

Polk County Mental Health & Disability Services Region
**2022 Forensic Assertive Community
Treatment (FACT) Program**
Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

Tessa Heeren, Research Manager

Elis Bondarowicz, Research Assistant

Christie Cellman, Graduate Research Assistant

University of Iowa College of Law

Iowa City, Iowa 52242

Executive Summary

Overall, FACT performance across the 16 outcome areas varied, with 8 outcomes *Exceeding Expectations* and 3 outcomes *Not Meeting Minimum Expectations*.

Notably, 5 areas - *Housing, Emergency Rooms Visits for Psychiatric Care, Participant Satisfaction, Community Inclusion, and Working Toward Self-Sufficiency* - have maintained *Exceeds Expectations* ratings over the last 5 years throughout challenging circumstances. *Quality of Life* and *Administrative Outcomes* have *Exceeded Expectations* over the last 4 years.



FACT program participants report receiving high quality services which meet their needs and improve their lives. Participants describe staff as supportive, responsive, knowledgeable, and respectful.

“Tell them, ‘thank you very much’ for helping me. I respect this program. I got in this program when I was in prison...I got in the program and haven't been back [to prison].”

“Before I was just stuck in my apartment... I didn't go outside. Now they give me the momentum to go out and do things.”



FACT Program performance in the *Involvement in the Criminal Justice System* outcome has shown steady improvement.

Over the past 5 years, participant nights spent in jail gradually decreased by 11.23 nights on average, shifting from *Meeting Expectations* in 2018-2019 to *Exceeding Expectations* from 2020-2022.

Along with medication management and staff availability outside of regular business hours, FACT staff attributes success in reducing recidivism to using a **strengths based approach** with participants, which includes acknowledging and **celebrating achievements** in the community, **positive affirmations**, and **unconditional encouragement**.



FACT performance in employment outcomes was lower in 2022, compared to previous years.

While the *Working Toward Self Sufficiency* outcome still received an *Exceeds Expectations* rating in 2022, performance decreased by 23% from 2021.

While the *Engaged in Employment* outcome still received a *Meets Expectations* rating in 2022, performance decreased by 49% from 2021 (an exceptionally high performing year).

Staff reported performance in employment outcomes was affected by **participant motivation** to work (including reservations about how income might impact benefits and program eligibility and transitioning back to work post-pandemic), **employer rigidity** in screening out applicants with histories involvement in the criminal justice system (especially if charges related to substance use), **limited options for reliable transportation** options to work, and participant averseness to working in available **food service jobs**.

Table of Contents

Executive Summary	2
FACT Evaluation Results Summary	4
FACT Outcomes	7
Housing.....	8
Engagement Toward Employment.....	10
Working Toward Self-Sufficiency	12
Education	14
Access to Somatic Care.....	16
Community Inclusion.....	18
Participant Empowerment.....	20
Negative Disenrollment.....	22
Psychiatric Hospitalizations	24
Emergency Room Visits.....	26
Involvement in the Criminal Legal System.....	28
Homelessness	30
Participant satisfaction	32
Quality of Life	37
Family and Concerned Others Satisfaction	39
Administrative Outcomes	43

FACT Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Forensic Assertive Community Treatment program (FACT) from July 1, 2021, through June 30, 2022. FACT is a program for adults who are at high risk or have a history of criminal justice involvement. The program began serving individuals as of November 1, 2011. The program had a slight decline in the number supported (FY21 = 78, FY22 = 72)

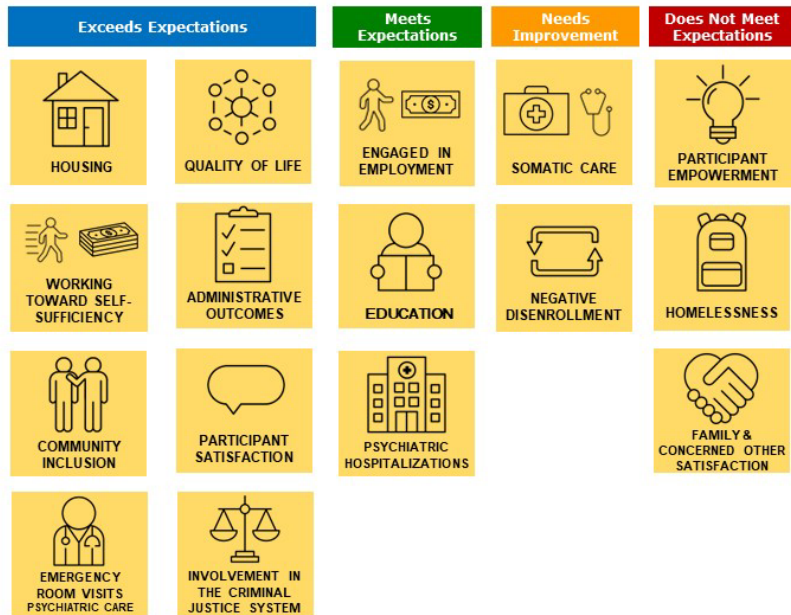
The FACT program is a subsidiary Integrated Services Program, offering the same flexibility as the Integrated Services Programs but following the evidence-based Assertive Community Treatment (ACT) practice. FACT specifically serves adults who are at high risk or have a history of criminal justice involvement. As Pinal (2014) notes in a recent review article, individuals with mental health issues “who have criminal justice and forensic involvement have an increased risk of significantly fractured care (Hoge et al., 2009) and a high risk of mortality and poor outcomes (Binswanger et al., 2007). ... Their trans institutional existence and characteristics make treatment challenging and far more costly (Swanson et al., 2013). Barriers to uninterrupted care include multiple comorbidities associated with mental health, substance use, and medical illness. These are often treated in disjointed approaches at different community settings, across numerous hospitalizations, and through emergency room visits” (pg. 7).

To combat this fractured care, the FACT program uses the ACT model which combines treatment, rehabilitation, and support services provided by a self-contained team of professionals, including those from psychiatry, nursing, addiction counseling, and vocational rehabilitation (Morrissey, Meyer, & Cuddeback, 2007). The team is available to work with individuals 24 hours, 7 days a week to provide both outreach and assistance for individuals to build independent living and coping skills in real life settings. ACT programs are designed for participants who have severe mental illness or functional impairment and are at high risk for future inpatient hospitalizations. These individuals often have multi-occurring conditions, including substance abuse, other medical conditions, or criminal histories. Reviews of research studies have concluded that ACT programs are more effective than case management in reducing psychiatric hospitalizations and improving housing stability (Bond, Drake, Mueser, & Latimer, 2001; Morrissey, 2013).

The FACT program extends the ACT model, focusing on the subpopulation that is at high risk for or has a recent and significant history of criminal justice involvement (Morrissey & Meyer, 2008; Morrissey et al., 2007). Thus, criminal justice stakeholders are incorporated into the team, including probation, parole, or law enforcement personnel. Where initial studies have suggested that these types of programs may be effective in reducing recidivism, the studies have not reported improved mental health outcomes, although this may be the result of the programs being more forensic and failing to adhere closely to ACT models (Morrissey et al., 2007).

In 2022, the FACT program *Met* or *Exceeded Expectations* in 11 of 16 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance FACT Program Averages



8 outcome areas *Exceeded Expectations*

- Housing
- Emergency Room Visits
- Participant Satisfaction
- Quality of Life
- Working Toward Self-Sufficiency
- Community Inclusion
- Involvement in the Criminal Justice System
- Administrative Outcomes

3 outcome areas *Met Expectations*

- Engaged in Employment
- Education
- Psychiatric Hospitalizations

2 outcome areas *Need Improvement*

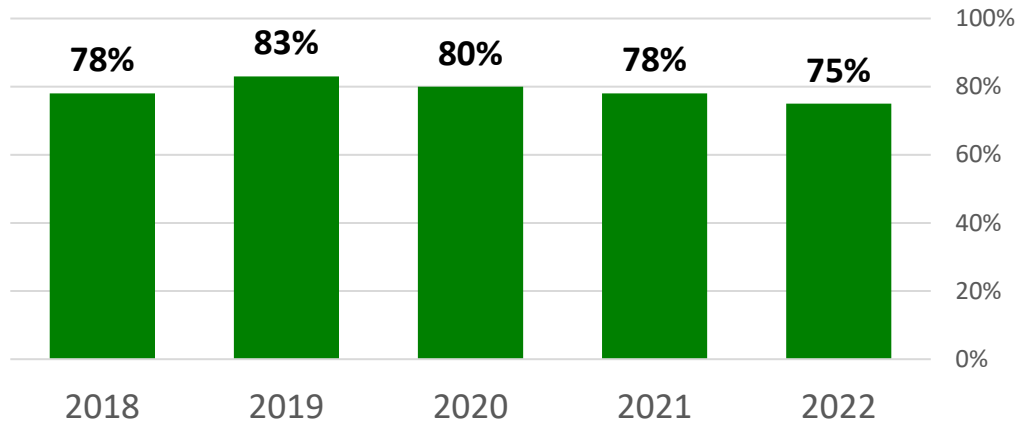
- Somatic Care
- Negative Disenrollment

3 outcome areas *Did not Meet Minimum Expectations*

- Homelessness
- Participant Empowerment
- Family and Concerned Other Satisfaction

The FACT Evaluation shows that the FACT program continues a five-year trend of *Meeting Expectations* in 2022, with a program average of 75%.

Figure 2. FACT Performance 2018-2022



FACT Outcomes

To evaluate agency performance, the Polk County MHDS Region uses six outcome areas to assess service delivery. Each outcome area has thresholds established that determine four performance ratings and corresponding point values, namely *Exceeds Expectations* (4), *Meets Expectations* (3), *Needs Improvement* (2), and *Does Not Meet Minimum Expectations* (1).

The FACT Program Evaluation includes 16 outcome areas, outlined below

1. Quality Services

1. Participant Satisfaction
2. Quality Of Life
3. Family And Concerned Others Satisfaction
4. Negative Disenrollment
5. Participant Empowerment
6. Administrative Outcomes

2. Community Integration

7. Housing
8. Engagement Toward Employment
9. Working Towards Self-Sufficiency
10. Education
11. Access To Somatic Care
12. Community Inclusion

3. Healthy Days In The Community¹

13. Homelessness
14. Involvement In The Criminal Justice System
15. Psychiatric Hospitalizations
16. Psychiatric Emergency Room Visits

¹ Healthy days reflect when a participant's physical and mental health are stable. Psychiatric hospitalizations, Emergency Room visits, Jail Days, and Homelessness outcome areas contribute to participants' overall health.



HOUSING

Metric	The percentage of individuals living in safe ² , affordable ³ , accessible ⁴ , and acceptable ⁵ living environments annually.
Intent	<p>Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the person served regardless of the home in which they live and/or the intensity of support services. When needed, supports are designed to assist the individual achieve success in and satisfaction with community living.</p> <p>The intent is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community.</p>
Rationale	The Polk County Region recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible, and acceptable housing. “Many people with a serious mental illness live on Supplemental Security Income (SSI), which averages just 18% of the median income and can make finding an affordable home near impossible.” (NAMI)

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 79%+	3 50% - 79%	2 40% - 49%	1 < 40%

² A living environment meets safety expectations if all of the following: the living environment is free of any kind of abuse and neglect, has safety equipment, is kept free of health risks, there is no evidence of illegal activity in the individual's own apartment or living environment, and the individual knows what to do in case of an emergency.

³ A living environment meets affordability expectations if no more than 40% of the individual's income is spent on total housing needs (persons receiving rent subsidy and living in host homes meet criteria; cost of rent and utilities do not exceed 40%).

⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

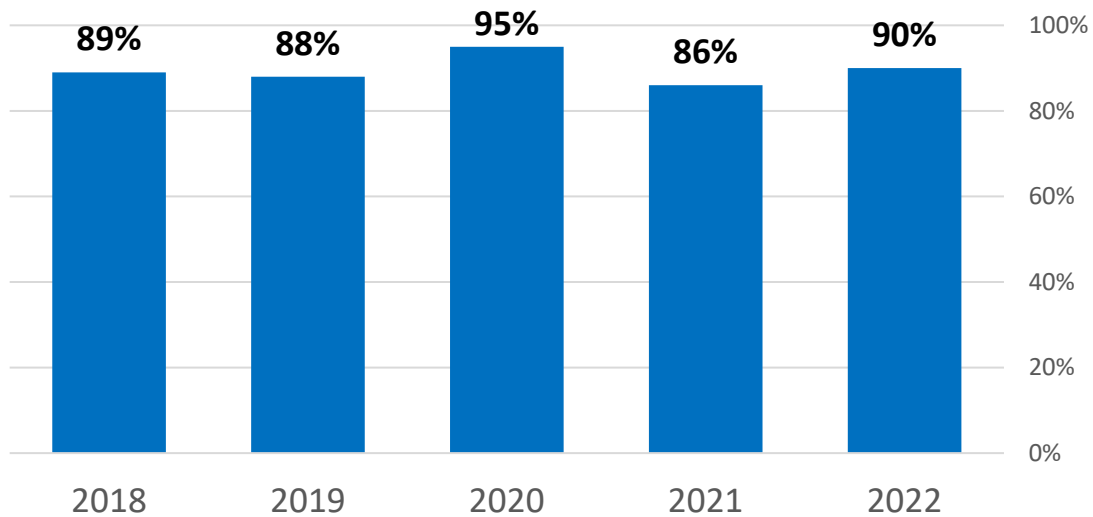
⁵ A living environment meets acceptability expectations if the individual (rather than guardian) chooses where to live and with whom. Individuals with guardians should participate and give input into their living environment to the greatest extent possible.

For the **Housing** outcome, the program averaged an **Exceeds Expectations** rating at 90% in 2022.

Compared to 2021, the program average performance for the **Housing** outcome **increased 4%**, from 86% - 90%, maintaining an **Exceeds Expectations** rating in 2022.

Throughout the past 5 years, **Housing** consistently received an **Exceeds Expectations** rating, with little variation.

Figure 3. Housing FACT Program 2018-2022



PROVIDER PERSPECTIVES

Limited availability of housing for clients that meets criteria

- Rent has gone up \$50-\$100 per month; making affordability difficult for clients
- Housing that is available and affordable for clients is often not acceptable or safe (Community Living Housing checklist criteria)
- Fixed income average is about \$840 with rent being about \$750; most clients live on fixed or no income

Agency and staff advocate for clients and financially support clients

- Agency and staff have cultivated collaborative relationships with landlords to advocate for appropriate housing for clients
- Many clients are supported financially by FACT program which positively impacts consistent housing
- Staff assist and support clients experiencing unsafe housing (e.g. hoarding)



ENGAGED IN EMPLOYMENT

Metric	The percentage of employable individuals working 5 hours or more per week and earning the minimum wage or greater during the specified reporting periods. ⁶ Results are reported for programs with ten or more employment eligible individuals.
Intent	The number of program participants working toward self-sufficiency during the year will increase. The intent of the outcomes is to increase the employment rate of people with disabilities, increase wages, and increase assets.
Rationale	Unemployment is one of the most profound issues facing the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those who are unemployed say they would rather be working [source: The National Organization on Disability (N.O.D.)]. The Polk County MHDS Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency. “Most people ... want to work, yet they face significant barriers in finding and keeping jobs, such as a limited number of jobs in communities, discrimination against people with mental illnesses, limited or compromised executive functioning skills among some consumers that hinder one’s ability to perform and attend work, lack of supported employment programs, and inadequate transportation. With support, they can work in competitive jobs or start their own businesses, enabling them to increase their work activity and earnings over time.” (SAMHSA.gov)

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 29%+	3 18% - 29%	2 12% - 17%	1 < 12%

6

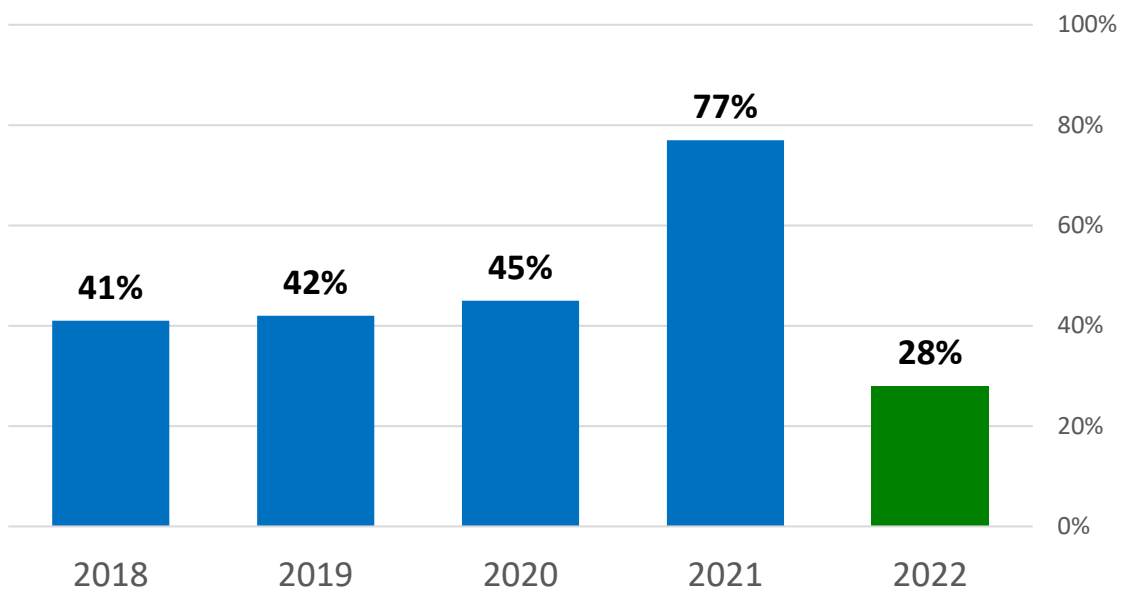
Reporting Dates	
Quarter 1	NA
Quarter 2	10/17/2021 - 10/30/2021
Quarter 3	01/16/2022 - 01/29/2022
Quarter 4	04/17/2022 - 04/30/2022

For the **Engaged in Employment** outcome, the program averaged a **Meets Expectations** rating at 28% in 2022.

Compared to 2021, the program average performance for the **Engaged in Employment** outcome **decreased 49%**, from 77% - 28%, moving from the **Exceeds Expectations** category to **Meets Expectations** in 2022.

The **Engaged in Employment** outcome was in the **Exceeds Expectations** category from 2018-2021, staying between 41% and 45% from 2018-2020 and spiking to 77% in 2021.

Figure 4. Engaged in Employment FACT Program 2018-2022



PROVIDER PERSPECTIVES

COVID-19 and barriers impacting engagement toward employment

- COVID-19 impacted the health of working clients, clients' comfortability with working, and clients' motivation to work (extra money from unemployment and food stamps)
- Some barriers to employment for clients include transportation (bus routes), substance use, criminal background, and rigid hiring standards from potential employers
- Clients are less likely than in past years to be interested in fast food/restaurant service jobs



WORKING TOWARD SELF-SUFFICIENCY

Metric	<p>The percentage of employable individuals working 20 hours or more per week⁷ and earning the minimum wage or greater during the specified two-week reporting periods.⁸</p> <p>Results are reported and scored for programs with ten or more employment eligible individuals.⁹</p>
Intent	<p>The number of program participants working at self-sufficiency during the year will increase.</p> <p>The intent is to increase people with disabilities' assets.</p>
Rationale	<p>Unemployment is a notable disparity experienced by many members of the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)].</p> <p>The Polk County MHDS Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency. The unemployment rate among individuals with severe mental health conditions is between 80 and 90%. The financial strain of unemployment tends to exacerbate poor mental health. Psychological distress also increases the risk of being unemployed, which impedes perceptions of self-sufficiency. Setting vocational goals for employment can be a key factor in mental health recovery (Hong et al., 2019).</p>

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	7%+	2% - 7%	1% - 1%	< 1%

7 Individuals working more than 20 hours per week, but not earn minimum wage as well as individuals working less than 20 hours per week and earning above minimum wage do not meet criterion.

8

Reporting Dates	
Quarter 1	NA
Quarter 2	10/17/2021 - 10/30/2021
Quarter 3	01/16/2022 - 01/29/2022
Quarter 4	04/17/2022 - 04/30/2022

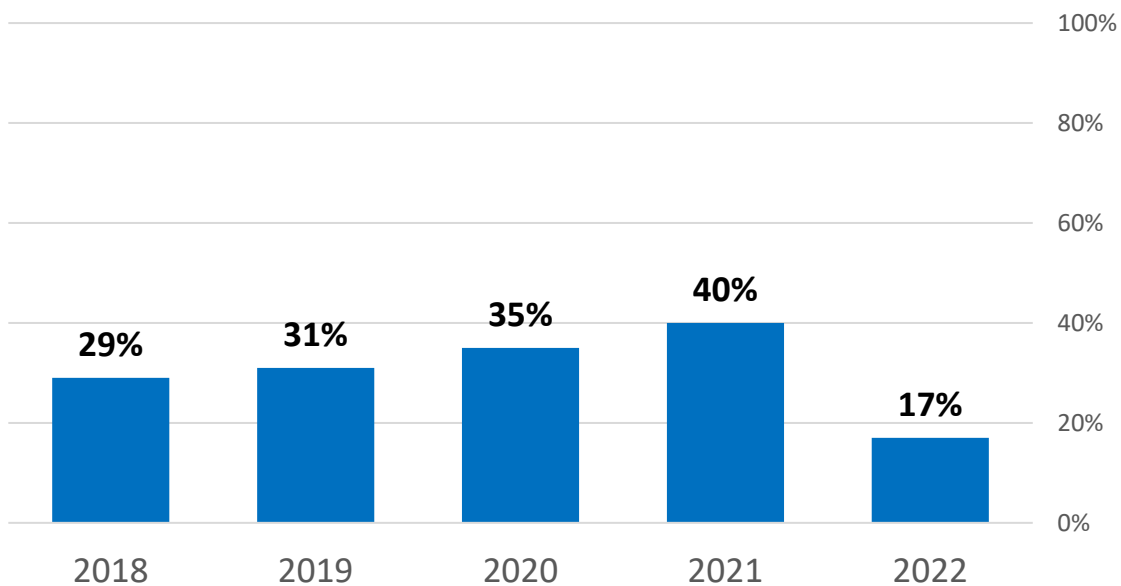
9 A participant's status may be defined as "employment eligible" if that individual is under 65 years of age and has a LOCUS score of less than 5 or 6

For the **Working Towards Self-Sufficiency** outcome, the program averaged an **Exceeds Expectations** rating at 17% in 2022.

Compared to 2021, the program average performance for the **Working Toward Self-Sufficiency** outcome **decreased 23%**, maintaining an **Exceeds Expectations** rating in 2022.

Throughout the past 5 years, the **Working Toward Self-Sufficiency** outcome consistently received an **Exceeds Expectations** rating, with a steady increase from 2018-2021 and a drop in 2022.

Figure 5. Working Toward Self-Sufficiency FACT Program 2018-2022



PROVIDER PERSPECTIVES

Some clients experience barriers working toward self-sufficiency in employment

- Clients worry that their employment and benefits (e.g. Social Security insurance (SSI)) will impact their eligibility for services and level of services.
- Agency members support clients through understanding services, benefits, and navigating MCOs with regards to employment and benefits management.



EDUCATION

Metric	The percentage of employable individuals involved in training or education during the fiscal year ¹⁰ .
Intent	Increase the number of program participants receiving classes or training provided by an educational institution or a recognized training program ^{11, 12} . The intent for this outcome is to increase skill development.
Rationale	The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings. Education is the key to independence and future success; it is critical to obtaining work and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)]. “Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” (IDEA, Individuals with Disabilities Education Act).

Performance Rating	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	19%+	4% - 19%	1% - 3%	< 1%

¹⁰ Measurement is captured in June and not averaged.

¹¹ A recognized training program meets the definition if “yes” is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill obtainment and produce a certificate that will secure, maintain, or advance employment opportunities/be of value to employers?

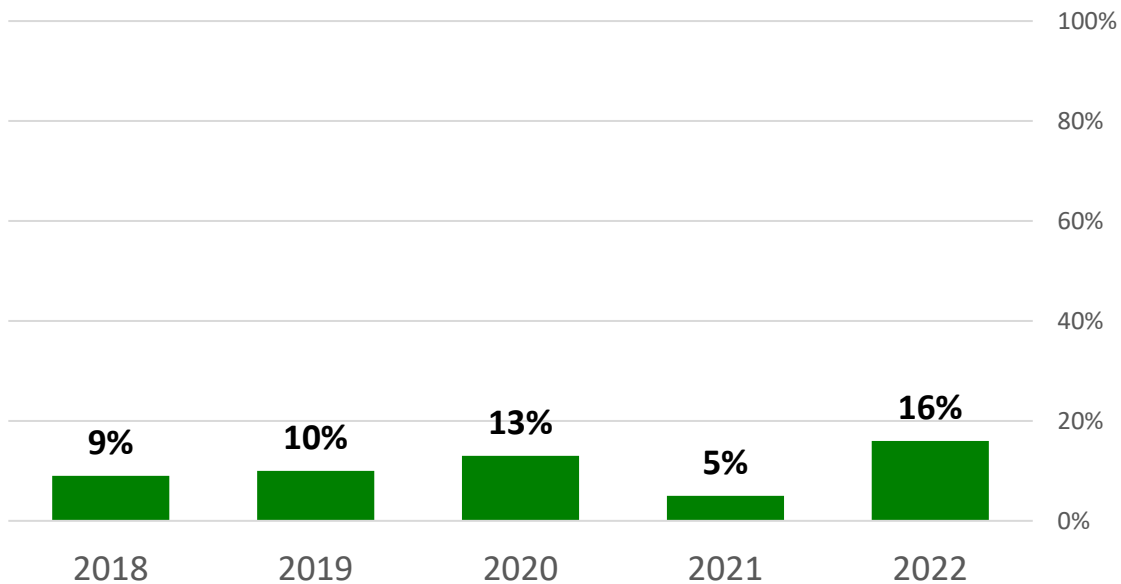
¹² A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate which is recognized by employers to secure, maintain, or advance the program participant’s employment opportunities. The program will have structure through a curriculum with defined start and end dates.

For the **Education** outcome, the program averaged a **Meets Expectations** rating at 16% in 2022.

Compared to 2021, the program average performance for the **Education** outcome **increased 11%**, from 5% - 16%, maintaining a **Meets Expectations** rating in 2022.

Throughout the past 5 years, the **Education** outcome consistently received a **Meets Expectations** rating. Performance scores steadily increased from 2018-2020, dropped in 2021, and increased again in 2022.

Figure 6. Education FACT Program 2018-2022



PROVIDER PERSPECTIVES

Financial/Employment classes are helping participants return to college

- Some clients have returned to college to work on their associates degree
- Agency members report mental health injections vs. mental health oral medications are positively impacting some clients with regards to education, work, and relationships



SOMATIC CARE

Metric	The percentage of individuals having documentation supporting somatic care involvement with a physician ^{13, 14} .
Intent	Program participants will receive somatic care. The intent of this outcome is to ensure that people have accessible and affordable healthcare.

Rationale Americans with disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special health care needs that are not covered by their health insurance [source: The National Organization on Disability (N.O.D.)]. True independence requires accessible and affordable health care.

The WHO reports a high degree of multi-morbidity between mental disorders and other noncommunicable conditions (cardiovascular disease, diabetes, cancer, and alcohol use disorders and states that co-management in primary care is a logical choice. “Individuals with ... (a brain health) or substance use disorder have higher rates of acute and chronic medical conditions, shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general medical population” (Gerrity, 2014). Expenditures, such as emergency room visits, could be reduced through routine health promotion activities; early identification and intervention; primary care screening, monitoring, and treatment; care coordination strategies; and other outreach programs. (Gerrity, 2014).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	100%	95% - 99%	90% - 94%	< 90%

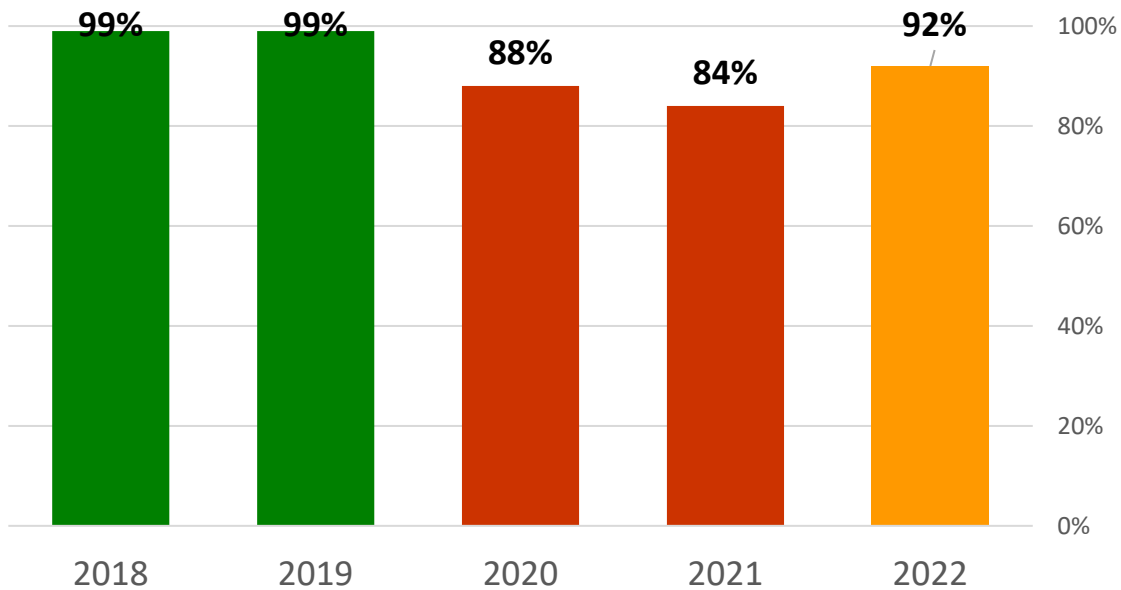
¹³ Measurement is captured in June and not averaged.

¹⁴ Someone has received somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if symptoms of a physical illness appear since the physical exam and the program participant receives treatment for the illness. Emergency Room visits do not count toward this indicator. Somatic care is more than just stating that there is a physician’s name on record, ongoing documentation of care is needed. This includes but is not limited to the annual physical. The individual’s file must have documentation supporting somatic care. The independent evaluator will also discuss somatic care during program participant and family interviews.

For the **Somatic Care** outcome, the program averaged a **Needs Improvement** rating at 92% in 2022. Compared to 2021, the program average performance for the **Somatic Care** outcome **increased 8%**, from 84% - 92%, moving from the **Does Not Meet Minimum Expectations** category to **Needs Improvement** in 2022.

Throughout the past 5 year, **Somatic Care** has varied from **Meets Expectations** in 2018-2019, **Does Not Meet Minimum Expectations** in 2020-2021, and **Needs Improvement** in 2022.

Figure 7. Somatic Care 2018-2022



PROVIDER PERSPECTIVES

Agency staff report some barriers to reporting somatic care

- One barrier to reporting somatic care, some clients are difficult to locate and/or are in and out of jail/hospital
- Additionally, preventative appointments are often scheduled in advance and agency members report that a lot can happen between scheduling appointments and attending appointments



COMMUNITY INCLUSION

Metric	The percentage of program participants accessing and having ongoing involvement in 3 or more different community activities per year ¹⁵ .
Intent	The intent of this outcome is to remove barriers to community integration activities so people with disabilities can participate with nondisabled people in community activities of their choice and become a part of the community. The intent is to address these participation gaps and to remove barriers to community integration activities so people with disabilities can participate with non-disabled people in community activities of their choice and become a part of the community. ¹⁶
Rationale	Social isolation is a health risk. Individuals with disabilities spend less time outside the home socializing, going out, and participating in community activities. Differences in involvement in religious services, local politics, cultural events, outdoor activities, and community service organizations are greatest between individuals with and without disabilities. Little to no differences exist with respect to participating in community events related to hobbies, participating in volunteer work, attending special community events such as fairs and parades, and attending recreational activities such as sporting events and movie. (National Organization on Disability)

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 79%+	3 60% - 79%	2 20% - 59%	1 < 20%

¹⁵ Measurement is captured in June and not averaged.

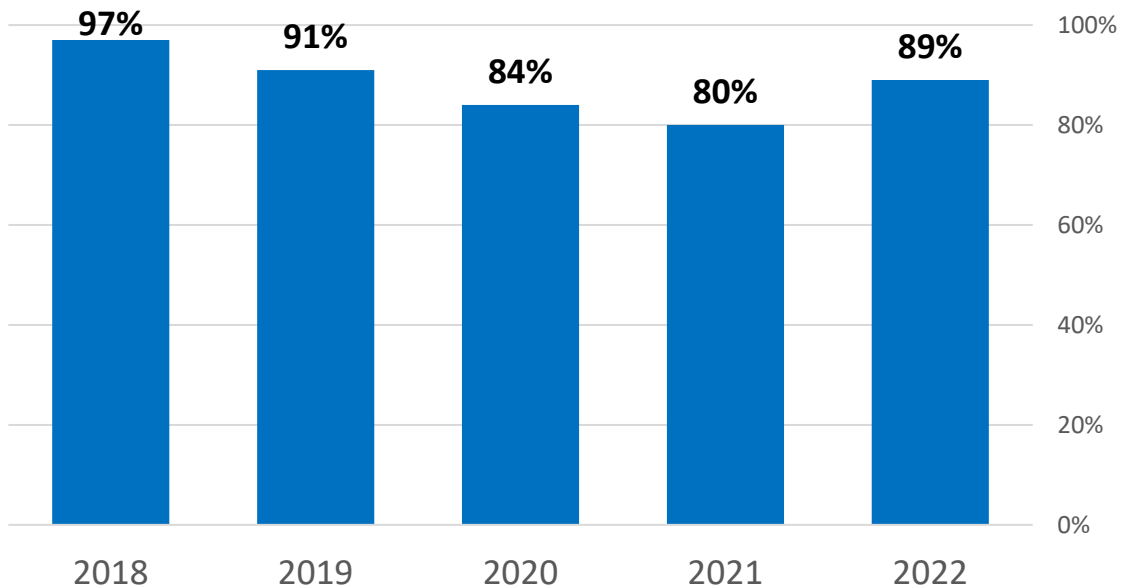
¹⁶ Activities are grouped into three main categories: 1) Spiritual, 2) Civic (local politics & volunteerism), and 3) Cultural (community events, clubs, and classes). An activity meets the definition if “yes” is the response to the following three questions: (1) Is the activity community-based and not sponsored by a provider agency? (2) Is the activity person-directed? and (3) Is the activity integrated? Program participants can participate in activities by themselves, with a friend/s, support staff person, or with natural supports. Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area.

For the **Community Inclusion** outcome, the program averaged an **Exceeds Expectations** rating at 89% in 2022.

Compared to 2021, the program average performance for the **Community Inclusion** outcome **increased 9%**, from 80% - 89%, maintaining an **Exceeds Expectations** rating in 2022.

Throughout the past 5 years, the **Community Inclusion** outcome consistently received an **Exceeds Expectations** rating, with a steady decrease from 2018-2021 and an increase in 2022.

Figure 8. Community Inclusion FACT Program 2018-2022



PROVIDER PERSPECTIVES

Agency staff discussed activities that clients engage in and how to talk about community inclusion

- Agency members reflect that while they do talk to clients about community inclusion, they are working on asking the right questions and documenting appropriately
- Clients can use EBT card to engage in select community inclusion activities



PARTICIPANT EMPOWERMENT

Metric	<p>The outcome is the percent of files reviewed that meet the following criteria.</p> <ul style="list-style-type: none"> ▪ Whether there was evidence that the participant was involved in setting the goals ▪ Whether individualized, measurable goals were in place and what services the agency program planned to provide to achieve the goals, ▪ Whether employment or education goals were addressed with the participant, or community integration if the participant is 65 or older or eligible for Level 5 or 6 supports, and ▪ Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file
Intent	<p>Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system. The Polk County Region recognizes with this outcome that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is based on the file review.</p>

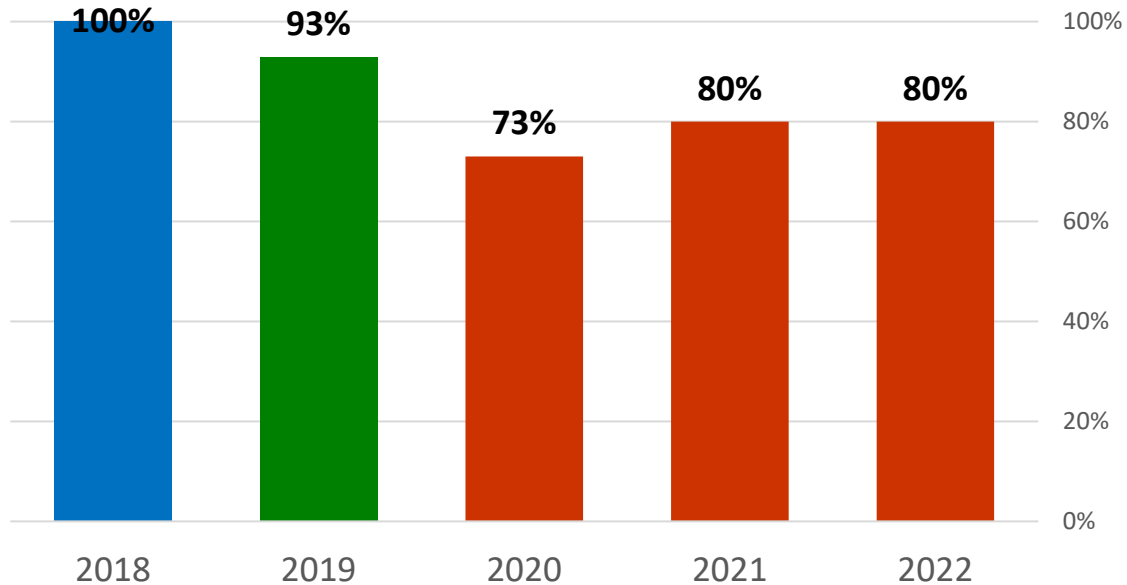
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	95%+	90% - 94%	85% - 89%	< 85%

Table 1. Participant Empowerment Results by Category

	FACT
Goals in Place and Reviewed Regularly	93%
Consumer Involvement	87%
Employment and/or Education Addressed	80%
Services Documented	80%
All Goal Components Present	80%

Table 3 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. For **All Goal Components Present**, the program averaged 80%. The Participant Empowerment results ranged from 80% to 93%, with the **Goals in Place and Reviewed Regularly** category scoring 93%.

Figure 9. Participant Empowerment FACT Program 2018-2022



For the **Participant Empowerment** outcome, the program averaged a **Does Not Meet Minimum Expectations** rating at 80% for 2022.

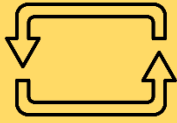
Compared to 2021, the program average performance for the **Participant Empowerment** outcome maintained an 80% rating in the **Does Not Meet Minimum Expectations** category.

Throughout the past 5 years, Participant Empowerment varied greatly from 100% (**Exceeds Expectations**) in 2018 to 93% (**Meets Expectations**) in 2019 to 73% (**Does Not Meet Minimum Expectations**) in 2020.

PROVIDER PERSPECTIVES

Agency members are optimistic that participant empowerment will improve with new leadership

- Some documentation is difficult when staff are unable to locate clients
- Agency members are working on clear documentation of participant empowerment



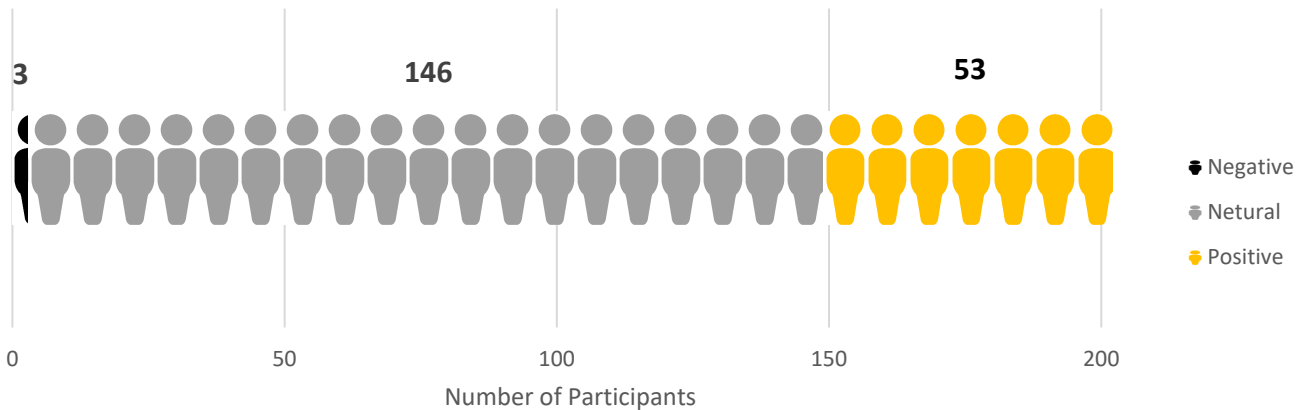
NEGATIVE DISENROLLMENT

Metric	The percentage of program participants negatively disenrolled
Intent	The organization will not negatively disenroll program participants. The intent of this outcome is for the agencies to develop trusting and meaningful relationships with their participants.
Rationale	Ensure continuity of care and avoid individuals with disabilities encountering barriers to accessing services because they are too difficult or expensive for the agency to assist. Service agencies report needing to provide services or a level of care that is not covered by state Medicaid benefits to address critical needs of clients, especially those with complex needs (NCQA).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	< 5.10%	5.10% - 15.00%	15.10 - 23.00%	23.00%+

The proportion of negative disenrollments across disenrollment types remains low, accounting for about 1.5% of all disenrollments. **(Figure 9) Placeholder, data pending**

Figure 10. 2021 System Disenrollment by Type



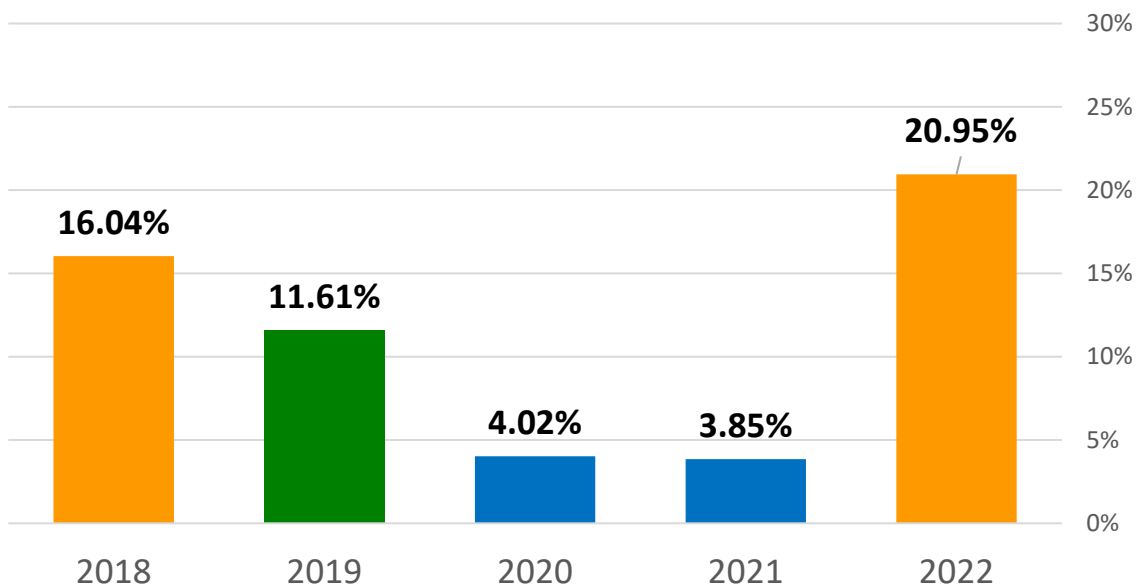
¹⁷ Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments are defined as individual refuses to participate, the individual is displeased with services, the agency initiates discharge, or the individual is discharged to prison for greater than 6 months.

For the **Negative Disenrollment** outcome, the program averaged a **Needs Improvement** rating at 20.95% in 2022.

Compared to 2021, the program average performance for the **Negative Disenrollment** outcome **increased 17.10%**, from 3.85% - 20.95%, moving from the **Exceeds Expectations** category to **Needs Improvement** in 2022.

Throughout the past 5 years, the **Negative Disenrollment** outcome varied greatly with performance categories ranging from **Needs Improvement** (16.04% in 2018), **Meets Expectations** (11.61% in 2019), and **Exceeds Expectations** (4.02% in 2020 and 3.85% in 2021).

Figure 11. Negative Disenrollment Rates FACT Program 2018-2022





PSYCHIATRIC HOSPITALIZATIONS

Metric	The average number of hospital days per program participant per year ^{18, 19} .
Intent	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
Rationale	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized of crisis response services, such as observation units and behavioral health urgent care.

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 2 days	3 2 – 5.99 days	2 6.00 – 6.99 days	1 6.99+ days

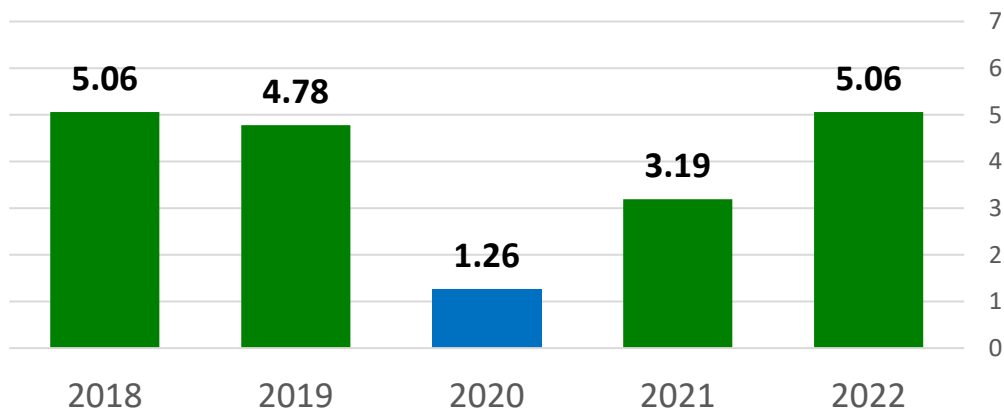
¹⁸ A hospital day is measured by the number of nights spent hospitalized.

For the **Psychiatric Hospitalizations** outcome, the program averaged a **Meets Expectations** rating of 5.06 nights spent hospitalized in 2022.

Compared to 2021, the program average performance for the **Psychiatric Hospitalizations** outcome **increased** from 3.19 to 5.06 nights spent hospitalized, maintaining a **Meets Expectations** rating in 2022.

Throughout the past 5 years, the **Psychiatric Hospitalizations** outcome has consistently received a **Meets Expectations** rating, except for an **Exceeds Expectations** rating at 1.26 in 2020.

Figure 12. Psychiatric Hospitalizations FACT Program 2018-2022



PROVIDER PERSPECTIVES

- Staff report that hospital bed days were accumulated by a few clients who repeatedly went to the hospital
- Agency members report seeing a trend in more hospitalizations this spring; some clients stopped taking medications and ended up going to the hospital



EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

Metric	The average number of emergency room visits ²⁰ per program participant per year.
Intent	Emergency room visits for psychiatric visits will be reduced. The intent is to provide adequate supports in the community, so people do not access psychiatric care thru the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person’s condition (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 0.31 visit	3 0.31 – 0.75 visit	2 0.76 – 1.30 visits	1 1.30+ visits

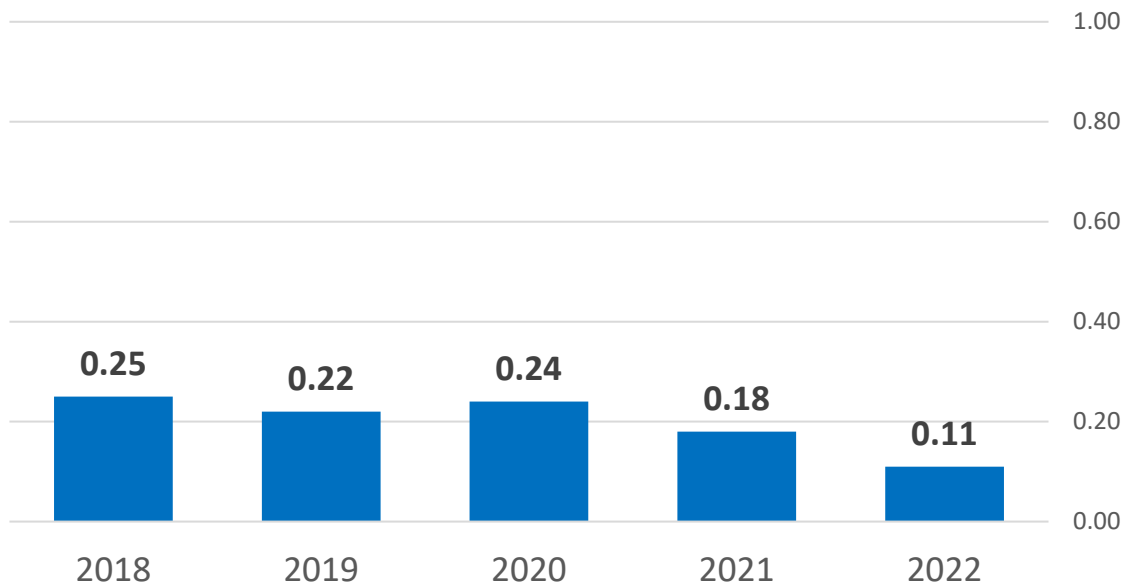
²⁰ An emergency room visit is measured by the number of times the individual goes to the emergency room is observed and returned home without being admitted.

For the **Emergency Room Visits for Psychiatric Care** outcome, the program averaged an **Exceeds Expectation** rating of 0.11 visits in 2022

Compared to 2021, the program average performance for the **Emergency Room Visits for Psychiatric Care** outcome **decreased** from 0.18 to 0.11 visits, maintaining an **Exceeds Expectations** rating in 2022.

Throughout the past 5 years, the **Emergency Room Visits for Psychiatric Care** outcome consistently received an **Exceeds Expectations** rating, with little variation.

Figure 13. Psychiatric Emergency Room Visits FACT Program 2018-2022



PROVIDER PERSPECTIVES

Strong rapport between staff and clients helps client situations

- Agency members report that a few clients account for ER utilization
- Staff support clients by assisting with changing medications and having a staff member to talk to when a client is experiencing a crisis



INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days ²¹ utilized per program participant per year.
Intent	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
Rationale	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the criminal justice system. Criminal justice involvement can be strongly influenced by societal factors, such as poverty (about 2.5 million people with mental health live in poverty), poor and unstable housing, adverse childhood experiences, racism, and alcohol and drug abuse (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	< 25.00 days	25.00 – 49.99 days	50.01 – 69.99 days	69.99+ days

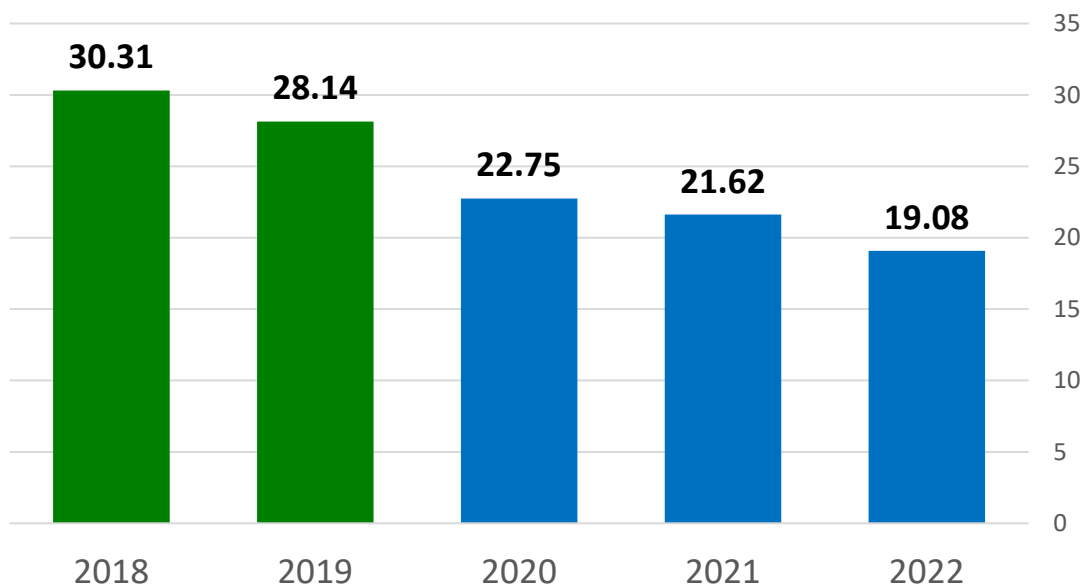
²¹ A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program will not be counted.

For the ***Involvement in the Criminal Justice System*** outcome, the program averaged an ***Exceeds Expectations*** rating of 19.08 nights spent in jail in 2022.

Compared to 2021, the program average performance for ***the Involvement in the Criminal Justice System*** outcome **decreased** from 21.62 to 19.08 nights spent in jail, maintaining an ***Exceeds Expectations*** rating in 2022.

Throughout the past 5 years, the ***Involvement in the Criminal Justice System*** outcome has gradually decreased with a notable shift from 30.31 nights spend in jail in 2018 (***Meets Expectations***) to 19.08 nights spent in jail in 2022 (***Exceeds Expectations***).

Figure 14. Involvement in the Criminal Justice System FACT Program 2018-2022



PROVIDER PERSPECTIVES

Agency staff demonstrate strength in building participant rapport and meeting them where they're at

- Staff give clients credit for taking ownership of their lives and having realizations that clients want more for themselves
- Staff are advocating more for clients (e.g. medication support, getting to know them, answering after-hours calls, celebrating client achievements,
- Agency reports that a strengths-based approach makes a difference with client (e.g. encouragement and positive affirmations)



HOMELESSNESS

Metric	The average number of nights spent in a homeless shelter or on the street per program participant per year.
Intent	<p>Nights spent homeless will be reduced.</p> <p>Individuals with disabilities are challenged to find safe, accessible and affordable housing.</p> <p>The intent is to provide adequate supports in the community and to encourage independence through working to help individuals with disabilities to live in and to view living arrangements as their home.</p>
Rationale	<p>“According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the U.S. At a minimum, 25% of these people were seriously mentally ill, and 45% had any mental illness.” (bbrfoundation.org)</p> <p>“Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing.” (bbrfoundation.org)</p>

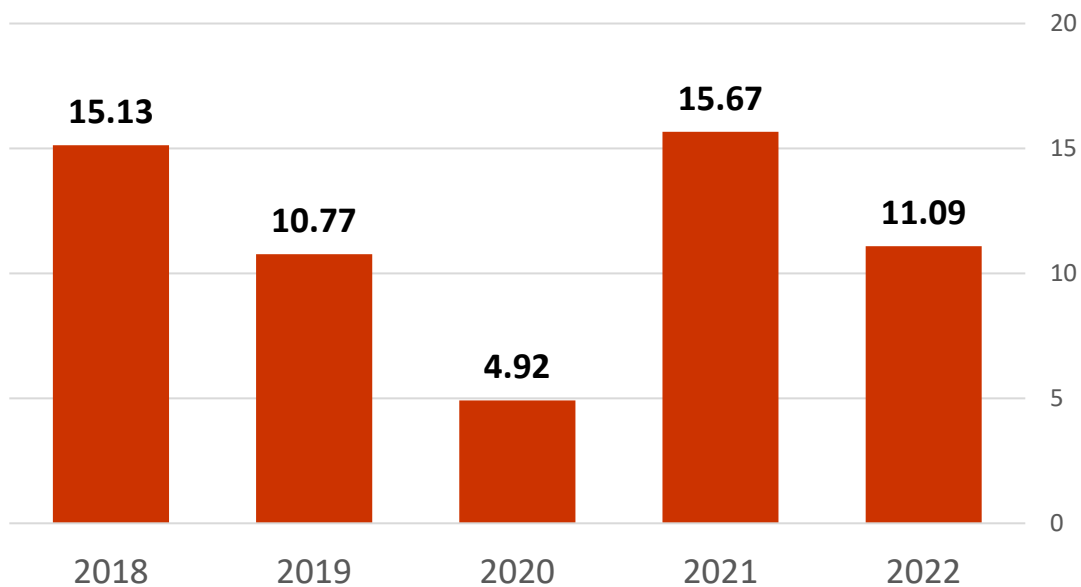
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < .41 night	3 0.41 – 1 night	2 1.01 – 2 nights	1 2+ nights

For the **Homelessness** outcome, the program averaged a **Does Not Meet Minimum Expectations** rating of 11.09 nights spent without housing in 2022.

Compared to 2021, the program average performance for the **Homelessness** outcome **decreased** from 15.67 to 11.09 nights spent without housing, maintaining a **Does Not Meet Minimum Expectations** rating in 2022.

Throughout the past 5 years, the **Homelessness** outcome has maintained a **Does Not Meet Minimum Expectations** rating, with variance ranging from 4.92 nights spent without housing in 2020 to 15.67 nights spend without housing in 2021.

Figure 15. Homelessness FACT Program 2018-2022



PROVIDER PERSPECTIVES

- Some reasons for homelessness, as stated by the agency, are eviction, natural consequences, and clients going in/out of the hospital/prison; homelessness score is based on a few clients that were homeless for a long time
- Agency reports that it would be helpful, as a best practice, to have a therapist on staff
- Some clients experiencing homelessness often need a higher level of care



PARTICIPANT SATISFACTION

Metric

The percentage of program participants who reported satisfaction with services, including questions in the areas of access to services, staff support, empowerment, impact of services, suggestions for improvement, and unmet needs

Intent

Program participants will report satisfaction²² with the services that they receive. Program participants are the best judge of how services and supports are meeting their needs. Increasing literature finds that involving participants in the delivery or re-design of health care can lead to improved quality of life and enhanced quality and accountability of health services (Bombard et al., 2018).

Rationale

When asked, many people who have struggled with brain health or addiction voice that the most important part of their recovery was finding a support plan that worked with them as an individual and not just as part of a system. Strengths-based programs that are person-centered allow individuals to work toward recovery at their own pace and utilize resources that will help them improve (NAMI).
One key measure of service programs is satisfaction.

- Assessing the perceptions of individuals is an essential part of evaluating and planning services and an important component of respect for self-direction and autonomy. (Copeland, Luckasson &Shauger 2014)
- Eliciting satisfaction from participants yields beneficial information for service providers. (Copeland, Luckasson &Shauger 2014)
- Clients have a wealth of information regarding the functioning of social service programs, and client satisfaction surveys provide the client perspective on those aspects of the service that are important to them. (Spiro, Dekel & Peled, 2009)

Client satisfaction surveys empower clients by giving them a voice in the evaluation and, indirectly, in the management of services.(Spiro, Dekel & Peled, 2009)

	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
Performance Ratings	4	3	2	1
	95%+	90% - 94%	85% - 89%	< 85%

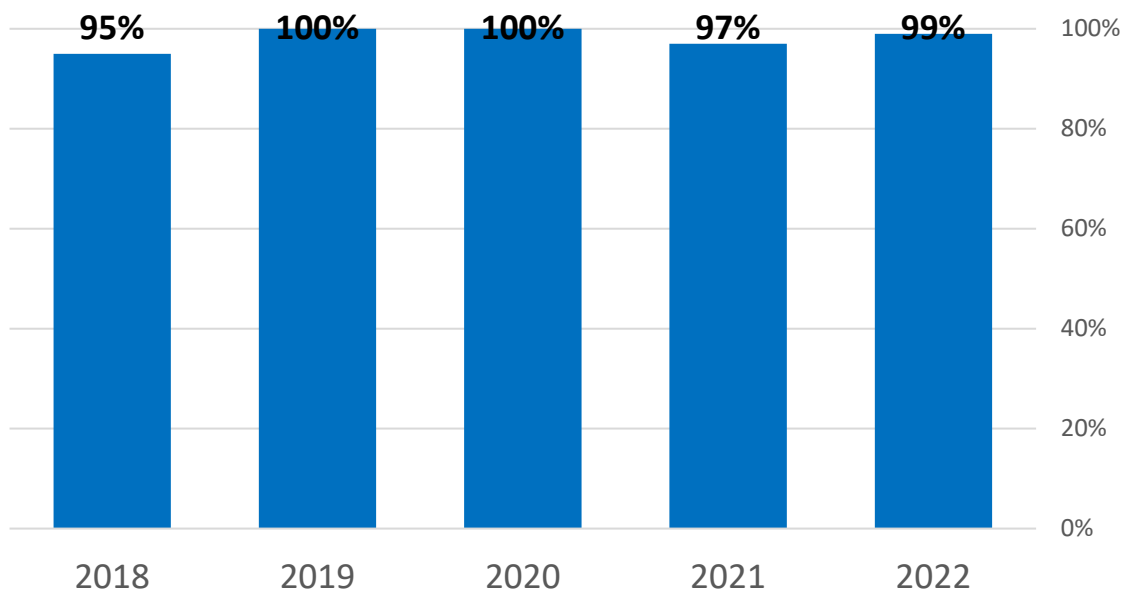
²² Satisfaction is determined by the independent evaluator interviewing a 10% sample of program participants. Via a survey asking program participants questions regarding access, empowerment, and service satisfaction.

For the **Participant Satisfaction** outcome, the program averaged an **Exceeds Expectations** rating of 99% in 2022.

Compared to 2021, the program average performance for the **Participant Satisfaction** outcome **increased 2%**, from 97% - 99%, maintaining an **Exceeds Expectations** rating in 2022.

Throughout the past 5 years, the **Participant Satisfaction** outcome consistently received an **Exceeds Expectations** rating, with little variation.

Figure 16. Participant Satisfaction 2018-2022 FACT Program



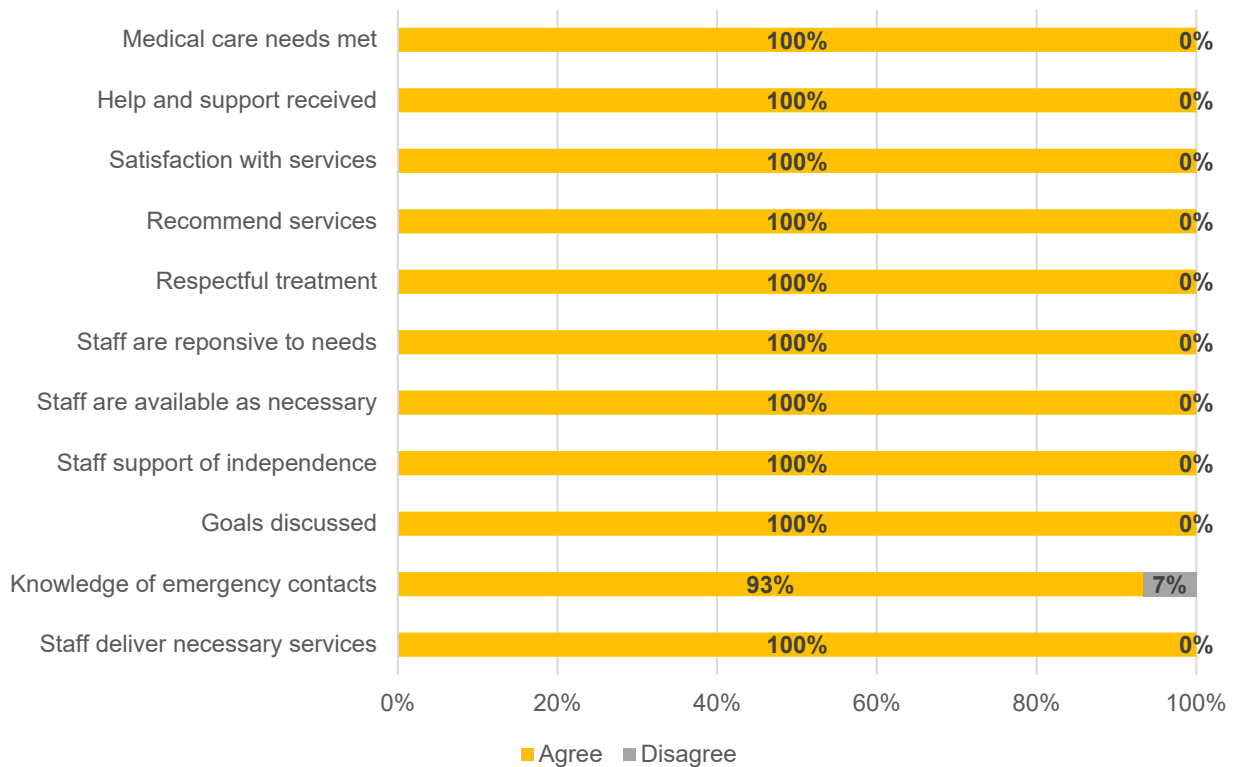
PROVIDER PERSPECTIVES

- An item included in participant satisfaction is whether or not clients know who their emergency contacts are; the agency has used crisis cards/magnets in the past and may reinstate them to help inform clients of their emergency contacts

Figure 17 shows rates of agreement by item from the 2022 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, and, within the program, participants were most likely to report that:

- They were treated with respect (100%).
- They received help and support (100%).
- Staff support their independence (100%).
- Staff are responsive to their needs (100%)

Figure 17. Participant Satisfaction FACT Program Survey by Item 2022



Eyerly Ball FACT Participant Comments (N=15)

Services Delivered Effectively

Yep, oh yeah. If you go to jail, they have offices in the jail and your case manager will come see you at the jail, and will be in the courtroom with you to make sure your medications are good. They have [their] bases covered.

Yep, I talk to [staff] like two or three times on a bad week. Good weeks it's every Wednesday for about an hour on the phone.

Yes, just whatever I need, I can call and tell them, and they make arrangements to help me as quick as possible.

Yes ultimately. Like [staff] even texted me yesterday to see if I took my meds even though they're on vacation.

Yeah, they do. They like ...every other month they come to us and we have to review our goals.

Positive Relationships with Agency or Staff

They don't just look at the fact that I have a disability. They treat me like a person. I'm not looked at as just a client.

[I would tell a friend] they help you get back on your feet. [It's a] good program. Can't say enough good about it. It's been a lifesaver to me.

Yeah, I mean they're busy because they have low staff, but they work with me. And they're great with that. They go the extra mile with their clients.

Yeah, I feel heard, and they listen.

They make you feel like you're worth something: self-worth, and [that you can] accomplish something with the support of a team behind you.

Positive Impacts of Services

I'm trying to convince myself to have a better life than I have now. Eventually I won't need as much as I do now. Every time I come in I work on it.

Tell them, 'thank you very much' for helping me. I respect this program. I got in this program when I was in prison. I got out in 2014 and went back in. I got in the program and haven't been back [to prison].

It's easier to manage being around people and being able to work more.

Oh yeah, they [staff] help me go down avenues to find jobs to work from home even though I'm [differently abled]. They help me feel not so worthless. Without them I'd probably be in jail or dead.

Yeah, I do, like I said, it's kept me out of jail and that's the best thing that's happened to me. I've stayed out of trouble since I've been with them.

Oh yeah, before I was just stuck in my apartment. I didn't go nowhere. I didn't go outside. Now they give me the momentum to go out and do things.

Concerns

The structure, I guess. Every time I met with somebody, it's just fluctuation within the staffing and all that jazz that are the actual problem. Because once you actually get used to an individual, another individual comes in. And to me that actually disrupts the person's progress within their mental health status. It's like a therapist. If you see a therapist for a year or so you're going to be opening up to them. If you have to switch up to another therapist that would change things.

My opinion on the whole Eyerly Ball situation is that it's not a hundred percent alright, but it's like ninety percent. So, there it would be questionable on the aspects of me referring somebody. The reason I say that is because I've been misdiagnosed in my time at Eyerly Ball and I've had maybe four different diagnoses, so I think that's a little messed up that that's actually happening.

COVID-19

Things are different since the pandemic. [You] can't just hang out at the office like you used to.

I had to be quarantined so I needed some food items. So [staff] brought them to my doorstep and set them outside my door for me.

They helped as much as they could. They helped me get tested when necessary, so they helped me out.

Yes, well, when the pandemic started ...I have a teenage child that lives with me. I could do my therapist appointments over the phone instead of going in-person and being exposed with my child in the house. They would take me to the grocery store themselves instead of me exposing myself to COVID on public transportation. Especially with a kid in the house. They also helped me go do the things I needed to do to get my daughter in online school. So they helped a lot with COVID struggles.

Suggestions

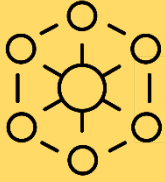
More outings. Go out to monster truck-themed things. They only do the fair thing once a year or brat cookouts, fishing, a movie once-in-a -while. I would put wrestling or a monster truck in there to liven everything up.

I'd get them a new building as soon as possible, one with space. It would be nice to have some space for group meetings as well as [to] be easier on the staff.

It would be nice if there was a place [where] people could go hang out like they used to.

I'd probably say availability, just because sometimes crises don't happen in the daytime.

The program is actually a great program. It just needs more ways for people to be referred.



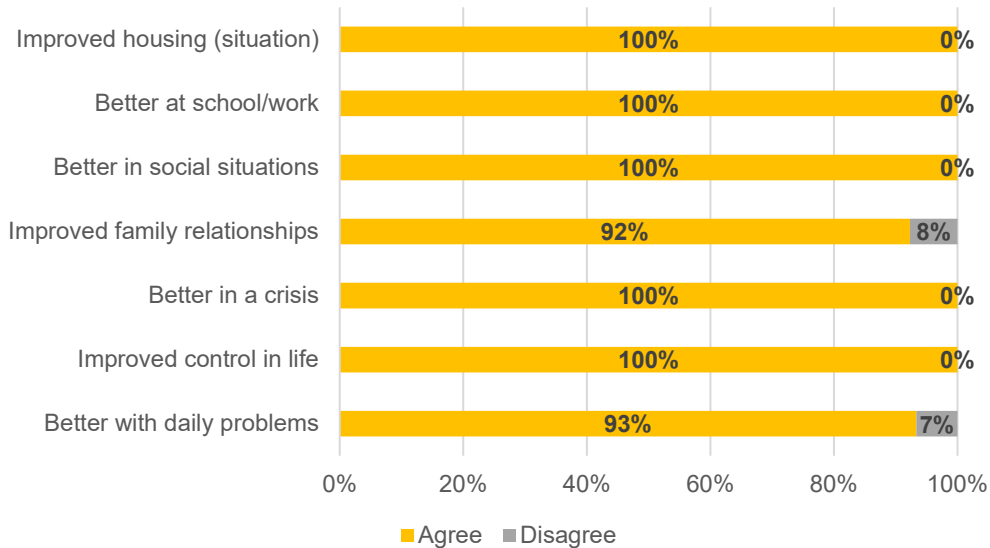
QUALITY OF LIFE

Metric The Quality of Life outcome is based on participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities.²³

Intent Increase participant satisfaction with housing, employment, education, and recreation/leisure activities.

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	95%+	85% - 94%	80% - 84%	< 80%

Figure 18. Quality of Life FACT Program Survey by Item 2022



²³ Since I entered the program...

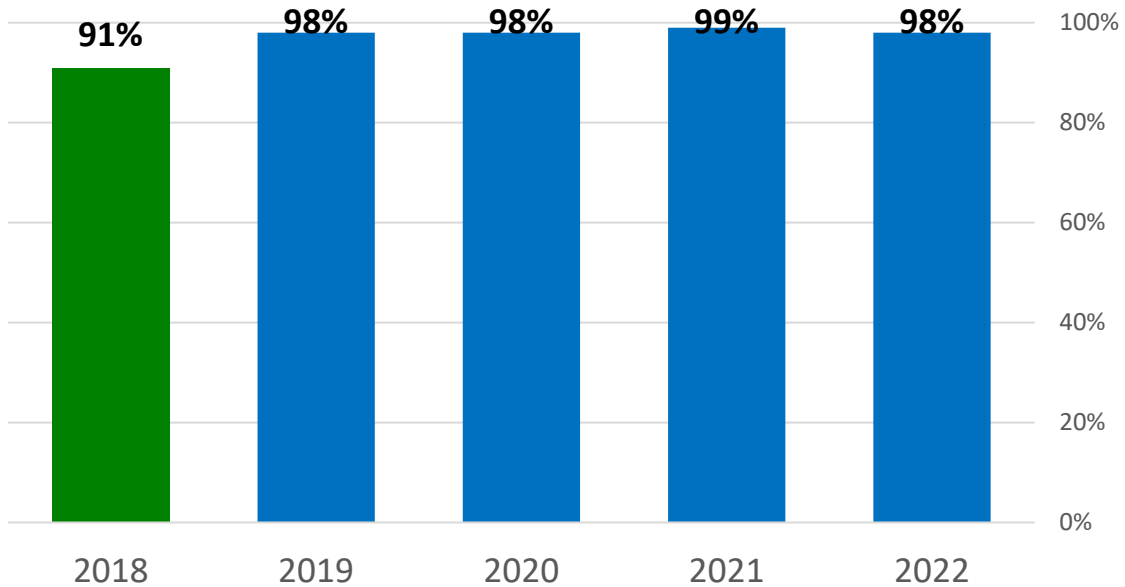
1. I deal more effectively with daily problems
2. I am better able to control my life
3. I am better able to deal with a crisis
4. I am getting along better with my family
5. I do better in social situations
6. I do better at school or work
7. My housing situation has improved

For the **Quality of Life** outcome, the program averaged an *Exceeds Expectations* rating of 98% in 2022.

Compared to 2021, the program average performance for the **Quality of Life** outcome **decreased 1%**, from 99% - 98%, maintaining an *Exceeds Expectations* rating in 2022.

Throughout the past 5 years, the **Quality of Life** outcome increased steadily from 91% in 2018 (*Meets Expectations*) to 99% in 2021 (*Exceeds Expectations*) and then dropped 1% in 2022.

Figure 19. Quality of Life FACT Program 2018-2022





FAMILY AND CONCERNED OTHERS SATISFACTION

Metric	Families/Concerned Others will report satisfaction with services.			
Intent	The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individuals supported and his/her family member with the needed services and supports. Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of fifteen program participants from each agency's program. The Polk County Region's expectation is service excellence. They expect that the vast majority of family members will rate their agency's program services in the highest category.			
Performance Ratings	Exceeds Expectations 4 95%+	Meets Expectations 3 90% - 94%	Needs Improvement 2 85% - 89%	Does Not Meet Minimum Expectations 1 < 85%

Figure 20. FACT Concerned Others Satisfaction by item

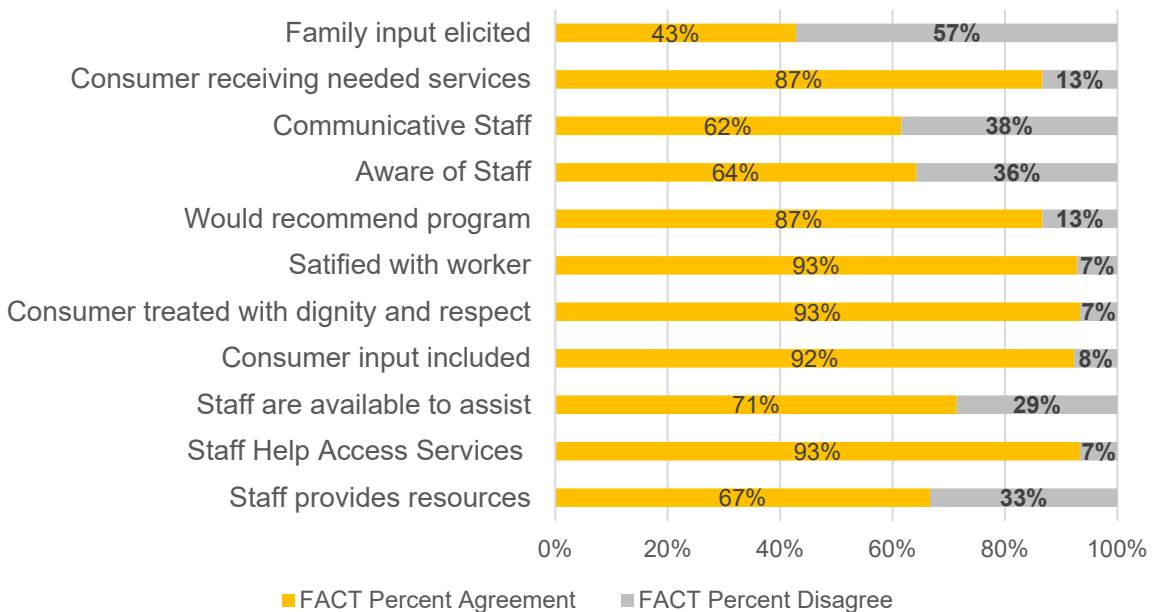


Figure 19 shows FACT **Concerned Other Satisfaction** by item.

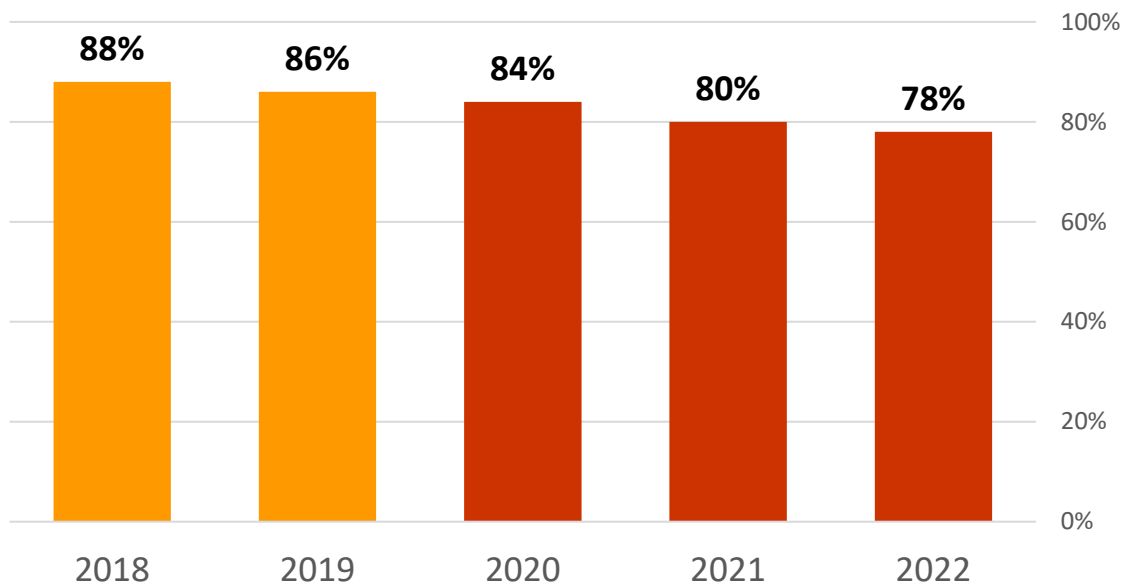
- Most respondents (92-93%) agreed that FACT participants are *treated with dignity and respect*, they are *satisfied with their worker*, and *participant input is included*, and *staff help access services*.
- Respondents were less likely to agree that family input was elicited (43%), staff were communicative (62%), and they were aware of who staff was (64%), and that staff provide resources (67%).

For the **Family and Concerned Others Satisfaction** outcome, the program averaged a **Does Not Meet Minimum Expectations** rating of 78% in 2022.

Compared to 2021, the program average performance for the **Family and Concerned Others Satisfaction** outcome **decreased 8%**, from 80% - 78%, maintaining a **Does Not Meet Minimum Expectations** rating in 2022.

Throughout the past 5 years, the **Family and Concerned Others Satisfaction** outcome has decreased steadily from 88% in 2018 (**Needs Improvement**) to 78% in 2022 (**Does not Meet Minimum Expectations**).

Figure 21. Family and Concerned Others Satisfaction FACT Program 2022



PROVIDER PERSPECTIVES

- The agency reports that they can improve communication with family and concerned others about the structure of the team (e.g. shared caseload – part of the ACT model)
- Historically, the agency distributed a FACT newsletter to families but it was discontinued due to staff leaving the agency

Eyerly Ball FACT Concerned Other Comments (N=15)

Services Delivered Effectively

They do really well. [Participant] avoids them, so that's hard. So they contact them. They deliver meds every day. And Wednesdays and Fridays they give them a ride here.

Yes, I talk to them every week and once a month we have a sit-down ...sometimes more.

They only contact me when they can't get a hold of them. I'm okay with that.

Wednesday is the day they get ahold of [participant] or me. [Staff] picks them up on Friday to give them a ride or to coffee. [Staff] and I have a sit-down at least once a month. I text them and I have contact with them. I try not to bother [them] because they know what they are doing and keep me very informed.

I agree. They help with doctors' appointments and meds. They're very good. [They] listen to them and take time to be with them. They weren't going to any outings, and they finally got them to go. Any problems they have they help with.

Positive Relationships with Agency or Staff

I already have [recommended the program to], several people. I said it's a special program. They help you with everything you need. Help you with doctors, take you to group functions. It's not just one-to-one. [They] take the gang to eat. It's really helpful. I told a lot of people, got their card and gave it to them.

I just think they've done a good job keeping up with what's going on around them. They talk to them. They'll sit and talk to them. They're not in a hurry to get away from them. They'll listen, and I like that.

[Staff] has come into our lives and really helps us out. I like their style and how they take care of things.

I talked to [staff] before. They're good at responding when there is an issue.

I sure would. I really would. I would tell them, 'It's a program that really tries to help people who society doesn't or can't help because of a problem they have.'

Positive Impacts of Services

[They're] staying at their apartment more instead of coming home. That's getting better. And they're getting better about managing their money ...and getting out more.

Big changes. They got out of prison and has had problems with the drugs. But they're doing so much better. They've got a counselor and they changed their medicine and found a better-quality medicine. Before they were so down and secretive and now they smile and laugh a bit... They're coming out of their shell. Their meds have been the biggest part of their turn around, getting the right doses. They're working and they like it. Before on days off they used to just sleep and now they will work in the yard or go shopping or see a movie.

They [got] them into their own place and they really like it. We couldn't have moved them out of the basement without them. They talk with their landlord. I'm real happy about their place and they really like it.

They made them more stable. They aren't out getting in trouble and stuff. They are teaching them life skills.

Definitely, yes, like I said, they're more active and wanting to do things. I try to get them out of the house once or twice a week and now they want to. [They] come to family functions, call me like every day.

Concerns

There've been a couple of times I needed to get ahold of them and couldn't. It was important at the time that I did.

Every year I say the same thing. I would love to have more contact, but it never happens.

They asked several times for things, and they never helped. They wore for two months the pants they came out of prison with. They asked if they would help them do laundry and they said no. They don't take them to get groceries. With a broken arm you would think someone would help them cook, clean, and get groceries, but no.

Between the prison people and social security people I get a little confused with the timeline.

I don't know. I don't know what the program is about, to be honest.

COVID-19

Yes, and they got them vaccinated and taken care of early. That was incredible. They got right on it and they were masked and willing to do that too because they're compliant to work with them.

There was a couple times when people were sick but we were able to stay in contact.

For a while it was touch-and-go, but they adjusted well. Yes, they stayed in contact.

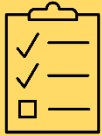
Suggestions

I think that there should be more contact made with the family or point of contact, so we know what is going on. I would love to be included with the yearly care plan and they never include me. I would love to see them get the staff they need so the staff isn't so overworked.

I can't think of any, other than figuring out better housing options for people with a record. They weren't of age when it happened so that is just hard to deal with that.

I think they have. There are a couple of things that they need still. They need money management classes. And I'm not sure they have many classes and stuff ...but just something to help them function in the real world.

I think that [participant] should've gone to services like this the minute they left prison and was in the halfway house ...before they get out on the street with no supervision. I think therapy really could've helped them then because they always end up dealing drugs.



ADMINISTRATIVE OUTCOMES

Table 2. Administrative Outcome Subcategory Performance Thresholds

Outcome	Does Not Meet Minimum Expectations 1	Needs Improvement 2	Meets Expectations 3	Exceeds Expectations 4
Completed Level of Functioning	< 89%	89% - 93%	93% - 97%	97%+

Performance in the **Administrative Outcome**, Completed Level of Functioning, the FACT program continues a four-year trend of consistently receiving an **Exceeds Expectations** rating.

Figure 22. Administrative Outcomes FACT Program 2021-2022

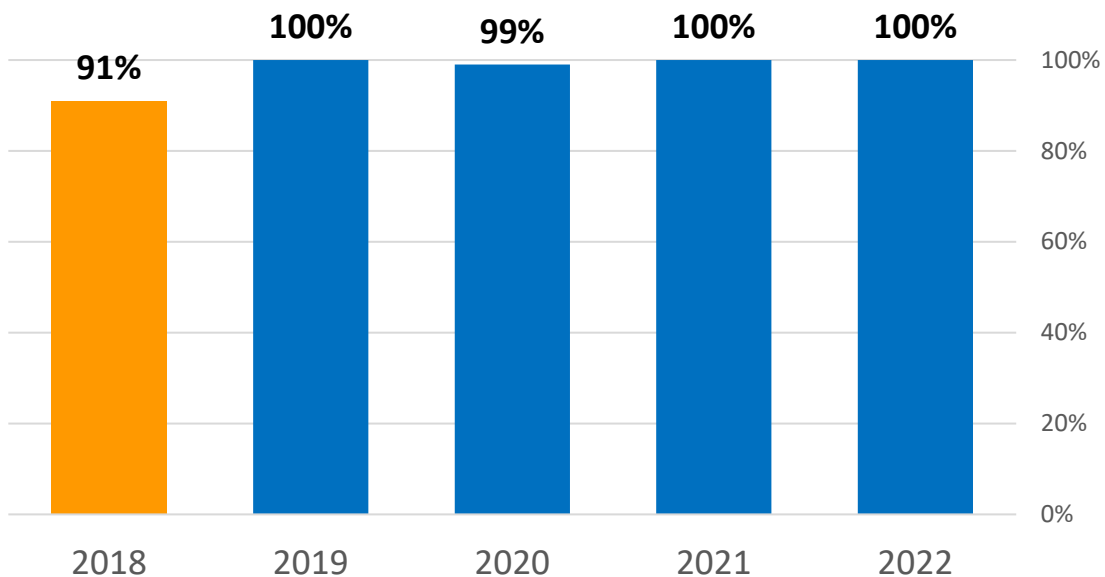


Table 3. FACT Summary Table Performance 2022

	2022	
	Performance	Score
Housing	90%	4
Engaged Toward Employment	28%	3
Working Toward Self-Sufficiency	17%	4
Education	16%	3
Access to Somatic Care	92%	2
Community Inclusion	89%	4
Participant Empowerment	80%	1
Negative Disenrollment	20.95%	2
Hospital Bed Days	5.06	3
Emergency Room Visits	0.11	4
Involvement in the Criminal Justice System	19.08	4
Homelessness	11.09	1
Participant Satisfaction	99%	4
Quality of Life	98%	4
Family and Concerned Other Satisfaction	78%	1
Administrative Outcomes	100%	4
Agency Overall Performance	75%	3