



Link Associates Program Evaluation

Fiscal Year 2020-2021

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

Program Evaluation Report 2020-2021

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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	5/18	6/18
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 st QUARTER –	2 ND QUARTER-	3 RD QUARTER-	4 TH 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	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?

What do we hope will happen?

Who is responsible for the goal?

When is this goal ran and evaluated?

Mission

Providing people with
intellectual Disability
opportunities to achieve
their personal goals

Vision

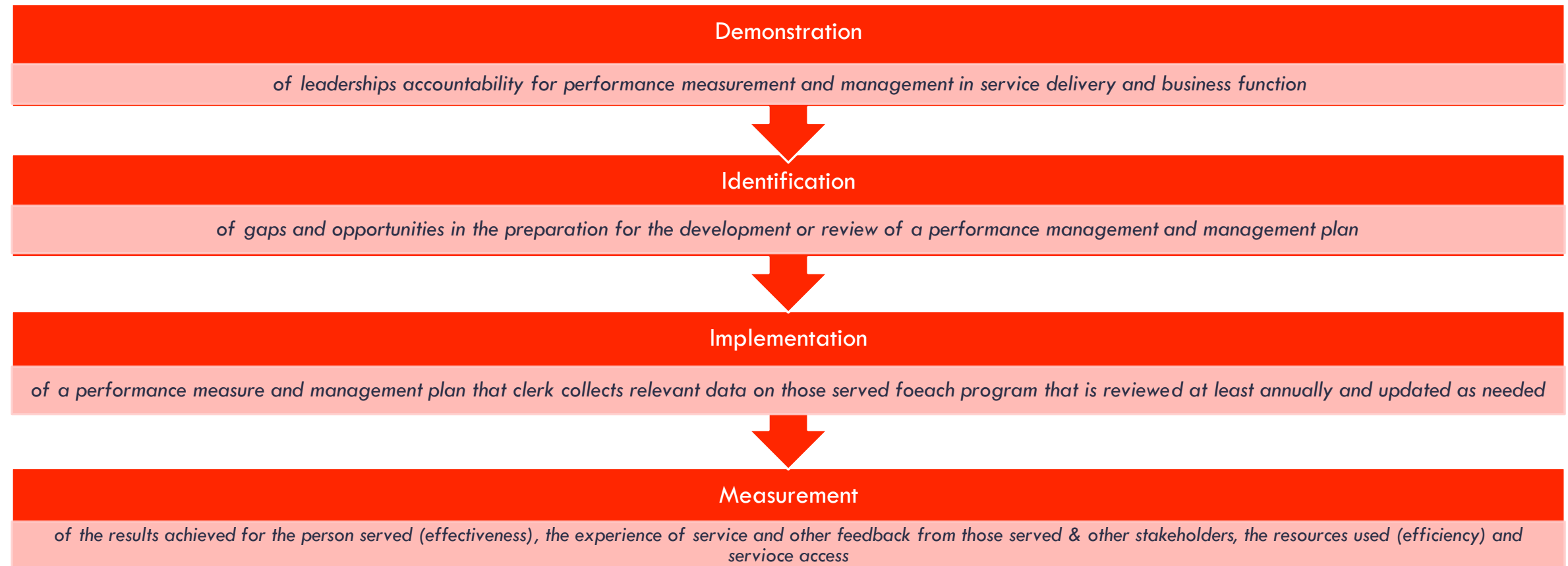
Link Associates will be
the recognized leader in
providing quality services
to persons with
intellectual Disability

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. To survive and thrive in today's environment organization such as Link Associates must produce value and simultaneously ensure service delivery and business practices are ethical, state of the art and durable. Link Associates strives to meet the needs of our stakeholders, support our program/services and support growth and we measure how well we are doing by evaluating the:



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.



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. We use our Program Evaluation information to improve the quality of our programs/services, to make better decisions, to uphold Link's mission, and objectively demonstrate value to those we serve as well as their family/support systems and other stakeholders. Link Associates is committed to continuously establish goals to help improve our overall effectiveness as an organization. This report is intended to relay information gathered from the evaluation of program services and supports to staff, board, stakeholders and funders.

As the Executive Director of Link Associates, I and our team are focused on ways to build on Link Associates legacy of incredible service despite the extreme challenges. Financial struggles since the implementation of Managed Care in Iowa have been a stranglehold on our ability to pay competitive wages and retain staff. The COVID pandemic provided us with challenges never before seen challenging the physical and emotional balance of those we serve and our staff

Link has remained strong and proud throughout these challenged and are committed to working with all of our stakeholders to create the best outcomes for those we serve. The people interested to our care will always be our first and foremost focus and we will continue to work diligently to provide the supports that are tailored to meet their individual needs. COVID-19 taught us how #LinkStrong we are.

Again, this year you will again see references to the shortage of Direct Support Professionals (DSP), not only in our area, but across the state and nation and the significant related impacts. Without the amazing leader ship and dedication of the staff we have, Link Associates could not have fared through this storm. As readers of this report, please spend a few minutes understanding how difficult the situations our staff have been put in. Incredibly proud, humbled and honored do not summarize how thankful I feel to have all of them on the Link team.

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 2020/2021 Link Associates had 61 goals to measure the efficiency effectiveness satisfaction and access to programs and services. Of those 61 goals we met 40 or 65.5% which is slightly lower than last year. In FY 2019/2020 Link Associates had 67 goals and we met 67.16%. Both of the Fiscal Years crossing the Covid pandemic are lower than how we previously trended.

Last year it was my recommendation to each service and oversight director evaluate their ability to control the outcome as some objectives are changed by entities out of our control, (funders, legislative process etc.). For those we do not have the control over, I asked that they evaluate the need to continue or to reword the goal. Additionally, I challenged each to evaluate the goal to see if we have established a level of unattainable perfection. If so, they should consider using the wording on satisfaction to “to maintain” the level versus trying to push for unattainable perfection. Because of these recommendations you will see that Link dropped from 67 goals in FY 19/20 goals for FY 20/21.

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. In addition, as a community-based service provider, the ongoing pandemic has significantly cut into our ability to integrate people into their communities, thus has had a negative on ability to meet their goals, as well as our budget projections due to program closures and limit restrictions and additional supply and pandemic staff cost.

Goals that were not met:

Case Management

1. Meet the needs of community through expansion.
2. Maximize quality and resources available to case managers and program managers.

Day Habilitation

1. Achievement of individuals identified goals.
2. Meet needs of community through expansion and maximize quality and resources available to case managers and program managers.
3. 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.

Day Habilitation

1. Maintain or Increase number of persons served.
2. Maintain cost of services budget projections.

Fleet & Facilities

1. Maintain or improve the number of Link only Vehicle Accidents from the previous year. Maintain or improve the number of vehicle accidents with a 3rd party from the previous year.
2. Maintain or improve the average ride time on Link bus routes.

LEEP

1. Reach and maintain maximum participation.
2. Maintain cost of services to budget projections.

Residential

1. Improve the delivery of services to new referrals.
2. Improve quality of life.
3. Improve quality of service.

Supported Employment

1. Maintain or increase number of hours worked weekly.
2. Decrease amount of time waiting for job placement.
3. Maintain cost of services to budget projections.

Supplemental

1. Improve medication administration.
2. Improve positive behavioral supports to persons served.
3. To improve employee satisfaction.
4. Improve staff qualifications.
5. Improve persons served knowledge of grievance and appeal process.
6. Achievement of persons served identified goals.

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 2.93 on a 3-point scale
- 2) Parents/Guardians/Advocates 2.97 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



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, 2020 to June 30, 2021
Case Management Department
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 seven of them. We will continue to focus on all eleven goals as written. No new goals are suggested this year.

Highlights of achievement areas:

Satisfaction: maintaining high satisfaction from individuals served (CM=2.99/3.0 scale, PM=2.93/3.0 scale) and parent/guardian satisfaction (CM=2.99/3.0 scale, PM=2.97/3.0 scale), all stable scores from the previous year representing high satisfaction.

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=4.25, PM= 3.57contacts per month, both significant increases from the previous year. 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.

Highlights of areas that goal targets were not met:

Personal Goal Achievement: those we serve will meet 93% of their individualized goals, which reflects an increase in the previous year's target of 85%. CM did not meet this goal with a score of 81% and PM achieved this goal with a score of 95%. For this measure these scores are blended for a departmental target of 93% and the program's final blended score is 91%, falling short of the target. As the Director I still feel great accomplishment that the programs were able to engage providers to be creative with goal achievement during the pandemic. The most common reason a person served did not meet their desired goals was due to programming closures, which means for most people their Day Habilitation or Employment service was on hold during the pandemic.

Community needs through expansion:

Meeting 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 in March of this fiscal year due to Covid and the agency has still not returned to a full census. At this time the agency is significantly understaffed and to fully open programs staff need to retain, hire, and trained, which is proving difficult for all businesses in our state and nationally.

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 FY 2020-2021	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Link	25	100%	25	0%	25	100%	23	
Age								
<16	2	8%	2	8%	2	8%	2	9%
16-17	1	4%	1	4%	1	4%	1	4%
18-21	4	16%	4	16%	4	16%	2	9%
22-34	17	68%	17	68%	17	68%	17	74%
35-44	1	4%	1	4%	1	4%	1	4%
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%
Gender								
Male	19	76%	19	76%	19	76%	18	78%
Female	6	24%	6	24%	6	24%	5	22%
Ethnicity								
Black or African-American	0	0%	0	0%	0	0%	1	4%
American Indian and Alaskan	1	4.0%	1	4.0%	1	4.0%	1	50%
Asian	1	4%	1	4%	1	4%	0	0%
Caucasian	22	88%	22	88%	22	88%	20	87%
Hispanic	0	0%	0	0%	0	0%	0	0%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0%
Other Race	1	4%	1	4%	1	4%	1	4%
Residential Area								
HCBS Daily	10	40%	10	40%	10	40%	10	43%
HCBS Hourly Adults/Children	9	36%	9	36%	9	36%	7	30%
Adult/Child No SCL/Res Service	6	24%	6	24%	6	24%	6	26%
Vocational Area								
Day Habilitation	9	36%	9	36%	9	36%	7	30%
Competitive	2	8%	2	8%	2	8%	2	9%
NA, child	5	20%	5	20%	5	20%	3	13%
NA, no placement	7	28%	7	28%	7	28%	8	35%

SE	2	8%	2	8%	2	8%	3	13%
Training Program	0	0%	0	0%	0	0%	0	0%
Population Group								
DD	0	0%	0	0%	0	0%	0	0%
ID	25	100%	25	100%	25	100%	23	100%
Level of Disability								
DD	0	0%	0	0%	0	0%	0	0%
Mild ID	7	28%	7	28%	7	28%	7	30%
Moderate ID	8	32%	8	32%	8	32%	7	30%
Profound ID	1	4%	1	4%	1	4%	1	4%
Severe ID	9	36%	9	36%	9	36%	8	35%

July - September 2020

The data pulled from this quarter reflects there were 25 participants in the program. The average participant was Caucasian male between the ages of 22-34. Thirty-eight percent of those served participate in Day programs and forty percent live in Daily SCL services using an HCBS provider for their support needs. No new referrals or discharges in the program, demographic data remains the same as previous quarter. Due to COVID program closures in Polk County the number of people who are on a leave of absences changes frequently and so these numbers were left unchanged with anticipation of quick return date.

October - December 2020

No new referrals or discharges in the program, demographic data remains the same as previous quarter. Due to COVID program closures in Polk County the number of people who are on a leave of absences changes frequently and so these numbers were left unchanged with anticipation of quick return date. Many persons served returned to programs; however, many are opting until the vaccine is available and until they are fully vaccinated.

January - March 2021

No new referrals or discharges in the program, demographic data remains the same as previous quarter. Due to COVID a second closure of Day Programs occurred and the re-opening again impacted the number of people who are on a leave of absence. Because the return to service plan is individualized and changes frequently these numbers were left unchanged with anticipation of quick return date. Vaccinations were offered in March 2021; this is expected to impact return dates in the next quarter.

April - June 2021

No new referrals and two discharges in the program this quarter. Both discharges were due to a change in eligibility where the person served lost their HIPP Medicaid coverage and was transferred to typical Medicaid coverage, which then required the case management agency to switch from Link to an MCO.

Annual Summary 2020-2021

Demographics have remained similar throughout all four quarters of FY 2020-2021. Eight-three percent of program participants are between the ages of 18-34, with most being in their mid-twenties. Data reflects all other demographic categories have remained stable and unchanged throughout each quarter of the year. No trends are identified other than we see the eligibility issues occurring at around age 26 when the parent's insurance would typically age out and when the member has minimal health issues and a parent would want to file an exception to maintain insurance beyond age 26. Another measure that is tested is if the member lives in the family home. If they have moved from the home, typically IME will flip the person onto MCO Case Management.

Case Management Measures of Achievement

CASE MANAGEMENT MEASURES OF ACHIEVEMENT 2020-2021																				
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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21		
Maintain contact with persons served	Monthly contacts per month, averaged per quarter	Filemaker Database	CMD	CMD	Contacts = CM-3.90 PM= 2.83 or greater per month	CM/PM Persons Served	CM= 5.04	CM= 4.8	CM= 5.0	CM= 4.7	CM= 4.1	CM= 4.3	CM= 3.64	CM= 3.92	CM= 3.16	CM= 4.42	CM= 3.79	CM= 3.95		
							PM= 3.48	PM= 3.7	PM= 3.8	PM= 3.6	PM= 3.1	PM= 3.1	PM= 3.32	PM= 3.31	PM= 4.48	PM= 3.33	PM= 3.50	PM= 3.99		
							Quarterly Average CM = 4.98 PM =3.67		Quarterly Average CM = 4.41 PM =3.30		Quarterly Average CM = 3.57 PM =3.70		Quarterly Average CM = 4.05 PM =3.61							
							Annualized Average CM = 4.25 PM = 3.57													
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) Increase targets to CM = 3.90>, PM = 2.83> 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 (20/21):			1st QUARTER CM= Goal met for CM PM= Goal met for PM No additional actions needed			2nd QUARTER CM= Goal met for CM PM= Goal met for PM No additional actions needed			3rd QUARTER CM= Goal met for CM PM= Goal met for PM No additional actions needed			4TH QUARTER CM= Goal met for CM PM= Goal met for PM No additional actions needed								
<p>Comparison of last year's results (19/20) to this year (20/21): 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. For FY 20-21, the programs target goals were increased and both programs achieved their target goals. This is a very impressive accomplishment to meet this goal during the pandemic when face to face visits were put on hold. Program staff were able to maintain our high standard of connection to the teams using telephone visits, email, zoom, facetime, and google meets.</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 type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p>																				
New Recommendations for Next Year (21/22): <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	Data source	Who is responsible	Who compiles	Target (Goal)	Who applied to	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Comply with state standards and policy regarding Quality Assurance	Records reviewed for those in service as of 07/01/20 CM = 25 PM = 282	Review File/ Quality Assurance Checklist	Quality Assurance Committee	Assist. Case Management Director	100% of CM and 20% of PM records will have a QA of central file.	Case & Program Management persons served	Case Management N=6	Case Management N=6	Case Management N=6	Case Management N=7
							Program Management N= 19	Program Management N= 12	Program Management N= 13	Program Management N=13
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) Maintain/Monitor CM enrollment, but no growth targets will be set. Program Management will increase targets to 20%. Restore QA committee to include all CM/PM staff to provide cross training between workers through peer review. 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) Restored QA committee to include all CM/PM staff to provide cross training between workers through peer review			Completion Date 7/2020	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21): Number of people served as of 07/1/20= CM = 25 & PM = 282	1st Quarter Six CM files were reviewed for quality assurance, which includes a billing audit. Administrators and Case Managers are assigned quality assurance tasks. Admins identified no trends that would require staff re-training. Nineteen PM 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.	2nd Quarter Six CM files were reviewed for quality assurance, which includes a billing audit. Administrators and Case Managers are assigned quality assurance tasks. Admins identified no trends that would require staff re-training. Twelve PM 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.		3rd Quarter Admins identified trends specific to one staff that needed attention and would require staff re-training. QA of a bigger sample of this staff's cases will occur in February. Six CM files were reviewed, and it was discovered in one file that the CM did not have a contact with the person served during two different months. This was caused by a misunderstanding of Medicaid leniency as the CM could not visit due to covid restrictions and this person was non-verbal and would not talk on the phone. Training occurred for this CM on other ways the billable contact could be done. These units were paid back to Medicaid for units in January and the previous September. Thirteen files were QA'd for program management, there is no billing audit for PM.	4th Quarter Six CM files were reviewed for quality assurance, which includes a billing audit. Administrators and Case Managers are assigned quality assurance tasks. Admins identified no trends that would require staff re-training. Thirteen PM 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.					

Annual total of case file quality assurance reviews:
 CM (goal 100%) = goal met at 100%
 PM = (goal 20%) = goal met at 20%

Comparison of last year's results (19/20) to this year (20/21): For FY 19-20, both programs met their targeted goals, and it was recommended that the department increase the targets for the PM program to 20% so that a larger sample is used to detect compliance. Restored QA committee to include all CM/PM staff to provide cross training between workers through peer review. In FY 20-21, both programs met the targeted goals of 100% for Case Management and 20% for Program Management.
 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 (21/22): <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
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RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary objective	Indicators measures	Data source	Who is responsible	Who compiles	Target (Goal)	Who applied to	1 st Quarter	2 nd Quarter	3rd Quarter	4 th Quarter
Achievement of individual's identified Goals.	Goals with progress in a 100% sample for CM and 20% sample for PM.	Review of Case File and Quality Assurance Checklist	Quality Assurance Committee	CM Admin Assistant	93% of Individual's goals will show progress toward meeting the individual's goal.	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM goals with progress = 17/21, 81%	CM goals with progress = 15/17, 88%	CM goals with progress = 9/11, 82%	CM goals with progress = 15/20, 75%
							PM goals with progress = 48/49, 98%	PM goals with progress = 25/29 = 86%	PM goals with progress = 30/32 = 94%	PM goals with progress = 39/39 = 100%
							CM ANNUAL SUMMARY Number of goals reviewed for progress = 56/69, 81%		PM ANNUAL SUMMARY Number of goals reviewed for progress = 142/149, 95%	
							Case Management Department Blended Scores = Number of goals reviewed for progress = 198/218, 91%			
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) NA			Completion Date NA	

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter Goal not met for CM. Lack of progress is mainly attributed to transitioning from the COVID closure of the Day Program and getting back into the routine of working towards goals. Goal met for PM.	2 nd Quarter Goal not met for CM or PM. The agency had another shut down of Day Program due to COVID which impacts goal progress, service resumed 1/4/21. Teams continue to meet and are likely continuing goals into new the new plan as services have been interrupted as so is progress.	3 rd Quarter Goal not met for CM or PM. The agency focus has offered clinic/vaccinations to those interested in hopes that we will be serving those who remain on a leave of absence in in the 4 th quarter. As teams are having staffing with goals that have been on hold for over one year, the teams tend to want to remain with those same goals when people return vaccinated.	4 th Quarter Goal not met for CM. Goal met for PM. Goal not met for CM due to continued impact of lengthy leave of absences. Several persons served from this group are not returning to services as normal quite yet many states medical reasons of those reside in the home. Met goal for PM, many people in this group have Day Hab services and have returned to services. Goal progress is reflected in this quarter more so with people who have had plans revised in the last several months when they returned to Day Hab.
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Comparison of last year's results (19/20) to this year (20/21): For FY 19-20, the programs met the goal targets successfully with an annual blended score of 93% (90% for CM and 95% PM). For FY 20-21 the programs did not meet the target with a blended score of 91%. Lack of goal progress is attributed mainly due to the suspension of many services due to COVID which impacted the ability to work towards meeting individual goals, particularly with community participation and Day Hab/Employment goals.

Trends: YES No (if yes provide detail) COVID impacted participation in all areas of service provision, for the most part service plans/goals were on hold due to closed programs.

Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) Pandemic/CDC guidance impacted when/how services could be provided.

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 (21/22): <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
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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	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Improve individual's satisfaction	Individuals' satisfaction with their CM/PM Services	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= 3.00 N=1	CM Score= NA N=0	CM Score= 2.98 N=4	CM Score= 3.00 N=4
							PM Score= 2.95 N=38	PM Score= 2.82 N=28	PM Score= 2.98 N=37	PM Score= 2.95 N=36
							Annual Persons Served Satisfaction Results CM Score= 2.99 N= 9 PM Score= 2.93 N=139			

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	Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter Goal met for CM Goal met for PM Remarks include Only one person served provided comments on the satisfaction survey: "Don't like living here, want to move; link is not reliable transportation", "I can't get out alone with staff", "I don't like having to use air conditioning", "I don't like people bossing me around", "I want to go to different services; I want to live by myself". The PM for this individual is working with this team to figure out alternative options. This person requires specific adaptations and has not been satisfied with his last two living environments due to lack of space.	2 nd Quarter Goal not met for CM as no CSS forms were returned. Staff attempted follow up calls, but there were none unreturned. Goal met for PM. Remarks include: Upset about alone time, and privacy at home. (Not link), Yes, buy KC stuff, new phone. Yes, surgery, wants to be in room 108 again, Love job, make lots of money. Upset about privacy at home in bedroom, I want to move away from MM, I like my job at TRB, Want to move to SS and not with MM anymore. Discouraged not able to walk. Know needs more care but doesn't want to go to nursing home.	3 rd Quarter Goal met for CM, no comments were noted on those surveys returned. Goal met for PM. Remarks include: Happy with new home, likes job, tired of roommates fighting. One person noted that his roommate drives him crazy, but he does not want to move.	4 th Quarter Goal met for CM Goal met for PM Remarks include: Desire to get back to normal with programming and transportation. Concerns about safety protocols with COVID but satisfied with our efforts to keep people safe.
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Comparison of last year's results (19/20) to this year (20/21): 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 ongoing, trusted relationships that teams have formed.

Trends: YES No (if yes provide detail):

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 (21/22): <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
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EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM OTHER STAKEHOLDERS

Primary objective	Indicators measures	Data source	Who is responsible	Who compiles	Target (Goal)	Who applied to	1 st Quarter		2 nd Quarter		3 rd Quarter		4 th Quarter	
							CM	PM	CM	PM	CM	PM	CM	PM
Improve parent/Guardian satisfaction	Parent/Guardian satisfaction with their CM/PM Services	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=3.00 N=3	CM=2.96 N=5	CM=2.98 N=5	CM=3.00 N=5	CM=3.00 N=3	M=2.96 N=5	CM=2.98 N=5	CM=3.00 N=5
							PM=2.98 N=46	PM=2.99 N=30	PM=2.96 N=36	PM=2.95 N=40	PM=2.98 N=46	M=2.99 N=30	PM=2.96 N=36	PM=2.95 N=40
Annual Parent/Guardian Satisfaction Results CM Score=2.99 N= 18***** PM Score=2.97 N=152														

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 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 (20/21):	1 st Quarter Goal met for CM Goal met for PM Remarks included: There were no remarks on the satisfaction surveys that were submitted for this quarter.	2 nd Quarter Goal met for CM Goal met for PM Remarks included: PLEASE CLONE JILL! :) and rough year with day programs due to COVID, NOT LINK. Love Job, make lots of money, Roommate going in to locked bedroom. Late to work due to roommate; some says having to walk. No one to take to get groceries because roommate won't go, No's are due to unhappy with one of his roommates, Discouraged not able to walk. Know needs more care but doesn't want to go to nursing home, Needs help to not spend money on junk. Need's help with doctor appointments.	3 rd Quarter Goal met for CM Goal met for PM Remarks included: Very happy with job development from Ian. Really feels Ian "got" Paul and worked with his needs. Would like VIP staff phone number to text in emergency. Communication is very good Absolutely valued and considered Yes, employees accessible. Concerns and questions answered-sometimes even after business hours.	4 th Quarter Goal met for CM Goal met for PM Remarks included: Appreciation for support during the pandemic. Thanks to everyone who stayed connected to when Day Hab was closed, even if to just check in. Happy to be back at Link, my son missed everyone and has been in a good mood since returning.
Comparison of last year's results (19/20) to this year (20/21): For 19-20, both programs exceeded goal targets. Families did express some service issues as noted in the remarks; however, this did not reflect in the overall score they chose to give. For FY 20-21, service satisfaction remained high despite the pandemics impact on service delays. With scores of 2.99 for CM and 2.93 for PM, scores remain high and consistent with previous year's results. 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 (21/22): <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	New Recommendations for Next Year (21/22): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> 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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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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 = 0	CM= 0 PM = 0	CM= 0 PM = 0	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 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 (20/21):	1 st QUARTER There were no discharges due to dissatisfaction. This quarter marks the phase in of persons served returning to their Day Programs and Supported Employment since March 20. People returned in intervals through July, August, and September. Many have opted to delay return until COVID numbers are lower; however, we are experiencing discharges due to COVID as well, but these are not considered negative since the pandemic is the stated reason for discharge reason.		2 nd QUARTER There were no discharges due to dissatisfaction. The agency was impacted this quarter by another shut down to prevent the spread of COVID. Many persons served returned; however approximately 60 people have opted not to return to services since the first quarter closure. We have also had many "older" persons served to choose this time to retire. Many teams have expressed that they will return to services when the person served is vaccinated.		3 rd Quarter There were no discharges due to dissatisfaction. Optional attendance in Day Program February 1-12. Covid continues to impact program attendance and many persons served will not return until fully vaccinated. Link's vaccination clinic was very successful, and we are hopeful that many people will return who have been waiting. Although vaccinated we still have some aging/medically involved persons whose teams are not ready from them to return.		4 th Quarter There were no discharges due to dissatisfaction. While daily operations are opening back up, Link continues to have many persons served who are not ready to return and remain on a LOA. Unfortunately, the programs are greatly impacted by the loss of staff during the pandemic and cannot fully return everyone that wants to come back to Employment and Day Programming. These people remain on a LOA of absence for the next available spot or until we hire to serve the capacity.			
<p>Comparison of last year's results (19/20) to this year (20/21): For FY 19-20, there was an increase in discharges related to being unable to provide services for various support reasons. 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, that year the challenges were very individualized and there are no trends by program to further evaluate. For FY 20-21, there were no negative discharges; however, there were multiple persons served who decided to not return to Day Programming due to health risks for themselves or their care provider. We have connected with these people 30 days after discharge to gauge an interest in returning as people become vaccinated.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) Many of our elderly persons served have opted to retire from services.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Pandemic and fear of the spread of COVID.</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 (21/22): <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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 25 (CM), 282(PM)	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= 25	CM= 25	CM= 25	CM= 25	CM= 25	CM= 25	CM= 25	CM= 25	CM= 25	CM= 24	CM= 24	CM= 23
							PM= 282	PM= 284	PM= 284	PM=2 73	PM= 274	PM= 274	PM= 269	PM=2 69	PM= 269	PM= 269	PM= 274	PM= 272

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) <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 N/A
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter Case Management census has remained stable at 25 participants, and no new referrals. Program Management has experienced a net increase of two persons served, this number represents intakes/discharges and the net results. Caseloads are currently at an average of 1:35, which is a manageable number within the scope of the current role.	2 nd Quarter Case Management census has remained stable at 25 participants, and no new referrals. Program Management has experienced a net decrease of persons served, this number represents intakes/discharges and the net results. COVID is the reason for opting to discharge for all ten. Caseloads are currently at an average of 1:35, which is a manageable number within the scope of the current role.	3 rd Quarter Case Management census has remained stable at 25 participants, and no new referrals. Program Management has experienced stability with those choosing to come to the program and many people continue on a leave of absence during COVID. Caseloads are currently at an average of 1:38, which is a manageable number within the scope of the current role. New applicants are coming into the program, most will start next quarter. These individuals will assume the openings that are not being used by those choosing not to return as of yet. When people are ready to return it is anticipated that there could be wait times so that the programs can adjust staffing patterns and transportation.	4 th Quarter Case Management had two discharges this quarter due to transferring to an MCO. Program Management has had slow growth as people want to return to Day Hab. Approximately 25 people are still waiting to return, but the agency must rebuild staff capacity to return to full operations. Caseloads are currently at an average of 1:38 Evaluation of hiring another Case Coordinator is occurring, but we need to ensure we have stability with the pandemic still very much a concern so we are holding off to see if staff capacities build and more people return and new people enter into services.
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Comparison of last year's results (19/20) to this year (20/21): 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 was also 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

many those served have not yet re-engaged in services. Many elderly/medically involved persons served decided to retire from the Day Hab program, primary to limit further exposure to COVID. For FY 20-21, many of the same issues persist. The programs for the persons served are not at full capacity, so many people remain on a leave of absence. Admissions is experiencing new referrals, but like those on a leave of absence the agency is not fully staffed to support more people. Staff from all departments are covering shifts to meet the staffing needs of those in services during this national staff shortage.

Trends: YES No (if yes provide detail) Impact of the pandemic has impacted new admissions as well as the return of people who are on a leave of absence.

Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) Pandemic impact.

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 (21/22): <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
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Primary objective	Indicators measures	Data source	Who is responsible	Who compiles	Target (Goal)	Who applied to	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Improve the delivery of services to new referrals	Number of days between admissions and service start date	Admin referral tracking sheet	CM Administrator	CM Administrator	Maintain or decrease the length of time from approval of services from the Admissions Committee to the start of services to less than 2 months (60 days).	Those served in Case Management (CM) & Program Management (PM))	Total days CM - NA N= 0 Average = NA Total days PM – NA N=0 Average = NA Total days for all admissions: NA Total number of all admission: 0 Average for all services = NA	Total days CM - NA N= 0 Average = NA Total days PM – < 2 months N=5 Average = 100%	Total days CM - NA N= 0 Average = NA Total days PM – < 2 months = 8, > 2 = 5 N=13 Average = 38%	Total days CM - NA N= 0 Average = NA Total days PM – < 2 months = 4, > 2 = 5 N=9 Average = 44%
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) 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 N/A	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter No referrals were accepted this quarter, due to COVID restrictions. As the agency phased in a return plan the need for social distancing is delaying new applicants			2 nd Quarter All these admissions were for job development, most are coming through IVRS, several with no follow-up funding due to not being eligible for a waiver. These			3 rd Quarter Five people required three months to process through, mainly due to missing paperwork, employer start dates, and agency capacity.		4 th Quarter There were nine referrals accepted in the fourth quarter, four of those were admitted, had an intake meeting and started services within 2 months of	

	from being admitted and starting services within 2 months due to lack of space.	teams wanted to participate in the program regardless of lack of future funding.		referral for a 44% compliance with the target goal. Five persons served required more than 2 months to start services. Delays were caused by CBCM collecting required referral paperwork, challenges with scheduling all team members to meet for intake and Link's LEEP program had delayed start dates due to staffing schedule issues.
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Comparison of last year's results (19/20) to this year (20/21): FY 19-20 was the first year for this primary objective and there was 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. For FY 20-21, twenty-seven referrals were processed with 17 of those meeting the goal of in services within 2 months or less of referral, this shows 63% of the goal target. Those 10 who exceeded two months did so due to wait lists in programs due to capacity, COVID concerns, a slowdown of systems processes by referring entities, paperwork missing, and/or scheduling.

Trends: YES No (if yes provide detail) Delays in admissions relate to the impact of the pandemic.

Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) Pandemic impact on the agency's ability to take on new referrals and serve those still on LOA.

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 (21/22): <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:			

SUPPLEMENTAL MEASURES																		
Primary objective	Indicators measures	Data source	Who is responsible	Who compiles	Target (Goal)	Who applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 trends quarterly. Reviewed with management team quarterly. Annually compiled and distributed for consideration.											
Goal Outcome: NA – supp. data <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 <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 N/A					
ACTIONS TAKEN / CHANGES MADE	1 st Quarter				2 nd Quarter				3 rd Quarter				4 th Quarter					

THROUGHOUT THE YEAR
(20/21):

Quarterly Summary of Critical Incident Types	July 2020	August 2020	September 2020
Physical injury to or by the individual requiring a physician's treatment or admission to hospital.	0	1	0
Results in someone's death	0	0	0
Requires emergency mental health treatment for the individual	0	0	0
Requires the intervention of law enforcement	0	0	0
Results from any prescription medication error	0	0	0
Is reportable to protective services	0	0	1
Person's Served location is unknown	0	0	0

Results from fourth quarter implemented actions (did they have intended results?):

No trends were identified in the incident reports submitted for Case Management in the fourth quarter of FY20 so there are no implemented action results to report.

Trends observed: During the 1st quarter of FY21, there were only two critical incidents reported. No trends were identified among these incidents.

Over the last quarter, 7 minor reports were made involving two individuals. Three incidents involved (BB) either at her day hab program or at home and were completed as the result of an injury, bruising or seizure activity. No trends were noted in regards to time of day and all were medical in nature. (BB) had one minor incident that was the result of bruising on her arm and then also a critical incident regarding bruise of unknown cause that was reported to DHS by her residential provider.

(RB) had four incidents at his day program in which injury or bruising was caused to staff. In three of these incidents (RB) was being assisted in the restroom. No other trends were noted in regards to time of day and all were behavioral in type.

Causes of trends observed:
No trends were identified in the major incidents reported.

It is still undetermined how (BB) got the initial bruising on her arms noted in the critical incident, but the team agreed after talking to (BB) that they were unintentional - either due to staff not supporting her correctly when helping her to stand, or by her own hands. (BB) tends to squeeze or pinch her legs or arms when she is bored or anxious. (BB) also bruises very easily.

Quarterly Summary of Critical Incident Types	October 2020	November 2020	December 2020
Physical injury to or by the individual requiring a physician's treatment or admission to hospital.	0	0	0
Results in someone's death	0	0	0
Requires emergency mental health treatment for the individual	0	0	0
Requires the intervention of law enforcement	0	0	0
Results from any prescription medication error	0	0	0
Is reportable to protective services	0	0	0
Person's Served location is unknown	0	0	0

Results from first quarter implemented actions (did they have intended results?):

The team for (RB) worked to find approaches that worked best for him and provided on-going training and support to day hab staff to find ways to work best with him at day hab to limit incidents/injuries. However, it was eventually determined that the day hab provider could not safely serve him and he was discharged. His team is currently looking for 24-hour residential supports and will ensure to pass along information learned during day hab to the residential provider to assist in training staff and making as smooth a transition as possible.

During the last quarter, (BB), had two incidents of bruising reported by her providers in October. Her day hab provided made note of it on 10/1 and then residential also noted it on 10/2. There have been no further minor incidents reported.

Trends observed: During the 2nd quarter of FY21, there were no critical incidents reported.

Over the last quarter, five minor incidents were reported. Two incidents involved (BB) related to bruising which she had incident reports for in the 1st quarter as well. However, after these two incidents at the beginning of the quarter, no other incidents were reported. No other trends were observed.

Causes of trends observed:
No trends were identified in the major incidents reported.

Quarterly Summary of Critical Incident Types	January 2021	February 2021	March 2021
Physical injury to or by the individual requiring a physician's treatment or admission to hospital.	0	2	2
Results in someone's death	0	0	0
Requires emergency mental health treatment for the individual	0	0	0
Requires the intervention of law enforcement	0	0	0
Results from any prescription medication error	0	0	0
Is reportable to protective services	0	1	0
Person's Served location is unknown	0	0	0

Results from second quarter implemented actions (did they have intended results?):

During the second quarter (BB) had incidents of bruising. Staff education was provided to help lessen pressure placed on her while transferring and ways to redirect her when bored or anxious to avoid self-harm. As a result, no minor incidents were reported last quarter for (BB).

Trends observed:
During the 3rd quarter of FY21, there were five incidents reported as critical, none meeting duplicative criteria. Of these incidents, three were reported as critical but met the minor criteria versus critical as they were seizures that didn't result in an injury. However, the individuals did receive medical follow up. Three of the incidents reported as critical involved (JP). In two of these incidents, he fell during a seizure which would fall under the minor incident criteria. The other incident involved DHS and was unrelated to the other two incidents. No other trends were noted.

There were no incidents reported under the minor category this quarter.

Causes of trends observed:
No causes of trends were identified.

Quarterly Summary of Critical Incident Types	April 2021	May 2021	June 2021
Physical injury to or by the individual requiring a physician's treatment or admission to hospital.	1	0	0
Results in someone's death	0	0	0
Requires emergency mental health treatment for the individual	0	0	0
Requires the intervention of law enforcement	0	0	0
Results from any prescription medication error	0	0	0
Is reportable to protective services	1	0	0
Person's Served location is unknown	0	0	1

Results from third quarter implemented actions (did they have intended results?):

No trends were identified last quarter and as a result no actions were implemented.

Trends observed: No trends were observed as only one incident was reported over the last quarter.

Causes of trends observed:
No causes of trends were identified.

Steps to prevent recurrence:
No steps to prevent recurrence were identified as no trends were identified. The one incident reported was deemed a medical condition and there was no founded case of abuse.

Areas for improvement:
No areas for improvement were identified.

Actions to address the improvements needed and implementation of actions:
No actions have been taken since no areas of improvement were identified.

	<p>Among the minor incidents, the team for (RB) has identified that close spaces and staff/others too close to him can be triggers.</p> <p>Steps to prevent recurrence: The residential provider has offered the day hab provider special training on how they help (BB) with her mobility needs in case it is an issue with staff not helping her transfer correctly. The day Hab provider does not think that this is what caused the bruising, but was willing to accept training ideas and hands-on training in the future if needed. The day Hab provider also retrained current staff on use of gait belt, etc.</p> <p>The team for (RB) has identified positioning that will work better to support (RB) in small spaces as well as verbal approaches that work better for him which included answering the “why” to the request being asked.</p> <p>Areas for improvement: The day Hab provider currently uses a gait belt and (BB) also has a walker she uses at day hab. So additional training for staff helping (BB) transfer from sitting to standing might help improve the situation or decrease the amount of bruising or red marks.</p> <p>As identified in steps to prevent recurrence, day hab staff and the team for (RB) will work to change their technique/approach when working with him.</p> <p>No areas of improvement were noted under critical incident reports. A new reporting process for minor incident reports was implemented this quarter and it is felt that Case Managers aren’t receiving reports for all minor incidents that occur</p> <p>Actions to address the improvements needed and implementation of actions: The Case Manager updated BB’s plan with information regarding her tendency to bruise easily, her pinching and squeezing herself that can cause bruising, and the need to help her transfer to a standing position using as little pressure as possible. Some of these things were not previously laid out clearly in the plan.</p> <p>Staff for (RB) will receive additional training as needed on handling close spaces and different ways to approach (RB) when needing to address personal care needs.</p>	<p>BB bruises easily and in addition will pinch or squeeze herself when bored or anxious.</p> <p>Steps to prevent recurrence: Staff have been educated on ways to transfer BB that put less pressure on her, reducing any possible bruising/red marks. Redirection techniques for when she is bored or anxious have also been provided.</p> <p>Areas for improvement: No new areas of improvement, different than last quarter, have been identified</p> <p>Actions to address the improvements needed and implementation of actions: No additional/new actions to address improvement were added. The actions identified last quarter for BB have been implemented</p> <p>Identified areas for education and training of personnel: On-going education for staff regarding BB’s specific needs related to transfers and when she is bored/anxious will continue to be provided.</p> <p>There were no minor incidents reported by providers to the CM’s.</p> <p>Continued education of Case Managers and providers on the new minor incident reporting process will be provided as needed to ensure proper reporting.</p>		<p>Identified areas for education and training of personnel: No areas for education or training were noted as necessary.</p>
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	<p>Case Managers will continue to educate providers on the new process for minor incident reports during monthly contacts and as information on possible minor incidents is communicated.</p> <p>Identified areas for education and training of personnel: Day hab staff are all retraining on how to help (BB) transfer from sitting to standing correctly. The residential provider also offered to train on their techniques as well. All were educated on (BB's) tendency to squeeze herself when bored or anxious and ways to redirect her.</p> <p>Staff for (RB) will receive additional training as needed on best approaches and positioning when working with him.</p> <p>There were no minor incidents reported by providers to the CM's.</p> <p><u>Continued education of Case Managers and providers on the new minor incident reporting process will be provided as needed to ensure proper reporting.</u></p>			
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Comparison of last year's results (19/20) to this year (20/21): For FY 19/20, 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 FY 19/20, 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. For FY 20/21, the program began tracking incidents for Case Management only as the agency has a collection and trending process for those services. Case Management reported 8 critical incidents over the last quarter. However, analysis of the reports showed various causes for the reports and no trends. Of these 8 incidents reported as critical, 3 reports were made due to falls resulting from a seizure with no injury. This would meet the minor criteria versus major as reported.

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 (21/22):</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>
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DAY HABILITATION

Link Associates Program Evaluation

July 1, 2020 to June 30, 2021

Day Habilitation Program

Jen Muller, Quality Assurance Administrator, Jess White, Day Program Administrator & 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.

In July 2020, the Day Program was given approval from Governor Reynolds to re-open Day Habilitation services after a 3.5 month mandated shut down due to the COVID-19 pandemic. The Day Program team did an amazing job working together to put the following in place: social distancing in each area and during transition times (entering and exiting the building), sanitizing area/activities between each use, temperatures taken prior to entering the building and again mid-day, and handwashing a minimum of twice throughout the day. On July 1st, our phase 1 implementation began. We had approximately 41 persons served return to Day Program services (33 to in-house Day Hab and 8 to VIP), 6 program areas opened (Rooms 108, 111, 113, 211, 212, and 222), 2 VIP groups (A and B) re-opened, and 9 DI's returned to the building. On August 1st, phase 1.5 implementation began and approximately 20 more persons served returned for Day program services (15 to in-house Day Hab and 5 to VIP) and 1 VIP group (C) re-opened. On September 1st, phase 2 implementation began: approximately 31 more persons served returned to Day Program services (all to in-house Day Hab) and 4 new program areas opened (109, 110, 210, and 213), 8 DI's returned to the main building, and persons served with Link Residential services returned to the building for Day Hab services (17 PS with Link Residential returned). On October 1st, Phase 3 implementation began and approximately 35 more persons served returned for Day Program services (28 to in-house Day Hab and 7 to VIP), 4 new program areas opened (107, 112, 217 and 218), 1 new VIP group (D) re-opened, 4 DI's returned to the main building and we stopped providing Day Hab services within the Link SCL setting. Once again, due to the rise in positive COVID-19 cases among person served and Link staff, Day Program services at the main location closed during the month of December. Day Habilitation services were provided to 51 persons served within their Link homes during this month. Services resumed from the main building on January 4th, 2021. Due to another large spike in COVID-19 cases amongst both staff and person served, Day Program services at the main location closed from February 4th, 2021 – February 19th, 2021. Services resumed from the main building on February 22nd, 2021.

This year the Day Program received many grants (American Legion \$1,207 for craft supplies, Syverson Strege \$2,000 for the sensory room, Natasha Rogers \$10,000 for the sensory room, Wells Fargo/Natasha Rogers \$1,950 for the sensory room, Wells Fargo \$500 for the sensory room, Walmart \$1,500, West Bank \$2,749, William Knapp Charitable Foundation \$6,565). With these grants, the Day Program was able to purchase \$25,782 worth of sensory items and devices to create our dream sensory room. This room will offer a calming effect, stimulation, improved focus, motor skills development, cognitive development, sensory development and socialization and will assist the individuals we serve with sensory stimulation, improved balance, movement and spatial orientation and help tackle behavioral issues. The Day Program also received a Delta Dental grant for oral hygiene trainings and curriculum development.

In the fiscal year, we were not successful in meeting 2 of our established goals. The first goal we did not meet was our goal to maintain cost of services to budget projections; with the decreased services provided over the last year due to COVID-19 and not being able to expand services due to the staffing crisis revenues were negatively impacted. The other goal we were not able to meet over the last fiscal year was to maintain or increase number of persons served. Our DSP workforce shortage caused us to put admissions on hold as we weren't able to cover the open areas, we had even with the Program Supervisors covering 4-5 days/week.

In the next fiscal year, we are not recommending any formal changes to goals but we have added in one action step to help ensure we are receiving well-rounded feedback from our VIP sites for FY 21-22.

We are most proud of our supervisory/leadership team and our long-term DSPs for their continued flexibility & commitment over the last year. Amidst all the changes with re-opening services after 3.5 months & new procedures our team pulled together and kept a positive attitude with all of it!

Day Habilitation Supplemental Measures

Link Associates
Supplemental Measures
Day Habilitation Services
2020 - 2021

Supplemental Measures	Day Habilitation			
	Quarter			
	1 st	2 nd	3 rd	4 th
1. Discharges from program (not due to dissatisfaction)	1	9	2	2
A) Medical supports/safety				
B) Moved out of service area	0	1	0	0
C) No longer in need/want of services	5	2	1	2
D) Increase in supports (non-medical)	0	0	0	0
E) Transfer to less restrictive setting	0	0	0	0
F) Number of involuntary discharges	0	0	0	0
G) Return to school setting	0	0	0	0
H) To another Link program	0	0	0	0
2. Total number outside of Link Services	0	0	0	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)	1	1	0	1

July - September 2020:

There were 6 discharges this quarter from the program areas including 1 due to person served passing away (M.R.) and 5 due to no longer need/want of services (B.W., D.H., L.M., K.B., and D.V.)

There was an average of 11.5 program areas this quarter. During the month of July, there were no area activity calendars created due to starting Day Program services from the Link Administrative building from the mandated shut down due to COVID-19 pandemic. During the month of August, 0 areas had an outing planned each day of the week for the month. During the month of September, 2 areas had an outing planned each day of the week for the month. For an average of 1 for the 1st quarter.

October - December 2020:

There were 12 discharges this quarter from the program areas including 9 due to medical supports/safety (P.T., A.P., S.Z., A.A., R.W., R.S., K.P., A.F., and E.G.), 1 due to moving out of the county (E.M.), and 2 due to no longer in need/want of services (M.R., C.B.).

There was an average of 18 program areas this quarter. During the month of October, 1 area had an outing planned each day of the week for the month. During the month of November, 0 areas had an outing planned each day of the week for the month. During the month of December, Day Habilitation services were transitions to occur within the residential homes due to the increase of COVID-19 and outings calendars were not tracked. For an average of 1 for the 2nd quarter.

January - March 2021:

There were 3 discharges this quarter from the program areas including 2 due to medical supports/safety (A.T. and D.M.) and 1 due to no longer need/want of services due to death (D.H.).

There was an average of 14 program areas this quarter. During the months of January-March 2021, 0 areas had an outing planned each day of the week for the month; for an average of 0 for the 3rd quarter.

April - June 2021:

There were 2 discharges this quarter due to no longer in need/want of service (CM and GK).

There was an average of 17 program areas this quarter. During the months of April and May, 0 areas had outings planned each day of the week for the month. During the month of June, 2 areas had outings planned each day of the week for the month. For an average of 1 for the 4th quarter.

Day Habilitation Demographics

FY 2020-2021	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Number Served	102	100%	127	100%	126	100%	139	100%
Age								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	1	1%	1	1%	2	2%	1	1%
22-34	32	31%	40	31%	39	31%	43	31%
35-44	18	18%	24	19%	24	19%	29	21%
45-54	19	19%	24	19%	24	19%	26	19%
55-64	21	21%	23	18%	21	17%	23	17%
65>	11	11%	15	12%	16	13%	17	12%
Gender								
Male	57	56%	57	45%	68	54%	75	54%
Female	45	44%	70	55%	58	46%	64	46%
Ethnicity								
Black or African-American	9	9%	10	8%	8	6%	11	8%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	3	3%	4	3%	4	3%	4	3%
Caucasian	84	82%	107	84%	107	85%	116	83%
Hispanic or Latino	2	2%	2	2%	3	2%	4	3%
Native Hawaiian or other Pacific Islander	1	1.0%	1	0.8%	1	0.8%	1	0.7%
Other Race	3	3%	3	2%	3	2%	3	2%
Level of Disability								
Developmental Disability (DD)	0	0%	0	0%	0	0%	0	0%
Mild MR (50-75)	23	23%	30	24%	32	25%	35	25%
Moderate MR (35-49)	40	39%	56	44%	54	43%	60	43%
Severe MR (20-24)	36	35%	38	30%	37	29%	40	29%
Profound MR (< 20)	3	3%	3	2%	3	2%	4	3%
Secondary Diagnosis								
ADD/ADHD	2	2%	6	5%	6	5%	6	4%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	0	0%	1	1%	1	1%	1	1%
Autism	17	17%	20	16%	23	18%	25	18%
Behavior Disorder	1	1%	0	0%	0	0%	0	0%
Cerebral Palsy	19	19%	20	16%	18	14%	24	17%
Depression	5	5%	5	4%	5	4%	5	4%
Down Syndrome	13	13%	18	14%	18	14%	18	13%
Epilepsy	0	0%	1	1%	1	1%	1	1%
Hearing Impairment	5	5%	5	4%	4	3%	5	4%
Intermittent Explosive Disorder	1	1%	1	1%	1	1%	1	1%
No Secondary Diagnosis Known	8	8%	13	10%	13	10%	14	10%
Other	16	16%	20	16%	20	16%	22	16%
Schizophrenia	3	3%	3	2%	2	2%	2	1%
Seizure Disorder	8	8%	9	7%	10	8%	11	8%
Visual Impairment/ Legally Blind	4	4%	4	3%	4	3%	4	3%

July - September 2020

The data pulled from this quarter reflects there were 102 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 ID and a secondary diagnosis of cerebral palsy.

The data pulled also reflects that there were 6 participants that discharged within this program. The average participant that was discharged was Caucasian female between the ages of 22-34 years of age, with a primary diagnosis of Moderate Intellectual Disability and no secondary diagnosis.

October - December 2020

The data pulled from this quarter reflects there were 127 participants within this program. The average participant was Caucasian female between the ages of 22-34 years of age, with a primary diagnosis of Moderate ID and a secondary diagnosis of cerebral palsy and autism.

The data pulled also reflects that there were 12 participants that discharged within this program. The average participant that was discharged was Caucasian fe/male between the ages of 35-44 years of age, with a primary diagnosis of Moderate Intellectual Disability and no secondary diagnosis.

January - March 2021

The data pulled from this quarter reflects there were 126 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 3 participants that discharged within this program. The average participant that was discharged was Caucasian male between the ages of 55-64 years of age, with a primary diagnosis of Mild Intellectual Disability and a secondary diagnosis of autism.

April - June 2021

The data pulled from this quarter reflects there were 139 participants within this program. The average participant was a 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 2 participants that discharged from this program. One participant was a Caucasian male between the age of 22-34, with a primary diagnosis of Moderate Intellectual Disability and a secondary diagnosis of autism. The other participant was a Caucasian female between the ages 35-44, with a primary diagnosis of Mild Intellectual Disability.

The data pulled also reflects that there were 23 participants that discharged within this program for the year. The average participant was a Caucasian male between the ages of 23-34 years of age, with a primary diagnosis of Moderate ID and no secondary diagnosis.

Day Habilitation Measures of Achievement

Day Habilitation Measures of Achievement 2020 - 2021																		
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21

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	107	153	152	194	173	30	185	64	190	224	200	239
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 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 (20/21):	1 ST QUARTER			2 ND QUARTER			3 RD QUARTER			4 TH QUARTER								
	<ul style="list-style-type: none"> This quarter averaged 137 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Smarty Paws, Red Barrel, Ledges State Park, Blank Park Zoo, Maffitt Lake, Jester Park, YESS, Pet Project, Union Park, Saylorville, Terra Park and Animal Rescue League. On 7.1.2020 Link Associates began the transition back to providing Day Program services out of the main building. During this quarter, the program really evaluated the setting of community outings and chose these safely. The program encouraged outdoor outings as much as possible. There were 5 areas out of 9 (111A, 113A, 113B, 211B, & 222C) that did not meet the expectation to plan and execute 2 outings during the month of July. There were 3 areas out of 9 (113A, 222B, & 222C) that did not meet the expectation to plan and execute 2 outings during the month of August. There were 4 areas out of 14 (109A, 113B, 211B, & 222B) that did not meet 			<ul style="list-style-type: none"> This quarter averaged 132 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Pumpkinville, Yellow Banks Park, Asian Garden, Clive Aquatic Center, Mahalo's Coffee, Lillie Mae Chocolates, Pizza Ranch, Children's Cancer Connection, Salvation Army, Jester Park, International Airport, and Gingerbread Lane. On 12.1.2020 Link Associates made the decision to close the Day Habilitation services occurring in the main building and transitioned to providing Day Habilitation services from within the Link Residential homes. This decision was made due to the increase of positive COVID-19 cases among Persons Served and Link staff. There were 4 areas out of 17 (109, 110B, 113C, and 218) that did not meet the expectation to plan and execute 2 outings during the month of October. There were 9 areas out of 19 (109, 110A, 110B, 113B, 210, 213, 217 and 218A) that did not meet the expectation to plan and execute 2 outings during the month of November. During December 2020, day habilitation services were being ran from within the Link 			<ul style="list-style-type: none"> This quarter averaged 146 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Raccoon River, Mac Rae Park, DSM Children's Museum, Blank Park Zoo, Children's Cancer Connection, Asian Garden, Down Town Des Moines Sky Walk, Animal Rescue League, Target, Prairie Learning Center, Meals from the Heartland, Applebee's, Valley West Mall, and Urban Dreams. On 2.4.2021 Link Associates made the decision to close the Day Habilitation services occurring in the main building and transitioned to providing Day Habilitation services from within Link Residential homes. This decision was made due to the increase of positive COVID-19 cases among Person Served and Link Staff. The program resumed services from the main administrative building on 2.22.2021. There were 3 areas out of 14 (210, 211B and 211C) that did not meet the expectation to plan and execute 2 outings during the month of January. During most of February 2021, Day Habilitation services were being ran from within the Link residential homes due to the rise in COVID-19 cases. There were 5 areas out of 17 (107, 112, 210, 213, and 217) that did not meet the expectation to plan and execute 2 outings during the month of March. 			<ul style="list-style-type: none"> This quarter averaged 221 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Pearson Park, Pizza Ranch, Bass Pro Shop, Menchies, Copper Creek, Meals from the Heartland, Papa John's Sculpture Park, WWI Memorial, West Des Moines City Hall, Clarks Tower, Big Creek State Park, Dunkin Donuts, Bidwell, Lutheran Church of Hope, and Colby Park. There were 3 areas out of 18 (110A, 110B and 218B) that did not meet the expectation to plan and execute 2 outings during the month of April. There were 9 areas out of 18 (109, 110A, 110B, 112, 113B, 113C, 217, 218A, and 222B) that did not meet the expectation to plan and execute 2 outings during the month of May. There were 2 areas out of 18 (110A and 110B) that did not meet the expectation to plan and execute 2 outings during the month of June. This quarter Day Program had 0 reverse integrated activities as we were still limiting visitors in the building. 								

	<p>the expectation to plan and execute 2 outings during the month of September.</p> <ul style="list-style-type: none"> This quarter we also had 0 reverse integrated activities. 	<p>residential homes due to the rise in COVID-19 cases.</p> <ul style="list-style-type: none"> This quarter we also had 0 reverse integrated activities. 	<ul style="list-style-type: none"> This quarter we also had 0 reverse integrated activities as we are limiting visitors in the building. 	
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Comparison of last year's results (19/20) to this year (20/21): For the 2020-2021 fiscal year, community participation ranged from 30 - 239 events per month with an average of 159 events per month for the year (average for the 10 months services were fully open (excluding December 2020 & February 2021) the average was 182 events/mo). 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).

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 main Day Program location was closed during December 2020 and part of February 2021. Day Hab services were provided within Link Residential homes only during this time due to COVID-19 outbreaks.

<p>New Recommendations for Next Year (21/22):</p> <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> NA Continue Goal with modifications as outlined below: Action Steps: NA	<p>Expected Outcomes</p> NA	<p>Person Responsible</p> NA	<p>Timeframe</p> NA
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Decrease discharges due to dissatisfaction	Number of discharges due to dissatisfaction	C-35's	Day Program	Day Program Administrator	No more than one discharge annually due to dissatisfaction.	Persons Served in the Day Habilitation Program		0			0			0				0

<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)</p> <p>It was recommended to continue this goal as written.</p> <p>Did Actions taken accomplish intended results.</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)</p> <p>NA</p>	<p>Completion Date</p> <p>NA</p>
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<p>ACTIONS TAKEN / CHANGES</p>	<p>1st QUARTER</p> <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction. 	<p>2nd QUARTER</p> <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction. 	<p>3rd Quarter</p> <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction this quarter. 	<p>4th Quarter</p> <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction.
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MADE THROUGHOUT THE YEAR (20/21):																			
Comparison of last year's results (19/20) to this year (20/21): During the 2020-2021 fiscal year, there were 0 discharges due to dissatisfaction. During the 2019 – 2020 fiscal year, there were 0 discharges due to dissatisfaction. 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 (21/22): <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	
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	
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 2.9 (3-point scale)	Persons served in the Day Habilitation program	2.9 N = 16 out of 39		2.9 N = 11 out of 23		2.9 N = 15 out of 35		2.93 N = 20 out of 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) 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 (20/21):	1st QUARTER <ul style="list-style-type: none"> 16 satisfaction surveys were completed this quarter. No comments this quarter. 			2ND QUARTER <ul style="list-style-type: none"> 11 satisfaction surveys were completed this quarter. One person commented they wanted to be in their old room "108". Program will evaluate this and offer that room when there is an opening. 			3rd Quarter <ul style="list-style-type: none"> 15 satisfaction surveys were completed this quarter. No comments noted this quarter. 				4th Quarter <ul style="list-style-type: none"> 20 satisfaction surveys were completed this quarter. Three comments were shared for the quarter. 1. I didn't like cleaning the windows. "I want to go back to the church now." (VIP) 2. "Happy with Link, doesn't want HyVee." (referring to SE services) 3. "I want to live with my mom." Day Program will assess options for VIP groups in the community- COVID 								

has changed some of the sites the persons served currently volunteer at.

Comparison of last year's results (19/20) to this year (20/21): The 2020-2021 persons served satisfaction score averaged 2.9 for the year, which meets the goal of maintaining or improving a minimum score of 2.75; on a 3-point scale. 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.

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 (21/22): <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
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SERVICE ACCESS

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Maintain or Increase number of persons served	Number (FTE) of people being served	Ratio Sheets	Day Program Administrator	Day Program Administrator	Serve Clientele to no less than 150 FTE	Day Habilitation Program	DP = 55.4 VIP = 6 Total = 61.4	DP = 68 VIP = 10 Total = 78	DP = 77 VIP = 10 Total = 87	DP = 89.2 VIP = 14.6 Total = 103.8	DP = 94.8 VIP = 16.2 Total = 111	DP = 51.2 VIP = 0 Total = 51.2	DP = 85.6 VIP = 15.8 Total = 101.4	40 (2.1.21 – 2.19.21) DH = 79.2 VIP = 15.6 Total = 94.8 (2.22.21 – 2.26.21)	DP = 86.8 VIP = 16.2 Total = 103	DP = 94 VIP = 16.2 Total = 110.2	DP = 99 VIP = 16.2 Total = 115.2	DP = 98.2 VIP = 16.2 Total = 114.4

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 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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT	1 ST QUARTER <ul style="list-style-type: none"> There were 2 persons served that were approved for Day Program services last fiscal year that were able to start services this quarter. There were 5 persons served 	2 ND QUARTER <ul style="list-style-type: none"> There was 1 person served that was approved for Day Program services 1st quarter that was able to start services this quarter. There were 3 persons served that 	3 RD QUARTER <ul style="list-style-type: none"> There were 2 persons served that were approved for Day Program Services 2nd quarter that were able to start services this quarter. There were 0 persons served that 	4 TH QUARTER <ul style="list-style-type: none"> There was 1 person served approved for Day Program Services and able to start during this quarter.
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<p>THE YEAR (20/21):</p>	<p>that were approved for Day Program services 1st quarter and started 1st quarter.</p> <ul style="list-style-type: none"> • Approved last fiscal year and started 1st quarter: A.E. and C.B. • Approved and started in 1st quarter: M.M., M.J., D.D., G.T., and B.S • There were 49 persons served that went on leave of absence (LOA) during 1st quarter due to COVID-19. • 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 to the Admissions Committee Chair to fill open spots. 	<p>were approved for Day Program services 2nd quarter and started 2nd quarter.</p> <ul style="list-style-type: none"> ○ Approved 1st quarter and started 2nd quarter: T.M. ○ Approved and started 2nd quarter: M.D., T.H., and M.L. • There were 30 persons served that went on a LOA or extended their LOA during 2nd quarter due to COVID-19. • There were 4 persons served that returned from a LOA. (M.S., S.A, L.S., & T.C) • 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 to the Admissions Committee Chair to fill open spots. 	<p>were approved for Day Habilitation services 3rd quarter.</p> <ul style="list-style-type: none"> ○ Approved 2nd quarter and started 3rd quarter: C.M. & T.H. • There were 31 persons served that went on a LOA or extended their LOA during 3rd quarter due to COVID-19. • There were 16 persons served that returned from a LOA. (A.W., T.S., S.A., T.G., T.W., L.S., R.W., A.C., K.R, A.D., D.H., D.P., C.W., & B.D.) • 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 to the Admissions Committee Chair to fill open spots. 	<ul style="list-style-type: none"> ○ Approved 4th quarter and able to start services: M.J. • There are still 24 persons served on a LOA or have extended their LOA during the 4th quarter due to COVID. • There were 11 persons served that returned from a LOA (KR, CC, MB, MR, MV, TD, AF, AV, AA, EJ, BE). • 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 to the Admissions Committee Chair to fill open spots.
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Comparison of last year's results (19/20) to this year (20/21): The number of FTEs for FY 2020 - 2021 ranged from 51.2 - 115.2 and ended the fiscal year with 114.4 FTE's served and an average of 94.3 FTE's served for the fiscal year. The number of FTEs for 2019 – 2020 ranged from 27 – 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.

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 and limiting the number of persons served who can attend Day Program services due to COVID-19 & the staff shortage.

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 CDC required keeping person served desks in the program areas a minimum of 6 feet apart, limiting the number of people per room. Also, we are experiencing a continued staffing shortage- unable to provide support to additional individuals who would like to return to Day Program. Program Supervisors are covering areas/completing DSP duties an average of 3-4 days/week.

New Recommendations for Next Year (21/22):										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										NA					NA		NA	
Action Steps:																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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%	100%	100%	100%	100%	100%	100%	NA	100%	NA	100%	NA
							N= 3 out of 3	N= 1 out of 1	N= 2 out of 2	N= 3 out of 3	N= 2 out of 2	N= 2 out of 2	N= 1 out of 1	N= 0 out of 0	N= 2 out of 2	N= 0 out of 0	N= 1 out of 1	N= 0 out of 0
Goal Outcome:	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		
<input checked="" type="checkbox"/> Goal Met																		

<input type="checkbox"/> Goal Not Met	It was recommended to continue goal as written Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA	NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st QUARTER	2 nd QUARTER	3 RD QUARTER	4 TH QUARTER
	<ul style="list-style-type: none"> Data reflects there were 6 persons referred to the program this quarter and 6 persons were approved for services; 0 were external referrals and 6 were internal referrals. Of these 6 admissions, 4 were approved for in-house Day Habilitation services (M.M., G.T., B.S., T.M.) and 2 were approved for VIP services (M.J., D.D.) There were 0 formal denials. 	<ul style="list-style-type: none"> Data reflects there were 7 persons served referred to the program this quarter and 7 persons were approved for services: 2 were external referrals and 5 were internal referrals. Of these 7 admissions, 6 were approved for in-house Day Habilitation services (M.D., T.H., M.L., C.M., L.K., and R.S.) and 1 was approved for VIP services (T.H.) There were 0 formal denials. 	<ul style="list-style-type: none"> Data reflects there were 3 persons served referred to the program this quarter and 3 persons served were approved for services: all three were internal referrals and approved for in-house Day Habilitation services (R.W., M.H., A.A.) There were 0 formal denials. 	<ul style="list-style-type: none"> Data reflects there was 1 person served referred to the program this quarter and they were approved for in-house Day Habilitation services (M.J.) There were 0 formal denials.

Comparison of last year's results (19/20) to this year (20/21): During the 2020-2021 fiscal year 17 admissions were approved. 100% delivery of services to new referrals. During the 2019 – 2020 fiscal year 22 admissions were approved out of 24, for an average 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)

New Recommendations for Next Year (21/22): <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
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	2.9 N = 33 out of 39		2.9 N = 15 out of 23		2.9 N = 17 out of 35		2.93 N = 23 out of 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) 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 (20/21):	1 st QUARTER <ul style="list-style-type: none"> 33 satisfaction surveys were completed this quarter. No comments this quarter. 	2 nd QUARTER <ul style="list-style-type: none"> 15 satisfaction surveys were completed this quarter. One person commented that the person served "has adjusted well to his new home and day hab. area. Staff are great!" 	3 rd Quarter <ul style="list-style-type: none"> 17 satisfaction surveys were completed this quarter. One person commented, "Would like VIP staff phone number to text in emergency". This has been communicated with the VIP supervisor and they will ensure the parent/guardian has the cell phone number for the van (staff carries this phone with them throughout the day). Another person commented "Communication is very good. Employees accessible & concerns & questions answered; sometimes even after hours". Another person commented "Shout out to Supervisor, David Blacksmith"! 						4 th Quarter <ul style="list-style-type: none"> 23 satisfaction surveys were completed this quarter. One person commented, "One of his associates does not always understand him and he feels unhappy." This has been communicated to his Day Program Supervisor and follow-up indicated it was a staff that is no longer employed with Link Associates. 									
Comparison of last year's results (19/20) to this year (20/21): The 2020-2021 parent/guardian satisfaction score averaged 2.9 for the year, which meets the goal of maintaining or improving a minimum score of 2.75; on a 3-point scale. 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. 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 (21/22): <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
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	N = NA			N = NA			2.96 N = 3 out of 3		N = 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) 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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER <ul style="list-style-type: none"> 0 performance surveys were completed this quarter as time was spent reaching out to volunteer sites to set up new schedules due to the COVID-19 pandemic. 	2ND QUARTER <ul style="list-style-type: none"> 0 performance surveys were completed this quarter. The Employment Administrator sent surveys to three volunteer locations and did not receive them back. 	3RD QUARTER <ul style="list-style-type: none"> 3 performance surveys were completed this quarter. Some of the comments left from VIP's partnering businesses stated: <ul style="list-style-type: none"> Thank you for helping keep the Zoo safe and clean for our community. We appreciate all your help. The only opportunity our volunteers noted was that sometimes trash bins are not emptied. They noted tough on some occasions, they washed out bins and have been thoroughly cleaned floors. Much thanks! 	4th QUARTER <ul style="list-style-type: none"> 0 performance surveys were completed this quarter.
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Comparison of last year's results (19/20) to this year (20/21): The 2020-2021 volunteer satisfaction score averaged 2.96 for the year, which meets the goal of maintaining or improving a minimum score of 2.5; on a 3-point scale. 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.

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 (21/22): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Obtain a minimum of 3 satisfaction surveys per quarter (1/mo).	Expected Outcomes Continued feedback from volunteer sites to improve our volunteer services and anticipated expansion of volunteer duties.	Person Responsible DPS over VIP	Timeframe 6.30.2022
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	(141,285)	(235,302)	(349,277)	(414,482)	(509,246)	(671,656)	(742,878)	(871,414)	(917,999)	(1,002,473)	(1,029,850)	(1,078,921)

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)	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST) Action Step #1: The Day Habilitation program will open two additional 1:3 ratio areas and one addition 1:4 ratio area by 6.1.2021. <ul style="list-style-type: none"> 1st Quarter: The Day Habilitation program was not able to open any additional areas due the COVID-19 and the requirements set by CDC to social distance. Each room has person served desks placed 6 feet apart. 	Completion Date June 30 th , 2021
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	<p>Continue goal as written with action step "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>Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p>	<ul style="list-style-type: none"> • 2nd Quarter: The Day Habilitation program was not able to open any additional areas due the COVID-19 and the requirements set by CDC & PCHD to social distance. Each room has person served desks placed 6 feet apart. • 3rd Quarter: The Day Habilitation program was not able to open any additional areas due the COVID-19 and the requirements set by CDC & PCHD to social distance. Each room has person served desks placed 6 feet apart. • 4th Quarter: The Day Habilitation program was able to bring individuals back to the Day Program but due to a staff shortage was only able to provide services to so many individuals while the remaining individuals waited for services. 			
<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):</p>	<p>1st Quarter</p> <ul style="list-style-type: none"> • After being mandated to shut down Day Habilitation services for 3 months due to the COVID-19 pandemic, July 1st rooms 108 (1:8), 111 (1:8), 113 (2:7), 211 (2:8), 212 (1:8), 222 (2:8), VIPA (1:4), and VIPB (1:4) all opened back up. On August 1st VIPC (1:4) was able to open and on September 1st rooms 109 (1:6), 110A (1:6), 110B (1:6), 210 (1:7), 211B (1:4), 211C (1:4), and 213 (1:6) all opened back up. • The Program followed the guidelines set by the CDC with keeping person served desks in the program areas 6 feet apart, limiting the number of people per room. • The DP Administrator also works with the Case Coordinators and Accounting department on collecting outstanding billings, follow up with appropriate persons as needed after reviewing monthly financials and internal/2nd level review findings. 	<p>2nd Quarter</p> <ul style="list-style-type: none"> • October 1st rooms 107 (1:5), 112 (1:5), 217 (1:4), and 218 (1:4) all opened back up. • Effective December 1st Link shut down Day Habilitation services for the month due to the increase of COVID-19 cases among Person Served and Link staff. Link went from serving 111 persons served during November to only 51 during the month of December. Services were once again transitioned to being provided within Link Residential homes during this time. • The Program continues to follow the guidelines set by the CDC with keeping person served desk in the program areas 6 feet apart, limiting the number of people per room. • The DP Administrator also works with the Case Coordinators and Accounting department on collecting outstanding billings, follow up with appropriate persons as needed after reviewing monthly financials and internal/2nd level review findings. 	<p>3rd Quarter</p> <ul style="list-style-type: none"> • Effective February 4th, Link shut down Day Habilitation services through February 19th due to the increase of COVID-19 cases among Person Served and Link Staff. Link went from serving 101 persons served during January to only 40 during the first three weeks of February. Services were once again transitioned to being provided within Link Residential homes during this time. When resuming services on February 22nd, 95 persons served returned for Day Habilitation services. The rest decided to receive the COVID-19 vaccination before returning for services. • The Program continues to follow the guidelines set by the CDC & recommendations from the Polk County Health Department with keeping person served desk in the program areas 6 feet apart, limiting the number of people per room. • The DP Administrator also works with the Case Coordinators and Accounting department on collecting outstanding billings, follow up with appropriate persons as needed after reviewing monthly financials and internal/2nd level review findings. 	<p>4th Quarter</p> <ul style="list-style-type: none"> • The program is no longer required to follow previous CDC & Polk County Health Department recommendations as restrictions have been lifted and many persons served returning to services have received the COVID-19 vaccination. • The program is unable to bring all individuals who had services prior to COVID-19 back due to a staffing shortage. There are not enough staff to work with all individuals. DPS continue to cover areas/DSP duties on average 3-4 day/week. 	
<p>Comparison of last year's results (19/20) to this year (20/21): The 2020-2021 fiscal year ended with a rounded variance of (\$1,078,921). The 2019-2020 fiscal year ended with a rounded variance of (\$553,655). 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) The main Day Program location was closed during December 2020 and part of February 2021. Day Hab services were provided within Link Residential homes only during this time due to COVID-19 outbreaks. The number of persons served as also remained lower due to the staffing shortage.</p>					
<p>New Recommendations for Next Year (21/22): <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</p>	<p>Expected Outcomes NA</p>	<p>Person Responsible NA</p>	<p>Timeframe NA</p>		

FLEET & FACILITIES

Link Associates Program Evaluation
July 1, 2020 to June 30, 2021
Fleet & Facilities Department
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 8 goals and were successful on meeting 5 of them or 63%. Due to the Covid-19 pandemic the day program was shut down for the month of December 2020 and for 3 weeks in February 2021. The continuation of the Covid-19 pandemic continues to have an adverse effect on the department's goals. The closing of the day program during the year, along with the CDC guidelines for social distancing has impacted the overall ridership of the bus routes as well as reduced the number of miles traveled for the year. Which has had a negative impact on achieving the goals.

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 20/21 there were 19 total staff injuries reported which is a decrease from FY 19/20 and the 31 staff injuries reported. With the closure of the day programs, it is believed this had a positive effect on the outcome as it reduced the direct contact between person served and staff. It is noted that 53% of the staff injuries were related to persons served behaviors.
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 20/21 and FY 19/20. The vehicles were driven a total of 434,847 miles for FY 20/21 in comparison to FY 19/20 where they were driven 460,546 miles. The closure of the Day programs did reduce the exposure risk for the vehicles by reducing the number of miles the agency vehicles were driven for the fiscal year.
3. Maintain or improve fire evacuation drills at the Administration Building. During the 20/21 fiscal year the building was evacuated on average in 4 minutes 54 seconds and roll call was completed in 10 minutes 26 seconds. The evacuation of the building is an improvement from FY 19/20 as the average evacuation time was 5 minutes 49 seconds, and the average overall evacuation time with roll call was 10 minutes 46 seconds for FY 19/20. The goal is considered being met as the overall evacuation time with roll call improved from FY 19/20 to FY 20/21.
4. Improve Ridership satisfaction. The department sent out 124 surveys and received 66 completed surveys for a 53% return rate. The satisfaction scores for each category were above the targeted goal. The breakdown of the categories is; A. Bus drivers nice and polite, goal is 90% the response was 98%. B. On time for pick up, goal is 80% and the response was 95%, C. Feel safe riding the vehicle, goal is 85% and the response was 98% and D. overall satisfaction, goal is 80% and the response was 94%. For FY 20/21 we provided 36,162 total trips.
 - a. The survey was completed during the fourth quarter of the fiscal year and the goal is considered met.
5. Maintain or improve the efficiency of the agency's route vehicles. For FY 20/21 the overall average ridership was 82%. The total number of rides provided by the bus routes were 26,673. In comparison FY 19/20 the ridership was at 55.75% and the total number of bus route rides provided was 39,680. During the fiscal year the day program was shut down in December and then again in February which affected the total number of rides provided. The fiscal year started off with a maximum capacity of 7 riders on the buses due to the Covid-19 pandemic. During the fourth quarter the maximum capacity of riders was increased from 7 to 8/9 passengers depending upon the route as day programming started to increase the number of persons served allowed to attend.

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

1. Maintain or improve the number of Link only vehicle accidents from the previous year. For FY 20/21 there were 6 accidents resulting in a 13.80 rating as compared to FY 19/20 with 2 total accidents and an 8.69 rating. The decreased miles driven along with an increase in accidents resulted in the higher rating.
2. Maintain or improve the number of vehicle accidents with a 3rd party from the previous year. For FY 20/21 there were a total of 6 accidents for a 13.80 rating which is an increase from FY 19/20 with 5 total accidents and a rating of 10.86. The lower number of miles driven adversely affected the rating for FY 20/21.
3. Maintain or improve the average ride time on Link bus routes. During FY 20/21 the average morning bus route ride time was 48 minutes 20 seconds, the average afternoon ride time was 42 minutes 49 seconds and the combined ride time of the am and pm routes averaged 46 minutes 3 seconds. In comparison to FY 19/20 the am route averaged 40 minutes 9 seconds, the pm route averaged 38 minutes 14 seconds and the combined route time averaged 39 minutes 38 seconds.

For FY 21/22 we will continue to focus on the same 8 primary objectives and goals.

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 147 riders with 8 people using a wheelchair. The breakdown of the providers utilizing Link transportation services are as follows:

FY 2020-2021 Provider	# of Persons Served	FY 2019-2020 Provider	# of Persons Served
Behavior Technologies	0	Behavior Technologies	0
Candeo	5	Candeo	5
CCO	2	CCO	3
CDAC	0	CDAC	0
Child Serve	0	Child Serve	0
COC	7	COC	1
Comp Community Support	0	Comp Community Support	0
Crest	1	Crest	1
Easter Seals	0	Easter Seals	0
Homestead	1	Homestead	2
Hope	0	Hope	1
Host Home	1	Host Home	1
Link Associates	68	Link Associates	71
Lutheran Services	2	Lutheran Services	2
Mainstream	1	Mainstream	1
Mosaic	4	Mosaic	5
Parent/Family	53	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 20/21 the program saw 5 individuals stop utilizing Link's transportation services as compared to FY 19/20 where there were 10 individuals stopped utilizing Link's transportation services. The breakdown is below;

New/Left transportation services FY two 2020 Dash 2021

7/20		8/20		9/20		10/20		11/20		12/20		1/21		2/21		3/21		4/21		5/21		6/21		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
2	1	0	1	1	1	9	2	1	4	0	2	1	4	0	5	2	0	8	3	3	0	3	3	21	26
NET TOTALS																									
1		-1		0		-2		-3		-2		-3		-5		2		5		3		0		-5	

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	New	Left	New	Left	New	Left	New	Left
Quarter Totals	3	3	1	8	3	9	14	6
Net Quarter Totals	0		-7		-6		8	

Fleet and Facility Measures of Achievement

FLEET & FACILITIES MEASURES OF ACHIEVEMENT 2020-2021																		
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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21

To Maintain or improve the # of work-related injuries for employees from previous years	Number of Workman Comp. Claims For FY 2019-2020 total Workman Comp. Claims = 31	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 FY 2019-2020 = 5	8 FY 2019-2020 = 12	2 FY 2019-2020 = 12	4 FY 2019-2020 = 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) 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 (20/21):		1 st Quarter			2 nd Quarter Day program was shut down in December due to covid			3 rd Quarter Day program was shut down for 3 weeks in February			4 th Quarter							
Comparison of last year's results (19/20) to this year (20/21):						FY 20/21						FY 19/20						
						19 Total Staff Injuries						31 Staff Injuries						
						10 Injuries by Persons Served Behavior						14 Injuries by Persons Served Behavior						
						8 Injuries Resulting in Treatment from Behaviors						12 Injuries Resulting in Treatment from Behaviors						
						2 Staff Injuries Treated at Occ Med Clinic						8 Staff treated at Occ Med Clinic						
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 checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) 53% of staff injuries related to person served behaviors																		
Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (21/22): <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 N/A				Person Responsible N/A				Timeframe N/A						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Maintain or improve the Injury Incident Rating from the previous year.	Number of Injury reports from vehicle accidents FY 19/20 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 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0	Injuries = 0 Rating = 0 FY 2019-2020 = 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 • 1 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER 4 TH QUARTER	Completion Date NA															
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER	2nd QUARTER • Day program was shut down in December due to covid	3rd QUARTER Day program was shut down for 3 weeks in February	4TH QUARTER														
Comparison of last year's results (19/20) to this year (20/21):	FY 20/21 434,847 Total Miles 0 Accidents with injuries Rating = 0	FY 19/20 460,546 Total Miles 0 Accidents with injuries Rating = 0																
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 (21/22): <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 N/A	Person Responsible NA	Timeframe NA															
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Maintain or improve the number of Link only Vehicle Accidents from the previous year	Number of Accident Reports that indicate vehicle damage & rating using Mileage FY 19/20 Accidents = 2 Rating = 8.69	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 vehicles from the previous year.	Agency Staff	Accidents = 2 Rating = 20.76 FY 2019-2020 = 1 Rating = 6.59		Accidents = 1 Rating = 10.77 FY 2019-2020 = 0 Rating = 0		Accidents = 2 Rating = 15.71 FY 2019-2020 = 1 Rating = 8.67		Accidents = 1 Rating = 8.45 FY 2019-2020 = 0 Rating = 0					
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) 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 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER • 4 TH QUARTER	Completion Date NA															

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):		1st Quarter				2nd Quarter • Day program was shut down in December due to covid				3rd Quarter Day program was shut down for 3 weeks in February				4th Quarter					
Comparison of last year's results (19/20) to this year (20/21):		FY 20/21 434,847 Total miles 6 Total Accidents Rating = 13.80				FY 19/20 460,546 Total Miles 2 Total Accident Rating = 8.69													
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 (21/22): <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:																			
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	
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 FY 19/20 Accidents = 5 Rating =10.86	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 = 3 Rating = 31.15 FY 2019-2020 = 1 Rating = 6.59			Accidents = 1 Rating = 10.77 FY 2019-2020 = 1 Rating = 19.31			Accidents = 2 Rating = 15.71 FY 2019-2020 = 3 Rating = 26.01			Accidents = 0 Rating = 0 FY 2019-2020 = 0 Rating = 0			
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) 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 (20/21):		1st Quarter				2nd Quarter • Day program was shut down in December due to covid				3rd Quarter • Day program was shut down for 3 weeks in February				4th Quarter					
Comparison of last year's results (19/20) to this year (20/21):		FY 20/21 434,847 Total miles 6 Total Accidents Rating = 13.80				FY 19/20 460,546 Total Miles 5 Total Accident Rating =10.86													
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)																			

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)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Amount of time to evacuate administrative building FY 19/20 N =10:46 Roll N= 5:49 Evac	Evacuation Drill forms	Fleet & Facilities Director	Fleet & Facilities Director	Maintain or improve the Fire evacuation drills at the administrative building	All Staff and Persons served	Average Evacuation time of 5:52 minutes Average Roll Call time of 11:58 minutes FY 19/20 Evac = 5:52 Minutes FY 19/20 Roll Call = 11:58 Minutes	Average Evacuation time of 5:00 minutes Average Roll Call time of 7:29 minutes FY 19/20 Evac = 5:58 Minutes FY 19/20 Roll Call = 9:55 Minutes	Average Evacuation time of 4:20 minutes Average Roll Call time of 9:58 minutes FY 19/20 Evac = 5:36 Minutes FY 19/20 Roll Call = 9:30 Minutes	Average Evacuation time of 4:54 minutes Average Roll Call time of 12:21 minutes FY 19/20 Evac = NA Minutes FY 19/20 Roll Call = NA Minutes	Amount of time to evacuate administrative building FY 19/20 N =10:46 Roll N= 5:49 Evac								
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"> 1st QUARTER 3RD QUARTER 4TH QUARTER 			Completion Date NA				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							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):			1 st Quarter			2 nd Quarter <ul style="list-style-type: none"> Day program was shut down in December due to covid 			3 rd Quarter <ul style="list-style-type: none"> Day program was shut down for 3 weeks in February 			4 th Quarter						
Comparison of last year's results (19/20) to this year (20/21):						FY 20/21 10:26 Minutes average evac time with Roll Call 4:54 Minutes Average to exit the building			FY 19/20 10:46 Minutes average evac time with Roll Call 5:49 Minutes Average to exit the building									
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 checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) Persons served behaviors during the drills directly reflect the evacuation times. Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (21/22): <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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	39:38 Minutes AM & PM Routes Combined (19/20)	47:22 minutes AM 42:14 minutes PM 44:50 minutes for AM & PM trips combined			52:57 minutes AM 45:40 minutes PM 49:19 Minutes for AM & PM trips combined			49:59 minutes AM 41:48 minutes PM 46:07 Minutes for AM & PM trips combined			43:03 minutes AM 41:35 minutes PM 43:55 Minutes for AM & PM trips combined		
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) 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) • 1 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER • 4 TH QUARTER										Completion Date		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):		1 st Quarter			2 nd Quarter • Day program was shut down in December due to covid			3 rd Quarter • Day program was shut down for 3 weeks in February				4 th Quarter • Started to increase max bus capacity from 7						
Comparison of last year's results (19/20) to this year (20/21):					FY 20/21 Average Ride Times 48:20 Minutes Am Routes 42:49 Minutes PM Routes 46:03 Minutes AM & PM Routes Combined			FY 19/20 Average Ride Time 40:09 Minutes AM Routes 38:14 Minutes PM Routes 39:38 Minutes AM & PM Routes Combined										
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 checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) Persons served behavior directly effects ride time as there were several incidents of person served taking longer to get on or off the bus. Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (21/22): <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)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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%	All Consumers who utilize Link Transportation												

					c. Feel Safe – 85%																
					d. Overall satisfaction – 80%																
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 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER • 4 TH QUARTER					Completion Date NA										
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st QUARTER	2 ND QUARTER • Day program was shut down in December due to covid				3 rd Quarter • Day program was shut down for 3 weeks in February					4 th Quarter • Sent out 124 Satisfaction Surveys and 66 were returned										
Comparison of last year's results (19/20) to this year (20/21):																					
FY 20/21 a. 98% responded yes b. 95% responded yes c. 98% responded yes d. 94% responded Very Happy 4% Responded Sometimes Happy 2% Responded Not Happy Total Surveys returned 66 out of 124 53% Return Rate											FY 19/20 99% responded yes 97% responded yes 96% responded yes 92% Responded Very Happy 17% Responded Sometimes Happy 1% Responded Not Happy Total Surveys Returned 87 out of 154 56% Return Rate										
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)																					
New Recommendations for Next Year (21/22): <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						
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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21			
Maintain or improve the efficiency of the Agency's route vehicles	Monthly Average Occupancy of the route vehicles FY 2019/2020 N= 55.75%	Monthly Attendance Sheets	Transportation Administrator	Fleet & Facilities Director	Maintain or improve the efficiency of the agencies route vehicles from the previous year	All people served on bus routes		82%			66%		76%								
								FY 2019-2020 = 84%			FY 2019-2020 = 76%		FY 2019-2020 = 60%								FY 2019-2020 = 3%
Goal Outcome: <input checked="" type="checkbox"/> Goal Met	Previous FY goal recommendations (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					Completion Date NA										

<input type="checkbox"/> Goal Not Met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<ul style="list-style-type: none"> • 1st QUARTER • 2ND QUARTER • 3RD QUARTER • 4TH QUARTER 			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter • Due to Covid 19 and the governor's restrictions max capacity for the buses was changed to 7 from 14.	2nd Quarter • Day program was shut down in December due to covid • Full bus capacity based on 7 seats due to Covid-19	3rd Quarter • Day program was shut down for 3 weeks in February • Full bus capacity based on 7 seats due to Covid-19	4th Quarter • Based on full capacity of buses and not max of 7 due to covid • Full bus capacity based on 7 seats due to Covid-19 for more than 100% result • Started to increase number of passengers allowed on the bus	
Comparison of last year's results (19/20) to this year (20/21):		FY 20/21 81% Average Ridership 26,673 Yearly Route Bus Trips 32,561 Total Waiver Trips	FY 19/20 55.75% Average Ridership 39,680 Yearly Route Bus Trips 44,306 Total Waiver Trips	Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Due to Covid 19 Pandemic, the bus capacity was changed from 14 to 7 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) State of Iowa mandated the closing of day programs which shut down transportation services.	
New Recommendations for Next Year (21/22): <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		

LEEP

Link Associates Program Evaluation

July 1, 2020 to June 30, 2021

Link Employment Exploration Program (LEEP)

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 continued to have an impact on the program as a whole. Although we were able to re-open services again in July 2020, there were several individuals who chose to wait to begin their internship until their teams felt more comfortable with the COVID positivity rate in the community. LEEP also had a decrease in referrals due to the pandemic. This impacted most of our goals during the first half of the fiscal year. We were still able to meet 5 of the 7 goals the department established. Without the impact of the pandemic, we feel we would have met all 7 of our goals.

In the fiscal year our most significant achievements included partnering with 5 new businesses to expand our internship opportunities for persons served. We were able to partner with LaQuinta Inn, Pizza Hut (new location), we re-established a partnership with Stuff Etc (due to new store management), Victoria Cleaners, and Outlets of Des Moines. We received amazing satisfaction surveys from the persons served, parent/guardian/concerned others, and businesses throughout the year. The Employment Administrator and Employment Supervisors were also able to participate in several Zoom calls and webinars with IVRS and each of the MCO's regarding programming and continued to market LEEP. We have set up monthly zoom calls with all the IVRS Counselors to continue to build a relationship with them and effectively communicate across all our Employment programs we offer.

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. We have continued to experience external CBCM's (through the MCO's) not actively referring those they support, so we tend to rely on reverse referrals. We'd like to continue our action step to 'provide additional education to MCO's.' We are not recommending for any goals to be discontinued or added for FY 21-22.

We continue to be extremely 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 we are partnered with, as well as from persons served and their guardians. All of their hard work is reflected in the CY 2020 Community Employment Outcomes Evaluation (an evaluation completed by the Law, Healthy Policy and Disability Center at the University of Iowa). Link Associates led the way in the Polk County network and our great scores and comments from persons served are showcased in this report. The dedication that each of the Employment Training Specialists show in supporting those we serve is nothing short of amazing. Due to staff shortages, each of them have been able to step in and help pick up extra hours each week to ensure we are providing the support needed to all of our persons served. They continue to embody our mission, vision, and values. As the leadership of the program, there is nothing more we could ask for, and we continue to be beyond proud of the entire department!

LEEP Demographics

FY 2020 - 2021	1st Quarter Demographics		2nd Quarter		3rd Quarter		4th Quarter	
Number Served	4	100%	5	100%	6	100%	11	100%
Age								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	3	75%	2	40%	3	50%	4	36%
22-34	0	0%	2	40%	2	33%	5	45%
35-44	0	0%	0	0%	0	0%	1	9%
45-54	0	0%	0	0%	0	0%	0	0%
55-64	1	25%	1	20%	1	17%	1	9%
65>	0	0%	0	0%	0	0%	0	0%
Gender								
Male	2	50%	2	40%	3	50%	6	55%
Female	2	50%	3	60%	3	50%	5	45%
Ethnicity								
Black or African-American	0	0%	1	20%	1	17%	3	27%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	0	0%	1	20%	2	33%	2	18%
Caucasian	3	75%	2	40%	2	33%	6	55%
Hispanic	1	25%	1	20%	1	17%	0	0%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Race	0	0%	0	0%	0	0%	0	0%
Level of Disability								
Developmental Disability (DD)	0	0%	0	0%	0	0%	1	9%
Mild MR (50-75)	4	100%	5	100%	6	100%	9	82%
Moderate MR (35-49)	0	0%	0	0%	0	0%	1	9%
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	0%
Secondary Diagnosis								
ADD/ADHD	1	25%	0	0%	1	17%	2	18%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	2	50%	1	20%	1	17%	1	9%
Autism	0	0%	3	60%	2	33%	3	27%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%
Cerebral Palsy	1	25%	1	20%	1	17%	1	9%
Depression	0	0%	0	0%	0	0%	0	0%
Down Syndrome	0	0%	0	0%	0	0%	1	9%
Epilepsy	0	0%	0	0%	0	0%	0	0%
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	0	0%	0	0%	1	17%	1	9%
Other	0	0%	0	0%	0	0%	2	18%
Schizophrenia	0	0%	0	0%	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 2020:

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 2020

The data pulled from this quarter reflects there were 5 participants within the LEEP program. The average participant was a Caucasian female between the ages of 18-34, 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 male between the ages of 18-34 with a secondary diagnosis of "other" or "no secondary diagnosis known."

January-March 2021

The data pulled from this quarter reflects there were 6 participants within the LEEP program. The average participant was a Caucasian or Asian (both 33%) male or female (Both 50%) between the ages of 18-21, 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 male between the ages of 18-22 with a secondary diagnosis of Autism.

April-June 2021

The data pulled from this quarter reflects there were 11 participants within the LEEP program. The average participant was a Caucasian male 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 Black/African American or Asian (50/50) female between the ages of 18-22 with a primary diagnosis of Mild MR & no secondary diagnosis.

The average participant that exited the program this year was a female between the ages of 18-21 with a primary diagnosis of Mild ID and a secondary diagnosis of other or "no secondary diagnosis known".

LEEP Supplemental Measures

Link Associates
Supplemental Measures
LEEP
2020 - 2021

Supplemental Measures	Quarter			
	1 st	2 nd	3 rd	4 th
1. Number of persons served who obtain community employment	3	2	0	1
2. Number of days between date of acceptance and date of the intake meeting	NA	68	22	30
3. Maintain 8 or less spoiled product per day (Link General Store)	6.2	3.1	3.4	1.7

July-September 2020:

There were 3 participants who were able to obtain community employment during the first quarter. PS began working at a daycare on 8.24.20, BS began working at a human services agency on 8.24.20, and PH began working at a fast-food restaurant on 9.22.20. During the first quarter, we did not have any admissions into the program and therefore we did not hold any intake meetings. The Link General Store was able to average 6.2 spoiled/wasted products per day in the first quarter.

October-December 2020:

There were 2 participants who were able to obtain community employment during the second quarter. KK began working at a grocery store on 11.5.20, and JV began working at a grocery store on 12.10.20. During the second quarter, there was an average of 68 days between the date of acceptance and the date of the intake meeting. This data is skewed due to one participant who was approved for LEEP but chose not to hold the intake until their team felt more comfortable with COVID. The Link General Store was able to average 3.1 spoiled/wasted products per day in the second quarter.

January-March 2021:

There were 0 participants who were able to obtain community employment during the third quarter. During the second quarter, there was an average of 22 days between the date of acceptance and the date of the intake meeting. The Link General Store was able to average 3.4 spoiled/wasted products per day in the second quarter.

April-June 2021:

There was 1 participant who was able to obtain community employment during the fourth quarter. DE began working at a home improvement store on 5.24.21. During the fourth quarter, there was an average of 30 days between the date of acceptance and the date of the intake meeting. The Link General Store was able to average 1.7 spoiled/wasted products per day in the fourth quarter.

LEEP Measures of Achievement

Link Employment Exploration Program (LEEP) Measures of Achievement 2020- 2021																		
SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Reach and maintain maximum participation	# of intakes per month	LEEP Skills Training Tracking Document	Employment Administrator	Employment Administrator	Maintain 4 intakes or more per quarter	All persons served in LEEP	0	0	0	1	0	1	0	1	3	3	2	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 continue the goal as written and continue action steps to build partnerships with the MCO's and IVRS. 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) Action Step #1: Monitor changes in counselors and leadership at IVRS for additional education Link can provide. <ul style="list-style-type: none"> 1st quarter update: Employment Supervisor met with an IVRS Counselor to discuss different internship programs they have been offering to high school seniors in the Des Moines area. Through that meeting the ES was able to gain a better understanding of different programs as well as partner with one of the businesses IVRS works with for internships. The E/DP Director was able to reach out and collaborate with the new VR Resource Manager, Vienna Hoang, to 										Completion Date June 30 th , 2021			

		<p>ensure our contract with IVRS was still valid to offer LEEP services as all Occupational Skills Training Programs through IVRS required an RFP to be submitted/approved. Through discussing the intent of LEEP services it was decided to maintain our contract for LEEP using Menu of Service items.</p> <ul style="list-style-type: none"> • 2nd quarter update: Employment Administrator participated in 1 of a 2-part training/zoom with IVRS. This is where Vienna Hoang talked about IVRS' processes and what community partners should expect. Employment Supervisors met with Marsha Burreight (IVRS Counselor) and discussed her expectations on a form she receives from Link. They were also able to discuss our referral process and she made some suggestions on how to get more referrals from IVRS. Employment Administrator is following up with IVRS and E/DP Director. • 3rd quarter update: Employment Administrator participated in the 2nd part of the 2-part training/zoom with IVRS. All of the IVRS forms were reviewed and all community partners were informed of what IVRS expects from the forms. Employment Administrator coordinated with IVRS and there will be a standing monthly meeting between IVRS counselors and our SE department to discuss programs, persons served, and to continue to build a good relationship with IVRS counselors. • 4th quarter update: Goal met by having a standing meeting set with IVRS counselors. <p>Action Step #2: Provide additional education to MCO's</p> <ul style="list-style-type: none"> • 1st quarter update: Employment Administrator spoke with 2 CBCM's to discuss LEEP and if it is a possibility for a persons served they have in mind. There were no other opportunities during the first quarter to market LEEP with the MCO's. • 2nd quarter update: Employment Administrator spoke with Denise Juhl (Amerigroups Employment Specialist) about the employment services Link provides. EA also provided Denise information on persons served wage and hours during reporting weeks. EA attended the ICIE quarterly meeting and Tonya Heiman was introduced as Iowa Total Care's go to person for employment. EA got her information and sent info over about Link's employment services. • 3rd quarter update: Employment Administrator was able to talk with 4 different CBCM's about LEEP. They each has persons served who they thought could benefit from the program. Each one of those individuals were in the transition age (18-24) so they would need to have an open IVRS case. EA will continue to network during ICIE meetings and other employment gatherings (virtually). • 4th quarter update: Employment Administrator provided Denise Juhl (Amerigroup Employment Specialist) information on persons served wage and hours during reporting weeks. While discussing the information she needed, EA then spoke about all employment programs at Link including LEEP. Updated information was sent to Denise to send out to the CBCM's with the newly partnered businesses. EA will continue to send updated internship sites to Denise to then 	<p>June 30th, 2021</p>
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		send to the CBCM's with Amerigroup. ICIE meeting was attended by Employment Supervisor and information was shared.
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER <ul style="list-style-type: none"> There were no intakes completed during the first quarter due to no new admissions. Employment Supervisor continued talking to the businesses and teams to get internships set with the persons served who started LEEP just before COVID-19. 	2ND QUARTER <ul style="list-style-type: none"> The program had 1 person complete their internship this quarter. There were 2 intakes completed during the 2nd quarter. All went through the admissions process and were approved. There was 1 person served who was approved for services over the summer but did not want to begin LEEP until their team felt more comfortable with COVID numbers/protocols. 	3RD QUARTER <ul style="list-style-type: none"> The program had 1 person complete their internship this quarter. There were 4 intakes completed during the 3rd quarter. All went through the admissions process and were approved. 	4TH QUARTER <ul style="list-style-type: none"> The program had 2 people complete their internship this quarter. There were 6 intakes completed during the 4th quarter. All went through the admissions process and were approved.
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Comparison of last year's results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with an average of 1.75 intakes per quarter, due to COVID-19 and the lack of referrals this goal was not met. The 2020-2021 fiscal year concluded with an average of 3 intakes per quarter, 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)

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

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

The pandemic continued to influence the number of referrals we received during the first, second and third quarter of the fiscal year. Towards the third quarter (around the time vaccines were available) referrals began to pick up again and LEEP had several referrals.

New Recommendations for Next Year (21/22): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Continue Action Step #2: Provide additional education to MCO's.	Expected Outcomes Increase referrals	Person Responsible EA & ES	Timeframe June 30 th , 2022
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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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 2.9 (3-point scale)	All participants in LEEP	NA N = 0	3 N = 1 out of 1	3 N = 1 out of 1	3 N = 2 out of 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) 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 (20/21):	1 st QUARTER <ul style="list-style-type: none"> All surveys are completed once the participant completes their internship. There were no internships completed during the first quarter. 		2 nd QUARTER <ul style="list-style-type: none"> Surveys are completed once the participant completes their internship. There was 1 participant who completed their internship during the second quarter. There were no additional comments on the survey. 		3 rd QUARTER <ul style="list-style-type: none"> Surveys are completed once the participant completes their internship. There was 1 participant who completed their internship during the third quarter. There were no additional comments on the survey. 		4 th QUARTER <ul style="list-style-type: none"> Surveys are completed once the participant completes their internship. There were 2 participants who completed their internship during the fourth quarter. There were no additional comments on the survey. 			
Comparison of last year's results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with an average satisfaction score of 2.97 (3-point scale). The 2020-2021 fiscal year concluded with an average satisfaction score of 3 (3-point scale). 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 (21/22): <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
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)										

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	
Admission into Job Development services	# Of accepted admissions	LEEP Skill Training tracking google doc	Case Coordinators	Employment Administrator	Maintain 85% of admission approval or better	All persons who graduate from LEEP		N = 0					100% N = 1 out of 1		N = 0			100% N = 2 out of 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) It was recommended to continue 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 (20/21):	1 st QUARTER <ul style="list-style-type: none"> There were no admissions into Job Development since there were no participants who completed the program during the first quarter. 			2 nd QUARTER <ul style="list-style-type: none"> There was 1 participant who completed their internship during the second quarter and will begin Job Development services in the 3rd quarter (DE). 			3 rd QUARTER <ul style="list-style-type: none"> There was 1 participant who completed their internship during the third quarter, but LG did not successfully complete their internship and the team chose to not move forward with Job Development at this time. 			4 th QUARTER <ul style="list-style-type: none"> There were 2 participants who completed their internships during the fourth quarter. The 2 participants were accepted into job development services. LC began job development on 7.19.21, SL began job development on 5.26.21. 									
Comparison of last year's results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with 100% admissions approval once LEEP was completed. The 2020-2021 fiscal year concluded with 100% admissions approval once LEEP was completed. 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 (21/22): <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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	

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	NA N = 0	3 N = 1 out of 1	2.6 N = 1 out of 1	3 N = 2 out of 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) 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 (20/21):	1ST QUARTER <ul style="list-style-type: none"> Surveys are completed when a person served completes their internship. There were no persons served who completed their internship during the first quarter. 		2ND QUARTER <ul style="list-style-type: none"> Surveys are completed when a person served completes their internship. There was 1 person served who completed their internship during the second quarter. There were no additional comments or requests for additional information on the survey. 		3RD QUARTER <ul style="list-style-type: none"> Surveys are completed when a person served completes their internship. There was 1 person served who completed their internship during the third quarter. LG's parent stated "I value Link Associates and the services they offer. My reason for answering a "2" above was because I didn't personally witness my son's training. I did receive feedback from LG but from Link it was more of an overall review or summary once his internship had ended. I feel that Link did as much as they could do for my son. Unfortunately, his disability and challenges did not lend themselves well to the work available through the LEEP program. I enjoyed working with Tonya Wilson (Employment Supervisor) to determine the best available positions for LG, and I appreciate her openness and 		4TH QUARTER <ul style="list-style-type: none"> Surveys are completed when a person served completes their internship. There were 2 persons served who completed their internships during the fourth quarter. There were no additional comments or requests for additional information on the survey. 			

			clear communication throughout the internship process.”	
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Comparison of last year’s results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with an average satisfaction score of 3 (3-point scale). The 2020-2021 fiscal year concluded with an average satisfaction score of 2.9 (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 (21/22): <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
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21			
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		NA N = 0											2.9 N = 1 out of 1	3 N = 1 out of 1	3 N = 1 out of 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 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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 ST QUARTER <ul style="list-style-type: none"> There were no surveys completed due to no internships being completed during the first quarter. 	2 ND QUARTER <ul style="list-style-type: none"> A survey was completed by Blank Park Zoo and there were no additional comments made. They did request some educational 	3 RD QUARTER <ul style="list-style-type: none"> A survey was completed by Big Lots and there were no additional comments made. 	4 TH QUARTER <ul style="list-style-type: none"> A survey was completed by Big Lots and there were no additional comments made.
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resources, and the Employment Administrator contacted the person who completed the survey and got them the information they were looking for.

Comparison of last year's results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with an average satisfaction score of 3 (3-point scale). The 2020-2021 fiscal year concluded with an average satisfaction score of 2.9 (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 (21/22): <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
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Expand the businesses available for internships	# of new business contracts signed	LEEP contacted business 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	0	0	0	0	0	2	1	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) It was recommended continue the goal as written. 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	Completion Date NA
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):			1 st QUARTER <ul style="list-style-type: none"> During the first quarter the Employment Supervisor was able to partner with LaQuinta Inn for potential LEEP internships through a connection with IVRS. 				2 ND QUARTER <ul style="list-style-type: none"> During the second quarter the Employment Supervisor was not able to partner with any additional businesses for LEEP. ES was able to reach out to the partnered businesses to check in and see if they are still willing to allow interns at this time due to COVID. All of the partnered sites are allowing interns at this time. 				3 RD QUARTER <ul style="list-style-type: none"> During the third quarter the Employment Supervisor was able to partner with Stuff Etc. (had a previous contract but under new management) and a new Pizza Hut location (previous one closed). ES was also able to begin building relationships with a dry cleaner, auto body shop, and a hotel to potentially establish internships at those locations next quarter. 				4 TH QUARTER <ul style="list-style-type: none"> During the fourth quarter the Employment Supervisor was able to partner with UG2 Outlets of Des Moines and Victoria Cleaners for potential LEEP internships. 			
<p>Comparison of last year's results (19/20) to this year (20/21): 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). The 2020-2021 fiscal year concluded with a total of 5 new internship options obtained and overall, this goal was met (although the target of 1 per quarter was not met).</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 type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p>																		
New Recommendations for Next Year (21/22):										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										NA				NA		NA		
Action Steps:																		
NA																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	(8,498)	(15,467)	(25,640)	(29,734)	(38,378)	(38,542)	(38,357)	(44,212)	(28,489)	(64,563)	(56,184)	(66,143)
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)		Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION LIST)													Completion Date		
			NA													NA		

	It was recommended to continue goal as written 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 (20/21):	1st QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials to ensure they were accurate. There were no errors found. • During the first quarter the Employment Administrator and Employment Supervisor reached out the partnered businesses to see if they were ready to allow interns back to their locations. During the first quarter interns were allowed back to Blank Park Zoo, LaQuinta, Link Associates, Big Lots, St. Vincent, Pizza Hut, Aspen, and Fareway. • Shadows and internships started again during the end of the first quarter. 	2ND QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials to ensure they were accurate. There were no errors found. 	3RD QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials to ensure they were accurate. There were no errors found. • During the third quarter there was an increase in referrals and intakes from IVRS counselors making referrals. This typically occurs due to them working with school aged individuals and school coming to an end in the Spring. 	4TH QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials to ensure they were accurate. There were no errors found. 		
Comparison of last year's results (19/20) to this year (20/21): The 2019-2020 fiscal year concluded with a YTD variance of (\$66,609). The 2020-2021 fiscal year concluded with a YTD variance of (\$66,143). 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) The pandemic continued to have an impact on the services Link provided as well as the businesses Link is partnered with. This goal was not met due to the lack of referrals during the first half of the fiscal year. Referrals began to consistently come in during the 3 rd quarter (around the time the vaccine became available).						
New Recommendations for Next Year (21/22): <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	

LEISURE

Link Associates Program Evaluation
July 1, 2020 – June 30, 2021
Leisure Services
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 five goals; two measuring effectiveness, one measuring service access and two measuring satisfaction, and was successful in meeting all five of them.

In the fiscal year, we continued providing innovative programming options, in-person and virtual, for both the Day Habilitation and Community programs. We also worked to develop new community partnerships and secure donations/grants. Some of the new partnerships established for the community program included Music Speaks for the Music Therapy program, Youth Emergency Shelter Services for the Helping Hands Volunteer program, Power Life Yoga Studio in the Gym Class Hero's program and Cascade Falls Ankeny Pools for a Water Walking fun & fitness program, local illustrator Jennifer Hanson and Ilima Young-Dunn of Aloha Wind providing instructional classes, Wander Women Wilderness Group providing new camping program and outdoor opportunity. Leisure provided a 3 week Healthy Freezer Meals program teaching participants how to prepare healthy meals and also partnered with the Candle Bar DSM to make scented candles. Leisure resumed the new extended club travel programs with great participation and demand. The group was able to take a very successful weekend trip to St. Louis, MO, a great weekend trip to Honey Creek, IA, and provide the first extended 5 day trip to Colorado Springs, CO. The overall number of participants has increased from 488 last fiscal year to 531 this fiscal year.

Leisure continued to be challenged with the pandemic and the many changing restrictions, however, remained positive and was successful in offering creative and safe programming options for all; that in itself was a great achievement this fiscal year. The virtual programming that began at the onset of the pandemic continued throughout the fiscal year, however, as in-person programming resumed the number of virtual activities decreased. In the first quarter there were a total of 108 virtual activities, in the second quarter the number rose to 133 virtual activities. Community venues started opening in the third quarter and the number of virtual activities was 97, then in the fourth quarter there were 29 virtual activities. The virtual programs were provided live via Facebook at varying times of the day and different days of the week. Leisure continued the outreach of past interns, employees and partners to offer activities including Link VIP groups. The Leisure Manager engaged two 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 plans to continue including virtual programming as an opportunity and to help address the need for socialization. The measure of achievement observing the effectiveness of virtual programming was met. With the virtual programming proven to be successful the goal is no longer needed. Leisure will continue to track the activities, attendance, and satisfaction.

Link's Volunteer program did see a decline for the second year in a row due to Covid-19, they utilized 3,786 hours of volunteer service, compared to 4,818 last year and 7,717 the previous year, and 166 volunteers assisting, compared to 402 the previous year. The decrease in hours and volunteers was due to the pandemic and cancellation of many large events that require the greatest number of volunteers. The Volunteer program will continue to utilize as many volunteers as possible and maintain contact via email and newsletter.

Leisure began the first 5 months of the fiscal year down one Leisure Specialist, however, they were able to utilize Leisure interns and an On-Call Leisure Specialist to fill the void and maintain programming. This fiscal year there has been a total of 6 interns.

Leisure participated in the United Way investment process and has been notified of funding for the upcoming year. United Way has changed their investment process to align with the new goals in 5 different elements of a thriving community and theme; United to Thrive. Leisure applied for 2 different element areas (Health & Well-being and Essential Needs). Results reported as not aligning with Essential Needs but we were awarded funds in the Healthy & Well-being area. However, UW is informing all partners donations are down due to the pandemic. The funds awarded are a 10% decrease. Donations and grants received during the 2020-21 totaling \$39,280; this includes donations from local Knights of Columbus organizations, donations from an annual request letter, a special United Way Covid response grant, a Community Foundation Covid adaptation grant, Polk County Betterment grant, Iowa Arts Council grant, EMC Insurance Foundation grant and other individual or company donations and fundraising

efforts. To offset the decrease in United Way funding, Leisure has implemented a “Day Camp” program called New Adventures. The first pilot program took place in June and was extremely successful; 6 campers attended for 5 days and all had an outstanding time. The second New Adventure will be in July and moving forward there will be a camp offered each brochure period and two in the summer. In addition to the camps and Leisure will increase registration fees to help with the deficit.

In the next fiscal year, Leisure will continue to seek alternative options and new partnerships for new and existing programs; and will continue with some virtual programming. Leisure will be meeting with United Way staff in late Aug./Sept. to develop new goals; this may impact program evaluation goals and objectives. I continue to be amazed and exceptionally proud of the Leisure staff, especially the Leisure Manager and the Assistant Outreach Director who supervises the Leisure Manager and supports the program. They lead with positivity, calmness and support to the entire agency. They are committed to providing an exceptional program for those we support, despite any challenges that are thrown at them. A shining example of great teamwork!

Leisure Demographics

FY 20-21	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Client Descriptors	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GENDER								
Male	172	52%	143	51%	130	54%	231	53%
Female	156	48%	137	49%	111	46%	200	46%
AGE								
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	1	<1%	0	0%	0	0%	0	0%
19-24 years old	59	18%	45	15%	33	14%	88	20%
25-34 years old	87	27%	84	30%	65	37%	110	26%
35-64 years old	170	52%	142	51%	135	56%	215	50%
65-74 years old	10	3%	8	3%	8	3%	17	4%
75 + years old	1	<1%	1	<1%	0	0%	1	<1%
ETHNICITY								
Caucasian	271	83%	239	85%	202	84%	332	77%
African-American	39	12%	25	9%	26	11%	69	16%
Asian	4	1%	3	1%	3	1%	5	1%
Hispanic	12	4%	10	4%	10	4%	20	5%
Native Indian/Alaskan	0	0%	0	0%	0	0%	1	<1%
Native Hawaiian	1	<1%	0	0%	0	0%	1	<1%
Unknown	0	0%	0	0%	0	0%	2	<1%
Other	1	<1%	2	1%	0	0%	1	<1%
RESIDENCE								
Parents/Relative/Independent	178	54%	154	55%	127	53%	260	60%
Link Residential	24	4%	28	10%	26	11%	26	6%
Other HCBS	126	38%	98	35%	88	36%	145	35%
COUNTY OF LEGAL SETTLEMENT								
Polk	307	93%	263	94%	224	93%	399	93%
Warren	6	2%	6	2%	5	2%	7	2%
Dallas	14	4%	11	5%	12	5%	25	6%
Madison	0	0%	0	0%	0	0%	0	0%
Jasper	0	0%	0	0%	0	0%	0	0%
Union	0	0%	0	0%	0	0%	0	0%
Story	1	<1%	0	0%	0	0%	0	0%
PRIMARY DISABILITY								
Borderline (71-84)	16	5%	14	5%	11	5%	19	4%
ID/Mild (50-70)	146	45%	132	47%	115	48%	199	46%
ID/Moderate (35-49)	90	27%	84	30%	74	30%	122	28%
ID Severe (20-34)	29	9%	25	9%	21	9%	25	6%
ID/Profound (below 20)	2	<1%	0	0%	0	0%	4	<1%
Developmental Disability	31	9%	22	8%	19	8%	40	9%
Other	14	4%	3	1%	1	<1%	22	5%
SECONDARY DISABILITY								
Autism	30	9%	25	9%	19	8%	39	9%
Cerebral Palsy	17	5%	14	5%	8	3%	15	3%
Visual Impairment	6	2%	3	1%	2	<1%	3	<1%
Hearing Impairment	3	1%	1	<1%	2	<1%	3	<1%
Seizure disorder	44	13%	42	15%	36	15%	66	15%
Physical Disability	19	6%	11	4%	8	3%	10	2%
Emotional/Behavioral	22	7%	17	6%	14	6%	28	6%
Wheelchair Assistance	12	4%	11	4%	6	2%	9	2%
Diagnosed MI	14	4%	9	3%	6	2%	9	2%
None Reported	114	35%	103	37%	91	38%	160	37%
Other	47	14%	44	16%	49	20%	89	21%

Leisure Measures of Achievement 2020- 2021

SERVICE ACCESS

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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		2			3			8				7
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 NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1ST QUARTER Link's Leisure staff has maintained existing partnerships, and continued to seek out new partnerships. This quarter Leisure has made new connections with The Great Escape and Hansen's Dairy Farm. Leisure continues to foster relationships with Warrior Run Golf Course, and Archery Field and Sports.		2ND QUARTER Link's Leisure staff has maintained existing partnerships and continued to seek out new partnerships. This quarter leisure has made new connections with Jennifer Hanson, and Ilima Young-Dunn of Aloha Wind. Leisure continues to foster relationships with Central College, VIP, Omega Nu Sorority, Knotty Nail, MVP Sports, Coffee Cats, and Leelyn's Holiday Choir Group.		3RD QUARTER Link's Leisure staff has maintained existing partnerships and continued to seek out new partnerships. This quarter leisure has made new connections with Smash Park, Big Dog Billiard, Chocolaterie Stam, Climb Iowa, Squirrel Cage Jail, Rez Blue VR Arena, Selfie Station, and TITLE Boxing Company. Leisure continues to foster relationships with MVP Sports, Special Olympics, Seven Oaks, Artist Candance Camling, AR Workshop, and Civic Center.			4TH QUARTER Link's Leisure staff has maintained existing partnerships and continued to seek out new partnerships. This quarter leisure has made new connections with Music Speaks for our Music Therapy program, Wander Women Wilderness Group, Bountiful Blossoms Bee Company, Candle Bar DSM, West Des Moines Kayak Rentals, Youth Emergency Shelter Services for Helping Hands program, Silly Sally Clown for Balloon Twisting, Backspin Golf, Power Life Yoga Studio, Cascade Falls Ankeny Pools for Water Walking. The program was also able to resume travel experiences and during this quarter the Leisure Services program travelled to St. Louis, MO for 3 days, and also Colorado Springs, CO for 5 days. Leisure Continues to foster relationships with the Animal Rescue League, Special Olympics, Dowling Catholic High School, Omaha Zoo, and Pole Position Racing.										
<p>Comparison of last year's results (19/20) to this year (20/21): in 19/20 there had been a total of 56 new participants with this year 20/21 having only a total of 20 new participants. That is a 36-person difference between the years. Networking with existing partnerships continues – although has slowed due to the pandemic this year. New partnerships have been established as done in the previous years.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) The last two quarters the numbers have increased when compared to the first two quarters, as vaccines have been administered and more people are comfortable participating again in leisure services.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Vaccines have been administered and more people are comfortable participating again.</p>																		

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 many virtual activities as well as in person activities. Some locations that we usually visit or have large events at were closed, and we are not able to have large events or sporting events due to the current pandemic.

New Recommendations for Next Year (21/22): <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
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RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Observe effectiveness of virtual programming	Number of clients served	All persons	Link Leisure Services LIVE Facebook Activities	Leisure Services Manager	Leisure Services Manager	Provide virtual programming for 6,000 participants over one year		2,876			2,995			1,579			336	

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	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 ST QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
	Leisure Services has provided a total of 108 virtual activities during the 1 st quarter. Out of the 108 activities there were 19 different activity types. These activities are as follows: Basic Origami, 20 Questions, Coffee Club, Bowling True or False, Would You Rather, Conversation Coloring, Family Feud, Jeopardy, This or That, Choose Your Adventure, Chair Exercises, Wheel of	Leisure Services has provided a total of 133 virtual activities during the 2 nd quarter. Out of the 133 activities there were 26 different activity types. These activities are as follows: Journaling, Chair Yoga, Pictionary, Choose your own adventure, Freezer Meals, Family Feud, Gym Class Heroes, Movie Night, Coffee Club, Chair exercises, Trivia, This or That, Walk it Out, Jingle in the Junction, Winter Games, Conversation Coloring, Texas Roadhouse, 20 Questions, Jolly Holiday Lights, B-Roll Bowling, Poetry	Leisure Services has provided a total of 97 activities during the 3 rd quarter. Out of the 97 activities there were 23 different activity types. These activities are as follows: Working with wood, coffee club, winter trivia, name that tune, jeopardy, VIP activities, Illustration class, family feud, crafty creations, trivia, shake awake, fun and fitness, sensory sensations, feel the music, building social skills, conversation coloring, touring Des Moines, recycle art, cooking	Leisure services has provided a total of 29 activities during the 4 th quarter. Out of the 29 activities there were 4 different activity types. These activities are as follows: VIP activities,

Fortune, Trivia Time, Describe it, Pump it Up, Zentangle, Price is Right, and Dear Abby.	Play, Animal Kingdom, Jeopardy, Around the World, and Zentangle.	club, afternoon movers, chair exercises, 20 questions, and dear abby.	Jeopardy, Story Time Fitness, and True or false.
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Comparison of last year's results (19/20) to this year (20/21): This is a new goal for 20/21 so there is no comparison for the past year, but we had 7,786 participants for the 367 virtual programming that was offered.

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 (21/22): <input type="checkbox"/> Continue as written <input checked="" 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
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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)	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	
Improve person served life satisfaction	Score on Post-Program Survey	Leisure Person Served	Post-Program Survey	Leisure Specialists	Leisure Services Manager	To achieve 90% or greater on satisfaction survey													
							100%		100%			99%			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) It was recommended to continue goal. Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> non-Applicable	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st QUARTER Leisure staff facilitate completion of survey with person 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.				2 ND QUARTER Leisure staff facilitate completion of survey with person 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.				3 RD QUARTER Leisure staff facilitate completion of survey with person 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.				4 TH QUARTER Leisure staff facilitate completion of survey with person 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.					
	Comparison of last year's results (19/20) to this year (20/21): In comparison 2019-2020 fiscal year ran 98% - 99%, in 2020-2021 it ran 99% - 100% which is only a 1% difference. 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 (21/22): NA <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		
Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Improve consumer's life satisfaction	Number of completed Leisure Services Participant Surveys	Leisure consumers & families	Leisure Services Participant Survey	Leisure Services Manager and Leisure Specialists	Leisure Services Manager	Obtain testimonials from 4 consumers 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) Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> non-Applicable				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 (21/21):	1 st QUARTER	2 ND QUARTER	3 rd QUARTER	4 th QUARTER
	Leisure Manager conducted participant survey to obtain consumer testimonial.	Leisure Manager conducted participant survey to obtain consumer testimonial.	Leisure Manager conducted participant survey to obtain consumer testimonial.	Leisure Manager conducted participant survey to obtain consumer testimonial.

Comparison of last year's results (19/20) to this year (20/21): 4 testimonials were provided in both 19/20 and also 20/21
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 (21/22): <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
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RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Person Served accessing social alternatives	Social isolation of Leisure participants	Leisure person served on the Leisure Times mailing list with 0-30 hours per week of support	Leisure Times mailing list and Leisure Registration	Leisure Services Manager and Leisure Specialists	Leisure Services Manager	An annual average of 43% of person served (0-30 hrs./wk. of support) accessing Leisure Services		58%			56%			58%				59%

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.	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) NA	Completion Date NA
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> non-Applicable				
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER 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 support hours population. During this brochure period sign-ups for in-person activities started after being virtual for the last few months. Programs included creepy crawlers, golf, CAC's and Gym Class Heroes.	2ND QUARTER 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 support hours population. During this time programs were still working on going back to in-person from virtual. Activities available were LA Social Club, Harry Potter Escape Room, Pumpkin Carving, and Spinners.	3RD QUARTER 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 support hours population. Activities were geared back online this quarter with Link Associates shutting down. A lot of programs went virtual such as Healthy Freezer Meals, All Spinners, and Holiday Wreaths. Leisure Manager moved all activities online, so no loss of funding from registration fees would occur.	4TH QUARTER 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 support hours population. Many grants have been secured for future programming during this time. Such as EMC Grant, Rotary Grant, and a large donation. The programs these support are Helping Hands, Music Therapy, and Gym Class Heroes.	
Comparison of last year's results (19/20) to this year (20/21): 2019/2020 there was a range from 51% - 56% that were 0-30 hours per week of support that accessed our Leisure Services. In 2020-2021 there was a range from 56% to 58% which is a 2% 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. 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 (21/22): <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

RESIDENTIAL

Link Associates Program Evaluation
July 1, 2020 – June 30, 2021
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
- Decrease discharges due to dissatisfaction
- Improve parent/guardian satisfaction
- Improve consumer's satisfaction with where they live
- Maintain or increase the number of consumers served

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

- Improve the delivery of services to new referrals
- 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 Residential Department entered into FY 2020/2021, then four months into the global COVID-19 pandemic. 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 and has continued to navigate a now deepening direct support staffing crisis. 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, yet above all else were fortified in our knowledge that we have the most dedicated employees around. We have been met by what seems to be an unending flood of challenges including but not limited to the availability of qualified staff, continued limitations of direct pipelines for referrals to services and barriers to coordinating the touring and admission of new persons served, and a need to balance best practices with our mission, while keeping an eye to the health and safety of our persons served and Direct Support Professionals. 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 have 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 are carrying ever larger caseloads. The department now includes a number of different growth opportunities including the DSP Flex, Home Lead, and Residential Administrative Specialist positions. 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 this fiscal year balancing the identification and implementation of strategies to address service delivery needs and sustainable practices with the reality of providing at home services to at-risk individuals during a pandemic that has touched many of the lives of the persons we serve, our Direct Support workforce, and their families. We have continued to strive for compliance with regulatory entities and constantly work to achieve the modifications required to improve success in identified goal areas. It should be noted that we received a "perfect score" during our unique virtual CARF survey in May 2021.

We have spent more than a year managing through the COVID-19 pandemic began. Residential Supervisors are continually required to put forth significant efforts to quickly develop action plans to ensure the health and safety of the persons served, staff, families and communities. Although we continue to struggle to hire and retain Direct Support Professionals, services have not been reduced, nor were persons served discharged due to inability to staff services or due to the changing conditions within areas of public health and local communities. Link Associates' success in weathering this pandemic has been a testament to the creativity, flexibility, commitment, and fortitude of the Direct Support Professionals and the Residential Supervisors. It is their commitment to the lives and livelihoods of the persons we support and their teams that keep us going.

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 continue to be needed to meet identified targets. This may include, but not limited to:

- Residential Administrators monitoring that 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.

In the next fiscal year, we are recommending to continue the same primary objectives with action steps identified.

We were exceptionally proud of the Residential Program personnel. Their dedication to the people we serve, their willingness and commitment to put themselves at risk to ensure the people we support have the care they need, continue to integrate into their communities as much as possible,

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 20120-2021	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 Served	40	34%	19	16%	59	50%	37	30%	18	16%	61	53%	42	36%	19	16%	56	50%	49	34%	20	16%	51	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	0	0%	0	0%	1	2%	1	3%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	2	4%
22-34	5	13%	5	26%	15	25%	6	16%	4	22%	14	23%	5	12%	5	26%	15	27%	5	10%	6	30%	16	31%
35-44	6	15%	2	11%	5	8%	4	11%	3	17%	5	8%	6	14%	3	16%	5	9%	4	8%	3	15%	6	12%
45-54	10	25%	7	37%	11	19%	9	24%	4	22%	12	20%	10	24%	4	21%	13	23%	10	20%	4	20%	10	20%
55-64	15	38%	2	11%	12	20%	13	35%	4	22%	13	21%	15	36%	4	21%	14	25%	16	33%	4	20%	11	22%
65>	4	10%	3	16%	15	25%	2	5%	3	17%	13	21%	4	10%	3	16%	14	25%	10	20%	3	15%	9	18%
Gender																								
Male	29	73%	9	47%	30	51%	25	68%	9	50%	33	54%	29	69%	9	47%	34	61%	32	65%	8	40%	29	57%
Female	11	28%	10	53%	29	49%	12	32%	10	56%	28	46%	11	26%	10	53%	22	39%	17	35%	12	60%	25	49%

Ethnicity																								
Black or African-American	5	13%	3	16%	2	3%	5	14%	3	17%	2	3%	5	12%	3	16%	2	4%	4	8%	4	20%	2	4%
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	33	83%	15	79%	54	92%	28	76%	15	83%	52	85%	33	79%	15	79%	54	96%	43	88%	15	75%	49	96%
Hispanic	1	3%	1	5%	2	3%	0	0%	1	6%	3	5%	1	2%	1	5%	2	4%	1	2%	1	5%	2	4%
Other Race	1	3%	0	0%	0	0%	1	3%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%
Employment / Day Program																								
Competitive Employment	1	3%	4	21%	1	2%	1	3%	4	22%	2	3%	1	2%	4	21%	1	2%	2	4%	5	25%	2	4%
Supported Employment (Link)	6	15%	5	26%	5	8%	6	16%	6	33%	1	2%	6	14%	5	26%	5	9%	5	10%	8	40%	5	10%
Supported Employment (Other)	1	3%	0	0%	1	2%	1	3%	0	0%	2	3%	1	2%	0	0%	1	2%	0	0%	0	0%	2	4%
Work Activity/Prevoc	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Day Hab (Link)	27	68%	2	11%	30	51%	17	46%	2	11%	30	49%	27	64%	2	11%	30	54%	31	63%	2	10%	28	55%
Day Hab (Other)	2	5%	0	0%	6	10%	1	3%	0	0%	6	10%	2	5%	0	0%	6	11%	1	2%	0	0%	3	6%
No Placement	3	8%	7	37%	16	27%	6	16%	6	33%	17	28%	3	7%	7	37%	16	29%	10	20%	5	25%	14	27%
Training/Certificate Program (Link)	0	0%	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	5%	0	0%	0	0%	1	6%	0	0%	0	0%	1	5%	0	0%	0	0%	2	10%	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)	12	30%	14	74%	26	44%	11	30%	14	78%	27	44%	12	29%	14	74%	26	46%	12	24%	15	75%	25	49%
Moderate ID (35-49)	18	45%	2	11%	23	39%	14	38%	2	11%	21	34%	18	43%	2	11%	23	41%	18	37%	2	10%	18	35%
Severe ID (20-24)	9	23%	2	11%	10	17%	9	24%	2	11%	9	15%	9	21%	2	11%	10	18%	9	18%	1	5%	11	22%
Profound ID (< 20)	1	3%	0	0%	0	0%	0	0%	0	0%	1	2%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%
Secondary Diagnosis																								
ADD/ADHD	2	5%	0	0%	2	3%	2	5%	0	0%	2	3%	2	5%	0	0%	2	4%	2	4%	0	0%	2	4%
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	18%	1	5%	5	8%	7	19%	1	6%	4	7%	7	17%	1	5%	5	9%	7	14%	2	10%	6	12%
Bipolar Disorder	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	2	4%
Cerebral Palsy	6	15%	0	0%	8	14%	4	11%	0	0%	9	15%	6	14%	0	0%	8	14%	6	12%	0	0%	8	16%
Depression	2	5%	0	0%	2	3%	0	0%	0	0%	3	5%	2	5%	0	0%	2	4%	2	4%	0	0%	2	4%
Diabetic	2	5%	1	5%	2	3%	1	3%	1	6%	1	2%	2	5%	1	5%	2	4%	2	4%	1	5%	1	2%
Down Syndrome	5	13%	1	5%	7	12%	4	11%	1	6%	5	8%	5	12%	1	5%	7	13%	5	10%	0	0%	7	14%

Hearing Impairment/Deaf	3	8%	2	11%	1	2%	2	5%	2	11%	1	2%	3	7%	2	11%	1	2%	3	6%	4	20%	2	4%
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	4	10%	5	26%	9	15%	5	14%	5	28%	15	25%	4	10%	5	26%	9	16%	4	8%	5	25%	8	16%
Other	9	23%	5	26%	9	15%	7	19%	5	28%	10	16%	9	21%	5	26%	9	16%	9	18%	7	35%	6	12%
Schizophrenia	2	5%	0	0%	1	2%	2	5%	0	0%	2	3%	2	5%	0	0%	1	2%	2	4%	0	0%	1	2%
Seizure Disorder/Epilepsy	1	3%	1	5%	6	10%	1	3%	1	6%	5	8%	1	2%	1	5%	6	11%	1	2%	1	5%	5	10%
Visual Impairment/Legally Blind	0	0%	0	0%	3	5%	0	0%	0	0%	1	2%	0	0%	0	0%	3	5%	0	0%	0	0%	3	6%

July - September 2020

The average person served within the Community Housing Program is a male (73%) Caucasian (83%) between the ages of 55-64 (38%) with moderate (45%) ID primary disability and autism (18%) secondary diagnosis, and is in a Link Day Habilitation Program (68%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (53%) Caucasian (79%) between the ages of 45-54 (37%) with Mild (74%) ID primary disability and No secondary diagnosis or other(26% no secondary, 26% other) and has no placement in employment or day program (37%).

The average person served within the SCL-Daily Program is a male (51%) Caucasian (92%) between the ages of 55 or older (55-64 was 20% and 65+ was 25%) with mild ID (44%) and no secondary diagnosis or other (no known was 15% and other was 15%) and is in a Link Day Habilitation Program (51%).

October - December 2020

The average person served within the Community Housing Program is a male (68%) Caucasian (76%) between the ages of 55-64 (35%) with moderate (38%) ID primary disability and autism (19%) secondary diagnosis, and is in a Link Day Habilitation Program (46%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (56%) Caucasian (83%) between the ages of 45-64 (44%) with Mild (44%) ID primary disability and No secondary diagnosis or other(28%) and is in the Link Supported Employment program(33%) or not employed/attending a day program (also 33%).

The average person served within the SCL-Daily Program is a male (52%) Caucasian (85%) between the ages of 45 or older (45-54 was 20%, 55-64 was 21% and 65+ was 21%) with mild ID (47%) and no secondary diagnosis (25%) and is in a Link Day Habilitation Program (49%).

Community Housing and Supported Living Measures of Achievement

Community Housing & Supported Living Measures of Achievement 2020 - 2021																		
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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Improve consumer satisfaction		Satisfaction survey	Case Managers		Minimum score 2.75 or higher;	SL - Hourly	2.87			2.93			3			2.97		
						SL - Sites	2.92			2.93			2.99			2.98		

	Score on Satisfaction survey			Program Administrative Assistant	optimal score 2.9 or higher (3-point scale)	Community Housing	3	3	2.99	2.96								
						Average	2.93	2.95	2.99	2.97								
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 NA									
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction. Lower scores appeared tied to work/transportation barriers vs. SCL supports. SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	2 nd QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	3 rd QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	4 th QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	Comparison of last year's results (19/20) to this year (20/21): In FY 19/20, the person served satisfaction averaged 2.96 (2.95 for SL and 2.99 for CH). In FY 20/21, the persons served satisfaction averaged 2.96 (2.95 for SL and 2.99 for CH), essentially no changes from the prior year and meeting the overall goal of reaching an optimal score of 2.9 or higher. Across all responses, it appeared that barriers to community integration due to pandemic responses, barriers to transportation and work-related issues impacted respondents rating items lower than a 3 on survey questions. 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 (21/22): NA <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)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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		0		0		0		0		0	

						Community Housing	0	0	0	0	1							
						Total	0	0	0	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). Action Steps: 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 (20/21):	1 ST QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: No discharges due to dissatisfaction Community Housing: No discharges due to dissatisfaction		2 ND QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: No discharges due to dissatisfaction Community Housing: No discharges due to dissatisfaction.		3 RD QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: - Issued S.B. 30-day notice on April 1, 2021, due to parent assaulting a staff - Issued K.P. 30-day notice on April 1, 2021, due to roommate’s guardian assaulting a staff Community Housing: No discharges due to dissatisfaction			4 TH QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: No discharges due to dissatisfaction Community Housing: - Discharged on June 19, 2021 from the BT Gehm home, due to B.T. moving into a host home. B.T’s guardian wanted B.T. to have 1 on 1 staff daily when not at Day Program.										
Comparison of last year’s results (19/20) to this year (20/21): In fiscal year 2019/2020, there were two discharges for the year; 1 for Supported Living and 1 for Community Housing. In 2020/2021 there was 1 discharge for the year for community housing. 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 – Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)																		
New Recommendations for Next Year (21/22): <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)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	100%	93%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%
						SL – Sites	85%	98%	91%	93%	85%	91%	96%	86%	93%	100%	86%	
						Community Housing	96%	96%	100%	92%	100%	100%	100%	100%	95%	100%	100%	97%
						Average	94%	96%	97%	95%	95%	97%	95%	99%	94%	98%	100%	94%

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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1ST QUARTER <ul style="list-style-type: none"> SL – Hourly: Respondents all were satisfied with their living conditions. SL – Sites: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or considering moving. Community Housing: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or concerns with space in their homes. 	2ND QUARTER <ul style="list-style-type: none"> SL – Hourly: Respondents all were satisfied with their living conditions. Those expressing concern were focused on issues with their homes/landlords SL – Sites: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or considering moving. Community Housing: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or concerns with space in their homes. 	3RD QUARTER <ul style="list-style-type: none"> SL – Hourly: Respondents all were satisfied with their living conditions. Those expressing concern were focused on issues with their homes/landlords SL – Sites: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates. Community Housing: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or concerns with space in their homes. 	4TH QUARTER <ul style="list-style-type: none"> SL – Hourly: Respondents all were satisfied with their living conditions SL – Sites: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or considering moving. Community Housing: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or concerns with space in their homes.
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Comparison of last year's results (19/20) to this year (20/21): 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. In 20/21 the person served satisfaction with where they lived and with whom they lived averaged 96% (With CL scoring 95% and CH scoring 98%). Individuals expressed wants to live in different settings, in situations Link Associates is unable to support due to Medicaid reimbursement rates, and cited interpersonal conflicts with certain peers and the department worked in conjunction with person served teams in attempts to address these needs.

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 (21/22): NA <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
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SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
		Admissions Referral	Residential Administrator	Residential Administrator	Maintain or decrease # of	SL- Hourly	Total days for all candidates = 0			Total days for all candidates = 0			Total days for all candidates =			Total days for all candidates = 0		

Improve the delivery of services to new referrals	Average number of days 19/20 =8 days (7.5 days for SL and 9 days for CH)	Tracking google sheet			days from 1 st "meet/greet" to decision to pursue/discontinue referral process		Num. of potential candidates = 0 Average = 0	Num. of potential candidates = 2 Average = 0	Num. of potential candidates = 0 Average = 0	Num. of potential candidates = 0 Average = 0
						SL – Sites	Total days for all candidates= 125 Num. of potential candidates = 4 Average = 31	Total days for all candidates = 54 Num. of potential candidates = 2 Average = 27	Total days for all candidates = 1 Num. of potential candidates = 1 Average = 1	Total days for all candidates = 21 Num. of potential candidates = 2 Average = 11
						Community Housing	Total days for all candidates = 21 Num. of potential candidates = 1 Average = 21	Total days for all candidates = 0 Num. of potential candidates = 0 Average = 0	Total days for all candidates = 0 Num. of potential candidates = 0 Average = 0	Total days for all candidates = 10 Num. of potential candidates = 5 Average = 5
						TOTAL AVERAGED PER QUARTER	29	27	1	4

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) NA	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter SL – Hourly: No meets/greets for the SL – Hourly program. SL – Several meet/greets occurred this quarter. - S.S had a meet/greet with her potential roommate on 7.6.20, 7.27.20. 8.3.20, and 9.17.20. Admissions approved S.S On 7.27.20. - M.K toured with potential roommates on 7.23.20 (zoom), 9.9.20 and 9.17.20. On 9.17.20 Link decided to go in another directions. - J.K toured on 7.3.20 and 8.3.20. On 8.3.20 Link decided to in another direction. - A.L toured 28 th street on 9.2.20, 9.11.20 and 9.17.20. On 10.23.20, Admissions	2 nd Quarter SL – Hourly: Hourly has started to accept applications this quarter. Our hourly program accepted 2 new persons served. J.L was approved by admissions on 11.6.20. The hourly program also approved L.C. on 11.20. SL – Site: Admissions approved 2 new candidates - B.B had a meet/greet with her potential roommates on 10.19.20 and 11.5.20. Admissions approved B.B on 11.19.20. B.B will be moved in once a home is found for the roommates. - A.M toured Grandview on 11.2.20, 11.6.20 and 12.7.20.	3 rd Quarter SL – Hourly: No meet/greets for the SL – Hourly program SL – Site, Community Housing: The admissions process went through a few changes during this quarter. At the beginning of the quarter, Link’s admission committee would approve candidates before setting up meet/greets in the home. Mid-February the admissions team went back to allowing tours before approval by the admissions team. Below is the list of candidates already approved for Link’s services prior to touring a Link home. - E.M. – Approved on 3.11.21 - T.S. – Approved on 2.11. - T.T – Approved on 2.16.21 - J.P. – Approved on 2.17.21 paying for services, Link only provides services a few say per week. J. P. had her first visit on 4.10.21	4 th Quarter SL – Hourly: No meet/greets for the SL – Hourly program SL – Site: Several meet and greets occurred this quarter - M.C. toured and met the person served at Grandview. On 6.10.21, the roommate’s decided M.C. was not a good fit to do some aggression seen during the meet/greet. - M.R. toured Delaware. Admissions approved for M.R. on 5.14.21. M.R. moved into Delaware on 6.1.21 Community Housing: - W.T. and his guardians toured and met the individuals at Westwood. On 5.17.21, W.T.’s team determined this home would not be a good fit.
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	<p>coordinator followed up with Amy's CM and was informed that Amy found other housing.</p> <p>Community Housing:</p> <ul style="list-style-type: none"> - A.M. and his guardian toured and met the individuals at Holiday Circle via zoom 7.30.21 and met in person on 8.18.21. On 8.20.21, A.M.'s team notified admissions that Holiday Circle would not be a good fit for him. 	<p>Admissions had previously been approved A.M for another location. A.M. will move into Grandview on 1.7.21</p> <ul style="list-style-type: none"> - Community Housing: No meet/greets occurred this quarter. Link's admissions committee began approving candidates before setting up meet/greets in the home, in hopes to speed along admissions. 	<ul style="list-style-type: none"> - T.W. – Approved on 3.12.21 – T.W moved into E. 25th on April 1, 2021. <p>SL – Site, Community Housing:</p> <ul style="list-style-type: none"> - N.R. was approved on 1.19.21. N.R and her guardian toured Fountains A on 1.19.21. and 1.29.21. N.R. moved into Fountains A on 2.10.21 - R.A was approved on 2.17.21. R.A and his family toured the home on 2.19.21. Ron moved into 19th street on 3.8.21. - Mid-February the admissions team went back to allowing tours before the approval by the admissions team due to have several approved persons served on the waiting list with no placement available. 	<ul style="list-style-type: none"> - S.C. and his guardian toured and met the individuals at Westwood. On 4.26.21, S.C.'s guardian decided Westwood was not a good fit. - On 4.14.21, A.M's parents decided the bedroom at Holiday Circle was too small but would consider if they moved to another location - M.R. and his guardian toured Westwood and Holiday Circle. On 5.4.21, M.R.'s team decided the bedroom at Holiday Circle was too small and the there was no place to put M.R.'s gaming chairs at Westwood. - D.G. was approved for admissions on 5.24.21. D.G. toured the BT Gehm home via zoom on 6.9.21 and moved in to the home on 6.23.21
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Comparison of last year's results (19/20) to this year (20/21): In 2019/2020 on average this period took 8 days (7.5 days for Supported Living and 9 days for Community Housing). There were 20 referrals with 13 admissions; 9 for support Supported Living and 4 for community Housing. In 2020/221 on average this period it took 15 days(17.5 days for Supported Living and 13.5 for Community Housing). There were 23 referrals with 11 admissions; 2 for SL Hourly, 6 for Supported Living, and 3 for Community Housing.

Trends: YES No - Families want to tour the home first before setting a meeting with the admissions team.

Causes: YES Non-Applicable – Families want to see the condition of the home and interact with potential roommates before making a final decision.

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

Other extenuating or influencing factors YES No – It can take up to one week to set up a meet/greet with parents/guardians and supervisors due to scheduling conflicts between both parties.

New Recommendations for Next Year (21/22):

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

Action Steps:

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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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		3			2.93			2.95			3	
						SL - Sites		3			3		2.92		2.91			
						Community Housing		3			2.99		3		2.91			
						Average		3			2.97		2.96		2.94			
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		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		
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1ST QUARTER <ul style="list-style-type: none"> SL- Hourly: All respondents reported high levels of satisfaction SL -Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	2ND QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	3RD QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction 	4TH QUARTER <ul style="list-style-type: none"> SL – Hourly: All respondents reported high levels of satisfaction SL – Sites: All respondents reported high levels of satisfaction Community Housing: All respondents reported high levels of satisfaction
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Comparison of last year's results (19/20) to this year (20/21): In FY 19/20 the parent/guardian satisfaction averaged 2.96 (CH 2.99 and SL 2.95). In FY 20/21 the parent/guardian satisfaction averaged 2.98 (CH 2.97 and SL 2.96). Parent/guardian satisfaction was maintained above the optimal score.

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 (21/22): NA <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
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Maintain or increase the number of consumers served	Number of persons served SL – Hourly (19) SL – Sites (59) Community Housing (40)	Billing & Census Logs	Assistant Outreach Director	Program Administrative Assistant	Maintain or increase the number of consumers served	SL - Hourly	19	19	18	18	19	19	20	20	20	20	20	20
					Maintain or increase the number of consumers served	SL - Sites	59	58	61	61	61	56	54	57	56	56	51	51
					Maintain or increase the number of consumers served	Community Housing	40	40	37	37	37	42	42	43	43	44	49	49

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	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)	Completion Date NA
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Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1 st Quarter <ul style="list-style-type: none"> SL – Hourly: CJ discharged Aug 2020 SL – Sites: BL discharged July 2020. GB, FS, and BE moved from CH to a SL-Site Aug 2020. Community Housing: GB, FS, and BE moved from CH to a SL-Site Aug 2020. 	2 nd Quarter <ul style="list-style-type: none"> SL – Hourly: JL began hourly services Nov 2020. SL – Sites: SW and CB discharged Dec 2020. Community Housing: Adjustments were made to re-designate Holiday Circle and 64th street as CH homes. This changed 5 individuals as being reported as CH vs. SL-Sites 	3 rd Quarter <ul style="list-style-type: none"> SL – Hourly: LC began hourly services Jan 2021. SL – Sites: BZ discharged Feb 2021; LVZ discharged Mar 2021. AM, SS and BB were admitted Jan 2021; NR was admitted Feb 2021 Community Housing: FS moved from SL-Site to CH in Jan 2021. RA was admitted Mar 2021; 	4 th Quarter <ul style="list-style-type: none"> SL – Hourly: No changes SL – Sites: SB and KP discharged April 2021; MR was admitted June 2021. Community Housing: BT discharged and DG was admitted June 2021. Link opened a new 5 bed wheelchair accessible home in April 2021, three individuals from SCL-Sites moved to this home and one new admission. One individual moved from another CH home.
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Comparison of last year's results (19/20) to this year (20/21): In fiscal year 19/20 the program supported 118 person served – SL Hourly 19, SL Sites 59, and CH 40. Entering into FY 20/21, the department opened the admissions process for new SL Hourly persons served. In fiscal year 20/21 the program ended the year supporting 120 persons served – SL Hourly 20, SL Sites 51, and CH 49. The program was able to add two persons to the SL Hourly program, yet were unable to resume services to all persons in that program, due to COVID-19 concerns and individual team decisions not to return to services. The program was able to open a new 5 bed, handicapped accessible home under the CH program and redesignated two of the homes as CH per CARF standards due to the nature of the leasing/management arrangements between Link Associates and the property owners. Overall, the program was able to meet its target to increase or maintain the number of persons served.

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 (21/22): NA <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above	Expected Outcomes NA	Person Responsible NA	Timeframe NA
Action Steps/Plan:			

RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	42%		40%		31%		20%					
						SL - Sites	57%		53%		47%		38%					
						Community Housing	65%		47%		56%		59%					
						Average	55%		47%		45%		39%					

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 hold supervisors accountable for completing outcome indicators on site, with disciplinary action needed if responsibilities are not met by 10/1/20.	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"> Action Step 1: Due to staff shortages, Administrators began complete 1 of the 2 outcome indicators per month. 	Completion Date Action Step 1: 5.1.21
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	<p>Action Steps 1. Residential Administrators will ensure Residential Supervisors are completing Outcome Indicators timely and correctly and address in their 1:1</p> <p>Action Steps 2. 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>Action Steps 3. 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 <input type="checkbox"/> NA</p>			<ul style="list-style-type: none"> Action Step 2: Beginning quarter 2, administrators began putting the number of outcome indicators on the supervisor’s annual evaluation. This will give the Supervisors an overall view of their progress for the year. <p>Action Step 3: The matching workgroup continues to meet once per month. The Admissions Coordinator has now taken the lead of these meetings.</p>	<p>Action Step 2: 12.1.20</p> <p>Action Step 3: 4.15.21</p>
<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):</p>	<p>1st QUARTER SL – Hourly, SL – Sites, Community Housing: At the beginning of the quarter a report was ran that showed low numbers for the completion of Outcome Indicators. The Supported Living Director sent out an email reminding all supervisors to complete outcome indicators while at the site. If this cannot be completed to make sure this is completed before the deadline.</p> <p>SL – Sites: DT at Meadowlands 3 has identified he is unhappy with one of his current roommates who can be aggressive. DT’s team have continued to have conversations about the appropriate place for him to move. The team has struggled because DT only considers living on the southside of DSM. DT has toured other locations and met other roommates. A new location has yet to be identified.</p>	<p>2nd Quarter SL – Hourly, SL- Sites, Community Housing: Due to the pandemic, staffing shortages have hit the program hard. Supervisors continue coverage meetings to ensure all openings were covered with a consistent staff/familiar face. If needed the Supervisor/Administrator would need to step in and work the shift to provide stability in service delivery. In addition, if supervisors are covering a shift, they have been given permission to complete outcome indicators while providing services.</p> <p>Community Housing: MG at the BT Gehm let her supervisor and the Executive Director know she is unhappy living with her current roommates. M.G has requested to move into the newly built home. This request has been approved.</p>	<p>3rd QUARTER SL – Hourly, SL – Sites, Community Housing: Outcome indicator numbers continue to drop each quarter. In the April Supervisor meeting, it was discussed and implemented that outcome indicators will be pulled once per quarter. This will allow supervisors more time to get their outcome indicators entered in the system. Administrators will continue to have conversations with supervisors to ensure we are being successful with getting OIs completed in a timely fashion.</p> <p>SL – Sites, Community Housing: Matching workgroup will now meet monthly to go over internal and external applications to continue to get the openings filled.</p> <p>BS at Meadowlands 2 let her supervisor know she is unhappy living with one of her current roommates. BS team is working diligently to find another location for BS.</p>	<p>4TH QUARTER SL – Hourly, SL – Site, Community Housing: Due to staff shortages Residential Administrators began completing 1 of the 2 required outcome indicators per locations. This has given administrators the opportunity to be present in the homes.</p> <p>SL – Sites: B.S. indicated she was unhappy with her current roommates. B.S. team found another home for B.S. The team is working to a date for B.S. to move into her new home.</p> <p>SL – Hourly, SL – Site, Community Housing: With Staff shortages supervisor were mandated to work at least 8 hours of direct care per week. At the end of each month, this will be re-evaluated to see if the need continues to be there.</p> <p>SL – Site, Community Housing: Data reflects cleanliness of the home to be a concern. Supervisor and/or Administrators are moving forward with disciplinary action when cleanliness is observed or reported inside the home. Staff are to be making sure all responsibilities are completed before leave their shifts.</p>	
<p>Comparison of last year’s results (19/20) to this year (20/21): Fiscal year 2019 – 2020 had an average of 57%. SL- Hourly averaged 54%, Community Housing averaged 60% and SL- Daily averaged 45%. Fiscal year 2020 – 2021 had an average 47%. SL-Hourly average 33%, Community Housing averaged 57% and SL-Daily averaged 49%.</p> <p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No –</p> <p>Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> non-Applicable</p> <p>Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No</p> <p>Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No</p>					
<p>New Recommendations for Next Year (21/22): Hold supervisors responsible for completing disciplinary actions when responsibilities are not being met by DSPs. Supervisor will continue to monitor and identify when there is dissatisfaction between roommates</p>	<p>Expected Outcomes</p> <p>1. When supervisors are aware of issues pertaining to direct support staff, supervisors should immediately follow up. Supervisors should not be waiting 4-5 days to resolve an issue. Administrators will complete disciplinary actions as needed.</p>		<p>Person Responsible</p> <p>Residential Administrator</p>	<p>Timeframe</p>	

<input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: 1. Immediate follow up with set expectations will occur from the Residential Supervisor when problems are identified during visit with disciplinary action as warranted 2. Person served who indicate displeasure with current living situation will be referred to the matching workgroup as well as their individual team.	2. To advocate for person served who are not happy in their home. In addition, to the Residential supervisor will work with the matching workgroup and the person served team to find a new roommate.	Residential Administrator	Expected Outcome 1: 6.30.21 Expected Outcome 2: 12.1.21
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	41%		40%		31%		20%					
						SL - Sites	58%		55%		48%		36%					
						Community Housing	65%		46%		57%		62%					
						Average	54%		47%		45%		39%					

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 hold supervisors accountable for their responsibilities; ensuring documentation reviews are at 80% weekly and medication incidents reports are being turned when errors occur by 10/1/20. 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 - 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. - Action Step 3: Continue to monitor PointClickCare for tracking and trending of medication documentation errors for remediation efforts 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: Administrators are checking and sending weekly reports to supervisor to make them aware of what EDOC is missing and who needs to add corrections. Administrators are utilizing analyze the date feature. Action Step 2: Administrators are discussing these concerns with Supervisors during 1:1 on meetings. In addition, if the Administrator will complete disciplinary action as needed. Action Step 3: Several administrative personnel are working to revamp the medication administrative class to make the class more efficient and easier to follow. In addition, to hopefully reduce the number of med omissions. The new Health administrator is going to start pulling medication omission and updating supervisors on when incident reports need to be completed.	Completion Date Action Step 1: 9.1.20 Action Step 2: 10.1.20 Action Step 3: 2.15.21
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER SL – Hourly, SL – Sites, Community Housing: - Administrators have noticed some improvement with documentation being read on	2ND QUARTER SL – Hourly, SL – Sites, Community Housing: - Administrators, Agency Nurse, the Outreach director and one supervisor have been meeting weekly to enhance the medication administrator class. This to make the	3RD QUARTER SL – Hourly, SL – Sites, Community Housing: - Administrators, the Outreach Director and a supervisor continue to meet to enhance the	4TH QUARTER SL – Hourly, SL – Sites, Community Housing: - Due to the shortage of staff Residential Supervisor and Residential Administrators are working at least 8 hours of direct care per week in hopes that staff can make themselves available for other hours.
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	<p>time. During the first quarter, the EDOC system had to be unlocked 41 times. This was due to supervisors unable to contact staff and staff resigning from their positions with no notice. Administrators continue to remind supervisors to read EDOC at minimum twice per week to ensure timeliness of EDOC corrections.</p> <ul style="list-style-type: none"> - The Outreach Director and Agency Nurse continue to send out medication omissions. At this time, there has been no change in increase or decreases of medication errors. 	<p>medication administration class efficient and easier to follow. In addition to help reduce the number of medications omissions.</p> <ul style="list-style-type: none"> - During the 2nd quarter, the EDOC system had to be unlocked 46 times. This is due to staff not completing all portions of EDOC and supervisors not paying attention to what goals and supports are missing. Administrator will continue to work with supervisory personnel on way to monitor and track incomplete documentation. - This quarter there was a lot of discussions about the number of persons served openings within residential. Administrative team continues to have discussions with the admissions coordinator to go through the referral list and fill the remaining openings within the department. 	<p>medication administrator course. The team is making great strides. Looking to have the new medication administration program started by the August 2021.</p> <ul style="list-style-type: none"> - During the 3rd quarter, the EDOC system had to be unlocked 49 times. This due to staff not adding times and supervisory staff not being observant when reading documentation. These errors are typically found during billing times. Administrators will continue to check weekly and go over these this information when errors are found and during their 1:1 with supervisors. 	<ul style="list-style-type: none"> - Supervisors are often times waiting too long to get disciplinary warnings written and processed. Administrators are working with supervisors to ensure this gets completed with 1-2 days. If a supervisor is unable to complete disciplinary action, communication is expected with the Administrators, so that administrator can step in and assist when needed. - During the 4th quarter, the EDOC system had to be unlocked 87 times. This is due to staff not completing their documentation by the end of their shift. In addition, this includes supervisors and Residential Admin Specialist waiting until the end of the month to read and audit documentation. Administrators will continue to check weekly audit numbers and send out information to supervisors in hopes to ensure EDOC is getting corrected before lock down.
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Comparison of last year's results (19/20) to this year (20/21): In fiscal year 2019 -2020 SL hourly averaged 53%, SL Sites 59% and CH 62% for an overall average of 56%. Fiscal year 2020 -2021 had an overall average of 46%. SL- Hourly average 33%, SL – Sites averaged 49% and Community Housing average 58%.

Trends: YES No – Supervisors and/or Residential Admin Specialist continue to wait until days before lock down to read documentation and notify staff of any errors.

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 – Due to supervisors working additional shifts and spending the majority of their time trying to cover open positions, supervisors did not make reading documentation a priority, which caused more errors to be missed and a lack in follow up.

<p>New Recommendations for Next Year (21/22): Ensure Supervisors are held accountable for the responsibilities; ensuring documentation reviews are at 80% weekly and communicating with staff in timely manner to get any EDOC corrections completed.</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> <ol style="list-style-type: none"> 1. Residential Administrators will ensure Residential Supervisor are completing 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 2. Residential Supervisor will communicate with their staff immediately with documentation errors occur. If staff do not get errors corrected within in 48 hours, disciplinary action will occur 	<p>Expected Outcomes</p> <ol style="list-style-type: none"> 1. To ensure supervisor are auditing documentation timely and not waiting days before lockdown to read documentation. 2. To reduce and maintain the number of times to unlock the EDOC System. 	<p>Person Responsible</p> <p>Residential Administrator</p> <p>Residential Administrator</p>	<p>Timeframe</p> <p>Expected Outcome 1: 12.1.21</p> <p>Expected Outcome 2: 10.1.21</p>
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SUPPORTED EMPLOYMENT

Link Associates Program Evaluation
July 1, 2020 to June 30, 2021
Supported Employment Program
Cassandra 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 continued to have an impact on the program as a whole. Beginning in August, most employers were able to allow persons served return to work. There were several persons served who were terminated or chose to begin looking for other work opportunities while they were laid off. This reduced the support we needed to provide during the first 2 quarters of the fiscal year. Through it all, we were still able to meet 5 out of the 8 goals.

In the fiscal year our most significant achievement was graduating 4 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. The Community Placement Manager was also able to continue to place several persons served in community employment even with jobs being sparse during the pandemic, and was able to place 28 persons served in jobs throughout the year. We continue to contract with IVRS, and in April 2021 began a monthly meeting with all IVRS counselors to strengthen our relationship and be able to communicate effectively.

As a program we exceeded our goal for all three satisfaction measures. There were three employers who noted, "The workers and their staff have been a joy to work with and an invaluable addition to our workplace," "Michelle and Ian (ETS') are great with SH! They are such a good help and aren't scared to ask questions. Keep it up. You impact more lives than you know" and "Ron (ETS) has been an amazing support at the store. He has awesome communication and delivers a strong message/service." 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 2020, Link received approximately \$24,259 in incentive monies for outstanding outcomes within our Employment program; the money was used as an incentive payment for employees within the program and to purchase technology equipment. FY 20-21 we had a steady increase in admissions and exceeded our goal by admitting 55 persons served into Supported Employment. The leadership team will continue to closely monitor any budget deficits for the Supported Employment program (Job Coaching and Job Development). The pandemic had a significant impact on the budget deficits due to the businesses supply shortages, restaurant lobby's being closed, slow business, and some offices still remaining closed. This reduced the number of persons served employed as well as hours our Job Coaches supported them. Job Coaching and Job Development referrals were put on hold due to staff shortages, and the ETS' continue to step up and pick up additional overtime hours to cover open shifts.

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 11 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 have been receiving Job Development services for an extended period (up to 142 weeks), which took the average way up. 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 was able to meet with several ETS' to discuss increasing hours as well as meeting directly with business but was unable to successfully increase hours enough to make an impact in the average number of hours worked each week. We are still recommending to continue 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.' 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 'The EA will monitor sent surveys for their return and contact businesses who have not responded (obtain 6 surveys/quarter)'. We've 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 the CPM and ETS's as they did an amazing job assisting persons served with finding employment they enjoy as opposed to 'just a job.' The Employment leadership team continues to track tier assignment to ensure the support we provided fell in line with their authorization. Throughout the year the ETS's consistently met the persons served tier and they received all of the support that was deemed necessary by the team. Our group of employees continue to embody Link's mission, vision, and values. This is reflected in 2020's Community Employment Outcomes Evaluation (an evaluation completed by the Law, Healthy Policy and Disability Center at the University of Iowa), with our great scores and comments from persons served. Even with staff shortages, the ETS's continue to provide the absolute best support to our persons served. Each one of them have stepped up and taken on extra hours weekly throughout this past year to ensure those we serve are supported. As leadership of the program, there is nothing more we could ask for, and we are proud of the hard work and dedication they continuously display.

Supported Employment Demographics

FY 2020 - 2021	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Number Served	78	100%	74	100%	71	100%	78	100%
Age								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	1	1%	2	3%	3	4%	3	4%
22-34	39	50%	39	53%	36	51%	41	53%
35-44	14	18%	13	18%	14	20%	15	19%
45-54	10	13%	8	11%	8	11%	8	10%
55-64	11	14%	10	14%	8	11%	9	12%
65>	3	4%	2	3%	2	3%	2	3%
Gender								
Male	55	71%	54	73%	52	73%	58	74%
Female	23	29%	20	27%	19	27%	20	26%
Ethnicity								
Black or African-American	12	15%	12	16%	11	15%	13	17%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	2	3%	2	3%	2	3%	3	4%
Caucasian	58	74%	54	73%	52	73%	56	72%
Hispanic	4	5%	4	5%	4	6%	4	5%
Native Hawaiian or other Pacific Islander	1	1.3%	1	1.4%	1	1.4%	1	1.3%
Other Race	1	1%	1	1%	1	1%	1	1%
Level of Disability								
Developmental Disability (DD)	8	10%	8	11%	7	10%	7	9%
Mild MR (50-75)	53	68%	53	72%	52	73%	59	76%
Moderate MR (35-49)	15	19%	11	15%	10	14%	11	14%
Severe MR (20-24)	2	3%	2	3%	2	3%	1	1%
Profound MR (< 20)	0	0%	0	0%	0	0%	0	0%

other	0	0%	0	0%	0	0.0%	0	0.0%
Secondary Diagnosis								
ADD/ADHD	6	8%	6	8%	7	10%	8	10%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	1	1%	1	1%	1	1%	2	3%
Autism	10	13%	10	14%	9	13%	13	17%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%
Cerebral Palsy	4	5%	3	4%	1	1%	1	1%
Depression	2	3%	2	3%	2	3%	2	3%
Down Syndrome	4	5%	3	4%	3	4%	3	4%
Epilepsy	3	4%	3	4%	3	4%	3	4%
Hearing Impairment/Deaf	3	4%	2	3%	2	3%	3	4%
Intermittent Explosive Disorder	0	0%	0	0%	0	0%	0	0%
No Secondary Diagnosis Known	14	18%	14	19%	14	20%	14	18%
Other	26	33%	25	34%	24	34%	24	31%
Schizophrenia	3	4%	3	4%	3	4%	3	4%
Seizure Disorder	2	3%	2	3%	2	3%	2	3%
Visual Impairment/ Legally Blind	0	0%	0	0%	0	0%	0	0%

July-September 2020

The data pulled from this quarter reflects there were 78 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'.

October-December 2020

The data pulled from this quarter reflects there were 74 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34, 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 22-64 with a secondary diagnosis of 'other'.

January-March 2021

The data pulled from this quarter reflects there were 71 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34, with a primary diagnosis of Mild MR (50-75) and secondary diagnosis of 'other'. The average participant that exited the program was a Caucasian male between the ages of 45-55 with a secondary diagnosis of 'other'.

April-June 2021

The data pulled from this quarter reflects there were 78 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34, with a primary diagnosis of Mild MR (50-75) and secondary diagnosis of 'other'. The average participant that exited the program was 50/50 Caucasian and Black or African American 50/50 male and female between the ages of 22-34 with a secondary diagnosis of 'other'.

The average participant that exited the program during the fiscal year was a Caucasian male between the ages of 22-58 with a primary diagnosis of Mild ID and a secondary diagnosis of 'other'.

Supported Employment Supplemental Measures

Link Associates
Supplemental Measures
Supported Employment
2020-2021

Supported Employment Supplemental Measures	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
1. Number of persons served earning benefits.	0	0	0	0
2. Number of persons served with job changes	0	0	0	0
A) Job advancement				
B) Job title change/change of responsibilities	0	0	0	1
C) Resignation	4	2	2	0
D) Lay-off	1	0	0	2
E) Termination	1	1	0	1
3. Average number of hours of staff intervention/month.	18.1	13	15.1	13.9
4. Report persons served average weekly earnings.	\$9.99		\$10.50	
5. Discharges from program (not due to dissatisfaction)				
A) Medical supports/safety	3	1	1	0
B) Moved out of service area	1	0	0	0
C) No longer in need/want of services	1	3	1	4
D) Increase in supports (non-medical, training program)	1	0	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	0	0	0	0

July – September 2020:

There were no persons served earning benefits during the first quarter. There were 6 persons served with a job change: 4 resignations (TP, LC, NB, MD), 1 lay-off (CG) & 1 termination (BS). The average number of staff intervention/month was 18.1 hours. There were 6 total discharges from the program: 3 discharges due to medical supports/safety (AC, LC, MD), 1 discharge due to moving out of the service area (CN), 1 discharge due to no longer in need/want of services (NB) & 1 discharge due to an increase in supports (BS).

October – December 2020:

There were no persons served earning benefits during the second quarter. There were 3 persons served with a job change: 2 resignations (DD & GT), and 1 termination (SL). The average number of staff intervention/month was 13 hours. On average, persons served made \$9.99 during the first half of FY2020-2021. There were 4 total discharges from the program: 1 discharge due to medical supports/safety-high risk for COVID team doesn't want person served out in the community (RB), and 3 discharges due to no longer in need/want of services (CG-graduated, SS- not going back to work until COVID numbers are better, GT- retired).

January – March 2021:

There were no persons served earning benefits during the third quarter. There were 2 persons served with a job change: 2 resignations (JC & MH). The average number of staff intervention/month was 15.1 hours. There were 2 total discharges from the program: 1 discharge due to medical supports/safety- tremors increased, concern with COVID, and mental health concerns (DB), and 1 discharge due to no longer in need/want of services (KM).

April – June 2021:

There were no persons served earning benefits during the fourth quarter. There was 1 person served with a job change: title change/change of responsibilities (CM), 2 laid-off (MC & RR), and 1 termination (DZ). The average number of staff intervention/month was 13.9 hours. On average, persons served made \$10.50 during the second half of FY2020-2021. There were 4 total discharges from the program: 4 discharges due to no longer in need or want services (SS, LS, DB, & JL).

Supported Employment Measures of Achievement

Supported Employment Measures of Achievement 2020 - 2021								
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)								
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20 – 12/20	1/21 – 6/31
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	13.5	12.3
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 goal as written with 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). 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 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). <ul style="list-style-type: none"> 1st quarter update: Employment Supervisors discussed this action step with the ETS' during their monthly meeting in July. They were able to have a discussion with 1 ETS about gaining more hours for a person served and how to have the conversation with the business. The ES' were able to begin scheduling 1:1 meeting with the ETS' to continue to have further discussions. 2nd quarter update: Employment Supervisors were able to discuss gaining more hours for persons served with 4 different ETS'. There were 8 persons served (BG, KC, LS, JF, EG, JB, TP, and KK) who were discussed amongst the 4 ETS'. Employment Supervisors will continue to discuss gaining more hours as well as discussing those who may need more support to eventually gain hours. 3rd quarter updates: Employment Supervisors were able to discuss gaining more hours for persons served with 3 different ETS'. There were 4 persons served (TP, SK, FS, and EG) who were discussed. More hours were offered to 3 of the individuals, 1 did not want to pick up more at the time, 1 is willing to and opened up their availability, and the third person served is able to pick up more hours depending on the week/need. 4th quarter updates: Employment Supervisors discussed gaining more hours for persons served with 4 different ETS'. There were 7 persons served (SK, BP, AM, SS, EG, CG, & FS) who were discussed. 3 individuals will be cross training in different areas due to not enough hours available in the current roles, 1 person served was told there were no additional hours at this time, 1 person served went from working 3 days a week to 5 days a week, 1 person served hasn't been getting hours and the ETS has been calling and advocating for them and has now been put back on the schedule, and 1 person was able to gain another shift during the week and is working on getting a 3rd shift. 						Completion Date June 30, 2021
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):			1st QUARTER <ul style="list-style-type: none"> Reporting weeks for Scorecard were not during the first quarter. Data will be compiled and entered next quarter. 	2nd QUARTER <ul style="list-style-type: none"> During the first half of FY 20-21 persons served averaged working 13.5 hours each week. 	3rd QUARTER <ul style="list-style-type: none"> Reporting weeks for Scorecard were not during the third quarter. Data will be compiled and entered next quarter. 	4th QUARTER <ul style="list-style-type: none"> During the second half of FY20-21 persons served averaged working 12.3 hours each week. 		
Comparison of last year's results (19/20) to this year (20/21): During the 2019-2020 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). During the 2020-2021 fiscal year the persons served average number of hours worked was 12.9 (the goal was 14 hours or more at this time). 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) The pandemic continued to have an impact on the businesses person served worked at. Hours were cut due to supply shortages, restaurant lobby's being closed, slow business, and some businesses with their offices closed (people working remotely).								

New Recommendations for Next Year (21/22): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above Action Steps/Plan: Continue 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).										Expected Outcomes Increase work hours					Person Responsible ES and ETS			Timeframe October 1, 2021 – June 30, 2022	
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Increase number of persons served transferring to competitive employment	Number of consumers gaining competitive employment	C-35's	Employment Supervisor	Employment Administrator	Four or more discharges annually due to competitive employment	Persons served in Supported Employment		1			1			0				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): It was recommended to continue 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 (20/21):	1st QUARTER <ul style="list-style-type: none"> There was 1 person served (TT) who moved into competitive employment during the first quarter. 			2nd QUARTER <ul style="list-style-type: none"> There was 1 person served (CG) who moved into competitive employment during the second quarter. 			3rd QUARTER <ul style="list-style-type: none"> There were no persons served who moved into competitive employment during the third quarter. 			4th QUARTER <ul style="list-style-type: none"> There were 2 persons served (SS & JB) who moved into competitive employment during the fourth quarter. 		
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Comparison of last year's results (19/20) to this year (20/21): During the 2019-2020 fiscal year there were 8 discharged into competitive employment. During the 2020-2021 fiscal year there were 4 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 (21/22): <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: NA							Expected Outcomes NA		Person Responsible NA					Timeframe NA	
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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	All persons served in Supported Employment		2.9 N = 12 out of 17			2.96 N = 8 out of 9			2.93 N = 10 out of 19				2.96 N = 8 out of 13

					2.9 (3-point scale)														
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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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER <ul style="list-style-type: none"> There were no comments during the first quarter in regards to employment services. 	2nd QUARTER <ul style="list-style-type: none"> The comments directly related to employment services were “love job, make lots of money,” “buy KC stuff, new phone,” and “I like my job at TRB.” 	3rd QUARTER <ul style="list-style-type: none"> The comments directly related to employment services were “very happy with new job,” and “likes job.” 	4th QUARTER <ul style="list-style-type: none"> There were no comments during the fourth quarter in regards to employment services.
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Comparison of last year’s results (19/20) to this year (20/21): The average persons served satisfaction score for fiscal year 2019-2020 was 2.94. The average persons served satisfaction score for fiscal year 2020-2021 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 (21/22): <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
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SERVICE ACCESS

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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= 0 JD= 0	JC= 4 JD= 2	JC= 2 JD= 4	JC= 2 JD= 2	JC= 2 JD= 0	JC= 5 JD= 7	JC= 1 JD= 4	JC= 1 JD= 1	JC= 3 JD= 1	JC= 2 JD= 2	JC= 3 JD= 2	JC= 3 JD= 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) It was recommended to continue 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
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	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 (20/21):	1st QUARTER <ul style="list-style-type: none"> There were 6 persons (BG, TP, MB, KM, CM, JV) who were approved and started regular Job Development services during the first quarter; 1 external admission and 5 internal referrals. There were 6 persons (DZ, PS, RS, DB, JC, BG) who started Job Coaching services after placement occurred. 	2nd QUARTER <ul style="list-style-type: none"> There were 9 persons (KC, ND, MO, DRJ, LS, SS, DD, AB, & AM) who were approved and started regular Job Development services during the second quarter; all 9 were internal referrals. There were 7 persons (JV, SM, JC, MJ, KK, RR, TP) who started Job Coaching services after placement occurred. There were 2 persons (JM & ND) who began Job Coaching services after going through admissions and being approved for services. 	3rd QUARTER <ul style="list-style-type: none"> There were 6 persons (DD, JB, SL, VZ, DE, & DB) who were approved and started regular Job Development services during the third quarter; 5 were internal referrals and 1 was an external referral. There were 5 persons (JA, DRJ, RE, MO, & DD) who started Job Coaching services after placement occurred. 	4th QUARTER <ul style="list-style-type: none"> There were 6 persons (MC, JM, SL, AM, MH, & CW) who were approved and started regular Job Development services during the fourth quarter; 3 were internal referrals and 3 were external referrals. There were 8 persons (MO, MB, JM, CM, DE, AR, SS, & ND) who started Job Coaching services after placement occurred.

Comparison of last year's results (19/20) to this year (20/21): During the 2019-2020 fiscal year there were 46 persons admitted into the Supported Employment program. During the 2020-2021 fiscal year there were 55 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)

New Recommendations for Next Year (21/22): <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
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Maintain or increase quality service relationships with employers.	Score on Supported Employment survey to employers (target 6 per quarter)	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		2.92 N = 6 out of 6		2.92 N = 5 out of 6			2.98 N = 6 out of 6				2.96 N = 6 out of 6	

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 and make changes to the action step to: 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 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) Action Step #1: The EA will monitor sent surveys for their return and contact businesses who have not responded (obtain 6 surveys/quarter). <ul style="list-style-type: none"> 1st Quarter: All surveys (6) that were sent out during the first quarter were completed. 2nd Quarter: There were 6 surveys sent out, and 5 of them were returned with no follow up necessary. There was a survey sent out and returned that required additional clarification and follow up due to it not being completed correctly. Employment Supervisor is following up on the survey and will turn it in once clarification is provided. 3rd Quarter: All surveys (6) that were sent out during the third quarter were completed. 4th Quarter: All surveys (6) that were sent out during the fourth quarter were completed. 	Completion Date June 30 th , 2021
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
	<ul style="list-style-type: none"> There were 6 surveys completed during the first quarter. HyVee stated on their survey "Ron (ETS) has been an amazing support at the store. He has awesome communication and delivers a strong message/service." Price Chopper stated "MB is a great team member! She is accurate & great with customers and other team members. Could use other referrals like her!" Taylored Expressions stated "The workers and their staff have been a joy to work with and an invaluable addition to our workplace." Marshalls stated "Always a pleasure. Very responsive to our concerns." There were 2 surveys that were received that the ES followed up on. The ES followed up with HyVee and after they spoke, they understood more about what Job Coaching supports are supposed to look like and they had no concerns. The other follow up with done with Alphabet Academy. Their concerns were related to not getting paperwork timely from Residential and a certificate from a Job Coach. 	<ul style="list-style-type: none"> There were 5 surveys completed during the second quarter. Heartland AEA stated on their survey "We are very happy with our employees Link Associates help support." Noodles & Company stated "Michelle & Ian (Job Coaches) are great with SH! They are such a good help and aren't scared to ask questions. Keep it up. You impact more lives than you know." HyVee and Fazoli's both checked the "referrals of job applicants" box on the survey. 	<ul style="list-style-type: none"> There were 6 surveys completed during the third quarter. KFC stated on their survey "Very helpful and professional," Heritage Building Maintenance stated "We like that for the most part KP shows up to work and seems to have good quality. We are curious if he is interested in additional hours or learning more," and Raygun stated "We love having EG work with us twice a week, and part of that enjoyment is the Link staff. They always work so well together for any task we need!!" 	<ul style="list-style-type: none"> There were 6 surveys completed during the fourth quarter. HyVee (Jordan Creek) stated on their survey "The job coaches I see working with KK stand out because of how proactive they are. They are always watching, listening, and are right there with her," HyVee (Ankeny) stated "New job coach came in but didn't know who she was looking for. Would like to see SS get a doctors note for needing to take excessive restroom breaks," and Bomgaar's stated "Unsure how to answer number 8." ES followed up on concerns left in the comments for HyVee. ES followed up with Bomgaar's in regard to 1 of the scores they gave Link. After following up it was determined that they don't have any concerns with the quality of support the ETS' provide.

Comparison of last year's results (19/20) to this year (20/21): The average satisfaction score for fiscal year 2019-2020 was 2.95. The average satisfaction score for fiscal year 2020-2021 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)

New Recommendations for Next Year (21/22): <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
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 = 9 out of 17			3 N = 4 out of 9			3 N = 10 out of 19				2.98 N = 9 out of 13

Goal Outcome: <input checked="" type="checkbox"/> Goal 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
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<input type="checkbox"/> Goal Not Met	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	NA	NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER <ul style="list-style-type: none"> There were no comments during the first quarter in regards to Employment services. 	2nd QUARTER <ul style="list-style-type: none"> There was one comment related to employment services on a survey and it stated "very happy with Link." 	3rd QUARTER <ul style="list-style-type: none"> There was one comment related to employment services on a survey and it stated "very happy with job development from Ian (staff). Really feels Ian "got" the person served and worked with his needs. 	4th QUARTER <ul style="list-style-type: none"> There were no comments during the fourth quarter regarding Employment Services.
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Comparison of last year's results (19/20) to this year (20/21): During the 2019-2020 fiscal year, the average parent/guardian satisfaction score was 2.98. During the 2020-2021 fiscal year, the average parent/guardian satisfaction score was 3.
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 (21/22): <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
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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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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		29.3 N = 6			25.6 N = 9		28.4 N = 5				36.6 N = 8	

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) 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). <ul style="list-style-type: none"> 1st Quarter: July- CPM met on average 15 billable hours per week, August- averaged 12 billable hours per week, September- averaged 18 hours billable hours per week. Hours were consistently low during this quarter due to CPM's low caseload due to persons served on LOA due to COVID as well as placements that occurred during the first quarter. 2nd Quarter: October- CPM met on average 10 billable hours per week, November- averaged 8 billable hours per week, and December- averaged 13 billable hours per week. Hours were consistently low again during this quarter due to the lower caseload the CPM had due to minimal referrals. CPM was also able to place several persons served. Due to the lower caseload, the CPM also provided Job Coaching services throughout the quarter and averaged between 10-15 hours each week providing job coaching supports. 3rd Quarter: January- CPM met on average 16 billable hours per week, February- averaged 16 billable hours per week, and March- averaged 21 billable hours per week. Hours were lower the first 2 months of the quarter due to the CPM's caseload being lower due to lack of referrals. During March, CPM had placements and needed to support persons served during the onboarding training which allowed him to bill for more hours. CPM continues to assist with Job Coaching hours when needed. 	Completion Date June 30 th , 2021
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	<ul style="list-style-type: none"> 4th Quarter: April- CPM met on average 18 billable hours per week, May- averaged 14 billable hours per week, June- averaged 11 billable hours per week. CPM consistently assisted with Job Coaching hours due to staffing needs. External referrals were put on hold towards the end of the 4th quarter. 			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st QUARTER <ul style="list-style-type: none"> 6 persons found employment during the first quarter, taking an average of 29.3 weeks: DZ (13 wks), PS (33 wks), DB (22 wks), BG (6 wks), PH (89 wks), & JC (13 wks). 1 person served took over 1 year. PH already had a job and was just looking for a better fit and location. PS took a LOA for a couple months due to mental health. 1 person served (JC) started his job and then was laid off the next weekend, so they returned to job development. 	2nd QUARTER <ul style="list-style-type: none"> 9 persons found employment during the second quarter, taking an average of 25.6 weeks: KC (19wks), TP (5wks), RR (50 wks), MJ (57 wks), KK (23 wks), JC (25 wks), SM (31 wks), JV (11 wks), & AB (9 wks). There were 3 persons (AB, KC, SM) who already had a job, but were looking for a better fit and location. MJ had several interviews and took some time due to specific wants/needs in a position. RR had significant barriers and restrictions limiting where he could work in the community. 	3rd QUARTER <ul style="list-style-type: none"> 5 persons found employment during the third quarter, taking an average of 28.4 weeks: AM (6 wks), DRJ (6 wks), JA (69 wks), RE (56 wks), and DD (5 wks). There was 1 person (JA) who already had a job, but was looking for a better fit and location. 	4th QUARTER <ul style="list-style-type: none"> 8 persons found employment during the fourth quarter, taking an average of 36.6 weeks: MO (19 wks), AR (17 wks), JM (4 wks), CM (40 wks), SS (142 wks), DE (13 wks), MB (31 wks), and ND (27 wks). There were 3 persons (CM, SS, & MB) who already had a job, but were looking for a better fit and location.

Comparison of last year's results (19/20) to this year (20/21): The fiscal year 2019-2020 ended with an average 24 weeks to find job placement for 22 placements. The fiscal year 2020-2021 ended with an average 30 weeks to find job placement for 28 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)

New Recommendations for Next Year (20/21):

Continue as written Discontinue Goal Continue Goal with modifications as outlined below
 Action Steps:
 Continue Action Step #1: CPM 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 place them in a timely manner.

Person Responsible

CPM & EA

Timeframe

July 1st, 2021 – June 30th, 2022

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21	
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= (20,400) JD= (1,248)	JC= (42,922) JD= (3,403)	JC= (62,943) JD= (8,178)	JC= (72,243) JD= (8,977)	JC= (88,930) JD= (11,626)	JC= (107,199) JD= (14,539)	JC= (119,545) JD= (15,118)	JC= (137,210) JD= (17,518)	JC= (70,219) JD= (18,985)	JC= (177,994) JD= (21,315)	JC= (199,471) JD= (22,315)	JC= (199,038) JD= (23,240)	
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 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 (20/21):	1st QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials with Employment Supervisors to ensure amounts were accurate. • There were 6 persons who started Job Development services during the first quarter. There were 6 persons who found employment during the first quarter and transitioned to Links Job Coaching services after placement occurred. 	2nd QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials with Employment Supervisors to ensure amounts were accurate. No errors were found. 	3rd QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials with Employment Supervisors to ensure amounts were accurate. No errors were found. 	4th QUARTER <ul style="list-style-type: none"> • Employment Administrator reviewed monthly financials with Employment Supervisors to ensure amounts were accurate. No errors were found.
<p>Comparison of last year's results (19/20) to this year (20/21): 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. During the fiscal year 2020-2021 Job Coaching ended with a variance of (\$199,038) and Job Development ended with a variance of (\$23,240).</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>The pandemic continued to have an impact on the businesses person served worked at. Hours were cut due to supply shortages, restaurant lobby's being closed, slow business, and some businesses with their offices closed (people working remotely). Which in turn reduced the number of persons served employed as well as hours our Job Coaches supported people while at work. We had to put Job Development and Job Coaching referrals on hold due to staff shortages and have continued to pay overtime costs to those who are willing to work additional hours with persons served we support in Supported Employment.</p>				
New Recommendations for Next Year (21/22): <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	

MEASURES OF ACHIEVEMENT SUPPLEMENTAL MEASURES

Supplemental Measures of Achievement 2020 - 2021

PERSONS SERVED SERVICES

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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)		99%			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 (20/21):	1st Quarter NEMT introduced new electronic trip logs this period and records reflected missing Medicaid numbers on 4 units. Access to Care is now performing audits via their portal to submit trip records and the Internal Review Committee will not need to monitor NEMT at this time and is becoming the sole broker for Link Services effective 10/1/20.		2nd Quarter As indicated during the first quarter, no reviews for NEMT occurred this quarter.		3rd Quarter Specifically addressed with Residential Department the trending areas that have been identified for remediation efforts needed that while have not affected billing at this point, are not improving.		4th Quarter See meeting minutes, in summary additional training for DSP and Supervisory staff identified and modifications to new employee training on E-doc. A new position created (Quality Assurance Administrator) will support residential and vocational areas to promote greater consistency and expectations.											
Comparison of last year's results (19/20) to this year (20/21): Last fiscal year the billing compliance average was 100% and for this fiscal year the average is 99.75%. Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): See meeting minutes for additional details 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 (21/22): <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	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21

Improve medication administration	Frequency of medication errors/types N=number with documentation 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:	79%	80%	78%	88%	88%	72%	85%	18%	0%	19%	50%	0%
							N=60	N=41	N=7	N=42	N=56	N=36	N=23	N=2	N=0	N=5	N=6	N=0
							N=76	N=51	N=9	N=48	N=64	N=50	N=27	N=11	N=14	N=26	N=12	N=11

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) NA	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter Reporting of med errors varied each month with Sept. showing very low and likely not accurate. Agency Nurse continued to provide a missing documentation report to Supervisors. Developed the on-line training for annual med manager review, will be live in October.	2nd Quarter Med error reporting was more consistent this quarter. Doc Omission is higher than desired, nurse continues to send missing documentation report to Supervisors. Annual Med Manager review has been completed by most, will continue to work with the trainer to get those needing it done. Have begun work on Link Med Manager Curriculum.	3rd Quarter Med error report appears to be declining this quarter. Agency Nurse resigned in Feb. looking to hire a nurse, applications are extremely limited to none, continue reaching out. Small committee continues to work on a Link Med Manager Curriculum, some delays due to Covid. Sending those needing med manager certification to DMACC. IACP looks to be coming out with a med manager training available in June.	4th Quarter Med error reporting was at the same level as the previous quarter, but is of concern. Med incident reports are not getting completed for all med errors. Will look at ways to improve or change this. A new Agency Nurse was hired internal candidate, LPN, started in mid-June. The Link Med Manager Curriculum work group was on hold waiting to see what IACP provides through Relias. The new state curriculum class through DMACC started in June, appears to be better, we continue to send people through it to get certified.																																																																																																																																																																
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Comparison of last year's results (19/20) to this year (20/21): Target goal #1; last year the result of doc omission errors was 41.5%, this year the results were 54.75%. In the Target goal #2; last year the total number of med errors reported at 548 (a monthly average of 45.6). This year the total number of med errors is reported at 399 (a monthly average of 33.25).

Trends: YES No (if yes provide detail) Trend of a decline in reported med errors, believe this may be due to using the electronic MAR that changes staff's view of the medication administration.

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 (21/22): The data source and goals will be modified for next fiscal year to utilize reports from Point Click Care while maintaining the overall objective to reduce medication administration errors <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above Action Steps:													Expected Outcomes	Person Responsible	Timeframe					
													NA	NA	June, 2022					
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21		
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	0		3			4			3					
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 Action step: 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							Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter Total Incident Reports: 122 Behavioral: 49 Medical: 50 Present during Police intervention: 3 Left Unsupervised: 1 Other: 19 Trends: There were no trend reviews in the first quarter Causes of Trends Observed: There were no trend reviews in the first quarter PBS Trend Review Summary Areas for Improvement: NA	2nd Quarter Total Incident Reports: 157 Behavioral: 65 Medical: 57 Present during Police intervention: 3 Left Unsupervised: 1 Other: 29 Trends: There were 3 trend reviews involving 2 persons served. Causes of Trends Observed: Trend views for both persons served were behavior PBS Trend Review Summary 1 person was in transition retiring from the day program, and was frustrated it was taking too long. The second person was having difficulty adjusting to a new residential environment – behaviors were minor, but spanned 2 months. There was also identified a possible conflict with one staff person. Areas for Improvement: Suggested working with staff with second person served, and identify opportunities for more choices. Actions for Improvement: Trend #1 Person Served retired from day program and no further	3rd Quarter Total Incident Reports: 254 Behavioral: 149 Medical: 70 Present during Police intervention: 0 Left Unsupervised: 3 Other: 32 Trends: There were 4 trend reviews involving 3 persons served. Causes of Trends Observed: Trend reviews for all 3 persons served were behavior PBS Trend Review Summary Trend #1 persons served had 8 behavioral incidents resulting in personal space or supervisor being contacted. Trend #2 person served had 6 behavioral incidents resulting in supervisor being contacted, personal space, and verbal interaction. 5 were due to physical aggression without injury. Trend #3 22 behavioral incidents all occurred at the home and resulted in supervisor contacted and personal space due to defiance/non-compliance and 2 reports due to physical aggression 1 with injury and 4 without. 6 reports of incontinence Areas for Improvement: There were changes in medication, changes in environment setting, and opportunities for more choices. Sought medical attention and advice. Actions for Improvement: Trend #1 Person served started new medications, staff transportation to day program, changed layout of	4th Quarter Total Incident Reports: 236 Behavioral: 115 Medical: 77 Present during Police intervention: 1 Left Unsupervised: 1 Other: 21 Trends: There were 3 trend reviews involving persons served. Causes of Trends Observed: Trend reviews for all 3 persons served were behavior. PBS Trend Review Summary: Trend #1 person served had 5 behavioral incidents that resulted in the supervisor being contacted. Trend #2 person served had 6 behavioral incidents that due to defiance/noncompliance, physical aggression without injury and self-injurious behaviors. Trend #3 person served had 9 behavioral incidents due to defiance/non-compliance that resulted in the supervisor being contacted. Areas for Improvement: There were changes in medications, living environment settings, and an ITABs meeting scheduled. Actions for Improvement: Trend #1 person served continues to see a counselor to work on coping skills. Trend #2 person																

<p>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) There were no actions to follow up.</p>	<p>incidents occurred. Trend #2 Team agreed that more time and familiarity would impact the situation. Behaviors have decreased over time. Implementation of Actions Taken: Trend #1 Person Served retired from day program and no further incidents occurred. Trend #2 Team agreed that more time and familiarity would impact the situation. Behaviors have decreased over time. Prevention of Recurrence/Training Needed: none at this time Follow up on actions taken previous quarter (did actions accomplish intended result): N/A – no trend reviews last quarter</p>	<p>day program room setting, and sensory options. Trend #2 Guardian scheduled a medical appointment. Trend #3 Person served had medication changes, day program scheduled was decreased, 1:1 time with staff Implementation of Actions Taken: Trend #1 Staff transporting person served to day program and layout of day program room seems to be successful Trend #2 Unsure if medical appointment has occurred Trend #3 Changes in schedule has decreased interfering behaviors Prevention of Recurrence/Training Needed: none Follow up on actions taken previous quarter (did actions accomplish intended result): One person retired from Day Program, One person became familiarized with new home setting.</p>	<p>served moved to a new home. Trend #3 person served moved to a new home, started a new medication and scheduled an ITABs meeting. Implementation of Actions Taken: Trend #1 counseling sessions have decreased interfering behaviors. Trend #2 moving to a new home has decreased interfering behaviors. Trend #3 unsure if ITABs meeting has occurred. Prevention of Recurrence/Training Needed: None Follow up on actions taken previous quarter (did actions accomplish intended result): One person served moved and adjusted to new living situation, one person had a medication change and one person had a change in their schedule and all of these decreased incidents.</p>
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Comparison of last year's results (19/20) to this year (20/21): During the 2019 – 2020 fiscal year, there were a total of 7 trend reviews completed. During the 2020 – 2021 fiscal year, there were a total of 10 trend review completed. See Agency Program Policy #17 – Persons served Incident Reports for the written description of internal and external reporting requirements.

<p>New Recommendations for Next Year (20/21): Improve Support to Persons Served and their Teams <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: The PBS committee members will bring information to monthly PBS meetings if a team is experiencing any struggles in supporting a person served. The committee will discuss and provide some suggestions/ideas to better support the team and person served.</p>	<p>Expected Outcomes Increase positive behavior support resources/tools to person served and teams</p>	<p>Person Responsible PBS Committee</p>	<p>Timeframe June, 2022</p>
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 grievances per year	All persons served and family		0			0			0				0
<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) NA 1st QUARTER. 2ND QUARTER 3RD QUARTER 4TH QUARTER</p>					<p>Completion Date NA</p>							
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20):		1st Quarter		2nd Quarter		3rd Quarter			4th Quarter									

Comparison of last year's results (19/20) to this year (20/21): In 2019/2020 Link Associates acted upon one grievance and in 2020/2021 there were no appeals or grievances initiated by persons served and/or stakeholders.

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, persons served and family members are provided with the current Handbook for Persons Served, Legal Representatives, Advocates, and Family Members. This handbook contains specific information on appeals and grievances and reinforces that our goal is to help persons served 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 (21/22): <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
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PERSONNEL							
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	69%
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) NA		Completion Date NA
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter As recommended by the members of the Personnel Committee, various additions of the Link Ink., the internal staff newsletter referenced the highest and lowest outcomes from the Employee Satisfaction Survey. Each time additional information was provided, and additional feedback was sought from all staff.	2nd Quarter Editions of the Link Ink. continue to address highest and lowest outcomes scores.	3rd Quarter • Employee Satisfaction Survey was sent out under the name and direction of the board of directors Personnel Committee chair Jim O'Donnell.	4th Quarter • Outcomes from the Employee Satisfaction Survey were presented to the Personnel Committee of the board of directors for review and evaluation. • Personal identifying names were redacted from the survey results and sent to all staff for review. • Editions of the Link Ink. will address the new highest and lowest scores and continue to solicit feedback on how we can make change.			
Comparison of last year's results (19/20) to this year (20/21): In 19/20 the average score of agreement with the statements in the survey was 81.35%. In 20/21 the score dropped to 69%. The questions that decreased in excess of 10% included: In the last six months someone at work has talk to me about my progress - down 16.56%, In the last month, I have received recognition or praise for doing good work - decrease 10.47%, At work I have the opportunity to do what I do best every day – decreased 19.13%, In the last year, I have opportunities at work to learn and grow decreased by 13.74% and My supervisor or someone at work seems to care about me as a person decreased 11.31% from the previous year							
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): The most significant trend in all of the comments this year was the additional stress caused by Covid Dash 19. Covid was referenced in 21% of all additional comments made throughout the survey.							

Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) In addition to Covid, excessive numbers of open positions caused stress, work exhaustion, and significant frustration for all employees. Link ended the fiscal year with 35 open positions, all of which had to be filled by existing employees or covered by their supervisors. This definitely had an extreme impact on staff morale.

Characteristics of persons served impact performance: YES No (if yes, please explain). Because of the international pandemic, those served were frequently remaining at home, in close quarters, bored, missing their family, which can lead to mental health and physical issues. Engaging people served without leaving the environment or engaging with different people is draining on both staff and those we support.

Other extenuating or influencing factors YES No (if yes, please explain) Those we serve, our staff, and the families of those we support all had significant issues with fear for their health, their family's health, and the overall pandemic.

<p>New Recommendations for Next Year (21/22): Leadership will make efforts to learn factors affecting employee satisfaction and encourage additional feedback and suggestions to leadership.</p> <p><input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above</p> <p>Action Steps: Editions of the Link Ink will address the new highest and lowest scores and to solicit feedback on how we can make change.</p>	<p>Expected Outcomes</p> <p>See outcomes back over 70%</p>	<p>Person Responsible</p> <p>Executive Director</p>	<p>Timeframe</p> <p>FY 2021-2022</p>
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 (background checks) 2. Current employment files will have 95% compliance for a) annual review timelines b) required trainings	All Employees Target 1:		80%			100%			100%				100%
						Target 2a:		63%		46%		52%		69%				
						Target 2b:		96%		96%		71%		80%				

<p>Goal Outcome:</p> <p><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)</p> <p>NA</p> <p>Did Actions taken accomplish intended results.</p> <p><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>	<p>Completion Date</p> <p>NA</p>
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<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):</p>	<p>1st QUARTER COVID-19 played a major part with the quarters numbers as there was DSP's and Supervisors under quarantine. CPR training class was cancelled due to COVID-19. 4 Employees in the sample were on FMLA/PLA this quarter affecting the outcome</p>	<p>2nd Quarter COVID-19 played a major part with the quarters numbers as there was DSP's and Supervisors under quarantine. Clerical combined together with HR in efforts of raising scores and clerical started sending out reminder emails mid quarter.</p>	<p>3rd Quarter COVID-19 played a major part with the quarters numbers as there was DSP's and Supervisors under quarantine. Clerical continued to send out reminder emails in efforts to receive documents mid quarter. Target 2b: New reporting of upcoming and past due trainings was implemented via Filemaker that include supervisory notifications.</p>	<p>4th Quarter Under staffed Clerical continued sending out reminder emails in efforts to receive documents mid quarter. 3 Employees in the sample were on FMLA/PLA this quarter affecting the outcome</p>
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		Target 1: Additional corrections made to the exported reports so that the results provide more accurate data on the identified components.		
<p>Comparison of last year's results (19/20) to this year (20/21): Target 1: In 19/20 this average fell to 34% and in 20/21 it increased to 95% which more accurately reflects the verification of background checks having been completed in the new employee records. Other data is also assessed, including educational records, offers of employment, handbook acknowledgement, E-8's, job description, and E-3r checklist are all present.</p> <p>Target 2: 2a: In 19/20 this improved to 72% and in 20/21 this dropped to 58%. 2b: In 19/20 this improved to 74% and in 20/21 improved to 86%.</p> <p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail):</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain): Targets 2a and 2b are felt attributable to supervisory staff covering openings and delayed opportunities and time to present annual evaluations as well as following up on DSP's who get behind on required trainings.</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): The Pandemic and reduced workforce created management decisions that were based on person served safety first.</p>				
<p>New Recommendations for Next Year (21/22): NA</p> <p><input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above</p> <p>Action Steps:</p>	Expected Outcomes	Person Responsible	Timeframe	
	NA	NA	NA	

EFFECTIVENESS FOR PERSONS SERVED																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
Improve persons served knowledge of grievance and appeal process	Files demonstrate that the agency appeals and grievance process was provided annually	Review of Case File and completion of Quality Assurance Checklist 100% sample for CM and 25% sample for PM, scores on CM-01. Reviewed Annually	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 = 6/6, 100%			CM records in compliance = 5/5 = 100%			CM records in compliance = 6/6 = 100%			CM records in compliance = 6/6 = 100%		
							PM records in compliance = 18/19, 95%			PM records in compliance 11/1 = 92%			PM records in compliance = 10/13 = 77%			PM records in compliance = 13/13 = 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 (20/21):	1st Quarter Goal met for CM Goal not met for PM, one record indicated that the appeals and	2nd Quarter Goal met for CM Goal not met for PM; one record was out of compliance. Staff have corrected the issues.	3rd Quarter Goal met for CM	4th Quarter Goal met for CM and PM.
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	grievance process was not completed in full. Staff has corrected the issue.		Goal not met for PM; three records were missing signed acknowledgments. QA of this staffs file has occurred after departure. Staff have corrected the issues.	
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Comparison of last year's results (19/20) to this year (20/21): In FY 19/20 the Case Management Program averaged 100% and the Program Management program averaged 98%. In FY 20/21, the CM program achieved 100%; however, the PM program achieved 91% compliance, which did not meet the target goal. There is no identified trend, the missing documentation is due to a variety of errors likely attributed to not proofing plans to ensure all components are present. Staff were notified of errors so they could be corrected.

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 (21/22): NA <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 NA	Person Responsible NA	Timeframe NA
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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. Reviewed Annually	Quality Assurance Committee	Case Management Director	93% 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 = 17/21, 81% PM goals with progress = 48/49, 98%			CM goals with progress = 15/17, 88% PM goals with progress 25/29 = 86%			CM goals with progress = 9/11 = 82% PM goals with progress = 30/32 = 94%					CM goals with progress = 15/20 = 75% PM goals with progress = 39/39 = 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) Maintain sample size of 100% for CM and increase to a 20% sample for PM. Increase targets to maintain blended goal progress with 93% of all goals reviewed demonstrating progress. Action Steps: 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) Sample size and target maintained for the fiscal year to further evaluate.	Completion Date 7/2021
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ACTIONS TAKEN / CHANGES MADE	1st Quarter Goal not met for CM. Lack of progress is mainly attributed to transitioning	2nd Quarter Goal not met for CM or PM. The agency had another shut	3rd Quarter Goal not met for CM or PM. The agency focus has offered clinic/vaccinations to those interested in hopes that we will be serving those who remain on a leave of absence in in	4th Quarter Goal not met for CM. Goal met for PM. Goal not met for CM due to continued impact of lengthy leave of absences. Several persons served from this group are not returning to services as normal quite yet many states medical
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THROUGHOUT THE YEAR (20/21):	from the COVID closure and getting back into the routine of working towards goals. Goal met for PM.	down of Day Program due to COVID which impacts goal progress, service resumed 1/4/21.	the 4 th quarter. As teams are having staffing with goals that have been on hold for over one year, the teams tend to want to remain with those same goals when people return vaccinated.	reasons of those reside in the home. Met goal for PM, many people in this group have Day Hab services and have returned to services. Goal progress is reflected in this quarter more so with people who have had plans revised in the last several months when they returned to Day Hab.
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Comparison of last year's results (19/20) to this year (20/21): For FY 19-20, the programs met the goal targets successfully with an annual blended score of 93% (90% for CM and 95% PM). For FY 20-21, the programs did not meet the target with a blended score of 91% (81% for CM and 95% for PM). Lack of goal progress is attributed mainly due to the suspension of many services due to COVID which impacted the ability to work towards meeting individual goals, particularly with community participation and Day Hab/Employment goals.

Trends: YES No (if yes provide detail): COVID impacted participation in all areas of service provision, for the most part service plans/goals were on hold due to closed programs.

Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) Pandemic/CDC guidance impacted when/how services could be provided.

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 (21/22): NA <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above	Expected Outcomes NA	Person Responsible NA
Action Steps:		

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21
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 25% sample for PM, scores on CM-01. Reviewed Annually	Quality Assurance Committee	Case Management Director	95% or higher compliancy (blended score) 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 = 33/33, 100% PM = 81/83, 98%			CM 22/22, = 100% PM 50/53, = 94%			CM 17/17, = 100% PM 50/53, = 94 %					CM = 25/25%, 100% PM = 57/65% = 88%

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) N/A	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):	1st Quarter Goal met for CM Goal met for PM	2nd Quarter Goal met for CM Goal not met for PM; three different rights restrictions did not address all the component required of restriction.	3rd Quarter Goal met for CM Goal not met for PM	4th Quarter Goal met for CM Goal not met for PM.
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Comparison of last year's results (19/20) to this year (20/21): In FY 19-20 CM met the target with a 99% average as did Program Management with 98%. In FY 20-21 CM met the target in all four quarters with 100% compliance for the year and PM with a score of 94% and did not meet their goal of 95% compliance; however, the blended score of 98% exceeds the target and meets the overall goal.

Trends: YES No (if yes provide detail): Trends identify that the primary reason PM did not meet this goal is staff are forgetting to address the plan in place to diminish right restrictions or why the restriction is least restrictive/are of undue harm (new component). Admins state this is a training issue related to "rushing" and deadlines, not competencies. PM's were notified of issue so they can be more careful when covering this part of the plan.

Staff need to commit attention to addressing all sections of the rights restriction part of the plan by using the training template to ensure all components are included.

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 (21/22): NA <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
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/20	8/20	9/20	10/20	11/20	12/20	1/21	2/21	3/21	4/21	5/21	6/21		
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 = 6/6, 100%					CM = 6/6, 100%	PM = 12/12 = 100%	CM = 6/6, 100%	PM = 13/13, 100%				CM = 6/6, 100%	PM = 13/13, 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) N/A			Completion Date NA														
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (20/21):		1st Quarter Goal met for CM Goal met for PM		2nd Quarter Goal met for CM Goal not met for PM Reviewed missing components with staff for correction.			3rd Quarter Goal met for CM Goal not met for PM Reviewed missing components with staff for correction.			4th Quarter Goal met for CM Goal met for PM										

Comparison of last year's results (19/20) to this year (20/21): 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%. For FY 20-21, both programs met this goal in every quarter at 100% compliance. Sample size was decreased this year to 20% due to staff shortages and other demands of time and will continue into the next fiscal year.

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 (21/22): NA	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 above Action Steps: NA	NA	NA	NA