



# Link Associates Program Evaluation

2019-2020

1452 29TH ST., WEST DES MOINES, IA 50266

Program Evaluation Report 2019-2020

<b>HOW TO READ THE MEASURES OF ACHIEVEMENT REPORTS.....</b>	<b>3</b>
MISSION – VISION & VALUES .....	4
Purpose of Report .....	5
For the Reader .....	5
Executive Summary.....	6
Goals Met .....	6
SUMMARY OF GOALS NOT MET .....	7
Satisfaction Outcomes.....	7
Board of Directors Review .....	9
Case Management .....	10
Case Management Demographics.....	10
Case Management Measures of Achievement .....	11
Day Habilitation .....	29
Day Habilitation Supplemental Measures .....	29
Day Habilitation Demographics.....	31
Day Habilitation Measures of Achievement .....	34
Fleet & Facilities .....	45
Demographics.....	46
Fleet and Facility Measures of Achievement .....	47
LEEP.....	57
LEEP Demographics .....	57
LEEP Supplemental Measures .....	59
LEEP Measures of Achievement .....	60
Leisure.....	67
Leisure Demographics.....	68
Leisure Measures of Achievement .....	69
Residential.....	74
Community Housing and Supported Living Demographics .....	75
Community Housing and Supported Living Measures of Achievement.....	77
Supported Employment .....	89
Supported Employment Demographics .....	90
Supported Employment Supplemental Measures .....	91
Supported Employment Measures of Achievement .....	93
<b>INCIDENT AND TRENDS ANNUAL REPORT.....</b>	<b>102</b>
Measures of Achievement Supplemental Measures .....	107

## HOW TO READ THE MEASURES OF ACHEIVEMENT REPORTS

You will find listed in this grid goals and outcome measures in the following categories:

1. Efficiency
2. Satisfaction
3. Effectiveness
4. Supplemental Measures

Each category is shaded in Dark Grey

Efficiency																
Primary Objective	Indicator	Who Applied to	Data Source	Who is responsible	Who Complies	Target	Time of Measure/Results (monthly, Quarterly or annually)									
							7/17	8/17	9/17	10/17	11/17	12/17	1/18	2/18	3/18	4/18
Improve ...	Number of ...	Link Associates	XXX Records	XXX Director	XXX Director	No More than XXX/ quarter	0			0			0			0

Within each category you will find one or more objectives. The Objectives have a darker border for easier location

Remaining details of the indication, who and how it is applied, data source and responsible staff are outlined in the boxes to the right of the goal

The data gathered throughout the year is laid out in this section. Some are an annual number, some are quarterly and others are monthly.

The rest of the grid contains drill down detail-here are the key pieces you can look for

Did we meet the goal?	What did we recommend last year?	How did last year's recommendations work?	When did that goal end?
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous year goal recommendations (i.e. goal continuation and/or new action steps) Action Steps: NA	Update on action step recommendations from last year (REPEAT FOR EACH ACTION STEP LIST) NA	Completion Date NA
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (2017-2018):		1 <sup>st</sup> QUARTER –	2 <sup>ND</sup> QUARTER-
Comparison of last year's (16-17) results to this year (17-18): Extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.			
New Recommendations for Next Year (2018-2019): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below		Expected Outcomes -	Person Responsible XXX Director
Action Steps:		Timeframe	
What did we do throughout this year – update for actions taken each quarter?	How did this year compare to last year?	What do we recommend doing next year?	When is this goal ran and evaluated?

## MISSION – VISION & VALUES

### Mission

Providing people with intellectual Disability opportunities to achieve their personal goals

### Vision

Link Associates will be the recognized leader in providing quality services to persons with intellectual Disability

### Values

Dignity and Respect

Quality Services

Caring Environments

Personal Choice

Long Term Commitment

## PURPOSE OF REPORT

This Program Evaluation Report is Link Associates' document that describes how we have monitored and evaluated our programs and services. It presents the findings, conclusions, and recommendations for each service, including recommendations for how evaluation results can be used to guide program improvement and decision making. Because evaluation is an ongoing process, this report refers to the final report of the Fiscal Year 2019/2020 (JULY 1, 2019 TO JUNE 30, 2020).

Link Associates is committed to continuously establish goals to help improve our overall effectiveness as an organization.

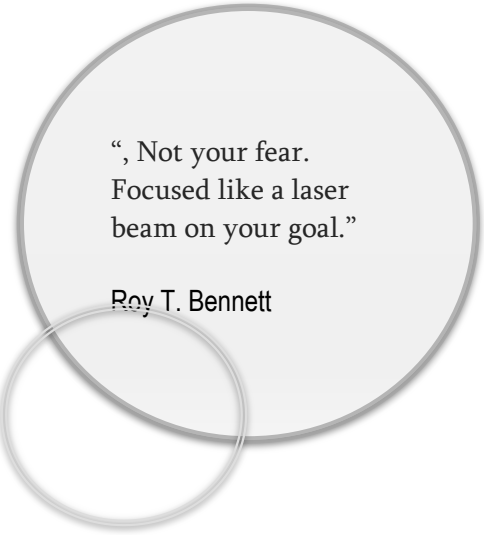
This report is intended to relay information from the evaluation to program staff, stakeholders, and funders to support program improvement and decision making. There are three significant reasons for communicating and reporting evaluation results:

1. Build awareness and/or support and provide the basis for asking questions
2. Facilitate growth and improvement
3. Demonstrate results and hold our organization accountable

### *For the Reader*

The report is laid out as follows:

1. The Program/Department summary is created by the Department Director or Key Leadership staff of the Program/service. Within this narrative you will find:
  - a. The total number of goals along with the number of goals which were successful in meeting the objective
  - b. A Director's summary of the past year
  - c. Possible reasons why a goal was not successful
  - d. Recommendations for goal change
  - e. New recommendations
2. Supplemental Measures or Demographical information
3. Measures of Achievement MOA – detailed lay out of each goal outlining by whom, how and when data is gathered and recommendations and adjustments made throughout the year.



“, Not your fear.  
Focused like a laser  
beam on your goal.”

Roy T. Bennett

## EXECUTIVE SUMMARY

Linda Dunshee, Executive Director

At Link Associates, our determination to fulfill the needs and fuel the potential of the lives we support is leading us to solutions that drive both personal achievement and business sustainability. Our Program Evaluation Report helps us:

- Determine overall effectiveness in meeting organizational goals and objectives
- Determine at what level of quality program activities are being implemented
- Identify strengths and weaknesses in program implementation and program effectiveness
- Develop recommendations for changes resulting in program improvement.

We use the information in this report to better serve the people entrusted to us and employed by us. As the Executive Director of Link Associates, I am focused on ways to build on Link Associates legacy of incredible service despite the extreme challenges facing service providers in Iowa under the managed care structure.

- We know that working together with our stakeholders we will create better outcomes on issues that matter to us all.
- We will continue to focus first and foremost on the persons served in everything we do, including offering them services and supports individually tailored to their needs.
- We take great pride in the Link Team and will continue to create a diverse and inclusive culture and ensure team members' well-being.

For the past three performance evaluation reports I have referenced the crisis in our industry starting on April 1, 2016, the state of Iowa transitioned eighty percent of its Medicaid population from traditional fee-for-service to comprehensive Medicaid managed care and how the financial impact and transition has been significantly difficult for those we serve and their families and leaves us as providers holding the risk and a total lack of voice, support or efficiency. Although that continues, in this fiscal year it has been eclipsed by the impact of COVID-19 on our agency, our state, our nation and our world. You will see throughout this report the significant impact COVID-19 had on the closure of some programs they need to immediately modify program delivery strategies and the impact on goals and outcomes.

You will again see many references to the shortage of Direct Support Professionals (DSP) in our area and the significant related impacts. In this arena, COVID-19 played a devastating role that led to the decline of number of staff we have, and ceased referrals for employment as the enhanced unemployment to remain home pay better than obtaining employment at Link Associates. In addition, the need to quarantine staff who had been exposed to and or tested positive left us with a staggering amount of overtime. I again this year, cannot find the words to adequately express my respect and appreciation for the quality and dedication of the leadership staff of Link Associates. As readers of this report, please spend a few minutes understanding how difficult the situations our staff have been put in, yet when you look around you will see some of the most talented and dedicated people on this planet. Those we serve are lucky to be surrounded by such amazing people. When COVID-19 started, and yet today, the staff of the managed-care companies work from home to minimize their possibility of contracting COVID-19 it is our staff that 24 hours a day, 7 days a week went to work and continued to provide the upmost care for each person we serve regardless even when those served were positive with COVID-19.

### Goals Met

We continue to raise the bar and set higher standards annually which as a company ensures we do not become complacent. In FY 2019/2020 Link Associates had 67 goals to measure the efficiency, effectiveness, satisfaction, and access to the programs and services offered. Of those 67 goals, we met 45 or 67.16%, which is significantly lower than where we trended pre-COVID-19.

Last year it was my recommendation to have all services/programs review the areas they were not successful and evaluate them on the basis of:

- Their ability to control the outcome. Some objectives are changed by entities out of our control funders, legislative process, etc. For those we do not have control of they should evaluate the need to continue or rewording the goal.
- Evaluate the goal to see if we have established a level of unattainable "perfection". If so, they should consider using the wording as with satisfaction "to maintain or improve the level".

Again, this year I am challenging each service and oversight director to evaluate using the same criteria. As a staff, it is most difficult to see outcomes drop, not as a result of what we are doing, but as a result of the managed care system's goal to push everyone into the same hole, regardless of their needs.

**SUMMARY OF GOALS NOT MET**

Despite the multiple challenges we have experienced over the past years our goal progress continues as aggressively as ever. Service costs and projection has defiantly been a challenge as we are paid less and expected to do more – and Link Associates has been very aggressive in cutting back any and all areas where we can and still provide the quality of care those we serve deserve. Although this may present itself as an excuse, many of the goals not met were the direct result of how the states implementation of managed care has affected services, service options and those served. Many variables which Link used to have control over and managed with pride are now in the hands of others.

**Case Management**

- 1. Meet the needs of community through expansion, and maximize quality and resources available to case managers and program managers.

**Day Habilitation**

- 1. Maintain or increase number of persons served.
- 2. Maintain cost of service budget projections.

**Fleet & Facilities**

- 1. Maintain or improve the operating expenses from the previous year by operating the agency vehicles at or below budget.
- 2. Maintain or improve the efficiency of the agencies route vehicles.

**LEEP**

- 1. Reach and maintain maximum participation,
- 2. Expand the businesses available for internships.
- 3. Maintain cost of service to budget projection.

**Residential**

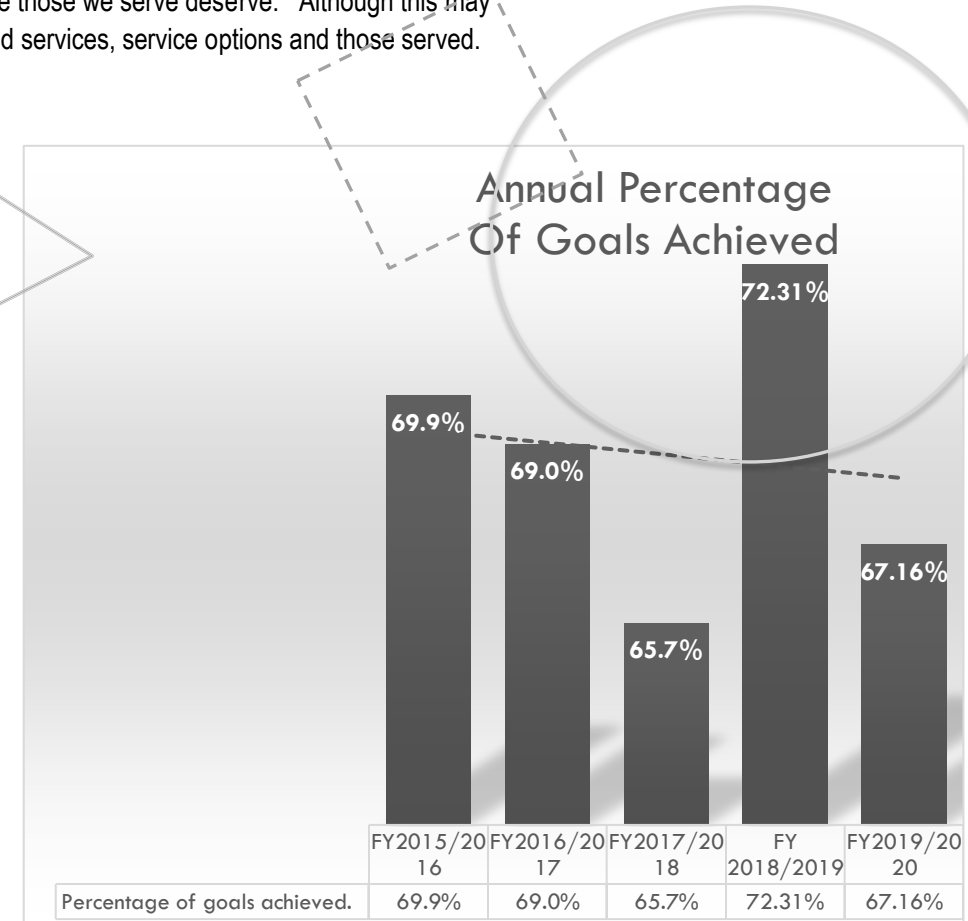
- 1. Decrease discharges due to dissatisfaction.
- 2. Improve quality of life.
- 3. Proof quality of service.

**Supported Employment**

- 1. Maintain or increase number of hours worked weekly.
- 2. Decrease amount of time waiting for job placement.

**Supplemental**

- 1. Improve Staff qualifications.
- 2. Improve persons served knowledge of grievance and appeal process.
- 3. Improve quality of person served service plans.



**Satisfaction Outcomes**

Again, this year our overall satisfaction scores were extremely high. This measure remains critical, as the satisfaction of the persons we serve and their families is paramount to our success. Link Associates exists to make a difference in the lives of persons served. Obtaining satisfaction from various perspective gives us a well-rounded picture to determine areas of improvement. Listening and learning to what our stakeholders tell us will help improve our practices, which translates into better service provision and happier stakeholders. It is difficult to compare the scores to previous years as we changed the scoring methodology, yet the outcomes remain extremely high.

a. Overall satisfaction for the agency was:

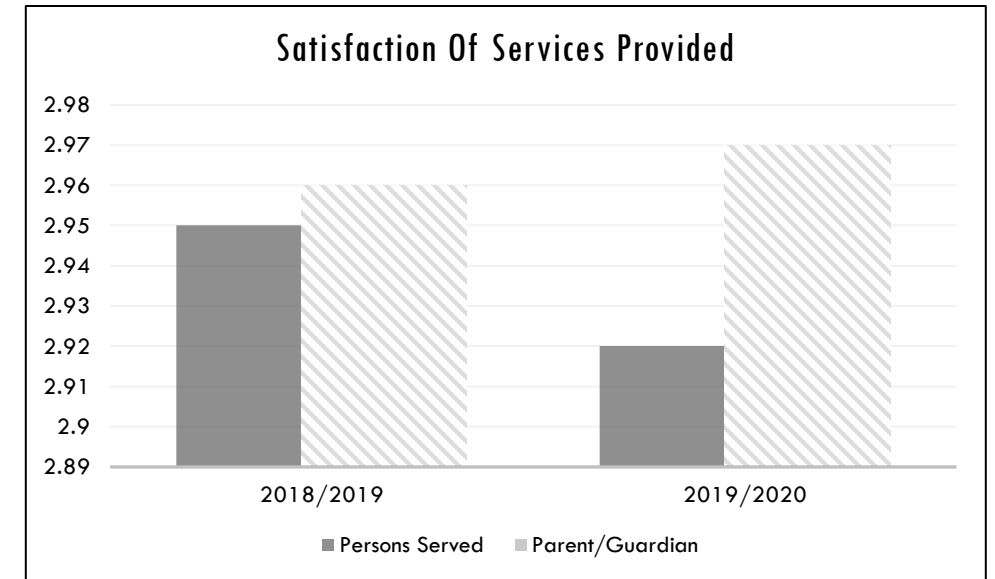
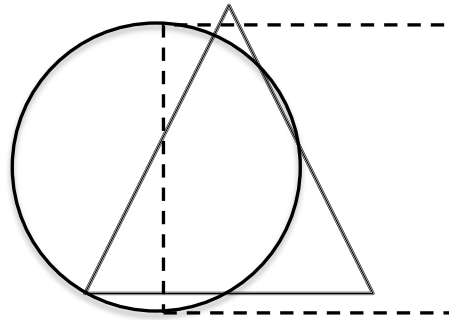
- 1) Persons served 2.95 on a 3-point scale
- 2) Parents/Guardians/Advocates 2.96 on a 3-point scale
- 3) Combined 2.95 on a 3-point scale

Overall, the positive outcomes of the programs offered, which are described in detail throughout the full report that follows, serve as strong indicators of Link Associates' continued success over the past year.

Respectfully Submitted,



Linda Dunshee, Executive Director





BOARD OF DIRECTORS REVIEW  
Linda Dunshee, Executive Director

This report, in its entirety has been reviewed by multiple levels of the Link Associates Board of Directors. This report has been presented in multiple media to ensure all members of the Board of Directors had the opportunity to review and evaluate the data in the style they most prefer. The report was presented:

1. Added to the Board of Directors Section on the website
2. Sent in email format along with notification of its posting to the website
3. Presented in print at Board of Director Committee meetings
4. Key leadership staff from across the organization sat down with various committee members to walk thru the data by program, present the outcomes and answer any questions.
5. Each committee of the Board of Directors reported their review to the full Board in their meeting materials.

After all of these phases of presentation, the following comments were received from the members of the board:

1. We appreciate the thorough and detailed information presented and commend the staff for an excellent job in setting goals and documenting the progress in achieving them.
2. The reports were very well laid out and the information we needed was readily available.
3. You have taken on a massive amount of data collection and it is impressive to see your steps for moving the goal line even further out.
4. Your goals were well established and upfront making the presentation easy to follow.
5. Your teams did a great job sharing the report ahead of time giving us time to prepare. For a more in-depth review.
6. Our committee finds no alternative recommendations and encourages you to move forward with the plans laid out by staff

CASE MANAGEMENT  
 Link Associates Program Evaluation  
 July 1, 2019 to June 30, 2020  
 Joan Osborn, Case Management Director

As Case Management Director I have reviewed the data for the past year in which the department established eleven goals and met eight of them. We will continue to focus on all of the eleven goals as written, revising targets to increase average monthly contacts, increase percentages of people achieving their personal goals, and increasing the percentage of case files that are quality reviewed annually. There are no new goals proposed for FY 20-21.

Highlights of achievement areas:

Satisfaction: maintaining high satisfaction from individuals served (CM=2.98/3.0 scale, PM=2.93/3.0 scale) and parent/guardian satisfaction (CM=2.99/3.0 scale, PM=2.95/3.0 scale), both improvements from the previous year.

Frequent Contact: regular face to face contact and monitoring services of those served. The average number of contacts on behalf of the person served is CM=3.88, PM= 2.81 contacts per month. I am proud that the contact data demonstrates high involvement, even during the pandemic the Case Coordination team focused on staying connected to those we serve. These scores reflect only activities that would be considered billable, except for billable Medicaid paperwork, which we opt to exclude so that our scores reflect only contacts on behalf of the person served.

Personal Goal Achievement: those we serve will meet 85% of their individualized goals. Both CM and PM programs achieved this goal, with scores of CM=99% and PM=95%.

Highlights of areas that goal targets were not met:

Community needs through expansion and reducing wait time between being accepted into services and starting services was not met. Access to services and service expansion has halted admissions since March of this fiscal year due to Covid.

Ensuring that individual plans address all health and safety needs of the person served was not met. Missing documentation addressing the health and safety needs of the person served was found in 2 files this year.

Retraining occurred for those staff, as our goal is 100% compliance.

Services: Both Case Management and Program Management services continue to work through and learn processes within the managed care organizations for a better understanding of their needs and how that fits into our framework of quality services. Staff continue to negotiate what they should be doing for persons served and families that are traditional roles of the Medicaid Case Manager. Staff are often in positions to assist or complete duties that the MCO CM has communicated that they can no longer do. This is reported in our weekly forums with the MCO's as needed, and typically we are told that the MCO CM Manager will correct their staff; however, progress is slow.

I am proud of the staff in the Case Management Department who have once again endured significant disruption to the good work they do. They are extremely skilled in our communities' services, rules, and the rights of those we serve and have relentlessly advocated for them. We all look forward to a more safe and stabilized system in which we focus on the person served.

Case Management Demographics

CM/PM FY 2019-2020		1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
	Link	328	100%	319	100%	315	100%	307	
Age									
	<16	3	1%	3	1%	3	1%	3	1%
	16-17	1	0%	1	0%	1	0%	0	0%
	18-21	18	5%	16	5%	12	4%	11	4%

22-34	135	41%	131	41%	125	40%	121	39%
35-44	52	16%	49	15%	49	16%	50	16%
45-54	42	13%	43	13%	47	15%	47	15%
55-64	47	14%	46	14%	45	14%	45	15%
65>	30	9%	31	10%	33	10%	30	10%
Gender								
Male	196	60%	191	60%	190	60%	186	61%
Female	132	40%	129	40%	125	40%	121	39%
Ethnicity								
Black or African-American	30	9%	29	9%	29	9%	29	9%
American Indian and Alaskan	1	0.3%	1	0.3%	1	0.3%	1	33%
Asian	6	2%	7	2%	7	2%	7	2%
Caucasian	273	83%	265	83%	260	83%	254	83%
Hispanic	11	3%	10	3%	10	3%	8	3%
Native Hawaiian or other Pacific Islander	2	0.6%	2	0.6%	2	0.6%	2	1%
Other Race	5	2%	6	2%	6	2%	6	2%
Residential Area								
HCBS Daily	181	55%	178	56%	178	57%	171	56%
HCBS Hourly Adults/Children	93	28%	92	29%	90	29%	88	#DIV/0!
Adult/Child No SCL/Res Service	54	16%	49	15%	49	16%	48	#DIV/0!
Vocational Area								
Day Habilitation	186	57%	187	59%	186	59%	180	59%
Competitive	8	2%	7	2%	8	3%	8	3%
NA, child	5	2%	5	2%	5	2%	5	2%
NA, no placement	36	11%	32	10%	31	10%	32	10%
SE	88	27%	83	26%	80	25%	78	25%
Training Program	5	2%	0	0%	186	59%	4	1%
Population Group								
DD	10	3%	10	3%	9	3%	7	2%
ID	318	97%	309	97%	306	97%	299	97%
Level of Disability								
DD	10	3%	10	3%	8	3%	8	3%
Mild ID	141	43%	138	43%	133	42%	128	42%
Moderate ID	105	32%	103	32%	4	1%	102	33%
Profound ID	6	2%	6	2%	5	2%	5	2%
Severe ID	66	20%	65	20%	65	21%	64	21%

Case Management Measures of Achievement

Case Management Measures of Achievement 2019- 2020

RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain contact with person served	Monthly contacts per month, averaged per quarter.	Monthly Billings/Access Database	Case Management Director	Case Management Director	Quarterly avg. # contacts made on behalf of the person served = 2.90 or higher per month/CM and 1.90 for PM.	Those served in Case Management (CM) & Program Management (PM)	CM=3.35	CM=3.78	CM=2.77	CM=4.03	CM=3.25	CM=3.43	CM=3.57	CM=3.35	CM=4.92	CM=4.92	CM=3.48	CM=5.68
							PM=2.94	PM=2.79	PM=2.80	PM=2.75	PM=2.94	PM=2.70	PM=2.95	PM=2.67	PM=2.67	PM=2.67	PM=2.63	PM=3.24
							Quarterly Average CM=3.30 PM=2.84		Quarterly Average CM=3.57 PM=2.78		Quarterly Average CM=3.95 PM=2.76		Quarterly Average CM=4.69 PM=2.85					
							Annualized Average Contacts CM=3.88 PM=2.81											

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Begin additional data collection on average contacts of the person's served in Program Management 1.90 or higher per month. Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) <ul style="list-style-type: none"> <li>Data collection for this target has expanded to Program Management, giving more detail to the frequency of contact between the PM and the person served.</li> </ul>	Completion Date 07/2019
--	--	---	----------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st QUARTER CM – N/A	2nd QUARTER CM= N/A	3rd QUARTER CM= N/A	4TH QUARTER CM= N/A
	PM – Added data collection to include persons served with Program Management.	PM=N/A	PM=N/A	PM=N/A

Comparison of last year's results (18/19) to this year (19/20): FY 18-19, the system had experienced another MCO shift in a continuously unstable system. Despite the fact that staff had to balance time available to transition plan verse maintaining contacts with the persons served, both programs did a remarkable job of achieving goal progress. The CM program did not meet the goal set of 2.90 contacts per month, per person, however came very close with a result of 2.88. The Program Managers exceeded the goal of 1.90 contacts per month, by achieving an average of 2.95 contacts per person. For FY 19-20, both programs exceeded the targeted monthly contacts per month, per person with average contacts in CM of 3.88 and PM of 2.81, which is attributed to the CM/PM role in the coordination of services on behalf of the person served as the role of the traditional CM has diminished and become more telephonic.

Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (19/20):	Expected Outcomes	Person Responsible	Timeframe
		Case Coordinators, monitored by CM Director.	06/21

<input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below: Action Steps: Increase targets to CM= 3.90 or higher contacts per month and PM=2.83.		Increased monthly contacts will provide staff an opportunity to interact and support the person served and the DSP with programming and problem solving.																
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Comply with state standards and policy regarding Quality Assurance	Number of records reviewed annually of those in service as of 07/01/20	Review of Case File and completion of Quality Assurance Checklist	Quality Assurance Committee	Case Management Director	100% of Case Management records and 20% of Program Management records will be reviewed using the quality assurance process.	Those served in Case Management (CM) & Program Management (PM))	Case Management N= 7			Case Management N= 9			Case Management N= 4			Case Management N= 6		
							Program Management N= 13			Program Management N= 13			Program Management N= 9			Program Management N=20		
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Modify the quality assurance targets to reflect achievable targets regarding full file reviews (CM/PM) and billing reviews (CM) based on the number of people served. In addition, QA assurance reviews historically completed by all staff, will be completed by Administrative staff with active caseloads. Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) Targets were modified, CM Administrators completing QA.												Completion Date 07/2019			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1 <sup>st</sup> Quarter Number of people served as of 07/1/19= CM = 31 & PM = 298 Seven CM files were reviewed for quality assurance, which includes a billing audit. Administrators with caseloads are assigned quality assurance tasks. Admins identified no			2 <sup>nd</sup> Quarter Number of people served as of 10/1/19= CM = 30 & 300 PM = 330 Nine CM files were reviewed for quality assurance, which includes a billing audit. Administrators with caseloads are assigned quality assurance tasks. Admins identified no trends that would require staff re-training.			3 <sup>rd</sup> Quarter Number of people served as of 1/1/20= CM = 28 & 294 PM = 322 Four CM files were reviewed for quality assurance, which includes a billing audit. Admins identified no trends that would require staff re-training.			4 <sup>th</sup> Quarter Number of people served as of 4/1/20= CM = 26 & 295 PM = 321 Six CM files were reviewed for quality assurance, which includes a billing audit. Admins identified one staff that required additional training on meeting all the components of QA. Admin met with staff and implemented a pre-review of paperwork before it is							

	trends that would require staff re-training.  Thirteen Program Management files were reviewed for a quality assurance. There is no billing audit as PM is an inclusive service within each waiver program. Admins identified no trends that would require staff re-training.	Thirteen Program Management files were reviewed for a quality assurance. There is no billing audit as PM is an inclusive service within each waiver program. Admins identified no trends that would require staff re-training.	Nine Program Management files were reviewed for a quality assurance. There is no billing audit as PM is an inclusive service within each waiver program.	finalized as well as 1:1 review of the staffing checklist and QA form.  Twenty Program Management files were reviewed for a quality assurance. There is no billing audit as PM is an inclusive service within each waiver program.														
Annual total of case file quality assurance reviews: CM (goal 100%) = 100% PM = (goal 20%) = 20%																		
Trends summarized: Admins have completed all QA's this fiscal year. Trends within individual program managers were identified and training occurred which resolved the issue.																		
Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, Case Management QA's met this goal with a 100% review with 35 of the original 38 that remained in the CM program after the transition; however, Program Management reviews did not meet the target of 20% of files reviewed, as Administrators were only able to review 17% of files due the shuffling of MCO's and competing for time, which postponed QA activities. For FY 19-20, both programs met their targeted goals and it is recommended that the department increase the targets for the PM program to 25% so that a larger sample is used to detect compliance.																		
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)																		
Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)																		
Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below										Expected Outcomes Increased PM- QA reviews will be completed.		Person Responsible QA Administrator		Timeframe 07/21				
Action Steps: Maintain/Monitor CM enrollment, but no growth targets will be set. Program Management will increase targets to 25%. Restore QA committee to include all CM/PM staff to provide cross training between workers through peer review.																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Achievement of individual's identified Goals.	The number of goals with progress in a 100% sample for CM and 20% sample for PM. Reviewed Annually	Review of Case File and completion of Quality Assurance Checklist	Quality Assurance Committee	Case Management Admin Assistant	85% of Individual's goals reviewed via the QA process will show progress toward meeting the individual's goal.	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM goals with progress = 27/29 = 93%		CM goals with progress 29/32 = 91%		CM goals with progress 7/10 = 70%		CM goals with progress 20/21 = 95%					
							PM goals with progress = 32/35 = 91%		PM goals with progress = 38/41=93%		PM goals with progress = 19/19=100%		PM goals with progress = 53/54=98%					
							CM ANNUAL SUMMARY Number of goals reviewed for progress = 83/92, 90%						PM ANNUAL SUMMARY Number of goals reviewed for progress = 142/149, 95%					
							Case Management Department Blended Scores = Number of goals reviewed for progress =225/241,93%											

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Adjust sample size to 100% sample for CM and 20% sample for PM Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) Sample size adjusted for the fiscal year.		Completion Date 7/2019
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> Quarter Goal met this quarter for CM and PM. It is important to note that many service plans have exceeding the typical 12-month period as the MCOs transition through the continuity of care period. This would favorably impact goal progress as the MCOs opt to extend current goals for 1-2 months that have already been achieved.	2 <sup>nd</sup> Quarter Goal met this quarter for CM and PM. Case Coordinators continue to be challenged by external CBCM's moving staffing dates around. At the beginning of this quarter there were numerous plans that had been extended as in the previous quarter, impacting choice of goals. Towards the end of December, it was noticed that CBCM's have been instructed to move up service plan meetings by as much as 60 plus days to ensure providers have new plans timely. While timely plans are expected, the MCO's are now moving plans up 60 days which also impacts goal progress because the plan is less than 10 months old and the person served may have not reached a point in a goal action step to achieve that step and the team is prematurely meeting to develop new or revised goals. This information is being communicated to IME.	3 <sup>rd</sup> Quarter Goal not met for CM this quarter. The issue was identified that one person served had three SCL goals, but had not had a SCL provider in place, thus no progress could be made on these goals that were still active in the plan. CM will addend plan after discussing the goal and need for service with the staffing team.  Goal was met this quarter for Program Management.  Continued issues with SIS and Staffing dates being realigned by the MCOs to fit their processes. The Case Management Director contacted ITC and Amerigroup and discussed the impact of the staffing date changes with the CM Managers. The MCO's have decided to continue to move dates so that meetings are not "bunched" together on their end. The program will adapt to this new schedule and continue to advocate that plans are done annually, not every 9-10 months.	4 <sup>th</sup> Quarter Goal met this quarter for CM and PM.  Goal was met this quarter for Program Management.
Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, transformation of our service system and in particular the CBCM's who work with providers to develop goals, the program results demonstrated a significant increase in the person served meeting their individual goals with CM achieving 93% and PM achieving 92% with a blended score of 92%. Link programs emphasized staff involvement in goal development this year, which attributed to better "fitting" goals as the program's knowledge was a great resource to establishing person centered goals. For FY 19-20, the programs made steady progress and met the goal targets successfully three of four quarters with an annual blended score of 93%. Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)				
New Recommendations for Next Year (19/20): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Maintain sample size of 100% for CM and increase to a 25% sample for PM. Increase targets to maintain blended goal progress with 93% of all goals reviewed demonstrating progress.	Expected Outcomes Increased sample size for PM and expect that maintaining progress from one year to the next demonstrate individuals served are developing goals that are individualized and important to them.		Person Responsible QA committee	Timeframe 7/20
EXPERIENCES OF THE SERVICES RECIEVED AND OTHER FEEDBACK FROM THE PERSONM SERVEED (SATISFACTION)				

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve individual's satisfaction	Individuals satisfaction with their Case Manager or Program Manager	Listen to Me Satisfaction survey	Case Managers	Case Managers	Maintain or improve satisfaction score of 2.75, optimal 2.9 (3-point scale)	Those served in Case Management (CM) & Program Management (PM)	CM Score= 2.94 N=4		CM Score= 3.00 N=2		CM Score=3.00 N=1		CM Score=2.95 N=3					
							PM Score= 2.97 N=39		PM Score= 2.93 N=36		PM Score= 2.95 N=48		PM Score= 3.00 N=4					
							Annual Persons Served Satisfaction Results CM Score= 2.9 N=10 ***** PM Score= 2.96 N=127											
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) N/A Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) • N/A							Completion Date NA							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter CM and PM programs both met the goal of achieving a person served satisfaction score of 2.75 or higher. Remarks include: One CM individual stated that his parents would like the respite hours to be more flexible due to his parents work schedule. Another person stated that his staff "play" on their phone a lot of the time, also while driving. Several people served indicated that they were happy, looked forward to going to Day Hab after LOA, and that they wanted to make an exercise plan. Case Coordinator will continue to follow up as needed.		2nd Quarter CM and PM programs both met the goal of achieving a person served satisfaction score of 2.75 or higher. Remarks included wanting to find a better job, a roommate to get along with, and less wait time for transportation. One person expressed excitement for a new home they are moving to.		3rd Quarter CM achieved this goal; however, there was only one survey returned from that program this quarter which is due to the low census in CM. PM achieved this goal. Remarks included satisfactions with Link transportation, praise towards job coach, and enjoys living in a new home and hopes to stay there a long time. There were also remarks regarding dissatisfaction with a persons' roommate stating that the roommate is physical with staff and that makes them feel unsafe, the person served is looking to move. Other remarks were that staff doesn't listen and goal progress is slow.			4th Quarter CM and PM programs both met the goal of achieving a person served satisfaction score of 2.75 or higher. Remarks included concerns with services with comments such as: My parents need more flexibility regarding the use of respite because they both work. I want to return to Link (closed/COVID). Want link transportation, as staff pick up late. Don't like library for VIP Not working or attending day program at this time (closed/COVID). Don't like the virus thing as I can't go anywhere sometimes between 3:30-4. Comments of satisfaction were expressed such as: Loves job @ McDonalds, likes job coaches. I love money, job is good Loves the services he receives.										
<p>Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, persons served continue to be highly satisfied with their services with average annual scores of 2.98 for CM individuals and 2.93 for PM individuals. With another MCO system change, the persons served and families rely heavily on Link's Case Coordinators to problem solve in lieu of the assigned Community Based CM, this is largely due to established relationships. For FY 19-20, service satisfaction remained stable at 2.9 for CM and a slight increase for PM at 2.96, which is attribute to regular contact and follow-up and the on-going, trusted relationships that teams have formed.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): Covid-19 closed services and business across the nation between Mid-March of 2020 through the end of the fiscal year, ceasing access to these services as people were quarantining in their homes and so communicated dissatisfaction with disrupted schedules and routines. Some individuals working in supported or competitive employment were able to go back to work sooner than others as employers adapt to restrictions set by the Governor. Day Programs remained closed.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain): See above</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain):</p>																		



Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (19/20):  
 Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below

Action Steps:

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	Expected Outcomes		Person Responsible	Timeframe				
							7/19	8/19		9/19	10/19	11/19	12/19	1/20
Improve parent/Guardian satisfaction	Parent/Guardian Satisfaction with their Case Management Provider	Listen to Me Guardian Satisfaction survey	Listen to Me Guardian Satisfaction survey	Case Managers	Case Managers	Maintain or improve satisfaction score of 2.75, optimal 2.9 (3-point scale)	CM= 0		NA	NA				
							PM = 1				CM= 0		CM= 0	
							Annual Parent/Legal Representative Satisfaction Results CM Score= 2.99 N=12 ***** PM Score= 2.95 N=153							
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) /A Identify Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) • N/A					Completion Date /A					
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter M and PM programs both met the goal of achieving a parent/guardian satisfaction score of 2.75 or higher. Remarks include: the parent/guardian reported that the person served is happy at Link on three surveys. One parent stated that the transportation provider is either too early or too late; however, this person does not receive Link transportation and is not CM case. Case Coordinator encouraged reporting the issue to the provider.	2nd Quarter M and PM programs both met the goal of achieving a parent/guardian satisfaction score of 2.75 or higher. No significant remarks noted. Several people indicated things were "fine" or "going good". No comments of dissatisfaction were recorded	3rd Quarter M and PM programs both met the goal of achieving a parent/guardian satisfaction score of 2.75 or higher. Remarks include: "My daughter is happy with all aspects of life; however, I am concerned with the amount of time it is taking to find a job. Another parent stated that Link services are awesome and the person served is thriving. Specific compliments were made about a CM and Supervisor being awesome to work with.	4th Quarter M and PM programs both met the goal of achieving a parent/guardian satisfaction score of 2.75 or higher. Remarks include: 10+ on the effort scale for the CM! We appreciate her so much! Link has interpreters and staff who assist with accessing community. He is improving because of these people. Seen improvement over past year in consumer/staff communication!  Remarks included concerns with services such as: "I have requested past for an update at least monthly if not quarterly" (not receiving), Concerns regarding Residential Supervisor and Payee discussed, Food assistance appointment not done, about communication from Health services regarding appointments.										
<p>Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, persons served continue to be highly satisfied with their services with average annual scores of 2.98 for CM individuals and 2.93 for PM individuals. With another MCO system change, the persons served and families rely heavily on Link's Case Coordinators to problem solve in lieu of the assigned Community Based CM, this is largely due to established relationships. For FY 19-20, service satisfaction remained stable at 2.9 for CM and a slight increase for PM at 2.96, which is attribute to regular contact and follow-up and the on-going, trusted relationships that teams have formed.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): Covid-19 closed services and business across the nation between Mid-March of 2020 through the end of the fiscal year, ceasing access to these services as people were quarantining in their homes and so communicated dissatisfaction with disrupted schedules and routines. Some individuals working in supported or competitive employment were able to go back to work sooner than others as employers adapt to restrictions set by the Governor. Day Programs remained closed.</p>														

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain): See above  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain):  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (19/20): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	Expected Outcomes NA	Person Responsible NA	Timeframe NA
Action Steps:			

EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED (SATISFACTION)														
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2 / 20
Decrease discharges due to dissatisfaction or inability to engage in services.	Number of discharges due to dissatisfaction or inability to engage in services.	Discharge Reports	Case Management Director	Case Management Director	No more than four discharges annually due to dissatisfaction or inability to engage in services.	Those served in Case Management (CM) & Program Management (PM))	CM= 0 PM = 1		CM= 0 PM = 1		CM= 0 PM = 2		CM= 0 PM = 0	
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met		Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) N/A Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) N/A				Completion Date N/A					
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> QUARTER There was one discharge due to inability to engage in services in the PM program. This individual participated in Link Daily SCL and Day Hab; however, attended the programs 1/3 <sup>rd</sup> of the time offered. The team has worked for the last two years to discover how to better engage this person in their services. The father informed the CM Director that this is not the fault of Link as two parents disagree on attendance and it will take a court order to cause any significant changes in participation. The agency utilized program plan goals, contracts of participation, scheduling changes, and a high number of on-going contacts with parents to get attendance on track, but this did not work. The agency reluctantly submitted an involuntary discharge in September due to lack of participation in both programs.			2 <sup>nd</sup> QUARTER There was one discharge due to dissatisfaction in the PM Program. In this case the Link team was required to resort dependent adult financial abuse to DHS and the mother pulled her daughter from our SE services. The person served will remain working with her CBCM, who has insight into the situation and continue to follow it along.			3 <sup>rd</sup> Quarter There were two discharges due to dissatisfaction in the PM Program.  Both discharges were involuntary and due to the safety of the person served as well as other persons served in the Day Hab areas.  The programs document many methods of intervention and multiple team meetings to maintain the service, including 1:1 supports and asking the parent to do more direct training with the staff. Both teams were given suggestions of SCL in which 1:1 skill development can take place to address the safety issues with the belief that day programming will be an option in the future.				4 <sup>th</sup> Quarter There were no discharges due to dissatisfaction in the CM or PM Program.			

Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, there were no trends or negative discharges. For CM, discharges were related to losing eligibility for fee for serve CM, so these people needed to be transferred to an CBCM with an MCO. Link program discharges were a result of a variety of reasons, mostly choice. For FY 19-20, there was an increase in discharges related to being unable to provide services as explained above. In all scenarios the agency worked very hard to engage the person served and their family in meeting their needs in the chose programs; however this year the challenges were very individualized and there are no trends by program to further evaluate.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (2021): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps:	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Meet needs of community through expansion, and maximize quality and resources available to Case Managers and Program Managers	Number of people served as of 07/1/19 31 (CM), 298(PM) = 329	Filemaker Google Doc Caseload Numbers, Monthly billings	Case Management Director	Case Management Director	Increase number of persons served by 10/year for PM. Monitor CM enrollment, but no growth targets will be set and maintain an average mixed caseload ratio not to exceed 1:38.	Those served in Case Management (CM) & Program Management (PM)	CM=31 PM=298	CM=30 PM=296	CM=30 PM=300	CM=30 P=300	CM=28 PM=295	CM=28 PM=292	CM=28 PM=294	CM=26 PM=295	CM=26 PM=295	CM=25 PM=289	CM = 25 PM = 287	
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Maintain/Monitor CM enrollment, but no growth targets will be set. Program Management will			Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)				Completion Date 6/2020										

	continue as written. Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Targets adjusted, continue to work with admissions on cases and outreach to external Case Managers about Link Programs.	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<p>1<sup>st</sup> Quarter Case Management census has remained stable between 30-31 participants, and no new referrals.</p> <p>Program Management has experienced a decline of three participants this quarter. Six intakes were held and nine discharges occurred. Discharge numbers are above normal; however, the reasons for discharge were not due to dissatisfaction.</p> <p>Caseloads are currently at an average of 1:35, which is a manageable number within the scope of the current role. Frequent admissions have increased workloads this quarter. There is lag time between admissions and actual intake related to delayed MCO paperwork. There are 12 people pending assignment for Program Management. Goal progress is noted.</p>	<p>2<sup>nd</sup> Quarter Case Management census has decreased by two members due to losing HIPP insurance and FFS CM. No new referrals.</p> <p>Program Management has had a second consecutive quarter decline in those served. Eleven intakes were held and fourteen discharges. There were no specific trends in reasons for discharge. One person served did pass away.</p> <p>Caseload averages this quarter is 1:37, which meeting the target if no more than 1:38.</p>	<p>3<sup>rd</sup> Quarter Case Management decreased by two additional persons served due to losing HIPP insurance and FFS CM. No new referrals.</p> <p>Program Management has remained stable. It is typical that the agency experiences less admissions in the winter months. In addition, March began the nationwide Covid-19 pandemic. The Governor of Iowa suspended services and the State was ordered to social distance and "stay at home". This impacted all Day and Residential Services as referrals could be received but not acted on.</p> <p>Case Coordinators continued to work remotely and participate in audio or video team meetings as well as making contacts with those served to stay connected.</p> <p>Caseload averages this quarter is 1:32, which meeting the target if no more than 1:38.</p>	<p>4<sup>th</sup> Quarter Case Management decreased by two additional persons served due to losing HIPP insurance and FFS CM. No new referrals.</p> <p>There have been no referrals for PM this quarter as the agency continues to remain closed to new admissions and Day Hab programming due to COVID. Plans are in place for a transition plan in July; however, it is unclear how responsive people will be to returning as opinions change between month to month contacts.</p> <p>Case Coordinators continued to work remotely and participate in audio or video team meetings as well as making contacts with those served to stay connected.</p> <p>Caseload averages this quarter is 1:35, which meeting the target if no more than 1:38.</p>
<p>Comparison of last year's results (18/19) to this year (19/20): For FY 18/19, system stability was of concern for the people served and parents that Link Associates serve with the second MCO leaving Iowa. FY 19-20, The CM program continues to be impacted by the Iowa Medicaid Review of the HIPP premium payment program and at years end the CM program is down to serving 25 of the 34 people we started with in July 2019. This is an eligibility-based program and the CC has no ability to impact the discharge when it occurs. Case Coordination caseloads have fluctuated this year, with an average size of 35 per CC. Program Management has also been affected by the closing of the Day Habilitation programs due to COVID. As of June 2020, the agency was not accepting new referrals due to the pandemic and a large number of those served have not yet re-engaged in services. Many elderly or medically involved persons served have decided to retire from the Day Hab program, primary to limit further exposure to COVID.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) Targeted Case Management is experiencing no growth and this is not expected to change. Lower admissions into Link programs has been attributed to ceasing admissions meetings during COVID.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) The State of Iowa is directing new referrals for fee for service to DHS, not community providers. There are approximately 600 fee for service members in need of CM in Iowa, all other CM is provided through an MCO. The Iowa Governor closed day programs in Iowa for an extensive amount of time. Link is cautiously evaluating how to resume services.</p> <p>Characteristics of persons served impact performance: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) Persons served have limited options to resume or begin new services due to COVID restrictions.</p> <p>Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p>				
<p>New Recommendations for Next Year (20/21):</p> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above	<p>Expected Outcomes</p> <p>NA</p>		<p>Person Responsible</p> <p>NA</p>	

Action Steps/Plan:		Resources Used to Achieve Results for the Persons Served (EFFICIENCY)																	
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Minimize the time between when a person is approved for services by the Admissions Committee and has an intake meeting to start Link services. Track barriers to this process.	Number of months between admissions and service start date	Admin referral tracking sheet	CM Administrator	CM Administrator	Reduce the amount of time and identify barriers between admission into the program and starting Link services to no more than 2 months, 70% of the time.	Those served in Case Management (CM) & Program Management (PM))	6/6 or 100% of referrals were admitted and started services within 2 months.			11/11 or 100% of referrals were admitted and started services within 2 months.  9/11 of those referrals completed admissions, intake, and started services within 1 month			7 of 9 or 78% of referrals were admitted and started services within 2 months.						There were no new referrals or service start dates due to the Covid-19 pandemic. State required closing of day programs, most of those served opted to shelter in place through 6/20.
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) N/A Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) N/A						Completion Date N/A							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> Quarter Goal met. Currently people are waiting at least 2 months to start service typically. System barriers that prevented start dates prior to 2 months are: external delays in collecting funding/paperwork and unknown MCO assignment. Internal wait times were due to needing medical documentation of TB test.				2 <sup>nd</sup> Quarter Goal met. 100% of those referred were admitted into programs and starting Link services within a 2-month timeframe. Link started emailing spreadsheets of missing documentation to the MCO Managers and this has affected efficiencies in all areas, including admission paperwork. Continue to monitor.				3 <sup>rd</sup> Quarter Goal met with 78% of new referrals admitted and starting services within 2 months.  2 of the 9 referrals needed more time due to required paperwork delays and scheduling of meetings of the CBCM.				4 <sup>th</sup> Quarter NA The agency could not accept new referrals or start services during this time.						
<p>Comparison of last year's results (18/19) to this year (19/20): FY 19-20 is the first year for this primary objective and there is no historical data other than trends were seen the previous year of lengthy wait times for services to begin. The purpose of this objective is to look at what is happening once a person is accepted and determine how a CM/PM can provide more support in reducing lengthy waits by assisting the admissions coordinator in obtaining needed information and evaluating Link internal process. 89% (33 out of 37) of new referrals had intake meetings within 2 months of being approved for services.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) COVID restrictions prevented persons served in applying for and accessing services during four months of this fiscal year.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) The Covid-19 pandemic was the cause of no 4<sup>th</sup> quarter services.</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p>Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p>																			
New Recommendations for Next Year (19/20):			Expected Outcomes						Person Responsible						Timeframe				

<input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: .	NA	NA	NA
--	----	----	----

**SUPPLEMENTAL MEASURES**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Collect and analyze data about Case Management individuals & services	Trends in CM Incident Reports	Incident Reported submitted to or written by CM Staff	Case Managers and Case Management Administrator	Case Managers and Case Management Administrator	Collect, analyze and share information regarding trends identified.	Case Management Individuals	Reviewed as submitted and checked for trans quarterly. Annually compiled and distributed for consideration											

Goal Outcome: <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) N/A = Supplemental Data Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) • N/A	Completion Date N/A
---	---	---	------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>  Top Number = Case Management member  Bottom Number = Program Management member	<b>1<sup>st</sup> Quarter</b> <table border="1"> <thead> <tr> <th>Quarterly Summary of Critical Incident Types</th> <th>July 2019</th> <th>August 2019</th> <th>September 2019</th> </tr> </thead> <tbody> <tr> <td>Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.</td> <td>6 1</td> <td>0 0</td> <td>2 0</td> </tr> <tr> <td>Result's in someone's death</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> </tr> <tr> <td>Requires emergency mental health treatment for the individual</td> <td>1 0</td> <td>0 0</td> <td>1 0</td> </tr> <tr> <td>Requires the intervention of law enforcement</td> <td>2 0</td> <td>5 0</td> <td>0 1</td> </tr> </tbody> </table>				Quarterly Summary of Critical Incident Types	July 2019	August 2019	September 2019	Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	6 1	0 0	2 0	Result's in someone's death	0 0	0 0	0 0	Requires emergency mental health treatment for the individual	1 0	0 0	1 0	Requires the intervention of law enforcement	2 0	5 0	0 1	<b>2<sup>nd</sup> Quarter</b> <table border="1"> <thead> <tr> <th>Quarterly Summary of Critical Incident Types</th> <th>October 2019</th> <th>November 2019</th> <th>December 2019</th> </tr> </thead> <tbody> <tr> <td>Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.</td> <td>6 1</td> <td>0 0</td> <td>3 1</td> </tr> <tr> <td>Result's in someone's death</td> <td>0 0</td> <td>1 0</td> <td>0 0</td> </tr> <tr> <td>Requires emergency mental health treatment for the individual</td> <td>0 0</td> <td>0 0</td> <td>1 0</td> </tr> </tbody> </table>				Quarterly Summary of Critical Incident Types	October 2019	November 2019	December 2019	Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	6 1	0 0	3 1	Result's in someone's death	0 0	1 0	0 0	Requires emergency mental health treatment for the individual	0 0	0 0	1 0	<b>3<sup>rd</sup> Quarter</b> <table border="1"> <thead> <tr> <th>Quarterly Summary of Critical Incident Types</th> <th>January 2020</th> <th>February 2020</th> <th>March 2020</th> </tr> </thead> <tbody> <tr> <td>Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.</td> <td>0 5 **1 late reported from Oct 2019**</td> <td>0 1</td> <td>0 2</td> </tr> <tr> <td>Result's in someone's death</td> <td>0 0</td> <td>0 1</td> <td>0 0</td> </tr> <tr> <td>Requires emergency mental health treatment for the individual</td> <td>0 0</td> <td>0 2</td> <td>0 1</td> </tr> <tr> <td>Requires the intervention of law enforcement</td> <td>0 1</td> <td>2 9</td> <td>0 6</td> </tr> <tr> <td>Results from any prescription medication error</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> </tr> </tbody> </table>				Quarterly Summary of Critical Incident Types	January 2020	February 2020	March 2020	Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	0 5 **1 late reported from Oct 2019**	0 1	0 2	Result's in someone's death	0 0	0 1	0 0	Requires emergency mental health treatment for the individual	0 0	0 2	0 1	Requires the intervention of law enforcement	0 1	2 9	0 6	Results from any prescription medication error	0 0	0 0	0 0	<b>Trends Observed:</b> <ul style="list-style-type: none"> <li>○ During the fourth quarter of FY20, there was one critical incident for individuals in Link's Case Management program. No trends identified.</li> <li>○ Within Link's program department, 4 critical incidents occurred during the 4 quarter and 1 was reported in the 4<sup>th</sup> quarter that occurred in the 2<sup>nd</sup> quarter. One of these incidents met duplicative criteria</li> </ul>
	Quarterly Summary of Critical Incident Types	July 2019	August 2019	September 2019																																																																					
	Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	6 1	0 0	2 0																																																																					
	Result's in someone's death	0 0	0 0	0 0																																																																					
Requires emergency mental health treatment for the individual	1 0	0 0	1 0																																																																						
Requires the intervention of law enforcement	2 0	5 0	0 1																																																																						
Quarterly Summary of Critical Incident Types	October 2019	November 2019	December 2019																																																																						
Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	6 1	0 0	3 1																																																																						
Result's in someone's death	0 0	1 0	0 0																																																																						
Requires emergency mental health treatment for the individual	0 0	0 0	1 0																																																																						
Quarterly Summary of Critical Incident Types	January 2020	February 2020	March 2020																																																																						
Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	0 5 **1 late reported from Oct 2019**	0 1	0 2																																																																						
Result's in someone's death	0 0	0 1	0 0																																																																						
Requires emergency mental health treatment for the individual	0 0	0 2	0 1																																																																						
Requires the intervention of law enforcement	0 1	2 9	0 6																																																																						
Results from any prescription medication error	0 0	0 0	0 0																																																																						

<table border="1"> <tr> <td>Results from any prescription medication error</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Is reportable to protective services</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td>Person's Served location is unknown</td> <td>1</td> <td>2</td> <td>0</td> </tr> <tr> <td></td> <td>0</td> <td>0</td> <td>1</td> </tr> </table>	Results from any prescription medication error	0	0	0	Is reportable to protective services	0	2	0	Person's Served location is unknown	1	2	0		0	0	1	<table border="1"> <tr> <td>Requires the intervention of law enforcement</td> <td>5</td> <td>2</td> <td>1</td> </tr> <tr> <td>Results from any prescription medication error</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Is reportable to protective services</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Person's Served location is unknown</td> <td>0</td> <td>1</td> <td>0</td> </tr> </table>	Requires the intervention of law enforcement	5	2	1	Results from any prescription medication error	0	0	0	Is reportable to protective services	0	0	1	Person's Served location is unknown	0	1	0	<table border="1"> <tr> <td>Is reportable to protective services</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Person's Served location is unknown</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td>0</td> <td>3</td> <td>0</td> </tr> <tr> <td></td> <td>0</td> <td>2</td> <td>0</td> </tr> </table>	Is reportable to protective services	0	0	0	Person's Served location is unknown	0	0	0		0	3	0		0	2	0	<p>for a total of 6 incident types reported (including the 2<sup>nd</sup> quarter report). This is a significant drop from previous quarters/years. It is felt that this decrease was due to COVID-19 quarantines, closing of the day hab services in the Link building and halted transportation services. Fewer individuals were supported and individuals weren't as active outside their homes.</p>
Results from any prescription medication error	0	0	0																																																
Is reportable to protective services	0	2	0																																																
Person's Served location is unknown	1	2	0																																																
	0	0	1																																																
Requires the intervention of law enforcement	5	2	1																																																
Results from any prescription medication error	0	0	0																																																
Is reportable to protective services	0	0	1																																																
Person's Served location is unknown	0	1	0																																																
Is reportable to protective services	0	0	0																																																
Person's Served location is unknown	0	0	0																																																
	0	3	0																																																
	0	2	0																																																
<p>• Trends Observed:</p> <p>During the first quarter of FY20, there were three critical incidents for individuals in Link's Case Management program. Once incident met duplicative criteria for a total of four incident types reported. Two incidents involved the same individual but they were unrelated and no trends were identified. In Program Management, there were nineteen critical incidents. Three of these incidents met duplicative criteria increasing the total number of incident types reported to twenty-two.</p> <ul style="list-style-type: none"> <li>○ When looking at the incident reports for Program Management, eight incidents required medical intervention. Five reports were the results of an individual biting others. In two of these incidents, a report was written for the individual who was bitten and one for the individual who bit resulting in duplicative reports for the same incident. MN was involved in all these incidents. Three incidents were the results of falls. There were no trends in the falls in regards to location, individuals served or cause of fall.</li> <li>○ The intervention of law enforcement was requested in seven incidents. Two of these reports were the result of one incident in which two persons</li> </ul>	<p>■ Trends Observed:</p> <ul style="list-style-type: none"> <li>○ During the second quarter of FY20, there were three critical incidents for individuals in Link's Case Management program. None met duplicative criteria. One individual had two similar critical incidents related to falling during seizures and getting injured as a result.</li> <li>○ In Program Management, there were eighteen critical incidents. Two of these incidents met duplicative criteria increasing the total number of incident types reported to twenty-one. Nine incidents required medical treatment.</li> <li>○ Of these nine incidents, five were the results of falls. Two of these falls involved the same individual (RB); however, the location varied. One occurred in the parking lot and another at home. There were no other trends among falls or medical incidents.</li> <li>○ Police were notified of eight incidents. Seven of the incidents were the result of verbal or physical aggression toward another person served or staff. (BE) was involved in two incidents; however, there were different factors involved in each incident. (MaMo) exhibited physical aggression toward staff resulting in police intervention on one occasion and in the other incident, medical treatment was provided. The location and staff involved were different in these incidents.</li> </ul>	<p>Trends Observed:</p> <ul style="list-style-type: none"> <li>○ During the third quarter of FY20, there were two critical incidents for individuals in Link's Case Management program. None met duplicative criteria. On individual (JP) had a similar critical incident last quarter and this quarter. There is a current safety plan in place regarding this.</li> <li>○ Program management received a total of 27 incident reports (1 report from October) during the third quarter. There were 6 incidents that met duplicative criteria for a total of 33 incident types.</li> <li>○ Police intervention accounted for most of the incidents (16 incidents / 48%). However, there were three separate incidents that involved multiple people resulting in more than one report for the incident (total of 9 reports). Four incident reports were completed for one incident, a car accident involving four individuals. In addition, three incident reports were submitted for one incident that involved three persons served (altercation between roommates, third roommate called police). Another incident resulted in two reports (altercation between roommates). A day hab participant (ElGr) had multiple reports this quarter, two of which involved police intervention (other critical criteria included DHS notification, medical care and mental health treatment). TC also had two critical incidents this quarter, one of which involved police. These incidents occurred back to back and were most likely the result of a concussion he had sustained. No further incidents were noted for him this quarter.</li> <li>○ Medical treatment was necessary in eight incidents (24%). In four incidents medical treatment was necessary due to falls. Two medical reports were due to staff injuries. (RB), who had similar incidents last</li> </ul>	<p>Causes of Trends Observed:</p> <p>Case Management – No trends identified.</p> <ul style="list-style-type: none"> <li>○ Program Management - No trends identified.</li> </ul> <p>Programmatic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> <li>○ Case Management – No trends identified.</li> <li>○ Program Management – No trends identified.</li> </ul>																																																

	<p>served were involved (KP &amp; SS). JV had two incidents in which the police were involved. There were no other trends in this area.</p> <ul style="list-style-type: none"> <li>○ An individual's location was unknown in three incidents. Two of these individuals (TC and JV) have had similar incidents in previous quarters.</li> <li>○ No other trends were identified.</li> <li>● Causes of Trends Observed: <ul style="list-style-type: none"> <li>○ Case Management – NA</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ The team for MN met several times due to the incidents of biting. The cause is unclear. It is felt that he might not want to attend a day program as these incidents aren't occurring at home.</li> <li>▪ The team for JV has identified that both incidents occurred when a new staff was working with him on the overnight. It seems on these nights, he has a harder time settling down and going to sleep.</li> </ul> </li> </ul> </li> <li>● Programmatic Changes to Prevent Recurrence: <ul style="list-style-type: none"> <li>○ Case Management – NA</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ MN's team put in place a few distractions and steps that staff needed to take to ensure that he did not bite a peer. He was to hold onto his baby in one hand and his lunch in the other in hopes of occupying his hands. The staff were also to leave with him 5 minutes earlier for lunch to avoid the larger crowd during lunch</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ No other trends were identified via incident type, location or staff.</li> <li>▪ Causes of Trends Observed: <ul style="list-style-type: none"> <li>○ Case Management – (BB) has had two seizures during the last quarter in which she fell and was injured. Staff were present in both situations but unable to prevent the fall. (BB) goes through periods in which she has more seizures but it isn't typical for her to fall and hit her head.</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ The causes of (RB) falls varied this quarter. In one instance he slipped on ice and another time he fell walking to the restroom and complained of being dizzy. RB has leg braces to help improve his mobility but doesn't wear them and in addition, due to his weight and stability has in increased risk of falling.</li> <li>▪ There were two separate police reports made on (BE) during the quarter involving different individuals. In both situations (BE) had difficulty making safe decisions and/or using coping skills.</li> <li>▪ Over the last quarter, (MaMo) had several changes in his living situation to which he is still adjusting. Some responses are learned behavior that will need some time to change.</li> </ul> </li> </ul> </li> <li>▪ Programmatic Changes to Prevent Recurrence: <ul style="list-style-type: none"> <li>○ Case Management - There wasn't really anything that could have been done to prevent the incidents for (BB). However, her provider is being extra diligent to make sure she is supported when walking and bells have been put on doorknobs to alert the provider when (BB) is walking at night so she can assist her.</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ (RB) will be evaluated in Iowa City to determine what else can be done to prevent falls. There has been differing reports on the CPAP usage but his family</li> </ul> </li> </ul> </li> </ul>	<p>quarter, had two incidents this quarter related to falling or mobility issues/injuries. However, both of these incidents occurred at his home, not during Link services. No other trends were identified.</p> <ul style="list-style-type: none"> <li>○ DHS was notified of three incidents. One of these reports involved (EG) who had other incidents this quarter noted above. The incident involving (BE) was a past incident that was only recently discovered. (BE) had another similar critical incident last quarter that was reported to police. Currently his alone time has been limited and he is attending therapy to address concerns. The last incident involving DHS and (CI) was isolated. No further trends noted.</li> <li>○ Mental health treatment was provided in three incidents. Two of these incidents involved (EG) and one involved (TC). These incidents met duplicative criteria and were discussed above with police intervention.</li> <li>○ In two incidents the person's served location was unknown. These incidents were unrelated and no trends were noted.</li> <li>○ One individual passed away last quarter due to natural causes.</li> <li>○ Out of all the incidents reported, 12 occurred in residential services, 14 occurred in day hab services and 1 in employment/LEEP. No trends were indicated by location or service being provided.</li> </ul> <p>Causes of Trends Observed:</p> <ul style="list-style-type: none"> <li>○ Case Management: No trends were identified in Case Management incident reports.</li> <li>○ Program Management: Prior to the incidents this quarter, (EIGr) had gone over a year with no emergency mental health treatment. Shortly after this was noted at her staffing, she had two incidents during Link day hab in which mobile crisis had</li> </ul>	<p>Necessary Education and Training of Personnel as a Result of Trends:</p> <ul style="list-style-type: none"> <li>○ Case Management – No additional training or education is needed.</li> <li>○ Program Management – No additional training or education is needed.</li> </ul> <p>Results of Programmatic Changes from Previous Quarter:</p> <ul style="list-style-type: none"> <li>○ Case Management - No programmatic changes were identified last quarter in Case Management.</li> <li>○ Program Management – Due to COVID-19, (EIGr) has not attended day Hab so there is nothing report regarding her progress with the programmatic changes discussed or being implement by the team.</li> </ul>
--	---	--	---	---



	<p>transition. However, there were still incidents of biting after these measures were taken. It was decided to have MN take a leave of absence and the team will meet again in November to decide if he will return to day hab.</p> <ul style="list-style-type: none"> <li>▪ (JV) - New staff hired at the site will spend time working with a couple of the veteran staff to have a chance to get acquainted with JV and also observe the other staff in their interactions with JV as he is not doing the elopements or calling police when two of the veteran staff are working.</li> </ul> <ul style="list-style-type: none"> <li>• Necessary Education and Training of Personnel as a Result of Trends: <ul style="list-style-type: none"> <li>○ Case Management – NA</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ No additional training or education was identified for MN.</li> <li>▪ New staff working with JV will be trained with veteran staff on how best to work with him.</li> </ul> </li> </ul> </li> <li>• Results of Programmatic Changes from Previous Quarter: <ul style="list-style-type: none"> <li>○ Case Management – NA</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ (TE) An additional staff (when available) is going in for several hours on Tuesdays, Thursdays and Sundays to allow TE and one roommate to get out as well as prevent problems with TE getting to church. Restrictions were discussed at his team meeting and decided they did not need to be added at this</li> </ul> </li> </ul> </li> </ul>	<p>will ensure he is using his CPAP regularly. While at Link, he will be using a wheelchair. His family is also looking into a wheelchair for at home.</p> <ul style="list-style-type: none"> <li>▪ The team for (BE) met and re-evaluated his alone time restriction and made changes. (BE) continues to work on coping skills and is attending a relationship class. In addition, his therapy appointments have been increased.</li> <li>▪ Changes have been made to (MaMo) medications and PRN medications have been added. The team has met with ITabs to come up with programming suggestions. The team is going to focus on helping (MaMo) take pride in what he does right and utilize coping skills and providing him visual proof of what a great job he does. The team meets regularly to keep all members updated on interfering behaviors and to ensure that there is a consistent approach.</li> </ul> <ul style="list-style-type: none"> <li>▪ Necessary Education and Training of Personnel as a Result of Trends: <ul style="list-style-type: none"> <li>○ Case Management – No additional education or training needed.</li> <li>○ Program Management <ul style="list-style-type: none"> <li>▪ Staff for (RB) will be providing training on the best approaches and supports to provide to help prevent falls. Staff for (BE) will be trained on the changes to his alone time.</li> <li>▪ On-going training will be provided to staff for (MaMo) to ensure they know the best way to de-escalate situations and what can be done to prevent future incidents.</li> </ul> </li> </ul> </li> <li>▪ Results of Programmatic Changes from Previous Quarter: <ul style="list-style-type: none"> <li>○ Case Management – NA</li> <li>○ Program Management</li> <li>○ (JV) has had no critical incidents over the last quarter. His Residential Supervisor has been</li> </ul> </li> </ul>	<p>to be called and she was admitted to the hospital for some extended stays. It was previously noted these incidents don't occur at day hab. However, also discussed at her staffing was issues with lying at home and contact being made with her biological mom. As a result, her alone time and access to her cell phone had been limited. She had requested to start VIP but was not notified of her acceptance prior to the first incident occurring. Her host home provider also was hospitalized at times during the two incidents and (EIGr) sometimes struggles with her relationship with her host home provider's fiancé and didn't like that Link had some contact with him as he was her transportation most days. (EIGr) was taken to her preferred medical hospital following the first incident but her psychiatry team is at a different hospital so the staff that treated her wasn't as familiar to her. They put her on a medication the team didn't think was helping her, which her guardian had adjusted after she got out.</p> <ul style="list-style-type: none"> <li>○ Programmatic Changes to Prevent Recurrence: <p>The team for (EIGr) met right before she came back after the first incident and made some adjustments on what she should talk to her direct staff about (felt some boundaries were being crossed and needed to work on some consistent messages) and who she should go to for other issues. The team also delayed her start of VIP for a few months to ensure she had stabilized. The preferred hospital was changed to the hospital with her psychiatric team. The team was planning to meet after she got out of the hospital but it was taking a while for her to stabilize at the hospital and (EIGr) was released shortly before COVID-19 pandemic spiked so the team has not been able to meet yet. After the first incident the team added that staff was to go to the bathroom with her. She can close the stall door and lock it unless she is experiencing mental health issues and then she has to keep it unlocked. Also sharp items were put away out of sight and she has to have support using them. She does self-identify at home when they need locked. A plan was put in place for calling the host home or guardian when she was not able to de-escalate with Link</p> </li> </ul>	
--	---	---	--	--

	<p>point. TE clarified during the July incident he called the front desk of the hotel asking for security to be sent up and didn't realize they would call the actual police. He continues to need to work on using his coping skills as he recently had another critical incident. He continues to go to counseling regularly and has quarterly medication checks but still struggles with keeping his temper when he doesn't get what he wants.</p> <p>TC went to see his geriatric doctor, and it was confirmed that TC's dementia is progressing and his medications were increased. In addition, TC's mental health was cycling during these elopement issues last quarter and at the beginning of this quarter. All incidents were reported to his psychiatrist, but no changes were made to those medications. It is not clear if incidents are related to his mental health or dementia.</p>	<p>training all staff, but especially new staff and overnight staff, on the best techniques to use with him. Staff have been encouraged to stay non-confrontational but just remind him of the rest he needs and then continue with what they need to do and avoid any power struggle. If (JV) decides to stay up, staff will bring his bi-pap machine to the living room and encourage him to wear it if he isn't returning to bed right away.</p>	<p>staff and when the team felt mobile crisis might be needed. Communication regarding her day has now been switched to electronic communication (via email). Also discussed was that when she has consequences she also needs to hear some encouragement of how the team feels she can turn things around.</p> <ul style="list-style-type: none"> <li>○ Necessary Education and Training of Personnel as a Result of Trends: All staff will need educated/trained on de-escalation techniques for (ELGr) and the plan related to restroom usage, keeping sharp items put away and the communication plan with the host home provider regarding contacting mobile crisis.</li> <li>○ Results of Programmatic Changes from Previous Quarter: RB did have two critical incidents at the beginning of this quarter as well but these both occurred at home and not during Link services. Limited information has been provided on what is being done at home but no further incidents occurred after January. While at Link he used a wheelchair and the family was working on getting one for home. However, his foot healed so it is no longer needed. His mom reported at one point, he was doing better with using his CPAP and no communication has been provided if he did end up going to the Prader Willi Clinic in Iowa City.</li> <li>○ Over the last quarter (MaMo) had 6 minor incidents and one critical. Four incidents occurred at home and three at day habilitation. Most of his behaviors are related to him screaming and chasing staff. He showed aggression to staff three times at both day hab and home. (MaMo) also had one incident that witnessed property destruction, throwing chairs in the lunch room at day hab. He has exhibited these behaviors for a variety of reasons including: waking up yelling, waiting for laundry to be completed, concern about money, not having the Valentine to pass to his friends on Valentine's day, medication not being ready when he wanted to take it, being encouraged to get out of the house on the</li> </ul>	
--	--	---	---	--

			<p>weekend, and one that has unknown causes. The critical was the result of (MaMo) becoming aggressive and staff calling the police instead of the supervisor for support as soon as the behavior started. The Residential Supervisor has completed retraining on the person's served behaviors and the protocol for escalations. As the team has more time with (MaMo) in residential they have gained more insight into things that help him and things that can cause escalations. Being asked to have patience can escalate (MaMo) as can telling him you do not know something with no intent to solve the problem. Breaking down three simple things for (MaMo) may prevent future outbursts. This information was obtained through various reports from staff as well as supervisors and his guardian. The three things are clear expectation of (MaMo), understanding of the situation and reassurance that the situation is under control and that he is okay. There was a spike in minor incidents in February due to not being able to contact his mother (her phone was shut off). After a week of no contact, this subsided, only to increase again when contact resumed. The team is tracking how contact with his mom affects his behavior. (MaMo) is going to be starting Art Therapy in April to go along with talk therapy. Currently, he is not very willing to talk to the therapist but they are building a relationship and the team believes it is important for this to continue due to past traumas. There is no data on the positive self-encouragement that was talked about in ITABs but it will be discussed at his annual staffing this summer to be a possible formal goal.</p>	
--	--	--	--	--

Comparison of last year's results (18/19) to this year (19/20):  
Trends:  YES  No (if yes provide detail)  
Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
Other extenuating or influencing factors  YES  No (if yes, please explain)

<p>New Recommendations for Next Year (19/20):  <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue  Goal with modifications as outlined below  Action Steps: For FY 20-21, the CM program will report major and minor incidents in this format; however, the PM program</p>	<p>Expected Outcomes  For this outcome area, tracking will only include Case Management.</p>	<p>Person Responsible  7/2020</p>	<p>Timeframe  NA</p>
---	--	---------------------------------------	--------------------------

will report via the PBS committee to capture those with Link direct services only.			
--	--	--	--

DAY HABILITATION

Link Associates Program Evaluation

July 1, 2019 to June 30, 2020

Jen Muller and Jess White, Day Program Administrators & Tiffany Steenblock, Employment/Day Program Director

As the Day Habilitation leadership team, we have reviewed the data gathered over the past year and all changes made within the department. This year the department established 8 goals and were successful in meeting 6 of them. The COVID-19 pandemic had a significant impact on the Day Habilitation Program; we believe we would have been successful in meeting 7 out of our 8 established goals if services would have continued as usual.

In August 2019 the Day Program was able to pull together as a team when a Day Program Supervisor (DPS) unexpectedly went on FMLA. Both Day Program Administrators (DPA) worked together to audit four areas of oversight while the 7 other DPS took over supervision of the staff and persons served. During the month of September, the Day Program Supervisory team started a buddy system which enabled them to share oversight of program rooms to better support person served and the Direct Support Professionals (DSP). The program also implemented room meetings at this time and replaced the previous large group Day Program staff meetings. This allowed the DPS to hold meetings that are more related to the needs of the room, person served and the DSP's, all while building stronger working relationships with DSPs. The DPS have also used these meetings to focus on person served training and staffing preparation by inviting Link Case Coordinators to the room meeting for collaborative discussion. In September 2019, the Day Program hired two Day Program – Administrative Specialist (DP-AS) and both took on their full duties in January 2020. In addition to assisting with various supervisor duties, the DP-AS were able to create additional calendars and held a training on how to utilize these resources for the DSP's in Day Program. These calendars are a resource for DSPs to utilize when planning monthly community outings and area activities. In December 2019, the program was able to bump the VIP staff up to the flex wage grid due to the increased responsibilities of this position and were given a new title of VIP-Flex (VIP-F). During the 2nd quarter the Day Habilitation Department fully implemented offering only daily services. All 8 persons served who were receiving half day services and their team members received letters on this decision and all persons served transitioned to full day services. In February 2020, the VIP program underwent some structural changes. There is now only 1 VIP Supervisor who supervises all 6 VIP groups and no in-house areas. This decision was made to assist the supervisor in meeting their monthly expectations of site visits/contacts, and to focus on enhancing each business partnership. The Employment Administrator also took over supervision of the VIP program and the DPS over VIP. With this transition occurring, one of the DPAs began completing various QA pieces for Employment Programs. On March 18th, 2020 the state mandated all Day Habilitation programs close by noon due to the COVID-19 pandemic. Link Associates gained approval to provide Day Habilitation services within the Link residential setting during the closure. This had a huge impact as the program went from serving an average of 148 FTE's daily to 46. The agency really pulled together to combine forces in supporting person served and all Link employees.

In the fiscal year, we were not successful in maintaining cost of services to budget projections by keeping the YTD cost of services at or lower than budgeted for the Day Habilitation Program. Due to staff shortage, there was a lot of outreach to DSP's in other departments to pick up extra hours that were paid at overtime cost. The Day Habilitation program had projected to open 4 new areas to increase the number of persons served daily, but were unable to meet that action step due to the staff shortage and lack of referrals. The global COVID-19 pandemic had a tremendous financial impact on the Day Habilitation Program, as the program was forced to discontinue services for all persons served without Link Residential services starting mid-March and remained that way through the end of the fiscal year.

In the next fiscal year, we are recommending to change one of the action steps to read "The Day Habilitation Program will open two additional 1:3 areas and one 1:4 ratio area by 6.1.2021". No goals will be discontinued.

We are most proud of the DSP's and the DPS's within the Day Habilitation Department. Their working conditions changed overnight due to the Global COVID-19 pandemic, but amazed everyone by their ability to adapt, come together and work with other departments all while still being there for persons served. Each and every staff were brave, unbelievably inspiring and proved to be the heart and soul of Link at a time when they were needed more than ever.

Day Habilitation Supplemental Measures

Supplemental Measures	Day Habilitation			
	Quarter			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>

1. Discharges from program (not due to dissatisfaction)				
A) Medical supports/safety	2	3	3	1
B) Moved out of service area	0	0	0	1
C) No longer in need/want of services	2	1	2	2
D) Increase in supports (non-medical)	0	2	0	0
E) Transfer to less restrictive setting	1	0	0	0
F) Number of involuntary discharges	1	0	1	0
G) Return to school setting	1	0	0	0
H) To another Link program	0	1	2	1
2. Total number outside of Link Services	0	0	1	0
3. Average number of areas that participated in community outings at least 1 weekday every month (ex: at least 1 Monday, at least 1 Tuesday...Friday)	9.3	9.6	10.6	NA

July - September 2019:

There were 7 discharges this quarter from the program areas including two due to medical concerns (J.D. & K.P.), one due to returning to school (A.F.), one due starting a new job (L.S.), two due to no longer need/want of services (J.H. and A.K.) and one due to involuntary discharge (L.R.).

There was an average of 29 program areas this quarter. During the month of July, 8 areas had an outing planned each day of the week for the month. During the month of August, 11 areas had an outing planned each day of the week for the month. During the month of September, 9 areas had an outing planned each day of the week for the month, for an average of 9.3 areas for the 1<sup>st</sup> quarter.

October - December 2019:

There were 7 discharges this quarter from the program areas including three due to medical concerns (T.R, M.F., & A.B.), one due to passing away and no longer in need of services (K.F.), two due to increase in supports (M.N. and C.W.), and one transferring to in-house day habilitation services (R.V.).

There was an average of 29 program areas this quarter. During the month of October, 11 areas had an outing planned each day of the week for the month. During the month of November, 8 areas had an outing planned each day of the week for the month. During the month of December, 10 areas had an outing planned each day of the week for the month, for an average of 9.6 areas for the 2<sup>nd</sup> quarter.

January - March 2020:

There were 8 discharges this quarter from the program areas including three due to medical concerns (T.B., S.R., & C.C.), two due to no longer in need/want of services (B.J. & T.W.), one due to involuntary discharge (N.M.) and two due to transferring to another Link program (P.M. & B.E.).

There was an average of 28 program areas this quarter. During the month of January, 13 areas had an outing planned each day of the week for the month. During the month of February, 9 areas had an outing planned each day of the week for the month. During the month of March, 10 areas had an outing planned each day of the week for the month, for an average of 10.6 areas for the 3<sup>rd</sup> quarter.

April - June 2020:

There were 5 discharges this quarter from the program areas including two due to retiring and no longer in need of services (S.P. & L.O.), one due to moving out of state (B.L.), one due to moving into a skilled nursing facility, and one due to attending in-house day habilitation services full time (B.M.).

Due to COVID-19 and the health and safety of persons served, community outings were not mandated during the 4<sup>th</sup> quarter and not tracked for participation.

Day Habilitation Demographics

FY 2019-2020	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Number Served	174	100%	179	100%	172	100%	168	100%
<b>Age</b>								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	6	3%	7	4%	5	3%	4	2%
22-34	66	38%	69	39%	63	37%	59	35%
35-44	31	18%	31	17%	29	17%	32	19%
45-54	24	14%	24	13%	28	16%	28	17%
55-64	32	18%	32	18%	29	17%	29	17%
65>	15	9%	16	9%	18	10%	16	10%
<b>Gender</b>								
Male	97	56%	102	57%	96	56%	94	56%
Female	77	44%	77	43%	76	44%	74	44%
<b>Ethnicity</b>								
Black or African-American	15	9%	15	8%	14	8%	14	8%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	4	2%	5	3%	5	3%	5	3%
Caucasian	144	83%	147	82%	142	83%	139	83%

Hispanic or Latino	5	3%	6	3%	5	3%	4	2%
Native Hawaiian or other Pacific Islander	1	0.6%	1	0.6%	1	0.6%	1	0.6%
Other Race	5	3%	5	3%	5	3%	5	3%
<b>Level of Disability</b>								
Developmental Disability (DD)	0	0%	0	0%	0	0%	0	0%
Mild MR (50-75)	42	24%	45	25%	41	24%	40	24%
Moderate MR (35-49)	71	41%	74	41%	72	42%	71	42%
Severe MR (20-24)	56	32%	55	31%	55	32%	53	32%
Profound MR (< 20)	5	3%	5	3%	4	2%	4	2%
<b>Secondary Diagnosis</b>								
ADD/ADHD	5	3%	6	3%	5	3%	5	3%
Alzheimer's/Dementia	1	1%	1	1%	1	1%	1	1%
Anxiety Disorder	6	3%	6	3%	6	3%	5	3%
Autism	36	21%	37	21%	34	20%	34	20%
Behavior Disorder	2	1%	2	1%	2	1%	2	1%
Cerebral Palsy	29	17%	30	17%	28	16%	27	16%
Depression	7	4%	7	4%	7	4%	8	5%
Down Syndrome	20	11%	21	12%	20	12%	21	13%
Epilepsy	1	1%	1	1%	1	1%	1	1%
Hearing Impairment	4	2%	4	2%	5	3%	5	3%
Intermittent Explosive Disorder	2	1%	2	1%	2	1%	2	1%
No Secondary Diagnosis Known	16	9%	15	8%	14	8%	12	7%
Other	14	8%	22	12%	23	13%	22	13%



Schizophrenia	4	2%	4	2%	4	2%	4	2%
Seizure Disorder	13	7%	15	8%	14	8%	13	8%
Visual Impairment/ Legally Blind	6	3%	6	3%	6	3%	6	4%

<u>July - September 2019</u>								
The data pulled from this quarter reflects there were 174 participants within this program. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Moderate MR and a secondary diagnosis of autism.								
The data pulled also reflects that there were 7 participants that discharged within this program. The average participant was Caucasian female between the ages of 35-44 years of age, with a primary diagnosis of Moderate Intellectual Disability and no secondary diagnosis.								
<u>October - December 2019</u>								
The data pulled from this quarter reflects there were 175 participants within this program. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Moderate MR and a secondary diagnosis of autism.								
The data pulled also reflects that there were 7 participants that discharged within this program. The average participant was Caucasian male between the ages of 55-64 years of age, with a primary diagnosis of Moderate Intellectual Disability and no secondary diagnosis.								
<u>January - March 2020</u>								
The data pulled from this quarter reflects there were 172 participants within this program. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Moderate MR and a secondary diagnosis of autism.								
The data pulled also reflects that there were 8 participants that discharged within this program. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Mild Intellectual Disability and autism as the secondary diagnosis.								
<u>April - June 2020</u>								
The data pulled from this quarter reflects there were 168 participants within this program. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Moderate MR and a secondary diagnosis of autism.								
The data pulled also reflects that there were 5 participants that discharged within this program. The average participant was Caucasian female between the ages of 55 - 64 years of age, with a primary diagnosis of Moderate Intellectual Disability and no secondary diagnosis.								
The data pulled also reflects that there were 27 participants that discharged within this program for the year. The average participant was Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of Moderate Intellectual Disability and a secondary diagnosis of autism.								

## Day Habilitation Measures of Achievement 2019- 2020

### RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Increase community participation	Number of community activities	DCA-2's	Day Program Supervisors	Day Program Administrator	Minimum of 170 scheduled events per month	Persons Served in the Day Habilitation program	151	175	209	191	308	341	342	362	150	27	45	25
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)  It was recommended to modify the goal to read "Minimum number of 170 scheduled events per month." Previously we had only counted a community location one time regardless of how many groups went there (example: if 3 groups went to the Art Center, we would only count that once – we will now be counting that at 3 community activities).  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA				Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  NA											Completion Date  NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li>This quarter averaged 178 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Ice Cream Boha, Jester Park, Fishing at Terra Park, Blank Park Zoo, Valley West Mall, Sleepy Hallow, Snookies Malt Shoppe, and Howell's Pumpkin Farm.</li> <li>There were 6 areas (108B-0, 111A-0, 112A-1, 112B-0, 218A-1 &amp; 222B-1) that did not meet planning and executing 2 outings during the month of July.</li> <li>There were 8 areas (108A-1, 108B-1, 111A-1, 210A-1, 210B-0, 211B-1, 213B-1, 222A-0) that did not meet planning and executing 2 outings during the month of August.</li> </ul>			<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>The VIP program implemented a new practice in filling out and submitting their DCA-2 forms starting 11.1.2019. The form used to be filled out monthly and turned in once a month. Staff are now filling them out and turning them in daily. Each VIP site is now being counted daily, increasing the total monthly outings.</li> <li>This quarter averaged 280 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Field of Greens, Molly's Cupcakes, Hunter Glen Farms, Howell's Pumpkin Patch, Ledges State Park, Smash Park, GiGi's Playhouse, Donut Hut, Starbucks, and Gingerbread Lane Holiday Lights.</li> </ul>			<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>This quarter averaged 285 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included but are not limited to: Civic Center for the viewing of several different plays, Botanical Center, Mahalo's, Bob Feller Museum, Freedom Coffee, Smash Park, Whisky River, Pizza Ranch, Smokey Row and Temple Art Theater.</li> <li>There was 1 area (113A) that did not meet planning and executing 2 outings during the month of January.</li> <li>There were 2 areas (113A &amp; 222B) that did not meet planning and executing 2 outings during the month of February.</li> <li>There were 21 areas that did not meet planning and executing 2 outings during the month of March. This is acceptable during this month as Day Programing was shut</li> </ul>			<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>This quarter averaged 38 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included but are not limited to: Jester Park, Saylorville Lake, Ledges State Park, Enabling Gardens, Camp Dodge, Walnut Woods State Park, Raccoon River Park, Maffitt Lake and Big Creek State Park.</li> <li>Due to COVID-19, community outings were restricted and tracking of which sites completed outings were not fully tracked.</li> </ul>								

	<ul style="list-style-type: none"> <li>• There were 6 areas (108A-1, 108B-1, 111A-1, 112A-1, 113B-1 &amp; 222A-1) that did not meet planning and executing 2 outings during the month of September.</li> <li>• This quarter we also had 12 reverse integrated activities. These included a program ran by leisure called Thera Paws that came 4 times in July, 2 times in August and 2 times in September. Another program called Green Thumbs 1 time in July and Sensory Sensations 1 time in July. Link Associates also had the opportunity to have three Super Heroes come to for Person Served Recognition in July and the West Des Moines Fire Department come in August.</li> </ul>	<ul style="list-style-type: none"> <li>• There were 4 areas (108B, 112A, 210B and 213B) that did not meet planning and executing 2 outings during the month of October.</li> <li>• There were 6 areas (112B, 210B, 211C, 212B, 213B, and 222A) that did not meet planning and executing 2 outings during the month of November.</li> <li>• There were 7 areas (111A, 113A, 213A, 213B, 217B, 218A and 222A) that did not meet planning and executing 2 outings during the month of December.</li> <li>• This quarter we also had 7 reverse integrated activities. These included a program ran by leisure called Thera Paws that came 2 times in October, 1 time in November and 1 time in December. On November 25<sup>th</sup>, Link had a middle school class come a create a turkey craft with 5 rooms. On December 12<sup>th</sup> the American Legion served all person served a spaghetti lunch and on December 20<sup>th</sup> "Santa Claus" visited during person served recognition.</li> </ul>	<p>down per the state on 3.18.20 due to the COVID-19 pandemic. Moving forward for the month Day Habilitation services were conducted from the homes of those in Link Associates residential services.</p> <ul style="list-style-type: none"> <li>• This quarter we also had 3 reverse integrated activities. These included a program ran by leisure called Thera Paws that came 1 time in January, 1 time in February and 1 time in March.</li> </ul>	
--	---	---	--	--

Comparison of last year's results (18/19) to this year (19/20): For the 2019 – 2020 fiscal year, community participation ranged from 25 - 365 events per month with an average for the year of 194 events per month (average for July 2019 – February 2020 (prior to pandemic) was 260 events/month). For the 2018 – 2019 fiscal year, community participation ranged from 80 – 111 events per month with an average for the year of 92.5 events per month

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain) Due to the Global Pandemic caused by COVID-19, community outings were restricted starting mid-March 2020, and remained in place through the end of the FY year.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below: Action Steps:	Expected Outcomes  NA	Person Responsible  NA	Timeframe  NA
--	-----------------------------	------------------------------	---------------------

EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20

Decrease discharges due to dissatisfaction	Number of discharges due to dissatisfaction	C-35's	Persons Program Administrator	Day Program Administrator	No more than one discharge annually due to dissatisfaction.	Persons Served in the Day Habilitation Program	0	0	0	0
--	---	--------	-------------------------------	---------------------------	---	--	---	---	---	---

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue this goal as written.  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  NA	<b>Completion Date</b>  NA
---	---	---	----------------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b>	<b>2<sup>ND</sup> QUARTER</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>
	<ul style="list-style-type: none"> <li>Day Program had no discharges due to dissatisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>Day Program had no discharges due to dissatisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>Day Program had no discharges due to dissatisfaction.</li> </ul>	<ul style="list-style-type: none"> <li>Day Program has no discharges due to dissatisfaction.</li> </ul>

**Comparison of last year's results (18/19) to this year (19/20):** During the 2019 – 2020 fiscal year, there were 0 discharges due to dissatisfaction. During the 2018 – 2019 fiscal year, there were 32 discharges, 0 were due to dissatisfaction

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps:	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
---	--------------------------------	---------------------------------	------------------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
							Improve satisfaction of persons served	Score on satisfaction survey	Satisfaction survey	Case Coordinators	Clerical and Day Program Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of	Persons served in the Day Habilitation program	2.99 N = 18 out of 39		2.98 N = 15 out of 42		

					2.9 (3-point scale)														
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met		<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue this goal as written.  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA				<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA										<b>Completion Date</b>  NA			
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>		<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>18 satisfaction surveys were completed this quarter. One person served commented, "We're all good", "I like coming to Link" and another stated they were excited to return to day habilitation services.</li> </ul>			<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>15 satisfaction surveys were completed this quarter. There were no comments this quarter.</li> </ul>			<b>3<sup>rd</sup> Quarter</b> <ul style="list-style-type: none"> <li>19 satisfaction surveys were completed this quarter. One person commented, "I like coming to link. I like my bus driver" and another person stated they were excited to return to day hab.</li> </ul>			<b>4<sup>th</sup> Quarter</b> <ul style="list-style-type: none"> <li>16 satisfaction surveys were completed this quarter. One person commented, "I want to return to Link" and another person commented "Don't like library for VIP. Don't like the virus things as I can't go anywhere" The volunteer locations were discussed at the persons annual meeting.</li> </ul>								
<b>Comparison of last year's results (18/19) to this year (19/20):</b> The 2019 – 2020 person served satisfaction score averaged 2.9 for the year, which exceeded the goal of maintaining or improving a minimum score of 2.75; on a 3-point scale. The 2018 – 2019 person served satisfaction score averaged 2.95 for the year, which exceeded the goal of maintaining or improving a minimum score of 2.75; on a 3-point scale. <b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) <b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) <b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) <b>Other extenuating or influencing factors</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																			
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps:							<b>Expected Outcomes</b> NA							<b>Person Responsible</b> NA		<b>Timeframe</b> NA			
SERVICE ACCESS																			
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Maintain or Increase number of persons served	Number of people being served	Ratio Sheets	Day Program Administrator	Day Program Administrator	Serve Clientele to no less than 150 FTE	Day Habilitation Program	149	150.5	147.9	153.2	152.4	146	151.2	153	154.4 (3.1.20 – 3.18.20) 47.6 (3.19.20 – 3.31.20)	46.6	46.6	48	

<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to modify the goal to read "Serve Clientele to no less than 150 FTE"  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  NA	Completion Date  NA
---	--	---	---------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There were 5 persons served that were approved for Day Program services last fiscal year that were able to start services this quarter. There were 3 persons served that were approved for Day Program services 1<sup>st</sup> quarter and started 1<sup>st</sup> quarter.             <ul style="list-style-type: none"> <li>Approved last fiscal year and started 1<sup>st</sup> quarter: C.M., P.T., S.S., M.B., and A.F.</li> <li>Approved and started 1<sup>st</sup> quarter: M.C., H.H., and C.W.</li> </ul> </li> <li>There were 8 persons served that took a leave of absence (LOA) during 1<sup>st</sup> quarter: M.M., B.L., E.S., M.N., R.S., B.L., C.W., and S.R.</li> <li>The DP Supervisors continue to assess area ratios on a monthly basis and report any concerns/change to the DP Administrator. This assists the DP Administrator in keeping the ratio list up to date when sending openings the Admissions Committee Chair to fill open spots.</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There were 3 persons served that were approved for Day Program services last quarter that were able to start services this quarter. There were 4 persons served that were approved for Day Program services 2<sup>nd</sup> quarter and started 2<sup>nd</sup> quarter.             <ul style="list-style-type: none"> <li>Approved 1<sup>st</sup> quarter and started 2<sup>nd</sup> quarter: N.M., R.V., and E.E.</li> <li>Approved and started 2<sup>nd</sup> quarter: A.P., B.E., C.C., M.C.</li> </ul> </li> <li>There were 5 persons served that use to attend half days that have now transitioned to full days 5 days a week, increasing FTE's.</li> <li>There were 4 persons served that took a leave of absences (LOA) during 2<sup>nd</sup> quarter: J.C., K.M., S.R., and E.M.</li> <li>The DP Supervisors continue to assess area ratios on a monthly basis and report any concerns/change to the DPA. This assists the DPA in keeping the ratio list up to date when sending openings the Admissions Committee Chair to fill open spots.</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There were 4 persons served that were approved for Day Program services last quarter that were able to start services this quarter. There were 3 persons served that were approved for Day Program services 3<sup>rd</sup> quarter and started 3<sup>rd</sup> quarter.             <ul style="list-style-type: none"> <li>Approved 2<sup>nd</sup> quarter and started 3<sup>rd</sup> quarter: M.C., A.B., B.S., and A.T.</li> <li>Approved 3<sup>rd</sup> quarter and started 3<sup>rd</sup> quarter: J.P., C.R., and B.E.</li> </ul> </li> <li>There were 4 persons served that took a leave of absences (LOA) during 3<sup>rd</sup> quarter: K.P., E.J., M.G., and M.C.</li> <li>Due to the COVID-19 pandemic, the state mandated that all Day Habilitation programs shut down at 12pm on 3.18.20. Day Program services were then provided inside the Link Associates residential homes of those that had previously received Day Habilitation services.</li> <li>The DP Supervisors continue to assess area ratios on a monthly basis and report any concerns/change to the DPA. This assists the DPA in keeping the ratio list up to date when sending openings the Admissions Committee Chair to fill open spots.</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There was 1 person served that was approved for Day Program services 4<sup>th</sup> quarter and started 4<sup>th</sup> quarter:             <ul style="list-style-type: none"> <li>Approved 4<sup>th</sup> quarter and started 4<sup>th</sup> quarter: L.M.</li> </ul> </li> <li>Due to COVID-19 and closing Day Habilitation services, LOA's were not tracked.</li> <li>Day Habilitation services at the Link building continued to stay closed for all of 4<sup>th</sup> quarter. Day Program services continued to be provided inside the Link Associates Residential homes of those that had previously received Day Habilitation services.</li> <li>The DP Supervisors continue to assess area ratios on a monthly basis and report any concerns/change to the DPA. This assists the DPA in keeping the ratio list up to date when sending openings the Admissions Committee Chair to fill open spots.</li> </ul>
--	---	---	--	---

**Comparison of last year's results (18/19) to this year (19/20):** The number of FTE's for 2019 – 2020 ranged from 47 – 154.4 and ended the fiscal year with 48 FTE's served and an average of 124.9 FTE's served for the fiscal year. The number of FTE's for 2018- 2019 ranged from 139.9 – 153.7 and ended the fiscal year with 149.8 FTE's served for the fiscal year.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain): There continues to be a lack of referrals to Day Habilitation services.  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain) Due to COVID-19, the state mandated that all Day Habilitation programs shut down at 12pm on 3.18.20 through the end of June 2020. During this time, we were only able to provide Day Habilitation services to those who received Link Residential services in their homes (roughly 50 persons served).

**New Recommendations for Next Year (20/21):**  
 Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below  
**Expected Outcomes** NA  
**Person Responsible** NA  
**Timeframe** NA

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve the delivery of services to new referrals	Percentage of approved admissions	Service Access Summary & admissions emails/letters	Assistant Outreach Director & Day Program Administrator	Day Program Administrator	Maintain 90% of admission approvals or better	Day Habilitation Program	100% N= 1 out of 1	75% N= 3 out of 4	100% N= 2 out of 2	100% N= 3 out of 3	100% N= 1 out of 1	100% N= 3 out of 3	100% N= 1 out of 1	83% N= 5 out of 6	100% N= 1 out of 1	100% N= 1 out of 1	NA N= 0	100% N= 1 out of 1

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to modify the goal to read “Maintain 90% of admission approvals or better” and to explore opportunities to learn and share more about services for new referrals by implementing this action step:  Action Step #1: When information is shared with the admission committee and a decision cannot be fully made about providing services, 1-2 train/shadow days will be scheduled to get a better picture of what supports the new referral will need to be successful in Day Program services through Link Associates prior to making a decision if Link can provide the supports needed.  <b>Did Actions taken accomplish intended results.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  <ul style="list-style-type: none"> <li>• <b>1<sup>st</sup> QUARTER:</b> During the first quarter, the administrator set up trial days for two individuals (E.C. and C.W.). E.C. was set up to trial 2 different days, only showing up for 1 of them. C.W. attended both scheduled trial days. C.W. was approved for services.</li> <li>• <b>2<sup>nd</sup> QUARTER:</b> No trial days were needed for 2<sup>nd</sup> quarter admissions. The Day Program Administrator did schedule an observation of a student at one of the Ankeny High Schools to give the team recommendations on things to work on so the student would be ready for Day Habilitation services with Link after graduation.</li> <li>• <b>3<sup>rd</sup> QUARTER:</b> During the third quarter, the administrator set up two trial days for one individual (N.G.). N.G. was set up to trial 2 different full days, and attended both scheduled days. It was determined Link Associates could not provide the services needed to support N.G.</li> <li>• <b>4<sup>th</sup> QUARTER:</b> No trial days were needed for 4<sup>th</sup> quarter admissions</li> </ul>	Completion Date June 2020
---	--	--	------------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> QUARTER	2 <sup>nd</sup> QUARTER	3 <sup>rd</sup> QUARTER	4 <sup>th</sup> QUARTER
	<ul style="list-style-type: none"> <li>• Data reflects there were 7 persons referred to the program this quarter and 6 persons were approved for services; 4 people were external referrals and 2 were internal referrals. Of these 6 admissions, 5 were approved for in-house Day Habilitation services (M.C., C.W., N.G., E.E., &amp; R.V.)</li> </ul>	<ul style="list-style-type: none"> <li>• Data reflects there were 7 persons referred to the program this quarter and 7 persons were approved for services; 2 people were external referrals. Of these 7 admissions, 3 were approved for in-house Day Habilitation services (A.P., B.S., and A.B.) and 4 were approved for VIP services (B.E., C.C., M.C, and A.T.).</li> </ul>	<ul style="list-style-type: none"> <li>• Data reflects there were 8 persons referred to the program this quarter and 7 persons were approved for services; 4 people were external referrals. Of these 7 admissions, 4 were approved for in-house Day Habilitation services (J.P., A.E., C.R., and B.E.) and 3 were</li> </ul>	<ul style="list-style-type: none"> <li>• Data reflects there were 2 persons referred to the program this quarter and 2 persons were approved for services; 1 was an external referral. Of these 2 admissions, both were approved for in-house Day Habilitation services (A.F. and L.M.).</li> <li>• There were no formal denials.</li> </ul>

	<p>and 1 was approved for VIP services (H.H.).</p> <ul style="list-style-type: none"> <li>There was 1 formal denial (E.C.). This was due to the person not wanting to come into the Link building or leave her home to attend her trial days. Recommendations were provided to the family to work on so she could prepare for services in the future.</li> </ul>	<ul style="list-style-type: none"> <li>There were no formal denials.</li> </ul>	<p>approved for VIP services (S.A., B.G., and C.B.).</p> <ul style="list-style-type: none"> <li>There was 1 formal denial (N.G.). This was due to person needing 1:1 service.</li> </ul>	
--	--	---	--	--

**Comparison of last year's results (18/19) to this year (19/20):** During the 2019 – 2020 fiscal year 22 admissions were approved out of 24, for an average of 92% delivery of services to new referrals. During the 2018 – 2019 fiscal year 48 admissions were approved out of 52, for an averaged of 92% delivery of services to new referrals.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

**EXPERIENCES OF SERVICES AND OTHER FEEDBACK FROM OTHER STAKEHOLDERS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve parent/guardian satisfaction	Score on satisfaction survey	Satisfaction Survey	Case Coordinators	Clerical & Day Program Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All parent/guardians of persons served in the Day Habilitation Program	3.00 N = 27 out of 39			2.98 N = 31 out of 42			3 N = 23 out of 41			2.9 N = 23 out of 36		

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue this goal as written.	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  NA	<b>Completion Date</b>  NA
---	---	---	----------------------------------



	<b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																	
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>27 satisfaction surveys were completed this quarter. One parent/guardian commented "Love Link, Love School."</li> </ul>				<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>31 satisfaction surveys were completed this quarter. One parent/guardian commented "Seen improvement over past year in consumer/staff communication!" and another parent/guardian commented "I would always welcome more details"</li> </ul>				<b>3<sup>rd</sup> Quarter</b> <ul style="list-style-type: none"> <li>23 satisfaction surveys were completed this quarter. One parent/guardian commented "Your services are awesome! _____(person served name) has thrived in your environments."</li> </ul>				<b>4<sup>th</sup> Quarter</b> <ul style="list-style-type: none"> <li>23 satisfaction surveys were completed this quarter. There were no comments this quarter.</li> </ul>					
	<b>Comparison of last year's results (18/19) to this year (19/20):</b> The 2019 – 2020 parent/guardian satisfaction score averaged 2.97 for the year, which exceeded the goal of maintain or improving a minimum score of 2.75 on a 3-point scale. The 2018 – 2019 parent/guardian satisfaction score averaged 2.97 for the year, which exceeded the goal of maintain or improving a minimum score of 2.75 on a 3-point scale.																	
	<b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)																	
	<b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)																	
<b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
<b>Other extenuating or influencing factors</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below							<b>Expected Outcomes</b>						<b>Person Responsible</b>				<b>Timeframe</b>	
Action Steps:							NA						NA				NA	
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve quality service relationships with volunteer businesses	Score on VIP survey to businesses	Performance Survey Form (V-17a)	Day Program Supervisor	Day Program Administrator	Maintain or improve minimum satisfaction score of 2.5; optimal score of 2.9 (3-point scale)	Persons served in VIP	3.00 N = 4 out of 4		3.00 N = 1 out of 1		3.00 N = 4 out of 4		2.5 N = 2 out of 2					
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue this goal as written.					<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  NA												<b>Completion Date</b>  NA
<b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																		

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>4 performance surveys were completed this quarter. Some of the comments from VIP's partnering businesses stated: <ul style="list-style-type: none"> <li>Thank you so much for helping out with activities, our residents enjoy your visits.</li> <li>We have had some issues with Link Associates staff, but as soon as we contacted Link the issues were addressed. So, thank you! We love having you here.</li> </ul> </li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>1 performance survey was completed this quarter. Comments left from VIP's partnering business stated: <ul style="list-style-type: none"> <li>"We have been extremely satisfied with our partnership with Link Associates coming to Bidwell, they are part of our family. The help they provide allows us to accomplish so much more and serve more clients, as well as being better prepared to serve our clients."</li> </ul> </li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>4 performance surveys were completed this quarter. One comment left from VIP's partnering business stated: <ul style="list-style-type: none"> <li>"We are grateful for the relationship with Link Associates"</li> </ul> </li> </ul>	<b>4<sup>th</sup> QUARTER</b> <ul style="list-style-type: none"> <li>2 performance surveys were completed this quarter. Comments left from VIP's partnering business stated: <ul style="list-style-type: none"> <li>Communication on when the group is not going to be able to come has been an issue. Volunteers should wear their Blank Park Zoo volunteer t-shirt and nametag when they are here. If they do not have a t-shirt or name tag, please let me know and I will get them to the volunteers the next time they come. <ul style="list-style-type: none"> <li>VIP supervisor worked with the zoo to get everyone new T-shirts and name tags.</li> </ul> </li> <li>We love our LINK volunteers and staff. Everyone is so incredibly helpful and we hope that everyone enjoys the time they spend at IMPACT. If any LINK staff have questions, please do not hesitate to reach out to me by email or by phone.</li> </ul> </li> </ul>
--	--	---	---	--

**Comparison of last year's results (18/19) to this year (19/20):** The 2019 – 2020 volunteer satisfaction score averaged 2.9 for the year, which exceeded the goal of maintaining or improving a minimum score of 2.5; on a 3-point scale. The 2018 – 2019 volunteer satisfaction score averaged 2.89 for the year, which also exceeded the goal of maintaining or improving a minimum score of 2.5; on a 3-point scale.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps:	<b>Expected Outcomes</b>  NA	<b>Person Responsible</b>  NA	<b>Timeframe</b>  NA
--	------------------------------------	-------------------------------------	----------------------------

**RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
-------------------	-----------------------	-------------	--------------------	--------------	---------------	----------------	------	------	------	-------	-------	-------	------	------	------	------	------	------

Maintain cost of services budget projections	Monthly Budget Variance	Monthly budget sheets	Day Program Administrator	Day Program Administrator	YTD cost of service will be at or lower than budgeted	Day Habilitation Program	(\$2,708)	(\$333)	(\$11,074)	5,915	(28,905)	(60,590)	(90,572)	(113,204)	(214,160)	(336,228)	(403,072)	(553,655)
<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (I.e. goal continuation and/or new action steps/plan)  Continue goal as written with the following action step:  Action Step #1: The Day Habilitation program will open two additional 1:3 ratio areas, one addition 1:4 ratio area, and one additional 1:6 ratio area by 2.1.2020.		<b>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)</b> <ul style="list-style-type: none"> <li>• <b>1<sup>st</sup> Quarter:</b> The Day Habilitation program was able to open a 1:6 ratio area (110C) on 7.1.2019, having 4 persons served starting and all attending M-F.</li> <li>• <b>2<sup>nd</sup> Quarter:</b> The Day Habilitation program was unable to open any additional areas this quarter due to lack of referrals.</li> <li>• <b>3<sup>rd</sup> Quarter:</b> The Day Habilitation program was unable to open any additional areas this quarter due to lack of referrals and the COVID-19 pandemic.</li> <li>• <b>4<sup>th</sup> Quarter:</b> The Day Habilitation program was unable to open any additional areas this quarter due to COVID-19 pandemic.</li> </ul>													<b>Completion Date</b> June 30 <sup>th</sup> , 2020		
<b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>		<b>1<sup>st</sup> Quarter</b> <ul style="list-style-type: none"> <li>• Area 110C opened on 7.1.19 (1:6 ratio). In doing so, two persons served were able to increase the days that they attend Day Habilitation services.</li> <li>• Due to the DSP shortage, the Day Program Supervisors have been covering and working open areas anywhere between 4-5 days a week. During the month of September, the program had 13 open areas.</li> <li>• Effective 9.16.19 the Day Program now has two DP-AS and both are in process of being trained.</li> <li>• The DP Administrators work with the Case Coordinators to</li> </ul>	<b>2<sup>nd</sup> Quarter</b> <ul style="list-style-type: none"> <li>• Due to DSP shortage, the Day Program Supervisors have been covering and working open areas anywhere between 3-4 days a week during the months of October and November. The staff shortage was better in December resulting in the supervisors covering 1-2 days a week.</li> <li>• The DP Administrators work with the Case Coordinators to obtain current/accurate authorizations &amp; follow up with appropriate persons as need after reviewing monthly financials and Internal Review Committee findings and 2<sup>nd</sup> level review findings.</li> <li>• All persons served that attended Day Habilitation half days have transitioned to full days. 3</li> </ul>	<b>3<sup>rd</sup> Quarter</b> <ul style="list-style-type: none"> <li>• Due to lack of referrals and a staff resigning, area 222A (1:3) closed on 1.1.2020. The two persons served were moved to another area to fill current openings. Area will reopen when referrals increase.</li> <li>• As of 1.1.2020, both DP-AS have taken on all assigned duties to their position.</li> <li>• Effective 3.18.2020 all Day Habilitation programs were mandated to shut down due to the COVID-19 pandemic. Link gained the approval to provide Day Habilitation services inside the Link Associates residential homes. Day Habilitation programming went from serving 147 persons served daily prior to 3.18.20 to serving 47.6 daily after that date.</li> <li>• The DP Administrators work with the Case Coordinators to obtain current/accurate authorizations &amp; follow up with appropriate persons as need after reviewing monthly</li> </ul>	<b>4<sup>th</sup> Quarter</b> <ul style="list-style-type: none"> <li>• One of the Day Program Supervisors resigned effective 4.24.2020. One of the DP-AS was promoted to this open position effective 6.1.2020.</li> <li>• Day Habilitation programs remain closed during 4<sup>th</sup> quarter due to the COVID-19 pandemic. Link continued providing Day Habilitation services inside the Link Associates Residential homes.</li> <li>• Submitted and received funding for April 2020 through retainer payment funds through that state.</li> <li>• The DP Administrators worked with the Case Coordinators to obtain current/accurate authorizations &amp; follow up with appropriate persons as need after reviewing monthly financials and Internal Review Committee findings and 2<sup>nd</sup> level review findings.</li> </ul>												

	<p>obtain current/accurate authorizations &amp; follow up with appropriate persons as need after reviewing monthly financials and Internal Review Committee findings and 2<sup>nd</sup> level review findings.</p> <ul style="list-style-type: none"> <li>The E/DPD works with the Accounting department &amp; Link Case Coordinators on collecting outstanding billings per the 'Outstanding Claims' google doc.</li> </ul>	<p>persons served are attending a couple days a week (A.S., T.S., and S.R.) and 5 are attending a full week (A.S., L.S., M.R., C.C., and J.P.).</p> <ul style="list-style-type: none"> <li>The E/DPD works with the Accounting department &amp; Link Case Coordinators on collecting outstanding billings per the 'Outstanding Claims' google doc.</li> <li>E/DPD and other management personnel reached out to MCO leadership to discuss referrals and future partnerships.</li> </ul>	<p>financials and Internal Review Committee findings and 2<sup>nd</sup> level review findings.</p>	
<p><b>Comparison of last year's results (18/19) to this year (19/20):</b> The 2019-2020 fiscal year ended with a rounded variance of (\$553,655). The 2018-2019 fiscal year ended with a rounded variance of (\$644,523).  <b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)  <b>Causes:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) The Day Habilitation program was unable to open new areas as planned due to lack of referrals and the Global COVID-19 Pandemic that began mid-March 2020 and continued through the FY.  <b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)  <b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) The Global Pandemic cause by COVID-19 forced Link Associates to close the Day Habilitation program for 3 ½ months during the FY. This had a significant impact on the program budget/financials.</p>				
<p><b>New Recommendations for Next Year (20/21):</b>  <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below          Action Steps: The Day Habilitation program will open two additional 1:3 ratio areas and one additional 1:4 ratio area by 6.1.2021.</p>		<p><b>Expected Outcomes</b>          The opening of three additional ratio areas will increase potential number of FTE and increase monthly revenue.</p>	<p><b>Person Responsible</b>          Day Program Supervisors/          Administrators</p>	<p><b>Timeframe</b>          December 2020          – June 2021</p>

FLEET & FACILITIES  
Link Associates Program Evaluation  
July 1, 2019 to June 30, 2020  
Jim Wilkie, Fleet & Facilities Director

As Fleet & Facilities Director I have reviewed the data gathered over the past year and all changes made within the department. This year the department established 9 goals and were successful on meeting 7 of them or 78%. Due to the Covid-19 pandemic the Iowa Governor ordered the closure of Link's Day Habilitation programs effective March 17, 2020. It is difficult to determine how the closure directly impacted the achievement of goals and if Link would still have had the same successful goal completion rate of 78% due to the decreased exposure for staff and vehicles. In averaging out the data for the 3 quarters prior to the Covid-19 shutdown Link was on pace to successfully complete 7 of the 9 goals for a 78% completion rate. It is believed that the averages from pre-Covid-19 does not represent the ability to achieve the successful completion of the goals as there are too many extenuating circumstances out of our control. The projected averages have been included in each goal for comparison.

The goals we were successful in meeting were:

1. To maintain or improve the number of work-related injuries for employees from previous years. For FY 19/20 there were 31 total staff injuries reported which is a decrease from FY 18/19 and the 51 staff injuries reported. Averaging the numbers to account for the Covid-19 pandemic, the total work-related injuries would be 38.68.
2. Maintain or improve the Injury Incident Rating from the previous year. There were zero (0) accidents that resulted in an injury for both FY 19/20 and FY 18/19. Averaging the numbers to account for the Covid-19 pandemic, the total accidents would be the same, zero (0) accidents for a zero (0) rating.
3. Maintain or improve the number of Link only vehicle accidents from the previous year. For FY 19/20 there were 2 accidents resulting in an 8.69 rating as compared to FY 18/19 with 7 total accidents and a 12.41 rating. Averaging the numbers to account for the Covid-19 pandemic, the total accidents would be 2.67 for a rating of 4.74
4. Maintain or improve the number of vehicle accidents with a 3<sup>rd</sup> party from the previous year. For FY 19/20 there were a total of 5 accidents for a 10.86 rating which is a decrease from FY 18/19 with 13 total accidents and a rating of 23.05. Averaging the numbers to account for the Covid-19 pandemic, the average number of total accidents would be 6.67 with a rating of 11.83.
5. Maintain or improve fire evacuation drills at the Administration Building. During the 19/20 fiscal year the building was evacuated on average in 6 minutes 26 seconds and roll call was completed in 11 minutes 31 seconds. This is an improvement from FY 18/19 where the average evacuation time was 5 minutes 20 seconds and the average roll call time was 13 minutes 30 seconds. The goal is being considered as meet as the overall evacuation time with roll call improved from FY 18/19 to FY 19/20 by over 2 minutes. Averaging the numbers to account for the Covid-19 pandemic, the average evacuation time would be 5 minutes 49 seconds and the average roll call time would be 10 minutes 14 seconds. The goal would be considered as meet as the overall evacuation time with roll call improved from FY 18/19 to FY 19/20.
6. Maintain or improve the average ride time on Link bus routes. During FY 19/20 the average morning bus route ride time was 39 minutes 51 seconds, the average afternoon ride time was 32 minutes 57 seconds and the combined ride time of the am and pm routes averaged 39 minutes 8 seconds. In comparison to FY 18/19 the am route averaged 47 minutes 11 seconds, the pm route averaged 43 minutes 24 seconds and the combined route time averaged 45 minutes 22 seconds. Averaging the numbers to account for the Covid-19 pandemic, the average ride time for the am routes would be 46 minutes 49 seconds, the pm ride time would be 43 minutes 56 seconds and the combined ride time would average 45 minutes 33 seconds. Two of the times are greater than FY18/19 thus resulting in the goal not being successful.
7. Improve Ridership satisfaction.

For FY 19/20 we provided 44,306 waiver trips for the year. The trips break down as follows:

- Fixed Route Bus trips 39,680
- HCBS trips 3,244
- Supported Employment trips 1,382

We also provided 3,367 NEMT trips that are not included in the total waiver trips. We sent out 154 satisfaction surveys with 87 of them returned for a 56% return rate. The responses show a 99% satisfaction of the drivers being nice and polite, 97% satisfaction of the driver being on time for pick up, 96% satisfaction of the respondents feel safe riding the vehicle, and the overall satisfaction of the transportation services was 92%. The survey was completed before the Covid-19 shutdown and the goal is considered meet.

The goals that Link were not able to meet this past fiscal year were:

1. Maintain or improve the operating expenses from the previous year. FY 19/20 saw the department end with a gain of \$3,181 as compared to the gain of \$23,185 in FY 18/19. With the closure of the day program due to the Covid-19 pandemic revenue fell short of the projected goal. Averaging the numbers to account for the Covid-19 pandemic, the average total projected revenue is \$1,215,279.60 and the projected average total expenses are \$1,116,972 for a net profit of \$98,306.60.
2. Maintain or improve the efficiency of the agency's route vehicles. For FY 19/20 the overall average ridership was at 55.75%. The total number of rides provided by the bus route was 39,680. In comparison FY 18/19 the ridership was at 74% and the total number or bus route rides provided was 62,906. The pre-Covid-19 numbers averaged out to 73.33% ridership which would be less then FY 18/19's 74%, thus not meeting the goal.

For FY 19/20 we will continue to focus on the same 8 primary objectives and goals and discontinue the goal of Maintain or improve the operating expenses from the previous year by operating the agencies vehicles at or below budget.

Demographics

The Transportation Department's consumer demographics continue to reflect the same variation in age, gender, disability, and race as the specific program sites. Currently the program supports 164 riders with 9 people using a wheelchair. The breakdown of the providers utilizing Link transportation services are as follows:

FY 2019-2020		FY 2018-2019	
Provider	# of Consumers	Provider	# of Consumers
Behavior Technologies	0	Behavior Technologies	0
Candeo	5	Candeo	4
CCO	3	CCO	3
CDAC	0	CDAC	1
Child Serve	0	Child Serve	0
COC	1	COC	7
Comp Community Support	0	Comp Community Support	0
Crest	1	Crest	1
Easter Seals	0	Easter Seals	0
Homestead	2	Homestead	2
Hope	1	Hope	1
Host Home	1	Host Home	0
Link Associates	71	Link Associates	71
Lutheran Services	2	Lutheran Services	2
Mainstream	1	Mainstream	1

Mosaic	5	Mosaic	8
Parent/Family	70	Parent/Family	70
Progress Industries	0	Progress Industries	0
REM	0	REM	0
Respite Connection	1	Respite Connection	1
Tandem Services	1	Tandem Services	1
Vodec	0	Vodec	0
Woodward Resource	0	Woodward Resource	0

For the FY 19/20 the program saw 10 individuals stop utilizing Link's transportation services as compared to FY 18/19 where there were also 10 individuals stopped utilizing Link's transportation services. The breakdown follows

New/Left Transportation Services FY 2019-2020

July		August		September		October		November		December		January		February		March		April		May		June		YTD Totals	
New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left
5	2	2	4	0	4	1	3	6	9	1	1	3	2	3	2	1	2	1	0	0	3	1	2	24	34

Net Totals	3	-2	-4	-2	-3	0	1	1	-1	1	-3	-1	-10
------------	---	----	----	----	----	---	---	---	----	---	----	----	-----

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Totals
	New	Left	New	Left	New	Left	New	Left	
Quarter Totals	7	10	8	13	7	6	2	5	
Net Quarter Totals	-3		-5		1		-3		-10

For FY 19/20 we will continue to focus on the same 8 primary objectives and goals and discontinue the goal of Maintain or improve the operating expenses from the previous year by operating the agencies vehicles at or below budget.

Fleet and Facility Measures of Achievement

Fleet & Facilities Measures of Achievement 2019- 2020

RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
To Maintain or improve the # of work-related injuries for employees from previous years	Number of Workman Comp. Claims  For FY 2018-2019 total Workman Comp. Claims = 51	Work Comp, First report of injury reports	Outreach Director	Outreach Director	To maintain or reduce the number of work-related injuries from the previous year	Agency Staff	5		12			12			2			
							FY 2018-2019 = 16			FY 2018-2019 = 13			FY 2018-2019 = 13			FY 2018-2019 = 9		
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met		Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA			Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA • 1 <sup>st</sup> QUARTER. • 3 <sup>RD</sup> QUARTER • 4 <sup>TH</sup> QUARTER										Completion Date  NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter						4 <sup>th</sup> Quarter						
		•		•		<ul style="list-style-type: none"> <li>Day Program Closed March 17 – Covid-19 Pandemic</li> <li>Due to the Covid-19 pandemic that began in March, the governor ordered the closure of day programs, thus reducing the exposure of Link staff.</li> </ul>						<ul style="list-style-type: none"> <li>Day Program closed Covid-19 Pandemic</li> </ul>						
<b>Comparison of last year's results (18/19) to this year (19/20):</b> FY 19/20 31 Total Staff Injuries 14 Injuries by Persons Served Behavior 12 Injuries Resulting in Treatment from Behaviors 8 Staff Injuries Treated at Occ Med Clinic							FY 18/19 51 Staff Injuries 33 Injuries by Persons Served Behavior Not tracked Injuries Resulting in Treatment from Behaviors 18 Staff treated at Occ Med Clinic											
<b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) <b>Causes:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) – The closing of the Day Hab program due to the Covid-19 pandemic. <b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) <b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduces the amount of staff injuries to employees.																		
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above <b>Action Steps/Plan:</b>							<b>Expected Outcomes</b> NA						<b>Person Responsible</b> NA				<b>Timeframe</b> NA	
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20



Maintain or improve the Injury Incident Rating from the previous year.	Number of Injury reports from vehicle accidents FY 18/19 Accidents =0 Rating = 0	Accident reports	Fleet & Facilities Administrator	Fleet & Facilities Administrator	To have an injury incident rating that is equal to or better than the previous year.	Agency Staff	Injuries = 0 Rating = 0  FY 2018-2019 = 0 Rating = 0	Injuries = 0 Rating = 0  FY 2018-2019 = 0 Rating = 0	Injuries = 0 Rating = 0  FY 2018-2019 = 0 Rating = 0	Injuries = 0 Rating = 0  FY 2018-2019 = 0 Rating = 0
--	---	------------------	----------------------------------	----------------------------------	--	--------------	--	--	--	--

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA <ul style="list-style-type: none"> <li>• 1<sup>st</sup> QUARTER.</li> <li>• 2<sup>nd</sup> QUARTER</li> <li>• 3<sup>rd</sup> QUARTER</li> <li>• 4<sup>th</sup> QUARTER</li> </ul>	Completion Date  NA
--	---	---	---------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st QUARTER	2nd QUARTER	3rd QUARTER <b>Day Program Closed March 17 – Covid-19 Pandemic</b> Due to the Covid-19 pandemic that began in March, the governor ordered the closure of day programs, thus reducing the exposure of Links vehicles on the road	4TH QUARTER
---	-------------	-------------	---	-------------

<b>Comparison of last year's results (18/19) to this year (19/20):</b>	FY 19/20 460,546 Total Miles 0 Accidents with injuries Rating = 0	FY 18/19 563,960 Total Miles 0 Accidents with injuries Rating = 0
--	--	--

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduces the number of miles the agency vehicles drove, thus reducing the exposure of the agency fleet.

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain or improve the number of Link only Vehicle Accidents from the	Number of Accident Reports that indicate vehicle damage & rating using Mileage	Monthly total of vehicle accident reports	Fleet & Facilities Administrator	Fleet & Facilities Administrator	Maintain or improve the number of vehicle accidents resulting in damage to only Link owned	Agency Staff		Accidents = 1 Rating = 6.59			Accidents = 0 Rating = 0		Accidents = 1 Rating = 8.67			Accidents = 0 Rating = 0		
							FY 2018-2019 = 1 Rating = 6.52				FY 2018-2019 = 3 Rating = 20.72		FY 2018-2019 = 3 Rating = 23.84			FY 2018-2019 = 0 Rating = 0		

previous year	FY 18/19 Accidents = 7 Rating = 12.41				vehicles from the previous year.					
---------------	---	--	--	--	----------------------------------	--	--	--	--	--

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA <ul style="list-style-type: none"> <li>1<sup>st</sup> QUARTER.</li> <li>2<sup>ND</sup> QUARTER</li> <li>3<sup>RD</sup> QUARTER</li> <li>4<sup>TH</sup> QUARTER</li> </ul>	Completion Date NA
--	---	---	-----------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
			Day Program Closed March 17 – Covid-19 Pandemic Due to the Covid-19 pandemic, that began in March, the governor ordered the closure of day programs, thus reducing the exposure of Links vehicles on the road	

<b>Comparison of last year's results (18/19) to this year (19/20):</b>	FY 19/20 460,546 Total miles 2 Total Accidents Rating = 8.69	FY 18/19 563,960 Total Miles 7 Total Accident Rating = 12.41
--	---	---

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduces the number of miles the agency vehicles drove, thus reducing the exposure of the agency fleet.

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Maintain or improve the number of vehicle accidents with a 3rd party from the previous year	Number of Accident Reports that indicate damage to vehicles other than our own & rating using mileage	Monthly total of vehicle accident reports	Fleet & Facilities Administrator	Fleet & Facilities Administrator	Maintain or improve the number of vehicle accidents resulting in damage to a third-party vehicle from the previous year.	Agency Staff													
							Accidents = 1 Rating = 6.59				Accidents = 1 Rating = 19.31				Accidents = 3 Rating = 26.01				Accidents = 0 Rating = 0
							FY 2018-2019 = 3 Rating = 19.56				FY 2018-2019 = 4 Rating = 27.63				FY 2018-2019 = 3 Rating = 18.64				FY 2018-2019 = 1 Rating = 7.15

	FY 18/19 Accidents = 13 Rating =23.05																		
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> <b>Goal Met</b> <input type="checkbox"/> <b>Goal Not Met</b>	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA • 1 <sup>st</sup> QUARTER. • 2 <sup>ND</sup> QUARTER • 3 <sup>RD</sup> QUARTER • 4 <sup>TH</sup> QUARTER												Completion Date  NA				
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>st</sup> Quarter			2 <sup>nd</sup> Quarter			3 <sup>rd</sup> Quarter Due to the Covid-19 pandemic that began in March, the governor ordered the closure of day programs, thus reducing the exposure of Links vehicles on the road.					4 <sup>th</sup> Quarter							
<b>Comparison of last year's results (18/19) to this year (19/20):</b>		FY 19/20		FY 18/19															
		460,546 Total miles		563,960 Total Miles															
		5 Total Accidents		13 Total Accident															
		Rating = 10.86		Rating =23.05															
<b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)																			
<b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)																			
<b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																			
<b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduces the number of miles the agency vehicles drove, thus reducing the exposure of the agency fleet.																			
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below		Expected Outcomes  NA										Person Responsible  NA			Timeframe  NA				
<b>Action Steps:</b>																			
<b>Primary Objective</b>	<b>Indicators (Measures)</b>	<b>Data Source</b>	<b>Who Is responsible</b>	<b>Who Compiles</b>	<b>Target (Goal)</b>	<b>Who Applied to</b>	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Maintain or improve fire evacuation drills at Administration Building	Amount of time to evacuate administrative building  FY 18/19 N =13:30 Roll N= 5:20 Evac	Evacuation Drill forms	Fleet & Facilities Director	Fleet & Facilities Director	Maintain or improve the Fire evacuation drills at the administrative building	All Staff and Consumers	Average Evacuation time of 5:52 minutes		Average Evacuation time of 5:58 minutes		Average Evacuation time of 5:36 minutes		Average Evacuation time of 5:36 minutes		Average Evacuation time of NA minutes				
							Average Roll Call time of 11:58 minutes		Average Roll Call time of 9:55 minutes		Average Roll Call time of 9:30 minutes		Average Roll Call time of 9:30 minutes		Average Roll Call time of NA minutes				
							FY 18/19 Evac = 5:20 Minutes FY 18/19 Roll Call = 14:39 Minutes		FY 18/19 Evac = 5:13 Minutes FY 18/19 Roll Call = 14:52 Minutes		FY 18/19 Evac = 5:47 Minutes FY 18/19 Roll Call = 10:40 Minutes		FY 18/19 Evac = 5:01 Minutes FY 18/19 Roll Call = 12:27 Minutes						
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> <b>Goal Met</b> <input type="checkbox"/> <b>Goal Not Met</b>	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA • 1 <sup>st</sup> QUARTER • 3 <sup>RD</sup> QUARTER • 4 <sup>TH</sup> QUARTER												Completion Date  NA				

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter Due to the Covid-19 Pandemic the Day habilitation program was closed for the Months of April, May and June. Drills were not completed during this time due to the building being closed.
---	-------------	-------------	-------------	---

**Comparison of last year's results (18/19) to this year (19/20):** NO  
 FY 19/20: 10:46 Minutes average evac time with Roll Call  
 5:49 Minutes Average to exit the building  
 FY 18/19: 13:30 Minutes average evac time with Roll Call  
 5:20 Minutes Average to exit the building

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. Therefor evacuation drills were not completed for the months of April, May and June

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
---	--------------------------------	---------------------------------	------------------------

**EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED**

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who is responsible	Who Compiles	Target (Goal)	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain or improve the average ride time on Link bus routes	Average trip ride time for consumers on Link bus routes	All consumers on bus routes	Drivers Route Sheets in Edoc Trans	Fleet & Facilities Director	Fleet & Facilities Director	1 hour or less	47:48 minutes AM 42:55 minutes PM 45:25 minutes for AM & PM trips combined			47:17 minutes AM 45:23 minutes PM 46.21 Minutes for AM & PM trips combined			45:41 minutes AM 44:02 minutes PM 44:52 Minutes for AM & PM trips combined					19:33 minutes AM 20:13 minutes PM 20:52 Minutes for AM & PM trips combined

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA <ul style="list-style-type: none"> <li>1st QUARTER. CM enrollment is monitored monthly for program size and viability</li> <li>2ND QUARTER</li> <li>3RD QUARTER</li> <li>4TH QUARTER</li> </ul>	<b>Completion Date</b> NA
---	---	---	------------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter	2nd Quarter	3rd Quarter Due to the covid-19 pandemic, the day hab program was ordered to stay at home effective 3/17/20.	4th Quarter Due to the covid-19 pandemic, the day hab program was ordered to stay at home effective 3/17/20.
---	-------------	-------------	---	---

**Comparison of last year's results (18/19) to this year (19/20):** FY 19/20 Average Ride Times  
 40:09 Minutes Am Routes  
 38:14 Minutes PM Routes  
 39:38 Minutes AM & PM Routes Combined  
 FY 18/19 Average Ride Time  
 47:11 Minutes AM Routes  
 43:24 Minutes PM Routes  
 45:22 Minutes AM & PM Routes Combined

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduced the number of miles the agency vehicles drove.

**New Recommendations for Next Year (20/21):**

Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below

**Action Steps:**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	Expected Outcomes												Person Responsible	Timeframe
							7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	NA	NA
Improve Ridership Satisfaction.	Score on Satisfaction Survey	Survey Results	Fleet & Facilities Administrator	Fleet & Facilities Administrator	Maintain or Improve Satisfaction Scores with a percentage greater than or equal to each category listed. a. Bus Driver Polite and Nice - 90% b. Timely – 80% c. Feel Safe – 85% d. Overall satisfaction – 80%	All Consumers who utilize Link Transportation	FY 19/20 Survey a. 99% responded yes b. 97% responded yes c. 96% responded yes d. 92% responded Very Happy 17% responded Sometimes Happy 1% responded Not Happy  FY 18/19 Survey - No surveys issued a. 95% responded yes b. 89% responded yes c. 95% responded yes d. 84% responded Very Happy 14% responded Sometimes Happy 2% responded Not Happy												NA	NA

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA <ul style="list-style-type: none"> <li>• 1<sup>ST</sup> QUARTER.</li> <li>• 2<sup>ND</sup> QUARTER</li> <li>• 3<sup>RD</sup> QUARTER</li> <li>• 4<sup>TH</sup> QUARTER</li> </ul>	Completion Date N/A
--	---	---	------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>rd</sup> Quarter – Ridership survey was distributed in January with returns in February. 154 surveys were sent out and 87 were returned. This represent a 56% return rate.	4 <sup>th</sup> Quarter
---	-------------------------	-------------------------	---	-------------------------

<b>Comparison of last year's results (18/19) to this year (19/20):</b>	
FY 19/20	FY 18/19
a. 99% responded yes b. 97% responded yes c. 96% responded yes d. 92% responded Very Happy 17% Responded Sometimes Happy 1% Responded Not Happy Total Surveys returned 87out of 154 56% Return Rate	95% responded yes 89% responded yes 95% responded yes 84% Responded Very Happy 14% Responded Sometimes Happy 2% Responded Not Happy 65 Total Surveys Returned out of 200 33% Return Rate

Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

**SERVICE ACCESS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	

<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) <ul style="list-style-type: none"> <li>• 1<sup>st</sup> QUARTER.</li> <li>• 2<sup>ND</sup> QUARTER</li> <li>• 3<sup>RD</sup> QUARTER</li> <li>• 4<sup>TH</sup> QUARTER</li> </ul>	Completion Date N/A
--	--	--	------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> Quarter</b>	<b>2<sup>nd</sup> Quarter</b>	<b>3<sup>rd</sup> Quarter</b>	<b>4<sup>th</sup> Quarter</b>
--	-------------------------------	-------------------------------	-------------------------------	-------------------------------

**Comparison of last year's results (18/19) to this year (19/20):**  
 Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (20/21):</b> <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b> .	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
---	--------------------------------	---------------------------------	------------------------

**Resources Used to Achieve Results for the Persons Served**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
-------------------	-----------------------	-------------	--------------------	--------------	---------------	----------------	------	------	------	-------	-------	-------	------	------	------	------	------	------

Maintain or improve the operating expenses from the previous year by operating the agencies vehicles at or below budget.	Monthly Vehicle Operating Expenses FY18/19 N= \$23,185	Monthly Totals for agency Vehicles from Financials	Fleet & Facilities Director	Accounting Director	Operate Agency vehicles with a cash flow surplus	Agency Vehicles	\$16,342.00 Actual Gain/(Loss)	\$74,776.00 Actual Gain/(Loss)	\$42,661.95 Actual Gain/(Loss)	(\$72,884.00) Actual Gain/(Loss)
--	--	--	-----------------------------	---------------------	--	-----------------	-----------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA  <ul style="list-style-type: none"> <li>1<sup>st</sup> QUARTER</li> <li>2<sup>ND</sup> QUARTER</li> <li>3<sup>RD</sup> QUARTER</li> <li>4<sup>TH</sup> QUARTER</li> </ul>	<b>Completion Date</b>
---	--	--	------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
--	-------------------------	-------------------------	-------------------------	-------------------------

<b>Comparison of last year's results (18/19) to this year (19/20):</b>	FY 19/20	FY 18/19
	\$1,112,040 Total Expenses	\$1,144,913 Total Expenses
	\$1,115,221 Total Revenues	\$1,168,098 Total Revenue
	\$ 3,181 Budget Gain/(Loss)	\$ 23,185 Budget Gain/(Loss)

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of Links Day Hab Program as well as other programs throughout the Des Moines metropolitan area shut down transportation services. It has been discovered that the monthly financials provided at the end of each month are a snapshot in time. With the new budget software, the accounting department is unable to close the month, thus anytime an audit/correction is made the software program update the appropriate month, effectively changing the months financials and rendering the previous monthly financial statement inaccurate with the up to date budget in the system. The June 2020 monthly financial statement provided showed a \$3,181 gain for the fiscal year. However, the quarterly numbers tracked will not match the gain total provided by the accounting department due to allocation changes and budget adjustments made throughout the year.

<b>New Recommendations for Next Year (20/21):</b> <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain or improve the efficiency of the Agency's route vehicles	Monthly Average Occupancy of the route vehicles FY 2018 - 2019 N= 74%	Monthly Attendance Sheets	Transportation Administrator	Fleet & Facilities Director	Maintain or improve the efficiency of the agencies route vehicles from the previous year	All consumers on bus routes		84%			76%		60%					3%
							FY 2018-2019 = 72%			FY 2018-2019 = 85%			FY 2018-2019 = 68%					FY 2018-2019 = 71%

<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  Did Actions taken accomplish intended results.	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA  <ul style="list-style-type: none"> <li>1<sup>st</sup> QUARTER</li> </ul>	<b>Completion Date</b> NA
---	---	--	------------------------------

		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<ul style="list-style-type: none"> <li>• 2<sup>ND</sup> QUARTER</li> <li>• 3<sup>RD</sup> QUARTER</li> <li>• 4<sup>TH</sup> QUARTER</li> </ul>		
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>		<b>1<sup>st</sup> Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b> Due to the Covid-19 Pandemic that started on 3/17/20 the Day Program was shut down and transportation was only provided to those who worked in the community.	<b>4th Quarter</b> Due to the Covid-19 Pandemic that started on 3/17/20 the Day Program was shut down and transportation was only provided to those who worked in the community	
<b>Comparison of last year's results (18/19) to this year (19/20):</b>		FY 19/20 55.75% Average Ridership 39,680 Yearly Route Bus Trips 44,306 Total Waiver Trips	FY 18/19 74% Average Ridership 55,478 Yearly Route Bus Trips 62,906 Total Waiver Trips			
<p><b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)</p> <p><b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p><b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) ) Due to the Covid-19 Pandemic, the Day Hab program was closed from March 17, 2020 through the rest of the fiscal year. The closing of the Day Hab program greatly reduces the number of trips provided for the fiscal year.</p>						
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>		<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA		



LEEP  
 Link Associates Program Evaluation  
 July 1, 2019 to June 30, 2020  
 Cassandra Jones, Employment Administrator and Tiffany Steenblock, Employment/Day Program Director

As the LEEP leadership team, we have reviewed the data gathered over the past year and all changes made within the department. COVID-19 had a significant impact on the program as a whole, and we were unable to run the program from the middle of March - June due to businesses closing or not allowing our interns to begin until the economy opened back up again. This really impacted most of our goals during the last quarter of the fiscal year. Through it all, we were still able to meet 4 of the 7 goals the department established. Without the impact of the COVID-19 pandemic we feel we would have met 6 of our 7 goals.

In the fiscal year our most significant achievements included partnering with 2 new businesses to expand our internship opportunities for persons served. We were able to partner with Heartland AEA and Stuff Etc. Two of seven participants who completed LEEP and moved on to Job Development were employed within 5 months after completing the program with one of the participants being hired by the business they completed their internship at. We received amazing satisfaction surveys from the persons served, parent/guardian/concerned others, and businesses throughout the year. One of the participants' guardian stated, "Liz, KK's job coach, did an excellent job with KK. We were so pleased with the progress and program of LEEP." The Employment Administrator and Employment Supervisors were also able to go to several meetings and events to network and market LEEP to the IVRS Counselors and Community Based Case Managers (CBCM).

In the next fiscal year, we are recommending to continue an action step for one of the goals to ensure we continue to bring in new referrals. Over the last year we have continued to experience external CBCM's (through the MCO's) not actively referring those they support, so we rely a lot on reverse referrals. We have also continued to experience turnover in IVRS Counselors, and the need to continue to inform them about LEEP and other services we provide in order to gain more referrals. We are not recommending for any goals to be discontinued or added for FY 20-21.

We were proud of the Employment Training Specialists for providing quality services in each of the businesses we are partnered with. We continue to receive nothing but positive feedback from each business where they have supported participants. They have also done a nice job generating businesses to reach out to which has allowed us to expand our partnerships. All of their hard work was reflected again in 2019's Community Employment Outcomes Evaluation (an evaluation completed by the Law, Health Policy and Disability Center at the University of Iowa), with our great scores and comments from persons served. The Employment Training Specialists dedication to supporting Link's persons served was able to shine when COVID-19 began. Every single one of the Employment Training Specialists were willing to work in a different department to help fill some of the openings. This also included a couple of them volunteering and becoming a "live in" staff due to homes needing to quarantine. Their willingness to step in and help provide support in any situation/department speaks volumes for the kind of employees they all are. As the leadership of the program, there is nothing more we could ask for, and we are beyond proud of the entire department!

LEEP Demographics

<b>FY 2019 - 2020</b>	<b>1st Quarter Demographics</b>		<b>2nd Quarter Demographics</b>		<b>3rd Quarter Demographics</b>		<b>4th Quarter Demographics</b>	
Number Served	8	100%	8	100%	4	100%	4	100%
<b>Age</b>								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	3	38%	2	25%	2	50%	2	50%
22-34	5	63%	5	63%	2	50%	2	50%
35-44	0	0%	1	13%	0	0%	0	0%
45-54	0	0%	0	0%	0	0%	0	0%
55-64	0	0%	0	0%	0	0%	0	0%
65>	0	0%	0	0%	0	0%	0	0%

<b>Gender</b>								
Male	4	50%	3	38%	2	50%	2	50%
Female	4	50%	5	63%	2	50%	2	50%
<b>Ethnicity</b>								
Black or African-American	1	13%	1	13%	0	0%	0	0%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	0	0%	0	0%	0	0%	0	0%
Caucasian	5	63%	3	38%	2	50%	2	50%
Hispanic	1	13%	3	38%	1	25%	1	25%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Race	1	13%	1	13%	1	25%	1	25%
<b>Level of Disability</b>								
Developmental Disability (DD)	1	13%	0	0%	0	0%	0	0%
Mild MR (50-75)	6	75%	6	75%	4	100%	4	100%
Moderate MR (35-49)	1	13%	2	25%	0	0%	0	0%
Severe MR (20-24)	0	0%	0	0%	0	0%	0	0%
Profound MR (< 20)	0	0%	0	0%	0	0%	0	0%
NA	0	0%	0	0%	0	0%	0	
<b>Secondary Diagnosis</b>								
ADD/ADHD	1	13%	1	13%	1	25%	1	25%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	0	0%	0	0%	0	0%	0	0%
Autism	3	38%	3	38%	2	50%	2	50%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%
Cerebral Palsy	0	0%	1	13%	0	0%	0	0%
Depression	0	0%	0	0%	0	0%	0	0%
Down Syndrome	0	0%	0	0%	0	0%	0	0%
Epilepsy	1	13%	1	13%	1	25%	1	25%
Hearing Impairment	0	0%	0	0%	0	0%	0	0%
Intermittent Explosive Disorder	0	0%	0	0%	0	0%	0	0%
No Secondary Diagnosis Known	1	13%	0	0%	0	0%	0	0%
Other	2	25%	1	13%	0	0%	0	0%
Schizophrenia	0	0%	1	13%	0	0%	0	0%
Seizure Disorder	0	0%	0	0%	0	0%	0	0%
Visual Impairment/ Legally Blind	0	0%	0	0%	0	0%	0	0%

July-September 2019:

The data pulled from this quarter reflects there were 8 participants within the LEEP program. The average participant was a Caucasian male and female (50/50) between the ages of 22-34, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of Autism. The average participant that exited the program was a Caucasian female between the ages of 18-34 with a secondary diagnosis of "other" or "no secondary diagnosis known."

October-December 2019:

The data pulled from this quarter reflects there were 8 participants within the LEEP program. The average participants were Caucasian and Hispanic (50/50) female between the ages of 22-34, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of Autism. The average participant that exited the program was a Hispanic and other race (50/50) male between the ages of 18-34 with a secondary diagnosis of "other" or "no secondary diagnosis known."

January-March 2020:

The data pulled from this quarter reflects there were 4 participants within the LEEP program. The average participants were Caucasian male and females (50/50) between the ages of 18-34, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of Autism. The average participant to exited the program was a Caucasian male between the ages of 22-34 with a secondary diagnosis of "other."

April-June 2020:

The data pulled from this quarter reflects there were 4 participants within the LEEP program. The average participants were Caucasian male and females (50/50) between the ages of 18-34, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of Autism. There were no participants who exited the program. The average participant who exited the program during FY2019-2020 was a Caucasian male and female (50/50) between the ages of 18-34 with a secondary diagnosis of "other."

LEEP Supplemental Measures

Supplemental Measures	Quarter			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
1. Number of persons served who obtain community employment	5	1	3	0
2. Number of days between date of acceptance and date of the intake meeting	25.5	26	21	NA
3. Maintain 8 or less spoiled product per day (Link General Store)	3.4	1.7	2.4	3.3

July-September 2019:

There were 5 participants who was able to obtain community employment during the first quarter. L.S. began working at a fast food restaurant on 7.3.19, D.K. began working at a fast food restaurant on 7.10.19, B.S. began working at a fast food restaurant on 8.3.19, K.C. began working at an assisted living center on 8.22.19, B.S. began working at a manufacturing plant on 9.30.19. During the first quarter, the average amount of days between date of acceptance and date of the intake meeting was 25.5. The Link General Store was able to average 3.4 spoiled/wasted products per day in the first quarter.

October-December 2019:

There was 1 participant who was able to obtain community employment during the second quarter. J.L. began working at a restaurant on 10.14.19. During the second quarter, the average amount of days between date of acceptance and date of the intake meeting was 26 (only 1 person admitted/intake). The Link General Store was able to average 1.7 spoiled/wasted products per day in the second quarter.

January-March 2020:

There were 3 participants who was able to obtain community employment during the third quarter. D.K began working at a movie theater on 1.27.20, J.V. began working at a daycare center on 3.9.20, and K.P. began working for a cleaning company on 3.9.20. During the third quarter, the average amount of day between date of acceptance and date of intake meeting was 21. The Link General Store was able to average 2.4 spoiled/wasted products per day in the third quarter.

April-June 2020:

There were 0 participants who was able to obtain community employment during the fourth quarter. COVID-19 played a factor due to the lack of businesses open or hiring due to the economy and the unknown of the pandemic. During the fourth quarter LEEP did not hold any intake meetings or admissions due to COVID-19 and the businesses being closed and not allowing internships at that time. The Link General Store was able to average 3.3 spoiled/wasted products per day in the fourth quarter. The General Store was not open every day during the fourth quarter, but when it was open, staff would dispose of the expired products that were in the store.

LEEP Measures of Achievement

Link Employment Exploration Program (LEEP) Measures of Achievement 2019- 2020																		
SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Reach and maintain maximum participation	# of intakes per month	LEEP Skills Training Tracking Document	Employment Supervisor/Administrator	Employment Administrator	Maintain 4 intakes or more per quarter	All participants in LEEP	2	0	3	1	0	0	0	1	0	0	0	0
<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended continue the goal as written and to focus on continuing to build partnerships with referral sources through 2 action steps.  Action Step #1: Monitor changes in counselors and leadership at IVRS for additional education Link can provide.  Action Step #2: Provide additional education to MCO's		<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) Action Step #1: Monitor changes in counselors and leadership at IVRS for additional education Link can provide. <ul style="list-style-type: none"> <li>1<sup>st</sup> quarter update: EDPD and EA met with the IVRS Polk Co Supervisor and IVRS Resource Manager to discuss our partnership with IVRS (further build on it), billing processes, and referral material. EDPD and EA are reviewing IVRS' referral material and will discuss how we could incorporate it in to Link's referral paperwork to make it more appealing for IVRS counselors to refer individuals for Link's employment programs. EA began evaluating the forms IVRS needs per each Menu of Services item Link bills for.</li> <li>2<sup>nd</sup> quarter update: EA attended a meeting with IVRS, an Urbandale High School teacher, and other Polk County community partners to discuss the gap in services for transitioned aged coming out of high school. After the meeting, EA sent Link Associates information to IVRS stating that Link is accepting persons served in SE, along with Link's Assistant Outreach Director's information for intakes.</li> <li>3<sup>rd</sup> quarter update: EA attended the quarterly ICIE meeting at IVRS' building. IVRS Resource Manager is retiring and the new manager took over in March.</li> <li>4<sup>th</sup> quarter update: Due to COVID-19, IVRS trainings as well as ICIE trainings were not held during the 4<sup>th</sup> quarter. All team meetings were held online and there were no opportunities to engage with IVRS leadership or counselors during this time.</li> </ul> Action Step #2: Provide additional education to MCO's <ul style="list-style-type: none"> <li>1<sup>st</sup> quarter update: EA received contact information for the Employment SEM's and CBCM Managers, EA will begin reaching out next quarter and giving information to them about LEEP. EA also spoke with CBCM's who reached out to learn more about LEEP.</li> <li>2<sup>nd</sup> quarter update: EDPD is working with the rest of the management team to begin partnering with ITC. EA continues to have conversations with CBCM's when they call to discuss SE service options. EA met with the Assistant Outreach Director to discuss Link's marketing and outreach and will begin collaborating and meeting with schools in the area.</li> <li>3<sup>rd</sup> quarter update: EA and the Assistant Outreach Director went to a "provider fair" at ITC and spoke with CBCM's that wanted information on the employment services Link provides. EA sent an email to the ITC Employment Specialist with all of Link's employment service options for her to distribute to the rest of the CBCM's who didn't make it.</li> <li>4<sup>th</sup> quarter update: Due to COVID-19, the EA and ES' were unable to meet with any MCO's. EA reached out and returned calls to the CBCM's to answer any questions they had in regards to LEEP.</li> </ul>														<b>Completion Date</b>  June 30 <sup>th</sup> , 2020	
<b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																		

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There was a total of 5 intakes completed during the first quarter. There was 1 participant who began the program but the team decided to put the internship on hold due to other changes happening residentially (D.G.). All went through the admissions process and were approved.</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There was 1 intake completed for a person served who was admitted during the first quarter. There were no new admissions during the second quarter, therefore no additional intakes completed.</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There was 1 intake completed for a person served during the 3<sup>rd</sup> quarter. There was 1 person served who was admitted into the program, but due to COVID-19 an intake hasn't been completed yet. The intake will be completed once restrictions are lifted.</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>There were 0 intakes completed for persons served during the 4<sup>th</sup> quarter. The 1 person served who was admitted into the program in February, still has not had an intake meeting due to COVID-19. The partnered businesses did not allow interns to return during the 4<sup>th</sup> quarter.</li> </ul>
---	---	--	--	--

**Comparison of last year's results (18/19) to this year (19/20):** The 2018-2019 fiscal year concluded with an average of 4.25 intakes per quarter (goal of 4 per quarter not achieved but overall average was met due to other quarters having more intakes). The 2019-2020 fiscal year concluded with an average of 1.75 intakes per quarter, due to COVID-19 & lack of referrals this goal was not met.

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain) Lack of referrals  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)  
 COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. During quarters 3 and 4, referrals were minimal and intakes were not held due to the unknown of the pandemic. The partnered businesses chose not to have interns during quarters 3 and 4, and the persons served teams also chose not to move forward with services due to COVID-19.

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b> Continue action steps to build partnerships with the MCO's and IVRS.	<b>Expected Outcomes</b> Increase referrals	<b>Person Responsible</b> EA & ES	<b>Timeframe</b> October 1 <sup>st</sup> , 2020
--	--	--------------------------------------	--

**EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED**

Primary Objective	Indicators (Measures)	Data Source	Who is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve satisfaction of persons served	Score on satisfaction survey (TP-1)	Satisfaction survey	Employment Supervisor	Employment Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All participants in LEEP		3 N = 3 out of 3		2.89 N = 3 out of 3			3 N = 1 out of 1				3 N= 1 out of 1	

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan) It was recommended to continue this goal as written.  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA	<b>Completion Date</b> NA
---	---	---	------------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>Surveys were completed by the participants who completed the program. There were 3 participants who completed the program. Surveys are completed once the internships are complete.</li> <li>JL completed her internship at Raygun and stated "would like to find a job where she doesn't have to be on the floor"</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>Surveys were completed by the participants who completed the program. There were 3 participants who completed the program. There was 1 person served who moved out of the state and did not completed the internship (AV) but filled out a survey. This survey was not included</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>A survey was completed by the participant who completed the program. There was 1 participant who completed the program during the 3<sup>rd</sup> quarter. Surveys are</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>A survey was completed by the participant who completed the program. There was 1 participant who completed the program during the 4<sup>th</sup> quarter. Surveys are completed once the internships are complete.</li> </ul>
---	--	---	---	--

	to clean shelves. This was her only dislike about Raygun." KC completed her internship at Bickford of Urbandale and stated, "I enjoyed working at Bickford and am happy they hired me!"	in the results due to the internship not being complete. <ul style="list-style-type: none"> <li>There were no additional comments on the surveys.</li> </ul>	<ul style="list-style-type: none"> <li>competed once the internships are complete.</li> <li>KK completed her internship at Aspen and stated "My team was very helpful and everyone is really nice."</li> </ul>	<ul style="list-style-type: none"> <li>CB completed her internship in the Link General Store and Bickford of Urbandale and stated "I really liked LEEP and working with the ETS."</li> </ul>
--	---	--	--	--

**Comparison of last year's results (18/19) to this year (19/20):** The 2018-2019 fiscal year concluded with an average satisfaction score of 2.97 (3-point scale). The 2019-2020 fiscal year concluded with an average satisfaction score of 2.97 (3-point scale).

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)

COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Although we were still able to meet this goal, we were not able to have persons served in their internships during some of the 3<sup>rd</sup> and 4<sup>th</sup> quarters with the exception of 1 person served who completed their internship in the Link General Store.

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b> NA	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
---	--------------------------------	---------------------------------	------------------------

**RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Admission into Job Development services	# of accepted admissions	LEEP Skills Training Tracking Google doc	Case Coordinators	Employment Administrator	Maintain 85% of admission approval or better	All persons who graduate from LEEP	100% N = 2 out of 2			100% N = 2 out of 2		100% N = 2 out of 2		NA				
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan) It was recommended to continue the goal, but modify it to read, "All persons who graduate from LEEP" in the 'Who Applied to' section.  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA						<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA											<b>Completion Date</b> N/A

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b> <ul style="list-style-type: none"> <li>The program had a total of 3 participants who graduated from the program. 1 participant was hired by the business they completed their internship at and did not need to move onto Job Development due to the business choosing to hire them (KC). The other 2 participants moved onto Job Development. JL completed her internship and began Job Development in August and JB completed her internship and will begin Job Development in November due to us not receiving the NOD until October 31<sup>st</sup>.</li> </ul>	<b>2<sup>nd</sup> QUARTER</b> <ul style="list-style-type: none"> <li>The program had a total of 2 participants who graduated from the program and moved on to Job Development. CN completed her internship and began Job Development in December, and PS completed his internship and began Job Development in December. There was 1 participant who move out of the state prior to completing their internship (AV), and 1 participant (AT) who completed their internship but did not graduate from the program due to additional barriers that need addressed (team decision).</li> </ul>	<b>3<sup>rd</sup> QUARTER</b> <ul style="list-style-type: none"> <li>The program had a total of 2 participants who graduated from the program and moved on to Job Development. PS completed his internship and began Job Development in January, and KK completed her internship and will begin Job Development once COVID-19 restrictions are lifted.</li> </ul>	<b>4<sup>th</sup> QUARTER</b> <ul style="list-style-type: none"> <li>The program had 1 participant who completed their internship (CB) but did not graduate from the program. CB completed her internship but did not graduate due to the team deciding she was not ready for community employment. CB was referred to Link's VIP program to further work on barriers.</li> <li>Due to COVID-19 the program was on hold during the 4<sup>th</sup> quarter due to businesses not allowing interns during the pandemic.</li> </ul>
--	---	--	---	--

**Comparison of last year's results (18/19) to this year (19/20):** The 2018-2019 fiscal year concluded with 79% admissions approval once LEEP was completed. The 2019-2020 fiscal year concluded with 100% admissions approval once LEEP was completed.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Although we were still able to meet this goal, we were not able to have persons served in their internships during some of the 3<sup>rd</sup> and 4<sup>th</sup> quarters with the exception of 1 person served who completed their internship in the Link General Store. Since LEEP was on hold, we weren't able to have interns complete their internships to then move on and graduate from the program and move into Job Development.

<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
<b>Action Steps:</b> NA			

**EXPERIENCES OF SERVICES AND OTHERS FEEDBACK FROM OTHER STAKEHOLDERS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve parent/guardian/concerned other satisfaction	Score on satisfaction survey (TP-2)	Satisfaction survey	Employment Supervisor	Employment Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All parents/guardians/concerned others of participants in LEEP	3 N = 3 out of 3			3 N = 2 out of 2			3 N = 1 out of 1			3 N = 1 out of 1		

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue this goal as written.	<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA	<b>Completion Date</b> NA
<b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA			

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>ST</sup> QUARTER</b>	<b>2<sup>ND</sup> QUARTER</b>	<b>3<sup>RD</sup> QUARTER</b>	<b>4<sup>TH</sup> QUARTER</b>
	<ul style="list-style-type: none"> <li>Surveys were completed by the parent/guardian/concerned others who had participants complete the program. 3 surveys were completed out of 3. The surveys are completed once the participant is in their last week of their internship.</li> <li>KC's guardian stated "This was a great program for KC and she is very excited to begin working there!"</li> </ul>	<ul style="list-style-type: none"> <li>Surveys were completed by the parent/guardian/concerned others who had participants complete the program. There were 3 participants who completed the program and we received 2 surveys from parent/guardian/concerned other.</li> <li>There were no additional comments on the surveys that were completed.</li> </ul>	<ul style="list-style-type: none"> <li>A survey was completed by the parent/guardian/concerned other who had a participant complete the program. There was 1 participant who completed the program during the 3<sup>rd</sup> quarter and a concerned other completed a survey.</li> <li>KK's concerned other (HHP) stated "KK's job coach, did an excellent job with KK. We were so pleased with the progress and program of LEEP."</li> </ul>	<ul style="list-style-type: none"> <li>A survey was completed by the parent/guardian/concerned other who had a participant complete the program. There was 1 participant who completed the program during the 4<sup>th</sup> quarter and a parent completed the survey.</li> <li>CB's mother stated "LEEP was a great experience for CB and she will be working on some other skills in VIP to hopefully prepare her to work someday."</li> </ul>

**Comparison of last year's results (18/19) to this year (19/20):** The 2018-2019 fiscal year concluded with an average satisfaction score of 2.97 (3-point scale). The 2019-2020 fiscal year concluded with an average satisfaction score of 3 (3-point scale).  
**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)

**New Recommendations for Next Year (20/21):**  
 Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below  
**Expected Outcomes** NA  
**Person Responsible** NA  
**Timeframe** NA  
**Action Steps:** NA

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve employer/business satisfaction	Score on satisfaction survey (V-17)	Satisfaction survey	Employment Supervisor	Employment Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All employers/ businesses of participants in LEEP													
							3 N= 2 out of 2		3 N= 1 out of 1			3 N = 1 out of 1			NA				

**Goal Outcome:**  
 Goal Met  
 Goal Not Met  
**Previous FY goal recommendations** (i.e. goal continuation and/or new action steps/plan)  
 It was recommended to continue this goal as written.  
**Did Actions taken accomplish intended results.**  
 Yes  No  NA  
**Update on action step/plans and recommendations from last year** (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)  
 NA  
**Completion Date**  
 NA

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER
	<ul style="list-style-type: none"> <li>There were 2 surveys that were completed during the first quarter. Surveys were completed by Big Lots and Bickford of Urbandale.</li> <li>There were no additional comments on the surveys.</li> </ul>	<ul style="list-style-type: none"> <li>There was 1 survey that was completed during the second quarter. The survey that was completed, was done so by Blank Park Zoo.</li> <li>There were no additional comments on the survey.</li> </ul>	<ul style="list-style-type: none"> <li>There was 1 survey that was completed during the third quarter. The survey that was completed, was done so by Aspen</li> <li>There were no additional comments on the survey.</li> </ul>	<ul style="list-style-type: none"> <li>There were no surveys completed during the 4<sup>th</sup> quarter due to there being no participants in internships in outside businesses due to COVID-19.</li> </ul>

**Comparison of last year's results (18/19) to this year (19/20):** The 2018-2019 fiscal year concluded with an average satisfaction score of 3 (3-point scale). The 2019-2020 fiscal year concluded with an average satisfaction score of 3 (3-point scale).  
**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)

**New Recommendations for Next Year (20/21):**  
 Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below  
**Expected Outcomes** NA  
**Person Responsible** NA  
**Timeframe** NA  
**Action Steps:** NA

RESOURCES USED TO ACHIEVE RESULTS FOR PERSONS SERVED (EFFICIENCY)																			
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	



Expand the businesses available for internships	# of new business contracts signed	LEEP Contacted Businesses Tracking Document	Employment Supervisor	Employment Administrator	Obtain a minimum of 4 business contracts throughout the year (target 1 new business contact/quarter)	LEEP	0	0	1	1	0	0	0	0	0	0	0	0
<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan) It was recommended continue the goal as written.  <b>Did Actions taken accomplish intended results.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA											<b>Completion Date</b> NA				
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>			<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li>During the first quarter ES was able to partner with 1 new business. A contract was signed for Heartland AEA (Johnston).</li> </ul>		<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>During the second quarter ES was able to partner with 1 new business. A contract was signed for Stuff Etc (West Des Moines).</li> </ul>			<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>During the third quarter ES was not able to partner with a new business. ES was able to attend a job fair to talk to potential businesses. ES was in contact with 3 businesses to discuss the program and partner with them when COVID-19 happened. ES will continue to reach out once those businesses are open.</li> </ul>				<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>During the 4<sup>th</sup> quarter ES was not able to partner with a new business due to COVID-19 and many businesses shutting down or not allowing interns or volunteers. ES did reach out to Smarty Paws and set up a meeting to discuss a partnership.</li> </ul>						
<b>Comparison of last year's results (18/19) to this year (19/20):</b> The 2018-2019 fiscal year concluded with a total of 7 new internship options obtained (target of 1 per quarter not achieved but overall goal met). The 2019-2020 fiscal year concluded with a total of 2 new internship options obtained (target of 1 per quarter or 4 overall was not achieved). <b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) <b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) <b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) <b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. We were unable to meet this goal due to several businesses shutting down and not allowing interns or volunteers into their building during the beginning of the pandemic.																		
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b> NA											<b>Expected Outcomes</b> NA				<b>Person Responsible</b> NA		<b>Timeframe</b> NA	
<b>Primary Objective</b>	<b>Indicators (Measures)</b>	<b>Data Source</b>	<b>Who Is responsible</b>	<b>Who Compiles</b>	<b>Target (Goal)</b>	<b>Who Applied to</b>	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain cost of services to budget projections	YTD budget variance	Monthly budget sheet	Employment Administrator	Employment Administrator	YTD cost of service will be at or lower than budgeted	LEEP	(2,311)	(3,590)	(4,354)	1,507	5,763	(5,140)	(11,276)	(15,240)	(26,134)	(36,948)	(48,832)	(66,609)
<b>Goal Outcome:</b> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)		<b>Update on action step/plans and recommendations from last year</b> (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA											<b>Completion Date</b> NA				

	It was recommended to continue goal as written <b>Did Actions taken accomplish intended results</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li>• Employment Administrator (EA) updated the Employment Supervisor (ES) that the budget was still being reviewed/completed by management.</li> <li>• Employment/Day Program Director (EDPD) continued to update EA on where management was at with working on the budget.</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li>• EA reviewed monthly financials to ensure they were accurate. There were no errors found.</li> <li>• EA will begin discussing monthly financials during 1:1 meetings with the ES's during the third quarter.</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li>• EA review monthly financials to ensure they were accurate. There were no errors found.</li> <li>• EA discussed monthly financials with ES's and explained how the budgeting process works.</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li>• EA reviewed monthly financials to ensure they were accurate. There were no errors found.</li> <li>• EA discussed monthly financials with the ES's during the 4<sup>th</sup> quarter.</li> <li>• Due to COVID-19 participants weren't able to begin or finish their internships therefore we were unable to bill for LEEP services during the 4<sup>th</sup> quarter with the exception of the person served who completed their internship in the General Store.</li> <li>• ETS' who traditionally provide support in LEEP were able to work in the Residential and Day Program departments to fulfill their hours each week.</li> </ul>
<p><b>Comparison of last year's results (18/19) to this year (19/20):</b> The 2018-2019 fiscal year concluded with a YTD variance of \$170,551. The 2019-2020 fiscal year concluded with a YTD variance of (\$66,609).</p> <p><b>Trends:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)</p> <p><b>Causes:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)</p> <p><b>Characteristics of persons served impact performance:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p><b>Other extenuating or influencing factors</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain)</p> <p>COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. This goal was not met due to not being able to run LEEP and bill for the services that were provided.</p>				
<b>New Recommendations for Next Year (20/21):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above <b>Action Steps/Plan:</b> NA		<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA

## LEISURE

Link Associates Program Evaluation  
July 1, 2019 – June 30, 2020  
Cristy Jennings, Outreach Director

As Outreach Director, I have reviewed the data gathered over the past year and all changes made within the Leisure Services department. This year the department maintained four goals; one measuring achievement, one measuring service access and two measuring satisfaction, and was successful in meeting all four of them.

In the fiscal year, we continued providing innovative programming options for both the Day Habilitation and Community programs, developing new community partnerships, and securing donations/grants. New partnerships established for the community program included Sportsplex in Waukee for the new Special Olympics Flag Football program, Blank Children's Hospital for the Helping Hands Volunteer program, Colleen Sengpiel a certified Yoga instructor for Gym Class Hero's, local illustrator Candace Camling providing illustration instruction for an art class, Ofelia Mohr providing a Komvucha class for a new program opportunity, MVP Sports for Special Olympics Basketball, Dungeon Master Adam Stout presented a 4 month program of Dungeons & Dragons, Cobra taught a self-defense class for the leisure participants, Alessandra providing a cooking program making an Italian meal. Leisure continued the new extended club travel programs with great participation and demand. The group was able to take a very successful weekend trip to Minnesota to see Galaxy Con. Unfortunately, when the Covid-19 pandemic hit in March all other travel programs were reschedule to the next fiscal year.

The most significant challenge and achievement this fiscal year occurred when the pandemic hit. Leisure was prepared to transition into virtual programming immediately, without missing a beat. They provided live programs via Facebook with six to seven activities a day, also including weekends. Leisure reached out to past interns, employees and partners to offer activities on what is now called "Leisure Lives". The Leisure Manager engaged both Universities; offering opportunities for Therapeutic Recreation students to be involved. This continues to foster Link's Leisure Intern program and the relationship with the universities. Leisure was able to reach thousands of people across the world with this new venture. In the fourth quarter Leisure served a total of 10,928 people (duplicated number). Many participants would log in multiple times a day as a way to connect with others, filling the need for socialization. Leisure will plan to continue this virtual programming even when in-person programs resume.

Link's Volunteer program did see a decline due to Covid-19, they utilized 4,818 hours of volunteer service, compared to 7,717 the previous year, and 402 volunteers assisting, compared to 471 the previous year. The decrease in hours and volunteers was due to the cancellation of all Spring/Summer in-person programs. The Volunteer program will continue to utilize as many volunteers as possible pending in-person programming capabilities. Collaborations with businesses for volunteers and groups is on hold for in-person programs, however, Leisure will work on establishing new volunteers for virtual programs.

Leisure did experience some staff turnover throughout this fiscal year. They are currently down one Leisure Specialist, however, there has been Leisure interns to assist in filling the void. This fiscal year there has been a total of 7 interns.

Leisure participated in the United Way investment process and has been notified of funding for the upcoming year. Due to the pandemic, UW is distributing funds on a quarterly basis following completion of a quarterly survey. At the time of this report, the first quarter funding appears to be level funding. Donations and grants received during the 2018-19 totaling \$22,325; this includes donations from local Knights of Columbus organizations, donations from an annual request letter and other individual or company donations.

In the next fiscal year, Leisure will continue to seek alternative options and new partnerships for new and existing programs; and will continue with the new virtual type of programming. I am also recommending the addition of a goal to measure the effectiveness of virtual programming. That goal will be to "Provide virtual programming to 6000 over a one year period." I was exceptionally proud of the Leisure staff, especially the Leisure Manager this year. They really stepped up when Covid-19 hit; providing exceptional virtual program offerings, keeping people engaged and assisting Day Hab services with activities and programs. This was a morale booster for all during a very difficult time.

Leisure Demographics

FY 19-20	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Client Descriptors	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>GENDER</b>								
Male	217	53%	220	53%	221	52%	190	52%
Female	193	47%	195	46%	200	47%	175	49%
<b>AGE</b>								
0-5 years old	0	0%	0	0%	0	0%	0	0%
6-13 years old	0	0%	0	0%	0	0%	0	0%
14-18 years old	10	2%	8	2%	9	2%	6	2%
19-24 years old	70	17%	75	18%	75	18%	64	18%
25-34 years old	98	24%	103	25%	106	25%	90	25%
35-64 years old	202	49%	201	49%	203	48%	186	51%
65-74 years old	28	7%	26	6%	26	6%	18	5%
75 + years old	2	<1%	2	<1%	2	<1%	1	<1%
<b>ETHNICITY</b>								
Caucasian	343	84%	347	84%	348	83%	311	85%
African-American	44	11%	42	10%	46	11%	34	9%
Asian	6	2%	7	2%	8	2%	6	2%
Hispanic	16	4%	17	4%	17	4%	14	4%
Native Indian/Alaskan	0	0%	0	0%	0	0%	0	0%
Native Hawaiian	1	<1%	1	<1%	1	<1%	0	0%
Unknown	0	0%	0	0%	0	0%	0	0%
Other	1	<1%	1	<1%	1	<1%	0	0%
<b>RESIDENCE</b>								
Parents/Relative/Independent	212	52%	210	51%	220	52%	198	54%
Link Residential	76	19%	70	17%	68	16%	57	16%
Other HCBS	122	30%	135	33%	133	32%	110	30%
<b>COUNTY OF LEGAL SETTLEMENT</b>								
Warren	9	2%	10	2%	10	2%	6	2%
Dallas	17	4%	18	4%	20	5%	17	5%
Madison	0	0%	0	0%	0	0%	0	0%
Jasper	1	0%	1	<1%	1	<1%	0	0%
Union	0	0%	0	0%	0	0%	0	0%
Story	5	1%	6	1%	6	1%	2	1%
<b>PRIMARY DISABILITY</b>								
Borderline (71-84)	19	5%	20	5%	21	5%	17	5%
ID/Mild (50-70)	173	42%	177	43%	179	43%	162	44%

ID/Moderate (35-49)	118	29%	117	28%	118	28%	99	27%
ID Severe (20-34)	49	12%	50	12%	51	12%	45	12%
ID/Profound (below 20)	9	2%	8	2%	8	2%	6	2%
Developmental Disability	29	7%	31	7%	32	8%	27	7%
Other	13	3%	12	3%	12	3%	9	2%
<b>SECONDARY DISABILITY</b>								
Autism	67	16%	75	18%	76	18%	61	17%
Cerebral Palsy	25	6%	24	6%	24	6%	19	5%
Visual Impairment	10	3%	10	3%	10	3%	7	2%
Hearing Impairment	6	2%	5	1%	5	1%	3	<1%
Seizure disorder	52	13%	53	13%	55	13%	47	13%
Physical Disability	24	6%	24	6%	25	6%	19	5%
Emotional/Behavioral	33	8%	31	7%	32	8%	27	7%
Wheelchair Assistance	15	4%	16	4%	16	4%	12	3%
Diagnosed MI	18	4%	22	5%	19	5%	17	5%
None Reported	110	27%	108	26%	111	27%	111	30%
Other	50	12%	47	11%	46	11%	42	12%

**\*\*Note:** 4th Quarter demographic numbers were slightly lower due to the pandemic and people unsure if events/activities were going to be held.

*Leisure Measures of Achievement*

Leisure Measures of Achievement 2019- 2020																		
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)																		
Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Increase number of persons served	Number of new people served	All persons	LEISURE TIMES registration	Leisure Services Manager	Leisure Services Manager	Provide service for 20 new persons served Over one year	19			20			15			2		
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)						Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)										Completion Date	
	NA It was recommended to continue goal. Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA						NA										NA	

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> QUARTER</b> Link's Leisure staff has maintained existing partnerships, and continued to seek out new partnerships. This quarter Leisure has made new connections with Planned Parenthood for a LA Social Class, Decades Event Center for a new facility, a Tai Chi, and Martial Arts instructors for Gym Class Heroes. Leisure continues to foster relationships with Warrior Run Golf Course for Golf, and Valley Community Center for Volleyball, as well as Bowlerama for Special Olympics Bowling.	<b>2<sup>ND</sup> QUARTER</b> Link's Leisure staff has maintained existing partnerships, and continued to seek out new partnerships. This quarter Leisure has made new connections with illustrator Candance Camling, Dance instructor Felica Coe, and Ofelia Mohr for Kombucha Making. Leisure continues to foster relationships with Raccoon River Nature Lodge, DJ Erick Sims, Wellness practioner Nickole Swensen, and Gym Class Heroes instructors for pounds fitness – Ann Heur, Kate Payne, and Deanna Jens.	<b>3<sup>RD</sup> QUARTER</b> Link's Leisure staff has maintained existing partnerships, and continued to seek out new partnerships. This quarter Leisure has made new connections with dungeon master Adam Stout, three new interns from University of Iowa, Pole Position Raceway, Chef Alessandra with Cooking with Alessandra, and MVP Sports Facility. Leisure continues to foster relationships with DJ Erick Sims, Special Olympics of Iowa, Artist Cale Smith, Dowling High School, and Tony Zika with Mixxed Fit.	<b>4<sup>TH</sup> QUARTER</b> Link Leisure went completely virtual during this 4 <sup>th</sup> quarter on our FB Page. They offered up to 7 activities per day/7 days per week. In April we reached 23,900 people and had 103 new post likes. During our activities we had a duplicated number of 2,600 persons served served. In May we reach 9,600 and had 26 new page likes while serving 3,492 persons served. In June we had reached 8,019 and had 26 more page likes and had 3,409 persons served attend our activities. We had numerous virtual volunteers from past interns such as Katy Olsen, Allison Brown. We had old leisure specialist such as Katie Stephany and Barb Penning. Also new volunteer students from the University of Iowa. All those volunteers ran LIVE videos from our FB page. No in person activities were ran during this period of time.
---	---	--	---	---

Comparison of last year's results (18/19) to this year (19/20): In 2018/2019 there had been a total of 67 new participants with this year 2019/2020 having a total of 56 new participants. That is a 11-person difference between the two years. Networking with existing partnerships continues and new partnerships have been established as done in the previous years.

Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain) Due to the current pandemic – Leisure held virtual activities rather than in person activities.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

**EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED**

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve persons served life satisfaction	Score on Post-Program Survey	Leisure persons served	Post-Program Survey	Leisure Specialists	Leisure Services Manager	To achieve 90% or greater on satisfaction survey	99%			99%			98%						Due to Virtual Activities – we were unable to do satisfaction surveys.
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA												Completion Date NA	

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b> Leisure staff facilitate completion of survey with persons served after activities with exception to large events. Along with the survey, the Leisure staff complete weekly athlete spotlights with a survey and a feature on the social media accounts for Link Leisure Services. This is done weekly for a total of 12 done per quarter. This is exciting not only for the participants of leisure but also brings awareness to our Leisure page of family and friends of leisure participants.	<b>2<sup>ND</sup> QUARTER</b> Leisure staff facilitate completion of survey with persons served after activities with exception to large events. Along with the survey, the Leisure staff complete weekly athlete spotlights with a survey and a feature on the social media accounts for Link Leisure Services. This is done weekly for a total of 12 done per quarter. This is exciting not only for the participants of leisure but also brings awareness to our Leisure page of family and friends of leisure participants.	<b>3<sup>RD</sup> QUARTER</b> Leisure staff facilitate completion of survey with persons served after activities with exception to large events. Along with the survey, the Leisure staff complete weekly athlete spotlights with a survey and a feature on the social media accounts for Link Leisure Services. This is done weekly for a total of 12 done per quarter. This is exciting not only for the participants of leisure but also brings awareness to our Leisure page of family and friends of leisure participants.	<b>4<sup>TH</sup> QUARTER</b> Leisure staff facilitate completion of survey with persons served after activities with exception to large events. During this last quarter no surveys were able to be completed due to all activities being virtual. No in person activities were held during this quarter. Leisure staff continued to do weekly Leisure Participant spotlights and featured them on FB Social Media. This was done weekly for a total of 12 per quarter. This is exciting not only for the participants of leisure but also brings awareness to our Leisure page of family and friends of leisure participants. There was an email sent out asking participants and families to write in giving positive testimonials which will be used for future funding. These were all positive in nature.
--	--	--	--	--

Comparison of last year's results (18/19) to this year (19/20): In comparison 2018-2019 fiscal year ran 99% - 100%, in 2019-2020 it ran 98% - 99% which is only a 1% difference. The 4<sup>th</sup> quarter of 2019-2020 was not able to be added in as no in-person activities were provided due to the pandemic.  
 Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain) Due to the current pandemic – Leisure held virtual activities rather than in person activities.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps:	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve persons served life satisfaction	Number of completed Leisure Services Participant Surveys	Leisure persons served & families	Leisure Services Participant Survey	Leisure Services Manager and Leisure Specialists	Leisure Services Manager	Obtain testimonials from 4 persons served over one year	1			1			1			1		

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) NA  It was recommended to continue goal.  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	Completion Date N/A
--	--	---	------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> QUARTER</b> Leisure Manager conducted participant survey to obtain persons served testimonials.	<b>2<sup>ND</sup> QUARTER</b> Leisure Manager conducted participant survey to obtain persons served testimonials.	<b>3<sup>rd</sup> QUARTER</b> Leisure Manager conducted participant survey to obtain persons served testimonials.	<b>4<sup>th</sup> QUARTER</b> Leisure Manager conducted participant survey to obtain persons served testimonials.
---	--	--	--	--

Comparison of last year's results (18/19) to this year (19/20): 4 testimonials were provided both in 2018/2019 as well as 2019/2020.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (19/20):

Continue as written  Discontinue Goal  Continue Goal with modifications as outlined below

Action Steps:

Expected Outcomes

NA

Person Responsible

NA

Timeframe

NA

**SERVICE ACCESS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Persons served accessing social alternatives	Social isolation of Leisure participants	Leisure Times mailing list and Leisure Registration	Leisure Services Manager	Leisure Services Manager and Leisure Specialists	An annual average of 43% of persons served (0-30 hrs./wk. of support) accessing Leisure Services	Leisure persons served on the Leisure Times mailing list with 0-30 hours per week of support	56%			52%			57%			51%		

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  It was recommended to continue goal.  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	Completion Date N/A
--	---	---	------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT	<b>1<sup>st</sup> QUARTER</b> Process 0-30 hrs of support registrations first to ensure access to services. Leisure Manager worked to secure funding for new programs. Donations were received to continue to fund the	<b>2<sup>ND</sup> QUARTER</b> Process 0-30 hrs of support registrations first to ensure access to services. Leisure Manager worked to secure funding for new programs. All these new programs are geared toward the 0-30	<b>3<sup>RD</sup> QUARTER</b> Process 0-30 hrs. of support registrations first to ensure access to services. Leisure Manager worked to secure funding for Special Olympics Track & Field/Swimming t-shirts. \$1,250 was raised to go	<b>4<sup>TH</sup> QUARTER</b> Process 0-30 hrs. of support registrations first to ensure access to services. Leisure Manager and staff was unable to see people in person for activities, so all activities were moved online to our
---	---	---	---	---



THE YEAR (19/20):	Special Olympic Snowshoeing. All these new programs are geared toward the 0-30 support hours population. During this brochure period sign-ups for a new travel program to Galaxy Con in Minneapolis took place with over 20 people on the waitlist to attend.	support hours population. During this brochure period a trip was taken for a new travel program to Galaxy Con in Minneapolis. Also, sign-ups for two other extended travel clubs to St. Louis and an 11-day east coast road trip with several on the waitlist.	towards these. Leisure Manager went to speak at the University of Iowa to discuss our program and promote the internship program. Three new interns from University of Iowa did their internship with the Leisure Service program.	Leisure Facebook Page. With the help of 2 Leisure interns and other volunteers we were able to offer many new and fun activities at all times of the day as well as weekends.	
<p>Comparison of last year's results (18/19) to this year (19/20): In 2018/2019 there was a range from 51% - 56% that were 0-30 hours per week of support that accessed our Leisure Services. In 2019-2020 there was a range from 51% to 57% which is a 1% range increase when comparing the two fiscal years. Leisure Manager continued to process registrations with 0-30 hours of support first to ensure access to services.</p> <p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)</p> <p>Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p>Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) Due to the current pandemic – Leisure held virtual activities rather than in person activities.</p>					
<p>New Recommendations for Next Year (19/20):</p> <p><input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below</p> <p>Action Steps:</p>			<p>Expected Outcomes</p> <p>NA</p>	<p>Person Responsible</p> <p>NA</p>	<p>Timeframe</p> <p>NA</p>

RESIDENTIAL  
Link Associates Program Evaluation  
July 1, 2019 – June 30, 2020  
Community Housing and Supported Living  
Allison Warren and Derek Steenhoek, Residential Administrators

As Residential Administrators, we have reviewed the data gathered over the past year and all changes made within the department. This year the department established 8 goals, and was successful in meeting 5 of the targets:

- Improve consumer satisfaction
- Improve parent/guardian satisfaction
- Improve consumer's satisfaction with where they live
- Improve the delivery of services to new referrals
- Maintain or increase the number of consumers served

Last year we were not successful in meeting the target for 3 objectives:

- Decrease discharges due to dissatisfaction
- Improve quality of service
- Improve quality of life

During this fiscal year, while we achieved a preponderance of the goals established, our most significant achievements may not be fully reflected in the results that are on the Measures of Achievement.

The department continues to navigate challenges set forth by decreased reimbursement rates and logistical barriers within the structure of Managed Care in the State of Iowa. The department has worked diligently to provide opportunities for the best possible services and settings with a minimum of 3 bedrooms for the 24-Hour Supported Community Living program and saw many individual outcomes improve as changes were able to be made in their choices of roommates, communities, and level of services received. We have been met by a myriad of challenges including but not limited to the availability of appropriate housing, limitations of direct pipelines for referrals to services, and continued workforce limitations among other barriers. Still, the department continues to strive to develop improvements in the quality of life, quality of services, and choices and opportunities available for the persons served.

We entered into FY 2019/2020 with a leaner team of Residential Supervisors, continued to evaluate the structure of the department and looked to develop new opportunities for employees to shine and strategies to support Residential Supervisors who were carrying larger caseloads. We developed opportunities to expand the Residential Administrative Specialist position to include one position per teams of two Supervisors. We sought the expansion of the DSP Flex role to empower those employees who are able to go anywhere within our service umbrella and meet the needs of the persons serve while giving those employees flexibility and compensation for their skills and experience they rightly deserved.

The Residential Department leadership focused significant time in the first half of the fiscal year identifying and implementing strategies to address service delivery needs and sustainable practices that demonstrate compliance with regulatory entities and working to achieve the modifications required to improve success in identified goal areas.

In mid-March 2020, the COVID-19 pandemic began. This crisis required significant efforts on all parties to quickly develop action plans to ensure the health and safety of the persons served, staff, families and communities. The herculean efforts the of Residential Supervisory team and all DSPs are evident as services were not reduced, nor were persons served discharged due to inability to staff services or the changing conditions within areas of public health and local communities. Link Associates' success in so far weathering this pandemic has been a testament to the creativity, flexibility, commitment, and fortitude of the Direct Support Professionals and the Residential Supervisors. Whether looking to individuals (DSPs and Supervisors alike) being willing to "move-in" for two weeks to a site to support persons who were either exposed or testing positive for COVID-19 or the ways in which teams came together to problem solve through quarantines, changing expectation and landscapes within our services or our communities, or coming up with opportunities to keep the quality of services

The failure in achieving all identified goals is not due to the lack of efforts to meet the targets. This does not dismiss that alternative action steps are needed this coming year with the intent to meet identified targets. This may include, but not limited to:

- Residential Administrators monitoring Residential Supervisors are completing Outcome Indicators timely and correctly and addressing in their 1:1 meetings.
- Calculating distribution of incentive dollars awarded to Link Associates based on outcomes met and compliance/completion of Outcome Indicators by Residential Supervisors
- Residential Administrators will ensure topics that include but are not limited to, employees wearing ID badges, persons served answering their own doors, pest control, and home cleanliness are on agendas for meetings that Residential Supervisors have with their employees.
- Immediate follow up with set expectations will occur from the Residential Supervisors when problems are identified during their site visits with disciplinary action as warranted, facilitated with their Residential Administrator.
- Persons served who indicate displeasure with their current living situation will be also referred to the “matching workgroup” in addition to their individual team in addition to ongoing prompts for team discussions prior to re-leasing current homes to determine whether changes are needed to achieve better satisfaction and/or better outcomes.

In the next fiscal year, we are recommending to continue the same primary objectives with action steps identified to increase those objectives that were not successfully met this year.

We were exceptionally proud of the Residential Program personnel for their willingness and commitment to ensuring service delivery with more changes and impediments with reimbursement methodology, delayed authorizations for services, periods of high position openings, and the uncertain and everchanging environment in providing an essential service to persons in need throughout this global pandemic.

We were exceptionally proud of the Residential Program personnel for their willingness and commitment to ensuring service delivery with more changes and impediments with reimbursement methodology, delayed authorizations for services, and periods of high position openings.

Community Housing and Supported Living Demographics

\*\*CH=Community Housing, SL Daily=Supported Living with 8+ hours support each day and SL Hourly=Supported Living with less than 8 hours support/day

FY 2019-2020	1st Quarter CH Demographics		1st Quarter SL -Hourly Demographics		1st Quarter SL-Daily Demographics		2nd Quarter CH Demographics		2nd Quarter SL-Hourly Demographics		2nd Quarter SL-Daily Demographics		3rd Quarter CH Demographics		3rd Quarter SL-Hourly Demographics		3rd Quarter SL- Daily Demographics		4th Quarter CH Demographics		4th Quarter SL- Hourly Demographics		4th Quarter SL- Daily Demographics	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Number Served	36	33%	21	20%	56	47%	37	30%	19	20%	57	50%	37	34%	19	16%	60	50%	40	34%	19	16%	59	50%
Age																								
<17	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
18-21	1	3%	0	0%	0	0%	1	3%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%
22-34	6	17%	6	30%	13	23%	6	16%	5	26%	14	25%	5	14%	5	26%	15	25%	5	13%	5	26%	15	25%
35-44	4	11%	3	13%	5	9%	4	11%	2	11%	5	9%	6	16%	2	11%	5	8%	6	15%	2	11%	5	8%
45-54	12	32%	7	35%	10	18%	9	24%	7	37%	12	21%	10	27%	7	37%	11	18%	10	25%	7	37%	11	19%
55-64	11	31%	2	9%	14	25%	13	35%	2	11%	13	23%	15	41%	2	11%	12	20%	15	38%	2	11%	12	20%
65>	2	6%	3	13%	14	25%	2	5%	3	16%	13	23%	4	11%	3	16%	14	23%	4	10%	3	16%	15	25%
Gender																								
Male	24	67%	11	52%	32	57%	25	68%	9	47%	32	56%	29	78%	9	47%	30	50%	29	73%	9	47%	30	51%
Female	12	33%	10	48%	24	43%	12	32%	10	53%	26	46%	11	30%	10	53%	29	48%	11	28%	10	53%	29	49%
Ethnicity																								

Black or African-American	5	14%	3	13%	2	4%	5	14%	3	16%	2	4%	5	14%	3	16%	2	3%	5	13%	3	16%	2	3%
Asian	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%
Caucasian	30	83%	19	83%	49	88%	28	76%	15	79%	52	91%	33	89%	15	79%	54	90%	33	83%	15	79%	54	92%
Hispanic	1	3%	1	4%	2	4%	0	0%	1	5%	3	5%	1	3%	1	5%	2	3%	1	3%	1	5%	2	3%
Other Race	1	3%	0	0%	0	0%	1	3%	0	0%	0	0%	1	3%	0	0%	0	0%	1	3%	0	0%	0	0%
Employment / Day Program																								
Competitive Employment	1	3%	5	24%	1	2%	1	3%	4	21%	2	4%	1	3%	4	21%	1	2%	1	3%	4	21%	1	2%
Supported Employment (Link)	9	25%	9	43%	1	2%	6	16%	6	32%	1	2%	6	16%	5	26%	5	8%	6	15%	5	26%	5	8%
Supported Employment (Other)	1	3%	1	5%	2	4%	1	3%	0	0%	2	4%	1	3%	0	0%	1	2%	1	3%	0	0%	1	2%
Work Activity/Prevoc	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Day Hab (Link)	19	53%	3	14%	25	45%	17	46%	2	11%	30	53%	27	73%	2	11%	30	50%	27	68%	2	11%	30	51%
Day Hab (Other)	1	3%	1	5%	6	11%	1	3%	0	0%	6	11%	2	5%	0	0%	6	10%	2	5%	0	0%	6	10%
No Placement	6	17%	4	19%	18	32%	6	16%	6	32%	17	30%	3	8%	7	37%	16	27%	3	8%	7	37%	16	27%
Training/Certificate Program (Link)	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Training /Certificate Program (Other)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Level of Disability																								
Developmental Disability (DD)	0	0%	1	4%	0	0%	0	0%	1	5%	0	0%	0	0%	1	5%	0	0%	0	0%	1	5%	0	0%
Intellectual Unspecified	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Mild ID (50-75)	15	42%	18	78%	24	43%	11	30%	14	74%	27	47%	12	32%	14	74%	26	43%	12	30%	14	74%	26	44%
Moderate ID (35-49)	13	36%	2	9%	20	36%	14	38%	2	11%	21	37%	18	49%	2	11%	23	38%	18	45%	2	11%	23	39%
Severe ID (20-24)	9	25%	2	9%	9	16%	9	24%	2	11%	9	16%	9	24%	2	11%	10	17%	9	23%	2	11%	10	17%
Profound ID (< 20)	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	1	3%	0	0%	0	0%	1	3%	0	0%	0	0%
Secondary Diagnosis																								
ADD/ADHD	1	3%	0	0%	3	5%	2	5%	0	0%	2	4%	2	5%	0	0%	2	3%	2	5%	0	0%	2	3%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Autism	7	19%	2	10%	4	7%	7	19%	1	5%	4	7%	7	19%	1	5%	5	8%	7	18%	1	5%	5	8%
Bipolar Disorder	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%
Cerebral Palsy	5	14%	0	0%	9	16%	4	11%	0	0%	9	16%	6	16%	0	0%	8	13%	6	15%	0	0%	8	14%
Depression	0	0%	0	0%	2	4%	0	0%	0	0%	3	5%	2	5%	0	0%	2	3%	2	5%	0	0%	2	3%

Diabetic	1	3%	0	0%	1	2%	1	3%	1	5%	1	2%	2	5%	1	5%	2	3%	2	5%	1	5%	2	3%
Down Syndrome	4	11%	1	5%	5	9%	4	11%	1	5%	5	9%	5	14%	1	5%	7	12%	5	13%	1	5%	7	12%
Epilepsy	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	2	3%	1	3%	0	0%	2	3%
Hearing Impairment	2	6%	4	19%	1	2%	2	5%	2	11%	1	2%	3	8%	2	11%	1	2%	3	8%	2	11%	1	2%
Intermittent Explosive Disorder	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%
No Secondary Diagnosis Known	8	22%	10	48%	11	20%	5	14%	5	26%	15	26%	4	11%	5	26%	9	15%	4	10%	5	26%	9	15%
Other	7	19%	5	24%	9	16%	7	19%	5	26%	10	18%	9	24%	5	26%	9	15%	9	23%	5	26%	9	15%
Schizophrenia	2	6%	0	0%	2	4%	2	5%	0	0%	2	4%	2	5%	0	0%	1	2%	2	5%	0	0%	1	2%
Seizure Disorder/Epilepsy	1	3%	1	5%	5	9%	1	3%	1	5%	5	9%	1	3%	1	5%	6	10%	1	3%	1	5%	6	10%
Visual Impairment/Legally Blind	0	0%	0	0%	2	4%	0	0%	0	0%	1	2%	0	0%	0	0%	3	5%	0	0%	0	0%	3	5%

*Community Housing and Supported Living Measures of Achievement*

Community Housing & Supported Living Measures of Achievement 2019- 2020																							
EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED																							
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20					
Improve consumer satisfaction	Score on Satisfaction survey	Satisfaction survey	Case Managers	Program Administrative Assistant	Minimum score 2.75 or higher; optimal score 2.9 or higher (3-point scale)	SL - Hourly	2.96		2.90		2.92		3										
						SL - Sites	3		2.86		2.94		3										
						Community Housing	2.97		2.98		3		2.99										
						<b>Average</b>	<b>2.98</b>		<b>2.91</b>		<b>2.95</b>		<b>2.99</b>										
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)				Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)												Completion Date						
	NA				NA												NA						
Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																							
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> QUARTER</b>				<b>2<sup>ND</sup> QUARTER</b>				<b>3<sup>rd</sup> QUARTER</b>				<b>4<sup>TH</sup> QUARTER</b>										
	<ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied. Areas scoring less than 3 were predominantly related to access to transportation.</li> <li><b>SL – Sites:</b> All respondents reported being highly satisfied</li> </ul>				<ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied. Respondents indicated access to transportation continues to be a challenge.</li> <li><b>SL – Sites:</b> One individual reported significant dissatisfaction with their situation/services and</li> </ul>				<ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied. Respondents indicated less satisfaction in control over their finances (Link is not payee) and their goal progress.</li> </ul>				<ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied</li> <li><b>SL – Sites:</b> All respondents reported being highly satisfied</li> <li><b>Community Housing:</b> All respondents reported being highly satisfied. One responded rated two questions</li> </ul>										

	<ul style="list-style-type: none"> <li><b>Community Housing:</b> All respondents reported being highly satisfied. One respondent was less satisfied toward feeling healthy and comfortable in their home.</li> </ul>	<p>options. All other respondents were highly satisfied (2.96-3.0).</p> <ul style="list-style-type: none"> <li><b>Community Housing:</b> All respondents reported being highly satisfied One respondent reported lower satisfaction regarding financial decisions/spending</li> </ul>	<ul style="list-style-type: none"> <li><b>SL – Sites:</b> All respondents reported being highly satisfied. Two respondents were less satisfied toward feeling healthy and comfortable in their home.</li> <li><b>Community Housing:</b> All respondents reported being highly satisfied</li> </ul>	<p>lower, on areas of access to funds and happiness with their services, yet noted that they “Love LINK”.</p>
--	--	---	--	---

**Comparison of last year’s results (18/19) to this year (19/20):** In FY 18/19, the person served satisfaction averaged 2.95 (2.93 for SL and 2.98 for CH). In FY 19/20, the person served satisfaction averaged 2.96 (2.95 for SL and 2.99 for CH). There continues to be high levels of satisfaction across all Residential Program areas. Individuals expressing dissatisfaction continue to be focused on roommate pairings, physical housing arrangements, or access to funds/transportation. Available accessible housing tends to be the highest barrier to making appropriate positive changes within the program. COVID-19 provided significant challenges in being able to receive and review available applications for services and make changes in both the available housing/roommate options. The department continues to evaluate and investigate changes to both roommates and housing to best meet the needs of the persons served. The program consistently met or exceeded the optimal score overall.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain) During the latter half of FY 19/20, the COVID-19 Pandemic provided significant barriers to being able to make changes needed and afford persons served the opportunities they needed/wanted to achieve their goals/desired outcomes. Teams consistently collaborated and provided excellent supports during situations when opportunities were limited. Referrals from Managed Care Organizations stopped mid-March 2020 due to decisions on potential persons served teams to hold searching for services, thus limiting Link’s ability to evaluate best options and move forward with changes needed/requested.

<p><b>New Recommendations for Next Year (19/20):</b>  <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below</p>	<p><b>Expected Outcomes</b> NA</p>	<p><b>Person Responsible</b> NA</p>	<p><b>Timeframe</b> NA</p>
---	--	---	--------------------------------

**Action Steps:**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Decrease discharges due to dissatisfaction	Number of discharges due to dissatisfaction	Census Log	Residential Administrator	Residential Administrator	No more than one discharge annually due to dissatisfaction	SL - Hourly	0		0		0		0		0		0	
						SL - Sites	0		1		0		0		0		0	
						Community Housing	0		0		1		0		0		0	
						<b>Total</b>	0		1		1		0		0		0	

<p>Goal Outcome:  <input type="checkbox"/> Goal Met  <input checked="" type="checkbox"/> Goal Not Met</p>	<p>Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan).   It was recommended to identify and report on any trends in discharges due to dissatisfaction.  <b>Action Step:</b> Pull discharge records/summaries due to dissatisfaction semiannually or as needed and evaluate circumstances to assess for trends to prevent similar discharges,</p>	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p> <ul style="list-style-type: none"> <li>2<sup>ND</sup> QUARTER/Action Steps – Recommend to have team meeting to find a better living situation and better roommate potential candidate before discharge. Team recommended alternative living arrangements until a permanent home and roommate could be available.</li> <li>3<sup>RD</sup> QUARTER/Action Steps – Recommend team meeting before discharge to ensure more can be done to sustain placement with Link Associates.</li> <li></li> </ul>	<p>Completion Date 6.30.20</p>
---	--	---	------------------------------------

Did Actions taken accomplish intended results.  
 Yes  No

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> QUARTER</b> <b>SL – Hourly:</b> No discharges due to dissatisfaction <b>SL – Sites:</b> No discharged due to dissatisfaction <b>Community Housing:</b> No discharges due to dissatisfaction.	<b>2<sup>ND</sup> QUARTER</b> <b>SL – Hourly:</b> No discharges due to dissatisfaction <b>SL – Sites:</b> T.R. discharged on 10.18.19 due to an altercation with his roommate; with the roommate pressing charges against T.R. In addition, T.R.'s family was dissatisfied with where T.R. was living and his current roommates at this time. <b>Community Housing:</b> No discharges due to dissatisfaction.	<b>3<sup>RD</sup> QUARTER</b> <b>SL – Hourly:</b> No discharges due to dissatisfaction <b>SL – Hourly:</b> No discharges due to dissatisfaction <b>SL – Sites:</b> No discharges due to dissatisfaction <b>Community Housing:</b> - D.N. discharged due to his current living situation. D.N. did not get along with all of his roommates and some of his staff on site. D.N. discharged on 1.25.20.	<b>4<sup>TH</sup> QUARTER</b> <b>SL – Hourly:</b> No discharges due to dissatisfaction <b>SL – Sites:</b> No discharges due to dissatisfaction. <b>Community Housing:</b> No discharges due to dissatisfaction
---	---	--	---	---

**Comparison of last year's results (18/19) to this year (19/20):** For fiscal year 2018/2019, there were four discharges for the year; 2 for Supported Living and 2 for Community Housing. In fiscal year 2019/2020, there were two discharges for the year; 1 for Supported Living and 1 for Community Housing.

**Trends:**  YES  No (if yes provide detail)

**Causes:**  YES  Non-Applicable – Roommate matching was the cause of the unsatisfactory discharge. The team met on several occasions but could not come up with better roommate match.

**Characteristics of persons served impact performance:**  YES  No – person served continued to stay isolated away from the group, which caused unhappiness. Also, living arrangements caused physical altercations between roommates causing the police to be involved.

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (19/20):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
							SL - Hourly	SL - Sites	Community Housing	Average								
Improve consumer's satisfaction with where they live	Score on the Outcome Indicator	Outcome Indicator	Residential Supervisors	Residential Administrator	Minimal average score of 90%; and optimal average score of 97%.	SL - Hourly	97%	97%	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%
						SL - Sites	96%	89%	92%	98%	92%	91%	92%	96%	93%	96%	93%	100%
						Community Housing	100%	98%	95%	100%	95%	91%	95%	98%	100%	100%	100%	90%
						Average	98%	95%	96%	96%	94%	94%	96%	98%	98%	99%	98%	97%

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  NA  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)  NA	Completion Date N/A
--	---	---	------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> Persons were highly satisfied with where they live. One indicated they did not like their home and is in process of moving to a new apartment.</li> <li><b>SL – Sites:</b> Persons were highly satisfied with where they lived. Those expressing dissatisfaction tied to roommate relationships or accessibility needs. Department continues to search for accessible housing and work through conflict resolution with roommates and/or relocation/matching with best fit candidates</li> <li><b>Community Housing:</b> Persons were highly satisfied with where they live. One CH location had respondents reporting concerns about their home, but not those they lived with.</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> In Oct, one Hourly person was dissatisfied with their home and was successful in moving to a new/safer home in Nov 2019. All others were highly satisfied with their living arrangements.</li> <li><b>SL – Sites:</b> Persons in Daily sites were generally satisfied. Concerns stemmed primarily from accessibility needs, wanting to change communities, or concerns with peer behaviors.</li> <li><b>Community Housing:</b> Persons at one CH home consistently expressed dissatisfaction with the site and roommates (Pebble), efforts being made to identify alternatives. All others in CH highly satisfied.</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> Persons were highly satisfied with where they live</li> <li><b>SL – Sites:</b> Two individuals reported wanting to move back into previous living arrangements (where they lived on their own). Other dissatisfaction was related to roommate disagreements or feelings of current homes being “too small”</li> <li><b>Community Housing:</b> One individual noted they were not happy with their home, all other peers were happy together. This individual chose to discharge.</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <p><b>SL – Hourly:</b> All persons served consistently satisfied with their living arrangements and roommates.</p> <p><b>SL – Sites:</b> One individual frequently expressed wanting to move to a different area of town, yet liked their roommates. Roommates were not interested in moving. Team is comfortable with not making changes at this time, yet department will continue to evaluate potential options as they are available.</p> <p><b>Community Housing:</b> Most respondents very happy with their roommates and housing situations in CH throughout this quarter. In June, residents of one home indicated wanting to separate as roommates and all wanted a new home. Team is working to identify new housing and roommate options.</p>
--	--	--	--	--

**Comparison of last year's results (18/19) to this year (19/20):** Person served satisfaction with where they lived resulted in an average 93% satisfaction score for FY 18/19 (with SL scoring 92% and CH scoring 96%). In FY 19/20 the person served satisfaction with where they lived and with whom they lived averaged 97% (With SL scoring 96% and CH scoring 97%). Individuals continued to express wants to live in settings with fewer roommates or in situations that Link Associates is not currently able to support due to Medicaid reimbursement rates under Managed Care. The Residential Department continues to evaluate costs and setup to determine whether smaller ratios are possible based on person served Tier rates and needed services. The department also continues to monitor available housing and capacity to adapt settings to better meet the needs of the persons served. COVID-19 provided significant challenges in being able to receive and review available applications for services and make changes in both the available housing/roommate options.

**Trends:**  YES  No (if yes provide detail) Trends in satisfaction with housing tended to focus on dissatisfaction with other persons served or the accessibility (or lack thereof) for current housing options. Some of this was tied to physical layout of homes and occasionally due to location/community access.

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (19/20):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve the delivery of services to new referrals	Average number of days 18/19 = 18 days	Admission's Referral Tracking google sheet	Residential Administrator	Residential Administrator	Maintain or decrease # of days from 1 <sup>st</sup> "meet/greet" to decision to pursue/discontinue referral process	SL- Hourly	No meet/greets			No meet/greets			No meet/greets			No meet/greets		
						SL – Sites	Total days for all candidates: 27 days Num. of potential candidates = 4 Average = 7			Total days for all candidates: 23 days Num. of potential candidates = 5 Average = 5			Total days for all candidates: 50 days Num. of potential candidates = 7 Average = 7			Total days for all candidates: 22 days Num. of potential candidates = 2 Average = 11		



				Community Housing	Total days for all candidates: 15 days Num. of potential candidates = 1 Average = 15	Total days for all candidates: 1 days Num. of potential candidates = 1 Average = 1	Total days for all candidates: 34 days Num. of potential candidates = 3 Average = 11	Total days for all candidates: 0 days Num. of potential candidates = 0	
				TOTAL AVERAGED PER QUARTER	8	4	8	11	
<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met		Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) NA  Recommend to keep goal as written Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA				Completion Date NA	
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>st</sup> Quarter</b> <b>SL – Hourly:</b> This program is not expanding at this time. <b>SL – Sites:</b> Case Coordinator approached, Allison Warren, Residential Administrator about potentially transferring services from another provide. On 7.8.19 the admissions team met with L.M. and J.W. to ensure this is going to be an appropriate fit the program. On 7.11.19, the admissions committee approved L.M. and J.W. On 7.9.19 the admission met with M.C. to again ensure our program would be a good fit for M.C. On 7.11.19, the admission approved M.C. for Link Services. <b>Community Housing:</b> D.N. and his mother toured Pebble on 6.3.19 and 6.6.19. On 6.17.19 D.N. had an extended visit to ensure he was good fit for this home. Admission approved D.N. on 7.3.19.		<b>2<sup>nd</sup> Quarter</b> <b>SL – Hourly:</b> This program is not expanding at this time. <b>SL – Site:</b> Several meet and greet occurred this quarter. <ul style="list-style-type: none"> <li>- J.S. had a meet/greet with his potential room on 9.12.19. Jeff did not tour the location due the townhome not being ready to move in. Admission approved J.S. on 11.1.19.</li> <li>- K.S. toured and met the person served at CC AR6120. The family declined moving forward due to the size of the bedroom and the cleanliness of the home.</li> <li>- R.D. attempted to tour 28<sup>th</sup> street on 11.11.19 but failed to get out of the car. On 11.12.19 the parents of 28<sup>th</sup> street did not think R.D. would be a good fit.</li> <li>- On 12.13.19 C.N. toured and met the person served at CC109. C.N. enjoyed the tour and he person served, however, Cambridge Court apartments does not accept section 8.</li> </ul> <b>Community Housing:</b> On 11.11.19 T.B. toured and met the individuals at Sunny Hill. Admission was approved for T.B. on 12.3.19.		<b>3<sup>rd</sup> Quarter</b> <b>SL – Hourly:</b> This program is not expanding at this time. <b>SL – Site:</b> Several meet and greets occurred this quarter <ul style="list-style-type: none"> <li>- K.S. toured and met the person served at CC309 on 1.13.20. The family would like to move forward but no final decisions have been made thus far.</li> <li>- C.S. and her family toured the new location on 64<sup>th</sup> street. C.S. previously knew her potential roommates. Admissions approved C.S. on 2.28.20. C.S. will move into 64<sup>th</sup> street on April 1<sup>st</sup>.</li> <li>- S.F. and her family toured the new on 64<sup>th</sup> street. S.F. previously knew her potential roommates. Admissions approved S.F. on 2.18.20</li> <li>- S.N. and his family toured Holiday Circle and Hull Ave on 2.13.20. S.N. and his family decided to decline both locations as the bedrooms seemed too small to fit S.N.'s items.</li> <li>- M.C. tour two locations this quarter. M.C. toured Holiday Circle on 1.6.20. On 1.20.20, the person served at Holiday Circle explained M.C. would not be a good fit due to his explosive personality. On 2.11.20, M.C. toured and met the person served</li> <li>- AR6120. On 2.13.20, M.C. updated the Admissions coordinator he declined the AR6120 due to the size of the bedroom.</li> <li>- A.C. and her family toured and met the person served at CC 109. A.C and her family enjoyed the home and the potential roommates. Admission approved A.C on 2.27.20. A.C moved into CC109 on March 7, 2020.</li> </ul> <b>Community Housing:</b> <ul style="list-style-type: none"> <li>- C.R. and his guardian toured and met the individuals at Hull Ave. C.R. enjoyed spending time with the new potential roommates. Admissions approved C.R. on 2.27.20. C.R. moved into Hull Ave on 3.15.20.</li> <li>- M.Cr. toured Sunny Hill on 3.14.20, unfortunately due to COVID-19, visits will continue when the COVID-19 closures are lifted.</li> </ul>		<b>4<sup>th</sup> Quarter</b> <b>SL – Hourly:</b> This program is not expanding at this time <b>SL – Site:</b> Two meet/greets occurred this quarter <ul style="list-style-type: none"> <li>- S.S. met with V.O. on 6.26.20 and 6.30.20. S.S. and V.O.'s team decided these ladies would be a great fit. The team's decided to move forward with admissions.</li> <li>- C.J. met with V.O. on 5.28.20 and 6.18.20. V.O.'s team had more questions about C.J.'s behavioral concerns. V.O.'s team sent C.J.'s team an email however, never received any other contact regarding the questions asked.</li> </ul> <b>Community Housing:</b> Not meet/greets this quarter for community housing.		

**Comparison of last year's results (18/19) to this year (19/20):** During the 2018/2019 fiscal year on average this period took 18 days. There were 9 referrals with 8 admissions; 3 Supportive Living and 5 Community Housing. In 2019/2020 on average this period took 8 days ( 7.5 days for SL and 9 days for CH). There were 20 referrals with 13 admissions; 9 for support Supported Living and 4 for community Housing. Since March 2020, COVID-19 provided significant challenges in being able to receive and review available applications for services and make changes in both the available housing/roommate options and slowed down progress toward making changes/seeing growth.

**Trends:**  YES  No – Families of potential roommate candidates want to have more visits and spend several days to weeks trying to make a decision to move forward with admission.

**Causes:**  YES  Non-Applicable – Families are attempting to find the “perfect” roommate for the loved one

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No – Often times takes at least a week or two weeks to set up meet/greets.

<b>New Recommendations for Next Year (19/20):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

**EXPERIENCES OF SERVICES AND OTHER FEEDBACK FROM OTHER STAKEHOLDERS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve parent/guardian satisfaction	Score on Satisfaction Survey	Satisfaction Survey	Case Managers	Program Administrative Assistant	Minimum score of 2.75 or higher; optimal score of 2.9 or higher (3 point scale)	SL - Hourly	2.98				3			2.98				2.80	
						SL - Sites	2.94				3			2.99				2.88	
						Community Housing	3				2.95			3				3	
						<b>Average</b>	<b>2.97</b>				<b>2.98</b>			<b>2.99</b>				<b>2.89</b>	

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)  No recommendations were made – keep goal as written  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	<b>Completion Date</b> NA
---	---	--	------------------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1<sup>ST</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL- Hourly:</b> All respondents reported being highly satisfied. One respondent scored lower on coordination of meeting times.</li> <li><b>SL -Sites:</b> All respondents reported being highly satisfied. One respondent rated 3 areas tied to communication and access to Link employees. Administrators will continue to encourage supervisors and teams to freely communicate and supervisors to especially seek guardian/family expectations for information to provide during regular updates.</li> </ul>	<b>2<sup>ND</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied.</li> <li><b>SL – Sites:</b> All respondents reported being highly satisfied.</li> <li><b>Community Housing:</b> All respondents reported being highly satisfied. One respondent indicated wanting more information about service option and more</li> </ul>	<b>3<sup>RD</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied. One scored lower on feelings that progress was being made</li> <li><b>SL – Sites:</b> All respondents reported being highly satisfied. One respondent scored lower on coordination of meeting times.</li> </ul>	<b>4<sup>TH</sup> QUARTER</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> All respondents reported being highly satisfied.</li> <li><b>SL – Sites:</b> All respondents reported being highly satisfied.</li> </ul>
--	---	---	---	---

	<ul style="list-style-type: none"> <li><b>Community Housing:</b> All respondents reported being highly satisfied</li> </ul>	<p>timely responses to concerns/questions. Another noted they wanted monthly updates vs. quarterly updates.</p>	<ul style="list-style-type: none"> <li><b>Community Housing:</b> All respondents reported being highly satisfied.</li> </ul>	<ul style="list-style-type: none"> <li><b>Community Housing:</b> All respondents reported being highly satisfied.</li> </ul>
--	---	---	--	--

**Comparison of last year's results (18/19) to this year (19/20):** For FY 18/19 the parent guardian satisfaction averaged 2.96 (CH 2.95 and SL 2.97). In FY 19/20 the parent/guardian satisfaction averaged 2.96 (CH 2.99 and SL 2.95). The department was able to maintain optimal scores throughout much of this FY. The 4<sup>th</sup> quarter scores for SL demonstrated increased challenges with coordination of information including at the MCO level with service changes and respondent's feelings of being informed. Residential Administrators and Supervisors continue to provide unsolicited updates to parents/guardians/concerned others and continue to advocate or more frequent contacts. A number of respondents reported struggles with scheduling of meetings/conversations regarding the persons served teams, however, many times these meetings are held at the discretion of the MCO Community-Based Case Manager. Link Associates personnel continue to work with all parties within person served teams to try to arrange amicable timeframes for these meetings (Staffings/SIS assessments/etc.) and ensure that appropriate process/timelines are maintained for services. COVID-19 provided significant challenges in being able to schedule needed in-person meetings as well as technological challenges arose when trying to complete some of these pieces by phone, Zoom Meeting, etc.

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (19/20):</b> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below <b>Action Steps:</b>	<b>Expected Outcomes</b> NA	<b>Person Responsible</b> NA	<b>Timeframe</b> NA
--	--------------------------------	---------------------------------	------------------------

**RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain or increase the number of consumers served	Number of persons served SL – Hourly (22) SL – Sites (54) Community Housing (37)	Billing & Census Logs	Assistant Outreach Director	Program Administrative Assistant	Maintain or increase the number of consumers served	SL - Hourly	21	21	21	19	19	19	19	19	19	19	19	19
					Maintain or increase the number of consumers served	SL - Sites	56	61	61	59	58	57	57	57	60	62	59	59
					Maintain or increase the number of consumers served	Community Housing	36	36	36	37	37	37	36	37	37	37	40	40

<b>Goal Outcome:</b> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) To continue evaluating service needs to those currently within the program, and explore options to expand the program should the outcome prove beneficial to Link Associates and those currently receiving residential services.	<b>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</b> <ul style="list-style-type: none"> <li>1<sup>st</sup> QUARTER—Teams engaged in discussion of best fit and opportunities to change living arrangements/roommates. Coordination with community partners includes Link contracting directly with property owners and managing leasing directly to ensure access to Section 8 Housing Choice Vouchers in person served's chosen community.</li> <li>2<sup>nd</sup> QUARTER—Creation of new Daily sites allowing for hourly persons served to move to Daily SCL services and admissions of individuals in need</li> <li>3<sup>rd</sup> QUARTER—Construction of the handicapped accessible Gehm Home is finished. Housing search includes options for Link to lease single family homes directly from local landlords and re-lease to persons served in need of housing.</li> <li>4<sup>th</sup> QUARTER—Persons served move into the Gehm Home. Continued evaluation of supports and services and discussion on ability to reopen waitlist for Hourly Services.</li> </ul>	<b>Completion Date</b> 6/30/2020
---	--	--	-------------------------------------

	Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1<sup>st</sup> Quarter</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> One individual moved from hourly to SL-Sites as of 7.1.19</li> <li><b>SL – Sites:</b> Increased from 54 to 56 persons served in July 2019, one from hourly moved to SL-Sites and one person from CH moved to a SL- Site Added two new sites 8.1.19 (5 new persons served) one moved from another SL- Site to a new location. 2 discharges end of Sept 2019 (TR &amp;LR)</li> <li><b>Community Housing:</b> DVB moved from CH to SL July 1<sup>st</sup>. DE moved from CH to SL-Sites Sept 2019. DN moved in to CH July 2019</li> </ul>	<b>2<sup>nd</sup> Quarter</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> MM and DT moved to SL-Site in October 2019</li> <li><b>SL – Sites:</b> Oct 2019 1 discharge (TR-CC109). MC admitted to SL-Daily. Nov 2019, KF passed away.</li> <li><b>Community Housing:</b> Community housing saw no changes in 2<sup>nd</sup> quarter, continued to have one opening at Sunny Hill</li> </ul>	<b>3<sup>rd</sup> Quarter</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> No Changes</li> <li><b>SL – Sites:</b> AC moved into Cambridge 109 on 3/7/20</li> <li><b>Community Housing:</b> RW moved out of Hull 2/1/20. TB was admitted to Sunny Hill on 2.1.20 and passed away 2.21.20CR moved into Hull on 3/13/20.. DN moved out of CH 1.25.20</li> </ul>	<b>4<sup>th</sup> Quarter</b> <ul style="list-style-type: none"> <li><b>SL – Hourly:</b> No Changes</li> <li><b>SL – Sites:</b> CS and SF (new admissions) moved into 64<sup>th</sup> St. on 4/1/20</li> <li><b>Community Housing:</b> Persons served moved from SL-Sites into the new CH at the Gehm Home.</li> </ul>
---	---	---	--	--

**Comparison of last year's results (18/19) to this year (19/20):** The residential program ended fiscal year 18/19 supporting 113 persons served – SL hourly 22, SL Sites 54, and CH 37. In 19/20 the Residential Program ended fiscal year 19/20 supporting 118 person served – SL Hourly 19, SL Sites 59, and CH 40. The Residential program continues to market openings for Daily SCL services in both SL and CH opportunities. Entering into FY 20/21, the department has opened the admissions process for new SL Hourly persons served and continues to explore creative options to begin looking at opportunities to grow the program.

**Trends:**  YES  No (if yes provide detail)  
**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)  
**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<b>New Recommendations for Next Year (19/20):</b>	<b>Expected Outcomes</b>	<b>Person Responsible</b>	<b>Timeframe</b>
<input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above <b>Action Steps/Plan:</b>	NA	NA	NA

RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve quality of life	Score on outcome indicator	Outcome Indicator	Residential Supervisors	Program Administrative Assistant	Minimum average score of 90% or higher; optimal score of 97% or higher	SL - Hourly	64%	66 %	57 %	31 %								
Improve quality of life						SL - Sites	65 %			72 %			60 %			38 %		

	Score on outcome indicator	Outcome Indicator	Residential Supervisors	Program Administrative Assistant	Minimum average score of 90% or higher; optimal score of 97% or higher						62%	
						Community Housing						
						<b>Average</b>	63 %	71 %	59 %	38 %		
<p><b>Goal Outcome:</b>  <input type="checkbox"/> Goal Met  <input checked="" type="checkbox"/> Goal Not Met</p> <p>Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)  <b>Action Step:</b> It was recommended to implement steps to improve quality of life indicators as identified on the Outcome Indicator tool.  <b>Action Steps 1.</b> Residential Administrators will ensure Residential Supervisors are completing Outcome Indicators timely and correctly and address in their 1:1 meetings.  <b>Action Steps 2.</b> Residential Administrators will ensure topics that include but are not limited to, employees wearing ID badges, persons served answering their own doors, pest control, and home cleanliness are on agendas for meetings that Residential Supervisors have with their employees.  <b>Action Steps 3.</b> Immediate follow up with set expectations will occur from the Residential Supervisors when problems are identified during their site visits with disciplinary action as warranted, facilitated with their Residential Administrator.  <b>Action Steps 4.</b> Persons served who indicate displeasure with their current living situation will be also referred to the "matching workgroup" that was established in addition to their individual team.</p> <p>Did Actions taken accomplish intended results.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>												
<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p> <ul style="list-style-type: none"> <li>Action Step 1: Administrators reviewed these documents during 1:1 meetings with follow up questions or comments to the google document where the information is stored. This allows Administrators to review previous and current OIs with the supervisory staff. In 2<sup>nd</sup> second quarter, the department implemented a system in the database for the entire supervisory team to be able to look at OIs to ensure they are completed. In addition, supervisors can track how many OIs they have completed for the month and which homes still need an OI completed.</li> <li>Action Step 2: Administrators continue to send monthly staff meeting agenda by the 10<sup>th</sup> of each month. May and June agendas were not completed due to COVID 19 and no staff meetings are being held.</li> <li>Action Step 3: When unexpected problems occur at the locations, administrators are completing additional site visits to help assist and find ways to remedy the situations.</li> <li>Action Step 4: The matching workgroup continues to meet every other week to talk about future potential roommates; external and internal. The admissions coordinator has begun sending out referral packets to the matching group so the workgroup has prior knowledge of the candidate before the meeting.</li> </ul>												
<p><b>Completion Date</b>  Action Step 1: 12.31.19  Action Step 2: 6.30.20  Action Step 3: 6.30.20  Action Step 4: 6.30.20</p>												
<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<p><b>1<sup>st</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b> Supervisory staff have been inconsistent when inputting outcome indicators. During 1:1 meeting bi-weekly supervisors are reminded to get outcome indicators completed on time. In addition, supervisors are being asked to complete outcome indicators while at the site verses waiting until the end of the month to enter all prior visit.</p> <p><b>Community Housing:</b> D.N. at Pebble has identified he is unhappy with one of his current roommates who is being very loud and rude. D.N. also mention he really enjoys one of his current roommates and wants to continue living with him. All teams met on 10.9.19 to discuss options for the home. Unfortunately, B.E. cannot afford to move. The team decided to put a few hours of 2<sup>nd</sup> staff in place to ensure all person served are being respectful and kind to one another.</p>			<p><b>2<sup>ND</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b> Outcome Indicators number continue to remain low for the quarter. On 11.18.19 the department implemented a system in the database for the entire supervisor personnel team. This new system will allow all supervisors to see how many OIs they have completed for the month and what OIs are missing. In addition, Administrators will continue to monitor this process and have discussions with the Residential Supervisors during 1:1 meetings.</p> <p><b>Community Housing:</b> M.J. at Meadowlands 3 has identified she is unhappy with her current living arrangement. Currently, M.J. is in a lease with her current apartment complex. M.J. is not able to move until Link has another individual to take her place. The matching workgroup meets every other Monday to discuss and identify appropriate relationships and living arrangements for the person served who are unhappy.</p> <p><b>SL – Sites:</b></p>			<p><b>3<sup>rd</sup> QUARTER</b>  <b>SL – Sites:</b> L.V. at CC309 had identified he is unhappy with one of his current roommates who can be loud at times. L.V. is looking to move with one of his current roommates. Teams and the matching work group continue to meet to find a roommate for L.V. This has been a difficult challenge as L.V needs to have section 8 approved housing.</p> <p><b>SL – Sites, Community Housing:</b> Data reflects person served inconsistently answering the door and staff not wearing their Link badges. The residential department continues to actively train staff when out to the various locations completing outcome indicators</p>			<p><b>4<sup>TH</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b> Due to COVID restrictions outcome indicators were limited to reduce the number to people in/out of the residential locations. Staff and person served continue to remain solely in the home.</p> <p><b>SL – Sites:</b> B.E. at Pebble identified he is unhappy with one of his current roommates. With B.E.'s personal issues the team continues to meet to find another home suitable for B.E.'s situation. In addition, the matching workgroup continues provide other opportunities for B.E. to complete meet/greets within the agency.</p>		

	<p><b>SL – Sites, Community Housing:</b> Data reflects the cleanliness of the home; specifically, staff leaving shift without completing their responsibilities. Supervisor add these topics to the staff meeting minutes to ensue all staff are getting the expected information. If staff continue not completing their responsibilities supervisors are moving forward with disciplinary action and additional conversations regarding whether or not this position/job is right for the DSP.</p>	<p>During a meet and greet with K.S. at AR6120, it was reported to the admissions coordinator the cleanliness of the home. The Residential supervisor and Administrative team have begun issuing disciplinary action for cleanliness of the home. In addition, supervisors are creating cleaning checklist and sending Residential Admin Specialist to complete pop in spot checks.</p>		
--	--	---	--	--

**Comparison of last year's results (18/19) to this year (19/20):** 2018-2019 fiscal year had an average of 67%. SL – Hourly averaged 57%, SL – Sites averaged 70% and CH averaged 73%. SL – hourly had the lowest outcome (57%) on this objective and multiple action step were initiated. The fiscal year 2019 – 2020 had an average of 57%. SL- Hourly averaged 54%, Community Housing averaged 60% and SL- Daily averaged 45%.

**Trends:**  YES  No - Several person served seemed to unhappy with roommates.

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No – During the 4<sup>th</sup> quarter, COVID 19 restrictions were put into place. To limit the number of individuals coming to and from the locations, Outcome Indicators were once per month. If the home was in quarantine, an outcome indicator was not completed.

<p><b>New Recommendations for Next Year (20/21):</b> New recommendations are to hold supervisors accountable for completing outcome indicators on site, with disciplinary action needed if responsibilities are not met. Supervisor will continue to monitor and identify when there is dissatisfaction between roommates.</p> <p><input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below</p> <p><b>Action Steps:</b></p> <p><b>Action Steps 1.</b> Residential Administrators will ensure Residential Supervisors are completing Outcome Indicators timely and correctly and address in their 1:1</p> <p><b>Action Steps 2.</b> Immediate follow up with set expectations will occur from the Residential Supervisors when problems are identified during their site visits with disciplinary action as warranted, facilitated with their Residential Administrator.</p> <p><b>Action Steps 3.</b> Persons served who indicate displeasure with their current living situation will be also referred to the “matching workgroup” that was established in addition to their individual team,</p>	<p><b>Expected Outcomes</b></p> <p>Improvement of quality of life indicators for persons served.</p>	<p><b>Person Responsible</b></p> <p>Residential Administrator</p>	<p><b>Timeframe</b></p> <p>Action Steps 1-3: 10/1/20</p>
--	--	---	--

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve quality of service	Score on outcome indicator	Outcome Indicator	Residential Administrator	Program Administrative Assistant	Minimum average score of 90% or higher; optimal score of 97% or higher	SL - Hourly	63%		64%		56 %		30 %					
						SL - Sites	65 %		72 %		61 %		39%					
						Community Housing	62 %		77 %		63 %		45 %					
						<b>Average</b>	63%		71 %		60 %		30 %					
<p><b>Goal Outcome:</b></p> <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	<p><b>Previous FY goal recommendations</b> (i.e. goal continuation and/or new action steps/plan)</p> <p>It was recommended implement steps to improve quality of service indicators as identified on the Outcome Indicator tool.</p>	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p> <p><b>Action Step 1:</b> Administrator sent out weekly reminders to inform supervisory personnel of their log auditing status through an EDOC report. If numbers were low, a conversation with the supervisor and administrator occur to get the supervisor back to the expected weekly 80% expectation.</p>													<p><b>Completion Date</b></p> <p>Action Step 1: 6.30.20</p> <p>Action Step 2: 6.30.20</p>			

	<p><b>Action Step 1:</b> Residential Administrators will ensure Residential Supervisors are completing their documentation reviews as directed.</p> <p><b>Action Step 2:</b> Residential Administrators will ensure topics that include but are not limited to, cash flow sheets and e-doc documentation are on agendas for meetings that Residential Supervisors have with their employees.</p> <p><b>Action Step 3:</b> Immediate follow up with set expectations will occur from the Residential Supervisors when problems are identified during their site visits with disciplinary action as warranted, facilitated with their Residential Administrator.</p> <p><b>Action Step 4:</b> Continue to monitor PointClickCare for tracking and trending of medication documentation errors for remediation efforts</p> <p>Did Actions taken accomplish intended results.  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>Action Step 2:</b> The administrator sent out monthly staff meeting agendas to the supervisor group. This is to ensure that all needed information is reviewed will all staff. In addition, ideas are be discussed at monthly supervisor meetings for topics to add to the staff meeting agendas.</p> <p><b>Action Step 3:</b> Administrators went to the locations when problems were identified. In addition, Administrators discussed and created an action plan for locations when problems are identified. If needed supervisor and/or administrator will get the Department Director involved for additional support.</p> <p><b>Action Step 4:</b> Supervisors are expected to print the MAR from PCC, along with any additional medication documents, review for any mistakes and lastly give to the agency nurse for a second level review. In addition, Administrators, the Agency nurse and Outreach director met to identify ways to catch medications omissions before the end of the month. It was decided the agency will send out medication omission reports on Monday, Wednesday and Fridays. This report shows all medications errors/omissions found in PCC. Once the supervisor receives this report from the agency nurse, the supervisor is to be turning medication incident reports into the agency nurse.</p>	<p>Action Step 3: 6.30.20</p> <p>Action Step 4: 12.31.20</p>	
<p><b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b></p>	<p><b>1<sup>st</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b> The documentation log auditing continues to be struggle for some supervisors. Supervisors continue to wait until one week prior or days before lock to read and log audit the documentation. When this happens, documentation corrections are getting out late; which causes staff not to get their correction in time once notified. Administrators are going to continue to send out weekly updates for all supervisors to remind them they should be at 80% weekly or above.</p> <p><b>SL – Sites:</b> Due to supervisors still learning the PointClickCare system, there has been a decrease in medication errors reported. Supervisory personnel were given the directive on 10.15.19, that moving forward eMAR should be reviewed at the end of each month for medication errors.</p> <p><b>Community Housing:</b> Staff consistently fail to complete their job responsibilities while on shift. For example, when supervisors are completing outcome indicators, staff continue to leave the home dirty (dishes in the sink, trash not taken out etc). Administrators have been working with the supervisors to issue more disciplinary action. Supervisor and Administrators are also having conversation with staff to ensure this position is the right position for them.</p>	<p><b>2<sup>ND</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b> This quarter there have been a number of situations with PointclickCare. Supervisors continue to try to track medications errors, but the system has been sending faulty information. The administrative and supervisor team to continue to work through the difficult situations with the Outreach Director. Discussions are being held whether this program is effective for the Residential Department. In addition the administrative team is looking into other avenues for electronic MAR documentation.</p> <p><b>SL – Sites, Community Housing:</b> Administrators continue to complete the initial staff meeting agenda. However, supervisors are not holding consistent meetings for staff to get the needed information. Administrators are having discussions to ensure staff meetings are held monthly. If a staff cannot attend the meeting, supervisors and staff have one week to come together for staff to get the needed information.</p> <p><b>SL – Hourly, SL – Sites, Community Housing:</b> Documentation practices have seen a slight decrease in regards to unlocking EDOC after the deadline. Some Supervisors continue to wait until days before lock down to read documents. Administrators continue to send out week audit reports to remind supervisors they are expected to be at 80% or above weekly. In addition, the administrative team has begun using the analyze the date feature. This feature helps identify what documentation staff are missing. Supervisor are expected to look at this report and get with staff immediately to fix the known errors.</p>	<p><b>3<sup>RD</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b></p> <ol style="list-style-type: none"> <li>1. This quarter, supervisors and the administrative team really focused their time on medication omissions/errors. In mid-January a medication audit identified the lack of oversight for second medication review. Supervisors are expected to print the MAR from PCC, along with any additional medication documents, review for any mistakes and lastly give to the agency nurse for a second level review.</li> <li>2. Supervisors were introduced to a new feature in eDoc called Correction Queue. This feature allows supervisors to send the documentation with corrections with a visual for staff to see what corrections need to be completed. Unfortunately, this correction queue does not include documentation that is missing. Supervisors trained all staff during the month of March. This feature will go “live” April 1, 2020.</li> </ol>	<p><b>4<sup>TH</sup> QUARTER</b>  <b>SL – Hourly, SL – Sites, Community Housing:</b></p> <ol style="list-style-type: none"> <li>1. Due to COVID 19 restrictions outcome indicator visits were significantly reduced to limit the number of individuals going in/out of the residential locations.</li> <li>2. This quarter the administrative team, Agency nurse and Outreach director met to identify ways to catch medications omissions before the end of the month or waiting for site visits. It was decided the agency will send out medication omission report on Monday, Wednesday and Fridays. This report shows all medications errors found in PCC. Once the supervisor receives this report, supervisor should be turning medication incident report to the agency nurse.</li> </ol>

**Comparison of last year's results (18/19) to this year (19/20):** In fiscal year 2018-2019 we had an average of 67%. SI – Hourly averaged 57%, SL – Sites averaged 70% and CH averaged 73%. In fiscal year 2019 -2020 SL hourly averaged 53%, SL Sites 59% and CH 62% for an overall average of 56%

**Trends:**  YES  No – Supervisor continues to wait until days before lock down to read daily documentation. While at site visits, supervisors often times do not complete a thorough review of the PCC. In addition, supervisors continue to wait until after site visit to enter visit information.

**Causes:**  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

**Characteristics of persons served impact performance:**  YES  No (if yes, please explain)

**Other extenuating or influencing factors**  YES  No (if yes, please explain)

<p>New Recommendations for Next Year (20/21): New recommendations are to hold supervisors accountable for their responsibilities; ensuring documentation reviews are at 80% weekly and medication incidents reports are being turned when errors occur.  <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below</p> <p>Action Steps:</p> <ul style="list-style-type: none"> <li>- Action Step 1: Residential Administrators will ensure Residential Supervisors are completing their documentation reviews as directed. If supervisors are not completing reviews as expected, a plan of action will be put in place or disciplinary action will occur</li> <li>- Action Step 2: Immediate follow up with set expectations will occur from the Residential Supervisors when documentation trends while reviewing daily documentation with disciplinary action as warranted, facilitated with their Residential Administrator.</li> <li>- Action Step 3: Continue to monitor PointClickCare for tracking and trending of medication documentation errors for remediation efforts</li> </ul>	<p>Expected Outcomes</p> <ol style="list-style-type: none"> <li>1. To ensure supervisors are auditing documentation efficiently and not waiting until days before lock down to read documentation with the expectation for staff to complete any documentations errors within a short period of time.</li> <li>2. To reduce and maintain the errors/omissions in the PCC system.</li> </ol>	<p>Person Responsible</p> <p>Residential Administrator</p>	<p>Timeframe</p> <p>Action Steps 1-3: 10/1/20</p>
---	---	--	---



SUPPORTED EMPLOYMENT  
Link Associates Program Evaluation  
July 1, 2019 to June 30, 2020  
Cassondra Jones, Employment Administrator  
& Tiffany Steenblock, Employment/Day Program Director

As the Supported Employment leadership team, we have reviewed the data gathered over the past year and all changes made within the department. COVID-19 had a significant impact on the program as a whole. Beginning in the middle of March businesses began to close and letting go/laying off their employees, which significantly reduced the support we needed to provide and even changed how we provided the support (virtually). This really impacted 1 of our goals and 2 action steps during the last quarter of the fiscal year. Through it all, we were still able to meet 6 of the 8 goals the department established.

In the fiscal year our most significant achievement was graduating 8 persons served from our Supported Employment program by helping them build natural supports at their place of employment leading to their success of no longer needing support from a Job Coach. We continue to contract with IVRS to expand our services to more clientele (transition-age youth) and continued marketing our Employment programs with the MCO's (Amerigroup & ITC).

As a program we exceeded our goal for all three satisfaction measures. One employer noted, "All the Link Associates workers have been super helpful with our staff. They are all a joy coming into our workplace." The Employment Supervisors (ES), Employment Training Specialists (ETS), and Community Placement Manager (CPM) did a very nice job of building and maintaining great relationships with new & current employers; so much so that they have had several businesses reach out to them in order to hire more persons served we support when they have an opening. The Employment Administrator (EA) continues the task of completing and submitting the Employment Evaluation (Scorecard) information bi-annually. For CY 2019, Link received approximately \$21,075.33 in incentive monies for outstanding outcomes within our Employment program; the money was used as an incentive payment for employees within the program & to purchase technology equipment. FY 19-20 the agency ended the year with a surplus for Job Coaching, we continue to attribute this to the tier structure and increased admissions (65 persons served admitted into Supported Employment). The leadership team will continue to closely monitor any budget deficits for the Job Development program. COVID-19 had a significant impact on the budget deficits for Job Development due to persons served choosing to go on LOA, turning down interviews, and not wanting to meet as often or only on zoom/facetime. The CPM have an expectation to provide at least 20 hours of billable services/week; this will continue to be closely monitored throughout FY 20-21. The Employment Administrator took over supervision of the VIP program. With this transition, one of the Day Program Administrators began to complete IVRS billing, Employment 2<sup>nd</sup> Level Reviews, Employment NOD's, tracking of employment JT-2's, tracking of employment trainings, review of person served files and parts of SE Program Evaluation.

We were not successful in meeting our goal to decrease the amount of time waiting for job placement to 14 weeks or less for the program but we did succeed in placing 7 persons served in 14 weeks or less. Unfortunately, we were unable to successfully decrease the number of weeks for the program as we had several persons served who obtained employment that had been receiving Job Development services for an extended period (up to 65 weeks), which took the average way up. COVID-19 played a role in the second half of the quarter due to businesses shutting down and not hiring during the unknown of the pandemic, which decreased our number of placements as a whole. We are recommending to continue an action step, as noted above to monitor the CPM responsibility of providing a minimum of 20 billable hours/week. We were also unsuccessful in meeting our goal to maintain or increase the number of hours worked per week. The ES met with several employers but was unable to successfully increase hours enough to make an impact in the average number of hours worked each week. Due to COVID-19 we were unable to track our data for the second half of the year since scorecard reporting weeks landed right when the pandemic hit and businesses were shutting down. The Polk County Health Services decided that the data we use to track this did not need to be reported in MIS due to COVID-19. We are still recommending to add an action step for the ES to 'meet with the ETS's and discuss persons served on their caseloads and how to work with employers to potentially give more hours to persons served (at least once a quarter during 1:1's).' The ES's and ETS's will continue to meet with current employers to discuss increasing hours worked, decreasing hours of support (we provide) and moving to follow-along services. We're also recommending to continue the action step to 'obtain a minimum of 6 surveys per quarter' from the employers of those we support. We met this goal but we'd like to ensure we are getting feedback from most all employers we work with.

We were exceptionally proud of both CPMs (one full time, one part time) and ETS as they did an exceptional job assisting persons served with finding employment they enjoy as opposed to 'just a job' in a very efficient timeframe. Throughout the 19-20 fiscal year the Employment leadership team continued to track tier assignment to ensure the support we provided fell in line with their authorization. We have a very eager and positive group of employees providing direct employment services and their dedication is appreciated. All of their hard work was reflected again in 2019's Community Employment Outcomes Evaluation (an evaluation completed by the Law, Health Policy and Disability Center at the University of Iowa), with our great scores and comments from persons served. While the scores were a great reflection of how hard the Employment Department worked to provide great supports, what stood out most is their response to COVID-19. The Employment Training Specialists dedication to supporting Link's persons served was able to shine when COVID-19 began. Every single one of the Employment Training Specialists were willing to work in a different department to help fill some of the openings. This also included a couple of them volunteering and becoming a "live in" staff due to homes needing to

quarantine. Their willingness to step in and help provide support in any situation/department speaks volumes for the kind of employees they all are. As the leadership of the program, there is nothing more we could ask for, and we are beyond proud of the entire department!

Supported Employment Demographics

<b>FY 2018 - 2019</b>	<b>1st Quarter Demographics</b>		<b>2nd Quarter Demographics</b>		<b>3rd Quarter Demographics</b>		<b>4th Quarter Demographics</b>	
Number Served	89	100%	82	100%	89	100%	91	100%
<b>Age</b>								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	9	10%	5	6%	10	11%	9	10%
22-34	39	44%	38	46%	40	45%	43	47%
35-44	14	16%	15	18%	15	17%	15	16%
45-54	15	17%	11	13%	12	13%	12	13%
55-64	9	10%	9	11%	8	9%	8	9%
65>	3	3%	4	5%	4	4%	4	4%
<b>Gender</b>								
Male	58	65%	53	65%	57	64%	60	66%
Female	31	35%	29	35%	32	36%	31	34%
<b>Ethnicity</b>								
Black or African-American	11	12%	12	15%	13	15%	13	14%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	1	1%	1	1%	1	1%	1	1%
Caucasian	72	81%	64	78%	70	79%	72	79%
Hispanic	4	4%	4	5%	4	4%	4	4%
Native Hawaiian or other Pacific Islander	1	1.1%	1	1.2%	1	1.1%	1	1.1%
Other Race	0	0%	0	0%	0	0%	0	0%
<b>Level of Disability</b>								
Developmental Disability (DD)	11	12%	8	10%	9	10%	9	10%
Mild MR (50-75)	62	70%	56	68%	62	70%	63	69%
Moderate MR (35-49)	15	17%	16	20%	16	18%	16	18%
Severe MR (20-24)	0	0%	1	1%	1	1%	1	1%
Profound MR (< 20)	0	0%	0	0%	0	0%	0	0%
other	1	1%	1	1%	1	1.1%	2	2.2%
<b>Secondary Diagnosis</b>								
ADD/ADHD	6	7%	3	4%	6	7%	7	8%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	3	3%	1	1%	2	2%	3	3%
Autism	11	12%	11	13%	12	13%	12	13%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%

Cerebral Palsy	4	4%	4	5%	4	4%	5	5%
Depression	2	2%	1	1%	1	1%	1	1%
Down Syndrome	5	6%	5	6%	5	6%	5	5%
Epilepsy	0	0%	1	1%	1	1%	1	1%
Hearing Impairment/Deaf	4	4%	4	5%	4	4%	4	4%
Intermittent Explosive Disorder	0	0%	0	0%	0	0%	0	0%
No Secondary Diagnosis Known	23	26%	12	15%	11	12%	11	12%
Other	25	28%	35	43%	40	45%	38	42%
Schizophrenia	2	2%	2	2%	2	2%	2	2%
Seizure Disorder	3	3%	3	4%	2	2%	2	2%
Visual Impairment/ Legally Blind	1	1%	0	0%	0	0%	0	0%

July-September 2018

The data pulled from this quarter reflects there were 89 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34 years, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of 'other'. The average participant that exited the program was a Caucasian male between the ages of 22-58 years with a secondary diagnosis of Depression or Autism.

October-December 2018:

The data pulled from this quarter reflects there were 82 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34 years, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of 'other'. The average participant that exited the program was a Caucasian male between the ages of 22-58 years with a secondary diagnosis of 'other'.

January-March 2019:

The data pulled from this quarter reflects there were 89 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34 years, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of 'other'. The average participant that exited the program was a Caucasian male between the ages of 22-58 years with a secondary diagnosis of 'other.'

April-June 2019:

The data pulled from this quarter reflects there were 91 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34 years, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of 'other'. The average participant that exited the program was a Caucasian female between the ages of 18-34 years with a secondary diagnosis of Cerebral Palsy.

Supported Employment Supplemental Measures

Link Associates  
 Supplemental Measures  
 Supported Employment  
 2019-2020

Supported Employment Supplemental Measures	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
1. Number of persons served earning benefits.	2	1	1	1

2. Number of persons served with job changes	0	0	0	0
A) Job advancement				
B) Job title change/change of responsibilities	5	2	0	1
C) Resignation	1	3	1	2
D) Lay-off	0	0	26	44
E) Termination	2	1	0	2
3. Average number of hours of staff intervention/month.	13.4	13.2	8.2	6.6
4. Report persons served average weekly earnings.	\$9.99		NA	
5. Discharges from program (not due to dissatisfaction)				
A) Medical supports/safety	0	0	0	0
B) Moved out of service area	0	1	0	0
C) No longer in need/want of services	3	1	2	1
D) Increase in supports (non-medical, training program)	0	1	0	0
E) Number of involuntary discharges	0	0	0	0
F) No Funding available	0	0	0	0
6.Total number outside of Link Services	1	0	0	0

#### July – September 2019:

There were 2 persons served earning benefits this quarter (TT & ZW). There were 5 persons served with a job title change/change of responsibilities (MC, CG, SH, BW, & SS). There was 1 person served with a job change-resignation (MC). There were 2 persons served with a job change- termination (JT & MM). The average number of staff intervention/month was 13.4 hours. There were 3 discharges from the Supported Employment program this quarter due to no longer in need/want of services. There was 1 person served (TS) who went to services outside of Link.

#### October- December 2019:

There was 1 person served earning benefits this quarter (TT). There were 2 persons served with a job title change/change of responsibilities (RE & SK). There were 3 persons served with a job change- resignation (DB, BE, & FS). There was 1 person served with a job change- termination (NP). The average number of staff intervention/month was 13.2 hours. The average weekly earnings for persons served was \$9.99. There was 1 discharge from Supported Employment due to moving out of the service area (DS), and 1 discharge for no longer in need/want of services (KF). There was 1 discharge for increase in supports (non-medical, training program), and this was due to the person served being incarcerated (RJ).

#### January-March 2020:

There was 1 person served earning benefits this quarter (TT). There were 0 persons served with a job title change/change of responsibilities. There was 1 person served with a job change- resignation (JB). There were 26 persons served who were laid-off due to COVID-19 and will hopefully be returning to their jobs once restrictions are lifted. There were 0 persons served who were terminated. The average number of staff intervention/month was 8.2. This number is not an accurate representation of staff intervention due to the number of persons served who were laid-off in the middle of March due to COVID-19. There were 2 discharges from Supported Employment for no longer in need/want of services (JB & DN).

#### April-June 2020:

There was 1 person served earning benefits this quarter (TT). There was 1 person served with a job title change/change of responsibilities (MB). There were 2 persons served who resigned (NB & CR). There were 44 persons served who were laid-off due to COVID-19 and 38 persons served returned to work so far after being laid-off during the 4<sup>th</sup> quarter. There were 2 persons served who were terminated (LC & TP). TP resignation was due to COVID-19 and the business eliminating his position. The average number of staff intervention/month was 6.6. This number is not an accurate representation of staff intervention due to the number of persons served who were laid-off due to COVID-19. There was 1 discharge from Supported Employment for no longer in need/want of services (CR).

SUPPORTED EMPLOYMENT MEASURES OF ACHIEVEMENT 2019- 2020								
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)								
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19 – 12/19	1/20 – 6/30
Maintain or increase number of hours worked weekly	# of average hours worked weekly	Employment Scorecard report (Business Intelligence)	Employment Supervisor/ Employment Training Specialist	Employment Administrator	To maintain or increase # of hours worked weekly to 14 or more	All persons served in Supported Employment who are employed	13.47 hrs/wk	N/A (due to COVID-19)
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) It was recommended to change the goals to read, "To maintain or increase # of hours worked weekly to 14 or more." And to continue an action step to "Meet with and effectively communicate with 3 employer contacts monthly." Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) Action step #1: Meet with and effectively communicate with 3 employer contacts monthly. <ul style="list-style-type: none"> <li>1<sup>st</sup> quarter update: ES was able to meet with several employers due to covering ETS hours. ES worked closely with Fleet Farm on issues/concerns with person served. Other businesses that ES's specifically reached out to were Marshalls, and they discussed concerns they had with the ETS and those were addressed. Methodist Hospital to discuss persons served performance as well as transportation issues that have been happening (gave us their information for the program they have with DART). Pizza Ranch to discuss concerns with persons served transportation and tried to figure out a temporary solution. Heartland AEA to address some persons served concerns, as well as build on our relationship with them and create a schedule with them on when to expect the ETS' to be there and working with individuals throughout the week. The ES also discussed LEEP with them and they signed a contract.</li> <li>2<sup>nd</sup> quarter update: ES's were able to meet with multiple employers due to covering, concerns that arose, and building a relationship. EA worked closely with TJ Maxx in order to assist a person served with medical leave. ES was able to meet with Stuff Etc. and get a LEEP contract signed and continue our partnership with them. There were persons served concerns needing addressed at Rowe Electronics and Starbucks and an ES was able to communicate with them to ensure we were meeting their needs. ES also met with the following businesses to work with them in regards to their needs as well as the persons served needs to ensure jobs were maintained, I2-Tech, Alphabet Academy, Altoona Pizza Ranch, Johnston Hy-Vee, Ankeny Hy-Vee.</li> <li>3<sup>rd</sup> quarter updates: Due to COVID ES's were able to talk to all employers during the 3<sup>rd</sup> quarter to discuss layoffs, working hours, and protocols. ES spoke with Army Post McDonalds, Urbandale Pizza Ranch, Heartland AEA, Taco Johns, 22<sup>nd</sup> St. McDonalds, and HyVee-Pleasant Hill about the schedules and protocols the businesses have put in place for Job Coaches and their staff. ES spoke with 3801 Grand, Methodist Hospital, and Mill Pond about how to support persons served through technology (facetime/zoom). ES spoke with Palmers Deli, Altoona Pizza Ranch, Noodles and Co, Taylored Expressions, Altoona Lowes, Alphabet Academy, and In the Bag about persons served specific concerns.</li> <li>4<sup>th</sup> quarter updates: ES's were able to talk to all of the employers throughout the 4<sup>th</sup> quarter to discuss timeframes, precautions, and new policies that are or will be put in to place since COVID. ES's reached out to businesses at least 2 times each month to help ensure persons served are still employed, and to help coordinate how ETS' can support them when they do go back to work.</li> </ul>						Completion Date June 30, 2020

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1st Quarter <ul style="list-style-type: none"> <li>There were no hours increased during the 1<sup>st</sup> quarter.</li> </ul>	2nd Quarter <ul style="list-style-type: none"> <li>NA- Data is compiled bi-annually</li> </ul>	3rd Quarter <ul style="list-style-type: none"> <li>Hours weren't documented in Polk MIS for scorecard due to COVID during the 3<sup>rd</sup> quarter.</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>NA- Data is compiled bi-annually</li> </ul>													
<p>Comparison of last year's results (18/19) to this year (19/20): During the 2018-2019 fiscal year the persons served average number of hours worked was 13.5 (goal was 20 hours or more at this time). During the 2019-202 fiscal year the persons served average number of hours worked was 13.5 (the goal was 14 hours or more and this year was based off of 1 quarter due to COVID and not reporting in MIS in the spring).</p> <p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)</p> <p>Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p>Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain)</p> <p>COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Due to the pandemic, many businesses shut down or laid people off beginning in the middle of March. There were only 22 of the 70 persons served working during a majority of the 4<sup>th</sup> quarter.</p>																		
<p>New Recommendations for Next Year (20/21):</p> <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above		Expected Outcomes Increase work hours		Person Responsible ES and ETS		Timeframe October 1 <sup>st</sup> , 2020												
Action Steps/Plan: Action Step #1: Meet with the ETS' and discuss persons served on their caseloads and how to work with employers to potentially give more hours to persons served (at least once a quarter during 1:1's).																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Increase number of persons served transferring to competitive employment	Number of persons served gaining competitive employment	C-35's	Employment Supervisor	Employment Administrator	Four or more discharges annually due to competitive employment	Persons served in Supported Employment	3			2			2			1		
<p>Goal Outcome:</p> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<p>Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan): It was recommended to change goal to read '4 or more discharges annually due to competitive employment'.</p> <p>Did Actions taken accomplish intended results.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>					<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)</p> <p>NA</p>										Completion Date NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1st Quarter <ul style="list-style-type: none"> <li>Three persons served transferred to competitive employment (ZW, ND, TC) during the first quarter and will continue to receive follow-along supports.</li> </ul>	2nd Quarter <ul style="list-style-type: none"> <li>Two persons served transferred to competitive employment (ST &amp; TP) during the second quarter and will continue to receive follow-along supports.</li> </ul>	3rd Quarter <ul style="list-style-type: none"> <li>Two persons served transferred to competitive employment (JL &amp; AP) during the third quarter and will continue to receive follow-along supports.</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>One person served transferred to competitive employment (TT) during the fourth quarter and will continue to receive follow-along supports.</li> </ul>													

Comparison of last year's results (18/19) to this year (19/20): During the 2018-2019 fiscal year there were 6 discharges into competitive employment. During the 2019-2020 fiscal year there were 8 discharged into competitive employment.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan:	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

**EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve satisfaction of persons served	Score on satisfaction survey	Satisfaction survey	Case Managers/ Case Coordinators	Administrative Specialist	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All persons served in Supported Employment		2.97 N = 13 out of 16			2.97 N = 10 out of 14			2.9 N = 14 out of 23			2.94 N = 12 out of 14	

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan): It was recommended to continue this goal as written.  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA	Completion Date NA
--	--	--	-----------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter <ul style="list-style-type: none"> <li>There were no comments during the first quarter in regards to employment services.</li> </ul>	2nd Quarter <ul style="list-style-type: none"> <li>There was 1 comment on the survey stating "moved to a host home, would like to reduce job coaching."</li> </ul>	3rd Quarter <ul style="list-style-type: none"> <li>There were 2 comments on the survey related to employment stating "loves her job coaches", and "late to work because of roommate's problems."</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>There were 2 comments on the survey related to employment stating "Loves job at McDonalds. Likes job coaches," and "I love money, job is good, loves the services he receives."</li> </ul>
---	--	--	---	---

Comparison of last year's results (18/19) to this year (19/20): The average persons served satisfaction score for fiscal year 2018-2019 was 2.93. The average persons served satisfaction score for fiscal year 2019-2020 was 2.94.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

**SERVICE ACCESS**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Increase number of persons served	Number of approved new admissions	JD/JC Program Info Google Document	Employment Administrator	Employment Administrator	Approve admissions for 40 persons	Supported Employment Program	JC= 3 JD= 0	JC= 1 JD= 2	JC= 2 JD= 1	JC= 4 JD= 3	JC= 3 JD= 5	JC= 2 JD= 3	JC= 2 JD= 2	JC= 3 JD= 2	JC= 2 JD= 3	JC= 0 JD= 0	JC= 1 JD= 4	JC= 0 JD= 1

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) It was recommended to change the goal to read 'approve admissions for 40 persons'  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA	Completion Date NA
--	--	--	-----------------------

<b>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</b>	<b>1st Quarter</b> <ul style="list-style-type: none"> <li>There were 3 persons (GB, DN, JL) who were approved and started regular Job Development services this quarter; 1 admission completed LEEP and the rest were new referrals. One new admissions (AF) started Job Coaching services and five persons (DK, LS, BS, MM, &amp; BS) started Job Coaching services after placement occurred.</li> </ul>	<b>2nd Quarter</b> <ul style="list-style-type: none"> <li>There were 11 persons (JA, JB, DB, FE, MJ, BP, CN, RR, FS, JV &amp; RE) who were approved and started regular Job Development services this quarter; 3 persons served admission after completing LEEP, 5 were internal referral admission, and 3 were new referrals. Two new admissions (KC &amp; JF) started Job Coaching services and 7 persons (JL, DT, CR, NP, RE, MF, DN) started Job Coaching services after placement occurred.</li> </ul>	<b>3rd Quarter</b> <ul style="list-style-type: none"> <li>There were 7 persons (RB, DB, RE, SL, MB, BC &amp; PS) who were approved and started Job Development services during this quarter, 1 person served admission after completing LEEP, 5 were internal referral admissions, and 1 was a new referral. There were 6 persons (DB, LC, FS, JV, DD, &amp; KP) who started Job Coaching services after placement occurred, and 1 person served (BP) who continued Job Coaching services with us after accepting a new job (was working while in Job Development).</li> </ul>	<b>4th Quarter</b> <ul style="list-style-type: none"> <li>There were 5 persons (JC, KC, KK, SM, DZ) who were approved and started Job Development services during this quarter, 2 person served admission after completing LEEP, and 3 were new referrals. There was 1 person (MB) who started Job Coaching services after placement occurred.</li> </ul>
--	---	---	--	---

Comparison of last year's results (18/19) to this year (19/20): During the 2018-2019 fiscal year there were 65 persons admitted into the Supported Employment program. During the 2019-2020 fiscal year there were 46 persons admitted into the Supported Employment program.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)



Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)  
 COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Due to the pandemic, many businesses shut down or laid people off beginning in the middle of March, therefore intakes were lower (still met the goal) due to businesses not hiring and persons served not working.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA	Expected Outcomes NA	Person Responsible NA	Timeframe NA
--	-------------------------	--------------------------	-----------------

**Experiences of Services and Other Feedback from Other Stakeholders**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain or increase quality service relationships with employers.	Score on Supported Employment survey to employers	Performance Survey Form- V-17	Employment Supervisor	Employment Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale).	Supported Employment persons served with jobs		3			2.93			2.88			3	
							N = 4 out of 4				N = 6 out of 6			N = 3 out of 3			N = 4 out of 4	

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan): It was recommended to continue the goal as written but to obtain a minimum of 6 surveys per quarter. Action Step #1: The EA will monitor sent surveys for their return and contact businesses who have not responded (obtain 6 surveys/quarter).  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) Action Step #1: The EA will monitor sent surveys for their return and contact businesses who have not responded (obtain 6 surveys/quarter). er: EA discussed new goal with ES's. Each ES will complete 3 each quarter and will inform EA of which business they will be giving to so EA can follow up if needed. er: EA followed up with ES's to ensure they sent out surveys and received them. All that were sent out or contacted were returned. er: EA followed up with ES's to ensure they sent out surveys. Due to COVID, not all surveys were sent out and we were able to get 3 surveys. er: EA followed up with the ES's to ensure they were getting surveys sent to the businesses. ES' were in frequent contact with the es throughout the 4 <sup>th</sup> quarter due to COVID. Surveys were sent out, but we only received 4 back after following up with the es they were sent to by the ES's.	Completion Date June 30 <sup>th</sup> , 2020
--	---	--	---

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter eys were completed this quarter. Raygun stated on their All the Link Associates' have been super helpful staff. They are all a joy into our workplace." ved up with the Pizza quest and gave them	2nd Quarter ys were completed this quarter. TJ Maxx (Mills Civic) obert is Awesome 😊." Pizza Ranch (Urbandale) stated helpful in addressing needs of team members when various ave come up." ved up with 3801 Grand in regards to the scores on their hey informed the ES that they are very happy with the TS' that work with persons served there, their scores were f of a previous ETS that worked there. They are happy with	3rd Quarter <ul style="list-style-type: none"> <li>Three surveys were completed this quarter. Fazoli's (Ankeny), Boesen (DSM), and Lowes (Altoona). Boesen stated "I really had no expectations when we started with Link. I was only trying to help your clients, but WJ is doing things someone would have to do." Lowes stated "I feel that your services have really helped JF adjust back into the store. I see him being more confident on the floor before staff comes in."</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>Four surveys were completed this quarter. HyVee (Ankeny), McDonalds (Army Post Rd), O'Donnell Ace Hardware, and Bomgaars. There were no comments or concerns noted on any of the surveys that were completed.</li> </ul>
---	--	--	--	--

	names and numbers for and ETS.	ort now and stated “we work with job coaches from several and feel that Link has been the best to work with.”	<ul style="list-style-type: none"> <li>ES followed up with Lowes in regards to a score on the survey. ES will follow up with staff about helping talk to Lowes management team about the best way to work with JF. ES also pointed out that JF has expressed liking this job better than the janitorial position he previously had and that may be why they are seeing less issues.</li> </ul>	
--	--------------------------------	---	--	--

Comparison of last year’s results (18/19) to this year (19/20): The average satisfaction score for fiscal year 2018-2019 was 2.89. The average satisfaction score for fiscal year 2019-2020 was 2.95.  
Trends:  YES  No (if yes provide detail)  
Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
Other extenuating or influencing factors  YES  No (if yes, please explain)  
The goal was overall met, but the action step was not (only met the 6 surveys obtained for 1 quarter). COVID had an impact on this due to the ES’ primarily working with the businesses via phone vs in person to drop the surveys off. Follow-up was done by both the ES’s and EA, but surveys were not returned.

New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Continue Action Step #1: The EA will monitor sent surveys for their return and contact businesses who have not responded (obtain 6 surveys/quarter).	Expected Outcomes Increased feedback to provide better services	Person Responsible ES & EA	Timeframe October 1 <sup>st</sup> , 2020
--	--	-------------------------------	---

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve parent/guardian satisfaction	Score on satisfaction survey	Satisfaction survey	Case Managers/ Case Coordinators	Administrative Assistant	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All parent/guardians of consumers in Supported Employment	3 N = 8 out of 16			3 N = 8 out of 14			2.9 N = 17 out of 23			3 N = 7 out of 14		

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan): It was recommended to continue this goal as written.  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) NA	Completion Date NA
--	--	--	-----------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter <ul style="list-style-type: none"> <li>There were no comments during the first quarter in</li> </ul>	2nd Quarter <ul style="list-style-type: none"> <li>There was 1 comment on the survey stating, “Link has interpreters and staff who assist</li> </ul>	3rd Quarter <ul style="list-style-type: none"> <li>There were 3 comments on the survey stating “She’s happy with all aspects of her life”, “Concerned about length of time taking to find new job”, and “her guardian stated he doesn’t feel she has made progress. She missed a couple</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>There was 1 comment on the survey stating “She is HAPPY with Link..” the</li> </ul>
---	--	--	--	--

	regards to employment services.	with accessing the community. He is improving because of these people.”	months as she was not at the house when they were supposed to meet. I did bring that up and discussed that BS was not able to put the stamps on the thicker paper and then into the plastic packaging so they declined a job.”	rest of the comment was in relation to a different provider.
--	---------------------------------	---	--	--

Comparison of last year’s results (18/19) to this year (19/20): During the 2018-2019 fiscal year, the average parent/guardian satisfaction score was 2.93. During the 2019-2020 fiscal year, the average parent/guardian satisfaction score was 2.98.

Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA	Expected Outcomes NA	Person Responsible NA	Timeframe NA
---	-------------------------	--------------------------	-----------------

**RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Decrease amount of time waiting for job placement.	Mean amount of time between referral and placement	JD/JC Program Info Google Document	Community Placement Manager	Employment Administrator	14 weeks or less	Persons served in Supported Employment	32.5 weeks N = 6			29.9 weeks N = 8			27.9 weeks N = 7			6 N = 1		

Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan): It was recommended to continue the goal as written but focus on increasing billable hours to support job obtainment. Action Step #1: CPM's will provide at least 20 billable hours per week (EA will review if hours were met monthly and share with E/DPD).  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) <ul style="list-style-type: none"> <li>1<sup>st</sup> Quarter: July- CPM met on average 20 billable hours per week, August- averaged 18 billable hours per week, September- averaged 10 hours per week. September numbers were low due to CPM being on PTO for 2 days, 1 day was a paid holiday, and at a 2-day training. There were also 3 persons served who canceled their meetings the day of.</li> <li>2<sup>nd</sup> Quarter: October- CPM met on average 19 billable hours per week, November- averaged 13 billable hours per week, and December- averaged 15 billable hours per week. November and December numbers were low due to persons served canceling, as well as not wanting to meet during the holidays. Businesses are also slow in getting back to persons served during the holidays which also decreases billable units. EA met with CPM and discussed what he could do in these situations (on behalf of time) as well as needing to make up some of the missed hours in the coming months to ensure persons served are getting the necessary supports they need.</li> <li>3<sup>rd</sup> Quarter: January- CPM met on average 20 billable hours per week, February- averaged 13 billable hours per week, March- averaged 15 billable hours per week. February numbers were low due to placements and assisting with those, there were also several meetings had in February for the placements/intakes/staffing's and those are not billable. March numbers were lower due to COVID and persons served preferring not to meet in person. CPM and EA met and discussed using Facetime/zoom to still meet with individuals if they choose not to meet in person.</li> <li>4<sup>th</sup> Quarter: CPM did not meet the average 20 billable hours per week due to COVID-19. Many persons served went on LOA or only wanted to meet via Zoom/FaceTime. Some did get chances to interview for positions but then turned them down due to the pandemic and the unknowns.</li> </ul>	Completion Date June 30 <sup>th</sup> , 2020
--	---	---	---

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<b>1st Quarter</b> <ul style="list-style-type: none"> <li>6 persons found employment during the first quarter, taking an average of 32.5 weeks: LS (3.2 wks), DK (26.5 wks), MC (51 wks), BS (25.2 wks), MM (33.5 wks), BS (55.3 wks).</li> <li>2 persons served took over 1 year. BS due to specific medical necessities, timeframes, and job responsibilities they were looking for. MC already had a job, just looking for a better fit and more hours.</li> </ul>	<b>2nd Quarter</b> <ul style="list-style-type: none"> <li>8 persons found employment during the second quarter, taking an average of 29.9 weeks: JL (8 wks), DT(65 wks), CR (34 wks), NP (39 wks), RE (5 wks), MF (36.5 wks), DN (14 wks), AP (37.5 wks).</li> <li>1 person served already had a job, but wanted an additional job with specific hours in addition (AP).</li> </ul>	<b>3rd Quarter</b> <ul style="list-style-type: none"> <li>7 persons found employment during the third quarter, taking an average of 27.9 weeks: DB (15 wks), LC (50 wks), FS (17 wks), BP (6.5 wks), JV (15 wks), DD (52.5 wks), KP (39 wks).</li> <li>3 persons served had specific job responsibilities, hours, and barriers to address while looking for a job. LC wanted specific hours, DD had specific job responsibilities he was looking for, and KP has physical barriers and needed a carved position.</li> </ul>	<b>4th Quarter</b> <ul style="list-style-type: none"> <li>1 person served found employment during the fourth quarter, taking an average of 6 weeks: MB (6wks).</li> <li>Due to COVID-19, many businesses were closed or not hiring during the 4<sup>th</sup> quarter.</li> </ul>
---	---	---	---	--

Comparison of last year's results (18/19) to this year (19/20): The fiscal year 2018-2019 ended with an average 24 weeks to find job placement for 22 placements. The fiscal year 2019-2020 ended with an average 29 weeks to find job placement for 22 placements.

Trends:  YES  No (if yes provide detail)

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Due to the pandemic, many businesses shut down or laid people off beginning in the middle of March and did not start opening back up until mid-June. COVID-19 impacted the way the Job Developer worked with persons served (many meetings via Zoom or FaceTime), interviews, and the willingness of persons served to attend interviews or work in positions during the pandemic. This led to a lower number of placements for the last quarter of the fiscal year.

New Recommendations for Next Year (20/21): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Continue Action Step #1: CPM's will provide at least 20 billable hours per week (EA will review if hours were met monthly and share with E/DPD)	Expected Outcomes Increase billable hours (face to face/on behalf of) on each person served to potentially help them secure employment as quick as possible.	Person Responsible CPM & EA	Timeframe July 1 <sup>st</sup> , 2020
---	---	--------------------------------	--

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Maintain cost of services to budget projections	Monthly Budget Variance	Monthly financials	Employment Administrator	Employment Administrator	YTD cost of service will be at or lower than budgeted	Supported Employment Program	JC= 3,624 JD= 2,914	JC= 12,114 JD= 5,290	JC= 21,062 JD= 5,397	JC= 27,134 JD= 6,621	JC= 38,993 JD= 7,276	JC= 38,993 JD= 7,697	JC= 40,664 JD= 10,393	JC= 39,497 JD= 11,118	JC= 55,040 JD= 11,135	JC= 32,921 JD= 9,918	JC= 41,959 JD= 8,447	JC= 38,298 JD= (2,604)

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan): It was recommended to continue this goal as written.	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	Completion Date NA
--	---	---	-----------------------

		Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter There were 3 persons (GB, DK & JL) who started Job Development during the first quarter. There were 6 persons (LS, DK, MC, & BS) who found employment during the first quarter. There were 3 persons (KC, JF & AF) who started Job Coaching services. There were 3 persons (LS, DK, MC, BS, MM, & AP) who started Job Coaching services after placement occurred.	2nd Quarter There were 11 persons (JA, JB, MJ, BP, CN, RR, FS, JV & CR) who started Job Development during the second quarter. There were 8 persons (JL, DT, CR, MF, DN, & AP) who found employment during the second quarter. All 8 persons who found employment also began receiving Job Coaching services after placement occurred.	3rd Quarter <ul style="list-style-type: none"> <li>There were 7 persons (RB, DB, RE, SL, MB, BC &amp; PS) who started Job Development services during the third quarter. There were 7 persons (DB, LC, FS, BP, JV, DD, &amp; KP) who found employment during the third quarter. All 7 persons who found employment also began receiving Job Coaching services after placement occurred.</li> </ul>	4th Quarter <ul style="list-style-type: none"> <li>There were 5 persons (JC, KC, KK, SM, DZ) who started Job Development services during the fourth quarter. There was 1 person served (MB) who found employment during the fourth quarter. She was receiving Job Coaching services while she was in Job Development and continued with her new job.</li> <li>During the 4<sup>th</sup> quarter, Job Development billing was low due to COVID and persons served going on LOA or only willing to meet for short timeframes as well as businesses not hiring or interviewing at that time.</li> <li>All but 1 ETS and 1 on-call ETS were scheduled hours in other departments during most of the 4<sup>th</sup> quarter due to COVID-19.</li> <li>March- able to bill for the persons served tiers they were approved for (Job Coaching). April- received a retainer payment for all Job Coaching persons served. May &amp; June- billed for the Job Coaching services provided. June is when a majority of persons served were back working.</li> </ul>	
<p>Comparison of last year's results (18/19) to this year (19/20): During the fiscal year 2018-2019 the goal was met \$39,986 for Job Coaching and Job Development ended with a variance of (\$2,886). During the fiscal year 2019-2020 the goal was met \$38,298 for Job Coaching and Job Development ended with a variance of (\$2,604), the Job Development deficit was covered by the Job Coaching surplus.</p> <p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)  Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain)  Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)  Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain)  COVID-19 had a tremendous impact on not only the services Link provides but how the day to day operations run. Due to the pandemic, many businesses shut down or laid people off beginning in the middle of March and did not start opening back up until mid-June. COVID-19 impacted the way the Job Developer worked with persons served (many meetings via Zoom or FaceTime), interviews, and the willingness of persons served to attend interviews or work in positions during the pandemic. Which had an impact on hours we were able to bill for Job Development.</p>					
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA	Expected Outcomes NA			Person Responsible NA	Timeframe NA

INCIDENT AND TRENDS ANNUAL REPORT  
AND  
DEMOGRAPHIC TRENDS OF PERSONS SERVED LEAVING SERVICES  
JULY 1, 2019 – JUNE 30, 2020  
HEIDI WEDEKING, CASE MANAGEMENT ADMINISTRATOR

I. ANALYSIS

\*This report contains incident reporting for agencies with whom Link Coordination Programs (Case Management and Program Management) fund or monitor services. Agencies will be identified throughout the report.

INCIDENT REPORTS – REPORT OF TRENDS

Targeted Case Management is regulated by standards set forth in Chapter 24 of the Iowa Administrative Code. Section 24.4: Standards for Services, requires organizational staff, to write an incident report for incidents of a critical nature which include:

An occurrence involving the individual that:

1. Results in a physical injury to or by the individual that requires a physician's treatment or admission to the hospital
2. Results in someone's death
3. Requires emergency mental health treatment for the individual
4. Requires the intervention of law enforcement
5. Results from any prescription medication error that leads to one of the above
6. Is reportable to protective services
7. Location of person served is unknown by staff who are assigned protective oversight

In addition, in compliance with HCBS regulations, incidents occurring in Link Associates' waiver funded programs (Transportation, Residential, Employment and Day Habilitation), are also tracked utilizing the same definition as noted above.

REPORTING REQUIREMENTS FOR LINK COORDINATION PROGRAMS:

For those individuals receiving Case Management services, the provider agency completes an incident report when the agency's staff first becomes aware that an incident has occurred. The staff directly involved at that time of the incident should prepare and sign the incident report and forward it to the agency supervisor. The agency will also be responsible for reporting the incident to the Department of Human Services via data entry into the Iowa Medicaid Provider Access System. Case Management staff will receive an electronic "IMPA" workflow milestone for all critical incidents within 72 hours of the incident. The Case Manager will review the incident to determine if there is anything that could assist in resolution of the current issue or if further mitigation is necessary. A copy of the report will be given to the Case Management Director for the central file and a notation made in the individual's file.

When the Case Manager is directly involved in the incident, he/she will prepare and sign the incident and forward it to the Case Management Director for the central file. The Case Manager notifies the Department of Human Services of the incident via data entry into the Iowa Medicaid Provider Access System. The Case Manager will complete any follow up needed to resolve the current issue or determine if further mitigation is necessary and make notation in the individual's file.

When a critical incident occurs in one of the Link Program Departments and there is an outside Case Manager, the department who first becomes aware of the incident, will complete the incident report and submit according to the assigned MCO guidelines and the Case Manager will be notified within 24 hours of the critical incident. The report will be routed to the Coordination Director's Central File and notation will be made in the individual's Program Management file.

Physical Injury to or by the individual requiring a physician's treatment or admission to hospital.	4 28
Results in someone's death	0 2
Requires emergency mental health treatment for the individual	0 6
Requires the intervention of law enforcement	4 32
Results from any prescription medication error	0 0
Is reportable to protective services	1 6
Consumer's location is unknown	1 8

#### Causes

The cause of each incident report is summarized on an individual basis in this report in quarterly intervals and in more detail on the incident report which is located in the centralized incident report book.

Case Management reported 10 critical incidents over the last quarter. However, analysis of the reports showed various causes for the reports and no trends.

In Program Management, an analysis of 69 individual incident reports concluded that of the 69 reports, 13 cases met criteria of having two or more different critical factors (for a total of 82 incident types) as defined in the policy and procedures for consumer incident reports, which is located in the Link Associates' policy and procedure manual: Section: Program, Policy 17. An example of two or more critical factors is an incident in which an individual required emergency mental health treatment as well as law enforcement involvement, thus meeting two separate criteria in one incident. Twelve incidents were the results of falls. In three situations, there was only one incident but it involved multiple persons served resulting in 2-4 reports being completed (car accident, altercations between roommates or with staff, etc.) The causes of all incidents reported this year varied by person served and situation.

#### Trends

No trends were identified in the incident reports for Case Management.

In Program Management, as in other quarters/year, incidents requiring medical treatment or police intervention seem to account for most of the incidents. In FY20, police intervention was necessary in 32 (40%) incidents and medical treatment was sought in 28 (35%) incidents. Most trends during the quarters, were by person served. Trends were identified in location of incident, time of day, staff, etc. Each IDT worked to address the causes of the incident trends and adjusted programming accordingly.

## II. ADMINISTRATIVE FEEDBACK

### A. UPDATE ON PREVIOUS RECOMMENDATIONS:

Action Step: Supervisory staff will attend training on reducing staff injury during episodes of challenging behavior (Challenging Behavior Injury Reduction Program) and share information with other staff members. When available, training on Motivational Interviewing will be attended and information shared. Case Coordinators will continue to attend Polk County trainings to gain knowledge on additional resources available in the community that might be beneficial in reducing incidents. In addition, Link will have personnel attending the National DSP Conference and Frontline Supervisor Training to gain additional skills/resources to provide to others.

Status of Action Step: Completed

Completion Date: June 30, 2020

Action Steps: Individual teams will utilize functional/environmental assessments, community resources available and/or periodically re-evaluate their risk assessment, safety plan and programming to decrease the number of incidents. Case Coordinators will also encourage teams and providers to develop behavior support plans that address interfering behaviors and ensure these plans utilize other methods or options before contacting law enforcement or utilizing emergency mental health treatment. Case Coordinators will also add information on fall prevention in their plan when there is a fall risk. Information on fall prevention will be shared with teams and staff at Link to help implement changes to reduce risks when possible. The teams will focus on prevention in their planning. The teams will also access the PBS Committee when needed and community resources available and necessary to help prevent duplicative incident types for the same individual. Link's PBS Committee is implementing supports to become more of a resource for teams and individuals with interfering behavior. As needed, the Case Coordinator will meet with supervisory/administrative staff more often to discuss on-going issues and research alternative options to prevent reoccurrence. Case Coordinators will attend staff/house meetings as needed to gain additional insight from DSPs and better coordinate and plan interventions for individuals.

Status of Action Step: Completed

Completion Date: June 30, 2020

#### **A. RECOMMENDATIONS/ACTION STEPS:**

Action Steps: It is recommended that Link continue with developing the Challenging Behavior Injury Reduction Program/Sensory Team once COVID restrictions are lifted. Also, continue with DSP and Frontline Supervisor trainings. As well as Motivational Interviewing. It is also suggested that fall risks be assessed and plans in place for prevention for those individuals or locations where the risk of falling is more likely.

Timeframe for completion: On-going

Personnel Responsible: PBS and Sensory Teams, IDT

Expected Outcome: Implementing Sensory Flows for individuals will help improve their quality of life, help reduce interfering behaviors and hopefully reduce the amount of police or mental health intervention. Motivational Interviewing and other trainings for DSP and Frontline Supervisors will help give additional "tools" for staff to use when working with individuals and different approaches for successful interventions during heightened situations. By assessing fall risks for individuals or locations, the number of incidents resulting in medical treatment due to a fall should decrease.

#### **B. PREVENTION OF REOCCURRENCE:**

Action Steps: Individual teams will utilize functional/environmental assessments, community resources available and/or periodically re-evaluate their risk assessment, safety plan and programming to decrease the number of incidents. Case Coordinators will also encourage teams and providers to develop behavior support plans that address interfering behaviors and ensure these plans utilize other methods or options before contacting law enforcement or utilizing emergency mental health treatment. Case Coordinators will also add information on fall prevention in their plan when there is a fall risk. Information on fall prevention will be shared with teams and staff at Link to help implement changes to reduce risks when possible. The teams will focus on prevention in their planning. The teams will also access the PBS Committee when needed and community resources available and necessary to help prevent duplicative incident types for the same individual. Link's PBS Committee is implementing supports to become more of a resource for teams and individuals with interfering behavior. As needed, the Case Coordinator will meet with supervisory/administrative staff more often to discuss on-going issues and research alternative options to prevent reoccurrence. Case Coordinators will attend staff/house meetings as needed as well as increase interactions with DSPs to gain additional insight from DSPs and better coordinate and plan interventions for individuals.



Timeframe for completion: On-going

Personnel Responsible: Interdisciplinary Team Members, Case Management Administrators, Director and Assistant Director and PBS Committee

Expected Outcome: As trends for individuals are identified, the individual teams will meet and make changes to the programming and/or environment and utilize resources available as needed. It is believed that in some situations reoccurrence of incidents will decrease as a result. In addition, this will allow for on-going referrals and increased communication among teams regarding resources. It will improve the teams' ability to identify and advocate for unmet needs, which can be communicated to the county, MCO, legislators and providers of services.

.....

### DEMOGRAPHIC TRENDS IN THOSE EXITING SERVICES 2019-2020

As a supplement, the department will collect data and share information regarding trends identified in discharges. The program is interested in reasons for discharges and putting a weight to discharges in terms of positive, neutral, and negative from an agency role in the discharge. In addition, we track demographic trends which may alert us to the changing needs of those we serve and why people chose to leave the program. Annually, a report will be submitted to agency directors to allow them to assess collectively why people are discharging from the agency and transferring within the agency.

#### Case Management:

Six people discharged in FY19-20. All of the discharges are for reasons defined as neutral, meaning the agency service provision was not a factor in the reason for discharge. The reason indicated in all CM discharges this fiscal year:

Six people lost eligibility for the Medicaid Cost Savings program (HIPP), which requires fee for service Case Management and were then assigned to an MCO.

#### Demographic Highlights:

- 100% are young adults, between the ages of 22-34.
- 67% are male, 33% are female.
- Ethnically, all are Caucasian.
- 67% utilized hourly SCL services, and 33% utilized SCL daily services.
- 43% of those discharged had no vocational placement, 33% were in Supported Employment Services, and 24% were in Day Hab.
- 67% have a mild intellectual disability, 32% have a moderate intellectual disability, and 1% have a severe intellectual disability.

### DEMOGRAPHICS-REPORT OF TRENDS

#### Demographic Highlights:

- There was no significant growth in the age groups we serve this fiscal year. All of the discharges are a result in a change of funding. No referrals were made to the CM Department this year, as most alignments for FFS CM are going to DHS.
- The agency serves individuals throughout their lifespan; however, 100% of discharges are young adults. This trend is due to the link between when a child ages out of their parent's private insurance and moves directly to Medicaid because at that point the State of Iowa assigns the person to an MCO for their case management services.
- Ethnic background of those discharged is Caucasian at 100%.
- The majority of individuals discharged live in their own homes in the community with funding through HCBS-ID Waiver that focuses on community living or health maintenance. Two people resided in their parents' home at the time.
- Vocationally, 67% of those discharged were not actively pursuing vocational services.
- There were no observable trends in the following demographic areas: Ethnicity, Legal Status, Diagnosis', and level of disability.

#### Program Management:

Forty-three people discharged in FY 19-20. All but four of the discharges are for reasons defined as neutral, meaning the agency service provision was not a factor in the reason for discharge. Top neutral reasons for discharge include:

- Four people moved out of the service area or are deceased
- Seven-teen people no longer needed the service
- Three people choose a provider that was a better match to their needs
- Four people no longer met eligibility or level of care
- There were four negative discharges. Two people refused to participate in the service or were displeased with their service, and an additional two people were involuntarily discharged as the agency could not meet their needs in the HCBS Setting due to extensive need for 1:1 staff, behavioral interventions tried and unsuccessful over time, and parents were displeased.

#### Demographic Highlights:

- 11% are children or transition aged adults, 21 years of age or younger.
- 45% of those discharged were between the ages of 22-34.
- 63% are male.
- Ethnically, those who discharged were largely Caucasian at 68%.
- 11% lived with a parent or guardian, 13% utilized hourly SCL services, and 71% utilized SCL daily services.
- 43% of those discharged were in a supported employment program, while 36% resided in their own home.
- 26% have a mild intellectual disability, 32% have a moderate intellectual disability

#### DEMOGRAPHICS-REPORT OF TRENDS

##### Demographic Highlights:

- There was no significant growth or decline in the age groups we serve this fiscal year as the number of people in each category remained relatively stable in regards to those who discharged.
- The agency serves individuals throughout their lifespan; however, 100% of those served are adults over 18, a 27% increase from the previous FY discharges.
- Ethnic background of those discharged is predominately Caucasian at 68%, this is consistent with previous years.
- The majority of individuals discharged live in their own homes in the community with funding through HCBS-ID Waiver that focuses on community living or health maintenance. The percentage of people discharged living in their own homes funded HCBS funded services is 84%.
- Vocationally, 8% of those discharged were not actively pursuing vocational services
- Forty percent of those discharged from the Day Hab program, and 50% discharged from Supported Employment. The SE discharge occurred as the person graduated from the service and went on to competitive employment.
- There were no observable trends in the following demographic areas: Ethnicity, Legal Status, Diagnosis', and level of disability.

MEASURES OF ACHIEVEMENT SUPPLEMENTAL MEASURES

Supplemental Measures of Achievement																		
PERSONS SERVED SERVICES																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve service documentation to meet IAC standards	Percent of records reviewed by Internal Review Committee whose documentation supports billing for services	Service Documentation	Chairs of Internal Review Committee	Chairs of Internal Review Committee	At least 95% of the required detail information is present in the service records (to bill)	Random samples generated by Internal Review Committee (up to 10% quarterly)		100%			100%		100%					100%
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA						Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA 1st QUARTER. 2ND QUARTER 3RD QUARTER 4TH QUARTER						Completion Date NA					
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter See meeting minutes – error in billing program set up identified and continued problems with transportation being paid corrected by MCO’s.						2nd Quarter						3rd Quarter NEMT services new in July 2020 due to Iowa Total Care becoming a new MCO in IA are not 100% audited and were added to the committee’s oversight per Corporate Compliance Program/Reports					
Comparison of last year’s results (18/19) to this year (19/20): Last fiscal year the billing compliance average was 99.8% and for this fiscal year the average is 100% Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): See meeting minutes Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps:						Expected Outcomes NA			Person Responsible NA			Timeframe NA						

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve medication administration	Frequency of medication errors/types N=number with doc omission in target 1 N= total med errors number in target 2	Medication error records and tracking form	Agency Nurse	Agency Nurse & Outreach Director	1. Reduce number of documentation omission errors to 50% or less average in one year.  2. Reduce total number of med errors in one year to an average of 75 per month minimum and optimum of 60 or less.	All persons served medication errors recorded  Target 1:  Target 2:	8% N=5	14% N=5	39% N=23	67% N=22	0% N=0	2% N=1	0% N=0	76% N=61	44% N=18	83% N=68	82% N=23	83% N=39
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)  NA							Completion Date  NA					
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter Using PCC/eMAR for all med administration; Staff, Supervisors, Administrators are learning the system and working through issues as they arise. Annual Med Review Training will roll out in 3 <sup>rd</sup> quarter meeting the annual due date for the training, training will be on-line.  Med errors recorded were as follows:				2nd Quarter Continue to learn the system and assist staff documenting med administration. Have experienced some issues with PCC, working with Pharmacy & PCC to get resolved. Noticing reporting of med errors not consistent. Begin exploring the med manager curriculum and possibilities to make training, med administration methods, and recording consistent in the homes.  Med errors recorded were as follows:				3rd Quarter Reporting of med errors in Jan. was lacking thus the numbers do not reflect an accurate picture. Additional focus has been placed on accurately reporting and agency nurse is providing a missing documentation report to supervisors to assist in capturing accurate reporting. Continue to explore the med manager curriculum and training options for Link. Due to Covid-19 pandemic the annual med manager review training is on hold, working to develop an on-line training.  Med errors recorded were as follows:				4th Quarter Reporting of med errors continues to vary month to month. However, reports are completed more timely. Agency Nurse continued to provide a missing documentation report to Supervisors. No movement on exploration of new med manager curriculum this quarter due to pandemic and focus/work to reopening services. Establishing an on-line training for the annual med manager is closer to being completed and will be available in the next quarter.  Med errors recorded were as follows:					

	July '19	Aug '19	Sept '19		Oct '19	Nov. '19	Dec '19		Jan '20	Feb '20	March '20		April '20	May '20	June '20
Total Med Errors	66	35	58	Total Med Errors	33	20	42	Total Med Errors	16	80	41	Total Med Errors	82	28	47
Doc Omission	5	5	23	Doc Omission	22	0	1	Doc Omission	0	61	18	Doc Omission	68	23	39
PRN w/o followup	0	0	0	PRN w/o followup	0	0	0	PRN w/o followup	0	0	0	PRN w/o followup	0	0	0
Wrong Dose (wrong amount)	0	0	1	Wrong Dose (wrong amount)	0	0	0	Wrong Dose (wrong amount)	1	0	0	Wrong Dose (wrong amount)	0	0	0
Wrong Consumer	0	0	0	Wrong Consumer	0	0	1	Wrong Consumer	0	0	0	Wrong Consumer	0	0	0
Wrong Med	2	0	0	Wrong Med	0	0	0	Wrong Med	0	0	0	Wrong Med	0	0	0
Wrong Time	0	2	4	Wrong Time	0	2	1	Wrong Time	0	2	2	Wrong Time	3	2	0
Not given/missed med	24	17	29	Not given/missed med	8	15	28	Not given/missed med	12	14	20	Not given/missed med	10	3	7
OTHER	35	11	1	OTHER	3	3	11	OTHER	3	3	1	OTHER	1	0	1

Comparison of last year's results (18/19) to this year (19/20): Target goal #1; last year the result of doc omission errors was 61.25%, this year the results were 41.5% meeting the goal to be 50% or less average in one year. In the Target goal #2; last year the total number of med errors reported at 661 (a monthly average of 55) meeting the goal). This year the total number of med errors reported at 548 (a monthly average of 45.6 also meeting the goal).

Trends:  YES  No (if yes provide detail)  
 Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)  
 Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
 Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/>	Expected Outcomes	Person Responsible	Timeframe
Continue Goal with modifications as outlined above Action Steps:	NA	NA	NA

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve Positive Behavioral Supports to Persons served	Number of incident reports	Incident Report from EDOC	PBS Committee Chair	PBS Committee Chair	Maintain or reduce the number of trend reviews per year	All persons served		2			4			1				0

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan):  Action step: PBS will provide a consultation to a minimum of 1 person served and their team each quarter  Did Actions taken accomplish intended results: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1ST QUARTER – 1 consultation provided 2ND QUARTER – 1 consultation provided 3RD QUARTER – 1 consultation provided 4TH QUARTER – 0 consultations due to impact of COVID and office closure	Completion Date  June 2020
--	--	---	----------------------------------

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter Total Incident Reports: 235 Behavioral: 121 Medical: 83 Present during Police intervention: 4 Left Unsupervised: 2 Other: 25 Trends: The PBS Committee completed 2 trend reviews for the first quarter, both in the month of July 2019 Causes of Trends Observed: See individual trend reviews. Actions for Improvement: There were varied actions taken for improvements to help prevent continued incident reports: 1 person was placed on a leave of absence until the team was able to decide the best course for the individual's needs. 1 person had a follow up with medical professionals to check medications. Prevention of Recurrence/Training Needed: 1 person and their team decided to discharge from the program. 1 individual had a medication dosage change.	2nd Quarter Total Incident Reports: 243 Behavioral: 131 Medical: 76 Present during Police intervention: 0 Left Unsupervised: 4 Other: 32 Trends: The PBS Committee completed 4 trend reviews for the second quarter, 3 in October (2 behavioral 1 Medical), 1 in December 2019 (behavioral) Causes of Trends Observed: See individual trend reviews. Actions for Improvement: There were varied actions taken for improvements to help prevent continued incident reports: 2 individuals were seen for mental health issues related to their diagnosis. 1 had a change of environment by a move in the dayhab room, 1 received follow up medical treatment. Prevention of Recurrence/Training Needed: 2 persons were prescribed PRN medication resulting in a BIP which will be followed up	3rd Quarter Total Incident Reports: 187 Behavioral: 83 Medical: 77 Present during Police intervention: 6 Left Unsupervised: 0 Other: 21 Trends: The PBS Committee completed 1 trend reviews for the second quarter Causes of Trends Observed: 1 trend review in February for medical incidents related to mental health. PBS Trend Review Summary The PBS Committee completed 1 trend review for the third quarter. This trend was medically related and occurred in February. This review centered around a mental health hospitalization and subsequent hospital discharges that were premature. Areas for Improvement: None - The team reacted appropriately to ensure the person served received the needed medical treatment. Actions for Improvement: Physician ordered a change in medication. Team is to monitor. Implementation of Actions Taken: The subject of the trend review was treated and released with a medication change. Prevention of Recurrence/Training Needed: The medication change resulted in a BIP which will be reviewed by the PBS Committee. Follow up on actions taken previous quarter (did actions accomplish intended result) Yes – BIPs reviewed and remain in place	4th Quarter Total Incident Reports: 79 Behavioral: 18 Medical: 51 Present during Police intervention: 0 Left Unsupervised: 0 Other: 10 Trends: There were no trend reviews in the fourth quarter Causes of Trends Observed: There were no trend reviews in the fourth quarter PBS Trend Review Summary Areas for Improvement: NA Actions for Improvement: NA Implementation of Actions Taken: NA Prevention of Recurrence/Training Needed: NA Follow up on actions taken previous quarter (did actions accomplish intended result) Yes - As a result of the Teams intervention and advocacy the person served received inpatient medical treatment until medical issues were resolved and was then released to return home. BIP was reviewed and remains in place.
---	---	---	--	--

Comparison of last year's results (18/19) to this year (19/20): During the 2018 – 2019 fiscal year, there were a total of 24 trend reviews completed. During the 2019 – 2020 fiscal year, there were a total of 7 trend reviews completed. See Agency Program Policy #17 – Persons served Incident Reports for the written description of internal and external reporting requirements.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps:				Expected Outcomes			Person Responsible					Timeframe						
				NA			NA					NA						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
To improve agency services	Number of appeals and grievances	Appeals and Grievance Records	Program Director(s)	Corporate Operations Director	No more than two appeals and/or	All persons served and family		0			1			0				0

		grievances per year															
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA 1st QUARTER. 2ND QUARTER 3RD QUARTER 4TH QUARTER					Completion Date NA						
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):			1st Quarter	2nd Quarter One grievance received on 10/8/19 from family member for persons served receiving SCL services. The family also concurrently made complaint to DHS/HCBS that was dismissed and not acted upon. Contributing factors included unhappy with roommate, frustration over landlord (non Link) lease expectations, wanting to change residence and roommates, and payment expected for damages at apartment. Executive Director reviewed with residential department the importance of involving whole teams in persons served desires to change roommates and where they live to help ensure all details are accounted for to the best extent possible. The family did apologize for overreacting and filing this grievance 2 days later at the persons served annual meeting. The family subsequently discharged their son after he assaulted a roommate who pressed charges against him.						3rd Quarter	4th Quarter						
Comparison of last year's results (18/19) to this year (19/20): In 2018/2019 no internal or external appeals/grievances/complaints were presented and in 2019/2020 Link Associates acted upon one grievance.																	
Trends identified: None																	
Areas needing performance improvement: None																	
Actions to be taken: None – Continue current practices which include; Upon admission to Link services and annually thereafter, consumers and family members are provided with the current Handbook for Consumers, Legal Representatives, Advocates, and Family Members. This handbook contains specific information on appeals and grievances and reinforces that our goal is to help consumers benefit from the services we provide and that we strive to work together to eliminate all causes of complaints. Further assurance is provided that complaints will not result in barriers to services or that any retaliatory actions will occur.																	
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps:			Expected Outcomes NA					Person Responsible NA				Timeframe NA					
<b>PERSONNEL</b>																	
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	Annual										

To improve employee satisfaction	Scores on Employee Satisfaction Survey	Employee Satisfaction Survey	Executive Director	Executive Director	To obtain an average score of 70% or higher agreement with survey statements.	All employees	81.35%
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Action Step #1: Work with elected officials to stress the importance of the workplace crisis and need to be able to increase wages. Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER. Worked aggressively with legislative officials to address the direct support professional wages. 2ND QUARTER-Continued to meet with elected officials and communicate with elected officials on the critical nature of the industry and the need to increase wages to retain a workforce 3RD QUARTER-Worked with elected officials and other state leaders to understand the extreme stress the industry is under with a lacking workforce and now an international pandemic 4TH QUARTER-Continued advocacy on the extreme need to make changes to the direct support professional wages to maintain services for critically fragile lowans			Completion Date 6/30/20	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter For the first time in many years we have been able to increase the wages for all staff and raise the starting wage.	2nd Quarter As we moved into the second quarter things again appeared to maintain good grounding and Link was cash flowing the raises with existing rates	3rd Quarter COVID-19 hit in the third quarter of the fiscal year and we immediately lost 33 employees and encountered staggering overtime and extremely difficult situations for all direct support professionals	4th Quarter Throughout the fourth quarter COVID-19 remained a significant factor on the services provided by Link and the number of billable units we were able to submit. Retention was challenging as enhanced unemployment exceeded what people could make working at Link			
<p>Comparison of last year's results (18/19) to this year (19/20): In fiscal year 18/19 the average score of agreement with the statements in the survey was 77.6% and in 19/20 the same survey was conducted with an outcome of 81.35%, a slight increase. We worked hard to increase the number of participants taking the survey although we were not successful in increasing that. Despite the multiple challenges facing our workforce the staff we have remain very loyal and committed to the people we serve and to the organization.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): Since managed-care started in the state of Iowa the trend has continued to minimize the amount of money paid to the providers which directly results in the inability for providers to pay a respectable wage to staff which in turn leads to increasing staff turnover and increase costs in overtime.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Continued lack of respect from state and national government to the responsibilities placed on provider organizations and the direct support professional's to meet CMS, MCO, and state/local standards with the minuscule payment provided for such intensity.</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p> <p>Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) COVID-19 was a devastating event for the HCBS - ID industry. The staff requirements were more intense and more dangerous, the revenues were significantly diminished, and the need for staff increased. This placed a great strain on each employee of the organization and their families.</p>							



New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: NA			Expected Outcomes NA				Person Responsible NA					Timeframe NA						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20
Improve Staff qualifications	Personnel File Audit Report results	Personnel Files 1. Goal # 1 will include all new hires  2. Goal #2 will be all employees upon annual anniversary dates	Administrative Specialist	Administrative Specialist	1. All new hires will contain 100% of required components  2. Current employment files will have 95% compliance for a) annual review timelines b) required trainings	All Employees  Target 1:	32%		25%			55%			24%			
							Target 2a:	68%		59%		88%		75%				
							Target 2b:	79%		85%		69%		61%				
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Step: Change the person responsible and for the data collection to the HR Manager. Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER: Upon meeting with Admin Specialist, Training Facilitator, Executive Director, Human Resource Manager, Information Technology and Corporate Operations Directors on 9/17/19, it was decided to retain the data collection responsibilities with the Administrative Specialist with integrated activities with that position, HR, and the Training Facilitator to help promote the integrity of the data and subsequent actions to take for deficiencies identified. 2ND QUARTER 3RD QUARTER 4TH QUARTER						Completion Date 9/17/19						

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	<p>1<sup>st</sup> QUARTER On 9/17/19 steps were implemented to ensure data was current, that proactive reports were completed and acted upon that identify any staff with past due trainings and/or evaluations. Yet this quarter it was learned afterwards that staff assigned to notify all office staff of upcoming trainings had not been done since May which resulted in staff unaware they had trainings due in this quarter. That list was then sent out 10/2/19. Further contradictory information was identified in the results that was due to the new processes developed which was good and is being resolved. The Executive Director further sent e-mails to leadership identifying the results that needed resolution. For Target 1 in particular, this score was impacted the most by supervisory personnel not completing 90 day performance evaluations timely.</p>	<p>2<sup>nd</sup> Quarter On 11/14 new report features were added to file maker and the Training Facilitator is sending out weekly, automated reports that will show any employees that are past due on required trainings to the leadership of their programs for immediate follow through. Employee 9459 was on FMLA/PLA when 90 Day Evaluation due. Employee 4369 was on FMLA/PLA when Annual Evaluation due.</p>	<p>3<sup>rd</sup> Quarter On 1/3/20 the Executive Director gave firm directives to supervisors who have not provided their employees with timely performance evaluations.  Data for target 2.a. (timely performance evaluations) was found to be pulling incorrect data that did not account for the 30 day period from anniversary dates these are to be done. IT has fixed this and data for the fourth quarter should be more accurate.</p>	<p>4<sup>th</sup> Quarter COVID-19 played a major part with the quarters numbers as there was DSP's and Supervisors under quarantine.  Employee 9507 was on Medical PLA. Employee 5891 was on FMLA/PLA. Employee 9413 was suspended - non work related.</p>
---	---	--	--	---

Comparison of last year's results (18/19) to this year (19/20): : Target 1: In 18/19 the new hire personnel files contained 39% of required elements when audited and in 19/20 this average fell to 34%  
Target 2: 2a: In 18/19, 49% of annual reviews were completed timely and in 19/20 this improved to 72%. 2b: In 18/19, 59% of required trainings were completed on time and in 19/20 this improved to 74%.  
Trends:  YES  No (if yes provide detail):  
Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain) Continued problems with the data integrity with how the program was designed interfered with reliable data that I.T. now believes should be corrected in the 4<sup>th</sup> quarter of this report.  
Characteristics of persons served impact performance:  YES  No (if yes, please explain)  
Other extenuating or influencing factors  YES  No (if yes, please explain) COVID – 19 had an impact on the 4<sup>th</sup> quarter in particular with the majority of administrative employees working remotely. These functions all continued in a modified manner but updates to the main personnel files were delayed in many instances.

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps:	Expected Outcomes NA	Person Responsible NA	Timeframe NA
---	-------------------------	--------------------------	-----------------

**EFFECTIVENESS FOR PERSONS SERVED**

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve persons served knowledge of grievance and appeal process	Files demonstrate that the agency appeals and grievance process was	Review of Case File and completion of Quality Assurance Checklist	CM Director	CM Director	100% of files demonstrated that the agency appeals and grievance process was provided to persons served at least annually	Those served in Case Management (CM) & Program Management (PM))	CM records in compliance =7/7=100%			CM records in compliance =9/9=100%		CM records in compliance =7/7=100%	PM records in compliance =18/18=100%	PM records in compliance =9/9=100%				CM records in compliance =6/6=100%	PM records in compliance =20/20=100%

	provided annually	100% sample for CM and 20% sample for PM, scores on CM-01. Reviewed Annually																	
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) N/A										Completion Date NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):			1st Quarter Case Management met at 100% Program Management not met at 92% (1 file as out of compliance). Admin will review with PM for training.				2nd Quarter Case Management met at 100% Program Management not met at 100%			3rd Quarter Case Management met at 100% Program Management not met at 100%			4th Quarter Case Management met at 100% Program Management not met at 100%						
Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, the Case Management Program averaged 96% and the Program Management program averaged 95%. In FY 19/20 the Case Management Program averaged 100% and the Program Management program averaged 98%, due to 1 file out of 60 reviewed that was not in conformance.																			
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail): Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																			
New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: N/A			Expected Outcomes N/A					Person Responsible N/A					Timeframe						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Achievement of persons served identified goals.	The number of goals with progress.	Review of Case File and completion of Quality Assurance Checklist 100% sample for CM and 20% sample for PM, scores on CM-01. Reviewed	Quality Assurance Committee	Case Management Director	85% of goals reviewed via the QA process will show progress toward meeting the individual's goal.	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM goals with progress 27/29 = 93%						CM goals with progress 29/32 = 91%						
							PM goals with progress = 32/35 = 91%						PM goals with progress = 19/19=100%						
													CM goals with progress 7/10 = 70%						
																			CM goals with progress 20/21 = 95%
																			PM goals with progress = 53/54=98%

	Annually									
								CM ANNUAL SUMMARY Number of goals reviewed for progress = 83/92, 90%	PM ANNUAL SUMMARY Number of goals reviewed for progress = 142/149, 95%	
								Case Management Department Blended Scores = Number of goals reviewed for progress =225/241,93%		
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) It was recommended to adjust sample size to 100% sample for CM and 20% sample for PM  Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA			Completion Date  NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter Goal met this quarter for CM and PM.  It is important to note that many service plans have exceeded the typical 12-month period as the MCOs transition through the continuity of care period. This would favorably impact goal progress as the MCOs opt to extend current goals for 1-2 months that have already been achieved.	2nd Quarter Goal met this quarter for CM and PM.  Case Coordinators continue to be challenged by external CBCM's moving staffing dates around. At the beginning of this quarter there were numerous plans that had been extended as in the previous quarter, impacting choice of goals. Towards the end of December, it was noticed that CBCM's have been instructed to move up service plan meetings by as much as 60 plus days to ensure providers have new plans timely. While timely plans are expected, the MCO's are now moving plans up 60 days which also impacts goal progress because the plan is less than 10 months old and the person served may have not reached a point in a goal action step to achieve that step and the team is prematurely meeting to develop new or revised goals. This information is being communicated to IME.	3rd Quarter Goal not met for CM this quarter. The issue was identified that one person served had three SCL goals, but had not had a SCL provider in place, thus no progress could be made on these goals that were still active in the plan. CM will addend plan after discussing the goal and need for service with the staffing team.  Goal was met this quarter for Program Management.  Continued issues with SIS and Staffing dates being realigned by the MCOs to fit their processes. The Case Management Director contacted ITC and Amerigroup and discussed the impact of the staffing date changes with the CM Managers. The MCO's have decided to continue to move dates so that meetings are not "bunched" together on their end. The program will adapt to this new schedule and continue to advocate that plans are done annually, not every 9-10 months.	4th Quarter Goal met this quarter for CM and PM.  Goal was met this quarter for Program Management.						
Comparison of last year's results (18/19) to this year (19/20): For FY 18-19 CM achieved 93% and PM achieved 92% with a blended score of 92%. For FY 19-20, the programs met the goal targets successfully with an annual blended score of 93% (90% for CM and 95% PM)										
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail): Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)										

<p>New Recommendations for Next Year (20/21):  <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above  Action Steps: Maintain sample size of 100% for CM and increase to a 25% sample for PM. Increase targets to maintain goal progress with 93% of all goals reviewed demonstrating progress.</p>	<p>Expected Outcomes  Increased sample size for PM and expect that maintaining progress from one year to the next demonstrate individuals served are developing goals that are individualized and important to them.</p>	<p>Person Responsible  QA Committee</p>
--	--	---

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20
Improve advocacy of persons served rights	Rights restrictions have due process	Review of Case File and completion of Quality Assurance Checklist 100% sample for CM and 20% sample for PM, scores on CM-01. Reviewed Annually	Quality Assurance Committee	Case Management Director	95% or higher compliancy by ensuring that all components of rights that are restricted are in place before the implementation of a restriction	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM = 23/23, or 100% PM = 40/44, or 91%	CM = 33/34, or 97% PM = 73/73, or 100%	CM = 11/11, or 100% PM = 41/41, or 100%	CM = 21/21, or 100% PM = 99/99, or 100%				

<p>Goal Outcome:  <input checked="" type="checkbox"/> Goal Met  <input type="checkbox"/> Goal Not Met</p>	<p>Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan)  NA  Did Actions taken accomplish intended results.  <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)  N/A</p>	<p>Completion Date  NA</p>
---	--	---	--------------------------------

<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):</p>	<p>1st Quarter  Goal met for CM.  Goal not met for PM with 91% of restrictions having all required components for due process.</p>	<p>2nd Quarter  Goal met for CM.  Goal met for PM.</p>	<p>3rd Quarter  Goal met for CM.  Goal met for PM.</p>	<p>4th Quarter  Goal met for CM.  Goal met for PM.</p>
--	--	--	--	--

Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, Case Management exceeded the target with 100% compliance in all four quarters. Program Management met the target 2 of 4 quarters. In FY 19-20 CM met the target with a 99% average as did Program Management with 98%.

Trends:  YES  No (if yes provide detail):

Causes:  YES  Non-Applicable (if you feel there were causes for this outcome, please explain)

Characteristics of persons served impact performance:  YES  No (if yes, please explain)

Other extenuating or influencing factors  YES  No (if yes, please explain)

New Recommendations for Next Year (20/21): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: N/A	Expected Outcomes N/A	Person Responsible NA	Timeframe NA
---	--------------------------	--------------------------	-----------------

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	
Improve quality of persons served service plans	Persons served individual plans identify health and safety needs.	Review of Case File and completion of Quality Assurance Checklist 100% sample for CM and 20% sample for PM, scores on CM-01. Reviewed Annually	Quality Assurance Committee	Case Management Director	Persons served individual plans identify health and safety needs. 100% of the plans will comprehensively identify health and safety needs of the individual served.	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM = 7/7, or 100%						CM = 9/9, or 100%						
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) N/A												Completion Date NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):	1st Quarter				2nd Quarter				3rd Quarter CM did not meet goal. There was incomplete documentation which did not fully address the needs of one person. This was reviewed and corrected by the CM.  PM met goal.				4th Quarter						
Comparison of last year's results (18/19) to this year (19/20): For FY 18-19, Case Management (CM) and Program Management (PM) reviews demonstrated 100% compliance in identifying health and safety needs of those served in the quality assurance sample for both PM and CM. In FY 19-20 PM had 100% compliance while CM reviews showed that 2 out of 24 records were not meeting expectations for an average score of 92%. Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail): Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> Non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																			

<p>New Recommendations for Next Year (20/21):  <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/>  Continue Goal with modifications as outlined above  Action Steps:</p>	<p>Expected Outcomes  N/A</p>	<p>Person Responsible  N/A</p>	<p>Timeframe  N/A</p>
--	-----------------------------------	------------------------------------	---------------------------