



Link Associates
Program Evaluation

Fiscal Year 2021/2022

Purpose of Report	4
For the Reader	4
Executive Summary Linda Dunshee, Executive Director	5
Goals Met.....	6
Summary Of Goals Not Met	6
<i>Satisfaction Outcomes</i>	7
Board of Directors Review	7
Case Management Department	9
Case Management Demographics.....	10
Case Management Measures of Achievement	11
Day Habilitation	21
Day Habilitation Supplemental Measures	22
Day Habilitation Demographics.....	23
Day Habilitation Measures of Achievement	25
Fleet & Facilities	33
Fleet and Facility Measures of Achievement	36
Fleet & Facilities Measures of Achievement 2021-2022	36
Link Employment Exploration Program (LEEP)	42
LEEP Demographics.....	42
LEEP Supplemental Measures	44
LEEP Measures of Achievement	45
Leisure Services	51
Leisure Demographics.....	52
Leisure Measures of Achievement	54
Residential	57
Community Housing and Supported Living Demographics.....	59
Community Housing and Supported Living Measures of Achievement	62
Supported Employment Program	73
Supported Employment Demographics	74
Supplemental Measures	76
Supported Employment Measures of Achievement.....	77
Measures of Achievement Supplemental Measures	85

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

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?

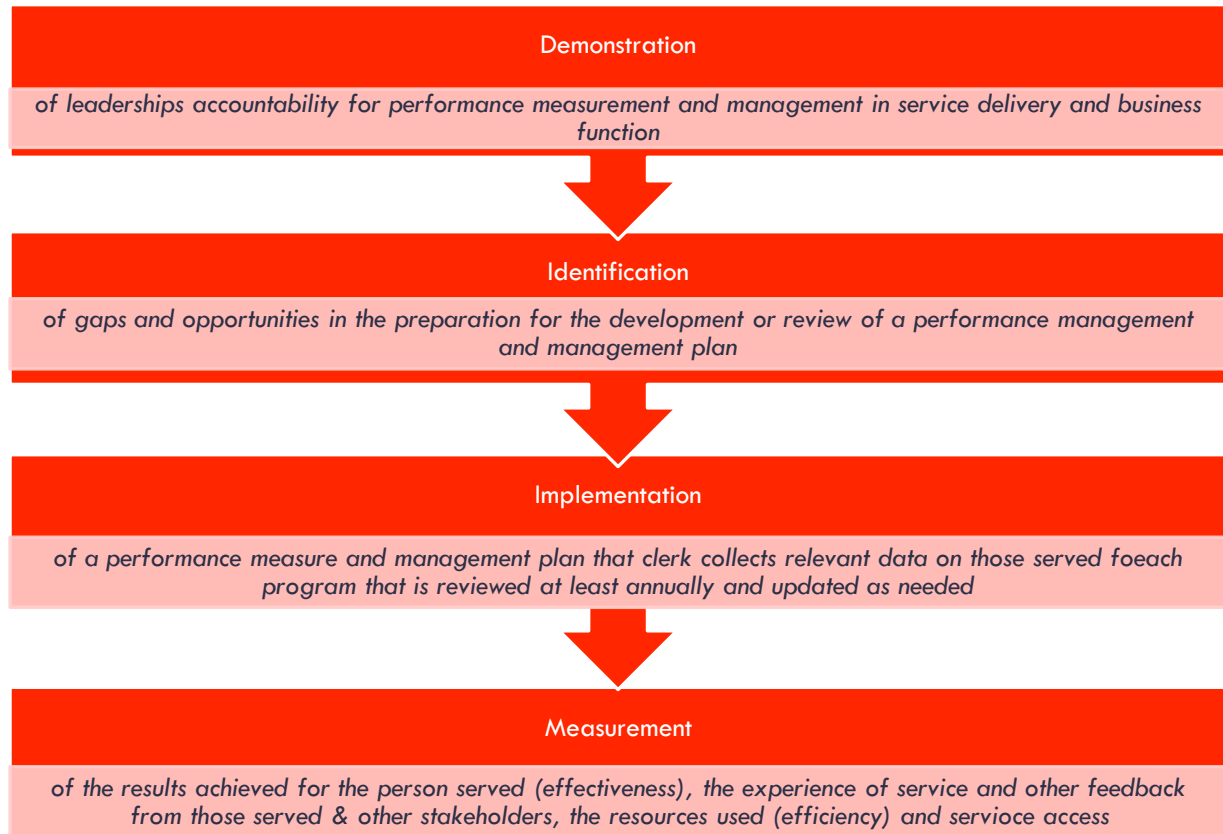
What do we hope will happen?

Who is responsible for the goal?

When is this goal ran and evaluated?



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:

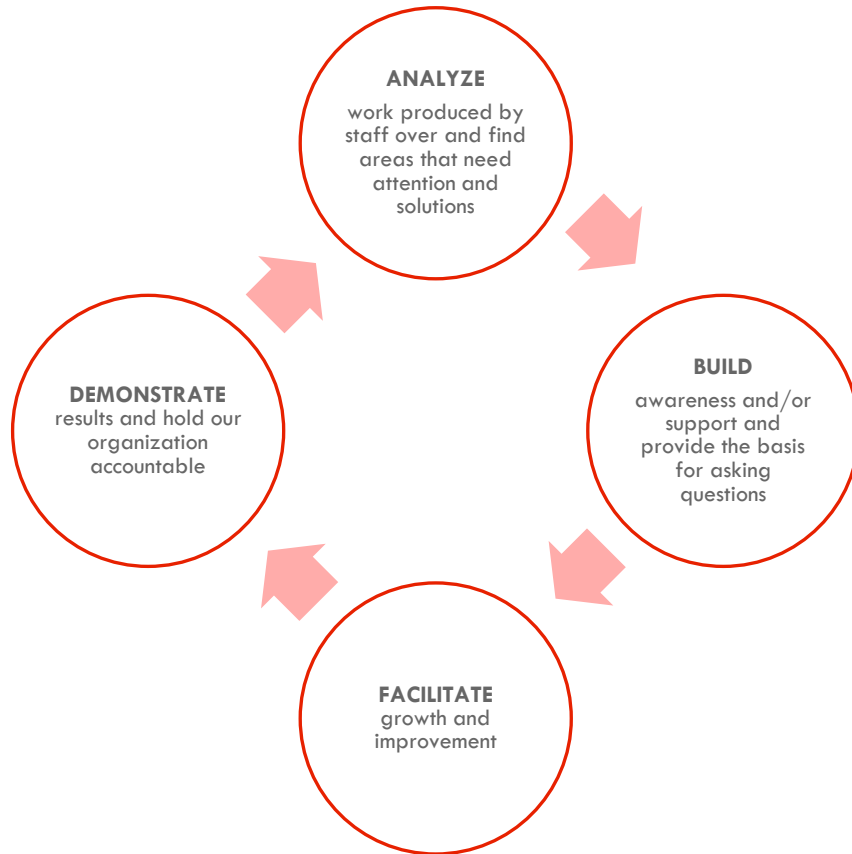


For the Reader

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 seen challenging the physical and emotional balance of those we serve and our staff. This year, because of the results of advocacy we did make some critical progress. Financially we were able to set higher reimbursement rates with one of the managed care companies, the state of Iowa passed a 4.25% increase that was matched by Polk County and Vocational Rehabilitation and narrative documentation was finally converted to the ability to use “check box” documentation which will significantly minimize the amount of time we pay staff to document and the supervisory time to monitor and ensure corrections are made.

Our mission, vision and values continue to drive Link’s commitment to serving our stakeholders and provide the best outcomes for those we serve. There are nearly 5 million individuals in the US with intellectual disabilities (ID). Approximately 60 percent of these individuals rely on Medicaid and 35,000 individuals are in a Medicaid Care system. Roughly 75% of these people live integrated into the community with roommates or on their own with the support of staff like Link provides.

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 leadership 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 2021/2022 Link Associates had 62 goals to measure the efficiency effectiveness satisfaction and access to programs and services. Of those 62 goals we met 44 or 70.97% which is slightly higher than last year. In FY 2021/2022 Link Associates had 61 goals and we had a 65.50%.

Summary Of Goals Not Met

Despite the multiple challenges we have experienced over the past years goal progress continues as aggressively as ever and we are elated to see even slight progress. For the past two years, meeting many of our goals was complicated by both COVID as well as the nationwide staff shortage. This is not presented as an excuse, just a complication we have worked to address.

Goals that were not met:

Case Management

1. Maintain contact with persons served.
2. Meet the needs of community through expansion and maximize time available to coordinators.

Day Habilitation

1. Maintain or Increase number of persons served.
2. Improve the delivery of services to new referrals.

Fleet & Facilities

1. Maintain or improve the number of vehicle accidents with a 3rd party from the previous year.

LEEP

1. Reach and maintain maximum participation

Residential

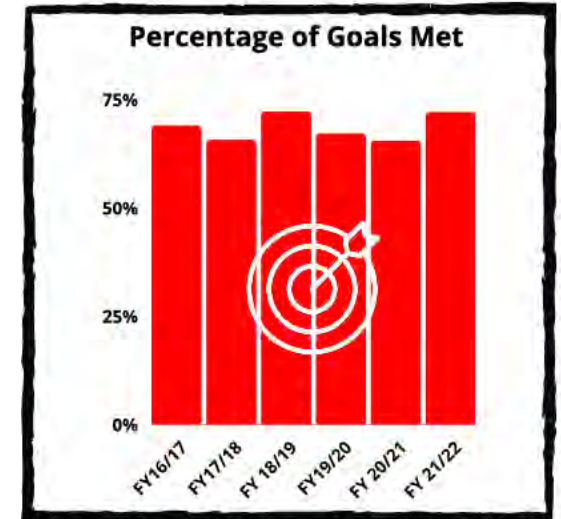
1. Improve the delivery of services to new referrals.
2. Maintain or increase the number of consumers served.
3. Improve quality of life.
4. Improve quality of service.

Supported Employment

1. Maintain or increase number of hours worked weekly
2. Decrease amount of time waiting for job placement - (Job Development).
3. Maintain cost of services to budget projections (Job Development & Job Coaching)
4. Increase number of persons served transferring to competitive employment - (Job Coaching).
5. Maintain cost of services to budget projections (Job Development & Job Coaching)

Supplemental

1. Improve medication administration.
2. Improve staff qualifications.
3. Improve persons served knowledge of grievance and appeal process.



Satisfaction Outcomes

Again, this year our overall satisfaction scores were extremely high. But, if you are ever going to get close to perfect, the satisfaction of those we support is the best place to do it. 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 2.95 on a 3-point scale:
 - 1) Persons served 2.92 on a 3-point scale
 - 2) Parents/Guardians/Advocates 2.94 on a 3-point scale
 - 3) Business Partners 2.99 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

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:

- Added to the Board of Directors Section on the website
- Sent in email format along with notification of its posting to the website
- Presented in print at Board of Director Committee meetings
- 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.
- Each committee of the Board of Directors reported their review to the full Board in their meeting materials.

Following the presentations, comments from the members of the board included:

- The data was comprehensive and well presented for our review and understanding.
- The reports were very well laid out and the information we needed was readily available.
- This is a massive amount of data we applaud your work moving systems to betterment.
- Great to have different teams presenting the information - their passion is impressive.
- We as a group support the goals you have identified and encourages you to move forward with the plans laid out by staff

Link Associates Program Evaluation
July 1, 2021, to June 30, 2022
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 eight goals and met six of them. We will continue to focus on all the eleven goals as written, revising targets to increase average monthly contacts, increase percentages of people achieving their personal goals, and increasing the percentage of case files that are quality reviewed annually. There are no new goals proposed for FY 22-23.

Highlights of achievement areas:

Satisfaction: maintaining high satisfaction from individuals served (CM=2.93/3.0 scale, PM=2.90/3.0 scale) and parent/guardian satisfaction (CM=3.00/3.0 scale, PM=2.90/3.0 scale), both improvements from the previous year.

Personal Goal Achievement: those we serve will meet 93% of their individualized goals, an increase in the target from the previous year of 85%. Both CM and PM programs achieved this goal, with scores of CM=94% and PM=93%.

Maintain or decrease length of time admissions committee approval to services starting. Reducing wait time between being accepted into services and starting services is important in keeping the persons served interested in accessing a Link service. This goal was met three of four quarters with an annual average of wait time of 52 days, meeting the goal for the year.

The program also met targets set for goals in the areas of Quality Assurance, Individuals meeting their person goals, and no negative discharges for the year.

Highlights of areas that goal targets were not met:

Frequent Contact: regular face to face contact and monitoring services of those served. The target goal for this measure is 3.90 for CM and 2.83 for PM. For FY 20-21, the average number of contacts on behalf of the person served is CM=3.79, a decrease from the previous year's score of 3.88, and PM= 4.09 an increase from last year's score of 2.81 contacts per month. I am proud that the contact data demonstrates high involvement, even during the continued impact of 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.

Increase number of persons served by 10/year for PM. For CM no growth targets will be set:

The CM program began with 23 persons served and as of June 30th reduced to 18 due to HIPP eligibility. The PM program had significant decline in numbers starting with 254 persons served and ending with 236, all this is attributed to the inability to fill the openings due to lack of staff. For FY 21-22, Day Habilitation continued LOA's, and the only programs to see new referrals is the LEEP program and some limited approvals for residential services due to openings, not expansion. It is expected that Day Habilitation will open more LOA slots so persons served can return to their program.

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 those 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.

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 2021-2022	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Link	20	100%	19	0%	18	100%	18	100%
Age								
<16	2	10%	2	11%	3	17%	3	17%
16-17	1	5%	1	5%	0	0%	0	0%
18-21	1	5%	1	5%	2	11%	2	11%
22-34	15	75%	14	74%	13	72%	13	72%
35-44	1	5%	1	5%	0	0%	0	0%
45-54	0	0%	0	0%	0	0%	0	0%
55-64	0	0%	0	0%	0	0%	0	0%
65>	0	0%	0	0%	0	0%	0	0%
Gender								
Male	16	80%	15	79%	16	89%	16	89%
Female	4	20%	4	21%	3	17%	3	17%
Ethnicity								
Black or African American	1	5%	1	5%	1	6%	1	6%
American Indian and Alaskan	1	5.0%	1	5.3%	0	0.0%	0	0%
Asian		0%	0	0%	0	0%	0	0%
Caucasian	17	85%	16	84%	16	89%	16	89%
Hispanic		0%	0	0%	0	0%	0	0%
Native Hawaiian or Other Pacific Islander		0.0%	0	0.0%	0	0.0%	0	0%
Other Race	1	5%	1	5%	2	11%	2	11%
Residential Area								
HCBS Daily	8	40%	7	37%	7	39%	7	39%
HCBS Hourly Adults/Children	6	30%	6	32%	6	33%	6	#DIV/0!
Adult/Child No SCL/Res Service	6	30%	6	32%	5	28%	5	#DIV/0!
Vocational Area								
Day Habilitation	7	35%	7	37%	6	33%	6	33%
Competitive	2	10%	2	11%	2	11%	2	11%
NA, child	2	10%	2	11%	2	11%	2	11%
NA, no placement	4	20%	3	16%	6	33%	6	33%
SE	5	25%	5	26%	3	17%	3	17%
Training Program	0	0%	0	0%	0	0%	0	0%
Population Group								
DD	0	0%	0	0%	0	0%	0	0%
ID	20	100%	19	100%	18	100%	18	100%

Level of Disability								
DD	0	0%	0	0%	0	0%	0	0%
Mild ID	7	35%	7	37%	6	33%	6	33%
Moderate ID	6	30%	5	26%	5	28%	5	28%
Profound ID	1	5%	1	5%	1	6%	1	6%
Severe ID	6	30%	6	32%	6	33%	6	33%

July - September 2021

The program has had two discharges in the 1st quarter of this FY. Demographic data remains stable compared to the previous quarter and year. With the majority of persons served being in age 22-34 range, it is anticipated that there will be more discharges as these individuals reach age 27 and no longer are covered under parental insurance and lose their HIPP coverage and FFS CM.

October - December 2021

The program had one discharge due to HIPP eligibility. All other demographics have remained stable and no significant shifts or trends.

January - March 2022

The program had no admissions or discharges. All demographics remain stable and no significant shifts or trends.

April - June 2022

The program had no admissions or discharges. All demographics remain stable and no significant shifts or trends.

Annual Summary 2021-2022

The Case Management program is slowly decreasing its' census due to age eligibility for the HIPP program with four discharges in FY 20-21. There is no source for new referrals for fee for service case management as the State of Iowa Case Managers are assigned those and there have been no requests for transfer from other Polk County agencies. Continued evaluation of the program's viability will occur. There are no significant trends and the demographics have remained stable with no shifting.

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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve individual's satisfaction	Individuals' satisfaction with their Case Manager or Program Manager	Listen to Me Satisfaction survey	Case Managers	Case Managers	Minimum score 2.75 or higher; optimal score 2.9 or higher (3-point scale)	Those served in Case Management (CM) & Program Management (PM)	CM Score= 2.90		CM Score= 3.00		CM Score= 2.93		CM Score= 2.90					
							N=3		N=4		N=6		N=5					
							PM Score= 2.96		PM Score=2.92		PM Score=2.92		PM Score=2.80					
							N=37		N=32		N=32		N=19					
							Annual Persons Served Satisfaction Results											
CM Score= 2.93 N=18 ***** PM Score= 2.90 N= 134																		

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			NA
	Action Steps	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 (21/22):	1 st QUARTER CM met goal and PM met goal Two comments regarding transportation issues with scheduling and showing up on time. One person served expressed dissatisfaction with his home and access to his home. This team is looking for options.	2 ND QUARTER CM met goal and PM met goal Two comments regarding transportation issues with scheduling and showing up on time. One person served expressed dissatisfaction with his home and access to his home. This team is looking for options.	3 rd QUARTER CM met goal and PM met goal Comments from several persons served include: "Sometimes on weekends, no staff to take me to work", "Can't go anywhere due to roommate, missing work because staff can't take him due to roommate, Love job", "Happy with work", "Callie is the best staff ever", "32 awesome bus. Driver Dan, cool Happy with life- love it!", "One manager doesn't listen".	4 TH QUARTER CM goal met and PM goal met. Comments from persons served: Concerns about access to money and how hard it is to get a check buy something, sent this to supervisor and payee. Enjoy being back in my area (was on long LOA)
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Comparison of last year's results (20/21) to this year (21/22): For FY 20-21, 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. For FY 21-22, the programs met the goal target in all four quarters with annual scores stable from the previous years of 2.93 for CM and 2.90 for PM.

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 (22/23):	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:			

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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
		Filemaker					CM=4.04	CM=4.96	CM=3.27	CM=3.09	CM=3.60	CM=3.40	CM=4.21	CM=4.04	CM=4.96	CM=3.27	CM=3.09	CM=3.60

Maintain contact with person served	Monthly contacts per month, averaged per quarter.	Database	Case Management Director	Case Management Director	Quarterly average # of contacts made on behalf of the person served = 3.90 or higher per month for CM and 2.83 for PM.	Those served in Case Management (CM) & Program Management (PM)	PM=3.78	PM=4.19	PM=4.28	PM=3.75	PM=3.91	PM=4.11	PM=4.37	PM=3.78	PM=4.19	PM=4.28	PM=3.75	PM=3.91
							Quarterly Average CM=4.09 PM=4.08		Quarterly Average CM=3.36 PM=3.92			Quarterly Average CM=3.36 PM=4.09			Quarterly Average CM=4.09 PM=4.08			
							Annualized Average Contacts CM=3.79, PM=4.09											
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) Begin additional data collection on average contacts of the persons served in PM with target at 1.90 or higher per month. Action Steps 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) Data collection began on 7/1/21 at the beginning of this evaluation year.												Completion Date 7/22
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1 st QUARTER CM = goal met PM = goal met			2 nd QUARTER CM = goal not met PM = goal met			3 rd QUARTER CM = goal met PM = goal met			4 th QUARTER CM = goal not met PM = goal met							
Comparison of last year's results (20/21) to this year (21/22): 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. For FY 21-22, the CM program met the goal target 2/4 quarters and did not meet the annual target goal of 3.90 contacts or higher. The PM program met the target 4/4 quarters and met the annual target of 2.83 with an impressive score of 4.09. Persons served in CM through Fee for Service did receive reasonably high contacts from the Link CM with an average of 3.79 contacts per member, per month, which demonstrates the connections between the persons served, their team, and the CM.																		
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) The CM program continues to decrease in numbers due to eligibility for the HIPP program, which means a smaller sample than the previous years. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) HIPP eligibility impacts census for CM. 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 (22/23): <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: Increase target for PM to 3.90.						Expected Outcomes PM will achieve 3.90 contacts per member, per month or higher.						Person Responsible CM Director			Timeframe The new target goal will begin 7/1/22			
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Comply with state standards and program policy regarding Quality Assurance	Number of records reviewed annually of those in service as of 07/01/21 CM=22 PM=270	Review of Case File and completion of Quality Assurance Checklist	Quality Assurance Committee	Assistant Case Management Director	100% of Case Management records and 20% of Program Management records will be reviewed using the quality assurance process.	Those served in Case Management (CM) & Program Management (PM))	Case Management N= 6 Program Management N= 15			Case Management N=6 Program Management N=12			Case Management N=6 Program Management N=12			Case Management N= 6 Program Management N= 15		

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: 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 (21/22):	1 ST QUARTER QA peer review was completed throughout the quarter and the program is on target for reaching the annual goal.	2 ND QUARTER QA peer review was completed throughout the quarter and the program is on target for reaching the annual goal. Enhanced training was provided to all staff related to ensuring that all components of a rights restriction be addressed before implementing that restriction. Review of all restrictions from annually to quarterly began 12/1/21.	3 RD QUARTER QA is on target for reaching the annual goal. Staff continue to be prompted each quarter to ensure they are reviewing the new restrictions logs quarterly and this quarter all were. There were two restrictions that were out of compliance as the "undue harm" was not address. Training provided.	4 TH QUARTER Quality assurance numbers are on target for the quarter and annually. No restrictions this quarter were found to be missing any of the required components, including reviewing all restrictions quarterly and noting that review in the case file log.
	Annual total of case file quality assurance reviews: CM (goal 100%) = 22 PM = (goal 20%) = 54 Trends summarized: Admins have completed all QA's this fiscal year. Trends within individual program managers were identified and training occurred.			

Comparison of last year's results (20/21) to this year (21/22): For FY 20-21, both programs met the targeted goals of 100% for Case Management and 20% for Program Management. For FY 21-22, both programs again met their targets at 100% and 20%, which has been determined to be a reasonable target for the QA of person served files.

Trends: YES No (if yes provide detail)
 Causes: YES Non-Applicable –
 Characteristics of persons served impact performance: YES No
 Other extenuating or influencing factors YES No (if yes, please explain)

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
Achievement of individual's identified goals.	The number of goals with progress in a 100% sample for CM and 20% sample for PM. Reviewed Annually	Review of Case File and completion of Quality Assurance Checklist	Quality Assurance Committee	Case Management Admin Assistant	93% of Individual's goals reviewed via the QA process will show progress toward meeting the individual's goal.	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM goals with progress = 14/14 = 100%			CM goals with progress = 18/21 = 86%			CM goals with progress = 22/22 = 100%			CM goals with progress = 7/8 = 88%			PM goals with progress = 22/23 = 96%
							PM goals with progress = 23/27 = 85%			PM goals with progress = 18/20 = 90%			PM goals with progress = 27/27 = 100%						
							CM ANNUAL SUMMARY Number of goals reviewed for progress = 61/65, 94%			PM ANNUAL SUMMARY Number of goals reviewed for progress = 90/97, 93 %									
Case Management Department Blended Scores = Number of goals reviewed for progress = 151/162, 93%																			

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Adjust sample size to 100% sample for CM and 20% sample for PM	Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) Sample size adjusted for the fiscal year.	Completion Date 07/22
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	Action Steps: sample size adjusted. Did Actions taken accomplish intended results. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
	CM met goal PM goal not met.	CM goal not met. PM goal not met. Concerns expressed about the staff documentation to show goal progress, CM/PM staff are reading Edoc and noting that minimal information is present or no information. Alerted programs for review for paybacks.	CM goal met. PM goal met. Continued concern with DSP documentation. Issues reported.	CM goal not met. PM goal met. Continued concern with DSP documentation. Issues reported.

Comparison of last year's results (20/21) to this year (21/22): 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. For FY 21-22, both programs met the annual target with a blended score of 93%. The CM program met the target 2 of 4 quarters and the PM program met the target 3 of 4 quarters. Staff are reviewing DSP documentation in lieu of meeting 1:1 with the supervisor who has completed the review. Concerns with incomplete and missing data has affected goal progress results as a reviewer must default to no progress if there is no data. This is reported to the program Director and Administrator as well as the Corporate Compliance Director when the data appears to be non-billable for their review.

Trends: YES No (if yes provide detail) DSPs are requiring additional training and supervisors need to spot check the data entered into Edoc throughout the month on staff that may need support in entering documentation.
 Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain) Significant staff openings, staff are covering shifts for persons served whom they are just meeting which makes goal achievement difficult.

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 (22/23):	Expected Outcomes	Person Responsible	Timeframe	Person Responsible
<input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: N/A	NA	N/A	NA	

SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Meet community needs through expansion and maximize time available to coordinators.	Number of people served as of 07/1/21 23 (CM), 270 (PM)	FileMaker Google dock caseload numbers, monthly billings	Case Management Administrator	Case Management Administrator	Increase number of persons served by 10/year for PM. For CM no growth targets will be set. CC caseload </ or = to 38	Those served in Case Management (CM) & Program Management (PM)	CM=23 PM=254	CM=23 PM=254	CM=22 PM=253	CM=22 PM=253	CM=20 PM=255	CM=20 PM=254	CM-18 PM=225	CM=18 PM=225	CM-18 PM=225	CM=18 PM=238	CM-18 PM=236	CM=18 PM=236

Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Action Steps:	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		

<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):</p>	<p>1st Quarter Goal not met *It was discovered in August that people on LOA were marked active in the database, this was corrected and explains the large decrease in PM participants that quarter. CM had no new admissions, three discharges due to HIPP eligibility. Persons served = 22 at end of the quarter. PM had three new admissions, all to the LEEP program. Link Day Hab has a lengthy wait list of people wanting to return to services now that they are vaccinated but the program does not have the workforce to handle their return or new referrals. Admissions will have growth once staff are hired and trained, but there is a lack of applicants. There are 253 people that receive PM services at the end of the quarter. Caseload averages = 34</p>	<p>2nd Quarter Goal not met CM had two discharges related to losing HIPP and being assigned an MCO CM. This is a funding decision made by the State PM had two admissions and one discharge, so the quarter was stable with no significant growth. Link Day Hab continues to have a waitlist and is struggling with staffing ratios due to staff impacted by covid, lack of applicants, and resignations. Admissions for job development are in process and should see an increase in census next month. Caseload averages = 34</p>	<p>3rd Quarter CM had one discharge related to losing HIPP. This person remains in other Link services. PM had one intake for LEEP and one for Residential services. PM had 6 discharges this quarter. No trends in reasons for discharge (death, completed LEEP, needed higher level of care, retired). Link Day Hab continues to have limited capacity with plans to bring part of those on LOA back in May. Staffing patterns continue to be the barrier. Caseload averages = 33</p>	<p>4th Quarter Goal not met CM had no discharges this quarter. PM had three intakes this quarter, all for the LEEP program. This program also had nine discharges. Reasons for discharges included moving out of state, completing the LEEP program, persons seeking programs that are a better match, and one person discharged to a mental health treatment program. The Link Day Hab program approved to return some individuals who were on a LOA the program, thus the increase in numbers from third to fourth quarter; however, these people are not new to the program or count as expansion of the program. Caseload averages = 32</p>
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Comparison of last year's results (20/21) to this year (21/22): For FY 20-21 the programs for the persons served were not at full capacity and 23 persons were served in CM and 270 in PM, and many people remained on a leave of absence. Admissions was experiencing new referrals, but like those on a leave of absence the agency was 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. For FY 21-22, due to the Day Hab continuing LOA, the only program to see new referrals is the LEEP program. It is expected that Day Hab will open more LOA slots so persons served can return to their program. The target was not met with PM program growth of more than 10 person served to reach 280, ending the year with 236, however, it must be noted that the database for part of the year included LOA persons served so the number served was inflated and once adjusted the actual number is 254.

Trends: YES No Staffing shortages impacted the ability to serve more people.
Causes: YES non-Applicable
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 (22/23):
 Continue as written Discontinue Goal 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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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Minimizing time between intake meeting and starting services.	Number of days between admissions and service start date.	Admission referral tracking sheet	Case Management Administrator	Case Management Administrator	Maintain or decrease length of time of admissions committee approval to start services < than two months (60 days).	Those served in Case Management (CM) & Program Management (PM)	Total days CM – NA N = 0 Average = NA Total days PM – 82 N=3 Average = 27 days Total days for all admissions: 82 Total number of all admissions: 3 Average for all services = 27 days	Total days CM – NA N = 0 Average = NA Total days PM – 219 N=4 Average = 55 days Total days for all admissions: 219 Total number of all admissions: 4 Average for all services = 55 days	Total days CM – NA N = 0 Average = NA Total days PM – 153 N=2 Average = 77 days Total days for all admissions: 153 Total number of all admissions: 2 Average for all services = 77 days	Total days CM – NA N = 0 Average = NA Total days PM – 145 N=3 Average = 48 days Total days for all admissions: 145 Total number of all admissions: 3 Average for all services = 48 days
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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) 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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st Quarter CM = N/A, no new referrals PM = Goal met, all three admissions started services within 60 days, with one person starting within 37 days, another 16 days, and the third 29 days.	2 nd Quarter CM = N/A, no new referrals PM = Goal not met. Two admissions started services within 60 days, with one person starting within 28 days, another 60 days. A third admissions started at 70 days, but technically was to start at day 40; however, staff shortages prevented this. One person was accepted 11/1 but cancelled several times and did not show to meetings. On day 61 since his acceptance, he decided that he wanted to withdraw his service request for family obligations.	3 rd Quarter PM= goal not met. Two admissions occurred this quarter. The residential admissions to start date was quick at 27 days. The second admissions were for LEEP and the person was accepted by Link but then put on a wait list to start which explains the 126 days from admissions to starting services. This was discussed with the admissions Coordinator and that is the process she follows.	4 th Quarter CM = N/A, no new referrals PM = goal met. Three admissions were approved and started services within the target goal of 60 days. The first admission was accepted and started services within 60 days, the second person in 57 days, and the third person in 57 days.
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Comparison of last year's results (20/21) to this year (21/22): For FY 20-21, the programs for the persons served were not at full capacity, so many people remained on a leave of absence. Admissions was experiencing new referrals, but like those on a leave of absence the agency was not fully staffed to support more people. Staff from all departments were covering shifts to meet the staffing needs of those in services during this national staff shortage. For FY 21-22, Link continues with a LOA for many Day Hab participants and cannot take new referrals. This year 10 persons served started services within 60 days, and two individuals required more than 60 days, both due to staff shortages and having to wait to start LEEP until that staff were in place. The overall average was 52 days.

Trends: YES No Staffing shortages impacted the ability to serve more people.
Causes: YES non-Applicable
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 (22/23):
 Continue as written Discontinue Goal 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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
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= 5						CM = 3.00 N= 1				CM = 3.00 N= 2		CM = 3.00 N= 3
							PM = 2.97 N=37						PM=2.92 N=31				PM= 2.90 N=47		PM = 2.80 N = 19
							Annual Parent/Legal Representative Satisfaction Results CM Score= 3.00 N= 16 * PM Score= 2.90 N= 128												

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: 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 (21/22):	1ST QUARTER CM met goal and PM met goal There were no comments noted on any of the parent/guardian surveys.	2ND QUARTER There was one survey in which the parent marked 2's in several areas. The CC attempted multiple follow up calls; however, the parent historically does not return calls. CC will continue to touch base to investigate the reasons for the low satisfaction scores	3RD QUARTER CM met goal and PM met goal Comments included: "Would like more activities, not doing much at home".	4TH QUARTER CM met goal and PM met goal Comments included: "need to get out of the house more, has money, roommate won't go sometimes", "Happy with XX's home, things have improved greatly". "Son's clothes and other things are missing; this has happened before, and staff were sharing his clothes with roommates".
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Comparison of last year's results (20/21) to this year (21/22): 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. For FY 21-22.... scores continue to remain high with annual scores of CM, 3.00 and PM, 2.90. Satisfaction comments were seldom completed this year. Will discuss with team to prompt for comments.

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 (22/23):
 Continue as written Discontinue Goal Continue Goal with modifications as outlined below

Action Steps: NA

Expected Outcomes	Person Responsible	Timeframe
NA	NA	NA

SUPPLEMENTAL MEASURES

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Collect and analyze data about Case Management individuals & services	Trends in CM Incident Reports	Incident 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: <input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met NOT A FORMAL GOAL	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Steps: 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 (21/22):	1st QUARTER For CM there was one critical incident regarding the intervention of law enforcement. No trends were identified. No minor incidents were reported Data for persons served in PM is collected and reported via those programs.	2nd QUARTER For CM there was three critical incidents this quarter: 10/21(DHS) Link – Alone time exceeded by guardian (LM) 11/21(Medical)CM Reported – Physical aggression causing injury to self (AC) 12/21(Police) CM Reported – Physical aggression toward family (AC). *For AC team is working on plans related to coping skills and meeting regularly. Minor Reports (as outlined in Chapters 24 & 90): No minor reports received. PM date is collected via those programs.	3rd QUARTER For CM there was one critical incident that occurred 1/22 (DHS)- reportable to protective services. This team has implemented protocols to ensure improved communication to prevent reoccurrence. Data for persons served in PM is collected and reported via those programs.	4th QUARTER For CM there were no critical incident reported. No minor incidents were reported Data for persons served in PM is collected and reported via those programs.														

Comparison of last year's results (20/21) to this year (21/22): For FY 20/21, the program began tracking incidents for Case Management only as the agency has a collection and trending process all other services. Case Management reported 8 critical incidents in 20/21. For FY 21/22, there 5 critical incidents reported and no minor incidents. Incidents involved physical injury to or by the individual that required physicians' treatment or admission into the hospital, two requiring the intervention of law enforcement, and two that were reportable to protective services.

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 (22/23):

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

Action Steps: NA

Expected Outcomes

NA

Person Responsible

NA

Timeframe

NA

DAY HABILITATION

Link Associates Program Evaluation

July 1, 2021, to June 30, 2022

Claire Sumner, Day Program Administrator & Cassondra Jones, 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 7 of them.

During the months of July – December the Day Program continued to have several individuals who remained on a leave of absence. The program was unable to bring all individuals who had services prior to COVID-19 back due to a staffing shortage. All Day Program Supervisors completed their daily responsibilities and covered 3-4 days/week.

Due to the rise in positive COVID-19 cases/illnesses in general among persons served and Link staff, Day Program services at the main location reduced services for 3 weeks (1.17.22-2.4.22) and only served persons served within the Link Residential Department. On 2.7.22, the Day Program reduced its capacity to only serving persons served with Link SCL and persons served who live with family/parents/host homes due to the staffing crisis (51 people returned and 26 remain at home). At the end of January 2022, a Day Program Supervisor turned in their resignation and one of the two Day Program Administrative Specialists was able to move into the Supervisor role. This had a positive impact on the program as this is the intent of the DPAS position. On 5.1.22, the Day Program brought back more persons served and now have around 100 FTE's. On May 1, 2022, the program went under some changes in leadership and Claire Sumner began as the Day Program Administrator. Then on June 16, 2022, the Employment/Day Program Director transitioned to Cassondra Jones. With the changes in leadership, the Day Program team continues to stay positive.

This year the Day Program received many grants (Westbancorporation \$2,822.72 for Day Program Chairs; Walmart, SE 14th, \$1,000 for Therapeutic Recreation and Day Program designated to sensory room; Walmart, Jordan Creek, \$1,500 and Walmart, Altoona, \$500 for new day program whiteboards and markers; Walmart, SE 14th, \$1,000 for new trash cans and a label maker for activity organization; William Knapp Foundation \$7,400 for new carpeting in day program). With these grants, the Day Program was able to purchase additional sensory items and devices to enhance the sensory room.

In the fiscal year, we were not successful in meeting 1 of our established goals. The goal we did not meet was our goal to improve the delivery of services to new referrals. This goal was not met due to the staffing crisis which impacts our ability to bring back persons served who were receiving day program services prior to the COVID-19 pandemic. The nationwide staffing shortage caused us to put admissions on hold as we weren't able to cover the open day program positions, 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 will continue and action step to 'obtain a minimum of 3 satisfaction surveys per quarter' to help ensure we are receiving well-rounded feedback from our VIP sites for FY 22-23.

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 our team continues to work together and provide some of the best supports to those we serve in our Day Program.

Day Habilitation Supplemental Measures

Day Habilitation Services
2021 - 2022

Supplemental Measures	Day Habilitation			
	Quarter			
	1 st	2 nd	3 rd	4 th
1. Discharges from program (not due to dissatisfaction)	0	1	0	0
A) Medical supports/safety				
B) Moved out of service area	0	0	0	0
C) No longer in need/want of services	2	4	3	0
D) Increase in supports (non-medical)	0	1	1	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	1	0	1
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)	0	0	0	0.3

July - September 2021:

There were 2 discharges from Day Program both due to no longer need/want of services (TS and JW).

There was an average of 18 program areas this quarter. During the months of July-September 2021, 0 areas had an outing planned each day of the week for the month: for an average of 0 for the 1st quarter.

October – December 2021:

There was 1 discharge from the program due to medical supports/safety (not due to dissatisfaction- MB). There were 4 discharges from the program due to no longer in need/want of services (BA, passed away- RR, RW, JJ). There was 1 discharge due to increase in supports (non-medical- NW) and 1 discharge due to going to a program outside of Link (MW).

There was an average of 18 program areas this quarter. During the months of October-December 2021, 0 areas had an outing planned each day of the week for the month; for an average of 0 for the 2nd quarter.

January - March 2022:

There were 3 discharges from Day Program all were due to no longer need/want of services (EE, passed away – EG & JS). There was 1 discharge from the Day Program due to increase in supports (non-medical- DT).

There was an average of 14 program areas this quarter. During the months of January – March 2022, 0 areas had an outing planned each day of the week for the month; for an average of 0 for the 3rd quarter. The leisure department does offer Monday-Friday outings for day program staff to utilize.

April 2022 – June 2022

There was 1 discharge due to a person served going to a different agency for day program services (MJ).

There was an average of 14 program areas this quarter. During the months of April – June 2022, 1 area had an outing planned each day of the week for the month of May: for an average of 0.3 for the 4th quarter. The leisure department does offer Monday-Friday outings for day program staff to utilize.

Day Habilitation Demographics

FY 2020-2021	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Number Served	136	100%	110	100%	119	100%	120	100%
Age								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	0	0%	0	0%	0	0%	0	0%
22-34	42	31%	37	34%	38	32%	37	31%
35-44	29	21%	21	19%	24	20%	25	21%
45-54	25	18%	21	19%	21	18%	19	16%
55-64	23	17%	18	16%	20	17%	23	19%
65>	17	13%	13	12%	16	13%	16	13%
Gender								
Male	73	54%	64	58%	67	56%	67	56%
Female	63	46%	46	42%	52	44%	53	44%
Ethnicity								
Black or African American	10	7%	7	6%	9	8%	9	8%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	4	3%	3	3%	4	3%	4	3%
Caucasian	114	84%	92	84%	98	82%	99	83%
Hispanic or Latino	4	3%	4	4%	4	3%	4	3%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Race	4	3%	4	4%	4	3%	4	3%
Level of Disability								
Developmental Disability (DD)	0	0%	0	0%	0	0%	0	0%
Mild MR (50-75)	37	27%	30	27%	33	28%	33	28%
Moderate MR (35-49)	56	41%	43	39%	48	40%	49	41%
Severe MR (20-24)	39	29%	34	31%	34	29%	34	28%
Profound MR (< 20)	4	3%	3	3%	4	3%	4	3%
Secondary Diagnosis								
ADD/ADHD	7	5%	7	6%	7	6%	7	6%

Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	1	1%	0	0%	2	2%	2	2%
Autism	24	18%	18	16%	21	18%	21	18%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%
Cerebral Palsy	22	16%	18	16%	21	18%	21	18%
Depression	5	4%	4	4%	5	4%	5	4%
Down Syndrome	17	13%	12	11%	12	10%	12	10%
Epilepsy	13	10%	10	9%	9	8%	9	8%
Hearing Impairment	6	4%	6	5%	6	5%	6	5%
Intermittent Explosive Disorder	1	1%	0	0%	1	1%	1	1%
No Secondary Diagnosis Known	14	10%	14	13%	0	0%	12	10%
Other	16	12%	12	11%	13	11%	14	12%
Schizophrenia	2	1%	2	2%	2	2%	2	2%
Seizure Disorder	13	10%	10	9%	9	8%	9	8%
Visual Impairment/ Legally Blind	4	3%	3	3%	4	3%	4	3%

July-September 2021

The data pulled for this quarter reflects there were 136 participants in the program. The average participant was a Caucasian male between the ages of 22-34 years, 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 the program. One being a Caucasian male between the ages of 22-34 years of age, with a primary diagnosis of severe MR and a secondary diagnosis of autism. The other was a Caucasian female also between the ages 22-34 years, with a primary diagnosis of moderate MR and a secondary diagnosis of autism.

October-December 2021

The data pulled for this quarter reflects there were 110 participants in the program. The average participant was a Caucasian male between the ages of 22-34, with a primary diagnosis of Moderate ID and a secondary diagnosis of autism.

The data pulled also reflects that there were 7 participants that discharged from the program. Six being Caucasian males between the ages of 26-71, with a primary diagnosis of severe ID and a secondary diagnosis of autism. The one other discharge was a Caucasian female between the age of 22-34, with a primary diagnosis of moderate MR and a secondary diagnosis of autism.

January - March 2022

The data pulled for this quarter reflects there were 119 participants in the program. The average participant was a Caucasian male between the ages of 22-34 years of age, with a primary diagnosis moderate MR and a secondary diagnosis of autism and cerebral palsy.

The data pulled also reflects that there were 4 participants that discharged from the program. Two participants were Caucasian males both with the primary diagnosis of severe intellectual disability ages 45 through 65+. The other two participants were Caucasian females both between the ages of 35-44. One female diagnosed with severe intellectual disability and moderate intellectual disability.

April 2022 - June 2022

The data pulled for this quarter reflects there were 120 participants in the program.

The average participant was a Caucasian male between the ages of 22-34 years of age, with a primary diagnosis moderate MR and a secondary diagnosis of autism and cerebral palsy.

Day Habilitation Measures of Achievement

Day Habilitation Measures of Achievement 2021 - 2022																		
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	217	220	219	207	199	193	170	182	221	200	212	162
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 (21/22):	1 ST QUARTER			2 ND QUARTER			3 RD QUARTER			4 TH QUARTER								
	<ul style="list-style-type: none"> This quarter averaged 219 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included, but are not limited to: Ledges State Park, Theatrical Shop, Fishing at Fort Des Moines Park, Jester Park, Mahalos Coffee, Blank Park Zoo, Many Hands, Animal Rescue League, and the Food Bank. There was 1 area out of 18 (112) that did not meet the expectation to plan and execute 2 outings during the month of July. There were 2 areas out of 18 (213 and 217) that did not meet the expectation to plan and execute 2 outings during the month of August. There was 1 area out of 18 (113C) that did not meet the expectation to plan and execute 2 outings during the month of September. This quarter we also had 0 reverse integrated activities. 			<ul style="list-style-type: none"> This quarter averaged 200 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included but are not limited to: Spirit Halloween, Howell Tree Farm and Pumpkin Patch, Fellowship Forest, Neil Smith Wildlife Refuge, Gameday Lanes, and Children's Cancer Connection. There were 3 areas out of 18 (107, 112, 222C) that did not meet the expectation to plan and execute 2 outings during the month of October. There were 7 areas out of 17 (110A, 110B, 112, 113B, 113C, 210, 213) that did not meet the expectation to plan and execute 2 outings during the month of November. There were 8 areas out of 18 (110B, 111A, 111B, 113B, 113C, 210B, 213A, 213B) that did not meet the expectation to plan and execute 2 outings during the month of December. This quarter we also had 0 reverse integrated activities. 			<ul style="list-style-type: none"> This quarter averaged 191 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included but are not limited to: Pet Project, Mile Long Bridge, Maffit Lake, Animal Rescue League, Food Bank of Iowa, Union Park, Jester Park, and the Des Moines Children's Museum. There were 4 areas out of 10 (110A, 110B, 113B, 113C) that did not meet the expectation to plan and execute 2 outings during the month of January. Link did close 8 areas for part of January due to COVID cases being high. There were 5 areas out of 14 (110A, 113B, 210A, 222B, 222C) that did not meet the expectation to plan and execute 2 outings during the month of February. There were 2 areas out of 14 (110A, 113B) that did not meet the expectation to plan and execute 2 outings during the month of March. This quarter we also had 0 reverse integrated activities. 			<ul style="list-style-type: none"> This quarter averaged 191 community integrated activities per month. Participants had the opportunity and chose to participate in outings that included Thomas Mitchel Park, Brenton Arboretum, Earl May Gardens, Blank Park Zoo, Bowlerama, and Pappajohn Sculpture Park. There was 1 area out of the 10 (113B) that did not meet the expectation to plan and execute 2 outings during the month of April. There was 1 area out of the 10 (108B) that did not meet the expectation to plan and execute 2 outings during the month of May. All 10 of the areas met the expectation to plan and execute 2 outings during the month of June. 								

				<ul style="list-style-type: none"> This quarter we also had 0 reverse integrated activities.
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Comparison of last year's results (20/21) to this year (21/22): 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 2021-2022 fiscal year, community participation ranged from 162 – 221 events per month with an average of 200 events per month for the year for the 12 months of services.

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 (22/23): <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 RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	

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 (21/22):	1st QUARTER <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction. 	2ND QUARTER <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction. 	3rd Quarter <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction. 	4th Quarter <ul style="list-style-type: none"> Day Program had no discharges due to dissatisfaction.
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Comparison of last year's results (20/21) to this year (21/22): During the 2020-2021 fiscal year, there were 0 discharges due to dissatisfaction and in 2021 – 2022 we likewise had no discharges due to dissatisfaction.

Trends: YES No (if yes provide detail)

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

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

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

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve satisfaction of persons served	Score on satisfaction survey	Satisfaction survey	Case Coordinators	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	2.99 N = 15 out of 33		3 N = 6 out of 18		2.94 N = 20 out of 37		2.83 N = 8 out of 22					
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 (21/22):	1 st QUARTER <ul style="list-style-type: none"> 15 satisfaction surveys were completed this quarter. One person commented that they like coming to Link. 			2 ND QUARTER <ul style="list-style-type: none"> 6 satisfaction surveys were completed this quarter. There were no comments noted. 			3 rd Quarter <ul style="list-style-type: none"> 20 satisfaction surveys were completed this quarter. One comment noted "Calley is the best staff ever." 			4 th Quarter <ul style="list-style-type: none"> 8 satisfaction surveys were completed this quarter. One comment noted that sometimes they are sad because they miss their mom. 								
Comparison of last year's results (20/21) to this year (21/22): 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 2021-2022 persons served satisfaction score averaged 2.94 for the year, which meets the goal of maintaining 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA							Expected Outcomes NA					Person Responsible NA		Timeframe NA				
SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22

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 = 99 VIP = 16.2 Total = 115.2	DP = 97.6 VIP = 15.8 Total = 113.4	DP = 97.8 VIP = 15.8 Total = 113.6	DP = 97.6 VIP = 16.2 Total = 113.8	DP = 96.8 VIP = 16.2 Total = 113	DP = 98.4 VIP = 16.2 Total = 114.6	DP = 97 VIP = 16.2 Total = 113.2	DH = 74.8 VIP = 12 Total = 86.8	DP = 75.8 VIP = 15.6 Total = 91.4	DP = 7.46 VIP = 15.6 Total = 90.2	DP = 84 VIP = 16.4 Total = 100.4	DP = 84 VIP = 16.6 Total = 100.6
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		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 ST QUARTER <ul style="list-style-type: none"> There were 0 persons served approved for Day Program services during the 1st quarter. At this time there are 27 persons served who remain on a LOA. 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. 			2 ND QUARTER <ul style="list-style-type: none"> There were 0 persons served approved for Day Program services during the 2nd quarter. Several persons served still remain on a LOA. 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. 			3 RD QUARTER <ul style="list-style-type: none"> The Day Program reduced services for 3 weeks (1.17.22-2.4.22) & only served persons served with Link Residential services due the number of illnesses & staff shortage. On 2.7.22 Link reduced its capacity to only serving persons served with Link SCL & persons served who live with family/parents/host homes due to the staffing crisis (51 people returned and 26 still remain at home). 			4 TH QUARTER <ul style="list-style-type: none"> The day program brought back additional persons served starting 5.1.22. This number has been maintained and there are goals to bring back additional persons served pending recruitment and retainment of day program direct support professional staff. 								
Comparison of last year's results (20/21) to this year (21/22): The number of FTE's 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 FY 2021 – 2022 ranged from 86.8 – 115.2 and ended the fiscal year with 100.6 FTE's served and an average of 105.5 FTE's served for the fiscal year. Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Staff shortage limits the number of persons served who can attend Day Program services. 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) Continuing to experience a 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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 0	NA N= 0 out of 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) 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 THE YEAR (21/22):	1st QUARTER <ul style="list-style-type: none"> Data reflects there were 0 persons referred to the program this quarter and 0 persons were approved for services. There were 0 formal denials. The program is unable to bring new/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. 	2nd QUARTER <ul style="list-style-type: none"> Data reflects there were 0 persons referred to the program this quarter and 0 persons were approved for services. There were 0 formal denials. The program is unable to bring new/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. 	3rd QUARTER <ul style="list-style-type: none"> Data reflects there were 0 persons referred to the program this quarter and 0 persons were approved for services. There were 0 formal denials. The program is unable to bring new/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. 	4th QUARTER <ul style="list-style-type: none"> Data reflects that there were 0 persons referred to the program this quarter and 0 persons were approved for services. There were 0 formal denials. The program is unable to bring in new/all individuals who had services prior to COVID-19 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 days/week. Hiring bonus has incentivized new employees to begin which has improved coverage needs. On 5.1.22 additional persons served were able to return to day program services.
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Comparison of last year's results (20/21) to this year (21/22): During the 2020-2021 fiscal year 17 admissions were approve with 100% delivery of services to new referrals and in 2021 – 2022 no admissions occurred and was therefore not able to be measured.

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) Objective not able to be measured without accepting any new admissions this fiscal year.

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve parent/guardian satisfaction	Score on satisfaction survey	Satisfaction Survey	Case Coordinators	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	2.95 N = 25 out of 33			2.88 N = 11 out of 18		2.97 N = 26 out of 36		2.88 N = 10 out of 29				

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 (21/22):	1 st QUARTER <ul style="list-style-type: none"> 25 satisfaction surveys were completed this quarter. There were no comments this quarter. 	2 ND QUARTER <ul style="list-style-type: none"> 11 satisfaction surveys were completed this quarter. There were no comments for the 2nd quarter. 	3 rd Quarter <ul style="list-style-type: none"> 26 satisfaction surveys were completed this quarter. There was one comment regarding leisure services. Will follow up with leisure department. 	4 th Quarter <ul style="list-style-type: none"> 10 satisfaction surveys were completed this quarter. There was one comment from a guardian that said the person served was doing very well in the day program.
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Comparison of last year's results (20/21) to this year (21/22): 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 2021-2022 parent/guardian satisfaction score averaged 2.92 for the year, which meets 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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	2.95 N = 3 out of 3			3 N = 2 out of 2			3 N = 3 out of 3			3 N = 3 out of 3		

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 with the addition of this action step: obtain a minimum of 3 satisfaction surveys per quarter (1/mo). 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): Obtain a minimum of 3 satisfaction surveys per quarter (1/mo). <ul style="list-style-type: none"> 1st Quarter: 3 satisfaction surveys were completed. Day Program Supervisor is working with the VIP Flex staff to ensure surveys are going to sites if she does not receive anything back from the email she sends. 2nd Quarter: 2 satisfaction surveys were completed. Other surveys were shared with businesses but did not get returned to the Day Program Supervisor. Will follow-up as needed during the next quarter. 3rd Quarter: 3 satisfaction surveys were completed. 4th Quarter: 3 satisfaction surveys were completed. 	Completion Date 6/30/22
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ACTIONS TAKEN / CHANGES MADE	1 st QUARTER	2 ND QUARTER	3 RD QUARTER	4 th QUARTER
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THROUGHOUT THE YEAR (21/22):	<ul style="list-style-type: none"> 3 performance surveys were completed this quarter. One comment shared was, "love having them here we wish they could be here every day all day." 	<ul style="list-style-type: none"> 2 performance surveys were completed this quarter. Both shared comments- "We've had mixed experience- depending on the staff. Mike is doing a great job! Thankful to have you all!" "We love having Link staff work with us. It helps get so much done that we would not be able to otherwise. They are great to have at all of our stores!" 	<ul style="list-style-type: none"> 3 performance surveys were completed this quarter. Shared comments included- "Everyone is kind, friendly and helpful" as well as, "On busy days some groups do not feel comfortable wiping on floor. What can I do to make them more comfortable? Also, for a while food while cleaning was an issue. We think we fixed, but that was the only issue. Thank you!" The VIP Supervisor did follow up with the question asked on the survey. The site responded that they are happy with how things are going just want to be able to help with comfort. 	<ul style="list-style-type: none"> 3 performance surveys were completed this quarter. Shared comments included "We have really enjoyed working with Link! Your group has been a huge blessing for Children's Cancer Connection! Thanks for all you do!" as well as, "Monday's group is great, but person served JP is not appropriate for VIP. Friday's group has been terrific!"
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Comparison of last year's results (20/21) to this year (21/22): 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 2021-2022 volunteer satisfaction score averaged 2.99 for the 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 (22/23): <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 October 1, 2022 – June 30, 2023
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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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	(\$11,026)	\$82,256	\$112,783	\$154,990	\$194,539	\$205,296	\$209,124	\$109,609	\$183,464	\$192,263	\$195,899	\$135,279

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 (21/22):	1st Quarter <ul style="list-style-type: none"> 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 hence covering the gap from the lack of 	2nd Quarter <ul style="list-style-type: none"> 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 hence covering the gap from the 	3rd Quarter <ul style="list-style-type: none"> The Day Program reduced services for 3 weeks (1.17.22-2.4.22) & only served persons served with Link Residential services due the number of illnesses & short shortage. On 2.7.22 Link reduced its capacity to only serving persons served with Link SCL & persons served who live with family/parents/host homes 	4th Quarter <ul style="list-style-type: none"> Effective 5.1.22 external SCL persons served returned to day program. Due to continued staff shortage, we have not been able to increase the number of persons served. Once staff has been hired, this will increase revenue. EDPD reviewed and trained DPA on financials, there were no concerns this quarter.
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	revenue & offsetting it with the decreased DSP wages.	lack of revenue & offsetting it with the decreased DSP wages.	due to the staffing crisis (51 people returned and 26 still remain at home).		
<p>Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year ended with a rounded variance of (\$1,078,921). The 2021-2022 fiscal year ended with a rounded variance of \$135,279.</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) Link Associates continues to experience a staffing shortage.</p>					
<p>New Recommendations for Next Year (22/23):</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: NA</p>			<p>Expected Outcomes</p> <p>NA</p>	<p>Person Responsible</p> <p>NA</p>	<p>Timeframe</p> <p>NA</p>

FLEET & FACILITIES

Link Associates Program Evaluation

July 1, 2021, to June 30, 2022

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 7 of them or 88%. Due to the Covid-19 pandemic the day program was shut down for a 3-week period from January 17, 2022, to February 7, 2022. 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. The Covid-19 pandemic resulted in blending the data of information gathered as we moved from a maximum capacity of 7 riders at the beginning of the fiscal year, and slowly increased the rider capacity of the vehicles back to a full capacity in May of 2022.

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 21/22 there were 11 total staff injuries reported which is a decrease from FY 20/21 and the 19 staff injuries reported. With the closure of the day programs, as well as not operating at full capacity of persons served, it is believed this had a positive effect on the outcome as it reduced the direct contact between person served and staff, thus reducing the number of injuries. It is noted that 18% of the staff injuries were related to persons served behaviors which is a decrease from the previous year.
- 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 21/22 and FY 20/21. The vehicles were driven a total of 496,904 miles for FY 21/22 in comparison to FY 20/21 where they were driven 434,847 miles. The closure of the Day programs for 3 weeks along with the reduced capacity of ridership assisted in limiting the exposure risk for the vehicles. As ridership began to increase in the latter part of the fiscal year this resulted in the total miles driven to increase by 62,057 miles from FY 20/21. It can be summarized that the zero accidents that resulted in injury is in part due to Link's staff ability to follow appropriate defensive driving techniques.
- 3. Maintain or improve the number of Link only vehicle accidents from the previous year.** For FY 21/22 there were 3 accidents resulting in a 6.04 rating for the 496,904 total miles driven, as compared to FY 20/21 with 6 total accidents and a 13.80 rating for the 434,847 miles driven.
- 4. Maintain or improve fire evacuation drills at the Administration Building.** During the 21/22 fiscal year the building was evacuated on average in 5 minutes 32 seconds and roll call was completed in 9 minutes 49 seconds. The evacuation of the building is an increase from FY 20/21 as the average evacuation time was 4 minutes 54 seconds, and the average overall evacuation time with roll call showed an improvement from FY 20/21's time of 10 minutes 26 seconds. With the lessening of the restrictions of the Covid-19 pandemic, the number of persons served attending Day Hab programming increased causing the evacuation time to increase from FY20/21 where the number of persons served was reduced due to the Covid-19 pandemic. The goal is considered being met as the overall evacuation time with roll call improved from FY 20/21 to FY 21/22.
- 5. Maintain or improve the average ride time on Link bus routes.** During FY 21/22 the average morning bus route ride time was 44 minutes 03 seconds, the average afternoon ride time was 39 minutes 22 seconds and the combined ride time of the am and pm routes averaged 41 minutes 49 seconds. In comparison to FY 20/21 the am route averaged 48 minutes 20 seconds, the pm route averaged 42 minutes 49 seconds and the combined route time averaged 46 minutes 03 seconds. The goal was met for FY 21/22.
- 6. Improve Ridership satisfaction.** The department sent out 140 surveys and received 65 completed surveys for a 46% 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 99%. 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 95% and D. overall satisfaction, goal is 80% and the response was 92%. For FY 21/22 we provided 50,260 total trips.

The survey was completed during the fourth quarter of the fiscal year and the goal is considered meet.

7. Maintain or improve the efficiency of the agency's route vehicles. For FY 21/22 the overall average ridership was 96%. The average number of riders is a blended percentage due to the capacity of the bus's changes during the year, due to Covid-19. The total number of rides provided by the bus routes were 42,002. In comparison, FY 20/21 the ridership was at 82% and the total number of bus route rides provided was 26,673. During the fiscal year the day program was shut down for a 3-week period beginning in January 2022 and ending in February 2022, which affected the total number of rides provided and miles driven for the fiscal year. The fiscal year started off with a maximum capacity of 7 riders on the buses due to the Covid-19 pandemic. During the third and fourth quarters the maximum capacity of riders was increased slowly from 7 to 14 passengers as day programming started to increase the number of persons served allowed to attend. The goal was met for FY 21/22.

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

- 1. Maintain or improve the number of vehicle accidents with a 3rd party from the previous year.** For FY 21/22 there were a total of 8 accidents over the 496,904 miles driven for a 16.10 rating. This is an increase from FY 20/21 where there were 6 total accidents for the 434,847 miles driven and a rating of 13.80. It can be summarized that the higher number of miles driven lead to the increased number of accidents with a 3rd party thus, adversely affecting the rating for FY 21/22.

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 2021-2022		FY 2020-2021	
Provider	# of Consumers	Provider	# of Consumers
Behavior Technologies	0	Behavior Technologies	0
Candeo	3	Candeo	5
CCO	2	CCO	2
CDAC	0	CDAC	0
Child Serve	0	Child Serve	0
COC	7	COC	7
Comp Community Support	0	Comp Community Support	0
Crest	1	Crest	1
Easter Seals	1	Easter Seals	0
Homestead	1	Homestead	1
Hope	0	Hope	0
Host Home	0	Host Home	1
Link Associates	73	Link Associates	68

Lutheran Services	2	Lutheran Services	2
Mainstream	2	Mainstream	1
Mosaic	1	Mosaic	4
Parent/Family	57	Parent/Family	53
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 21/22 the program saw a gain of 4 individuals start utilizing Link’s transportation services as compared to FY 20/21 where there were 5 individuals stopped utilizing Link’s transportation services. The breakdown is below.

New/Left Transportation Services FY 2021-2022

July		August		September		October		November		December		January		February		March		April		May		June		YTD Totals	
New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left	New	Left
5	5	6	2	3	2	0	0	4	1	2	3	2	6	3	0	3	5	3	2	2	1	3	5	36	32

Net Totals	0	4	1	0	3	-1	-4	3	-2	1	1	-2	4
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	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	New	Left	New	Left	New	Left	New	Left
Quarter Totals	14	9	6	4	8	11	8	8
Net Quarter Totals	5		2		-3		0	

Fleet and Facility Measures of Achievement

FLEET & FACILITIES MEASURES OF ACHIEVEMENT 2021-2022

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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
To Maintain or improve the # of work-related injuries for employees from previous years	Number of Workman Comp. Claims For FY 2020-2021 total Workman Comp. Claims = 19	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	2 FY 2020-2021 = 5		0 FY 2020-2021 = 8			5 FY 2020-2021 = 2			4 FY 2020-2021 = 4			
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e., goal continuation and/or new action steps/plan) 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)							Completion Date NA					
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1st Quarter			2nd Quarter			3rd Quarter • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22				4th Quarter						
Comparison of last year's results (20/21) to this year (21/22): FY 21/22: 11 Total Staff Injuries 2 Injuries by Persons Served Behavior 2 Injuries Resulting in Treatment from Behaviors 5 Staff Injuries Treated at Occ Med Clinic FY 20/21: 19 Staff Injuries 10 Injuries by Persons Served Behavior 8 Injuries Resulting in Treatment from Behaviors 2 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) 18% of staff injuries were related to persons served behavior. Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if yes, please explain)																		
New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Maintain or improve the Injury Incident Rating from the previous year.	Number of Injury reports from vehicle accidents FY 20/21 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 2020-2021 = 0 Rating = 0		Injuries = 0 Rating = 0 FY 2020-2021 = 0 Rating = 0			Injuries = 0 Rating = 0 FY 2020-2021 = 0 Rating = 0			Injuries = 0 Rating = 0 FY 2020-2021 = 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) • 1st QUARTER. • 2ND QUARTER							Completion Date NA					

		<ul style="list-style-type: none"> 3RD QUARTER 4TH QUARTER 																			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1st QUARTER					2nd QUARTER					3rd QUARTER • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22					4TH QUARTER				
Comparison of last year's results (20/21) to this year (21/22):		FY 21/22 496,904 Total Miles 0 Accidents with injuries Rating = 0					FY 20/21 434,847 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below		Expected Outcomes					Person Responsible					Timeframe									
Action Steps:																					
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22			
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 20/21 Accidents = 6 Rating = 13.80	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 = 16.09 FY 2020-2021 = 2 Rating = 20.76			Accidents = 1 Rating = 8.02 FY 2020-2021 = 1 Rating = 10.77			Accidents = 0 Rating = 0 FY 2020-2021 = 2 Rating = 15.71			Accidents = 0 Rating = 0 FY 2020-2021 = 1 Rating = 8.45					
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) <ul style="list-style-type: none"> 1st QUARTER. 2ND QUARTER 3RD QUARTER 4TH QUARTER 							Completion Date NA								
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1st Quarter					2nd Quarter					3rd Quarter					4th Quarter				
Comparison of last year's results (20/21) to this year (21/22):		FY 21/22 496,904 Total miles 3 Total Accidents Rating = 6.04					FY 20/21 434,847 Total Miles 6 Total Accident Rating = 13.80														
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)																					
Causes: <input type="checkbox"/> YES <input 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 (22/23): <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			Person Responsible						Timeframe						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
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 20/21 Accidents = 6 Rating = 13.80	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 = 2 Rating = 16.09 FY 2020-2021 = 3 Rating = 31.15			Accidents = 1 Rating = 8.02 FY 2020-2021 = 1 Rating = 10.77			Accidents = 1 Rating = 8.38 FY 2020-2021 = 2 Rating = 15.71			Accidents = 4 Rating = 31.11 FY 2020-2021 = 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) • 1 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER • 4 TH QUARTER										Completion Date			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1 st Quarter			2 nd Quarter				3 rd Quarter • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22				4 th Quarter						
Comparison of last year's results (20/21) to this year (21/22):				FY 21/22 496,904 Total miles 8 Total Accidents Rating = 16.10		FY 20/21 434,847 Total Miles 6 Total Accident Rating = 13.80													
Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail)				Causes: <input type="checkbox"/> YES <input 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 (22/23): <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			Person Responsible						Timeframe						
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
Amount of time to evacuate administrative building FY 20/21 N =10:26 Roll	Evacuation Drill forms	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 5:40 minutes Average Roll Call time of 9:02 minutes			Average Evacuation time of 7:21 minutes Average Roll Call time of 12:30 minutes			Average Evacuation time of 4:20 minutes Average Roll Call time of 9:25 minutes			Average Evacuation time of 4:49 minutes Average Roll Call time of 8:19 minutes			

N= 4:54 Evac									FY 20/21 Evac = 5:00 Minutes FY 20/21 Roll Call = 7:29 Minutes	FY 20/21 Evac = 4:20 Minutes FY 20/21 Roll Call = 9:58 Minutes	FY 20/21 Evac = 4:54 Minutes FY 20/21 Roll Call = 12:21 Minutes	FY 20/21 Evac = 4:54 Minutes FY 20/21 Roll Call = 12:21 Minutes						
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) • 1 st QUARTER • 3 RD QUARTER • 4 TH QUARTER			Completion Date			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 (21/22):		1 st Quarter			2 nd Quarter			3 rd Quarter • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22			4 th Quarter							
Comparison of last year's results (20/21) to this year (21/22):		FY 21/22 9:49 Minutes average evac time with Roll Call 5:32 Minutes Average to exit the building			FY 20/21 10:26 Minutes average evac time with Roll Call 4:54 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 (22/23): <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			Person Responsible			Timeframe										
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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Maintain or improve the average ride time on Link bus routes	Average trip ride time for persons served on Link bus routes	All persons served on bus routes	Drivers Route Sheets in Edoc Trans	Fleet & Facilities Director	1 Hour or less	Route Drivers	46.25 minutes AM 41:13 minutes PM 43:55 minutes for AM & PM trips combined			45:54 minutes AM 40:14 minutes PM 43:12 Minutes for AM & PM trips combined			42:33 minutes AM 37:27 minutes PM 40:07 Minutes for AM & PM trips combined			41:22 minutes AM 38:34 minutes PM 40:02 Minutes for AM & PM trips combined		
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) • 1 st QUARTER. • 2 ND QUARTER • 3 RD QUARTER • 4 TH QUARTER						Completion Date NA						
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1 st Quarter • Due to Covid-19 Bus capacity is still not at full capacity of 14 riders			2 nd Quarter • Full bus capacity based on 7 seats due to Covid-19			3 rd Quarter • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22			4 th Quarter • returned to full bus capacity of 14 riders							

• Started to increase number of passengers allowed on the bus but still not at full capacity of 14

Comparison of last year's results (20/21) to this year (21/22):

FY 21/22 Average Ride Times	FY 20/21 Average Ride Time
44:03 Minutes AM Routes	48:20 Minutes AM Routes
39:22 Minutes PM Routes	42:49 Minutes PM Routes
41:49 Minutes AM & PM Routes Combined	46:03 Minutes AM & PM Routes Combined

Trends: YES No (if yes provide detail)
 Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain)
 Characteristics of persons served impact performance: YES No (if yes, please explain) 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 YES No (if yes, please explain)) The covid 19 pandemic continued to effect the capacity of the buses.

New Recommendations for Next Year (22/23): <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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Action Steps:

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve Ridership Satisfaction.	Score on Satisfaction Survey	Survey Results	Fleet & Facilities Administrator	Fleet & Facilities Administrator	Maintain or Improve Satisfaction Scores with a percentage greater than or equal to each category listed. a. Bus Driver Polite and Nice - 90% b. Timely – 80% c. Feel Safe – 85% d. Overall satisfaction – 80%	All persons served who utilize Link Transportation												

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
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st QUARTER •	2 ND QUARTER •	3 rd Quarter •	4 th Quarter • Sent out Ridership Survey
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Comparison of last year's results (19/20) to this year (20/21):

FY 21/22	FY 20/21
a. 99% responded yes	98% responded yes
b. 95 % responded yes	95% responded yes
c. 95% responded yes	98% responded yes
d. 92 % responded Very Happy	94% Responded Very Happy
8% Responded Sometimes Happy	4% Responded Sometimes Happy
0% Responded Not Happy	2% Responded Not Happy

Total Surveys returned 65 out of 140 Total Surveys Returned 66 out of 124

46% Return Rate				53% 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) 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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Maintain or improve the efficiency of the Agency's route vehicles	Monthly Average Occupancy of the route vehicles FY 2020/2021 N= 81.25%	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	114%			138%			57%			75%		
							FY 2020-2021= 82%			FY 2020-2021 = 66%			FY 2020-2021 = 76%			FY 2020-2021 = 101%		
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 • 2ND QUARTER • 3RD QUARTER • 4TH QUARTER 							Completion Date NA						
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st Quarter <ul style="list-style-type: none"> • Full bus capacity based on 7 seats due to Covid-19 • Started to increase number of passengers allowed on the bus but still not at full capacity of 14 • 57% based on full capacity of 14 riders 			2nd Quarter <ul style="list-style-type: none"> • Full bus capacity based on 7 seats due to Covid-19 • Started to increase number of passengers allowed on the bus but still not at full capacity of 14 • 69% based on full capacity of 14 riders 			3rd Quarter <ul style="list-style-type: none"> • Due to increase of covid19 Day Hab was closed for a 3-week period 1/17/22 – 2/7/22 				4th Quarter <ul style="list-style-type: none"> • Day Hab increased capacity and Transportation returned to allowing full capacity on the buses. 							
Comparison of last year's results (20/21) to this year (21/22):																		
				FY 21/22				FY 20/21										
				96% Average				81% Average Ridership										
				42,002 Yearly Route Bus Trips				26,673 Yearly Route Bus Trips										
				50,260 Total Waiver Trips				32,561 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 from July 2021 – May 2022. Characteristics of persons served impact performance: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please explain) Persons served riding/not riding have a direct effect on the ridership. Other extenuating or influencing factors <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (if yes, please explain) Due to increase of covid day hab programming was closed for a 3 week period which shut down transportation services for Link Day Hab, however, transportation serviced still continued for non-Link Day Hab persons served.																		
New Recommendations for Next Year (22/23): <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						

Link Associates Program Evaluation

July 1, 2021 to June 30, 2022

LINK EMPLOYMENT EXPLORATION PROGRAM (LEEP)

Alina Chapman, Employment Administrator and Cassondra Jones, 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. The staff shortage this past fiscal year had an impact on the program as a whole. We had to limit admissions for LEEP due to not having enough staff to provide support and even had to put admissions on hold during the second quarter due to the staff shortage. This impacted one of our goals during the first half of the fiscal year. We were still able to meet 6 of the 7 goals the department established.

In the fiscal year our most significant achievements included partnering with 4 new businesses to expand our internship opportunities for persons served. We were able to partner with Coffee Cats, Felix & Oscars, Many Hands Thrift Market, and Pine Acres Rehabilitation and Care Center. We received amazing satisfaction surveys from the persons served, parent/guardian/concerned others, and businesses throughout the year. The Employment Administrator and Employment Supervisors continued to participate in monthly Zoom calls and webinars with IVRS and each of the MCO's regarding programming and continued to market LEEP. The monthly Zoom calls with all the IVRS Counselors has continued to strengthen our relationship with them and has allowed us to effectively communicate across all Employment programs we offer.

In the next fiscal year, we are recommending continuing 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 as well as referrals from IVRS. We'd like to continue our action step to 'provide additional education to MCO's and IVRS.' We are not recommending for any goals to be discontinued or added for FY 22-23.

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 their hard work is reflected in the CY 2021 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 has 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 Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Number Served	7	100%	8	100%	4	100%	4	100%
Age								
<16	0	0%		0%	0	0%	0	0%
16-17	0	0%		0%	0	0%	0	0%
18-21	3	43%	4	50%	3	75%	3	75%
22-34	3	43%	3	38%	1	25%	1	25%
35-44	1	14%	1	13%	0	0%	0	0%
45-54	0	0%		0%	0	0%	0	0%
55-64	0	0%		0%	0	0%	0	0%
65>	0	0%		0%	0	0%	0	0%

Gender								
Male	4	57%	3	38%	2	50%	2	50%
Female	3	43%	5	63%	2	50%	2	50%
Ethnicity								
Black or African American	0	0%	2	25%	0	0%	0	0%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	2	29%	2	25%	0	0%	0	0%
Caucasian	5	71%	3	38%	3	75%	2	50%
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	0.0%
Other Race	0	0%	1	13%	1	25%	2	50%
Level of Disability								
Developmental Disability (DD)	2	29%	0	0%	1	25%	1	25%
Mild MR (50-75)	4	57%	7	88%	3	75%	3	75%
Moderate MR (35-49)	1	14%	1	13%	0	0%	0	0%
Severe MR (20-24)	0	0%	0	0%	0	0%	0	0%
Profound MR (< 20)	0	0%	0	0%	0	0%	0	0%
NA	0	0%	0	0%	0	0%	0	0%
Secondary Diagnosis								
ADD/ADHD	1	14%	1	13%	1	25%	1	25%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	1	14%	1	13%	0	0%	0	0%
Autism	1	14%	1	13%	0	0%	0	0%
Behavior Disorder	0	0%	0	0%	0	0%	0	0%
Cerebral Palsy	0	0%	0	0%	0	0%	0	0%
Depression	0	0%	1	13%	0	0%	0	0%
Down Syndrome	1	14%	2	25%	0	0%	0	0%
Epilepsy	0	0%	0	0%	0	0%	0	0%
Hearing Impairment	0	0%	1	13%	0	0%	0	0%
Intermittent Explosive Disorder	0	0%	0	0%	0	0%	0	0%
No Secondary Diagnosis Known	1	14%	0	0%	1	25%	3	75%
Other	2	29%	0	0%	0	0%	0	0%
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 2021:

The data pulled from this quarter reflects there were 7 participants within the LEEP program. The average participant was a Caucasian male between the ages of 18-34, 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 18-34 with a secondary diagnosis of "other."

October-December 2021:

The data pulled from this quarter reflects there were 8 participants within the LEEP program. The average participant was a Caucasian female between the ages of 18-21, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of Down Syndrome. The average participant that exited the program was a Caucasian male between the ages of 18-21 with a secondary diagnosis of "other."

January-March 2022

The data pulled from this quarter reflects there were 4 participants within the LEEP program. The average participant was a Caucasian male/female (50/50) between the ages of 18-21, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of ADD/ADHD & No secondary Diagnosis Known (50/50). The average participant that exited the program was a Caucasian female between the ages of 22-34 with a secondary diagnosis of autism.

April-June 2022

The data pulled from this quarter reflects there were 4 participants within the LEEP program. The average participant was a Caucasian male/female (50/50) between the ages of 18-21, with a primary diagnosis of Mild MR (50-75) with no known secondary diagnosis. The average participant that exited the program was a Caucasian female between the ages of 22-34 with no known secondary diagnosis.

The average participant that exited the program this year was a Caucasian male & female (50/50) between the ages of 18-34 with a primary diagnosis of Mild ID (50-75) with a secondary diagnosis of 'other'.

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
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 2021- 2022																		
SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	1	1	0	3	0	0	0	1	1	0	2	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) It was recommended continue the goal as written and continue action step to provide additional education to MCO'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: Provide additional education to MCO's <ul style="list-style-type: none"> 1st quarter update: Employment Administrator (EA) participated in the quarterly ICIE meeting and after that meeting sent updated information to the MCO Employment Specialists for both MCO's. There were 2 CBCM's who reached out with questions about LEEP, and the EA was able to discuss the program further with them. EA will continue to network as much as possible at different meetings throughout the year. 2nd quarter update: EA participated in the quarterly ICIE meeting to network and get the latest information on Employment Services in Iowa. EA met with IVRS counselors virtually to give them updates on the program and to answer any questions they had in regard to LEEP. 3rd quarter update: EDPD & rest of management team met with leadership from ITC to discuss service offerings & closure of Glenwood Resource Center. 4th quarter update: Action step did not address this quarter due to EA and one ES being on FMLA. 												Completion Date June 30, 2022		

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
	<ul style="list-style-type: none"> The program had 5 persons served complete their internship during the first quarter. There were 2 intakes completed during the first quarter. All went through the admissions process and were approved. 	<ul style="list-style-type: none"> The program had 2 persons served complete their internship during the second quarter. There were 3 intakes completed during the second quarter. All went through the admissions process and were approved. E/DP Director and EA put scheduling intakes on hold in November & December until other participants were finished with their internships due to the staff shortage. 	<ul style="list-style-type: none"> The program had 3 (LN, SK, IE) persons served complete their internship during the third quarter. There were 2 intakes (JC, MO) completed during the third quarter. All went through the admissions process and were approved. 	<ul style="list-style-type: none"> The program had 1 person served (HA) complete their internship during the fourth quarter. There were two intakes (JL & HR) completed during the fourth quarter. All went through admissions process and were approved.
	<p>Comparison if last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with an average of 3 intakes per quarter, this goal was not met. The 2021-2022 fiscal year concluded with an average of 2 intakes per quarter, this goal 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 checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) The department experienced a staff shortage during quarters one and two and in quarter four the EA and one ES was on FMLA. This resulted in intakes being on hold and needing to limit the number of participants completing internships at one time to 2 participants, making it difficult to achieve the four intakes per quarter.</p>			
	<p>New Recommendations for Next Year (22/23):</p> <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined below <p>Action Steps: Provide additional education to MCO's and IVRS.</p>		<p>Expected Outcomes</p> <p>Increase referrals</p>	<p>Person Responsible</p> <p>EA & ES</p>

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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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		2.96 N = 5 out of 5			3 N = 2 out of 2		2.94 N = 3 out of 3				3 N = 1 out of 1	

<p>Goal Outcome:</p> <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	<p>Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan)</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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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1 st QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
	<ul style="list-style-type: none"> Surveys are completed once the participant completes their internship. There were 5 participants who completed their internship during the first quarter. AK stated, "Really enjoyed working at Fareway made some good friends." BRP stated "I like the way my ETS has directed me and helped me stay on task." BS stated "#4 not in the beginning. Family had to transport," and they were referring to the #2 score they gave in regard to transportation. TP stated "I like the part time shifts. I would like to work." 	<ul style="list-style-type: none"> Surveys are completed once the participant completed their internship. There were 2 participants who completed their internship during the second quarter. AC stated "I made good friends. I still get the discount." 	<ul style="list-style-type: none"> Surveys are completed once the participant completed their internship. There were 2 participants who completed their internship during the third quarter, but no comments were noted. 	<ul style="list-style-type: none"> Surveys are completed once the participant completed their internship. There was 1 participant who completed their internship during the fourth quarter, but no comments were noted.

Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with an average satisfaction score of 3 (3-point scale). The 2021-2022 fiscal year concluded with an average satisfaction score of 2.98 (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 (22/23): <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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RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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		100% N = 3 out of 3		100% N = 1 out of 1			100% N = 1 out of 1				100% 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 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 (21/22):	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER
	<ul style="list-style-type: none"> There were 5 participants who completed the program during the first quarter. 1 participant was offered a position at their internship site (TP), 1 participant chose not to move into Job Development due to already knowing where they want to work and has submitted an application and will wait for an opening (AP), and 3 others completed the program and moved into Job Development services. SS began Job Development on 10.8.21, BS began Job Development on 9.2.21, and BRP began Job Development on 10.21.21. 	<ul style="list-style-type: none"> There were 2 participants who completed the program during the second quarter. 1 participant is moving into Job Development once a meeting is set (AC), and the other persons served team chose not to continue on with employment services at this time so other barriers can be addressed (TC). 	<ul style="list-style-type: none"> There were 3 discharges from LEEP during the third quarter 2 were not referred/applied for Job Development services & 1 started Job Development services (LN). 	<ul style="list-style-type: none"> There was 1 participant who completed the program during the fourth quarter (HA). This person was referred to job development.

Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with 100% admissions approval once LEEP was completed. The 2021-2022 fiscal year concluded with 100% admissions approval once LEEP was completed.

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

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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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	2.93 N = 4 out of 5	3 N = 1 out of 2	2.9 N = 2 out of 2	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.				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 (21/22):	1st QUARTER <ul style="list-style-type: none">Surveys are completed when a person served completes their internship. There were 5 participants who completed their internships. We have received 4 of the parent/guardian/concerned other satisfaction surveys back.SS guardian stated, "I really like the Link program and very happy that we found your company, you all do awesome work!"Follow up was done with BS parent/guardian and she was overall satisfied with the program.		2ND QUARTER <ul style="list-style-type: none">Surveys are completed when a person served completes their internship. There were 2 participants who completed their internships. We have received 1 of the parent/guardian/concerned other satisfaction surveys back.TC guardian stated, "Great program!"		3RD QUARTER <ul style="list-style-type: none">Surveys are completed when a person served completes their internship. There were 2 participants who completed their internships. We have received both of the parent/guardian/concerned other satisfaction surveys back.AB guardian stated, "Tonya was very attentive with AB during his internship. Initially, the lack of sign language interpretation may have limited his ability to perform well."			4TH QUARTER <ul style="list-style-type: none">Surveys are completed when a person served completes their internship. There was 1 participant who completed their internship and we did receive a parent/guardian/concerned other satisfaction survey back. No additional comments were written on the survey.										
Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with an average satisfaction score of 2.9 (3-point scale). The 2021-2022 fiscal year concluded with an average satisfaction score of 2.96 (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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve employer/business satisfaction	Score on satisfaction survey (V-17)	Satisfaction survey	Employment Supervisor	Employment Administrator	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	All employers/businesses of participants in LEEP	3 N = 2 out of 2	3 N = 1 out of 1	3 N = 1 out of 1	NA N = 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 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 (21/22):	1st QUARTER <ul style="list-style-type: none"> Surveys were completed by Genesis Health Club and Hop-A-Lot. Genesis Health Club stated "It is a pleasure to continue to work with Link Associates. Tonya is always very hands on and available." Hop-A-Lot stated, "It was a pleasure having SS!" 	2nd QUARTER <ul style="list-style-type: none"> A survey was completed by Raygun. The survey stated, "Job Coaches are great." 	3rd QUARTER <ul style="list-style-type: none"> A survey was completed by Big Lots store manager.
4th QUARTER <ul style="list-style-type: none"> No surveys were completed in the fourth quarter due to the internship being in the Link General Store. 			

Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with an average satisfaction score of 2.9 (3-point scale). The 2021-2022 fiscal year concluded with an average satisfaction score of 3 (3-point scale).

Trends: YES No (if yes provide detail)

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

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

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

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	0	1	1	0	0	0	1	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) It was recommended continue the 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 (21/22):	1st QUARTER <ul style="list-style-type: none"> During the first quarter the Employment Supervisor was not able to partner with any additional businesses for LEEP. ES was able to reach out to businesses and is working with Coffee Cats to develop an internship site at that location. 	2nd QUARTER <ul style="list-style-type: none"> During the second quarter the Employment Supervisor was able to partner with 2 businesses for LEEP. Contracts were signed with Coffee Cats and Felix & Oscars. 	3rd QUARTER <ul style="list-style-type: none"> During the third quarter the Employment Supervisor was able to contract with Many Hands Thrift Market (either location). 	4th QUARTER <ul style="list-style-type: none"> During the fourth quarter the Employment Supervisor was able to contract with Pine Acres Rehabilitation and Care Center.
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Comparison of last year's results (20/21) to this year (21/22): 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). The 2021-2022 fiscal year concluded with a total of 4 new internship options obtained, which meets the goal of a minimum of 4 business contracts throughout the 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):
 Continue as written Discontinue Goal 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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	\$8,264	\$18,671	\$33,640	\$25,678	\$26,667	\$35,247	\$37,052	\$36,961	\$43,581	\$36,565	\$27,846	\$9,124
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 (21/22):	1ST QUARTER <ul style="list-style-type: none"> Employment Administrator reviewed monthly financials to ensure they were accurate. During the first quarter the Employment Administrator reviewed the new FY budget with the Employment Supervisors. 			2ND QUARTER <ul style="list-style-type: none"> Employment Administrator reviewed monthly financials to ensure they were accurate. During the second quarter EA reviewed the monthly financials with the ES. 			3RD QUARTER <ul style="list-style-type: none"> Financials were reviewed and no concerns noted for the third quarter. 			4TH QUARTER <ul style="list-style-type: none"> EDPD reviewed financials and there were no concerns. EDPD trained EA on reviewing the financials monthly and following up on concerns. 								
Comparison of last year's results (20/21) to this year (21/22): The 2020-2021 fiscal year concluded with a YTD variance of (\$66,143). The 2021-2022 fiscal year concluded with a YTD variance of \$9,124.																		

Link Associates Program Evaluation
July 1, 2021 – June 30, 2022
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 service access, two measuring experiences of services received and other feedback from persons served, and one measuring results achieved for persons served (effectiveness); and was successful in meeting four out of five goals.

In FY 21-22, 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 Honey Creek Resort, Rusty Stars Alpacas, Dirt Burger, Frisian Farms Cheese House, Big Acai Bowls, Pillar Miniature Cattle Farms, Splatter Room, Smash Room, Dan Gable Wrestling Museum, Monarca Gourmet Popsicles, Top golf, Urbandale Air Trampoline Park, Jess James Museum, Iowa Hall of Fame, Smash Park, CTRS Jane Jefferies from Stowe Heights Ropes Course, Iowa Lavender Farm, and Artist Hailey Cole for Water Colors.

Leisure provided a 5 week Water Walking Class at Cascade Falls Aquatic Center for a low impact exercise activity, they offered the Volunteer Helping Hands partnering with Youth Emergency Services & Shelter, hosted an Outdoor Haunted Carnival & Movie Night with funding provided by Polk County Community Betterment Grant, held a 5-week Hand Bell Ringing class & Performance that was funded by EMC Insurance Foundation, offered a Winter Dating Skills Workshop also funded by Polk County Community Betterment Grant, had fun one evening with Trampoline Dodgeball, and provided a 3-week Match Making Series learning how to meet and date new people in a safe environment.

The newest extended club travel programs continue to be a hit with great participation and high demand. The group was able to take a great weekend trip to Honey Creek Resort in Moravia, IA, a memorable 5-day trip to Mount Rushmore & Keystone, SD and a phenomenal 11-day trip to the East Coast. The new Adventures Day Camp program that was piloted in the June of 2021 to offset the decrease in UW funding continues to thrive; it is being offered 4 times per year. The overall number of participants in Leisure Services programs has increased from 531 last fiscal year to 661 this fiscal year.

Leisure continued to navigate challenges from the pandemic and the many changing restrictions, they remained positive and were successful in offering creative and safe programming options for all. Most programming was in-person, however, some virtual programming continued through the first three quarters: ranging from 24-29 virtual activities per quarter. Oddly enough, the creation of the virtual programs did provide new opportunities and Leisure has chosen to continue with some virtual programming that is being facilitated by a Link VIP group on Friday mornings. In the fourth quarter, Leisure programming was fully in-person with the addition of the Friday virtual activity group. 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 not met as programming was being provided in-person. With the virtual programming proven to be successful the goal is no longer needed. Leisure will continue to track the activities, attendance, and satisfaction of the limited virtual offerings.

The Leisure Services Supervisor engaged two Universities; offering opportunities for Therapeutic Recreation students to be involved. We also had an intern from the University of Phoenix On-line learning about Link through the Leisure program. This continues to foster Link's Leisure Intern program and the relationship with the Universities.

Leisure has been fully staffed with the budgeted Leisure Services Supervisor and 2 Leisure Specialists. Leisure continues 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 11 interns. There is a growing need to add more programming so more individuals can participate. Leisure is seeking funding to add another part-time Leisure Specialists as well as, plans to increase registration fees to help offset costs.

Link's Volunteer program remained steady compared to last fiscal year; utilizing 3,786 hours of volunteer service. There was a slight increase in numbers of volunteers from 166 last year to 250 volunteers

this year. Both the number of hours and number of total volunteers is below pre-pandemic numbers. The Volunteer program will continue to utilize as many volunteers as possible and maintain contact via email and newsletter.

Leisure participated in the United Way investment process and has been notified of funding for the upcoming year, FY 22/23. Leisure applied for the Health & Well-being element, which most aligns with Leisure’s programming. UW continues to state donations are down and difficult to predict due to the pandemic and economy. Link Leisure Services was awarded funding \$53,940.00, an almost 8% decrease.

Donations and grants received during the 2021-22 totaling \$42,099; this includes donations from local Knights of Columbus organizations, donations from an annual request letter, Polk County Betterment grant, EMC Insurance Foundation grant and other individual or company donations and fundraising efforts.

In the next fiscal year, Leisure will continue to seek alternative options and new partnerships for new and existing programs; and will continue with the one virtual program offering. I can’t say it enough, I continue to be amazed and exceptionally proud of the Leisure staff, especially the Leisure Services Supervisor and the Assistant Outreach Director who supervises the Leisure Services Supervisor 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. This group is a shining example of great teamwork!

Leisure Demographics

Leisure FY 2021-2022								
FY 21-22	1st Quarter Demographics		2nd Quarter Demographics		3rd Quarter Demographics		4th Quarter Demographics	
Client Descriptors	Number	Percent	Number	Percent	Number	Percent	Number	Percent
GENDER								
Male	188	54%	191	54%	200	55%	242	53%
Female	158	46%	163	46%	164	45%	217	47%
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	64	18%	66	19%	67	18%	80	17%
25-34 years old	89	26%	91	26%	89	24%	99	22%
35-64 years old	178	51%	185	52%	191	52%	255	56%
65-74 years old	14	4%	12	3%	17	5%	24	5%
75 + years old	1	<1%	0	0%	0	0	1	<1%
ETHNICITY								
Caucasian	279	81%	281	79%	290	80%	357	78%
African American	48	14%	55	16%	56	15%	75	16%
Asian	5	1%	4	1%	4	1%	7	2%
Hispanic	11	3%	12	3%	12	3%	18	4%

Native Indian/Alaskan	0	0%	0	0%	0	0%	0	0%
Native Hawaiian	1	<1%	1	<1%	1	<1%	1	<1%
Unknown	0	0%	0	0%	0	0%	0	0%
Other	1	<1%	1	<1%	1	<1%	1	<1%
RESIDENCE								
Parents/Relative/Independent	182	53%	187	53%	191	54%	265	78%
Link Residential	28	8%	31	9%	33	9%	39	16%
Other HCBS	136	39%	136	38%	140	38%	155	2%
COUNTY OF LEGAL SETTLEMENT								
Polk	318	92%	323	91%	329	90%	415	90%
Warren	7	2%	7	2%	8	2%	10	2%
Dallas	19	5%	23	6%	24	7%	29	6%
Madison	0	0%	0	0%	0	0%	0	0%
Jasper	0	0%	1	<1%	1	<1%	1	<1%
Union	0	0%	0	0%	0	0%	0	0%
Story	2	<1%	0	0%	2	<1%	4	<1%
PRIMARY DISABILITY								
Borderline (71-84)	17	5%	19	5%	22	6%	30	7%
ID/Mild (50-70)	156	45%	162	46%	153	42%	198	43%
ID/Moderate (35-49)	92	27%	94	27%	100	27%	110	24%
ID Severe (20-34)	28	8%	24	7%	29	8%	35	8%
ID/Profound (below 20)	1	<1%	1	<1%	1	0%	2	0%
Developmental Disability	33	10%	29	8%	32	9%	45	10%
Other	19	5%	25	7%	27	7%	39	8%
SECONDARY DISABILITY								
Autism	32	9%	34	10%	35	10%	50	11%
Cerebral Palsy	16	5%	17	5%	16	4%	21	4%
Visual Impairment	5	2%	5	1%	6	2%	7	1%
Hearing Impairment	2	1%	3	1%	2	1%	3	1%
Seizure disorder	41	12%	42	12%	43	12%	53	11%
Physical Disability	25	7%	25	7%	25	7%	32	7%
Emotional/Behavioral	26	8%	26	7%	26	7%	28	6%
Wheelchair Assistance	15	4%	16	5%	14	4%	18	4%
Diagnosed MI	22	6%	22	6%	23	6%	29	6%
None Reported	121	35%	122	34%	131	36%	169	36%
Other	41	12%	41	12%	43	12%	62	13%

Leisure Measures of Achievement

Leisure Measures of Achievement 2021- 2022																		
SERVICE ACCESS																		
Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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		12			8			3				12
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										Completion Date NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	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 Youth Emergency Services & Shelter, Cascade Falls Swimming Pool, Honey Creek Resort, Rusty Stars Alpacas, Dirt Burger, Frisian Farms Cheese House, Big Acai Bowls. Existing partnerships include the following: Warrior Run Golf Course, Des Moines Parks & Recreation, Valley Community Center, Sports Plex Waukeez.			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 Pillar Miniature Cattle Farms, Splatter Room, Smash Room, Dan Gable Wrestling Museum, and Monarca Gourmet Popsicles. Existing partnerships include the following: Warrior Lanes Bowling, Henna Artist Sarah Norman, Krave Gym, Ann Huer Pound Fitness Instructor, MVP Sports, Windstar Charter Bus, and Omega Nu Sorority.			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 Top Golf, Urbandale Air Trampoline Park, Jess James Museum, Iowa Hall of Fame, and Smash Park. Existing partnerships include the following: MVP Sports, Omega Nu Sorority, Special Olympics, Dowling Catholic High School, Windstar Charter Bus, AR Workshop, and The Great Escape.			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 CTRS Jane Jefferies from Stowe Heights Ropes Course, Iowa Lavender Farm, and Artist Hailey Cole for Water Colors. Existing partnerships include the following: Iowa Cubs, Special Olympics, Windstar, Coffee Cats, Dowling Catholic Highschool, and YMCA.								
<p>Comparison of last year's results (20/21) to this year (21/22): In 20/21 there was a total of 20 new participants, and in 21/22 there has been an increase of 35 total new participants. That is a 15 person increase between the two years. As the pandemic slows, the more people are wanting to participate in Leisure programming. 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 quarter the numbers have increased when compared to the last three quarters, as the pandemic slows as well as more vaccines have been administered, more people are comfortable participating 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) Pandemic slowing down, and more people are comfortable participating again.</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 (22/23): <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							

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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 1600 participants over one year		448			419		411					175
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. 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)										Completion Date NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st QUARTER Leisure Services has provided a total of 29 activities during the 1 st quarter. Out of the 29 activities these were the activity types: VIP Virtual Activities, Virtual Summer Trivia, Virtual Feel the Music, Virtual Choose Your Own Adventure, and Virtual Jeopardy.			2nd QUARTER Leisure Services has provided a total of 24 activities during the 2 nd quarter. Out of the 24 activities these were the different activity types such as: VIP Virtual Activities, Virtual Holiday Activities, Virtual Halloween Activities, Virtual Thanksgiving Activities.			3rd QUARTER Leisure Services has provided a total of 29 activities during the 3 rd quarter. Out of the 29 activities these were the different activity types such as: VIP Virtual Activities, Virtual Holiday Activities, Virtual Winter Activities, Virtual Spring Activities.			4th QUARTER Leisure Services has provided a total of 12 activities during the 4 th quarter. 12 activities were provided each Friday by a VIP group. Leisure Services staff are no longer completing online activities, as the pandemic slows – more people are doing activities in person now.								
Comparison of last year's results (20/21) to this year (21/22): In 20/21 there were a total of 7,786 people served during virtual activities. This year 21/22 there were only a total of 1,453.5. That is a decrease of 6,332 people. More people are participating in person, so Leisure staff have been doing less and less virtual activities and focusing on in-person activities. Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) As the pandemic slows, more people are participating in person instead of virtual. Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain): More participants are meeting in person instead of online. 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 (22/23): <input type="checkbox"/> Continue as written <input checked="" type="checkbox"/> Discontinue Goal <input type="checkbox"/> NA Continue Goal with modifications as outlined above Action Steps/Plan			Expected Outcomes NA				Person Responsible NA										Timeframe NA	

EXPERIENCES OF SERVICES RECEIVED AND OTHER FEEDBACK FROM THE PERSONS SERVED

Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve persons served life satisfaction	Score on Post-Program Survey	Leisure participants	Post-Program Survey	Leisure Specialists	Leisure Services Manager	To achieve 90% or greater on satisfaction survey		99%			99%		98%					99%
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) recommended to continue goal.				Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)										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 (21/22):	1st QUARTER Leisure staff facilitate completion of survey with consumers 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.	2ND QUARTER Leisure staff facilitate completion of survey with consumers 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.	3RD QUARTER Leisure staff facilitate completion of survey with consumers 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.	4TH QUARTER Leisure staff facilitate completion of survey with consumers 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.
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Comparison of last year's results (20/21) to this year (21/22): Results were very similar between last year and this year. They ranged 99% - 100% during 20/21 and 98%-99% during 21/22.
 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below	Expected Outcomes	Person Responsible	Timeframe
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Primary Objective	Indicators (Measures)	Who Applied to	Data Source	Who Is responsible	Who Compiles	Target (Goal)	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
							Improve persons served life satisfaction	Number of completed Leisure Services Participant Surveys	Leisure participants & families	Leisure Services Participant Survey	Leisure Services Manager and Leisure Specialists	Leisure Services Manager	Obtain testimonials from 4 persons served over one year		1			1

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)	Completion Date NA
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st QUARTER Leisure Manager conducted participant survey to obtain testimonial.	2ND QUARTER Leisure Manager conducted participant survey to obtain testimonial.	3rd QUARTER Leisure Manager conducted participant survey to obtain testimonial.	4th QUARTER Leisure Manager conducted participant survey to obtain testimonial.
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Comparison of last year's results (20/21) to this year (21/22): 4 testimonials were provided in both 20/21 and 21/22.
 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 (22/23):
 Continue as written Discontinue Goal Continue Goal with modifications as outlined below
 Action Steps: 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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Persons Served accessing social alternatives	Social isolation of Leisure participants	Leisure participants 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 persons served (0-30 hrs./wk. of support) accessing Leisure Services	57%			58%			56%			58%		

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

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):

1st QUARTER Process 0-30 hrs. of support registrations first to ensure access to services.	2ND QUARTER Process 0-30 hrs. of support registrations first to ensure access to services.	3RD QUARTER Process 0-30 hrs. of support registrations first to ensure access to services.	4TH QUARTER Process 0-30 hrs. of support registrations first to ensure access to services.
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Comparison of last year's results (20/21) to this year (21/22): in 20/21 there was a range of from 56% to 58%, and in 21/22 there was a range of 56% - 58% that were 0-30 hours per week of support that accessed our Leisure Services. This indicates there were no changes between the 2 fiscal years.
 Trends: YES No (if yes provide detail)
 Causes: YES non-Applicable (if you feel there were causes for this outcome, please explain)
 Characteristics of persons served impact performance: YES No (if yes, please explain)
 Other extenuating or influencing factors YES No (if yes, please explain)

New Recommendations for Next Year (22/23):
 Continue as written Discontinue Goal Continue Goal with modifications as outlined below
 Action Steps: Expected Outcomes
 NA Person Responsible
 NA Timeframe
 NA

July 1, 2021 – June 30, 2022
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 4 of the targets:

- Decrease discharged due to dissatisfaction
- Improve consumer satisfaction
- Improve parent/guardian satisfaction
- Improve consumer's satisfaction with where they live

Last year we were not successful in meeting the target for 4 objectives:

- Improve the delivery of services to new referrals
- Improve quality of service
- Improve quality of life
- Maintain or increase the number of consumers served

In the fiscal year, our most significant achievements may not be fully reflected in the results reported on the Measures of Achievement.

Due to the decreased involvement from Managed Care Organizations, efforts to assist persons served to explore living arrangements proved challenging and often would take several weeks to initiate a first visit. This focus was for persons served who receive daily service to reside in settings that made them feel happy and with people who they could positively interact with. Unfortunately, we have not been successful in matching roommates together or adjusting placements as needed. It has been observed that those who have a primary diagnosis of mental health are having physical altercations with roommates and are making verbal threats of harm towards their roommates and staff. Due to this, peers become unhappy with their living situations. We have observed significant slowdown in the referral of individuals seeking services and have seen marked inaction on part of MCO Community Based Case Managers when persons served and/or teams have expressed a need or wish to evaluate alternatives to current services. This coupled with continued challenges of recruitment/retention of direct support professionals and Residential Supervisors, has significantly impacted the ability of the department to open new residential locations and/or create new living opportunities for current or future persons served.

The Residential Department focused a significant amount of time on identifying and implementing strategies to address service delivery needs due to the number of open positions, and to sustain practices that demonstrate compliance with regulatory entities. The "drive" by the supervisory team and DSP's was evident as services were not reduced, nor were persons served discharged due to a lack of ability to provide services. The Department did see a slight reduction over the course of the year in the total number of persons served. As persons either transitioned on to higher levels of care, or otherwise left Link Associates services, decisions often were to consolidate current open beds/locations. This allowed some nominal reduction in the number of open direct care positions, yet the availability of DSPs continues to be in the forefront of the Residential Department's endeavors as we work towards better housing current persons served and looking toward ways of future expansion and providing services to new referrals.

The failure in achieving these goals are not due to the lack of effort to meet the targets, This does not dismiss that alternative action steps are needed this coming year with the intent to meet identified targets.

In the next fiscal year, we are recommending continuing the same primary objectives with action steps identified to increase those objectives that were not successfully met this year. We plan to focus on holding the supervisory staff and DSPs accountable for the failure to complete significant responsibilities within the job descriptions. In addition, creating actions plans for those who require more attention when tasks are not getting completed timely.

We were exceptionally proud of the Residential Program personnel for their willingness and commitment to ensuring service delivery with more changes and continuing periods of high turnover across multiple levels and areas of the department and the agency.

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 2021-2022	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	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Number Served	49	40%	20	17%	52	43%	49	41%	20	17%	50	42%	50	43%	20	17%	47	40%	51	44%	20	17%	44	39%
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%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
22-34	6	12%	6	30%	17	33%	6	12%	6	30%	16	32%	6	12%	6	30%	15	32%	7	14%	6	30%	13	30%
35-44	6	12%	3	15%	5	10%	6	12%	3	15%	5	10%	6	12%	3	15%	4	9%	6	12%	3	15%	4	9%
45-54	9	18%	4	20%	10	19%	8	16%	4	20%	9	18%	9	18%	4	20%	8	17%	10	20%	4	20%	8	18%
55-64	18	37%	4	20%	10	19%	18	37%	4	20%	10	20%	18	36%	4	20%	11	23%	18	35%	4	20%	10	23%
65>	10	20%	3	15%	9	17%	11	22%	3	15%	9	18%	11	22%	3	15%	9	19%	10	20%	3	15%	9	20%
Gender																								
Male	32	65%	8	40%	27	52%	32	65%	8	40%	26	52%	33	66%	8	40%	32	68%	34	67%	8	40%	21	48%
Female	17	35%	12	60%	25	48%	17	35%	12	60%	24	48%	17	34%	12	60%	17	36%	17	33%	12	60%	23	52%
Ethnicity																								
Black or African American	4	8%	4	20%	2	4%	4	8%	4	20%	2	4%	4	8%	4	20%	4	9%	4	8%	4	20%	4	9%
Asian	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Caucasion	43	88%	15	75%	47	90%	43	88%	15	75%	45	90%	44	88%	15	75%	43	91%	45	88%	15	75%	38	86%
Hispanic	1	2%	1	5%	2	4%	1	2%	1	5%	2	4%	1	2%	1	5%	1	2%	1	2%	1	5%	1	2%
Other Race	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	1	2%	1	2%	0	0%	1	2%
Employment / Day Program																								
Competitive Employment	1	2%	5	25%	0	0%	1	2%	5	25%	2	4%	1	2%	5	25%	1	2%	1	2%	5	25%	0	0%
Supported Employment (Link)	6	12%	8	40%	7	13%	6	12%	8	40%	6	12%	6	12%	8	40%	6	13%	6	12%	8	40%	7	16%
Supported Employment (Other)	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Work Activity/Prevoc	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Day Hab (Link)	32	65%	2	10%	26	50%	31	63%	2	10%	26	52%	32	64%	2	10%	31	66%	33	65%	2	10%	20	45%
Day Hab (Other)	1	2%	0	0%	4	8%	1	2%	0	0%	1	2%	1	2%	0	0%	1	2%	1	2%	0	0%	4	9%
No Placement	9	18%	5	25%	14	27%	10	20%	5	25%	14	28%	10	20%	5	25%	10	21%	10	20%	5	25%	13	30%
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%	2	10%	0	0%	0	0%	2	10%	0	0%	0	0%	2	10%	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)	16	33%	15	75%	25	48%	17	35%	15	75%	24	48%	17	34%	15	75%	17	36%	18	35%	15	75%	15	34%
Moderate ID (35-49)	22	45%	2	10%	16	31%	21	43%	2	10%	15	30%	22	44%	2	10%	21	45%	22	43%	2	10%	19	43%
Severe ID (20-24)	11	22%	1	5%	11	21%	11	22%	1	5%	11	22%	11	22%	1	5%	11	23%	11	22%	1	5%	10	23%
Profound ID (< 20)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Secondary Diagnosis																								
ADD/ADHD	3	6%	0	0%	2	4%	3	6%	0	0%	2	4%	3	6%	0	0%	3	6%	4	8%	0	0%	2	5%
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%	1	2%	0	0%	0	0%	1	2%	0	0%	1	2%	0	0%	0	0%	1	2%
Autism	6	12%	2	10%	6	12%	6	12%	2	10%	6	12%	6	12%	2	10%	6	13%	6	12%	2	10%	5	11%
Bipolar Disorder	0	0%	0	0%	2	4%	0	0%	0	0%	2	4%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%
Borderline Personality Disorder	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%
Cerebral Palsy	9	18%	0	0%	6	12%	9	18%	0	0%	6	12%	9	18%	0	0%	9	19%	9	18%	0	0%	6	14%
Depression	2	4%	0	0%	2	4%	2	4%	0	0%	2	4%	2	4%	0	0%	2	4%	2	4%	0	0%	2	5%
Diabetic	2	4%	1	5%	1	2%	2	4%	1	5%	1	2%	2	4%	1	5%	2	4%	2	4%	1	5%	2	5%
Down Syndrome	6	12%	0	0%	8	15%	5	10%	0	0%	6	12%	6	12%	0	0%	5	11%	6	12%	0	0%	5	11%
Hearing Impairment/Deaf	3	6%	4	20%	1	2%	3	6%	4	20%	1	2%	3	6%	4	20%	3	6%	3	6%	4	20%	1	2%
Intermittent Explosive Disorder	0	0%	0	0%	1	2%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	2	5%
No Secondary Diagnosis Known	5	10%	5	25%	8	15%	5	10%	5	25%	8	16%	5	10%	5	25%	5	11%	5	10%	5	25%	5	11%
Other	9	18%	7	35%	7	13%	9	18%	7	35%	7	14%	9	18%	7	35%	9	19%	9	18%	7	35%	9	20%
Schizophrenia	2	4%	0	0%	0	0%	2	4%	0	0%	0	0%	2	4%	0	0%	2	4%	2	4%	0	0%	2	5%
Seizure Disorder/Epilepsy	2	4%	1	5%	5	10%	2	4%	1	5%	5	10%	2	4%	1	5%	2	4%	2	4%	1	5%	5	11%
Visual Impairment/ Legally Blind	0	0%	0	0%	3	6%	0	0%	0	0%	3	6%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%

July - September 2021

The average person served within the Community Housing Program is a male (65%) Caucasian (88%) between the ages of 55-64 (37%) with moderate (45%) ID primary disability and autism (18%) secondary diagnosis and is in a Link Day Habilitation Program (67%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (60%) Caucasian (75%) between the ages of 22-34 (30%) with Mild (75%) ID primary disability and a secondary diagnosis of other (35%) and has placement in a Link employment program (40%).

The average person served within the SCL-Daily Program is a male (52%) Caucasian (90%) between the ages of 22-34 (33%) with mild ID (48%) and a secondary diagnosis of Down Syndrome (15%) and is in a Link Day Habilitation Program (52%).

October - December 2021

The average person served within the Community Housing Program is a male (65%) Caucasian (88%) between the ages of 55-64 (37%) with moderate (43%) ID primary disability and cerebral palsy (18%) secondary diagnosis and is in a Link Day Habilitation Program (63%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (60%) Caucasian (75%) between the ages of 22-34 (30%) with Mild (75%) ID primary disability and No secondary diagnosis or other (35%) and is in the Link Supported Employment program (40%) or not employed/attending a day program (also 25%).

The average person served within the SCL-Daily Program is a male (52%) Caucasian (90%) between the ages of 22-34 (32%) with mild ID (48%) and no secondary diagnosis (16%) and is in a Link Day Habilitation Program (52%).

January - March 2022

The average person served within the Community Housing Program is a male (66%) Caucasian (88%) between the ages of 55-64 (36%) with Moderate (44%) ID primary disability and no secondary diagnosis (16%) or other secondary diagnosis (18%) and is in a Link Day Habilitation Program (64%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (60%) Caucasian (75%) between the ages of 22-34 (30%) with Mild (75%) ID primary disability and other secondary diagnosis (35%) and is in a Link Supported Employment program (40%).

The average person served within the SCL-Daily Program is a male (68%) Caucasian (91%) between the ages of 22-34 (32%) with Moderate ID (45%) and other secondary diagnosis (19%) and is in a Link Day Habilitation Program (66%).

April - June 2022

The average person served within the Community Housing Program is a male (67%) Caucasian (88%) between the ages of 55-64 (35%) with moderate (43%) ID primary disability and another secondary diagnosis (18%), and is in a Link Day Habilitation Program (66%).

The average person served within the Supported Community Living (SCL)--Hourly Program is a female (60%) Caucasian (75%) between the ages of 22-34 (30%) with Mild (75%) ID primary disability and other secondary diagnosis (35%) and is in a Link Supported Employment program (40%).

The average person served within the SCL-Daily Program is a female (52%) Caucasian (86%) between the ages of 22-34 (30%) with moderate ID (43%) and misc. other secondary diagnosis (20%)

and is in a Link Day Habilitation Program (45%).

Community Housing and Supported Living Measures of Achievement

Community Housing & Supported Living Measures of Achievement 2021 - 2022																		
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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve consumer satisfaction	Score on Satisfaction survey	Satisfaction survey	Case Managers	Program Administrative Assistant	Minimum score 2.75 or higher; optimal score 2.9 or higher (3-point scale)	SL - Hourly	3.00		2.93		3.00		2.89					
						SL - Sites	2.83		2.76		2.89		2.53					
						Community Housing	2.98		2.99		2.88		3.00					
						Average	2.94		2.89		2.92		2.81					
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e., goal continuation and/or new action steps/plan) Action Steps 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 (21/22):	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. Those responding lower in this cohort were due to access to monies and transportation Community Housing: All respondents reported high levels of satisfaction 								
Comparison of last year's results (20/21) to this year (21/22): 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. In FY 21/22 the persons served satisfaction averaged 2.89 (2.85 for SL and 2.96 for CH). There was observed a slight decrease (0.7 points) in overall satisfaction for this fiscal year appearing to be attributed to delays in the ability to identify alternative housing, access to payees/funds, and issues related to being able to access services to find jobs. This year the minimum target of 2.75 was met for all areas and quarters except for the 4 th quarter with respondents from SL-Sites, or daily SCL locations. This is due to frustrations from persons served about space in their homes, and limited options to make changes in placement/roommates. The department met the optimal score on average for 2 of 4 quarters. 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 (22/23): <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							Person Responsible		Timeframe		
							NA							NA		NA		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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			
						SL - Sites	0		1		0		0					
						Community Housing	0		0		0		0					
						Total	0		1		0		0					
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e., goal continuation and/or new action steps/plan). Action Steps: 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 (21/22):	1 ST QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: No discharges due to dissatisfaction Community Housing: No discharged due to dissatisfaction			2 ND QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: T.Z. discharged on 11.15.21. T.Z. family didn't feel she had made a positive connection with her roommates. Community Housing: No discharges due to dissatisfaction			3 RD QUARTER SL – Hourly: No discharges due to dissatisfaction SL – Sites: No discharges due to dissatisfaction Community Housing: No discharges due to dissatisfaction				4 TH QUARTER SL – Hourly: No discharged due to dissatisfaction SL – Sites: No discharged due to dissatisfaction Community Housing: No discharged due to dissatisfaction							
Comparison of last year's results (20/21) to this year (21/22): In 2020/2021 there was 1 discharge for the year for community housing and in 2021/2022 there was 1 discharge for Supported Living -daily. 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 (22/23): <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							Person Responsible		Timeframe		
							NA							NA		NA		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22

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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
						SL – Sites	83%	100%	91%	100%	100%	100%	100%	100%	85%	100%	92%	96%
						Community Housing	100%	100%	100%	100%	96%	100%	100%	80%	86%	97%	100%	85%
						Average	94%	100%	97%	100%	99%	100%	100%	93%	90%	99%	97%	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)					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)										Completion Date		
	Action Steps					NA										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 (21/22):	1 ST QUARTER			2 ND QUARTER			3 RD QUARTER			4 TH QUARTER								
	<ul style="list-style-type: none"> SL – Hourly: High levels of satisfaction reported by hourly respondents. 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: High levels of satisfaction reported by respondents. 			<ul style="list-style-type: none"> SL – Hourly: High levels of satisfaction reported by hourly respondents. SL – Sites: High levels of satisfaction reported by respondents. Community Housing: High levels of satisfaction reported by respondents. 			<ul style="list-style-type: none"> SL – Hourly: High levels of satisfaction reported by hourly respondents. 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. 			<ul style="list-style-type: none"> SL – Hourly: High levels of satisfaction reported by hourly respondents. SL – Sites: Community Housing: Respondents were largely satisfied with their living arrangements. Respondents expressing concern were either dissatisfied with recent issues with their roommates or considering moving. 								
	<p>Comparison of last year's results (20/21) to this year (21/22): In 20/21 the person served satisfaction with where they lived and with whom they lived averaged 96% (With SL 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. In 21/22 the persons served satisfaction with where they lived averaged 97% (with SL Scoring 98% and CH scoring 95%). Individuals expressing dissatisfaction cited wanting to live in settings with larger bedrooms, more space or different roommates. Some individuals wanting to move had specific physical accommodation needs and personal care needs that made it difficult to identify suitable alternatives. Teams continue to address potential placements with persons served and continue to evaluate the placements and needs of all persons served by the Residential Program.</p>																	
	<p>Trends: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes provide detail) Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)</p>																	
New Recommendations for Next Year (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below						Expected Outcomes						Person Responsible		Timeframe				

Action Steps:	NA	NA	NA
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SERVICE ACCESS

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve the delivery of services to new referrals	Average number of days 20/21 =15 days(17.5 days for Supported Living and 13.5 for Community Housing	Admission's Referral Tracking google sheet	Residential Administrator	Residential Administrator	Maintain or decrease # of days from 1 st "meet/greet" to decision to pursue/discontinue referral process	SL- Hourly	Total days for all candidates = 18 Num. of potential candidates = 3 Average = 6	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 = 0 Num. of potential candidates = 0 Average = 0								
						SL – Sites	Total days for all candidates = 150 Num. of potential candidates = 4 Average = 37.5	Total days for all candidates = 7 Num. of potential candidates = 1 Average = 7	Total days for all candidates = 43 Num. of potential candidates = 2 Average = 21.5	Total days for all candidates = 49 Num. of potential candidates = 1 Average = 49								
						Community Housing	Total days for all candidates = 16 Num. of potential candidates = 1 Average = 16	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 = 0 Num. of potential candidates = 0 Average = 0								
						TOTAL AVERAGED PER QUARTER	59.5	7	21.5	49								

Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) Action Steps: 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 (21/22):	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
	SL – Hourly: No meet/greets occurred this quarter. SL – Sites: There were 2 meet/greets this quarter - M.K. toured and met the ladies at CR on 8.10.21. At this time, M.K.'s parents decided she would not be a good fit due to the number of stairs at the home.	SL – Hourly: No meet/greets occurred this quarter. SL – Sites: There was 1 meet/greets this quarter.	SL – Hourly: No meet/greets occurred this quarter. SL – Sites: There were 2 meet/greets this quarter - A.S. toured and met the person served at Meadowlands 1 on 1.13.22 and 1.26.22. On 1.26.22 A.S. family decided to move	SL – Hourly: No meeting/greet occurred this quarter. SL – Sites: There was 1 meet/greet this quarter:

	<ul style="list-style-type: none"> - T.Z. visited CR on 8.26, 9.9, 9.16, 9.23, and 9.30. On 9.2.21, T.Z. was approved by the admissions committee. T.Z. moved into CR on 10.1.21. <p>Community Housing: There was 1 meet/greet this quarter.</p> <ul style="list-style-type: none"> - B.J. met with the men at Holiday Circle on 8.30.21 and 9.9.21. On 10.13.21, B.J. was approved by the admission committee. B.J. is scheduled to move in to the new 75th street on 11.1.2021. 	<ul style="list-style-type: none"> - S.N. toured and met the person served at Grandview on 12.1.21. On 12.8.21, S.N.'s parents decided the person served at Grandview were too higher functioning for S.N. chose to keep looking for other options. <p>Community Housing: No meet/greets occurred his quarter.</p>	<p>forward with admissions. A.S. was approved by the admission committee on 2.14.22. A.S. moved in on 3.1.22</p> <ul style="list-style-type: none"> - D.E. toured and met the person served at Grandview. On 3.24.22, Link notified the family that the opening at Grandview was no longer available due to roommate changes internally. <p>Community Housing: No meet/greets occurred this quarter.</p>	<ul style="list-style-type: none"> - C.B. toured and met the person served at Bailie on 4.14.22 and 5.14.22. On 6.2.22 C.B.'s family decided to move forward with admission. C.B. was approved by the committee on 6.28.22. <p>Community Housing: No meet/greets occurred this quarter.</p>
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Comparison of last year's results (20/21) to this year (21/22): 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. In 2021/2022 on average this period it took 18 days (29.75 days for SL-daily, 16 days for Community Housing, and 6 days for SL-Hourly). There was a total of 9 referrals with 4 admissions: all 4 admissions for SL-Daily.

Trends: YES No

Causes: YES non-Applicable

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

Other extenuating or influencing factors YES No (if yes, please explain) – Scheduling continues to take at least one week to set up a meet/greet with parents/guardians and residential supervisors due to scheduling conflicts.

<p>New Recommendations for Next Year (22/23):</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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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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	3.00		3.00		3.00		3.00		3.00		3.00	
						SL - Sites	2.83		2.97		2.92		2.70					
						Community Housing	2.98		2.83		2.99		2.98					
						Average	2.94		2.93		2.97		2.89					
<p>Goal Outcome:</p> <p><input checked="" type="checkbox"/> Goal Met</p> <p><input type="checkbox"/> Goal Not Met</p>	<p>Previous FY goal recommendations (i.e., goal continuation and/or new action steps/plan)</p> <p>Action Steps:</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>		

	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 (21/22):	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 (20/21) to this year (21/22): In FY 20/21 the parent/guardian satisfaction averaged 2.98 (CH 2.97 and SL 2.96). In FY 21/22 the parent/guardian satisfaction averaged 2.93 (with SL scoring 2.93 and CH scoring 2.95). Parents and guardians continue to report high levels of satisfaction with the Residential Programs. Area's parents/guardians identified as needs are continued communication from program supervisors and some responded they do not get much notice for meetings, yet this seemed to be tied to MCO scheduling, versus operations of Link Case Coordinators and Residential Supervisors.

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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Maintain or increase the number of consumers served	Number of persons served SL – Hourly (20) SL – Sites (51) Community Housing (49)	Billing & Census Logs	Assistant Outreach Director	Program Administrative Assistant	Maintain or increase the number of consumers served	SL - Hourly	20	20	20	20	20	20	20	20	20	20	20	20
					Maintain or increase the number of consumers served	SL - Sites	51	51	49	49	48	48	47	47	46	45	45	44
					Maintain or increase the number of consumers served	Community Housing	49	49	49	48	51	51	50	50	50	50	50	51

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
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	Action Steps: 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 (21/22):	1st Quarter <ul style="list-style-type: none"> SL – Hourly: No changes SL – Sites: JP moved in to CC112 Community Housing: 	2nd Quarter <ul style="list-style-type: none"> SL – Hourly: No Changes SL – Sites: TZ moved into CR 6072 in Oct, then out in Nov 2021. RW passed away. Community Housing: WJ Admitted in Nov 2021, NP and JS moved from SL-Sites to CH. 	3rd Quarter <ul style="list-style-type: none"> SL – Hourly: No changes SL – Sites: AS admitted to Meadowlands 1 Feb 2022. DT moved to long term care. Community Housing: JJ passed away. MR moved from SL Site to CH. 	4th Quarter <ul style="list-style-type: none"> SL – Hourly: Number of hourlyies stayed the same, KR and MC discharged on 6/28/22 and 6/30/22, respectively, will be reflected in next FY report SL – Sites: BB discharged out of state; EM admitted to Greenwood April 2022 Community Housing: MM moved from SL-site to CH.
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Comparison of last year's results (20/21) to this year (21/22). 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. In 21/22 the program ended the year supporting 115 persons served – SL hourly 20, SL Sites 44, and CH 51. The program saw movement towards more CH opportunities over this last year and movement towards rental single-family homes and away from apartment style living. The program also saw the exit or loss of some of its elder program participants and/or those that were seeking different service methods. The program did not meet its goal to maintain or increase the number of persons served yet was successful in aiding persons to move into other appropriate living arrangements.

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) It should be noted the extremely slow rate of qualified referrals from MCOs, and others proved to be inhibitive towards filling long-term vacancies in for persons served in the program.

New Recommendations for Next Year (22/23): <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
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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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	15%		13%		7%		13%					
						SL - Sites	27%		30%		17%		29%					
						Community Housing	45%		33%		21%		34%					

					Average	29%	25%	15%	19%
<p>Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met</p>	<p>Previous FY goal recommendations (I.e., goal continuation and/or new action steps/plan): 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>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</p> <p>Action Steps 2. Person served who indicate displeasure with current living situation will be referred to the matching workgroup as well as 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>					<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p> <ul style="list-style-type: none"> Action Step 1: Administrators completed consultations as well as disciplinary warning when deadlines were not completed on time. In addition, Administrators have been more actively on site when various situations occur. Action Step 2: The matching workgroup continues to meet monthly to discuss openings and brainstorm ideas on how to move persons served around to find a better living situation when they are unhappy. 			<p>Completion Date</p> <p>Action Step 1: 4.1.22 Action Step 2: 8.1.21</p>
<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):</p>	<p>1st QUARTER SL – Hourly, SL – Sites, Community Housing: The Agency nurse has started sending out reports when medications omissions have occurred. This quarter, 2 locations have had a significant lower number of staff signing not out medications after passing medications. Medications warnings were issued to staff. If warning were no issued, the administrator would follow up with the residential supervisor.</p> <p>SL – Sites: M.M. expressed he was unhappy with his roommate and wanted to move after a physical altercation with his roommate. Administrator discussed with M.M. that this can be discussed in his upcoming staffing and also in the matching workgroup meeting.</p>	<p>2nd Quarter SL – Hourly, SL – Sites, Community Housing: Due to staff shortages, supervisors are having more 1:1 conversation with staff about the daily responsibilities that are not getting completed timely. As bigger issues occur, such as, documentation errors or bigger mediation errors disciplinary actions, including suspension as needed.</p> <p>SL – Sites: M.R. let his residential Supervisor know he was unhappy with his current situation. An opening has occurred and M.R. will be moving into his new home on 2.1.22.</p>	<p>3rd QUARTER SL - Hourly, SL – Sites, Community Housing: Supervisors have noticed a decline in the cleanliness several locations. Supervisors have started talking about the cleanliness of the home in the staff meetings and completing C20s to help staff understand the importance of keep the person served home clean. In addition, supervisors are providing the expectation that if the person served does complete their household responsibilities, it is their responsibility to make sure the home is clean before the start of the next shift.</p> <p>Community Housing: Person served at Westwood expressed they were unhappy with their roommate who continues to be up at night screaming and crying. The team has met and provided feedback to the person served at Westwood, following up with the roommates that finding a new roommate will take longer than expected.</p>	<p>4th QUARTER SL – Hourly, SL – Sites, Community Housing: During this quarter visits, supervisors have seen a trend in the decline of community activities with the person served. Supervisors are having conversation with staff, explaining now that COVID is under control, staff are expected to get the person served out the community at least 1-2 per week. Activities are being planned and sent the homes to ensure the person served are integrating within their community.</p> <p>Community Housing: M.R. let his residential supervisor know he is again unhappy with his current living situation. M.R. has just moved into his new home April 1st. At this time, M.R.s team is evaluating whether M.R. is a get for Link’s SCL program. The team continues to meet to work towards these decisions.</p>					
<p>Comparison of last year’s results (20/21) to this year (21/22): Fiscal year 2020 – 2021 had an average 47%. SL-Hourly average 33%, Community Housing averaged 57% and SL-Daily averaged 49%. For fiscal year 2021 – 2022 had an average of 24%. SL-Hourly averaged 12%, SL-Sites averaged 26% and Community housing average 33%.</p> <p>Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No – The person served were not happy with their living situations. In all of these situations, the person served primary diagnosis is a mental health diagnosis.</p> <p>Causes: <input checked="" type="checkbox"/> YES <input type="checkbox"/> non-Applicable – While person served were unhappy with their living situation, it was caused because the roommates where not a good fit for one another.</p>									

Characteristics of persons served impact performance: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No – With the roommates being unhappy, there were physical altercations, property destruction and threatening to harm direct support staff. Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No			
New Recommendations for Next Year (22/23):): 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 <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 visits with disciplinary action as warranted. Administrator will sit in when needed. 2. Person served who indicate displeasure with current living situation will be referred to the matching workgroup as well as their individual team.	Expected Outcomes 1. When supervisors are aware of any issues pertaining to direct care staff, supervisors should communicate with the administrators and follow up with the staff with 24-48 hours. Supervisors should not be waiting beyond 48 hours to resolve issues with DSPs. 2. Residential supervisor will work with the matching workgroup to identify a better living situation for the individual unhappy in their home. Supervisor are expected to immediately advocate for the unhappy person served.	Person Responsible Residential Administrator Residential Administrator	Timeframe Expected outcome 1: 12.1.22 Expected Outcome 2: 12.1.22

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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		14%			13%			7%				13%
						SL - Sites		26%			30%			18%				30%
						Community Housing		44%			33%			22%				34%
						Average		28%			25%			16%				19%
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan): 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. 1. Action Step 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 Action Step 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					Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) Action Step 1: Administrators send log audit reports to supervisors to make them aware of the EDOC corrections that are missing. Action Step 2: As staff are not coming in to get their EDOC corrections completed in a timely manner, Administrators are drafting warnings for staff who consistently fail to respond to the supervisor's efforts to get EDOC corrections completed.										Completion Date Action Step 1: 11.1.21 Action Step 2: 4.1.22		

	Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA			
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1ST QUARTER SL – Hourly; SL – Sites, Community Housing: <ul style="list-style-type: none"> - This quarter supervisors averaged about 94% in regard to getting all their documentation read and corrections completed by staff. Administrators continue to send out reports weekly to ensure the supervisory group is keeping on top of reading daily documentation and getting corrections from staff. One supervisor struggled in the month of July but has since remained at a higher percentage at the end of the month. - It continues to be identified that DSPs have been very relaxed with getting their EDOC completed by the end of their scheduled shifts. Administrators have discussed with the supervisory group to begin disciplinary warnings for those who have continued to leave shift without getting their documentation completed and disregarding reminders from the supervisor. In addition, those staff will work less or no overtime hours. - During the 1st quarter, the Edoc system had to be unlocked 82 times. This is due to staff not completing all portions of EDOC after providing service and the supervisors not paying attention what goals and supports are missing. 	2ND QUARTER SL – Hourly; SL – Sites; Community Housing: <ul style="list-style-type: none"> - This quarter supervisor averaged 82% in regard to getting all their documentation read and corrections completed by staff. This number continues to drop. Administrators continue to monitor weekly EDOC reports and have conversations with supervisors during 1:1 meetings - After many conversations, supervisors are making progress with making sure staff are completing EDOC corrections before locking down. This quarter there was only 1 supervisor who showed negligence in reading her documentation timely. - The Training Manager and Quality Assurance Administrator, presented to the Administrators new guidelines for staff to follow while complete daily documentation. These new guidelines will be presented to the supervisory staff in January 2022 to train the DSPs by April 2022. - During the 2nd quarter, the Edoc system had to be unlocked 93 times. This is due to staff not completing all portions of EDOC after providing service and the supervisors not paying attention what goals and supports are missing. 	3RD QUARTER SL – Hourly, SL – Sites, Community Housing: <ul style="list-style-type: none"> - This quarter supervisor averaged 91% regarding getting all their documentation read and corrections completed by staff. While this is a small increase from the previous quarter, Administrators continue to monitor weekly EDOC reports and have conversations with supervisors during 1:1 meetings. - During the 3rd quarter, the EDOC system had to be unlocked 54 times. This is due to staff not completing all portions of EDOC after providing services. In addition, supervisors are not communication with their administrators prior to lock down. Administrators have started looking at EDOC at least 2 weeks prior to lock down and billing to try to catch errors before the EDOC is locked. 	4TH QUARTER SL – Hourly, SL – Sites, Community Housing: <ul style="list-style-type: none"> - This quarter supervisor averaged 91% in regard to getting all their documentation read and corrections completed by staff. Administrators continue to monitor log audit reports and have conversations with supervisors when low audit numbers are observed. When numbers continued to be low, consultations and disciplinary warnings were given to supervisors for failure to complete a significant piece of their job. - During the 4th quarter, the EDOC system had to be unlocked 42 times. This is due to supervisor waiting to read their EDOC, which make it difficult to get staff in for EDOC corrections. Administrators continue to remind supervisor of the importance of getting EDOC read and reviewed on time. Administrators do this by sending out emails and discussing this in residential supervisor meeting
Comparison of last year's results (20/21) to this year (21/22): In fiscal year 2020 -2021 had an overall average of 46%. SL- Hourly average 33%, SL – Sites averaged 49% and Community Housing average 58%. In fiscal year 2021 – 2022 had an overall average of 22%. SL-Hourly averaged 12%, SL-Sites averaged 26%, and Community Housing averaged 33%.				
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes, please explain) – Supervisors continue to wait to read and review documentation, because of this staff are not able to enter corrections in a timely manner. Causes: <input type="checkbox"/> YES <input checked="" type="checkbox"/> non-Applicable (if you feel there were causes for this outcome, please explain) Characteristics of persons served impact performance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain) Other extenuating or influencing factors <input type="checkbox"/> YES <input checked="" type="checkbox"/> No (if yes, please explain)				

<p>New Recommendations for Next Year (22/23): 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 so that corrections needed from staff are entered timely. 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: 1.1.23</p> <p>Expected Outcome 2: 1.1.23</p>
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Link Associates Program Evaluation
July 1, 2021, to June 30, 2022
SUPPORTED EMPLOYMENT PROGRAM
Alina Chapman, Employment Administrator
& Cassandra Jones, 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. Staffing shortages and a global supply chain crisis, as a result of the pandemic, both had an impact on the program as a whole. Businesses had to temporarily close due to not having enough staff to operate and/or not being able to get needed supplies, resulting in fewer working hours available for persons served. Admissions also had to be put on hold due to staffing shortages within the Supported Employment department. We were still able to meet 4 of our 8 goals during the fiscal year.

In the fiscal year our most significant achievement was graduating 2 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 able to place 24 persons served in jobs throughout the year. We continue to contract with IVRS, and to hold 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 seven employers who noted, "All the employees/staff I have met have been friendly & helpful. Keep up the good work!" "Ron (ETS) is amazing and always very helpful." "Link Associates staff have done an amazing job!" "Jim (ETS) keeps DC on task well, helps keep his attitude at bay. With the other job coaches, they don't do as well." "Almost everyone that works with EG is amazing to work with and is encouraging with EG. She is able to do her tasks well and seems to always have a good time with them." "PH has been improving very well with his independent working and seems to be responding to that goals that have been set. Also, Belinda and Adam (ETS') are great with making everything clear and workable." "CW and DB are great to have helping us out. Thank you!" 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 2021, Link received approximately \$20,752 in incentive monies for outstanding outcomes within our Employment program; the money was used as an incentive payment for employees within the program. FY 21-22 we exceeded our goal by admitting 47 persons served into Supported Employment despite having to put admissions on hold as a result of the staffing shortage for part of the year. The leadership team will continue to closely monitor any budget deficits for the Supported Employment program (Job Coaching and Job Development). The pandemic continued to have an impact on the businesses person served worked at. While some had hours cut due to supply chain issues, slow business, and some offices remaining closed, others were being offered position quickly due to staffing shortages in all industries. This past year we had to put Job Development and Job Coaching referrals on hold due to our own 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 9 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 86 weeks) which took the average way up. We are recommending beginning an action step, as noted above to monitor the CPM responsibility of providing a minimum of 20 billable hours/week. It is also recommended to change the goal to '16 weeks or less.' 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 continuing 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.' In addition, we are recommending adding a second action step for the ES's to discuss increasing person served hours at annual team meetings in attempt to get additional support from service team members in supporting the person served to obtain more hours per week at work. 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 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 2021'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	77	100%	74	100%	77	100%	76	100%
Age								
<16	0	0%	0	0%	0	0%	0	0%
16-17	0	0%	0	0%	0	0%	0	0%
18-21	3	4%	3	4%	1	1%	1	1%
22-34	41	53%	40	54%	42	55%	40	53%
35-44	16	21%	16	22%	19	25%	18	24%
45-54	8	10%	8	11%	8	10%	9	12%
55-64	7	9%	6	8%	7	9%	8	11%
65>	2	3%	1	1%	0	0%	0	0%
Gender								
Male	56	73%	53	72%	56	73%	55	72%
Female	21	27%	21	28%	21	27%	21	28%
Ethnicity								
Black or African American	12	16%	12	16%	12	16%	12	16%
American Indian and Alaskan	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asian	1	1%	1	1%	3	4%	3	4%
Caucasian	58	75%	55	74%	56	73%	55	72%
Hispanic	4	5%	4	5%	4	5%	4	5%
Native Hawaiian or other Pacific Islander	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Race	2	3%	2	3%	2	3%	2	3%
Level of Disability								
Developmental Disability (DD)	7	9%	7	9%	7	9%	7	9%
Mild MR (50-75)	59	77%	55	74%	57	74%	57	75%
Moderate MR (35-49)	10	13%	11	15%	12	16%	11	14%
Severe MR (20-24)	1	1%	1	1%	1	1%	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	11	14%	12	16%	12	16%	12	16%
Alzheimer's/Dementia	0	0%	0	0%	0	0%	0	0%
Anxiety Disorder	1	1%	0	0%	0	0%	0	0%
Autism	13	17%	13	18%	13	17%	13	17%
Behavior Disorder	3	4%	3	4%	3	4%	3	4%
Cerebral Palsy	2	3%	2	3%	1	1%	1	1%
Depression	1	1%	1	1%	1	1%	2	3%
Down Syndrome	3	4%	3	4%	5	6%	4	5%
Epilepsy	0	0%	5	7%	5	6%	5	7%
Hearing Impairment/Deaf	3	4%	3	4%	3	4%	3	4%
Intermittent Explosive Disorder	0	0%	0	0%	0	0%	0	0%
No Secondary Diagnosis Known	14	18%	12	16%	14	18%	13	17%
Other	17	22%	16	22%	16	21%	16	21%
Schizophrenia	3	4%	3	4%	3	4%	3	4%
Seizure Disorder	5	6%	5	7%	5	6%	5	7%
Visual Impairment/ Legally Blind	0	0%	0	0%	0	0%	0	0%

July-September 2021

The data pulled from this quarter reflects there were 77 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 and African American (50/50) male between the ages of 22-58 years with a secondary diagnosis of 'other'.

October-December 2021:

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 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 22-34 years with a secondary diagnosis of 'other'.

January-March 2022:

The data pulled from this quarter reflects there were 77 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 an African American female between the ages of 22-34 years with a secondary diagnosis of autism

April-June 2022:

The data pulled from this quarter reflects there were 76 participants within the Supported Employment program. The average participant was a Caucasian male between the ages of 22-34 years, with a primary diagnosis of Mild MR (50-75) and a secondary diagnosis of 'other.' The average participant that exited the program was a Caucasian female aged 65+ years 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 (50-75) and

a secondary diagnosis of 'other'.

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 (Job Development & Job Coaching) Measures of Achievement 2021- 2022								
RESULTS ACHIEVED FOR THE PERSONS SERVED (EFFECTIVENESS)								
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21 – 12/21	1/22 – 6/22
Maintain or increase number of hours worked weekly (Job Coaching)	# of average hours worked weekly	Employment Scorecard report (Business Intelligence)	Employment Supervisor/ 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	14.2	12.6
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). 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). <ul style="list-style-type: none"> 1st quarter update: Employment Supervisor met with 3 ETS' to discuss a total of 6 persons served gaining more hours. 2 persons served have gained more hours due to the ETS talking with managers and assisting with getting persons served cross trained in different areas to gain more hours. ETS' are continually talking with managers to see how persons served who want more hours can gain more hours. 2nd quarter update: Employment Supervisor met with 4 ETS' to discuss a total of 16 persons served gaining more hours. A total of 7 persons served have gained more hours due to the ETS talking with managers, assisting persons served to update their availability, and assisting with getting persons served cross trained in different areas to gain more hours. ETS' are continually talking with managers to see how persons served who want more hours can gain more. 3rd quarter updates: EA & 1 ES on FMLA but other ES continued to meet 1:1 with ETS' 4th quarter updates: EA and 1 ES on FMLA for most of quarter but other ES continued to meet with ETS with help of DSP Specialist Employment. Due to Polk County switching databases, was unable to pull report from MIS. EA calculated average using data from 'CY 2022 Employment Scorecard Info' sheet. 						Completion Date June 30, 2022

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st QUARTER <ul style="list-style-type: none"> Reporting weeks for Scorecard were not recorded 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 21-22 persons served averaged working 14.2 hours each week. 	3rd QUARTER <ul style="list-style-type: none"> Reporting weeks for Scorecard were not recorded 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 FY 21-22 persons served averaged working 12.6 hours each week.
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Comparison of last year's results (20/21) to this year (21/22): 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). During the 2021-2022 fiscal year the persons served average number of hours worked was 13.4 hours (the goal was 14 or more at this time).
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 have in impact on businesses persons served worked at. Hours were cut due to supply shortages, slow business, restaurant lobbies being closed, and businesses needing to keep labor costs down to off-set rising prices.

New Recommendations for Next Year (22/23): <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). Add action step #2: ES will discuss increasing work hours with service teams at annual team meetings to create a plan on how to help each person served obtain more hours per week at work.	Expected Outcomes To increase number of hours worked weekly (Job Coaching)	Person Responsible ES & ETS	Timeframe October 1, 2022- June 30, 2023
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Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Decrease amount of time waiting for job placement. (Job Development)	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		31.4 weeks N = 5			20.7 weeks N = 6			34 weeks N = 7				15.2 weeks N = 6
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 N/A					

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st QUARTER <ul style="list-style-type: none"> 5 persons found employment during the first quarter, taking an average of 31.4 weeks: FE (86 wks), SL (28 wks), LC (5 wks), SS (35 wks), and BS (3 wks). 1 person served took over 1 year. FE has some medical concerns limiting where they 	2nd QUARTER <ul style="list-style-type: none"> 6 persons found employment during the second quarter, taking an average of 20.7 weeks: AM (21wks), AP (17 wks), JB (39 wks), TP (1 wk), MH (21 wks), SL (25 wks). JB took 39 wks due to legal troubles and the CPM not being able to work with him while 	3rd QUARTER <ul style="list-style-type: none"> 7 persons found employment during the second quarter, taking an average of 34 weeks: DB (45wks), BRP (14 wks), BR (28 wks), DR (19 wks), VZ (55 wks), CW (29 wks) & MC (48 wks). DB, CW, and DB took longer to place due to having significant barriers limiting where they 	4th QUARTER <ul style="list-style-type: none"> 6 persons found employment during the fourth quarter, taking an average of 15.2 weeks: AK (13 wks), SS (37 wks), FS (11 wks), AB (14 wks), DT (5 wks), LN (11 wks).
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	could work and during the height of the pandemic FE was on LOA.	those were going on. Others took longer due to wanting specific days/hours.	could work in the community. VZ took 55 weeks due to wanting a very specific job and not being open to other opportunities.	SS took 37 weeks due to limited availability and needing to find a job with specific hours														
<p>Comparison of last year's results (20/21) to this year (21/22): The fiscal year 2020-2021 ended with an average 30 weeks to find job placement for 28 placements. The fiscal year 2021-2022 ended with an average of 25 weeks to find job placement for 24 placements.</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>																		
<p>New Recommendations for Next Year (22/23):</p> <p>Recommended to change goal to read '16 weeks or less</p> <p><input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal</p> <p><input checked="" type="checkbox"/> Continue Goal with modifications as outlined above</p> <p>Action Step: CPM will provide at least 20 billable hours per week (EA will review if hours were met monthly and share with E/DPD).</p>			<p>Expected Outcomes</p> <p>Increase billable hours (face to face/on behalf of) on each person served to potentially help them find employment in a timely manner.</p>		<p>Person Responsible</p> <p>CPM & EA</p>		<p>Timeframe</p> <p>October 1, 2022 – June 30, 2023</p>											
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Increase number of persons served transferring to competitive employment (Job Coaching)	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			0			0				1
<p>Goal Outcome:</p> <p><input type="checkbox"/> Goal Met</p> <p><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>It was recommended to continue goal as written</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>		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		<p>1st QUARTER</p> <ul style="list-style-type: none"> There was 1 person served (KC) who moved into competitive employment during the first quarter. 			<p>2nd QUARTER</p> <ul style="list-style-type: none"> There were 0 persons served who moved to competitive employment during the second quarter 			<p>3rd QUARTER</p> <ul style="list-style-type: none"> There were 0 persons served who moved to competitive employment during the second quarter 			<p>4th QUARTER</p> <ul style="list-style-type: none"> There was 1 person (JF) who moved to competitive employment during the fourth quarter. 							
<p>Comparison of last year's results (20/21) to this year (21/22): During the 2020-2021 fiscal year there were 4 discharged into competitive employment. During the 2021-2022 fiscal year there were 2 discharged into competitive employment.</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) Admissions for supported employment were on hold due to being short on staff and this resulted in service teams being more hesitant to agree to discharge persons served to competitive employment since they were unsure when the service could be started again if concerns were to arise in the future.</p>																		

New Recommendations for Next Year (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
Improve satisfaction of persons served (Job Development & Job Coaching)	Score on satisfaction survey	Satisfaction survey	Case Managers/ Case Coordinators	Employment Administrator/ Supervisor	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	Persons served in Supported Employment		JC = 2.96 N = 11 out of 13 JD = 2.94 N = 1 out of 2			JC = 2.98 N = 10 out of 15 JD = NA N = 0 out of 1		JC = 2.94 N = 16 out of 21 JD = 2.91 N = 3 out of 4				JC = 2.62 N = 4 out of 4 JD = 2.92 N = 3 out of 4		

Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (i.e., goal continuation and/or new action steps/plan): It was recommended to continue 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 (21/22):	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER
	<ul style="list-style-type: none"> The comments directly related to employment services were "like my job coach Jim," and "Transportation: issues with not showing up to pick up from work and family has to step in a lot and this is challenging for them." 	<ul style="list-style-type: none"> There were no comments directly related to employment services. The person served (RR) chose not to complete the survey for Job Development services. 	<ul style="list-style-type: none"> The comments directly related to employment services were, "Love job. Happy with work. SE only" & "Sometimes on weekends, no staff to take me to work. Can't go anywhere due to roommate. Missing work because staff can't take him due to roommate." This will be addressed with internal Link team. 	<ul style="list-style-type: none"> There were no comments directly related to employment services.

Comparison of last year's results (20/21) to this year (21/22): The average persons served satisfaction score for fiscal year 2020-2021 was 2.94. The average person served satisfaction from fiscal year 2021-2022 was 2.9 for job development and 2.9 for job coaching for an overall average of 2.9.

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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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Increase number of persons served (Job Development & Job Coaching)	Number of approved new admissions for Job Development (20 persons served) and Job Coaching (20 persons served)	JD/JC Program Info Google Document	Employment Administrator	Employment Administrator	Approve admissions for a total of 40 persons (20 JD & 20 JC)	Supported Employment Program	JC= 1 JD= 4	JC= 3 JD= 1	JC= 0 JD= 1	JC= 2 JD= 2	JC= 4 JD= 0	JC= 0 JD= 0	JC= 5 JD= 0	JC= 1 JD= 3	JC= 1 JD= 5	JC= 2 JD= 2	JC= 2 JD= 3	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 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 (21/22):	1st QUARTER <ul style="list-style-type: none"> There were 6 persons (LC, AP, MC, RR, DR, & BS) who were approved and started regular Job Development services during the first quarter; all internal referrals. There were 4 persons (FE, SL, LC, SS) who started Job Coaching services after placement occurred. Job Development services were put on hold (except those coming from LEEP) in August due to staffing shortages in Job Coaching services once persons served are placed. 			2nd QUARTER <ul style="list-style-type: none"> There were 2 persons (SS & BRP) who were approved and started regular Job Development services during the second quarter; all internal referrals from LEEP. There were 6 persons (AM, AP, JB, TP, MH, SL) who started Job Coaching services after placement occurred. 				3rd QUARTER <ul style="list-style-type: none"> There were 8 persons (LN, AB, FS, DT, BG, SH, MN & KP) who were approved and started regular Job Development services during the third quarter; all internal referrals. There were 7 persons (DB, BR, DR, CW, BRP, VZ & MC) who started Job Coaching services after placement occurred. 					4th QUARTER <ul style="list-style-type: none"> There were 7 persons (CR, SS, DZ, JM, ND, SM, & BRP) who were approved and started regular job development services during the fourth quarter; all internal referrals. There were total of 7 persons who started Job Coaching services during the fourth quarter. 6 persons served (DT, LN, SS, AB, FS, & AK) who started job coaching after placement occurred and 1 person (TT) who started job coaching services due to an internal referral. 						
Comparison of last year's results (20/21) to this year (21/22): During the 2020-2021 fiscal year there were 55 persons admitted into the Supported Employment program. During the 2021-2022 fiscal year there were 47 persons served admitted into the supported employment program, with 23 persons in job development and 23 people in job coaching. 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 (22/23): <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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
Maintain or increase quality service relationships with employers (Job Coaching)	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	3 N = 6 out of 6			2.98 N = 6 out of 6			2.95 N = 6 out of 6			3 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		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		1st QUARTER <ul style="list-style-type: none"> There were 6 surveys completed during the first quarter. Noodles & Company stated on their survey "All the employees/staff I have met have been friendly & helpful. Keep up the good work." 		2nd QUARTER <ul style="list-style-type: none"> There were 6 surveys completed during the second quarter. HyVee stated "Ron (ETS) is amazing and always very helpful." TJ Maxx stated, "Link Associates staff have done an amazing job!!" 			3rd QUARTER <ul style="list-style-type: none"> There were 6 surveys completed during the third quarter. Bomgaar's shared, "Jim keeps DC on task well, helps keep his attitude at bay. With the other Job Coaches, they don't do as well." ES followed up on 2/8/22 and will provide further training to other JC on how to best support DC. Raygun shared, "Almost everyone that works with EG is amazing to work with and is encouraging with EG. She is able to do her tasks well and seems to always have a good time with them." 				4th QUARTER <ul style="list-style-type: none"> There were 6 surveys completed during the fourth quarter. KFC shared "PH has been improving very well with his independent working and seems to be responding to the goals that have been set. Also, Belinda & Adam (staff) are great with making everything clear and workable." Pine Acres shared "CW and DB are great to have helping us out! Thank you!" McDonald's shared "One associate tends to sit in the office. I know space is tight but only managers are supposed to be in there for security reasons." 											
Comparison of last year's results (20/21) to this year (21/22): The average satisfaction score for fiscal year 2020-2021 was 2.95 and for fiscal year 2021-2022 it was 2.98. 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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22				
Improve parent/guardian satisfaction (Job Development & Job Coaching)	Score on satisfaction survey	Satisfaction survey	Case Managers/ Case Coordinators	Employment Administrator/ Supervisor	Maintain or improve minimum satisfaction score of 2.75; optimal score of 2.9 (3-point scale)	Parent/guardians of consumers in Supported Employment		JC = 3 N = 7 out of 13		JC = 3 N = 9 out of 15		JC = 2.97 N = 14 out of 22		JC = 2.62 N = 3 out of 4		JD = 3 N = 1 out of 2		JD = NA N = 0 out of 0		JD = 3 N = 3 out of 4		JD = 3 N = 3 out of 4
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met		Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan): It was recommended to continue 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 June 30, 2022								

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 (21/22):	1st QUARTER <ul style="list-style-type: none"> There were no comments during the first quarter regarding Employment services. 	2nd QUARTER <ul style="list-style-type: none"> There were no comments during the second quarter regarding Employment services. The person served in Job Development (RR) does not have a parent/guardian/concerned other to complete the survey. 	3rd QUARTER <ul style="list-style-type: none"> There were no comments during the third quarter regarding Employment services. 	4th QUARTER <ul style="list-style-type: none"> There were no comments during the fourth quarter regarding Employment services 												
	Comparison of last year's results (20/21) to this year (21/22): During the 2020-2021 fiscal year, the average parent/guardian satisfaction score was 3. During the 2021-2022 fiscal year, the average parent/guardian satisfaction score was 2.94 (2.9 for job coaching and 3 for job development) 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined below Action Steps: NA										Expected Outcomes NA		Person Responsible NA		Timeframe NA		
RESOURCES USED TO ACHIEVE RESULTS FOR THE PERSONS SERVED (EFFICIENCY)																

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Maintain cost of services to budget projections (Job Development & Job Coaching)	Monthly Budget Variance	Monthly financials	Employment Administrator	Employment Administrator	YTD cost of service will be at or lower than budgeted	Supported Employment Program	JC= (21,263) JD= (1,750)	JC= (11,332) JD= (1,346)	JC= (12,910) JD= (2,589)	JC= (10,400) JD= (4,377)	JC= (4,849) JD= (5,617)	JC= (16,995) JD= (7,401)	JC= (18,264) JD= (8,557)	JC= (20,272) JD= (11,520)	JC= (28,327) JD= (13,565)	JC= (32,723) JD= (16,523)	JC= (30,998) JD= (18,437)	JC= (64,070) JD= (26,306)
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		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):		1st QUARTER <ul style="list-style-type: none"> Employment Administrator reviewed monthly financials with Employment Supervisors to ensure amounts were accurate. No errors were found. Job Development referrals (except those coming from LEEP) were put on hold in August due to staffing shortages for Job 	2nd QUARTER <ul style="list-style-type: none"> EA reviewed monthly financials with the ES' to ensure amounts were accurate. No errors were found. There were 3 ETS' hired in the second quarter which made the department fully staffed in December. 	3rd QUARTER <ul style="list-style-type: none"> EDPD reviewed monthly financials & followed up on concerns. 	4th QUARTER <ul style="list-style-type: none"> EDPD reviewed monthly financials & followed up on concerns. EDPD met with EA and trained them on reviewing/following up on financials monthly. 													

	Coaching once persons served are placed.			
<p>Comparison of last year's results (20/21) to this year (21/22): 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). During the 2021-2022 fiscal year Job Coaching ended with a variance of (64,070) and Job Development with a variance of (26,306).</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) The pandemic continued to have an impact on the businesses person served worked at. While some had hours cut due to supply chain issues, others were being offered positions quickly due to staffing shortages in all industries. This past year we had to put Job Development and Job Coaching referrals on hold due to our own 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>				
<p>New Recommendations for Next Year (22/23): <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>	

MEASURES OF ACHIEVEMENT SUPPLEMENTAL MEASURES

Supplemental Measures of Achievement 2021 - 2022
PERSONS SERVED SERVICES

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve service documentation to meet IAC standards	Percent of records reviewed by Internal Review Committee whose documentation supports billing for services	Service Documentation	Chairs of Internal Review Committee	Chairs of Internal Review Committee	At least 95% of the required detail information is present in the service records (to bill)	Random samples generated by Internal Review Committee (up to 10% quarterly)		100%			100%			100%				100%
Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Previous FY goal recommendations (I.e. goal continuation and/or new action steps/plan) NA Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA						Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) 1st QUARTER. 2ND QUARTER 3RD QUARTER 4TH QUARTER										Completion Date NA	
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter		2nd Quarter Specific reach out to residential leadership occurred to ensure actions needed where addressed and to ensure completion of paperwork correctly.			3rd Quarter Accounting oversight and Transportation billing identified as action steps this quarter. See full meeting minutes.				4th Quarter See meeting minutes, in summary additional training for DSP and Supervisory staff has occurred and work towards getting MCO's to pay correctly is in process.								
Comparison of last year's results (20/21) to this year (21/22): Last fiscal year the billing compliance average was 99.75% and for this fiscal year the average is 100%																		
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail): See meeting minutes 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above							Expected Outcomes					Person Responsible				Timeframe		
Action Steps: NA							NA					NA				NA		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve medication administration	Data for doc omission errors is obtained via PCC reports. Starting FY21/22 percent is 6.7%. Percent in target 1 = % of doc omission errors. N=number of med errors reported via MD-7 in target 2	PCC reports and Medication error records and tracking form	Agency Nurse	Agency Nurse & Outreach Director	1. Reduce percent of documentation omission errors by 4% for the fiscal year. 2. Reduce number of med errors reported in one year. New data source, baseline year.	All persons served medication errors recorded Target 1: Target 2:	6.7%	4.8%	3.3%	3.9%	3.44%	4.3%	3.1%	1.3%	2.5%	1.6%	4%	2.6%
							N=14	N=13	N=3	N=7	N=4	N=8	N=11	N=13	N=11	N=8	N=11	N=14

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) The data source and goals were modified for this fiscal year to utilize reports from Point Click Care while maintaining the overall objective to reduce medication administration errors 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)	Completion Date N/A
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ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter Agency Nurse is running reports monthly for doc omissions and concentrating on sites that have higher rate of error providing education and reaching out to supervisors for monitoring. Med errors recorded were as follows:	2nd Quarter Agency Nurse continues to run reports monthly for doc omissions and providing recognition for sites with minimal doc omission errors. Med errors recorded were as follows:	3rd Quarter Agency Nurse continues to run reports monthly for doc omissions and providing recognition for sites with minimal doc omission errors. Also, utilizing PCC community messaging, giving out fun facts, calling attention to important information, or reminders for the med managers. Med errors recorded were as follows:	4th Quarter Agency Nurse has continued the same practices from 3 rd quarter and has added giving awards and recognitions to those sites with 99-100% documentation rate. Med errors recorded were as follows:																																																																																																																																
	<table border="1"> <thead> <tr> <th></th> <th>July '21</th> <th>Aug '21</th> <th>Sept '21</th> </tr> </thead> <tbody> <tr> <td>Total Med Errors</td> <td>14</td> <td>13</td> <td>3</td> </tr> <tr> <td>Wrong Person</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Wrong Dose (wrong amount)</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Med</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Time</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Missed Med</td> <td>11</td> <td>9</td> <td>2</td> </tr> <tr> <td>Other</td> <td>3</td> <td>4</td> <td>0</td> </tr> </tbody> </table>		July '21	Aug '21	Sept '21	Total Med Errors	14	13	3	Wrong Person	0	0	1	Wrong Dose (wrong amount)	0	0	0	Wrong Med	0	0	0	Wrong Time	0	0	0	Missed Med	11	9	2	Other	3	4	0	<table border="1"> <thead> <tr> <th></th> <th>Oct '21</th> <th>Nov. '21</th> <th>Dec '21</th> </tr> </thead> <tbody> <tr> <td>Total Med Errors</td> <td>7</td> <td>4</td> <td>8</td> </tr> <tr> <td>Wrong Person</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Dose (wrong amount)</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Med</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Time</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Missed Med</td> <td>7</td> <td>4</td> <td>7</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>1</td> </tr> </tbody> </table>		Oct '21	Nov. '21	Dec '21	Total Med Errors	7	4	8	Wrong Person	0	0	0	Wrong Dose (wrong amount)	0	0	0	Wrong Med	0	0	0	Wrong Time	0	0	0	Missed Med	7	4	7	Other	0	0	1	<table border="1"> <thead> <tr> <th></th> <th>Jan '22</th> <th>Feb '22</th> <th>March '22</th> </tr> </thead> <tbody> <tr> <td>Total Med Errors</td> <td>11</td> <td>13</td> <td>11</td> </tr> <tr> <td>Wrong Person</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Dose (wrong amount)</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Med</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Time</td> <td>5</td> <td>0</td> <td>1</td> </tr> <tr> <td>Missed Med</td> <td>6</td> <td>10</td> <td>10</td> </tr> <tr> <td>Other</td> <td>0</td> <td>3</td> <td>0</td> </tr> </tbody> </table>		Jan '22	Feb '22	March '22	Total Med Errors	11	13	11	Wrong Person	0	0	0	Wrong Dose (wrong amount)	0	0	0	Wrong Med	0	0	0	Wrong Time	5	0	1	Missed Med	6	10	10	Other	0	3	0	<table border="1"> <thead> <tr> <th></th> <th>April '22</th> <th>May '22</th> <th>June '22</th> </tr> </thead> <tbody> <tr> <td>Total Med Errors</td> <td>8</td> <td>11</td> <td>14</td> </tr> <tr> <td>Wrong Person</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Wrong Dose (wrong amount)</td> <td>0</td> <td>6</td> <td>5</td> </tr> <tr> <td>Wrong Med</td> <td>0</td> <td>3</td> <td>1</td> </tr> <tr> <td>Wrong Time</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Missed Med</td> <td>8</td> <td>2</td> <td>8</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		April '22	May '22	June '22	Total Med Errors	8	11	14	Wrong Person	0	0	0	Wrong Dose (wrong amount)	0	6	5	Wrong Med	0	3	1	Wrong Time	0	0	0	Missed Med	8	2	8	Other	0	0	0
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Wrong Med	0	0	0																																																																																																																																	
Wrong Time	5	0	1																																																																																																																																	
Missed Med	6	10	10																																																																																																																																	
Other	0	3	0																																																																																																																																	
	April '22	May '22	June '22																																																																																																																																	
Total Med Errors	8	11	14																																																																																																																																	
Wrong Person	0	0	0																																																																																																																																	
Wrong Dose (wrong amount)	0	6	5																																																																																																																																	
Wrong Med	0	3	1																																																																																																																																	
Wrong Time	0	0	0																																																																																																																																	
Missed Med	8	2	8																																																																																																																																	
Other	0	0	0																																																																																																																																	
Comparison of last year's results (20/21) to this year (21/22): Target goal #1; last year the result of doc omission errors was 54.75%. This year the results are captured differently as the process for obtaining information has changed. The goal is to reduce doc omission errors total to be 4% lower (2.7%) than starting percent of 6.7% by end of year. The goal was not met as doc omission errors fell below the 2.7% only for the last 5 months of the fiscal year and averaged 3.3% for the year. This target goal #1 will need adjusted for the next FY. The target goal #1 modification for FY 22/23 is: Reduce percent of documentation omission errors to 3.0% average annually. In the Target goal #2; last year the total number of med errors reported at 399 (a monthly average of 33.25). This year the target #2 only reports med errors completed by MD7 med incident reports and is a baseline year. Numbers ranged from 3 – 14 med errors reported (excluding doc omission errors).																																																																																																																																				
Trends: <input checked="" type="checkbox"/> YES <input type="checkbox"/> No (if yes provide detail) Improvement was shown with the decrease in documentation omission errors. 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 (22/23): Modify targets based on baseline and performance this year. <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 NA	Person Responsible NA	Timeframe NA
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Primary Objective	Indicator (Measures)	Data Source	Who Is Responsible	Who Complies	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve Positive Behavioral Supports to Persons served	Number of incident reports	Incident Report from EDOC	PBS Committee Chair	Who Complies	Target (Goal)	Who Applied to		1			0			4			2	

<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): Improve Support to Persons Served and their Teams</p>	<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p>	<p>Completion Date 6.2022</p>	<p>PBS Committee Chair</p>	<p>Maintain or reduce the number of trend reviews per year</p>	<p>All persons served</p>				
<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): Improve Support to Persons Served and their Teams</p> <p><u>Action step:</u> 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>Did Actions taken accomplish intended results: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA</p> <p>Action step did not accomplish the intended results as the committee failed to have teams share and bring information to the PBS meetings. There were over 150 incident reports each quarter and 7 trend reviews throughout the year. The data tells us support from the PBS committee could have been provided.</p>			<p>Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST)</p> <p><u>1st Quarter:</u> PBS Chair asked committee members each month if any teams needed support/guidance with person served. No teams needed support this quarter. <u>2nd Quarter:</u> PBS Chair asked committee members each month if any teams needed support/guidance with person served. No teams needed support this quarter. <u>3rd Quarter:</u> PBS Chair asked committee members each month if any teams needed support/guidance with person served. No teams needed support this quarter. <u>4th Quarter:</u> PBS Chair asked committee members each month if any teams needed support/guidance with person served. No teams needed support this quarter.</p>	<p>Completion Date 6.2022</p>					
<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):</p>	<p>1st Quarter Total Incident Reports: 200 Behavioral: 90 Medical: 83 Present during Police intervention: 1 Left Unsupervised: 3 Other: 23 Trends: There was 1 trend review involving 1 person served. Causes of Trends Observed: Trend reviews for this person was behavior PBS Trend Review Summary: Person served having conflicts with staff in her area, wondering to her supervisor's desk and conflict with peers. Areas for Improvement: Team evaluated person served moving to a different area.</p>	<p>2nd Quarter Total Incident Reports: 175 Behavioral: 69 Medical: 75 Present during Police intervention: 3 Left Unsupervised: 10 Other: 18 Trends: There were 0 trend reviews this quarter. Causes of Trends Observed: None PBS Trend Review Summary: None Areas for Improvement: None Actions for Improvement: None Implementation of Actions Taken: None</p>	<p>3rd Quarter Total Incident Reports: 191 Behavioral: 86 Medical: 85 Present during Police intervention: 2 Left Unsupervised: 2 Other: 16 Trends: There were 4 trend reviews involving 4 persons served. Causes of Trends Observed: Trend reviews for A.M. & B.B. were behavioral and the trend reviews for M.W. and D.T. were medical. PBS Trend Review Summary: A.M. was threatening staff members, D.T. due to increased personal care, M.W. had an increase of incontinence and B.B. displayed more irritability around the holidays. Areas for Improvement: Recommendation was to increase A.M. level of care he's receiving, team identified M.W. needed to see the doctor, recommendation for D.T. to receive higher level of care, and B.B.'s team recommended further training to be provided to staff.</p>	<p>4th Quarter Total Incident Reports: 175 Behavioral: 74 Medical: 78 Present during Police intervention: 2 Left Unsupervised: 0 Other: 21 Trends: There were 2 trend reviews involving 2 persons served. Causes of Trends Observed: Trend review for B.S. was behavioral and the trend review for T.H. was medical. PBS Trend Review Summary: B.S. was refusing to take her medications and T.H. has a increase of urination incontinence. Areas for Improvement: Recommendation for staff to building a relationship of trust with B.S. and recommendation was made for T.H.'s staff to document this information in notes of concern.</p>						

<p>Actions for Improvement: Person served moved to a different room and floor while at Day Habilitation and no further behavior incidents.</p> <p>Implementation of Actions Taken: Person served moved to a different room and floor while at Day Habilitation and no further behavior incidents.</p> <p>Prevention of Recurrence/Training Needed: None at this time</p> <p>Follow up on actions taken previous quarter (did actions accomplish intended result): 2 person served move to new homes with no further incidents, 1 person served continues to see a counselor, and 1 person served new medication seems to be working with no further incidents.</p>	<p>Prevention of Recurrence/Training Needed: None</p> <p>Follow up on actions taken previous quarter(did actions accomplish intended result): Yes, actions taken improved person served behavior.</p>	<p>Actions for Improvement: A.M. had an adjustment to his medications, M.W. to be monitored regularly by neurologist, D.T.'s team to research and find a placement providing higher level of care, B.B.'s team implemented an incentive program for her.</p> <p>Implementation of Actions Taken: A.M. was issued a 30-day involuntary discharge notice, M.W. was taken to the doctor and found kidney stones, D.T. was discharged from Link and moved to a nursing home, B.B. responded well to the incentive program.</p> <p>Prevention of Recurrence/Training Needed: Non recommended for A.M., M.W. is going to the doctor monthly and has in-home nursing and PT care, D.T. is now receiving the care he needs at a nursing home, B.B.'s team will continue with the incentive program.</p> <p>Follow up on actions taken previous quarter (did actions accomplish intended result): Non needed</p>	<p>Actions for Improvement: B.S.'s direct care staff gathered for a meeting that provided more training and T.H.'s staff was trained further on how to document such information.</p> <p>Implementation of Actions Taken: DSPs are documenting their interactions with B.S. and T.H.'s staff stopped writing incident reports for her and documented this in the notes of concern.</p> <p>Prevention of Recurrence/Training Needed: Team continues to approach medication delivery with PBS mindset and T.H.'s supervisor had a house meeting with the staff to train them all on how to correctly document this information.</p> <p>Follow up on actions taken previous quarter (did actions accomplish intended result): 2 persons served (A.M. and D.T.) have discharged from Link services, 1 persons served incentive program continues to work, and M.W. continues to receive medical care that meets his personal needs.</p>
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Comparison of last year's results (20/21) to this year (21/22): During the 2020 – 2021 fiscal year, there were a total of 10 trend reviews completed. In fiscal year 2021 – 2022 fiscal year, there were a total of 7 trend reviews completed. See Agency Program Policy #17 – Persons served Incident Reports for the written description of internal and external reporting requirements.

<p>New Recommendations for Next Year (22/23):</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: NA</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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Primary Objective	Indicators (Measures)	Data Source	Who is Responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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:</p> <p><input checked="" type="checkbox"/> Goal Met</p> <p><input 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>Action step: 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>1st QUARTER.</p> <p>2ND QUARTER</p> <p>3RD QUARTER</p> <p>4TH QUARTER</p>												<p>No more than two appeals and/or grievances per year</p>				

<p>ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (19/20): NA</p>	<p>1st Quarter</p> <p>No concerns reported</p>	<p>2nd Quarter</p> <p>No concerns reported</p>	<p>3rd Quarter</p> <p>No concerns reported</p>	<p>4th Quarter</p> <p>No concerns reported</p>
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Comparison of last year's results (20/21) to this year (21/22): In 2020/2021 there were no appeals or grievances initiated by persons served and/or stakeholders and in 2021/2022 we did not experience any appeals or grievances from any 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 (22/23): <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	77.76%
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) Leadership will make efforts to learn factors affecting employee satisfaction and encourage additional feedback and suggestions to leadership. Action step: Editions of the Link Ink will address the new highest and lowest scores and to solicit feedback on how we can make change. 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) In the April 2022 Link Ink reminders were provided to complete the survey and how the results would be shared. In the May 2022 Link Ink, results were summarized from the survey from the best to lowest scored areas and request for ideas/feedback to be provided (entire survey had been disseminated prior to this)				Completion Date 5/2/22

ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter All staff were given a Link ❤️ DSP shirt. Welldone are published every week on email, Facebook and twitter	2nd Quarter Welldone are published every week on email, Facebook and twitter. Staff were given a new year's cash gift	3rd Quarter Welldone are published every week on email, Facebook and twitter	4th Quarter: In April Link hosted an employee recognition celebration with free snacks, drinks and a gift for each employee. All staff were given a Best Not For Profit tee shirt in June. Welldone are published every week on email, Facebook and twitter
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Comparison of last year's results (20/21) to this year (21/22): In 20/21 the average score of agreement with the statements in the survey was 69%. In 21/22 the score 77. 76% an increase of 8.76%. 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 (22/23): Increase target to 75% or higher <input type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input checked="" type="checkbox"/> Continue Goal with modifications as outlined above						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	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
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	94%			100%			50%			78%		
						Target 2a:	49%			49%			45%			56%		
						Target 2b:	77%			71%			83%			85%		
Goal Outcome: <input type="checkbox"/> Goal Met <input checked="" type="checkbox"/> Goal Not Met	Personnel File Audit Report results Previous FY goal recommendations (i.e., goal continuation and/or new action steps/plan) 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										Completion Date NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st QUARTER <ul style="list-style-type: none"> One new employee completed all components for NEO with the exception of the medication policy review and signing. Due to a family emergency out of the country the employee left and is not able to sign within the allotted time span. 				2nd Quarter <ul style="list-style-type: none"> Clerical continued to send out reminder emails in efforts to receive documents mid quarter. 				3rd Quarter <ul style="list-style-type: none"> Clerical continued to send out reminder emails in efforts to receive documents mid quarter. 				4th Quarter <ul style="list-style-type: none"> Clerical continued to send out reminder emails in efforts to receive documents mid quarter. 					
Comparison of last year's results (20/21) to this year (21/22): Target 1: In 20/21 this average was 95% and in 21/22 this average was 80% Target 2: 2a: In 20/21 this dropped to 58% and in 21/22 this average was 49% 2b: In 20/21 this improved to 86% and in 21/22 this average was 79% 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): Current methods/timeliness of scanning and entering data and personnel analyzing the data can skew results in Target 1. Target 2 measures are expected to improve during fiscal year 22/23 with plans to hire a Residential Director as that department has the lower outcomes on those measures.																		

New Recommendations for Next Year (22/23): Review the methodology and personnel assigned to analyze the data to ensure accurate results are being reported <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: The Corporate Operations Director will convene a meeting with personnel currently assigned responsibility and transition the oversight and analysis of this data to other personnel.							Expected Outcomes Improved methods of ensuring accurate data and prompt attention to concerns that present themselves quarterly at a minimum.					Person Responsible Corporate Operations Director			Timeframe October 2022			
EFFECTIVENESS FOR PERSONS SERVED																		
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22
Improve 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 = 5 of 6, 83%			CM records in compliance = 6 of 6, 100%			CM records in compliance = 6 of 6, 100%			CM records in compliance = 4 of 4, 100%		
							PM records in compliance = 15/15, 100%			PM records in compliance = 12 of 12, 100%			PM records in compliance = 12/12, 100%			PM records in compliance = 15 of 15, 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) 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) N/A										Completion Date NA		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter CM = goal not met, one file missing acknowledgement, now corrected. PM= goal met.			2nd Quarter CM = goal met. PM = goal met.			3rd Quarter CM = goal met. PM = goal met.			4th Quarter CM = goal met. PM = goal met.								
Comparison of last year's results (20/21) to this year (21/22): In FY 20/21, the CM program achieved 100%; however, the PM program achieved 91% compliance, which did not meet the target goal. In FY 21/22, the program did not meet the goal, with CM having 95% compliance (one of six files missing detail) and PM meeting 100%, with a combined total of 75/76 files compliant, or 99% compliancy. 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: N/A			Expected Outcomes N/A				Person Responsible N/A					Timeframe N/A						

Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22				
Achievement of persons served identified goals	Goals with progress in 100% sample for CM and 20% sample for PM	Review of case files and quality assurance checklist	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 = 14/14 = 100%						CM goals with progress = 18/21 = 86%	CM goals with progress = 22/22 = 100%			CM goals with progress = 7/8 = 88%		PM goals with progress = 23/27 = 85%	PM goals with progress = 18/20 = 90%	PM goals with progress = 27/27 = 100%	PM goals with progress = 22/23, 96%
							CM ANNUAL SUMMARY Number of goals reviewed for						PM ANNUAL SUMMARY Number of goals reviewed for progress = 90/97 = 93%									
							Case Management Department Blended Scores = Number of goals reviewed for progress = 151/162, 93%															
Achievement of persons served identified goals. Goal Outcome: <input checked="" type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met	Goals with progress in 100% sample for CM and 20% sample for PM. Previous FY goal recommendations (i.e. goal continuation and/or new action steps/plan) Continue goal as written. Action Steps: Did Actions taken accomplish intended results. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA					Review of case files and quality assurance checklist Update on action step/plans and recommendations from last year (REPEAT FOR EACH ACTION STEP/PLAN or RECOMMENDATION. LIST) N/A						Quality Assurance Committee Completion Date N/A										
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter CM goal met. PM did not meet goal with 85% of goals with progress, falling short of the target of 93%. Continue to monitor for trends				2nd Quarter CM goal met. PM goal met.				3rd Quarter CM goal met. PM goal met.				4th Quarter CM goal not met. PM goal met.									
Comparison of last year's results (20/21) to this year (21/22): For FY 20-21, the programs did not meet the target with a blended score of 91% (81% for CM and 95% for PM). For FY 21-22 the program met the goal with 93% of all goals reviewed were demonstrating progress towards the individuals' goals. 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: N/A			Expected Outcomes N/A				Person Responsible N/A					Timeframe NA							
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	
Improve advocacy of persons served rights	Rights restrictions have due process	Review of Case File and completion of Quality Assurance Checklist 100% sample for CM and 20% sample for PM, scores on CM-01.	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 and ensuring quarterly reviews are conducted for all restrictions identified	All Case Management Individuals, Case Management (CM) & Program Management (PM)	CM = 20/22= 91%		CM = 33/34= 97%		CM = 17/19= 89%		PM = 53/54 = 98%		PM = 39/45 = 87%		PM = 56/56 = 100%		CM =16/16, 100% PM =76/76, 100% Annual Totals: CM = 95% PM = 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) 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) N/A											Completion Date N/A		
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter CM = did not meet goal, files corrected. PM = goal met	2nd Quarter *Added in QA/Quarterly review of all restrictions per CAP starting in January 2022. CM = goal met. One rights restriction review did not demonstrate that the plan to diminish was present. This was addressed with QA training. PM = goal not met. Six rights restrictions did not demonstrate that all components of the rights restriction process were present. The areas out of compliance: one plan did not address whether there was undue harm and in one case file there were five restrictions in which the quarterly review did not occur. The timing of this team meeting coincides with the transition from annual to quarterly reviews training (11/21), but the PM missed this piece. This was addressed with QA training.							3rd Quarter CM = goal not met. Two different plans were missing one of the required components, the noting of whether the restriction has caused undue harm. This has been addressed with the staff to update the plan.				4th Quarter Goal met for CM and PM						
Comparison of last year's results (20/21) to this year (21/22): 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% did not meet their goal of 95% compliance; however, the blended score of 98% exceeds the target and meets the overall goal. In FY 21-22 both programs met the annual targets with CM at 95% compliancy and PM at 97% compliancy. Rights restrictions are all reviewed quarterly for continued need by the CM/PM, which was a new component resulting from an HCBS review. Staff are prompted quarterly to do the review, and it is working well. 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 (22/23): <input checked="" type="checkbox"/> Continue as written <input type="checkbox"/> Discontinue Goal <input type="checkbox"/> Continue Goal with modifications as outlined above Action Steps: N/A		Expected Outcomes N/A				Person Responsible N/A						Timeframe N/A										
Primary Objective	Indicators (Measures)	Data Source	Who Is responsible	Who Compiles	Target (Goal)	Who Applied to	7/21	8/21	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22				
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%		PM = 15/15 = 100%		CM = 6/6 = 100%		PM = 12/12 = 100%		CM = 6/6 = 100%		PM = 12/12 = 100%		CM = 4/4, 100%		PM = 15/15, 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) 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) N/A						Completion Date N/A										
ACTIONS TAKEN / CHANGES MADE THROUGHOUT THE YEAR (21/22):	1st Quarter CM = met goal PM = met goal			2nd Quarter CM = met goal PM = met goal			3rd Quarter CM = met goal PM = met goal			4th Quarter CM = met goal PM = met goal												
Comparison of last year's results (20/21) to this year (21/22): In FY 20-21, both programs met this goal in every quarter at 100% compliance. Sample size was decreased that year to 20% due to staff shortages and other demands of time and will continue into the next fiscal year. In FY 21-22, both programs met the target goal of 100%. 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)																						
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