previous evaluations, KEY participants report that they are very satisfied with the services that they receive, the staff who work with them, and the quality of their lives. In interviews, participants praised KEY staff for making them feel comfortable and sticking with them through tough decisions. Participants recognized improvements in the quality of their lives as a result of support from the program.



Participants' satisfaction with their quality of life may well be related to their integration into the community. All KEY participants were involved and integrated into the community, participating in community activities, attending community events, or visiting local attractions. Participants were likely to be employed and pursuing employment related education. One of every two participants was working at least 5 hours per week, and one of every three for 20 or more hours per week. Almost 50% of participants were engaged in education pursuits, either finishing high school, pursuing post-secondary education or participating in trainings related to their employment. Thus, KEY participants were living typical young adult lives.

The KEY program reported few jail or psychiatric hospital days. All participants received somatic care for the eighth consecutive year. Although the program is somewhat challenged to reduce visits to the emergency room for psychiatric care, these visits were typically one-time events for participants during the year.



As has been mentioned in previous evaluations, the KEY program serves an important community function, providing transitional support for youth in the foster care system to become responsible and productive adults. Several studies have indicated that continued support of former foster children is cost effective in terms of improved academic achievement and, therefore, income potential, as well as decreased likelihood of arrests and use of public benefits (Burley & Lee, 2010). Unfortunately, the need for support for these young adults will likely exist into the foreseeable future as considerable numbers of youth continue to age out of the foster care system. This year, the KEY program enrolled 20 new youth and will be adding a fourth staff member due to the continued demand for services. In FY13 (the most recent available statistics), almost one of every 10 youth leaving Iowa's foster care system had reached the age of 18 without having been reunified with or adopted by a family (9.8%). That meant that more than 400 Iowa children aged out of the system in FY13. Although fewer foster children were aging out of the system in FY13 compared to historic highs in FY07 and FY08, the number remains relatively high compared to a decade ago (U.S. DHHS, 2015).

References

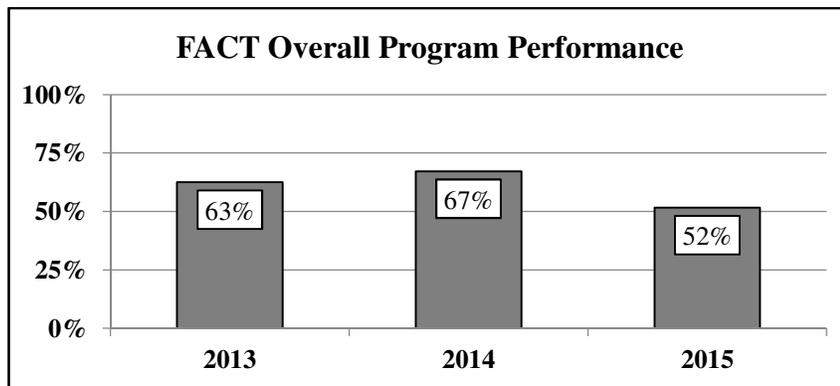
Burley, M., & Lee, S. (2010). Extending foster care to age 21: Measuring costs and benefits in Washington State. Olympia: Washington State Institute for Public Policy, Document No. 10-01-3902. Available at: <http://www.wsipp.wa.gov/rptfiles/10-01-3902.pdf>, last visited July 16, 2013.

U.S. Department of Health and Human Services (2014). Administration for Children & Families, Children's Bureau, Child Welfare Outcomes Report Data, Iowa's State Data Tables from the years 2009-2013. Generated from : <http://cwoutcomes.acf.hhs.gov/data/overview>, last visited July 21, 2015.

c) Forensic Assertive Community Treatment (FACT) Program Evaluation Summary

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 transinstitutional 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 model provides treatment, rehabilitation, and support services using a self-contained team of professionals from psychiatry, nursing, addiction counseling, vocational rehabilitation, and the criminal justice system. Services are available seven days per week, twenty-four hours each day to assist individuals with building independent living and coping skills in real life settings.

The FACT program began serving individuals in November 2011. This year, the FACT program continued to experience growth. The program started the current fiscal year with 45 participants and ended the current year with 59. These participants are served by a team of six members, including a Team Lead, an Assistant Team Lead/Case Manager, a vocational specialist, a substance abuse specialist, a housing specialist, and a nurse. All participants who are on probation are assigned to one probation officer who attends weekly team meetings.



This is the third year for the FACT evaluation to have performance expectations for the outcome measures. Assessed against those standards, the program demonstrated declines in performance and overall their performance fell into the Does Not Meet Minimum Expectations range from the Needs Improvement range in FY14. The program exceeded expectations in two areas, met expectations in four more, and was challenged in ten outcome areas. The program excelled in two outcome areas: Participant Satisfaction and Emergency Room Visits for Psychiatric Care. It met expectations for Employment-Working Toward Self-Sufficiency, Education, Negative Disenrollments, and Quality of Life outcomes. The program was challenged in 10 outcome areas: Community Housing, Homelessness, Involvement in the Criminal Justice System, Engagement Toward Employment, Participant Empowerment, Family Satisfaction, Access to Somatic Care, Community Inclusion, Psychiatric Hospital Bed Days, and Administrative Outcome Areas.

Despite challenges in many areas, participants reported high satisfaction with the program and the staff who assist them. In particular, they appreciated the program’s assistance finding and maintaining community housing, providing rent support, and monitoring medications. In interviews, many spoke about building good relationships with staff, and described staff as supportive, responsive and available. Several participants struggled with isolation and appreciated the monthly activities that FACT sponsored and encouragement from staff to socialize more frequently. Further evidence of this isolation is the program’s continued struggle with the Community Inclusion outcome. This year, one of every five participants met criteria by attending community events, visiting local attractions, or participating in community activities. The program plans to move to a new

location in the coming year. The new location will include space for a drop-in center, an activity or group meeting room, and a full kitchen.

In contrast to participant satisfaction, the program continues to struggle with family and concerned others satisfaction. Most concerned others reported that the FACT staff treated the participant with dignity and respect, and staff was available to assist when issues or concerns with services arose. In interviews, family and concerned others noted the assistance that staff provide particularly with medications, transportation, and planned activities. Frequently respondents commented that they did not have much contact with FACT staff. Despite limited contact, some family and concerned others were satisfied because participants appeared to be pleased with the program and staff. However, other concerned others wanted more contact and updates to keep them informed, and some questioned whether participants' needs were being met. The program plans to increase outreach to family members and concerned others in the coming year, inviting them to an open house and mailing out general information about the program and staff.

Results in other areas of the evaluation suggest that family and concerned others may have reason to be concerned. The program continues to struggle with staffing issues. The program started FY15 with seven staff members. Over the course of the year, it lost eight employees and hired seven. However, three of the seven left within the year, lasting at most a couple of months. In late 2014 to early 2015, the program functioned with only three staff members: an Assistant Team Lead, Vocational Specialist, and Psychiatric Nurse. While these staff members should be commended for their dedication, the evaluation suggests that the ability of participants to improve the quality of their lives and achieve their goals likely suffered. Thus, only one of every four participants was living in safe, affordable, accessible and acceptable housing, after adjusting for documentation inaccuracies. Participants were likely to spend more time homeless, in jail or psychiatric hospitals, compared to all three previous years. They were less likely to have received somatic care during the year or to have been engaged in employment.

Furthermore, review of files suggests that the program struggled with documentation expectations. Reported results for Community Housing, Homelessness, Involvement in the Criminal Justice System, Employment, and Community Inclusion outcomes had to be adjusted due to lack of or inconsistent documentation. Performance on Participant Empowerment and Administrative Outcomes, dependent on documentation, declined. This year, only two of fifteen files reviewed (13%) met Participant Empowerment criteria. Just a little more than half of the files (56%) met the Administrative Outcome assessment of current level of functioning once during the fiscal year.

Documentation has been an ongoing issue at the program. In part, staff turnover has impacted both understanding of outcomes and expectations, as well as available time to complete work tasks. Both participants and concerned others mentioned it in interviews. One participant commented that "*At times there were only 3 [staff] handling all the case load.*" To address documentation issues last year, the program reported that outcome event monitoring would be the responsibility of the assistant team lead to improve continuity, and that the program would also hire an additional case manager to reduce caseloads. Unfortunately, the assistant team lead left employment, along with several other staff. Once again, the program ran short staffed and documentation did not appear to improve. The program reports intentions to increase staff training on outcomes and expectations, to take one day each month to focus on quality assurance by reviewing outcome reports and cross checking documentation.

Having individuals develop individualized and measurable goals, reviewing goal progress regularly, addressing employment and education, and ensuring that services are provided to assist individuals in being successful in accomplishing their goals is essential to participant empowerment. FACT continues to struggle with having participant goals in place and reviewed regularly, documenting participants' involvement in goal development, and addressing employment and education throughout the year. Goals are the cornerstone of service delivery. A participant's goals define what services and supports are provided, what program resources are expended on that participant's behalf and for how long. Therefore, goal progress needs to be monitored carefully, reviewed with participants regularly, and goal meetings should be planned well in advance, with ongoing discussions. Although participants have the right to choose their goals, their goals for the program need to be ones that the agency is providing support to achieve. Regardless of the date of goal development, goals should be revised or replaced whenever they are completed or if it becomes evident that they cannot be completed. The ultimate goal for each individual should be working

toward independence. In part, that independence will be dependent upon financial resources, which are often affected by employment. Therefore, education and employment are critical components to independence. As has been noted in past evaluations, ongoing monitoring and internal reviews are important to maintain accuracy and ensure that program participants are receiving the services that they need to accomplish their goals.

This is now the third year in which the FACT program has struggled with overall performance, the first that their performance has not met minimum expectations. Critical to the program's success is the need to maintain sufficient staff. Expanding a program (i.e., taking on additional participants) while running short staffed risks both poor quality services and the additional loss of staff from overwork. Without sufficient staff, the program cannot provide services, sufficiently document their efforts, and monitor outcomes in order to assess performance. In addressing staff issues, the program is encouraged to consider both ways to maintain good staff and the most efficient means to train new staff. Program staff are encouraged to reach out to PCHS staff and other PCHS program directors for ideas.

d) Case Management & Integrated Health Home Evaluation Summary

This year, the Case Management (CM) system exceeded expectations with an 88% overall performance. All four Case Management agencies (ChildServe, CSA Case Management, Easter Seals, and Link) met or exceeded expectations in their overall performance. The Case Management program exceeded expectations in 10 outcome areas: Homelessness, Involvement in the Criminal Justice System, Education Transition, Participant Satisfaction, Family and Concerned Other Satisfaction, Negative Disenrollments, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, Quality of Life, and Administrative Areas. The program met expectations in 7 outcome areas: Community Housing, Employment–Engagement Toward Employment, Adult Education, Case Manager Involvement in Child Education, Participant Empowerment, Somatic Care, and Community Inclusion outcomes. The system was challenged by the Employment–Working Toward Self–Sufficiency outcome area.

Participant and concerned others were very satisfied with the services they received and the staff who worked with them. Case Managers were often described as knowledgeable, resourceful, and caring. Participants particularly appreciated that Case Managers helped to coordinate supports so that they could remain as independent as possible. Concerned others valued staff's knowledge of available options to meet participants' individual needs, as well as their dedication to helping participants improve the quality of their lives. When concerns were voiced, the most frequent was that they would like more of the Case Managers' time.

The Case Management system continued to excel. Eight of every ten participants were living in safe, affordable, accessible and acceptable housing. Nine of every 10 participants was actively included in their communities, attending events, participating in activities, or visiting local attractions. More than nine of ten had received somatic care during the year. Close to one of every three adults participated in employment–related education. Case Managers attended school meetings with parents and teachers for nine of every ten child participants. Transition activities were completed for all transition age youth, better preparing them for a smooth transition to adult services or independent living. With the supports of staff, participants spent very few days homeless, in psychiatric hospitals, seeking psychiatric care through the emergency room or spending nights in jail. Negative disenrollments were minimal.

Compared to FY14, more adult participants were engaged in employment. One of every three was working at least 5 hours per week and earning minimum wage or higher. The system's sole challenging area was Employment – Working Toward Self–sufficiency. Even in that area, the system improved performance. The percent of participants working at least 20 hours per week at minimum wage or more increased from 11% in FY14 to 15% in FY15.

Case management programs continued to be diligent with documentation. Both file reviews and interviews with participants and concerned others indicate that staff worked closely with participants to develop individualized and measurable goals and to find strategies to help participants be successful with goals. They encouraged participants to pursue employment or education opportunities. They monitored services and advocated for participants with providers. In addition, they completed paperwork and annual level of functioning assessments to maintain participant eligibility when appropriate.

The Integrated Health Home system continued to be challenged by outcome expectations. The program achieved an overall 58% performance, and a Does Not Meet Minimum Expectations rating. One program performed in the Needs Improvement range, and the other two performed in the Does Not Meet Minimum Expectations range. The IHH system exceeded expectations for two outcome areas: Emergency Room Visits for Psychiatric Care and Administrative Outcomes. The system met expectations in four outcome areas: Participant Satisfaction, Concerned Other Satisfaction, Negative Disenrollments, and Quality of Life. The IHH system was challenged in the remaining ten outcome areas: Community Housing, Homelessness, Involvement in the Criminal Justice System, Employment – Working Toward Self–Sufficiency, Engagement Toward Employment, Adult Education, Participant Empowerment, Access to Somatic Care, Community Inclusion, and Psychiatric Hospitalizations.

A key measure of any service is the satisfaction of those being served. Despite challenges in many areas, participants and concerned others reported being satisfied with the services provided, the quality of their lives, and with the staff who assisted them. In that, the system was successful. However, the system was challenged in ten of the other thirteen outcome areas.

Comparing FY15 results to FY14, improvements were noted in several areas. More IHH participants were living in safe, affordable, accessible and acceptable housing situations (59% in FY14 vs. 70% in FY15). The system doubled rates of employment from 3% to 8% of participants Working Toward Self-Sufficiency, and from 8% to 16% Engaged in Employment. More participants were engaged in employment-related trainings, from 10% in FY14 to 15% in FY15. Nine of every ten received somatic care during the year, and two of every three met criteria for community inclusion. Very few were negatively enrolled, or visited the emergency room for psychiatric care.

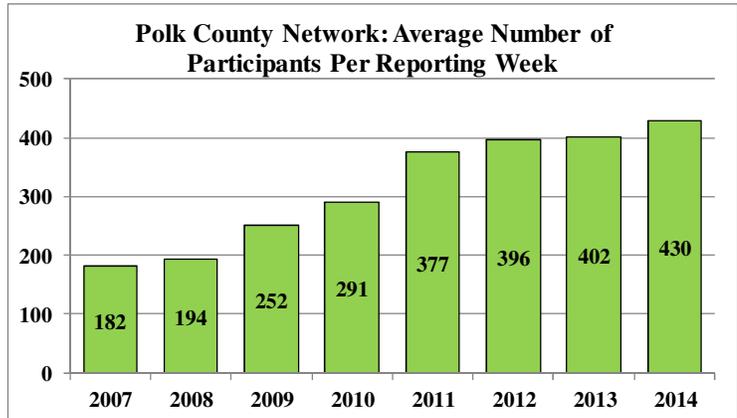
However, other areas became more challenging. For example, IHH participants were more likely to be homeless, averaging less than a day homeless per participant in FY14 and more than 3 days per participant in FY15. They were more likely to accrue jail days, averaging about 2 per participant in FY14 compared to almost 4 in FY15. IHH were more likely to spend time in psychiatric hospitals, averaging 3 days in FY14 compared to 4 days in FY15. Programs continued to struggle with ensuring that individualized and measurable goals were in place and reviewed regularly and that participants were encouraged to pursue employment or education.

The statewide evaluation of the IHH system (Momany, et al., 2015) covering FY13 and FY14 finds that IHHs were helpful for adults in accessing the health care and community based services that they needed. However, the report suggests that improvements to the system could be made in “awareness of the IHH program and IHH team; knowledge of receipt of care after regular business hours; goal-setting to improve health, manage medications, and help them become more independent; and, communication and contact regarding emergency room visits and hospital stays (Momany, et al., 2015, pg. i).” Although the report notes monthly savings per participant in the IHH program, the evaluation finds that the expenditures of \$24 million for the program totaled more than the savings of \$9 million, resulting in a net cost. DHS anticipates adjustments to the program to reduce expenditures and increase savings.

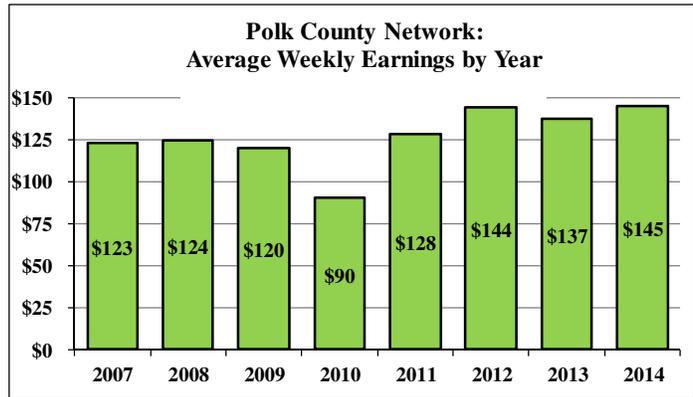
e) Calendar Year 2014 Community Employment Evaluation Summary

In this eight year, the Community Employment Evaluation suggests that the supported employment network continues to be successful in supporting individuals to prepare for, obtain and maintain employment. The network is composed of four service providers (Candeo, Goodwill Industries, H.O.P.E., and Link Associates). The providers are evaluated based on five outcome areas (Working Toward Self-Sufficiency, Total Engaged in Employment, Participant Satisfaction, Negative Disenrollments, and Barriers to Employment). The network and all providers exceeded expectations for overall performance set by Polk County Health Services for the 2014 calendar year.

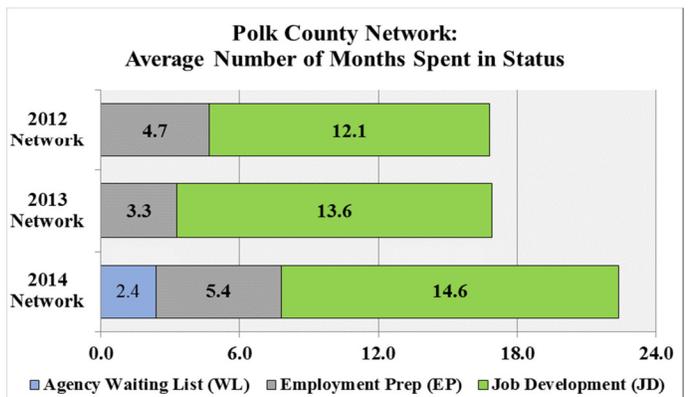
The Polk County Regional Network continued to grow this year. Agencies report continued demand for their services and most try to expand to meet that demand. In 2014, the network served approximately 430 participants per reporting week, an increase of 7% compared to 2013. Agencies served fewer participants with mental health disabilities and more with intellectual or other disabilities. In 2014, more than eight of every ten supported participants had an intellectual or other disability, compared to two out of ten with mental health disabilities. Consistent with previous years, participants were most likely to qualify for Level 3 supports (42%).

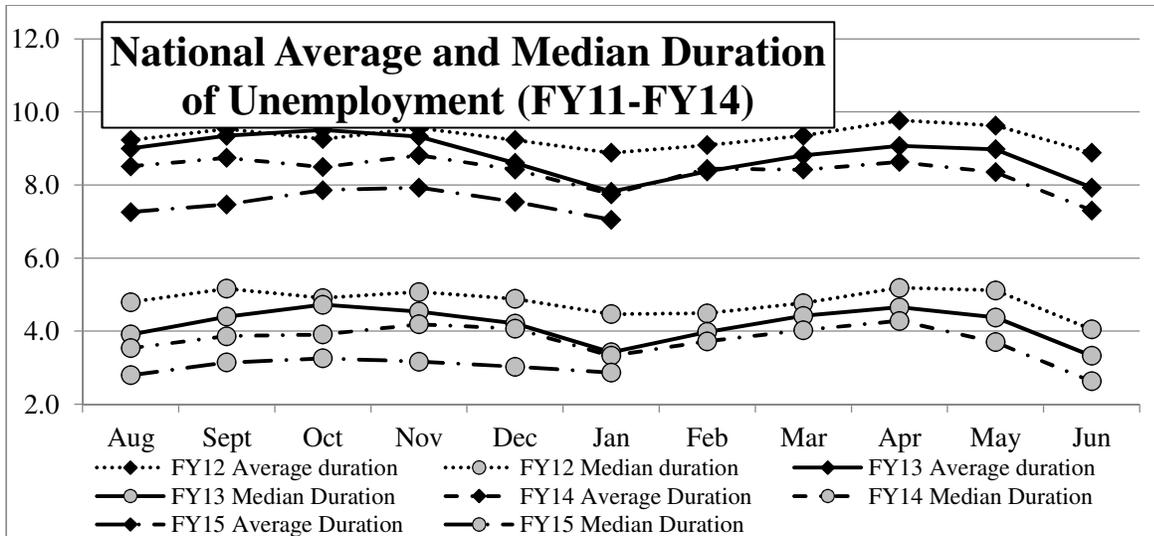


Average weekly earnings increased by \$8 from \$137 last year to \$145 this year, the result of a slight increase in reported wage rates and hours. Participants' average wage was almost \$8.50 per hour, and they worked an average of 17 hours per week. More participants were working toward self-sufficiency. In 2014, close to 2 of every 5 employed participants was working 20 or more hours per week and earning at least minimum wage.

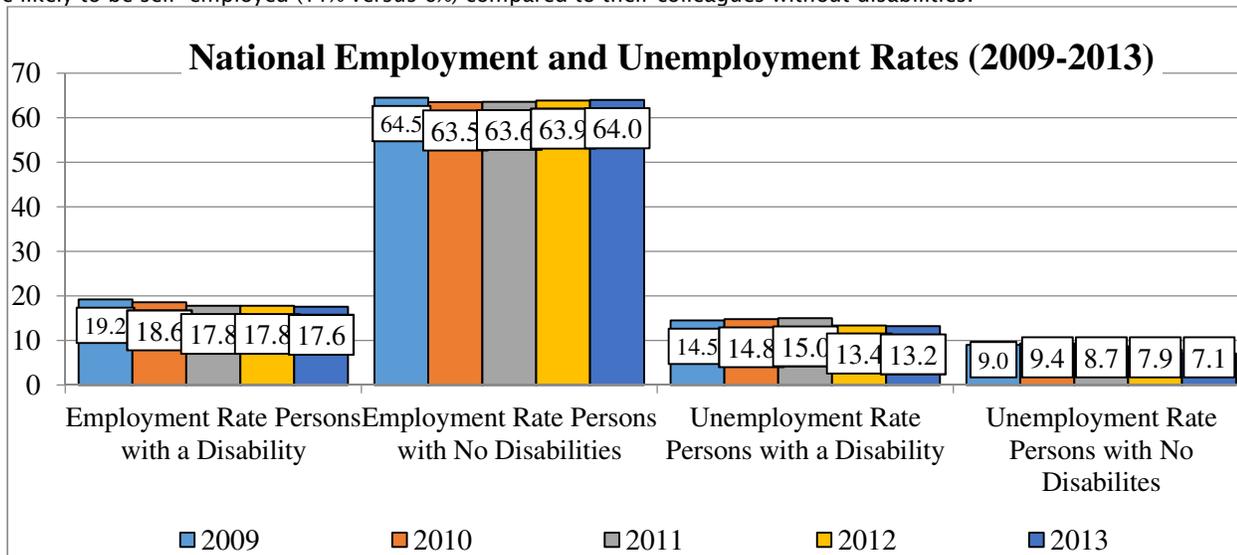


Regardless of whether participants acquired employment in 2014, supported employment participants spent almost two years acquiring skills and searching for employment. In contrast to previous years, participants spent almost half a year in employment preparation, likely the result of new structured programs including Project SEARCH programs, Walgreens' REDI program, and Link's General Store program. Participants also averaged a month more time in job development, compared to 2013. Of those who sought employment, approximately one of every three (30%) obtained employment during the year, similar to 2013 (31%). Those who did were able to start working sooner (5.2 months of job development in 2014 compared to 6.6 months in 2013). Nationally, the duration of unemployment for individuals seeking employment has begun to decline. Based on data from the Current Population Survey (BLS, February 6, 2015) individuals seeking employment, regardless of disability status, averaged 7 months of unemployment as of January 2015, a reduction from the average of 9 months in January 2012.





The most recent statistics available from the Office of Disability Employment Policy (January 2015) report that two of every ten persons with disabilities (19.6%) are participating in the labor force, compared to almost seven of every ten (68.2%) of persons without disabilities. The national unemployment rate for individuals without disabilities was 5.9% in January 2015, the rate for individuals with disabilities was double that, 11.9%. For 2013 (the most recent available analysis), the Bureau of Labor Statistics (June 2014) reports that workers with disabilities (34%) were almost twice as likely to be working part-time (34% versus 19%) and more likely to be self-employed (11% versus 6%) compared to their colleagues without disabilities.



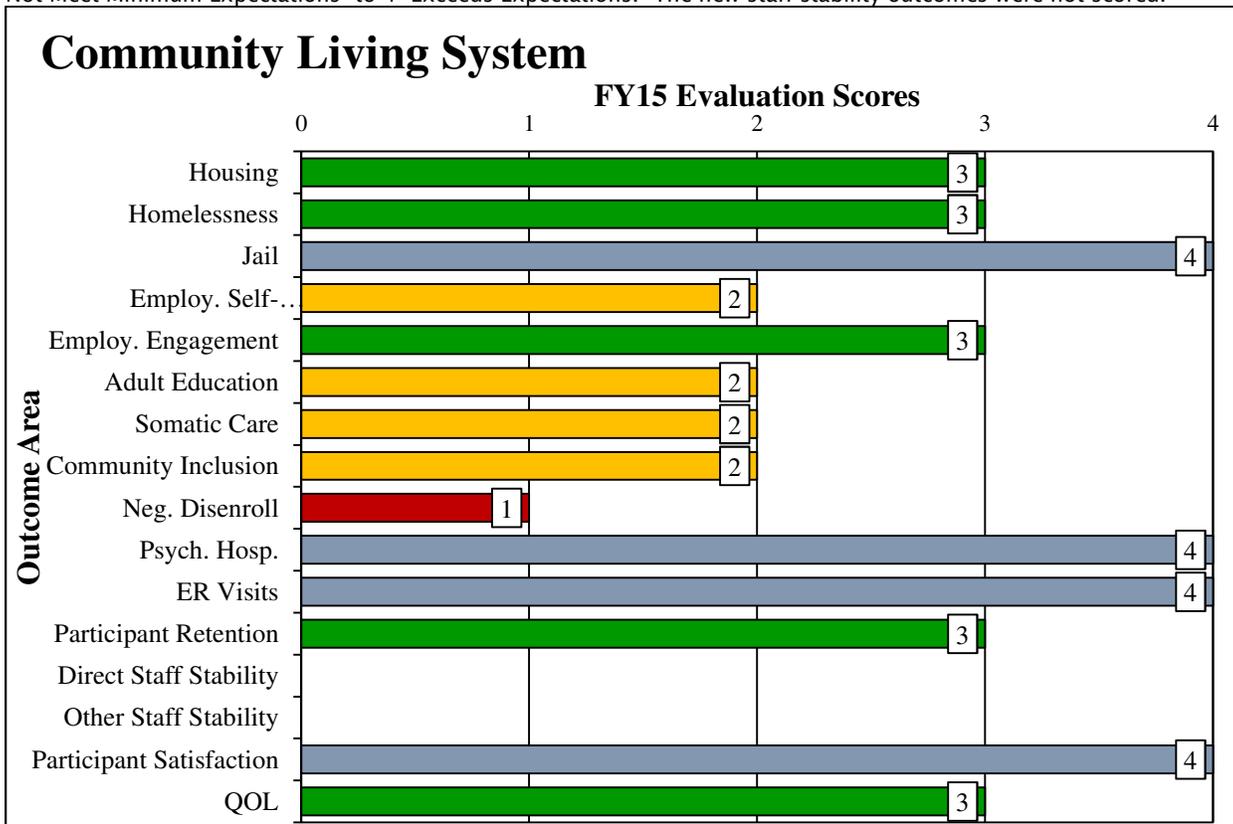
The Economic Picture of the Disability Community Project (Office of Disability Employment Policy (ODEP), et al., 2015) notes continued low rates of employment for people with disabilities and employment in low-paying and slower-growing occupations, although recognizing “substantial potential for job growth among people with disabilities in well-paying occupations over the coming decade” (pg. 1). Based on analyses of the Census Bureau’s 2010–2012 American Community Survey, the government authors project the greatest job growth in the well-paying (above median wage) secretarial, carpentry and bookkeeping occupations for individuals without college degrees, and in registered nurses, postsecondary teaching, and general and operations managers for those with college degrees. However, the authors note that “Whether the potential for increased employment of people with disabilities will be realized depends in part on public and corporate policies regarding access to appropriate education, computer skills, and other training; disability income policies; and the availability of workplace accommodations and other employment supports.” ODEP, 2015, pg. 2)

Despite the challenges faced by people with disabilities, the Polk County Regional Network agencies continue to support an increasing number of individuals in their pursuit of meaningful, sustaining employment. In part, this report reflects the program participants' appreciation of the staff that helps them prepare for employment, seek out positions, and successfully maintain their jobs. The programs should be commended for their continued efforts to find and implement more research-based, real-world practices such as Candeo, Goodwill and Link's Project SEARCH programs and Link's General Store training. This report supports the conclusion that the Polk County Regional Network continues to meet the challenge of providing individualized and quality supported employment services for the residents of Polk County.

f) **Community Living Evaluation Summary**

Polk County advocates for people with disabilities to create a life which is not defined by their disability. Community living services provide opportunities for individuals with disabilities to live balanced and meaningful lives within their community. They promote this mission by developing supportive relationships to work through individuals' life transitions, promoting responsibility through information and options, building opportunities for meaningful community participation, and supporting experiences which create meaningful life roles. PCHS's charge to the community living system is to reduce and eliminate environmental barriers, make individualized supports readily available, and promote opportunities in all life domains. To this end, PCHS contracts with 17 organizations to provide community living services: Behavior Technologies , Broadlawns, Candeo, ChildServe, Christian Opportunity Center (COC), Crest Services, Easter Seals, Eyerly Ball, The Homestead, H.O.P.E, Link Associates, Lutheran Services in Iowa (LSI), Mainstream Living, Mosaic, Optima LifeServices, Progress Industries, and Stepping Stone Family Services. In FY15, the system supported more than 1,700 participants to remain living in their communities by providing supported community living supports.

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



The system's average performance across all outcomes remained stable compared to the previous evaluation (71% in FY15, 72% in FY14). The system's performance fell in the Needs Improvement range, based on performance expectations set by PCHS. The system exceeded expectations in four outcome areas: Involvement in the Criminal Justice System, Psychiatric Hospitalizations, Emergency Room Visits for Psychiatric Care, and Participant Satisfaction. The system met expectations in five additional areas: Community Housing, Homelessness, Engagement Toward Employment, Participant Retention, and Quality of Life. The system was

challenged in the remaining five outcome areas: Employment – Working Toward Self-Sufficiency, Adult Education, Access to Somatic Care, Community Inclusion, and Negative Disenrollments.

Despite challenges in several areas, the majority (95%) of program participants reported being very satisfied with the services and supports they received and the staff who worked with them, as well as satisfied with the quality of their lives. In interviews, participants praised the programs for helping them access the community and to live as independently as possible. Staff were often described as helpful, professional, and available. Participant satisfaction is a primary indicator of service quality. Participants who are satisfied are typically engaged in services and, thus, have at least the potential to improve the quality of their lives through supports.

In addition to Participant Satisfaction, the system performed well in several other outcome areas. Eight out of every ten participants were living in community-based housing that was safe, affordable, accessible and acceptable. Participants spent very few days homeless. One of every four participants was engaged in employment, working at least five hours per week and earning minimum wage or more. Providers built good relationships with participants; nearly nine of every ten participants remained with their community living provider for at least a year. Very few participants spent any time in jail or in psychiatric hospitals. Participants received sufficient supports to access psychiatric care in their communities that they did not need to seek psychiatric care through the emergency room.

The system faced challenges in other outcome areas, even though there were improvements in these areas from last year. This year, 94% of all community living participants accessed somatic care during the year, compared to 88% in FY14. That meant 219 participants did not see a doctor during the year. In FY15, one of every ten participants was working at least 20 hours per week, an increase from 7% in FY14. One of every five participants (19%) was involved in adult education related to employment this year, compared to 16% in FY14. Community inclusion also improved with 87% of community living participants involved in community activities or attending community events this year, compared to 80% in FY14.

Negative disenrollments were the sole challenging outcome not to improve. In FY15, 180 participants were negatively disenrolled from their agency (10%) compared to 126 (7%) in FY14. Twelve of the 17 agencies found this outcome to be a challenging area. Some of the programs that reported particularly high rates of negative disenrollments also reported low rates of participant retention, suggesting that they may be struggling to engage, support and meet the needs of participants.

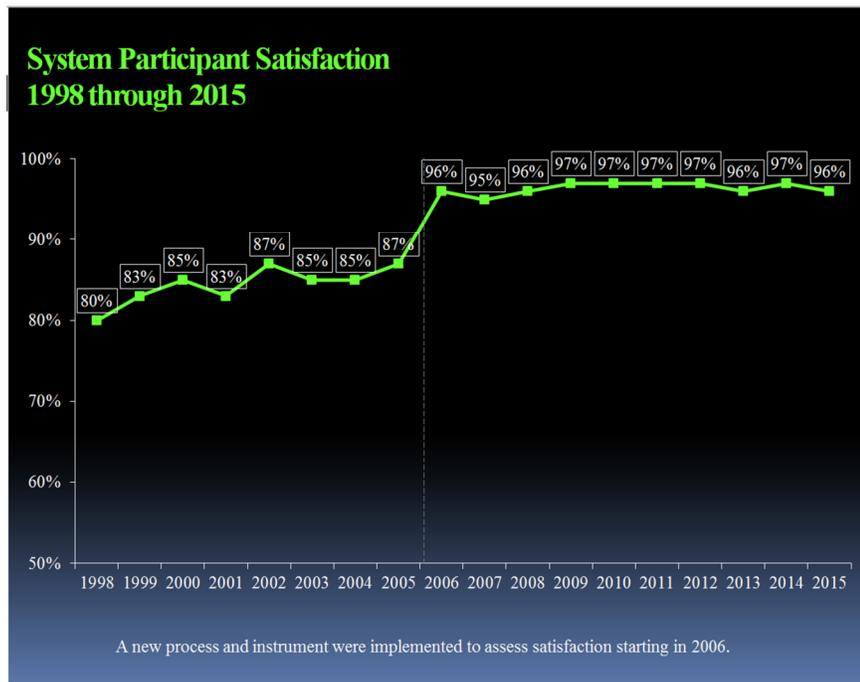
By participating in this evaluation, Polk County's Community Living providers should be commended for their commitment to assessing and ultimately improving the quality of services that they provide. With ongoing performance information, providers will be able to better monitor service provision, more quickly respond to gaps or issues, and continue to contribute to improved quality of life for the individuals that they serve.

5. System Satisfaction

The Polk County Region includes participants, their families, and network providers in program planning, operations, and evaluation. The County's over-all approach to assuring the quality and effectiveness of all program components is through the provider network membership criteria, the County/PCHS contract, reports to PCHS, participant, collecting and summarizing information about appeals, grievances, and plans of correction; and obtaining a variety of participant and concerned others' satisfaction information. Stakeholder input was also incorporated into strategic planning focus areas.

FY15 stakeholder satisfaction was evaluated as a component of the overall Case Management/Integrated Health Home, Service Coordination, and Integrated Services outcome evaluation process. Approximately 10% of all participants and family members were interviewed by phone or through a face to face interview by evaluators independent of Polk County Health Services. The survey process allowed participants to agree or disagree, with each survey question. The satisfaction with the system was very positive this year, with the overall satisfaction continuing to be high and stable ranging from 95% (family/concerned others) to 96% (participant satisfaction). Those receiving ongoing supports and their concerned others continue to view worker responsiveness, communication with family members, and staff turnover as key issues to consider when rating service satisfaction. Quality of life remains the lowest of rated areas.

a) Program Participant Satisfaction

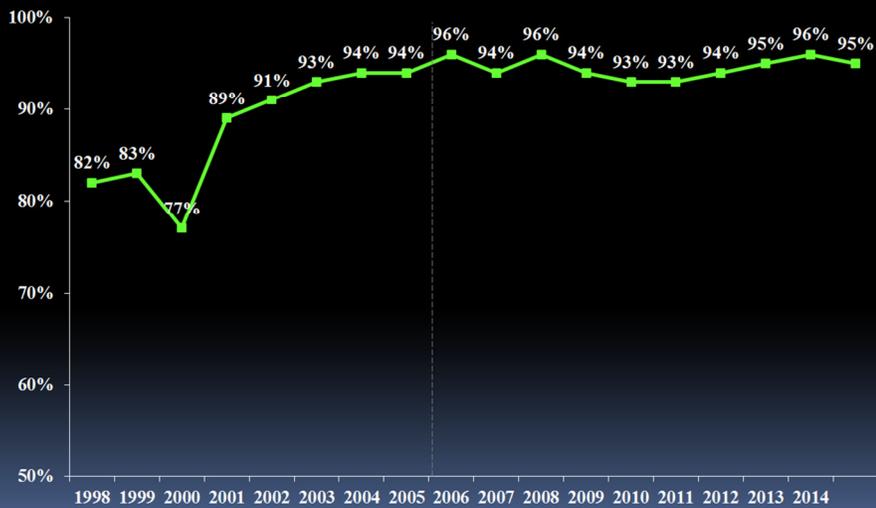


Participant Satisfaction

- Remains high and stable at the system level (96%)
- System comparable across all five areas (92%-97%)
- Comparable across programs (92%-98%)
- Recommendations:
 - Quality of Life (family relationships and housing)
 - Program Specific focuses (IHH)

b) Concerned Others Satisfaction

System Concerned Others Satisfaction 1998 through 2015



A new process and instrument were implemented to assess satisfaction starting in 2006.

Concerned Other Satisfaction

- Remains high and stable at the system level (95%)
- Mostly comparable across programs (90%-99%) Comparable across three areas (96%-97%): Access, Empowerment, Staff Satisfaction
 - Satisfaction with Service was lower (88%)
 - QOL lowest (76%)
- Recommendations:
 - Service - Increase outreach to concerned others so that they feel more informed
 - Quality of Life - Gather concerned others' opinions about services and supports that participants need to stay healthy and safe.