

2015 PQI REPORT

Date: 5/16/16

This Report covers all aspects related Mattie Rhodes Center's PQI systems. Included in this report are program outcome summaries as well participant satisfaction survey results.

I. PROGRAM OUTCOMES

After School Arts Program 2014/2015 School Year

Measurement 1 Plans: 75% of children K-6 participating in arts education programming will report an increase in their general knowledge of art.

Results: From August 2014 to May 2015 a total of 103 unduplicated students who received art education within the After School Arts Program were assessed for knowledge gain using an agency created student survey. 94.1% of students (97 of 103 students) reported an increase in their general knowledge of art.

Measurement 2 Plans: 75% of children K-6 will demonstrate knowledge of visual arts (identified by correctly answering grade-level appropriate question on Student Survey).

Results: Previous reporting utilized student surveys to rate their knowledge of general art. Due to difficulties in student comprehension and/or reading abilities, scoring has trended low and indicated no evidence of improvement from previous reporting (60.2% improvement). As a result, teachers singled out the area of Work Habits which directly assesses a student's ability within this outcome standard. 117 unduplicated students were assessed for progress by teachers. 93.1% of students (109 of 117 students) indicated improvement in the standard assessed.

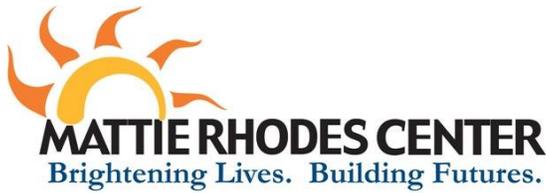
Measurement 3 Plans: 75% of children K-6 will demonstrate age-appropriate art skills are present in artwork completed at assessment (as identified by program learning objectives based upon the Missouri Grade Level Expectations).

Results: During the current reporting period 117 unduplicated students were assessed for progress by teachers. 96.5% of students (113 of 117 students) demonstrated age-appropriate art skills are present in artwork created by the student by scoring an average of 3 or higher on the Student Assessment which measures creativity, craftsmanship, effort, work habits, observations about art, and portfolio in accordance with the Missouri state fine arts standards.

Average Student Scores on Student Assessment (1=Needs Improvement, 2=Approaching Standards, 3=Meets Standards, 4=Exceeds Standards):

See table below which highlights rating comparisons across school semesters:





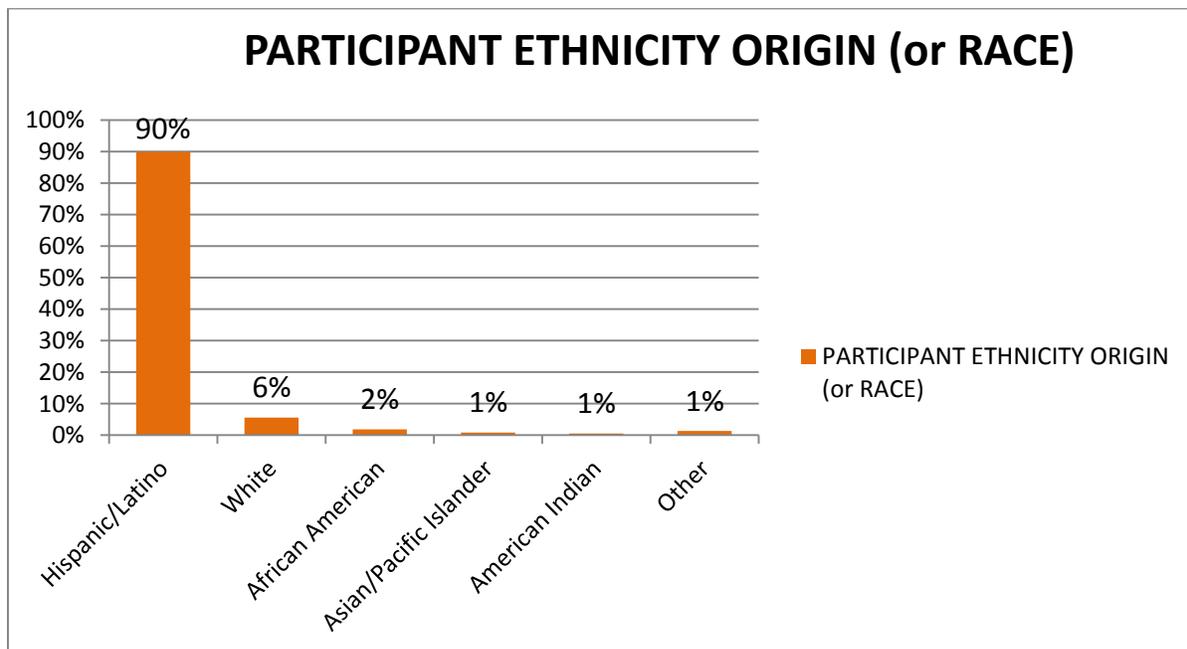
SKILLS	Fall 2014	Spring 2015
Creativity	3.24	3.38
Craftsmanship	3.21	3.40
Effort	3.42	3.54
Work Habits	3.37	3.41
Observations	2.88	3.09
Portfolio	2.00	4.00

Data compiled for this outcome #2 and #3 came from a student assessment rubric. In comparisons of student averages across each school semester, the rubric indicates that students made gains in all areas, In particular, the Portfolio skill indicates the greatest gain. This in part is due to the Mattie Rhodes Center Children’s Exhibit which the students work towards over the course of the school year culminating in an art show at the agency gallery.

Mental Health Program (January 2014 to December 2015)

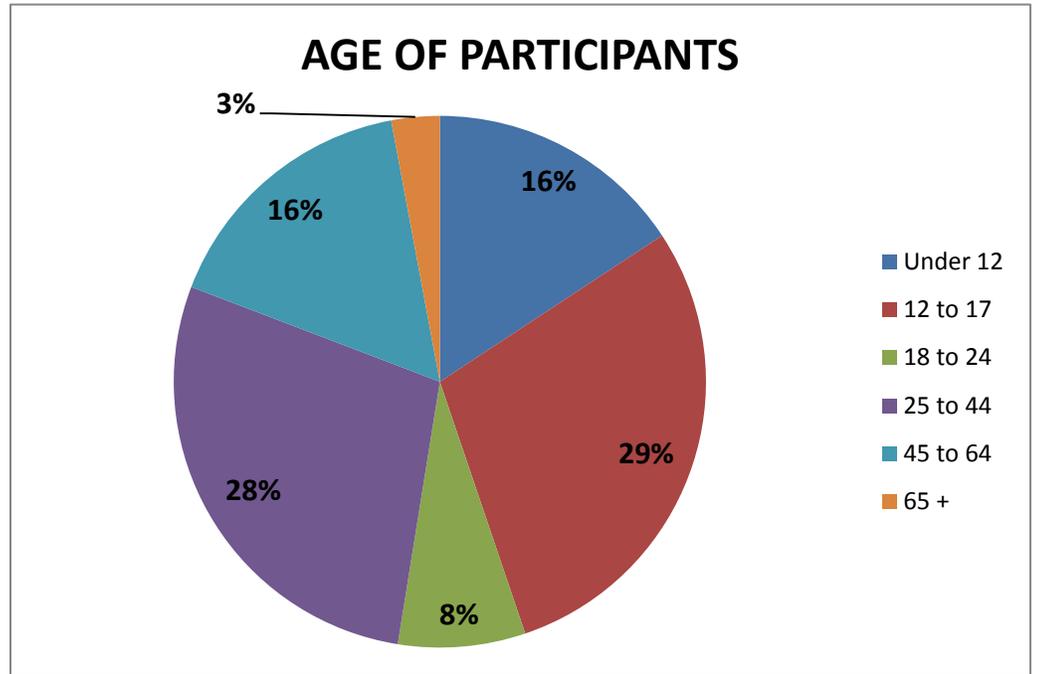
General Demographics

Mattie Rhodes Center’s primary demographic served for mental health services between January 2014 and December 2015 has not varied significantly from the previous 10 years. Data analysis revealed that approximately 90% of individuals served were Hispanic. Further analysis also indicated the following served: White (6%), African American (2%), Asian/Pacific Islander (1%), American Indian (1%) and Other- Did not identify (1%). In addition, approximately 45% of participants served during this period identified “Spanish” as their primary language. Again, this is not dissimilar from previous years where this has been equally identified.

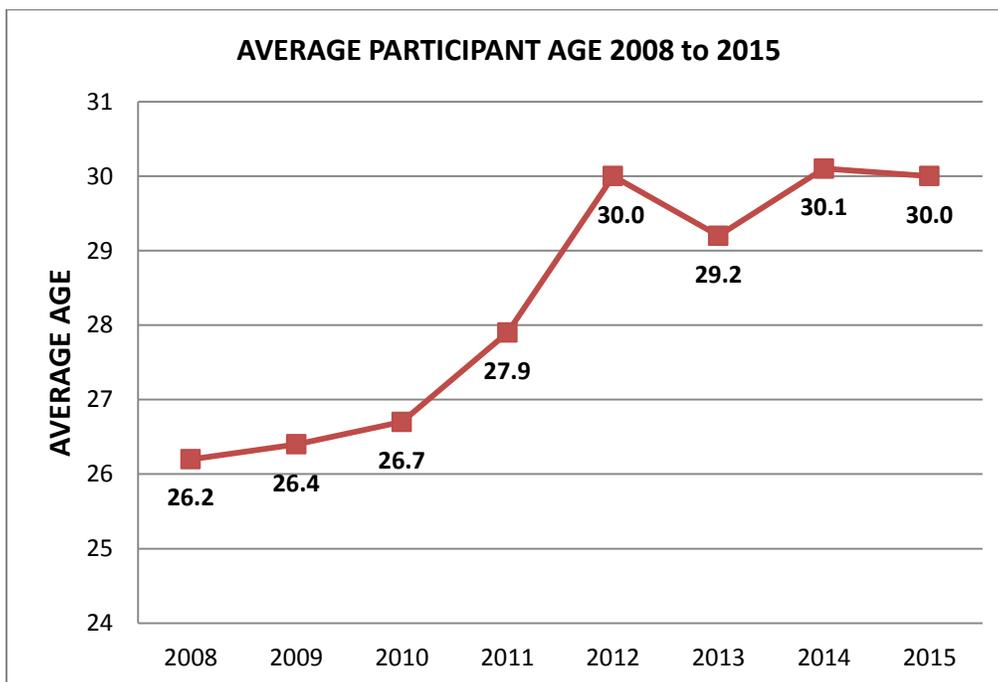


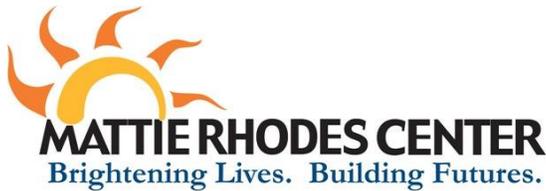
During 2014 and 2015 approximately 57% of the participants served fell within the following age bands:

- 12 to 17 years old = 29%
- 25 to 44 years old = 28%



Trend analysis shows that data is not dissimilar from 2012 and 2013. However, the average age of participants served in 2015 is 3.8 years greater than those served in 2008. See below chart for comparison.





Between 2014 and 2015 participants identified a myriad of presenting concerns during their initial sessions including: Academic Difficulties, Anger Control/Aggression, Anxiety/Panic Attacks, Case Management needs, Depression, Domestic Violence, Drug/Alcohol, Relationship Concerns (Peers/Family), Grief/Loss, U Visa, Sexually Inappropriate behavior and Impulsivity. Identified concerns were not dissimilar from years prior; however, staff has noted that the intensity or severity of these concerns has increased over time. Many staff attribute this to the higher number of individuals served which maintained a Severe and Persistent Mental Illness (SPMI).

OUTCOME MEASURES

In a continued effort to monitor participant well-being and the effectiveness of the methods designed to provide services to participants, Mattie Rhodes Center continues to incorporate two measures of well being surveys into standard procedure— the Depression Anxiety and Stress Scale(DASS) and the Outcome Rating Scale (ORS). These clinical tools help Mattie Rhodes Center internally as a guide to providing effective therapy services and as a means to gather data. Utilizing this data, assessments of the reliability of practices used by service providers are readily at hand and general trends in the participant population can be studied.

Outcome #1 - 80% of participants assessed will experience a decrease in depressive and/or anxiety symptoms, trauma symptoms - This will be indicated by an aggregate score decrease between the first and last administration of the DASS (Depression Anxiety Stress Scales).

Results: 78.0% of participants experienced a decrease in symptom levels.

The Depression Anxiety Stress Scale (DASS) was administered as a form of measuring the participant functioning. Using a set of three self-report scales, the DASS measures negative emotional states of depression, anxiety and stress.

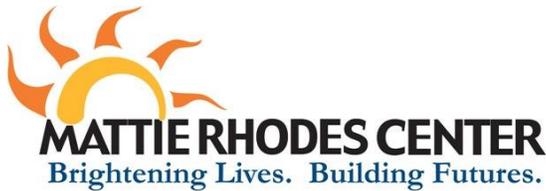
Procedure:

Every therapist administered the DASS survey to participants on their initial session, after 1 month, 3 months, 6 months, 12 months, and upon discharge. The DASS scores for each question was then totaled up and entered into a spreadsheet. Total scores for every first and last session recorded were separated out and then averaged to compare mean scores and general participant functioning through therapy.

Sample (2014 to 2015):

During the time period between January 2014 and December 2015 a total of 117 (n=117) unduplicated participants were administered a DASS survey.

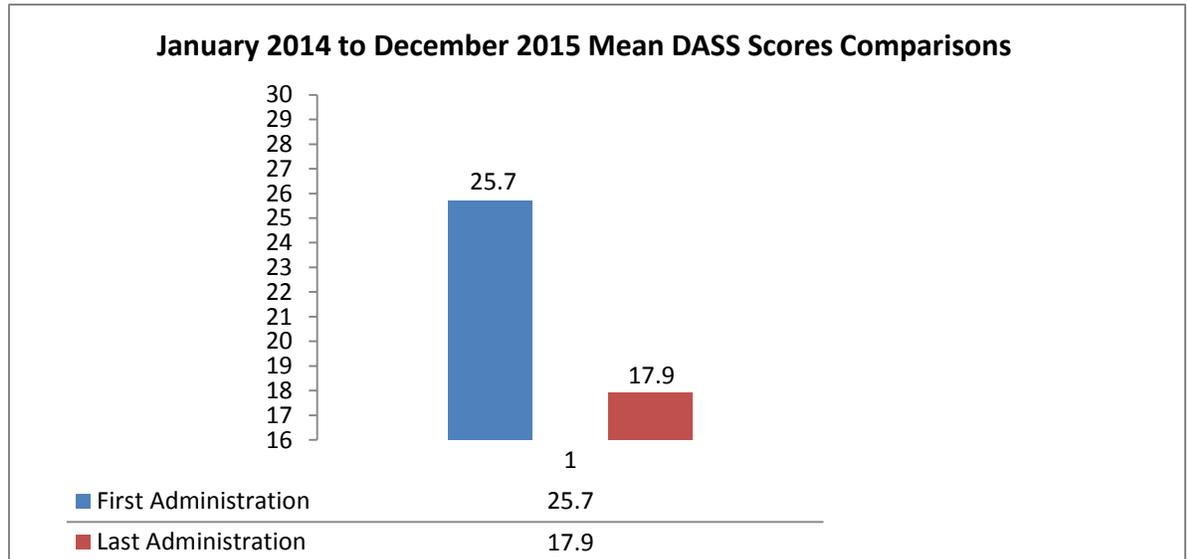
- 65% (n=76) of participants maintained a single administration.
- 35% (n=41) of participants maintained a minimum of two scores resulting in the ability to assess improvement



Findings:

The mean initial administration DASS score for participants between the period between January 2014 and December 2015 was 25.7 while the last administration mean was 17.9. This results in a significant change of **7.8 points** between the

first and last administration. Findings also indicate that 78.0% of all participants assessed which maintained a comparable score, reported a decrease in symptomology between first and last administration. See chart for comparison:



Outcome #2 - 75% of participants served will report an aggregate improvement overall by treatment end - This will be indicated by an improvement in aggregate of client scores in the ORS (Outcome Rating Scale), which measures psychological functioning and distress.

Results: 77.8% of participants experienced a positive change in well-being.

The primary outcome considered, a change in participant functioning, is measured by the Outcome Rating Scale (ORS). The ORS is a four item, self-report measure that assesses participant perception of change in individual functioning, interpersonal relationships, social role performance, and overall quality of life. Participants rate each item on a 10-point scale, for a total possible score of 40. Higher scores indicate better functioning (less distressed). This was the main measuring tool used to calculate mean change in general well being.

Procedure:

The ORS survey was administered to each participant before their appointment to measure well-being and functioning prior to every therapy session. Each ORS score was totaled up and entered into a spreadsheet to calculate the mean scores between each participant’s 1st session and last session. Furthermore, the average ORS score was calculated for every session from the first session to the 12th session. This was conducted on all participants assessed for a two-year period within the dates of January 2014 and December 2015.

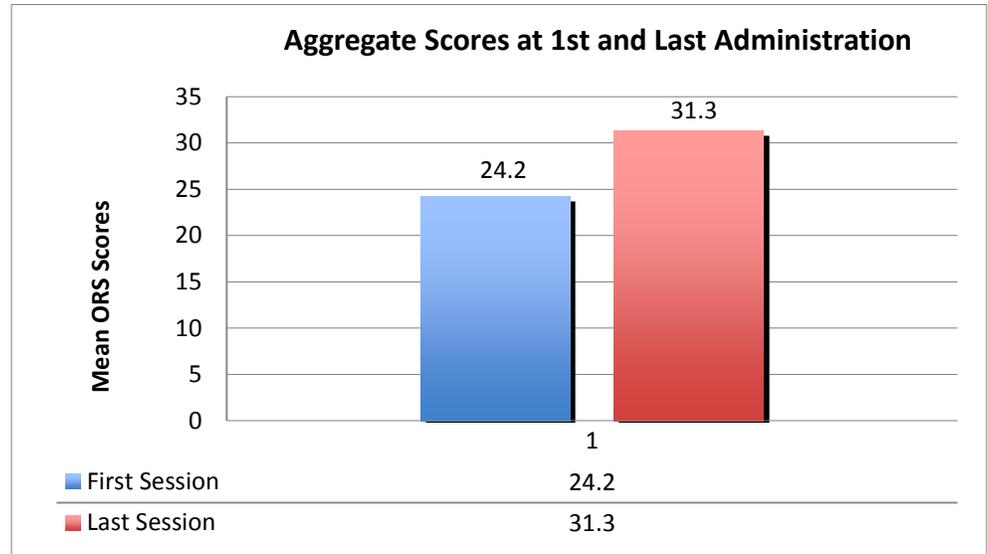
Sample (2014 to 2015):

During the time period between January 2014 and December 2015, a total of 483 (n=483) unduplicated participants were administered the ORS survey.

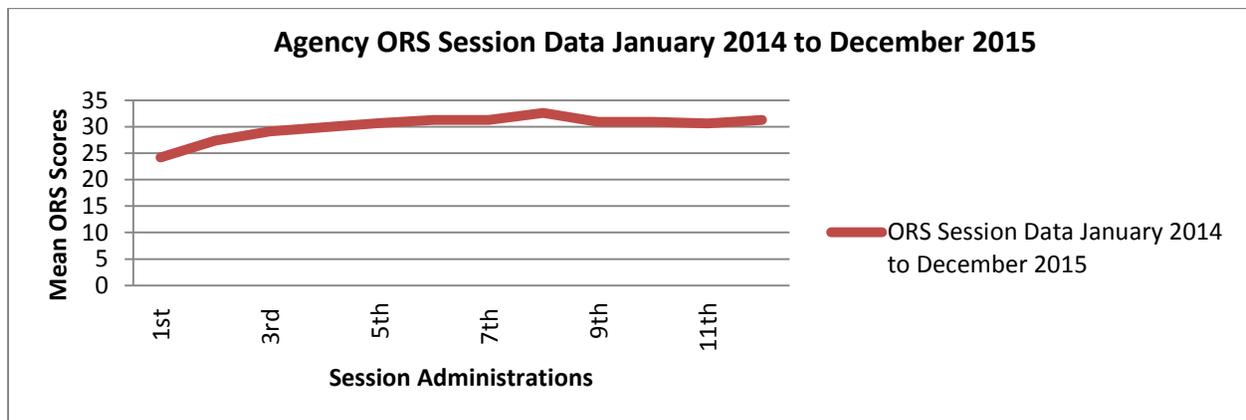
- 180 (37%) of the 483 participants received only one administration with no comparable score
- 32% were male and 68% were female
- Mean age was 29.4 years old

Findings:

Between January 2014 and December 2015 the mean ORS score during the first session was 24.2 and the mean score for the last session of therapy was 31.3. Mean scores indicate a significant difference of **7.1** points between the 1st and last administration. Findings also indicate that **77.8% of participants experienced a positive change in well-being.**

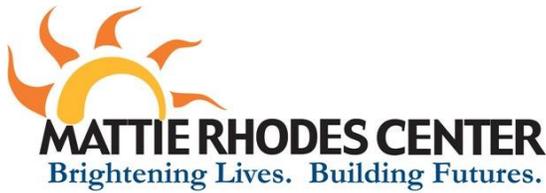


In addition to the above findings the mean scores for every individual session starting with the 1st session to the 12th administration was calculated to see the change over the course of therapy. Data continues to suggest that the initial sessions are the most critical for change with a steady improvement over the course of treatment. Data also suggests a change in clientele from year to year. Improvement has been noted to not occur as drastically as in years past. Upon reflection and processing change in improvement can be attributed to the severity of clientele that has begun seeking services within Mattie Rhodes Center. Mean session scores are represented below.



Outcome #3 - In service coordination, 75% of participants will gain improved access to community services, demonstrated by improvement in 1 or more areas of need.

Results: 86.3% of participants served maintain a decrease in 1 or more areas of identified need from pre to post assessment.



The primary outcome considered, access to community services, has been measured utilizing an agency created tool. The tool created is a 12 item Likert scale (6 point Likert Scale ranging from 0-Not a Problem to 5-Significant Problem) which examines general areas of functioning (Housing, Child Care, Educational/Vocational, Employment, Basic Needs, Transportation, AODT, Legal Services, Mental Health, Physical Health, Family/Social, and Life Skills).

Procedure:

The Case Management survey was completed with each participant at the initial assessment and subsequently every six months and/or at discharge. Each survey was totaled and entered into a spreadsheet to calculate the mean scores between each participant’s initial session and last session. Data was analyzed on all participants served between January 2014 and December 2015.

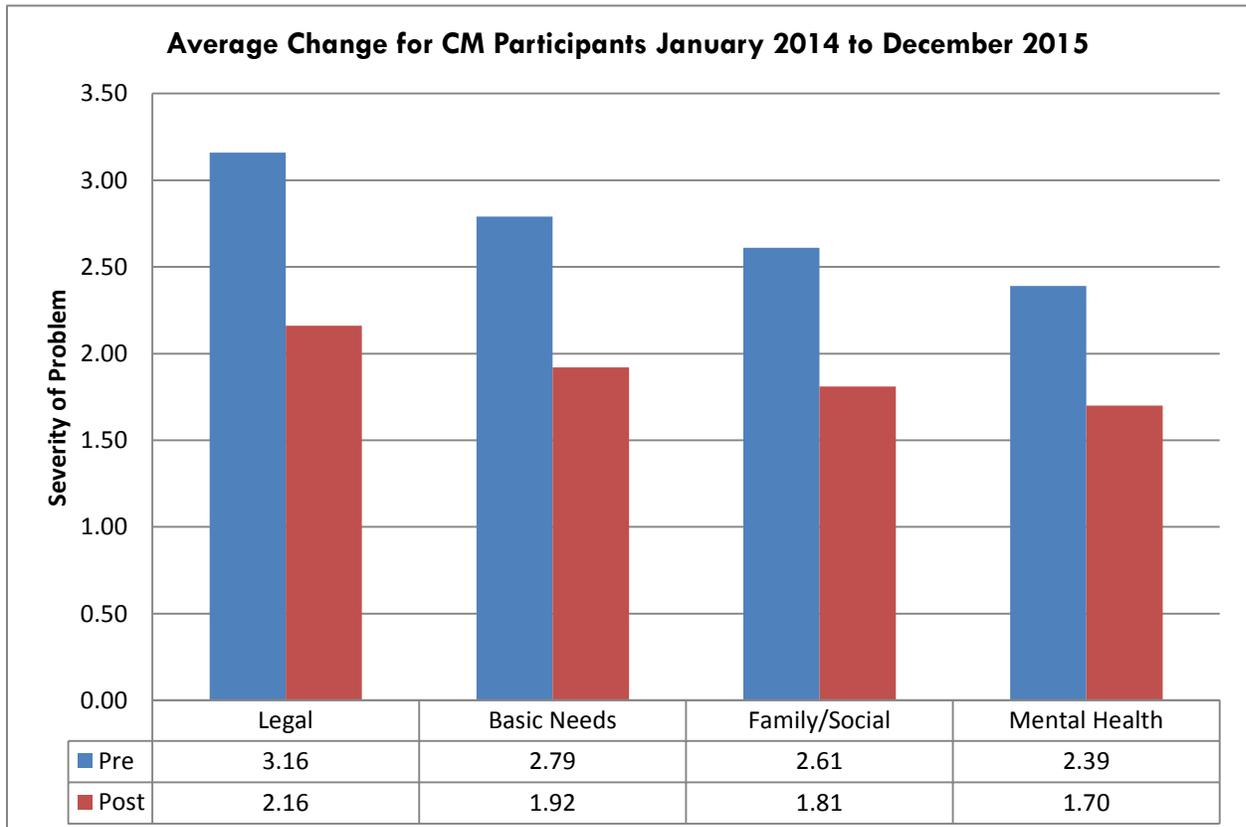
Sample (2014 to 2015):

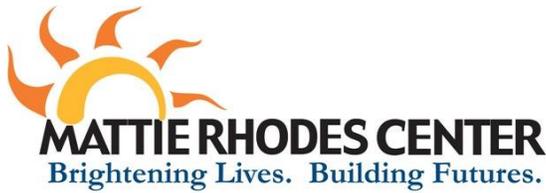
During the time frame being examined 162 (n=162) unduplicated participants were assessed utilizing the Case Management Scale. Of those participants assessed, 73(n=73) maintained a comparable score.

Findings:

Data analyzed for the time frame between January 2014 and December 2015 reveals the greatest need at assessment to continue be the areas of Legal Needs, Basic Needs, Family/Social and Mental Health. These needs are shown to be significantly reduced between pre and post assessment.

Results indicate that 86.3% of participants served maintain a decrease in 1 or more areas of identified need from pre to post assessment. Further analysis indicates that 100% of participants served experience a lessening in severity of problem from pre to post assessment in areas of greatest identified need. See below chart for comparisons.





Domestic Violence Program (June 2014 to May 2015)

During the period being reported a total of 98 survivors were served through domestic violence services.

Outcome 1: Improved quality of life for survivors of domestic violence

Objective 1.1 - 75% of victims served within therapy will report an improvement with the general well-being areas (individually, interpersonally, socially and overall)

Results: 76.9% of participants experienced a positive change in well-being.

Method:

The primary outcome considered, a change in participant functioning, is measured by the Outcome Rating Scale (ORS). The ORS is a four item, self-report measure that assesses client perception of change in individual functioning, interpersonal relationships, social role performance, and overall quality of life. Clients rate each item on a 10-point scale, for a total possible score of 40. Higher scores indicate better functioning (less distressed). This was the main measuring tool used to calculate mean change in general well being.

Procedure:

The ORS survey was administered to each participant before their appointment to measure well-being and functioning prior to every therapy session. Each ORS score was totaled up and entered into a spreadsheet to calculate the mean scores between each participant's 1st session and last session.

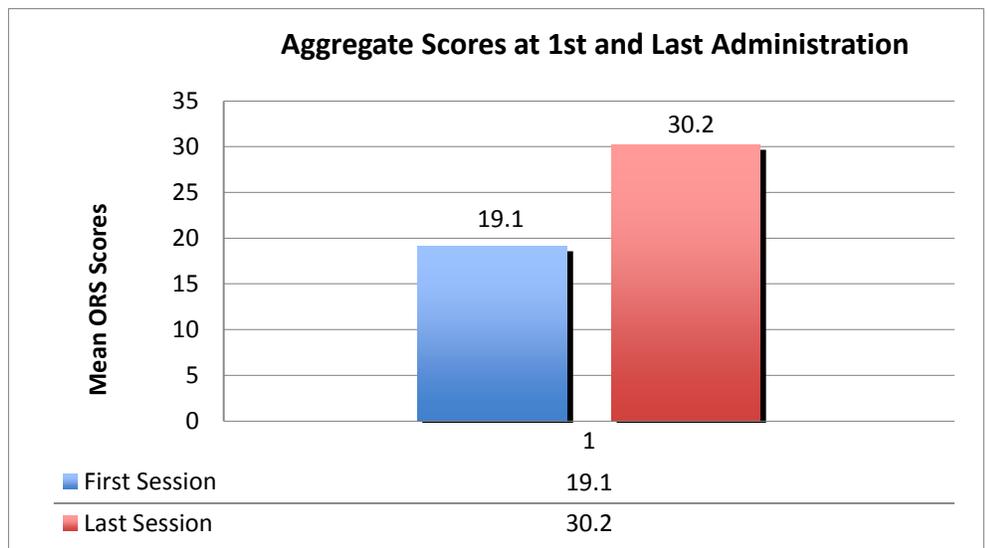
Sample:

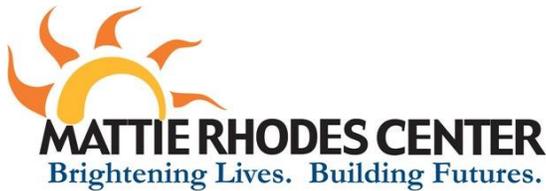
During the time period between June 2014 and May 2015, a total of 71 (n=71) participants were administered the ORS survey.

- 45 of the 71 participants received only one administration with no comparable score
- 96% of all participants were female
- Mean age was 34.6 years old

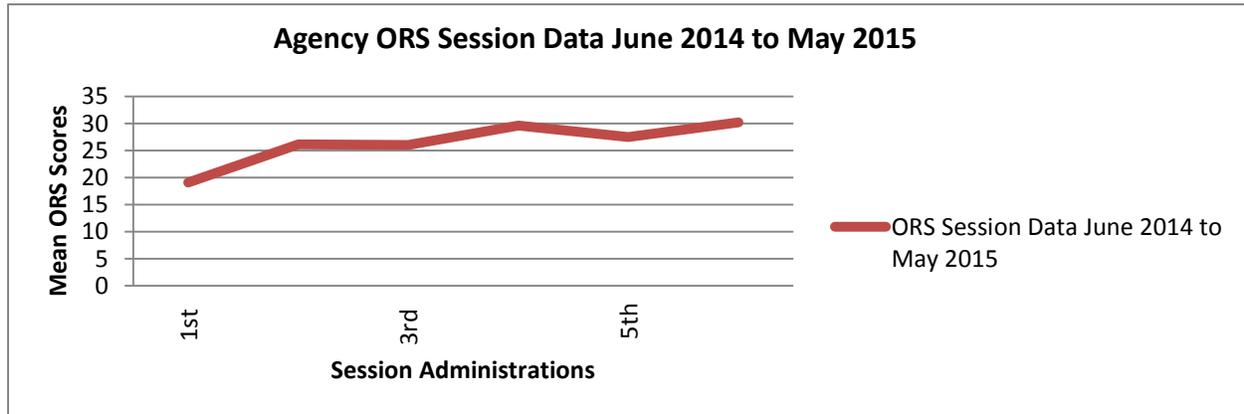
Findings:

The mean ORS score during the first administration was 19.1 and the mean score for the last administration of therapy was 30.2. Results indicate a significant positive difference of **11.1** points between the first and last administration.





In addition to the above findings the mean scores for every individual session starting with the 1st session to the 6th administration was calculated to see the change over the course of therapy. Data suggests that the initial sessions are the most critical for change with a steady improvement over the course of treatment. Mean session scores are represented below.



Objective 1.2 - 100% of victims served will develop a safety plan following their initial visit

Results: During the reporting period of June 2014 to May 2015 a total of 98 participants were served through domestic violence services. Of the total served 41 (n=41) were new participants. Of the 41 new participants, 100% reported that they have developed a safety plan or already had a plan in place.

Outcome 2: Reduced incidence of abuse/violence within the community

Objective 2.1 – In case management, 75% of victims served will learn and/or access resources available for families (public assistance, housing) to promote safety and well being

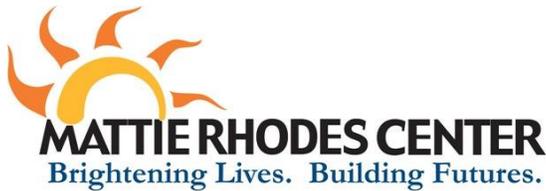
Results: During the period between June 2014 and May 2015 a total of 88 unduplicated participants were served through case management services. Of the (n=41) new participants served, 97% (40) reported learning or accessing resources that promoted safety/well being.

Batterers Intervention Program (June 2014 to May 2015)

For the period between June 2014 and May 2015 17 participants have been served within the Mattie Rhodes Center Batterers Intervention Program (BIP). Seven (7) participants were already in the program before June 1, 2014 and 10 new members started the program during the period reported. Of the new members to start the program since June 1, 2014, one (1) dropped out during the assessment period and the rest have remained active within the group.

Objective 2.2 - 75% of males who complete the Batterer’s Intervention Program will demonstrate an increased understanding regarding the types of domestic and/or sexual abuse, power and control tactics, and that domestic abuse is not the survivors’ fault

Results: Of the 17 individuals who were in services during the time period being reported, seven (7) have completed the group. Of the seven (7) who have completed the group, 100% demonstrated an increase in knowledge and understanding.



Objective 2.3 - 75% of participants will demonstrate positive progress towards the “action phase”

Results: Of the 17 individuals who were in services during the time period being reported, seven (7) have completed the group and four (4) have demonstrated 4 progress towards the “action” phase, one (1) tested as already in the “action” phase and remained in the action phase at the end of the program, and two (2) individual’s testing did not fit a measurable profile. As a result,

Explanation: As to the last portion, when a participant does not fit a profile, it is frequently due to them not understanding the questions (even if we are reading to them). We find that this is usually due to the person having a very low education level and they do not have familiarity with testing. (Note that the DV knowledge test was created by Mattie Rhodes Center and we worked on keeping the wording as simple as possible, thus we do not have the problem as frequently on this particular test. The URICA is a predefined test that we use and sometimes that questions are lengthy and confusing for some of the BIP participants)

Kansas Mental Health Program (January 2015 to December 2015)

Outcome 1 - 80% of participants served will report an aggregate improvement overall by treatment end

Results: 85.4% of participants experienced a positive change in well-being.

In addition to looking at the outcome in aggregate, the aspects of age and gender were operationalized to determine significance of change.

Variable: AGE

Results:

- 80.9% of participants classified as children (under the age of 16) experienced a positive change in well-being.
- 78.2% of participants classified as adults (over the age of 16) experienced a positive change in well-being.

Variable: GENDER

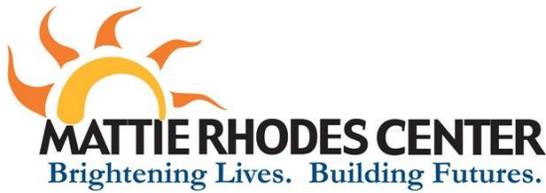
Results:

- 100% of participants classified as males experienced a positive change in well-being.
- 83.8% of participants classified as females experienced a positive change in well-being.

The primary outcome considered, a change in participant functioning, is measured by the Outcome Rating Scale (ORS). The ORS is a four item, self-report measure that assesses participant perception of change in individual functioning, interpersonal relationships, social role performance, and overall quality of life. Participants rate each item on a 10-point scale, for a total possible score of 40. Higher scores indicate better functioning (less distressed). This was the main measuring tool used to calculate mean change in general well being.

Procedure:

The ORS survey was administered to each participant before their appointment to measure well-being and functioning prior to every therapy session. Each ORS score was totaled up and entered into a spreadsheet to calculate the mean scores between each participant’s 1st session and last session. Furthermore, the average ORS score was calculated for every session from the first session to the 12th session. This was conducted on all participants assessed between January 2015 and December 2015.



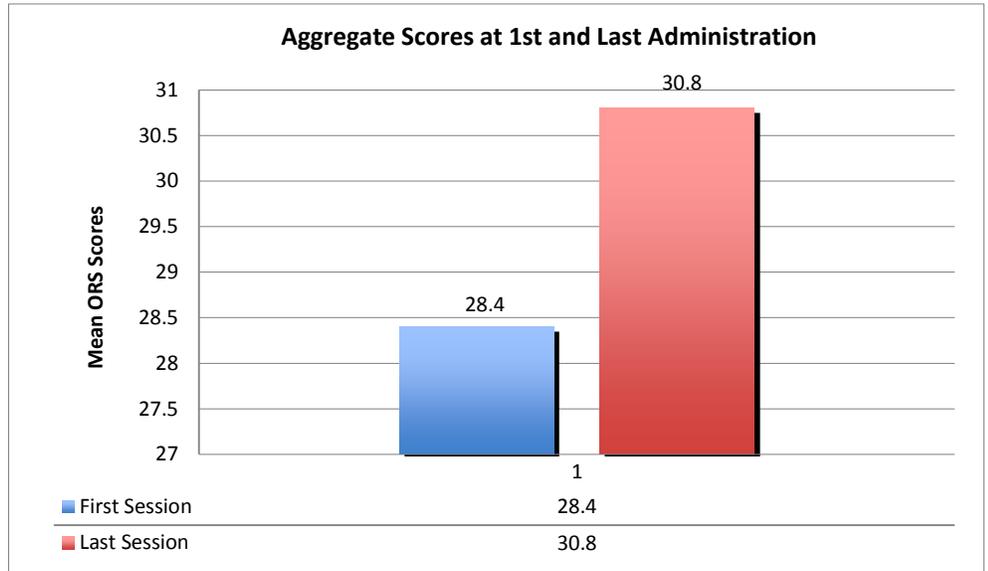
Sample:

During the time period between January and December 2015, a total of 51 (n=51) unduplicated participants were administered the ORS survey.

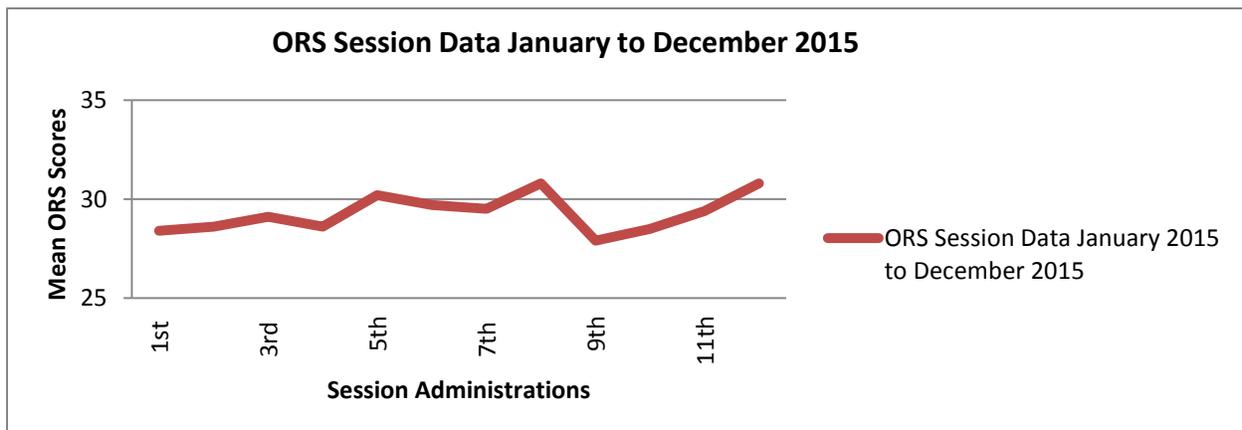
- 10 of the 51 participants received only one administration with no comparable score
- 25% were Male and 75% were Female
- Mean age was 27.7 years old

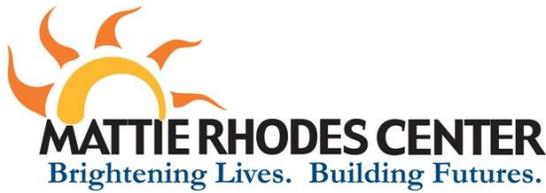
Findings:

Between January and December 2015 the mean ORS score during the first session was 28.4 and the mean score for the last session of therapy was 30.8. Mean scores indicate a significant difference of **2.4** points between the 1st and last administration.



In addition to the above findings the mean scores for every individual session starting with the 1st session to the 12th administration were calculated to see the change over the course of therapy. Data trends continue to indicate steady participant improvement, however not at significant levels. Results may be a reflection of staffing changes within the period being reported or a symptom of the severity in the population being served. Mean session scores are represented below.





Data was also broken out by age and gender.

Sample (By Age):

During the time period between January and December 2015, a total of 21 (n=21) unduplicated participants classified as children (under the age of 16) were administered the ORS survey.

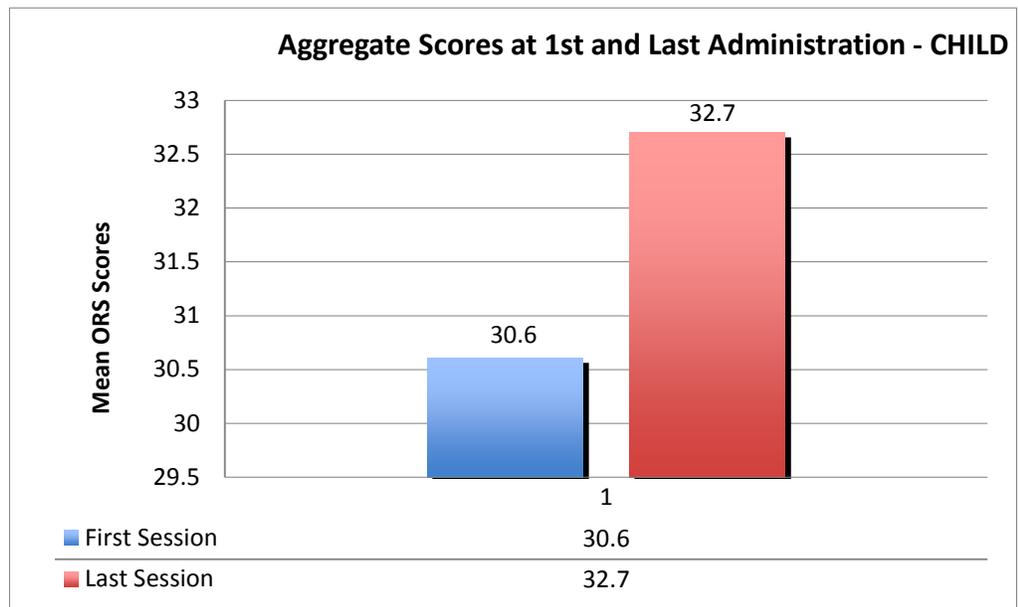
- 3 of the 21 participants received only one administration with no comparable score
- 24% were Male and 76% were Female
- Mean age was 12.4 years old

During the time period between January and December 2015, a total of 30 (n=30) unduplicated participants classified as adults (over the age of 16) were administered the ORS survey.

- 7 of the 30 participants received only one administration with no comparable score
- 27% were Male and 73% were Female
- Mean age was 38.9 years old

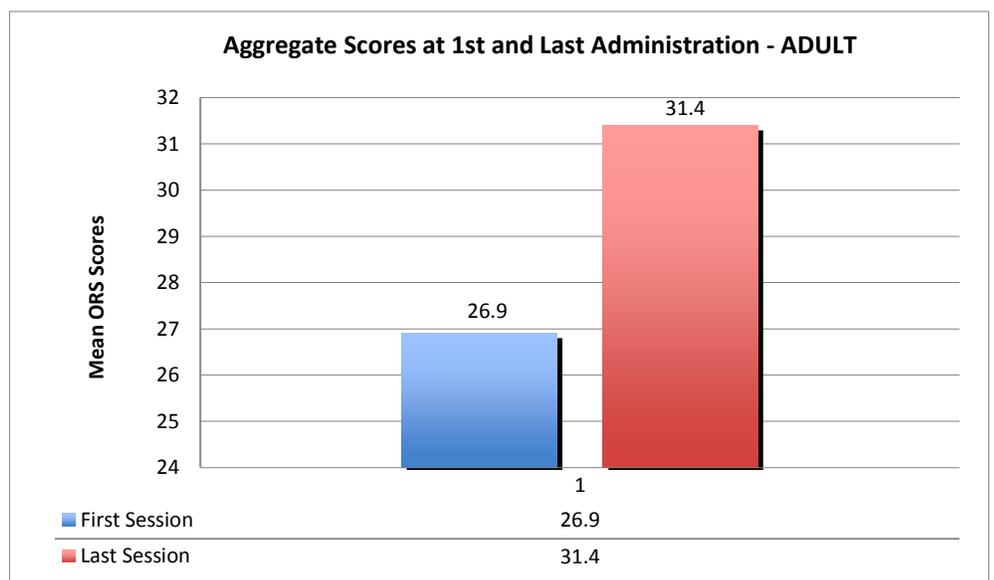
Findings (Child):

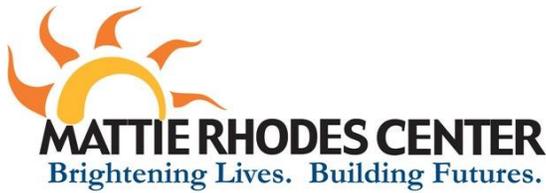
Between January and December 2015 the mean ORS score during the first session was 30.6 and the mean score for the last session of therapy was 32.7. Mean scores indicate a significant difference of **2.1** points between the 1st and last administration.



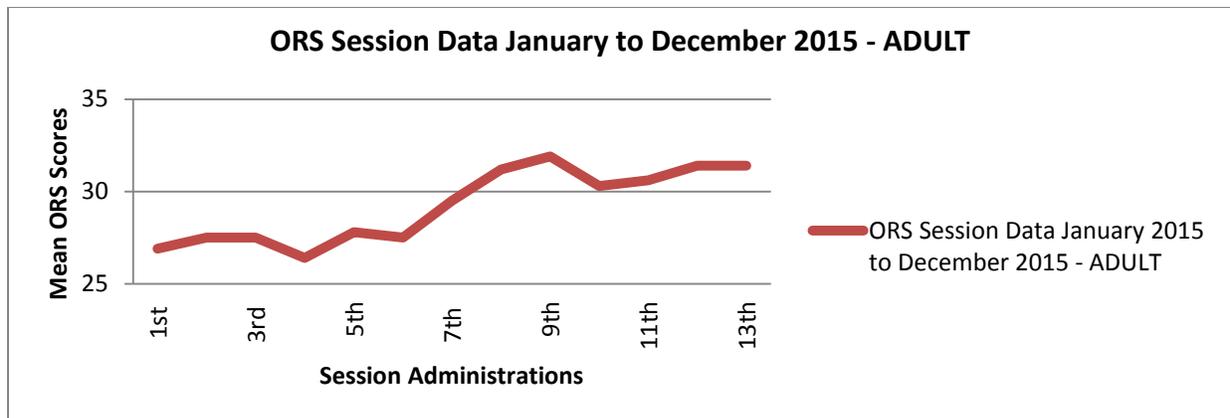
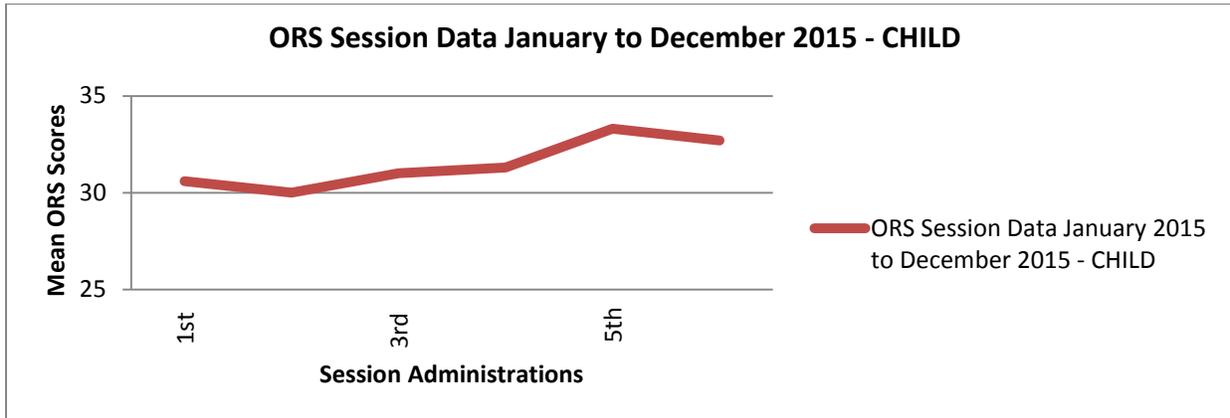
Findings (Adult):

Between January and December 2015 the mean ORS score during the first session was 26.9 and the mean score for the last session of therapy was 31.4. Mean scores indicate a significant difference of **4.5** points between the 1st and last administration.





In addition to the above findings the mean scores for every individual session starting with the 1st session to the 6th for children and 1st session to the 13th for adults were calculated to see the change over the course of therapy. Data trends indicate a continued steady improvement over time.



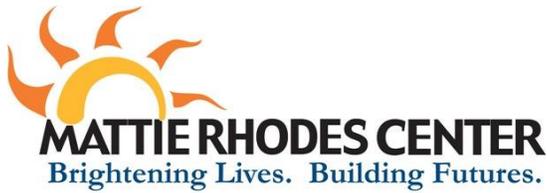
Sample (By Gender):

During the time period between January and December 2015, a total of 13 (n=13) unduplicated participants classified as males were administered the ORS survey.

- 3 of the 13 participants received only one administration with no comparable score
- Mean age was 29.3 years old

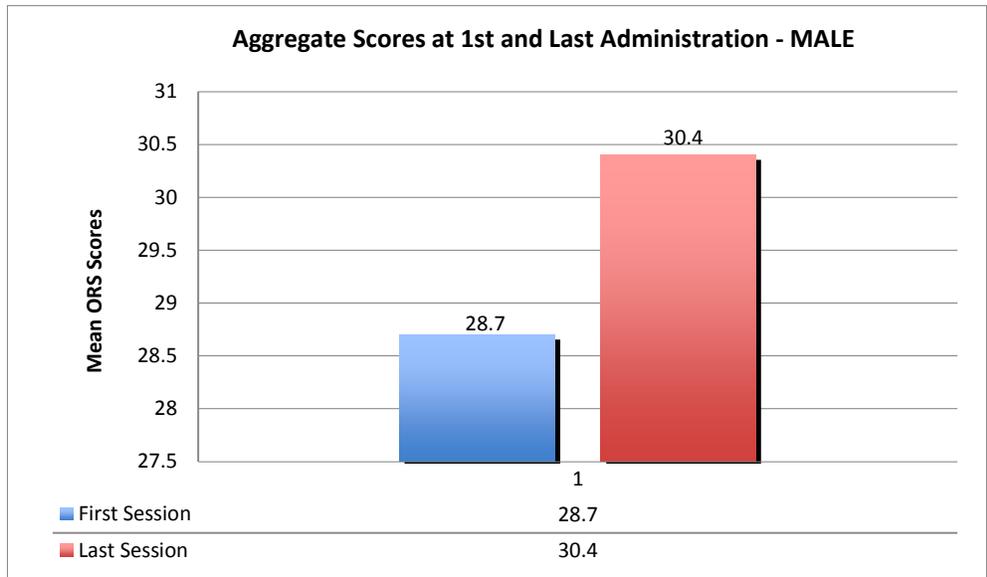
During the time period between January and December 2015, a total of 38 (n=38) unduplicated participants classified as females were administered the ORS survey.

- 7 of the 38 participants received only one administration with no comparable score
- Mean age was 27.2 years old



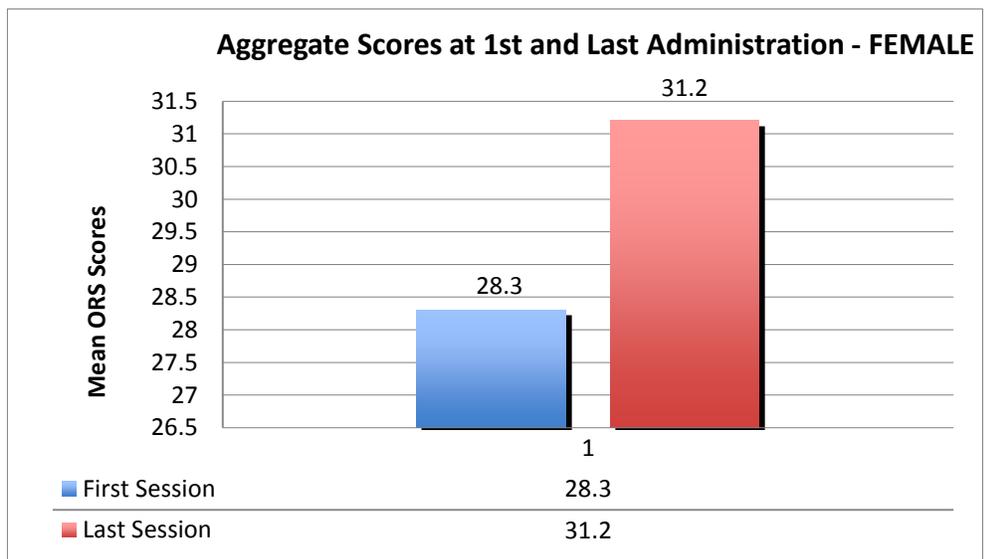
Findings (Male):

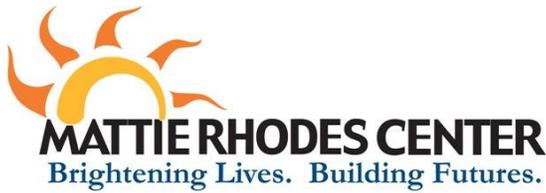
Between January and December 2015 the mean ORS score during the first session was 28.7 and the mean score for the last session of therapy was 30.4. Mean scores indicate a significant difference of 1.7 points between the 1st and last administration.



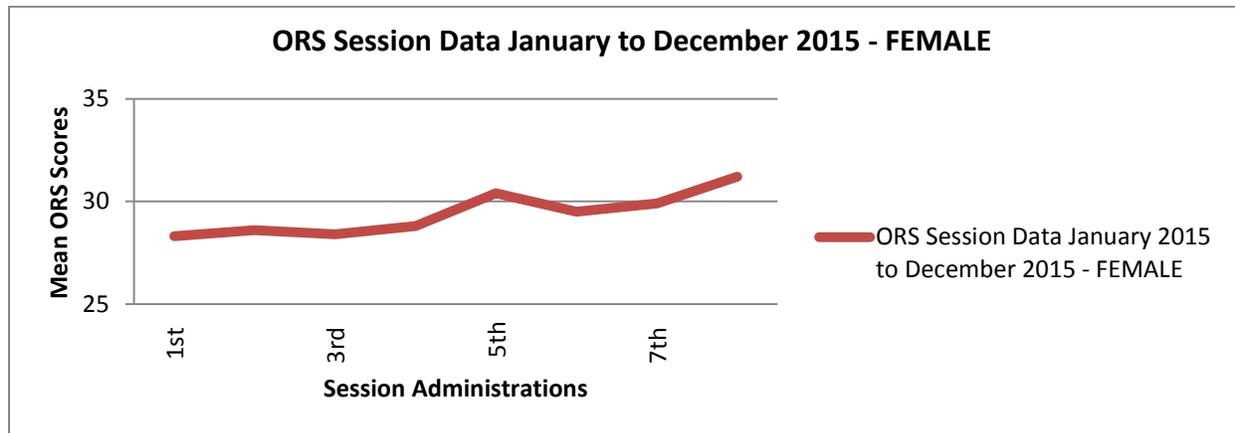
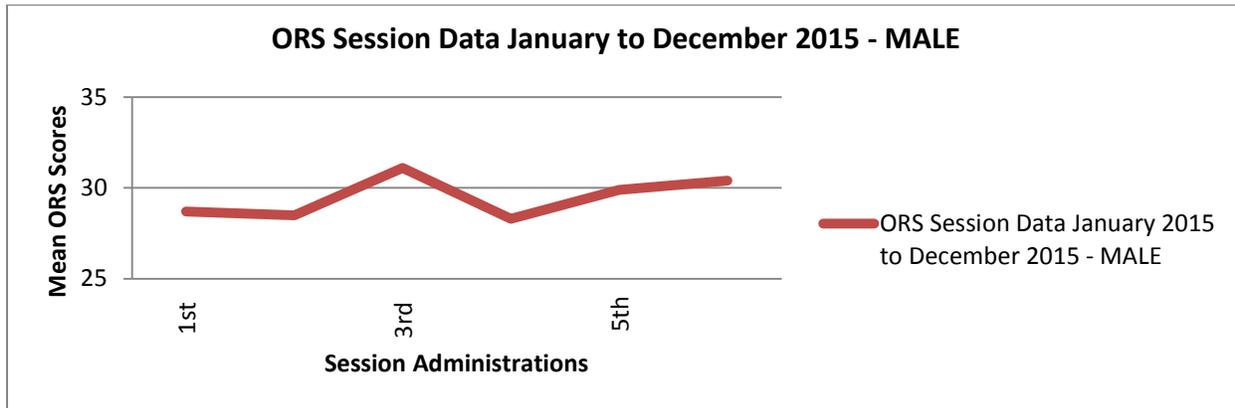
Findings (Female):

Between January and December 2015 the mean ORS score during the first session was 28.3 and the mean score for the last session of therapy was 31.2. Mean scores indicate a significant difference of 2.9 points in change between the 1st and last administration.





In addition to the above findings, the mean scores for every individual session starting with the 1st session to the 6th for males and 1st session to 8th session for females was calculated to see the change over the course of therapy.



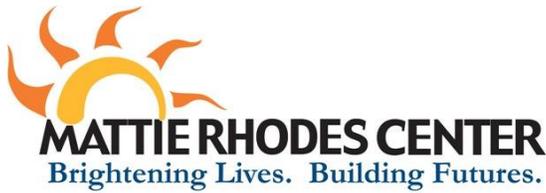
Additional Outcome - 80% of participants assessed will experience a decrease in depressive and/or anxiety symptoms, trauma symptoms

Results: 77.8% of participants experienced a decrease in symptom levels.

The Depression Anxiety Stress Scale (DASS) was administered as a form of measuring the participant functioning. Using a set of three self-report scales, the DASS measures negative emotional states of depression, anxiety and stress.

Procedure:

Every therapist administered the DASS survey to participants on their initial session, after 1 month, 3 months, 6 months, 12 months, and upon discharge. The DASS scores for each question was then totaled up and entered into a spreadsheet. Total scores for every first and last session recorded were separated out and then averaged to compare mean scores and general participant functioning through therapy.



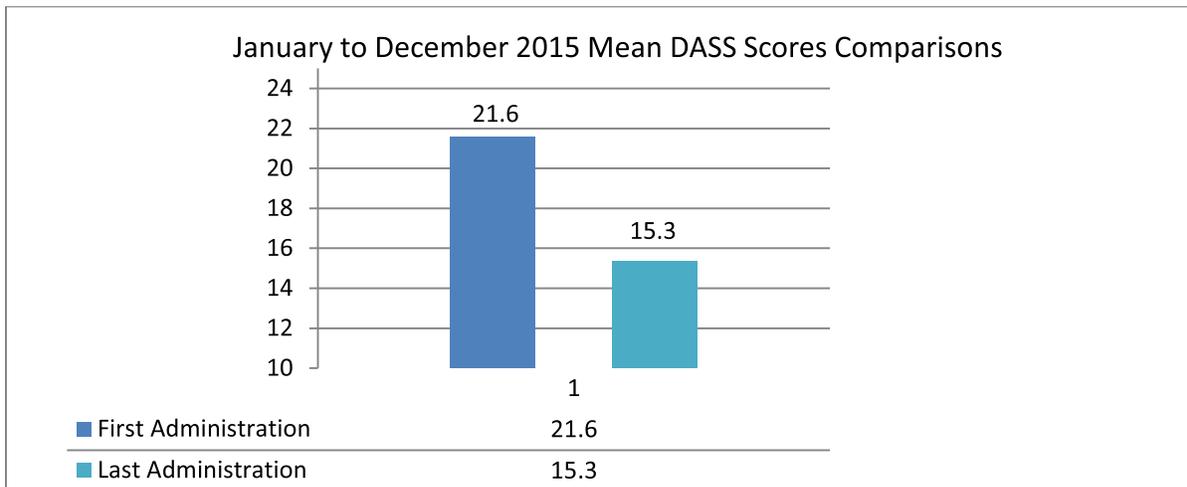
Sample:

During the time of January 2015 to December 2015 a total of 21 (n=21) unduplicated participants were administered a DASS survey.

- 57% (n=12) of participants maintained a single administration.

Findings:

The mean initial administration DASS score for participants between the period between January 2015 and December 2015 was 21.6 while the last administration mean was 15.3. This represents a **6.3** point reduction in reported participant symptomology. See chart for visual comparison:



In addition to the above listed outcomes the following data was also examined. Response summaries are listed in the below text.

How satisfied are you with the health services you (or your child) have received at Mattie Rhodes Center.

Results: 71.4% (5/7) of respondents report being “Very Satisfied”. 100% (7/7) of the respondents report being “Very Satisfied” or “Somewhat Satisfied”.

How much are you included in deciding your (or your child's) treatment?

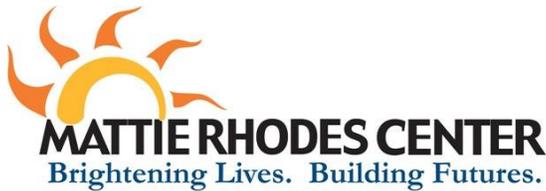
Results: 57.2% (4/7) of respondents report being included “A Great Deal” to “Sometimes”.

Mental health workers involved in my (or my child's) case listen to me and know what I/we want.

Results: 100% (7/7) of respondents report being included “A Great Deal” to “Sometimes”.

I have a lot to say about what happens in my (or my child's) treatment.

Results: 85.7% (6/7) of respondents report being included “A Great Deal”.



Youth Development Program - EXPLORE (Fall 2015)

The EXPLORE Program has a logic model in place detailing outcomes and measures. The logic model details Outcomes, Activities, Outputs, Indicators, Data Source and Data Collection Methods. We now have consistent outcomes versus grant based outcomes as we had in the past. Outcomes also carry across the two main programs; Cultural Journeys and Expeditions and any sub-programs within EXPLORE. The only difference is how they are achieved.

Outcomes are measured through observation based assessments, pre/post assessments and participant surveys. We also track numbers of youth enrolled and attendance to compare numbers served vs. number attending consistently enough to reap the greatest benefit from the program.

EXPLORE Outcomes Fall 2015

1.) 75% of participants will gain knowledge of core life skills necessary for appropriate interactions with their peers and adults

Outcome Results: An average of **75%** rated between a 4 and 5 for this outcome

2.) 60% of participants will report an increase in knowledge of various cultures.

Outcome Results: An average of **83%** rated between a 4 and 5 for this outcome

3.) 60% of students will report a greater understanding of causes of bullying behavior and how to combat it.

Outcome Results: An average of **62%** rated between a 4 and 5 for this outcome

4.) 60% of program participants will report increased knowledge about risky behaviors

Outcome Results: An average of **72%** rated between a 4 and 5 for this outcome

Data is collected and calculated by the Director of Youth & Young Adult Services and is provided to the Vice President of Administration and Community Development for analysis.

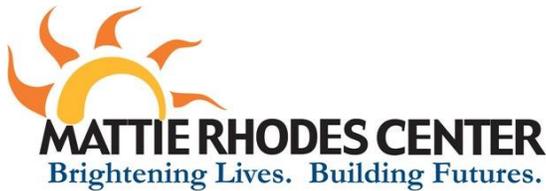
As the program progresses, Mattie Rhodes Center consistently re-evaluates to maximize what is best for the program participants and attempts to provide the highest quality service. Although the youth development program continues to refine those outcomes that are currently measured, this does not preclude the program from looking holistically at other areas including health/wellness and heritage. It is especially important for MRC to create opportunities/activities for those individuals who are bi-cultural that draw them closer to their heritage if they so choose. In addition, it is important to maintain a focus in the areas of health/wellness as it relates to lifestyle for those individuals predisposed to issues based on family/ancestral history.

Visionaries Program (January 2015 to December 2015)

A total of 30 unduplicated program participants were assessed between January 2015 and December 2015.

Outcome 1: People belong to their community

Results: Utilizing indicators identified by the Missouri Quality Outcomes Survey, on average, 90.2% of program participants reported a score of 3 or better. Outcome results represent a slight increase within the baseline of 89% which was established at the end of 2014.



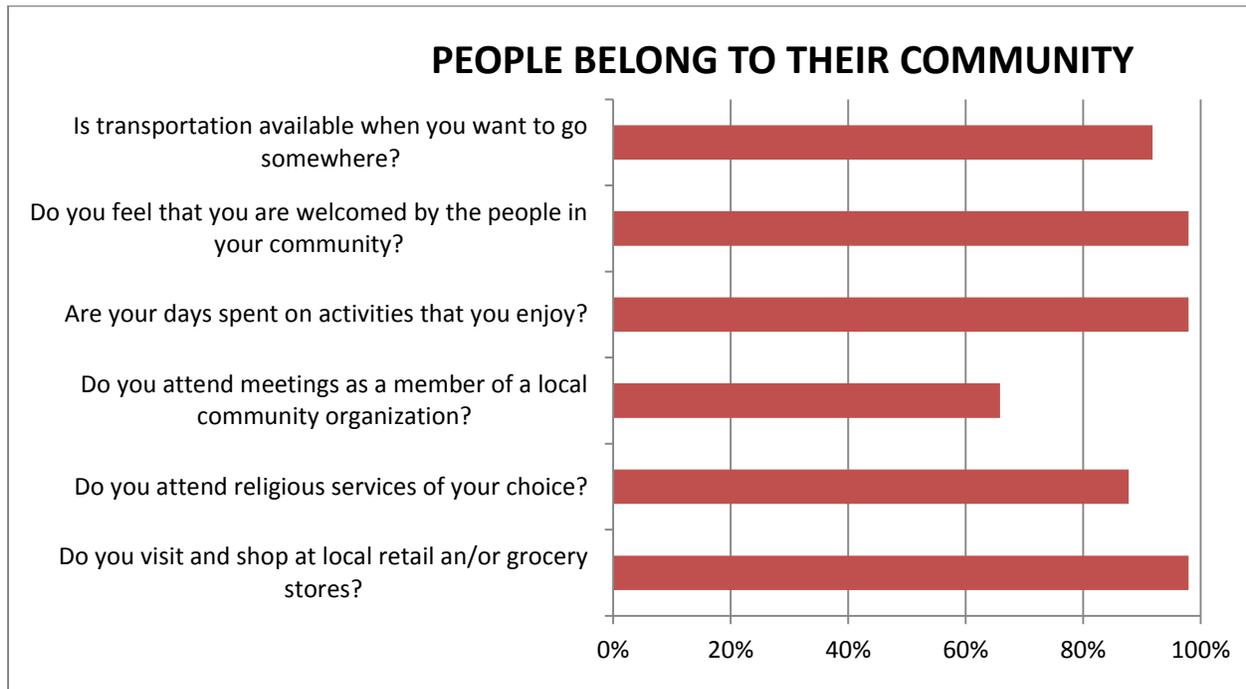
Of particular note:

98% of participants rated a score of 3 or better to the question “Do you feel that you are welcomed by the people within your community?” This represents a change from 2014 in which 100% of participants surveyed rated a score of 3 or better.

In addition, significant results from participants who rated a score of 3 or better included the following:

- 98% - “Are your days spent on activities that you enjoy?” -
- 98% - “Do you visit and shop at local retail and/or grocery stores?”
- 92% - “Is transportation available when you want to go somewhere?”

Please see the chart below for graphic representation:



The outcomes analysis continues to reflect shifting interests/activities of participants or shifting participant demographics. This is evidence by the following:

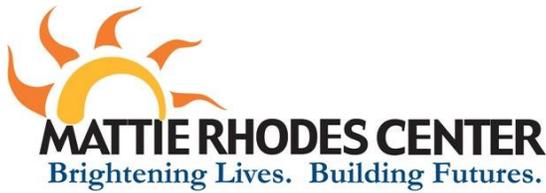
- “Do you attend meetings as a member of a local community organization?”

Results indicated that 66% of participants rated a score of 3 or better. This is down significantly from year end 2014 in which 91% of participants rated a score of 3 or better.

- “Do you attend religious services of your choice?”

Results indicated that 88% of participants rated a score of 3 or better. This is up from year end 2014 in which 81% of participants rated a score of 3 or better.

Results continue to reflect the importance of the program’s focus on community inclusion and concentrated effort to work with participants in the broader community. The program continues to maintain a strong emphasis in activities such as the “Meals on Wheels” program which enables participants to interact with senior citizens and



home bound individuals. The program also continues to encourage individuals to shop at local businesses, such as Price Chopper, Walgreens, Walmart and Shopping Centers. This correlates with participants Person Centered Plans and many participants expressed desire to make personal choices. Work has also been done to educate participants on traveling on their own such as the utilization of the city bus. As we moved into 2016 Mattie Rhodes Center has acquired a bus that is wheel chair accessible. This will enable greater access to current and future participants where lack of transportation is a challenge.

Outcome 2: People express their own personal identity

Results: Utilizing indicators that were identified by the Missouri Quality Outcomes Survey, on average, 92.5% of program participants rated a score of 3 or better on questions related to the expression of their own personal identity.

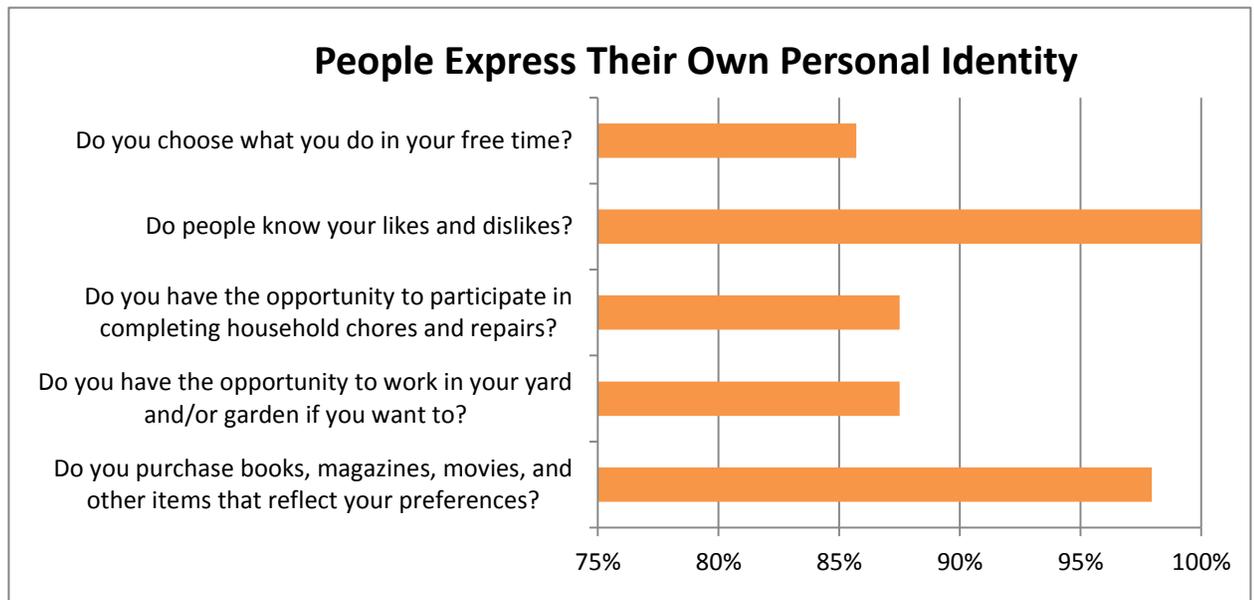
Of particular note:

88% (77%-2014, 69%-2013 and 70%-2012) of program participants reported a score of 3 or better to the question “Do you have the opportunity to participate in completing household chores and repairs?” Lower data results in the past had been attributed to the number of participants who reside with a group living environment where this may not be an option. Current participants continue to indicate positive shifts. Program staff reports that they have begun connecting individuals with similar interests with one another. This not only increases their individual desire to participate, but makes them more likely to participate in other activities.

Additional data indicates:

100% to the question “do people know your likes and dislikes” (95%- 2014, 100%-2013 and 95%-2012), and 98% to the question “do you purchase book, magazines, movies, and other items that reflect your preferences” (100-2014, 100%-2013, 89%-2012 and 71%-2011).

See the chart for 2015 indicator results:



Additional analysis was completed for the period of 2012 to 2015. The chart below represents a comparison across years for this period.

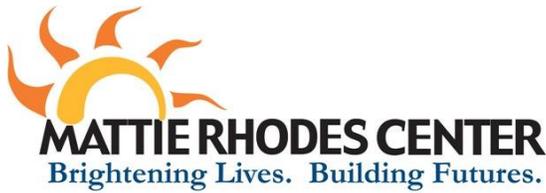


Outcome 3: People are supported to attain physical wellness

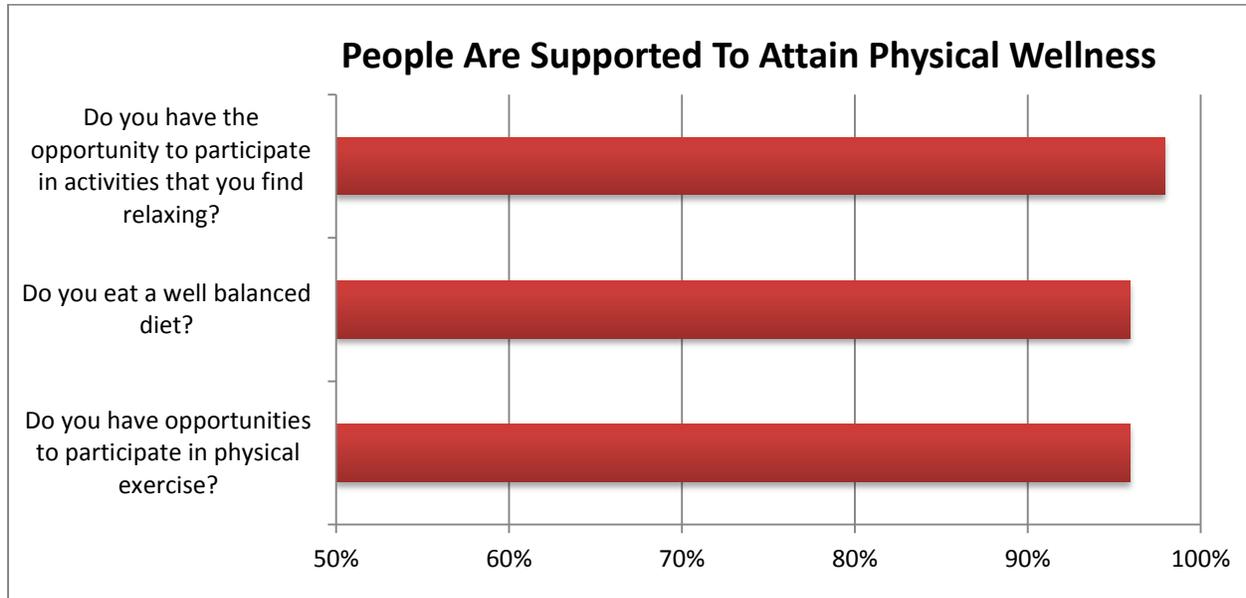
Results: Utilizing indicators identified by the Missouri Quality Outcomes Survey, on average, 96.5% of program participants rated a score of 3 or better on questions related to physical wellness. Outcome results represent a slight change within the baseline of 97% which was established at the end of 2014.

Of particular note:

- 96% of participants rated a score of 3 or better to the question “Do you have opportunities to participate in physical exercise?” Results indicate a decrease of 4% from 2014 year-end analysis.
- 96% to the question “Do you eat a well balanced diet?” Results indicate an increase of 0.5% from 2014 year-end analysis.
- 98% to the question “Do you have the opportunity to participate in activities that you find relaxing?” Results indicate a decrease of 4% from 2014 year-end analysis.



See graphic below for additional indicators:



The results described in the above text continue to reflect a concerted effort made by program staff to incorporate health and wellness into the program. Since 2012 program staff has worked to incorporate health and wellness activities per individuals’ expression of interest. Activities have included garden planting, cultivating vegetables, nutrition classes provided by Mid-America Credit Union at HyVee and healthy cooking. We also have many individuals who attend local community centers to increase physical activity; which is in line with their Person Centered Plans and interests.

Steps taken by agency to enhance program activities and outcomes:

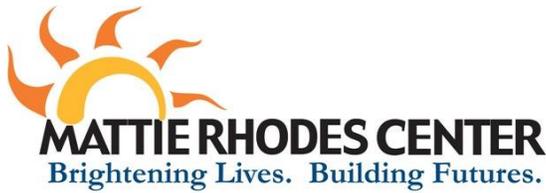
Mattie Rhodes Center continues to work with Visionaries staff to measure programming effectiveness. Data analyzed benefits the program by continuing to highlight areas to improve based on participant feedback.

The Visionaries program continues to strive for increased community integration, providing meaningful interactions and opportunities within each participant’s respective social and geographical community. The program also maintains an emphasis on Person-Centered planning, giving voice to each participant’s life goals and desires.

Substance Abuse Program (August 2014 to August 2015)

Outcome #1: 75% of participants served will report an improvement individually, interpersonally, socially, and overall

Results: During the current reporting period 46 unduplicated individuals who received substance abuse treatment services were assessed. Of the participants that completed the assessment instrument 31 maintained a comparable score (a minimum of 2 scores). 68% of participants with a comparable score reported an aggregate improvement.



The primary outcome considered, a change in participant functioning, is measured by the Outcome Rating Scale (ORS). The ORS is a four item, self-report measure that assesses participant perception of change in individual functioning, interpersonal relationships, social role performance, and overall quality of life. Participants rate each item on a 10-point scale, for a total possible score of 40. Higher scores indicate better functioning (less distressed). This was the main measuring tool used to calculate mean change in general well being.

Procedure:

The ORS survey was administered to each participant before their appointment to measure well-being and functioning prior to every therapy session. Each ORS score was totaled up and entered into a spreadsheet to calculate the mean scores between each participant’s 1st session and last session. Furthermore, the average ORS score was calculated for every session from the first session to the 10th session. This was conducted on all participants assessed between August 2014 and August 2015.

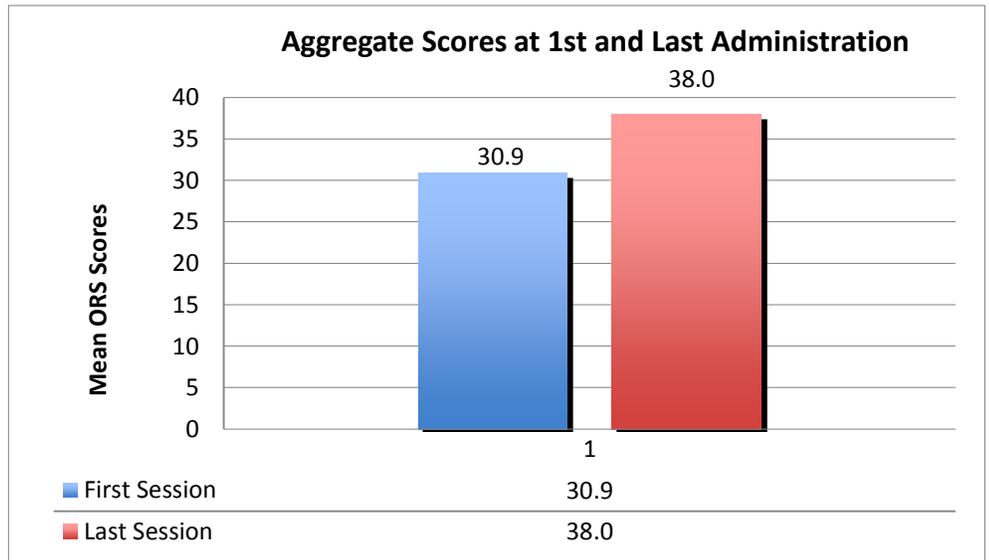
Sample:

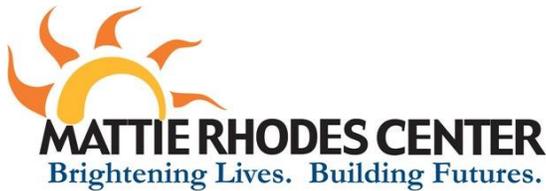
During the time period between August 2014 and August 2015, a total of 46 (n=46) unduplicated participants were administered the ORS survey.

- 15 of the 46 participants received only one administration with no comparable score
- 74% were male and 26% were female
- Mean age was 24.3 years old

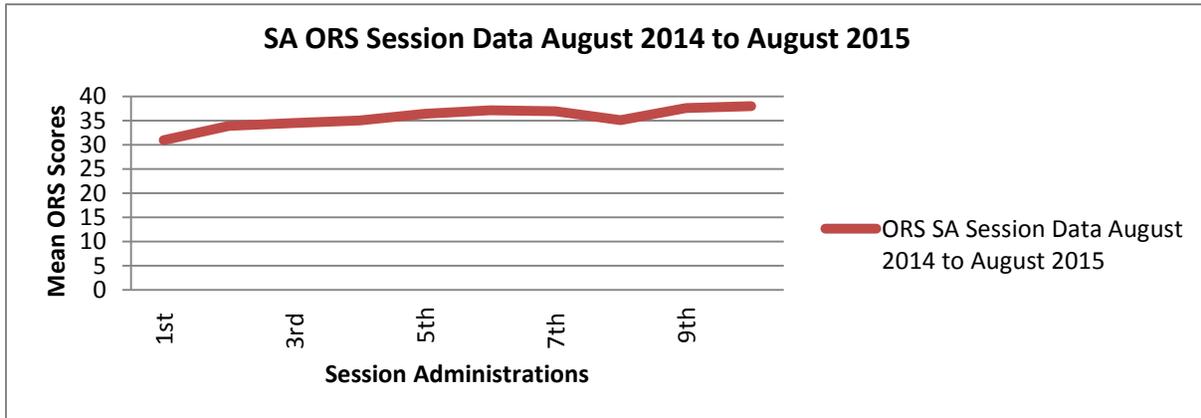
Findings:

Between August 2014 and August 2015 the mean ORS score for the first administration was 30.9 and the mean ORS score for the last administration was 38.0. This represents a significant change in the participant’s general well being by **7.1** points. Findings also indicate that **68% of participants experienced a positive change in well-being.**





The mean scores for every individual session starting with the 1st session to the 10th session were calculated to see the change over the course of therapy. Data suggests a steady improvement over time as participants remain in therapy services. The greatest area of improvement can be seen between the 1st and 3rd session which is indicative of industry norms.



Outcome #2: 50% of group participants will increase their knowledge of addiction and recovery principals.

Results: During the current reporting period 21 unduplicated individuals participated within group therapy. Of the 21 individuals who participated 19 or 90.5% of participants demonstrated their knowledge of addiction and recovery principals by active participation within each group session.

Outcome #3: 50% of group participants will successfully complete treatment

Results: During the current reporting period 21 unduplicated clients participated within group therapy. 10 or 47.6% of clients who participated within group attended 6 or more sessions leading to successful completion. Outcome results can be attributed to a high number of individuals requiring a lower number of hours to complete their probation than what our program officially requires participants to complete.

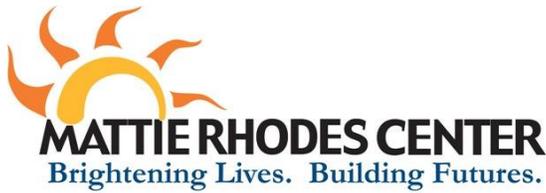
II. PARTICIPANT SURVEY SATISFACTION

80% of participants will report satisfaction with services received

Results: During 2015, 202 various program participants (29 youth and 173 adults) were randomly sampled. Data has been divided between the youth and adults to better reflect program feedback:

Adults

Of the 173 respondents, 100% “Agree” or “Strongly Agree” to the question “Overall, I am satisfied with the services that I have received at Mattie Rhodes Center” and 99.4% to the question “the services I have received have helped me deal more effectively with my problem”.



Other results of significance: (5 point Likert Scale ranging from 1-Strongly Agree to 5-Strongly Disagree)

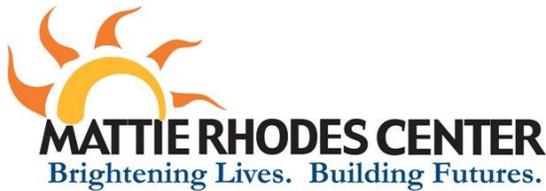
Question	% Rated Strongly Agree or Agree	Mean	SD
I received linguistically and culturally appropriate services	99.4%	1.20	0.42
I would recommend this agency to a friend or family member.	99.4%	1.21	0.43
I was able to get all of the services I thought I needed	95.9%	1.31	0.54

Comments of Note:

- “Very flexible schedule, affordable sessions and incredibly friendly staff”
- “Therapist schedules around my availability and understands when I am unable to make it”
- “They know how to treat people”
- “They are environmentally friendly, they are concerned in truly helping, they are professional and comprehensive”
- “Thanks to this service now my wife and I know each other better”
- “I am very satisfied in all the senses with Cristina Anderson service is more than someone who is a professional, it is very human”. “Thank you Cristina”.
- “Personally I am very happy, very satisfied very happy to have found Cristina for as a human being she is excellent, intelligent, good and beautiful”. “We should want to have more people as professional and humorous as Cristina”.
- “The therapist had all the patience to listen closely to all my problems and help solve them”.
- “I like that they helped me get out of my DV situation I was living”.
- “I felt that someone listened to me and gave me options to have a better life”.
- “I want to thank all of the people that are able and made possible to bring together all the services for this place”.
- “Me personally, I am very thankful for Monica/Sonia for their time and supports for me”. “I feel really good talking to them”. “Thank you for everything”.
- “...having people that speak Spanish”.
- “...the attention to quality and it is free”. “It is a safe place for my confidence where I received support that trust that is sure”.
- “...that I was heard, and the staff is pretty good and friendly”.
- “I can communicate in my language and people treated me with kindness”.
- “...all services of Mattie Rhodes has been a great help in my personal life with my children and my family, but most of all my future”. “Grace with all my heart to the Group and Mrs. Aida”.
- “Monica is very knowledgeable and skillful, she has helped me very much”.

Things to take note of:

- “To show us the process for each case because we are confused and don't know what step to take”.
- “To have more appointments after 5PM”.
- “I understand that you have too much work, but you could have returned my phone call sooner”.
- “Need to change the hours for substance abuse not to be the same so other people can come”.
- “More active engagement in learning about and support of local transgender community”.
- “Having more people trained to continue helping”
- “I would like that you would have more therapists”
- “Have appointments the same day at the same time”



“I would like to have more services for children, girls and family”. “I am thankful and happy for access the Ministry in my language my son participates in soccer lessons and almost a year I participate in positive parenting classes”. “I would like to dance classes for my 5-year-old girl and more after school options”. “Soccer classes should be divided in groups of age, size and weight to avoid accidents”.
 “They do not answer the phone when I call”.

Youth

Of the 29 respondents, 86.2% “Agree” or “Strongly Agree” to the question “I am able to talk with the adults at Mattie Rhodes Center about the things I need”, 89.6% to the question “the adults here have helped me with my problems” and 82.7% to the question “the services I receive help me do better in school”.

Other results of significance: (5 point Likert Scale ranging from 1-Strongly Agree to 5-Strongly Disagree)

Question	% Rated Strongly Agree or Agree	Mean	SD
The adults that I work with listen to me.	96.5%	1.31	0.54
The adults that I work with understand my culture.	93.1%	1.52	0.74
I feel safe here.	93.1%	1.41	0.73

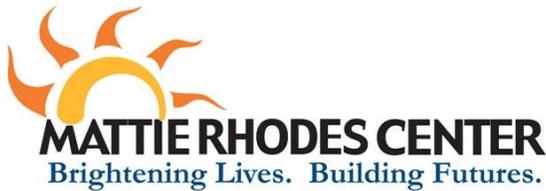
Comments of Note:

- “I like feeling understood and heard”
- “I like the fact that they always keep my appointment”
- “I like communicating with the many resources I can receive”.
- “I get help with the things I need to work on”.
- “This has helped me. Thank you”.
- “It has helped me to understand myself and work on being a better person”
- “I enjoy coming and it always nice to have the staff speak both my languages”
- “...Not to deny my feelings but to experience and understand them”

Mattie Rhodes Center Focus Group: On December 9, 2014 Mattie Rhodes Center completed a focus group consisting of residents/stakeholders who reside within the neighborhoods in which Mattie Rhodes Center serves. Questions and feedback is detailed below:

PERCEPTIONS

1. **How did you first hear about Mattie Rhodes Center?**
 - a. Through the SRNA Community Organizer
 - b. Westside CAN Center
 - c. Knew about the Art Center years ago
 - d. Through participant’s relationship with James School
 - e. Didn’t know it was here but thinks she saw the name on the United Way info when she used to work
 - f. You need to work on making yourself known



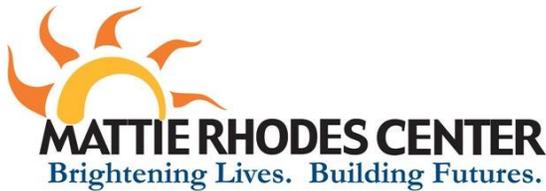
- 2. What do your neighbors think about Mattie Rhodes Center?**
 - a. They likely know even less than me
 - b. They have no clue
 - c. We are working to inform new neighbors
 - d. Some may know of MRC as a Westside organization
 - e. Zumba, Farmer's Market, nutrition, art for children
- 3. How do people describe the organization?**
 - a. Similar discussion as question #2
- 4. What do you see as Mattie Rhodes Center's role in the community?**
 - a. Perhaps they could mentor children
 - b. Help us access more resources for the community perhaps through grants

SERVICE NEEDS

- 1. How can Mattie Rhodes Center better help the Northeast community?**
 - a. Help us get more resources
 - b. By what Paul is already doing on block watch, creating flyers, serving as an important liaison, educating people about trash pickup and codes enforcement, visiting people, being a "face"
- 2. What important unmet needs are faced by the people and neighborhoods Mattie Rhodes Center serves?**
 - a. The need for rides that the elderly have to get to the doctor, store or church
 - b. Provide Meals on Wheels
- 3. How will Mattie Rhodes Center know if they are successful?**
 - a. Attendance records
 - b. Integration of cultures
 - c. Partnerships with churches to have them help spread the word
 - d. Participation will grow at meetings like this one and participants will help reach out. Use James and Gladstone Schools, Calvary Church, Holy Cross, etc. to hold this type of meeting. Instead of asking people to come to the MRC building or the library, go to them.
 - e. MRC will have bridged the gap of self-segregation of ethnic groups. Perhaps we could hold an event that included food and cultural entertainment because those things tend to bring people together and we could then tell them more about the agency

OPPORTUNITIES

- 1. What things should Mattie Rhodes Center consider when planning how to best serve the Northeast community?**
 - a. Don't duplicate services—partner with others
 - b. Address diversity
 - c. Don't commit to developing programs without reaching out to residents to get their input
 - d. Keep your bilingual organizers
 - e. Host an ethnic festival.
 - f. We all have the common interest of living in a good, safe community. Protect children through block watches and safety programs
 - g. Fix up the properties around you because the appearance makes people afraid to go to your building



2. If there is one thing that you think Mattie Rhodes Center should know about and doesn't, what would it be?

- a. People assume MRC only serves poor Hispanic people
- b. Determine how to incorporate clinical services that you do well at MRC and expand them into public schools

III. RECORDS REVIEW

A case records review is conducted quarterly to evaluate the presence, clarity, quality and continuity of required documentation across all program areas using an auditing checklist to ensure consistency and adherence to standards. A Peer Case Review is also conducted monthly by the Family Services team to analyze and evaluate clarity, content and continuity of open/closed records and to determine continued records compliance at all levels.

Improvements that have occurred as a result include:

- Agency has continued to audit a random of program files each quarter to achieve 100% of records reviewed by year end.
- Agency continues to expand on work flows and deadlines to ensure all documentation is completed in a timely manner.
- Staffing was restructured to have a dedicated Records Administrator in place over the case records to ensure 100% compliance.

IV. SAFETY REVIEW

Safety Committee meets regularly to review all issues regarding employee and participant safety by focusing on facilities and risk management.

Improvements that have occurred as a result include:

- Committee has evaluated and made recommended changes to the agency Emergency Coding system. Changes will be placed before Board of Directors approval in 2016.
- The Worker Safety procedure was updated to include the growing practice of being in off-site facilities.
- Evacuation preparedness was conducted for all staff.

V. RISK ASSESSMENT

A risk assessment of the agency is regularly conducted at all levels to ensure consistency of practice and determine potential areas of concern related to agency business.

Improvements that have occurred as a result include:

- Independent contractor agreement template was updated with agency attorney to ensure clarity in language and agency position.
- During IT assessment it was determined that a new firewall/security access system was needed to grow with the demand of the agency
- Agency committed to bringing on a dedicated Human Resource staff member to ensure strong practices across Mattie Rhodes Center.