Polk County Mental Health & Disability Services Region

2022 Integrated Health and Service Coordination

Outcomes Evaluation

LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

System performance in *Housing, Emergency Rooms Visits for Psychiatric Care, Participant Satisfaction,* and *Negative Disenrollment* remains high and stable, with all four outcomes *Exceeding Expectations* over the last 5 years throughout challenging circumstances (except for 2020 Participant Satisfaction).

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

"If it were not for the services, I would be in a worse place than I am now. I wouldn't be able to get to appointments, to the food pantry, or access to resources in the community if not for them. That is life and death there"

"I just feel better. I feel safer...before the program I was not safe. I couldn't fully support myself and I didn't have a foundation."

Agencies cite limitations in staff capacity as a barrier to improved performance across outcome areas

In 2022, four outcome areas (*Working Toward Self-Sufficiency, Engaged in Employment, Access to Somatic Care*, and *Family and Concerned Others Satisfaction*) received the **lowest relative performance** rating across the last 5 years. *Community Inclusion* received the second-lowest rating in the last 5 years.

IHH-SC agencies described the impact of **high staff turnover** in each of these outcome areas and noted the link between **low staffing levels, limited spaces** in support programs, and **compromised ability to provide transportation** to facilitate participant achievement in *Employment, Community Inclusion,* and *Somatic Care.* In addition, agencies noted adequately training new staff in extensive documentation expectations (including Medicaid reporting) plays a role in the downward trend in *Participant Empowerment* performance.

The system is increasing healthy days in the community by preventing adverse participant experiences

Longitudinal trends in both *Homelessness* and *Involvement in the Criminal Justice System* indicate increased healthy days in the community, with both outcomes **steadily decreasing**. Between 2020 and 2022, **nights spent homeless decreased** by 1.12 nights and between 2019-2022 **days in jail decreased** by 2.92 days at the system level.

Rates of *Psychiatric Hospitalizations* have **similarly decreased steadily** over 2018-2021, with a decrease of 1.51 hospital days on average across four years. However, this trend did not continue in 2022, with an increase of 0.87 days in the hospital compared to 2021.

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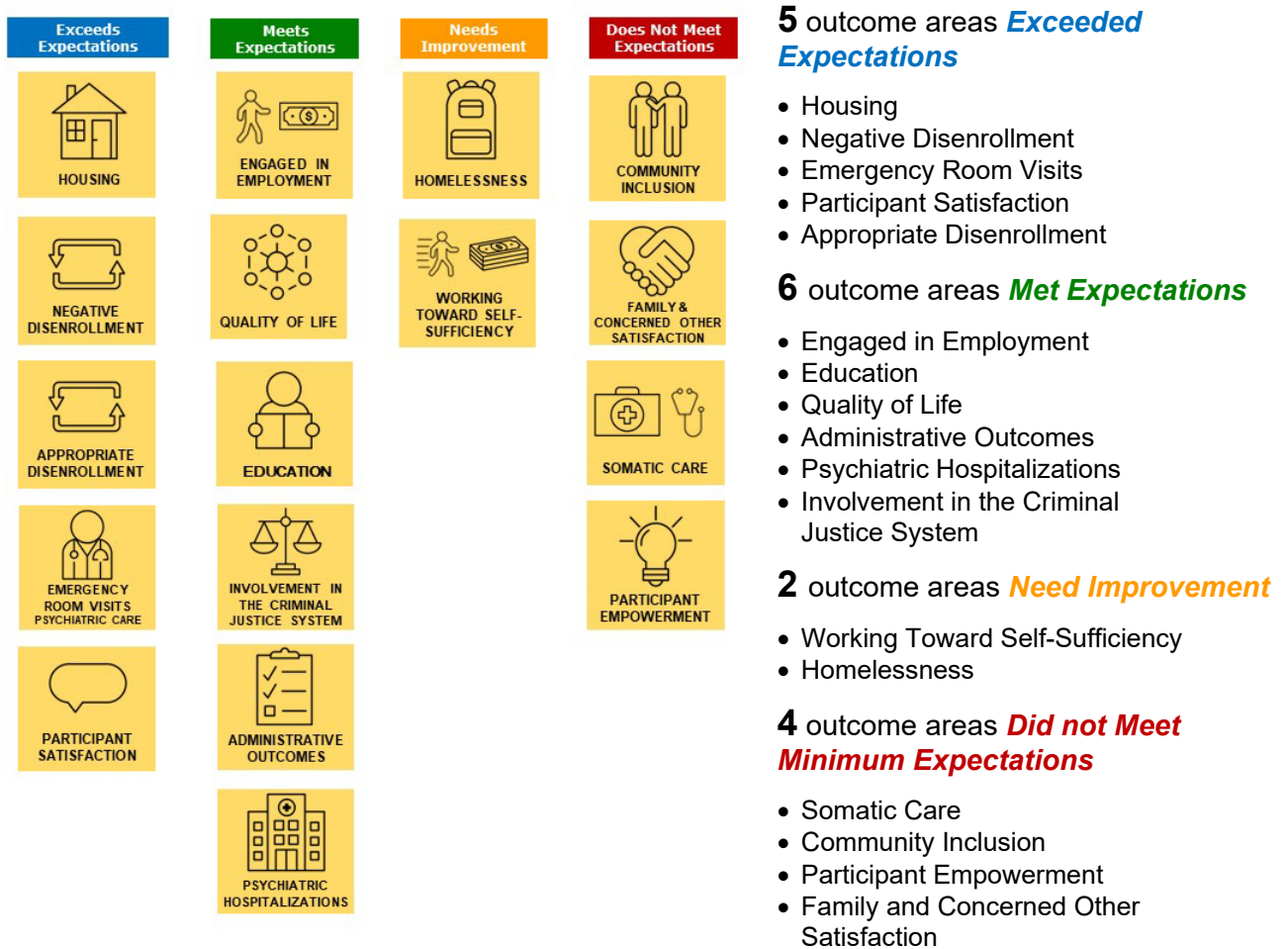
Coordination Services Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Integrated Health Home and Service Coordination Programs from July 1, 2021, through June 30, 2022. The Coordination Services program consists of the three Integrated Health Home (IHH) and Service Coordination (SC) agencies, namely, Broadlawns Medical Center, Community Support Advocates (CSA), and Eyerly Ball.

In 2022, the IHH-SC System *Met* or *Exceeded Expectations* in **11** of **17** outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance IHH-SC System Averages

5 outcome areas *Exceeded Expectations*

- Housing
- Negative Disenrollment
- Emergency Room Visits
- Participant Satisfaction
- Appropriate Disenrollment

6 outcome areas *Met Expectations*

- Engaged in Employment
- Education
- Quality of Life
- Administrative Outcomes
- Psychiatric Hospitalizations
- Involvement in the Criminal Justice System

2 outcome areas *Need Improvement*

- Working Toward Self-Sufficiency
- Homelessness

4 outcome areas *Did not Meet Minimum Expectations*

- Somatic Care
- Community Inclusion
- Participant Empowerment
- Family and Concerned Other Satisfaction

|	Does Not Meet Minimum Expectations 1	Needs Improvement 2	Meets Expectations 3	Exceeds Expectations 4
Overall Performance	<63%	63%-74%	75%-87%	88%+

Three entities serve as Coordination Service Agencies to Polk County residents, namely Broadlawns, Community Support Advocates (CSA), and Eyerly Ball. There was a range of *Overall Performance* in 2022, with one agency *Meeting Expectations*, and two agencies receiving a *Needs Improvement* rating for *Overall Performance* in 2022.

Figure 2. 2022 Overall Performance by Agency
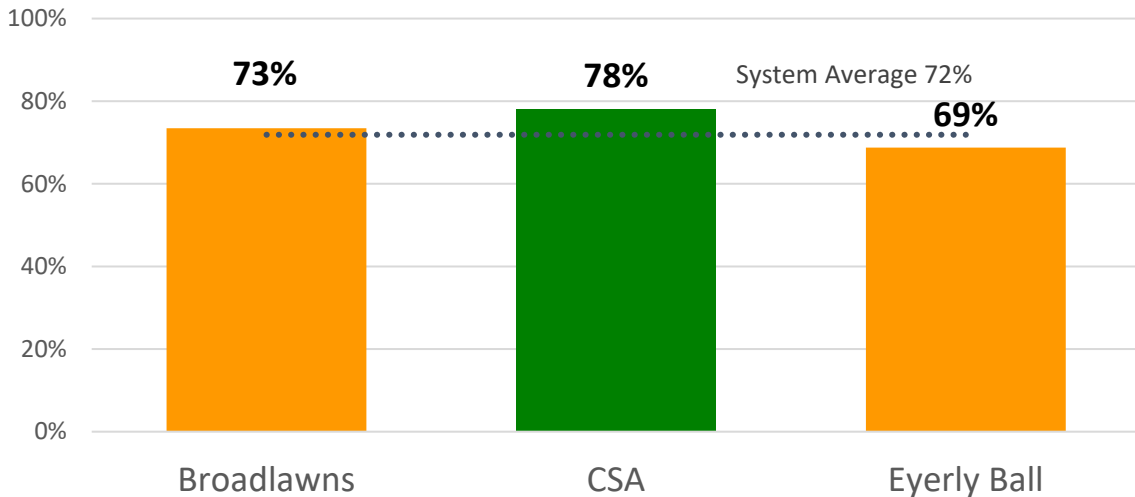
The Coordination Services Evaluation shows that the Coordination Services network continues a five-year trend of *Needing Improvement* in 2022, with a system average of 72%.

Figure 3. IHH-SC System Performance 2018-2022
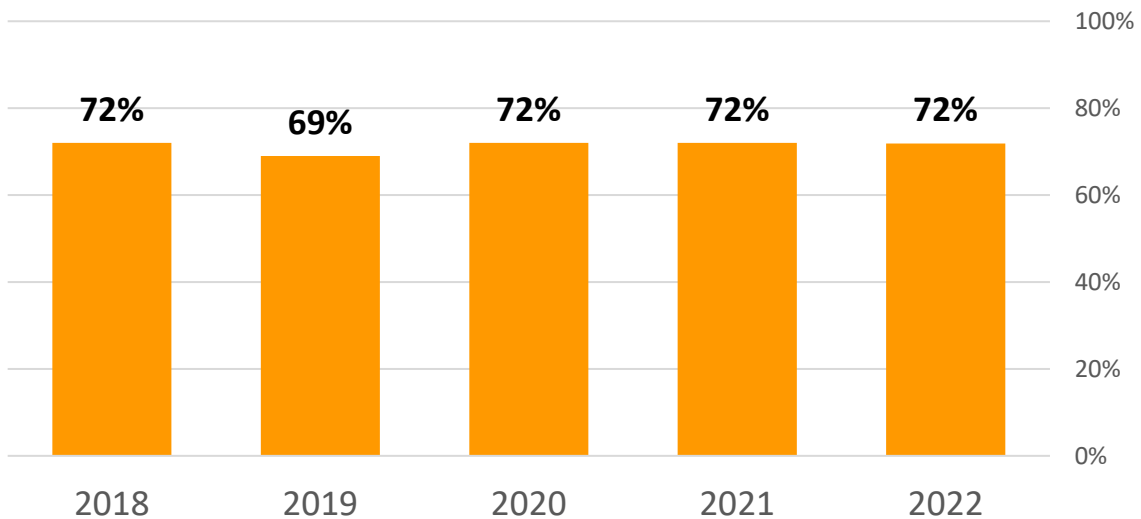
Coordination Services Outcomes

To evaluate agency performance, the Polk County MHDS Region uses 17 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 Coordination Services Evaluation includes 17 outcome areas, outlined below

1. **Quality Services**
    1. Participant Satisfaction
    2. Quality Of Life
    3. Family And Concerned Others Satisfaction
    4. Negative Disenrollment
    5. Appropriate Disenrollment
    6. Participant Empowerment
    7. Administrative Outcomes
2. **Community Integration**
    8. Housing
    9. Engagement Toward Employment
    10. Working Towards Self-Sufficiency
    11. Education
    12. Access To Somatic Care
    13. Community Inclusion
3. **Healthy Days In The Community**[1]
    14. Homelessness
    15. Involvement In The Criminal Justice System
    16. Psychiatric Hospitalizations
    17. Psychiatric Emergency Room Visits

Table 1. Average number of Participants by Agency 2022

Program	Avg. No. Participants		Typical Population per Program Directors
	FY21	FY22	
Broadlawns	806	659	Mental Illness
CSA	218	206	Mental Illness, Intellectual/Developmental
Eyerly Ball	560	428	Mental Illness
IHH-SC System	1,584	1,293	

[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	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. 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.
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 4 89%+	Meets Expectations 3 80% - 89%	Needs Improvement 2 70% - 79%	Does Not Meet Minimum Expectations 1 < 70%

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[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.

In the *Housing* outcome, the system averaged an *Exceeds Expectations* rating at 97%.
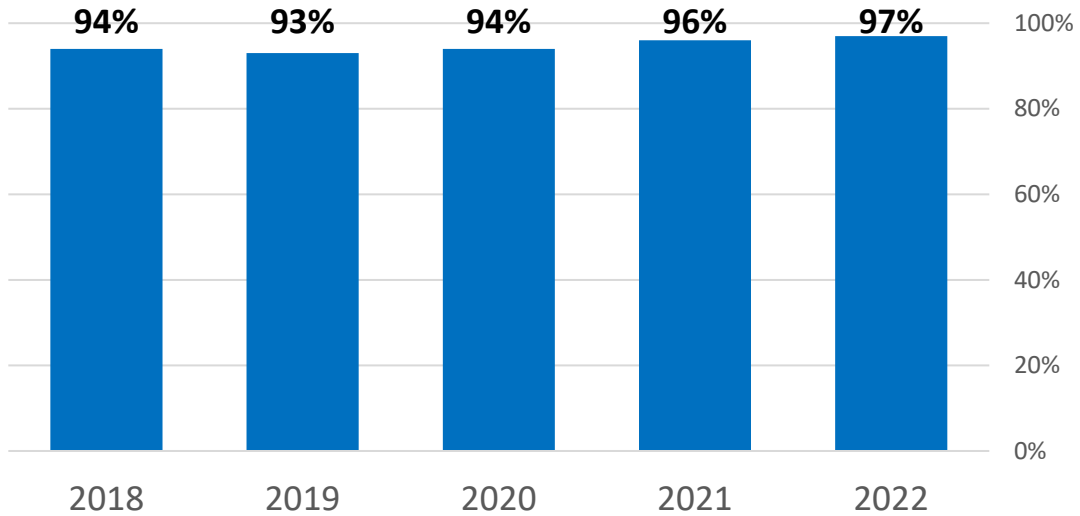
- While all agencies received an *Exceeds Expectations* rating, agencies varied in performance within this performance threshold, with a range of 91%-99%.

Figure 4. Housing by Agency 2022
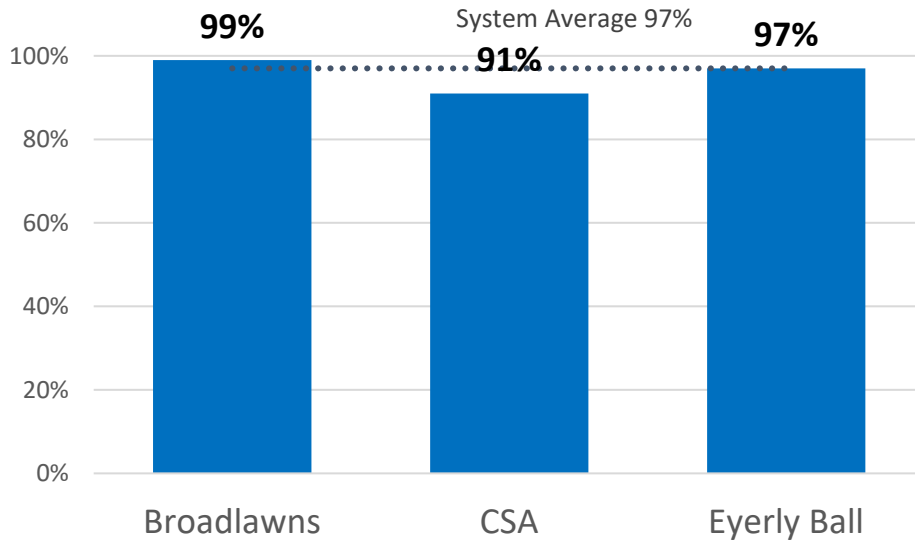
At the system level, *Housing* consistently receives an *Exceeds Expectations* rating, with little variation in the past 5 years.

Figure 5. Housing System Average 2018-2022

PROVIDER PERSPECTIVES

Housing

COVID-related funding ended, and resources are stagnant
- Churches and other establishments that provided rental assistance discontinued aid due to COVID
- All clients must apply for Section 8 and the waitlist is on hold
- There is a lack of resources particularly for individuals with large bills and outstanding balances
- Funding for rental deposits is an ongoing need

Outcome barriers
- Keeping housing checklists updated with staffing shortages and turnover is a challenge
- Extended stay hotels are not affordable and usually the only placement available for individuals on the Sex Offender Registry

Promising practices
- Staff assist with Section 8 paperwork and deadlines, an essential coordination service
- Staff have been able to intervene to prevent participants from losing rental assistance
- Peer supports are working with care coordinators, which relieves stress and anxiety in clients when they have extra help

Employment

Barriers to performance in Employment outcomes include transportation, anxiety around COVID, understanding benefits, employer reluctance and stigma, and limited reporting periods
- Transportation services, such as public buses, are not adequate modes of transportation assistance for clients, due to limited routes and hours of operation
- Another agency reported transportation as the biggest barrier to employment; bus routes do not always run at the time the client needs and/or bus services do not drive routes the client needs
- Some clients are still concerned about COVID-19 and are still experiencing COVID-19-related anxiety about being in the community
- More than one agency explained the need for more benefit planers to help educate clients; clients have concerns about employment and losing benefits
- When clients have sporadic employment, they may not be employed during the reporting periods for agency staff to document
- One agency explained that some employers are hesitant to hire employees who need support; staff advocate for clients

Successes
- It was stated that two clients are earning good wages, maintain long periods of employment, paid vacation benefits, and are appreciated by their employers
- Role identification is a skill that staff can use to encourage clients' employment

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 4 39%+	Meets Expectations 3 18% - 39%	Needs Improvement 2 12% - 17%	Does Not Meet Minimum Expectations 1 < 12%

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[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

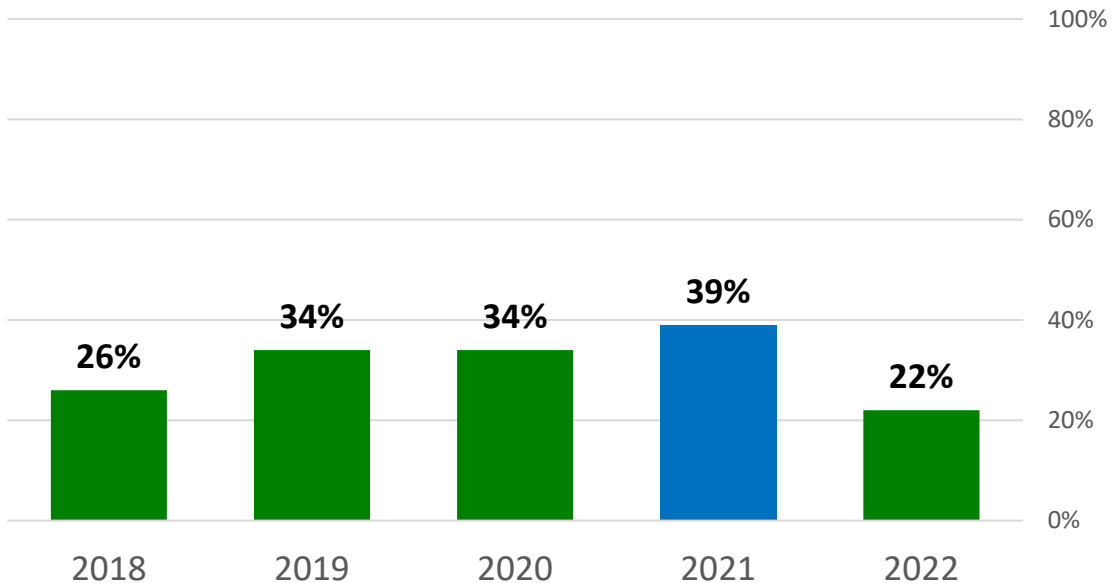For the *Engaged in Employment* outcome, the system averaged a *Meets Expectations* rating at 22% in 2022.

- While all agencies received a *Meets Expectations* rating, agencies varied in performance within this performance threshold, with a range of 20%-28%.

Figure 6. Engaged in Employment by Agency 2022
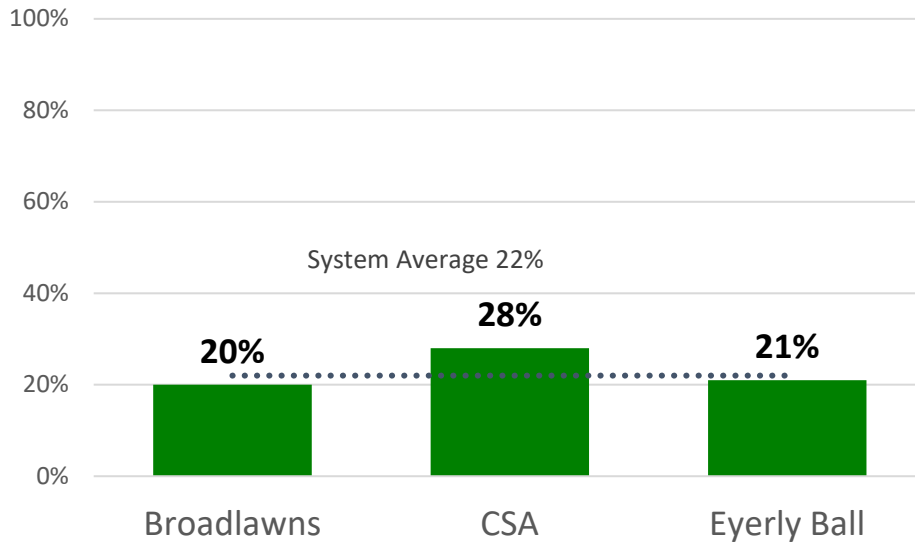
Compared to 2021, the overall system performance for the *Engaged in Employment* outcome **decreased 17%**, from 39% to 22%, moving from the *Exceeds Expectations* category to *Meets Expectations* in 2022.

Figure 7. Engaged in Employment System Average 2018–2022

WORKING TOWARD SELF-SUFFICIENCY

Metric	The percentage of employable individuals working 20 hours or more per week[7] and earning the minimum wage or greater during the specified two-week reporting periods.[8] Results are reported and scored for programs with ten or more employment eligible individuals.[9]
Intent	The number of program participants working at self-sufficiency during the year will increase. The intent is to increase people with disabilities' assets.
Rationale	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.)]. 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).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	32%+	18% - 32%	12% - 17%	< 12%

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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

Figure 7 represents the percent of employed participants at each evaluated agency considered to be **Working Toward Self-Sufficiency** (20 or more hours a week) in 2022.

- One agency *Met Expectations.*
- One agency *Need Improvement.*
- One agency *Did Not Meet Minimum Expectations.*
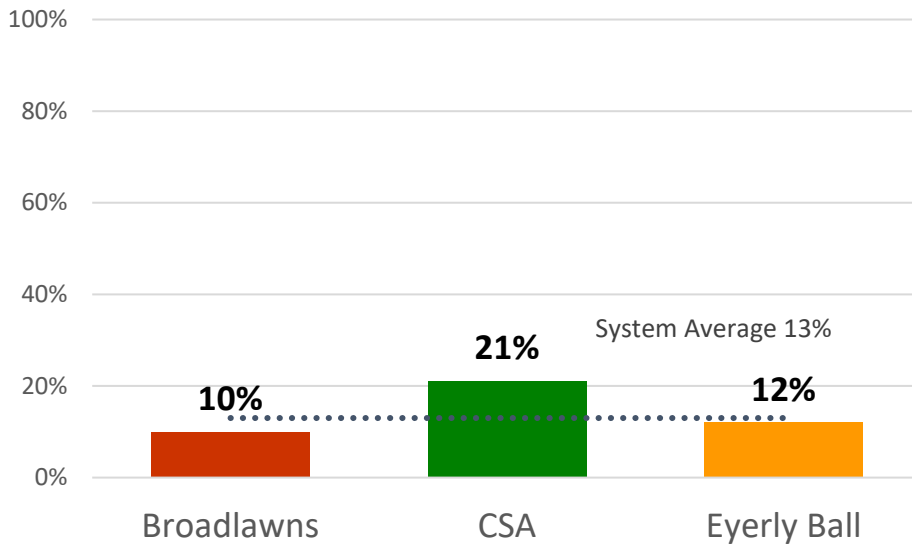
Figure 8. Working Toward Self-Sufficiency by Agency 2022
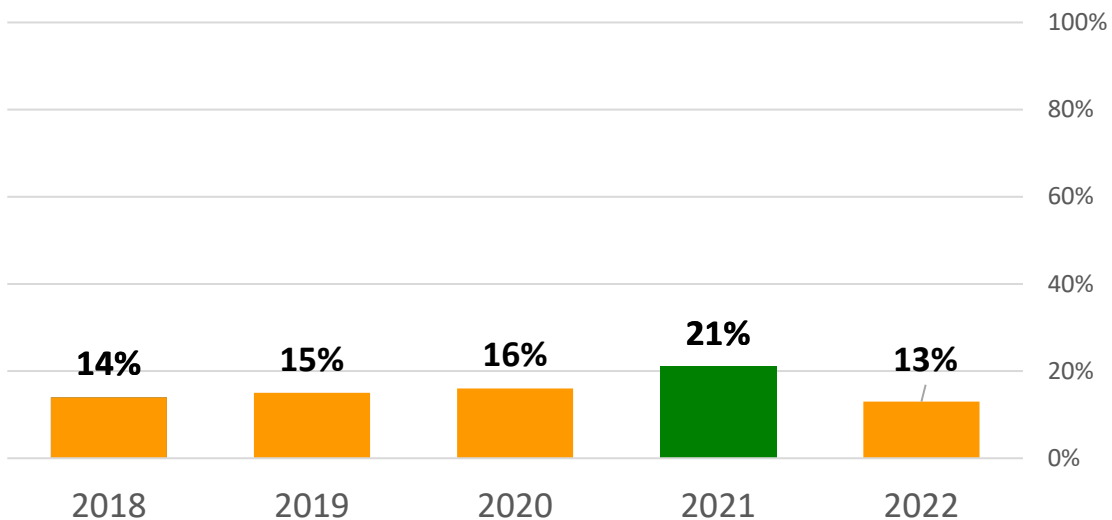

Figure 8 represents the system-level trends in **Working Towards Self-Sufficiency** from 2018 to 2022.

- 2022 performance in the **Working Towards Self-Sufficiency** was the lowest compared to the past five years.
- Compared to 2021, the 2022 system average **decreased by 8%** - from 21% to 13% - moving from the *Meets Expectations* category to the *Needs Improvement* category.

Figure 9. Working Toward Self-Sufficiency System Average 2018-2022

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 4 39%+	Meets Expectations 3 20% - 39%	Needs Improvement 2 10% - 19%	Does Not Meet Minimum Expectations 1 < 10%

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[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.

Figure 10 represents the percentage of employable individuals engaged in **Education** during the fiscal year across agencies.

- Agencies varied in performance, with a range of 9%-35%.
- Two agencies *Met Expectations.*
- One agency *Did Not Meet Minimum Expectations.*
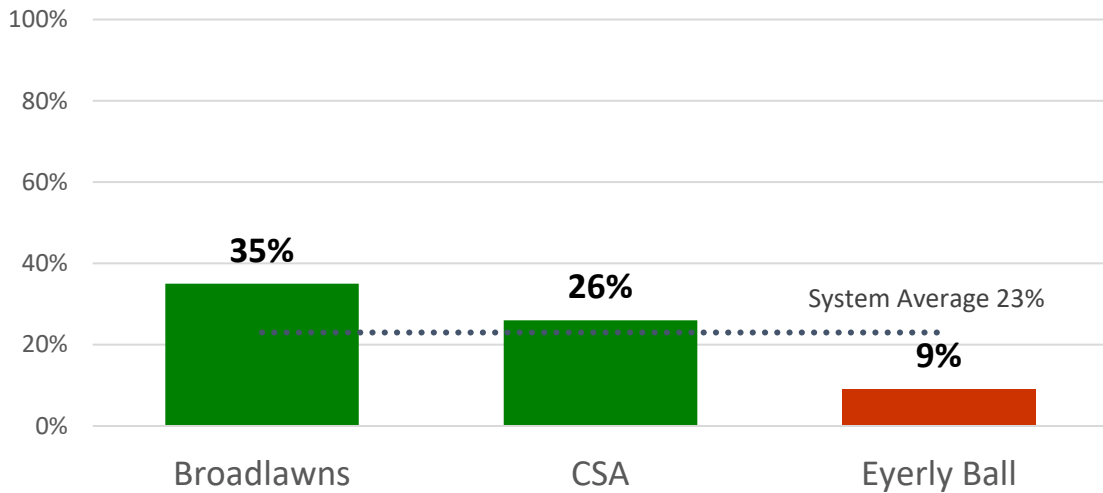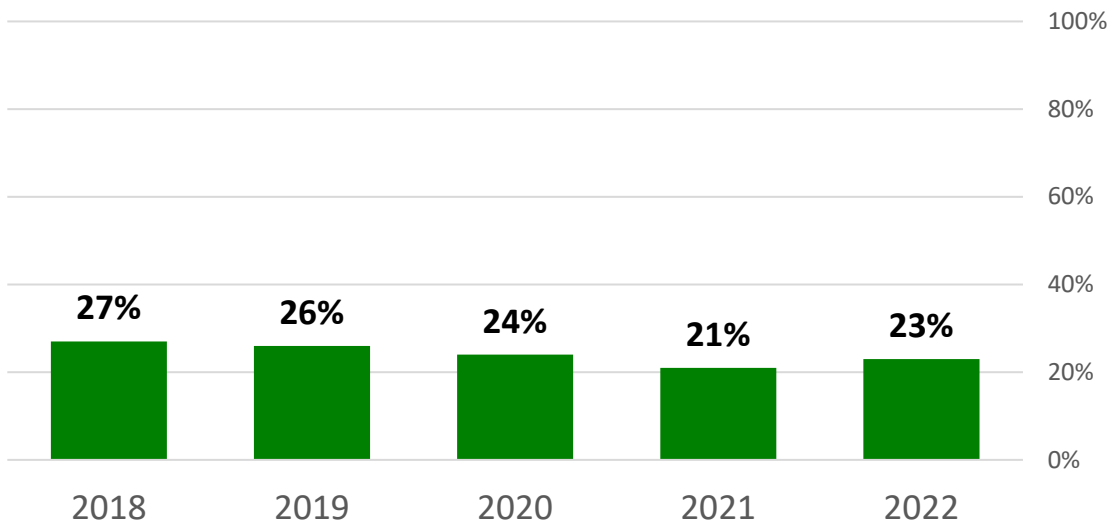
Figure 10. Education by Agency 2022

Figure 11 represents the system-level trends in **Education** from 2018 through 2022.

- 2021 continued a downward trend with a **3% decrease** from 2020.
- 2022 shows an upward trend with a 2% increase from 2021.
- System-level trends from 2018 through 2022 consistently *Met Expectations.*

Figure 11. Education System Average 2018–2022

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%

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[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.

Figure 12 represents the percentage of individuals with documented involvement in **Somatic Care** with a physician.

- Agencies varied in performance, with a range of 79%-92%.
- Two agencies *Did Not Meet Minimum Expectations.*
- One agency *Needs Improvement.*
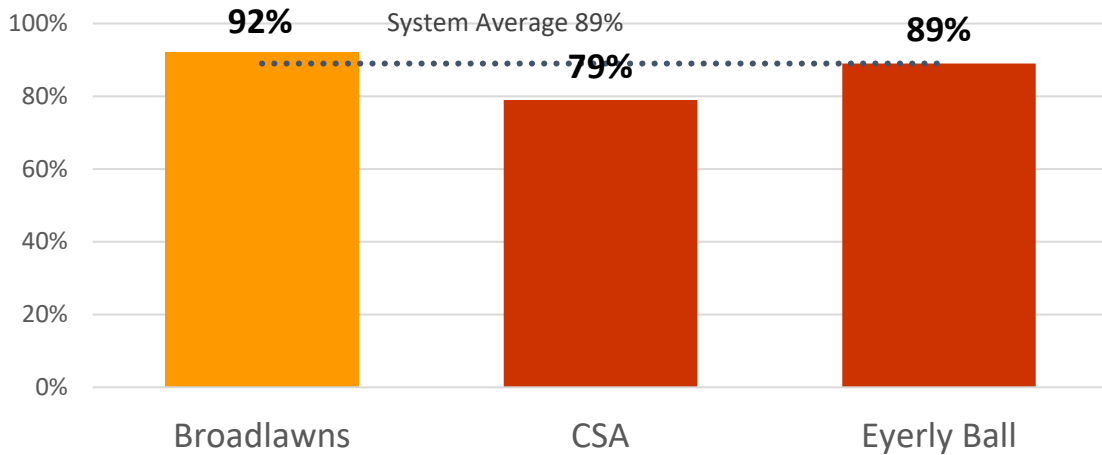
Figure 12. Somatic Care by Agency

Figure 13 represents the system-level trends in **Somatic Care** from 2018 through 2022.

- There was little variation across the five years, with a range of 89%-94%.
- 2021 remained in the *Needs Improvement* category, maintaining a four-year trend.
- 2022 experienced a **decrease of 3%,** moving from the *Needs Improvement* category into the *Does Not Meet Minimum Expectations* category.

Figure 13. Somatic Care 2018-2022
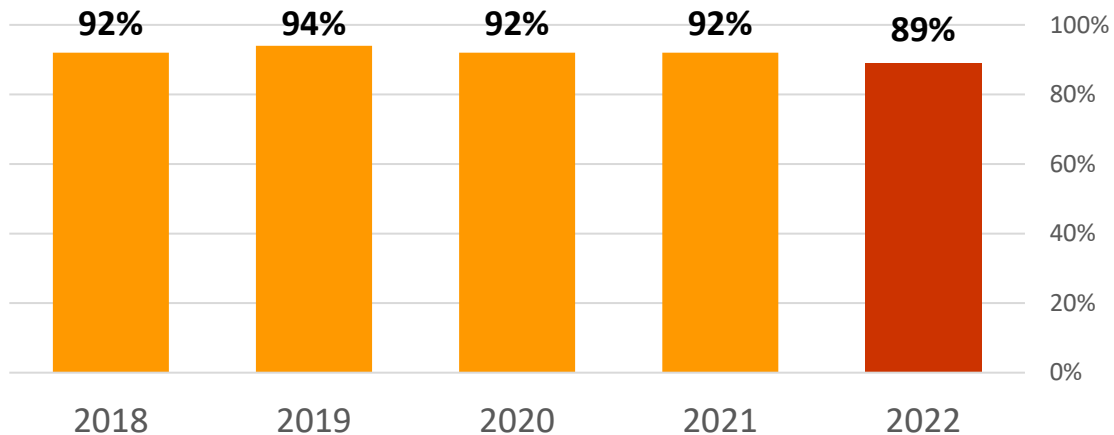
PROVIDER PERSPECTIVES

Education

General comments

- Goodwill restarted skills training program
- Participants are going back to school rather than working
- Participants are utilizing educational programs, Easter Seals, and construction program through DMACC
- There are less education opportunities when participants are not employed

Somatic Care

Encouraging clients to engage with a PCP (primary care provider) impacts the somatic care outcome

- Staff educate clients about the importance of establishing a PCP and shared that having more nurses would help increase time for education
- Clients who do not have health concerns are less likely to establish a PCP or go to the doctor regularly

Agencies shared other barriers that staff and clients experience with regards to somatic care

- Due to staffing shortages, clients may experience longer wait times at some agencies when accessing services
- Clients may prefer walk-in appointments versus scheduled appointments when considering somatic care services; scheduled appointments may be difficult to navigate for some clients
- Some transportation services that clients are eligible for are unreliable; clients may arrive at appointments an hour early or need to wait an hour after for transportation
- Some agencies experience communication difficulties with providers about clients' somatic appointments

General comments

- One agency shared that Managed Care Organization (MCO) healthy reward programs are good incentives for some clients
- Another agency shared that checking clients' Electronic Health Records to verify medical visits went well this past reporting year

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 4 94%+	Meets Expectations 3 90% - 94%	Needs Improvement 2 60% - 89%	Does Not Meet Minimum Expectations 1 < 60%

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[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.

Figure 14 represents the percentage of program participants accessing and having ongoing involvement in 3 or more different *Community Inclusion* activities per fiscal year.

- All three agencies *Did Not Meet Minimum Expectations*, with a system average of 55%.

Figure 14. Community Inclusion by Agency 2022
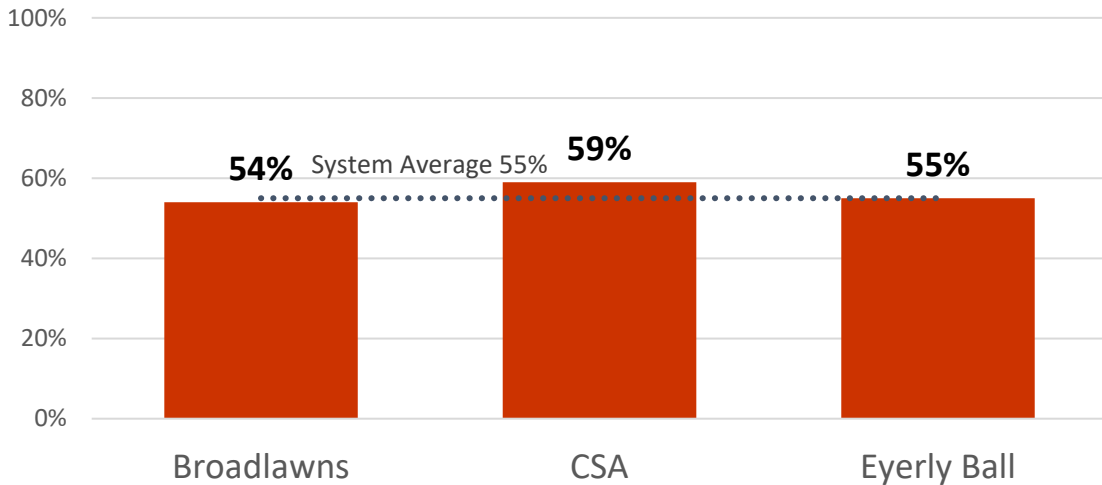
Compared to the previous two years, the system average for *Community Inclusion* maintains its post-pandemic decline, with a *Does Not Meet Minimum Expectations* rating in 2022. Performance in the *Community Inclusion* outcome was hindered by the COVID 19 Pandemic in 2020.

- 2020 experienced a **16% decrease** in *Community Inclusion* compared to 2019.
- Compared to 2020, there was another **16% decrease** in 2021, moving from the *Needs Improvement* category to the *Does Not Meet Minimum Expectations* category.

Figure 15. Community Inclusion System Average 2018-2022
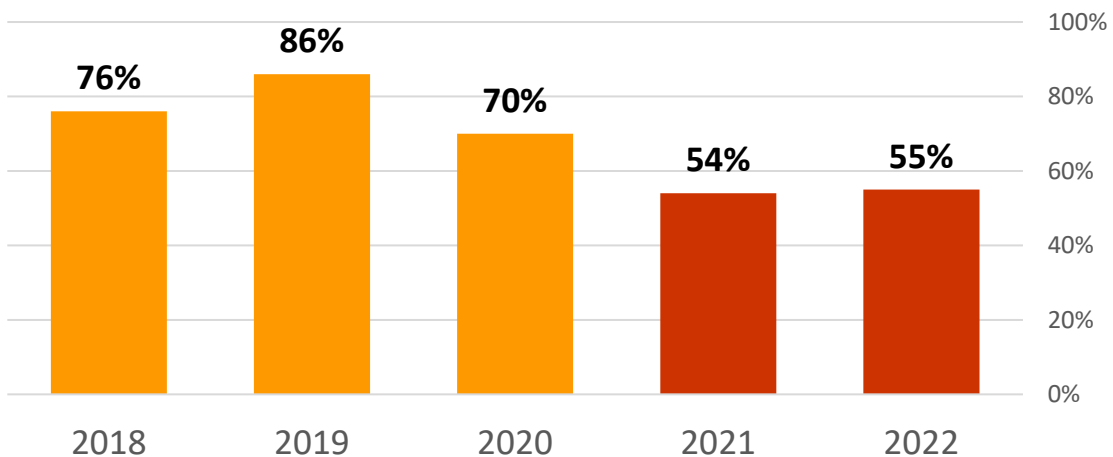
PARTICIPANT EMPOWERMENT

Metric	The outcome is the percent of files reviewed that meet the following criteria.

- 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	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.

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

Table 2. Participant Empowerment Results by Category

	Broadlawns	CSA	Eyerly Ball
Goals in Place and Reviewed Regularly	92%	90%	93%
Consumer Involvement	92%	90%	93%
Employment and/or Education Addressed	94%	95%	81%
Services Documented	92%	95%	91%
All Goal Components Present	86%	90%	74%

Table 2 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome.

Performance across agencies in the **Participant Empowerment** outcome varied, with one agency *Meeting Expectations*, one agency *Needing Improvement*, and one agency *Not Meeting Minimum Expectations* in 2022.

Figure 16. Participant Empowerment by Agency
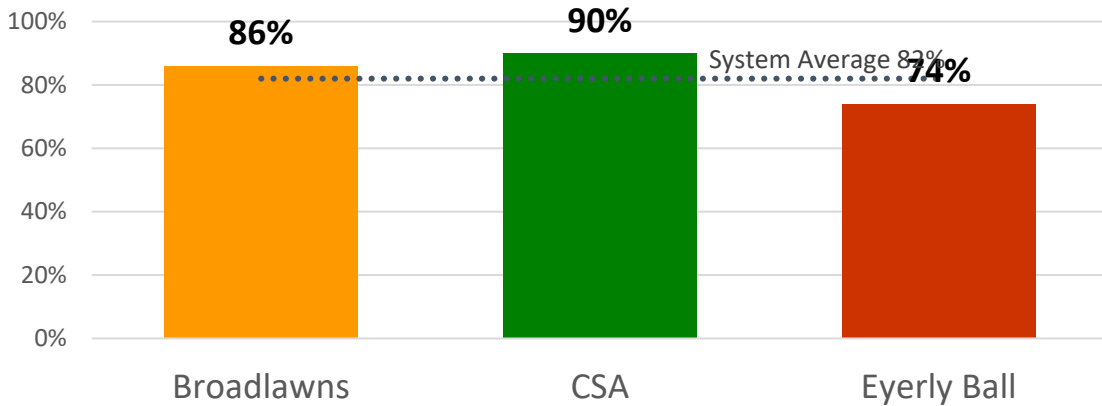
The system average of **Participant Empowerment** increased by 7% in 2022 and continues a 4-year trend of receiving a *Does Not Meet Minimum Expectations* rating.

Figure 17. Participant Empowerment 2018–2022
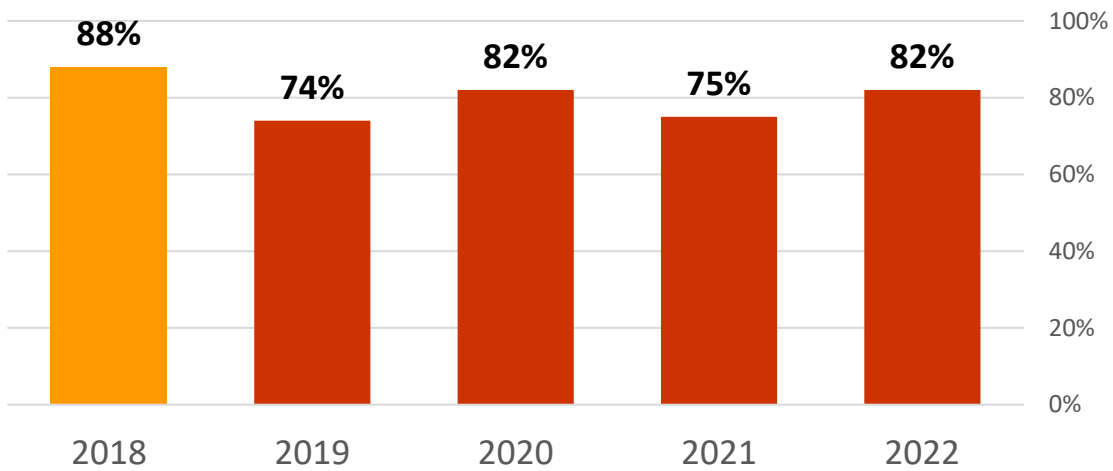
PROVIDER PERSPECTIVES

Community Inclusion

Outcome barriers for agencies

- A significant lack of direct support professionals
- A lack of direct support professionals with driver's licenses
- Staff is unclear about the criteria for meeting these outcomes

Barriers for participants

- COVID anxiety remains
- Serious health problems interfere with community inclusion goals
- Limited options due to COVID
- Transportation and timing issues
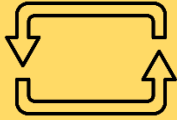- Going out into the community is cost prohibitive

Promising resources

- The local farmers market accepts aging resource vouchers for produce
- Participants have adventure passes through the library for the zoo, Science Center, and church Bible studies
- Anawim drop-in center

Participant Empowerment

General comments

- Staff turnover resulted in missing or incomplete documentation
- There was a system change to the notes template and staff turnover resulted in extra training
- Agencies are providing training to ask follow-up questions regarding goals

APPROPRIATE DISENROLLMENT

Metric	The percentage of program participants appropriately disenrolled[17] Appropriate disenrollments are defined as engaging the individuals into coordination, PACT, or Coordination Services agency programs or obtaining SSI and discharging to IHH-SC.
Intent	The agency will appropriately disenroll program participants. The intent of this outcome is for the agency to develop trusting and meaningful relationships with its participants to ensure continuity of care and encourage self-sufficiency. The outcome is applied only to Service Coordination programs and includes results for those in triage and long-term services.
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).

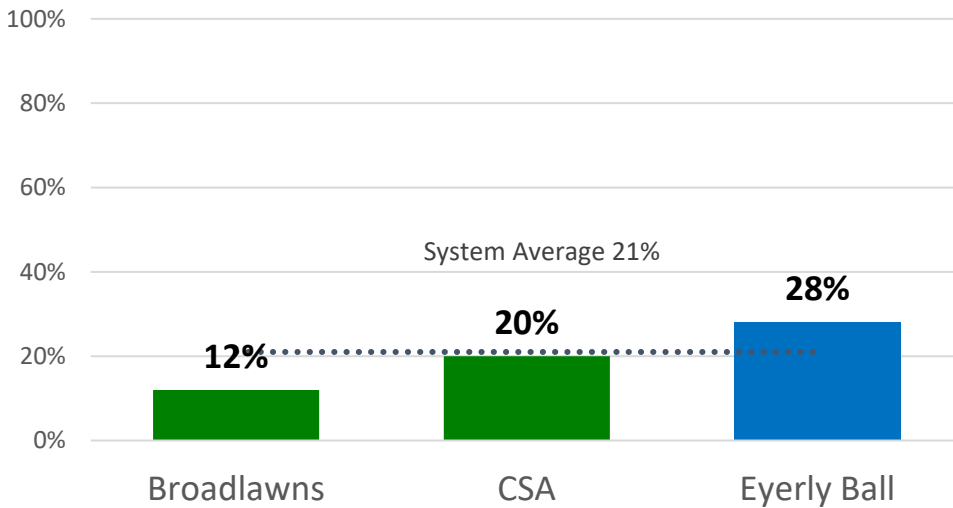| **Performance Ratings**	**Exceeds Expectations** 4 21%+	**Meets Expectations** 3 8% - 20.99%	**Needs Improvement** 2 5% - 7.99%	**Does Not Meet Minimum Expectations** 1 >5%

PROVIDER PERSPECTIVES

- In some agencies, staff are learning how to document regarding transition dates between programs
- Staff started to provide a little more oversight for clients considering discharging
- When government assistance eligibility has ended, staff will transition participants to integrated health.
- Staff will assist participants with what they need regarding getting denied for benefit enrollment.

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[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 ***Appropriate Disenrollment*** outcome, the system averaged an ***Exceeds Expectations*** rating of 21%

- Agencies varied in performance, with a range of 12%-28%.
- Two agencies received a ***Meets Expectations*** rating.
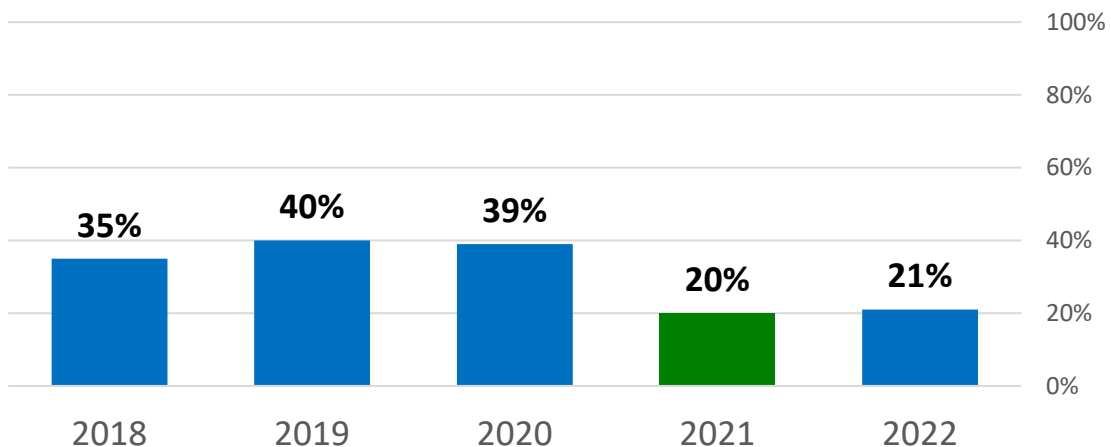- One agency received an ***Exceeds Expectations*** rating.

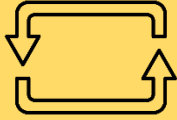**Figure 18. 2022 Appropriate Disenrollment Rates by Agency**

Compared to 2021, the overall system performance for the ***Appropriate Disenrollment*** outcome increased 1%, from 20% to 21%, moving from the ***Meets Expectations*** category to ***Exceeds Expectations*** in 2022.

- 2021 experienced a **19% decrease** from 2020, moving from the ***Exceeds Expectations*** category to the ***Meets Expectations*** category.

Figure 19. Appropriate Disenrollment Rates 2018-2022

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).

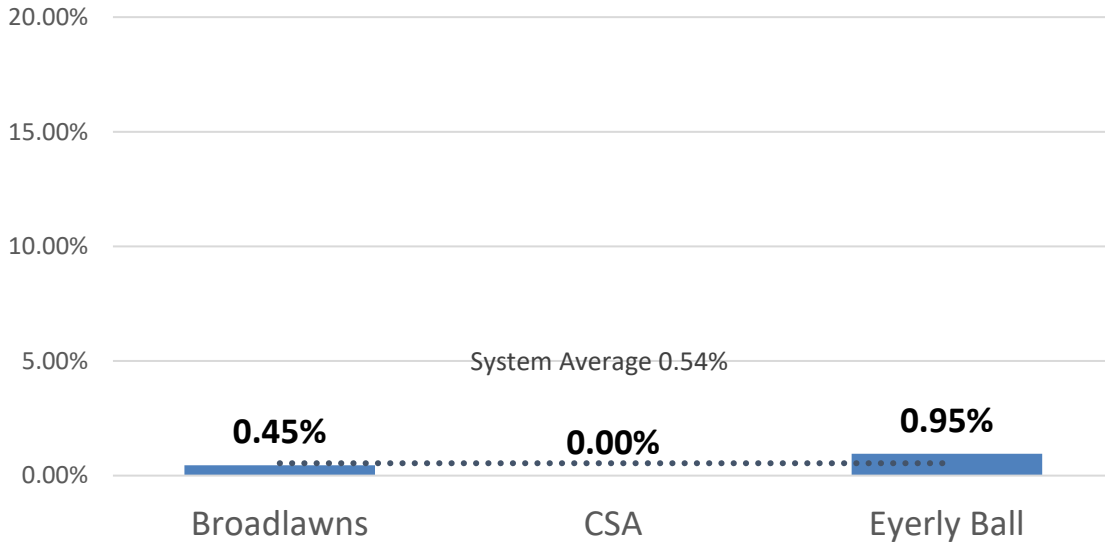| Performance Ratings	Exceeds Expectations 4 < 1%	Meets Expectations 3 1% - 2.99%	Needs Improvement 2 3% - 3.90%	Does Not Meet Minimum Expectations 1 ≥ 3.90%

PROVIDER PERSPECTIVES

- Triage population not being included in outcomes is important as more of that population is discharging to prison
- Staff is not going to discharge participants unless participants do not want services anymore
- Once participants are in a stable situation, agencies want to keep them engaged

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[18] 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 system averaged an *Exceeds Expectations* rating of 0.54%

- Agencies varied in performance, with a range of 0.00%-0.95%.
- Three agencies received an *Exceeds Expectations* rating.

Figure 20. 2022 Negative Disenrollment Rates by Agency

Compared to 2021, the overall system performance for the **Negative Disenrollment** outcome increased by 0.54% and maintained an *Exceeds Expectations* rating in 2022.

Figure 21. Negative Disenrollment Rates 2018-2022
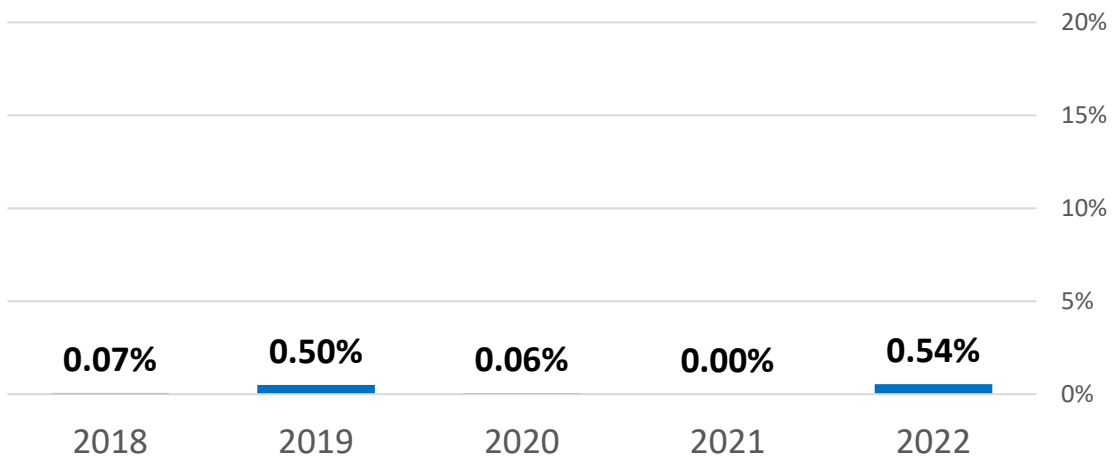
PSYCHIATRIC HOSPITALIZATIONS

Metric	The average number of hospital days per program participant per year[19],[20].
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 4 < 2 days	Meets Expectations 3 2 – 3.49 days	Needs Improvement 2 3.50 – 4.49 days	Does Not Meet Minimum Expectations 1 4.49+ days

PROVIDER PERSPECTIVES

- PatientPing provides staff with real-time notifications about clients which helps when staff are unable to locate clients
- One agency shared that in 2021 portion of the reporting period, clients were less likely to go to the hospital due to COVID-19
- Multiple agencies reported a few clients are hospitalized for psychiatric care multiple times and for multiple months
- Clients who are discharged prematurely (prior to stabilization) in the hospital are likely to return to the hospital for psychiatric care

Best practices

- Some clients use the hospital during difficult and/or transitional periods of time; staff work to educate clients about how to access ongoing care during these times
- One agency reports having built relationships with clients during COVID-19 and now clients utilize calling the agency in times of crisis

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[19] A hospital day is measured by the number of nights spent hospitalized.

For the *Psychiatric Hospitalizations* outcome, the system averaged a *Meets Expectations* rating of 2.21 nights spent hospitalized.

- Agencies varied in performance with a range of 1.21 to 3.15 nights spent hospitalized.
- One agency received a *Meets Expectations* rating.
- Two agencies received an *Exceeds Expectations* rating.

Figure 22. Psychiatric Hospitalizations by Agency [21]
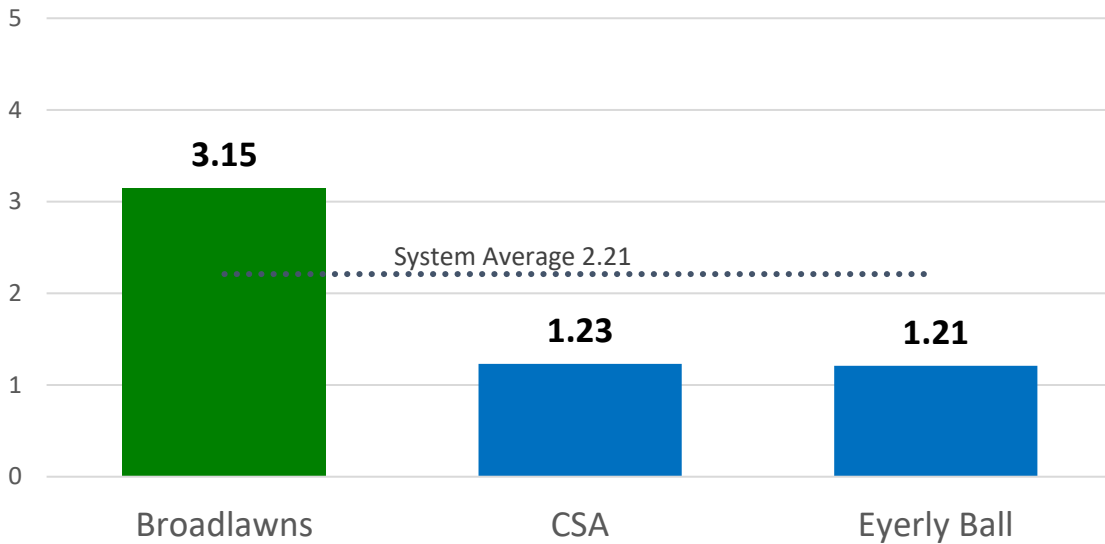
Compared to 2021, the overall system performance for the *Psychiatric Hospitalizations* outcome increased from 1.34 to 2.21 nights spent hospitalized, moving from an *Exceeds Expectations* rating to a *Meets Expectations* rating in 2022.

Figure 23. Psychiatric Hospitalizations 2018-2022
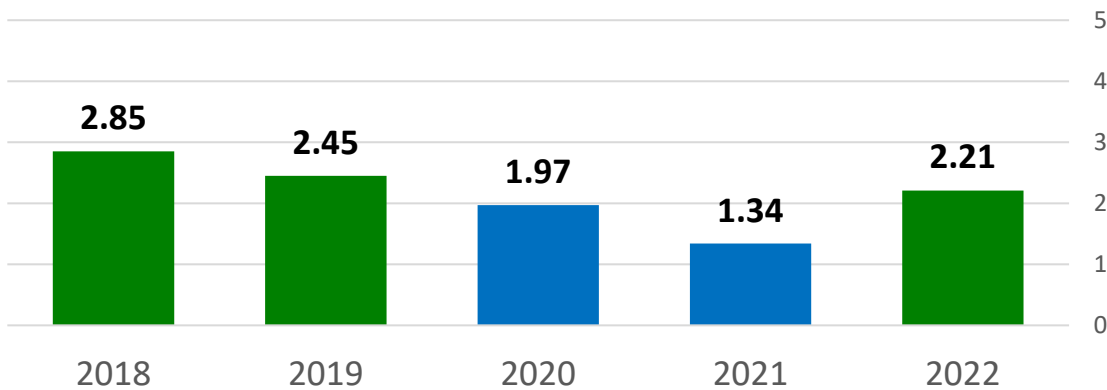
[21] Broadlawns IHH accumulated 496 hospital bed days across 19 participants, one of which spent more than 90 days in the hospital in the reporting period

EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

Metric	The average number of emergency room visits [22] 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 4 < 0.06 visit	Meets Expectations 3 0.06 - 0.10 visit	Needs Improvement 2 0.11 - 0.15 visits	Does Not Meet Minimum Expectations 1 0.15+ visits

PROVIDER PERSPECTIVES

- One agency reported seeing an increase in psychiatric committals by clients' families; clients would not have the opportunity to use the emergency room in these instances
- Another agency shared two instances in which clients experiencing homelessness utilized the emergency room for temporary housing

Agencies shared tools they use while navigating emergency room utilization with clients

- Staff encourage clients' utilization of observations units, psychiatric urgent care, community-based adult crisis stabilization services, mobile crisis, and after hours calls
- Staff continuously educate clients about alternatives to emergency room utilization for psychiatric care

Best practices

- One agency reported the importance of building relationships with clients and stated that rapport is prevention; staff notice when clients need support and act proactively
- Another agency explained the importance of scheduling preventative appointments and medication management/adherence

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[22] 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 system averaged an ***Exceeds Expectation*** rating of 0.02 visits.
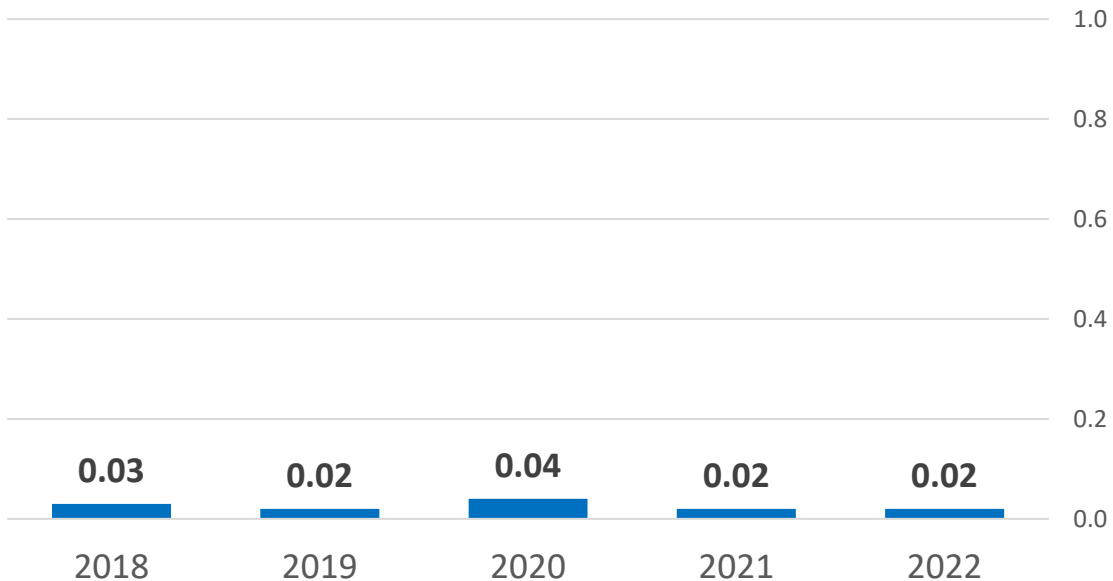- Agencies varied in performance, with a range of 0.00 to 0.06 visits to the emergency room.
- All three agencies received a ***Exceeds Expectations*** rating.

Figure 24. Psychiatric Emergency Room Visits by Agency 2022
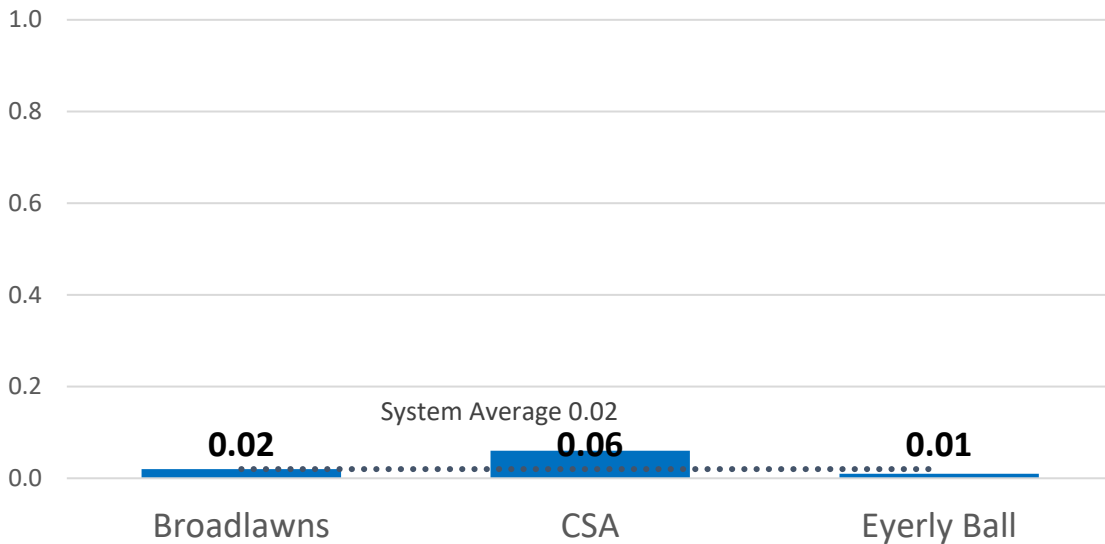
Compared to 2021, the overall system performance for the ***Emergency Room Visits for Psychiatric Care*** outcome maintained at 0.02 visits to the emergency room, retaining an ***Exceeds Expectations*** rating in 2022.

Figure 25. Psychiatric Emergency Room Visits System Average 2018-2022

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days[23] 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
	< 1 days	1 – 2.99 days	3 – 3.99 days	4+ days

PROVIDER PERSPECTIVES

Promising practices and programs
- Jail diversion program notifies agencies when participants are arrested, connects with incarcerated participants, informing them about their charges and potential probation, following up with attorneys, setting up virtual visits in jail; and talking about their needs, goals, and upcoming court dates
- Navigation program helps people get released from jail and transitions to long term care
- Polk County, Polk County region, Broadlawns, and police all collaborate to fund CARES team for low to medium level severity; mobile crisis team for medium to high level of severity
- Appropriate people are being diverted when they need to be and individuals with mental illness are not being locked away for low level offenses

**Barriers and areas of concern**
- Agencies report poor communication with jail system as a whole
- Participants not receiving psychiatric care while in jail
- Youth transitioning to adults have gap in support, more at risk for accumulating charges

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[23] 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 system averaged a *Meets Expectations* rating of 1.32 nights spent in jail.
- Agencies varied in performance, with a range of 1.00-1.75 nights spent in jail.
- Two agencies received a *Meets Expectations* rating.
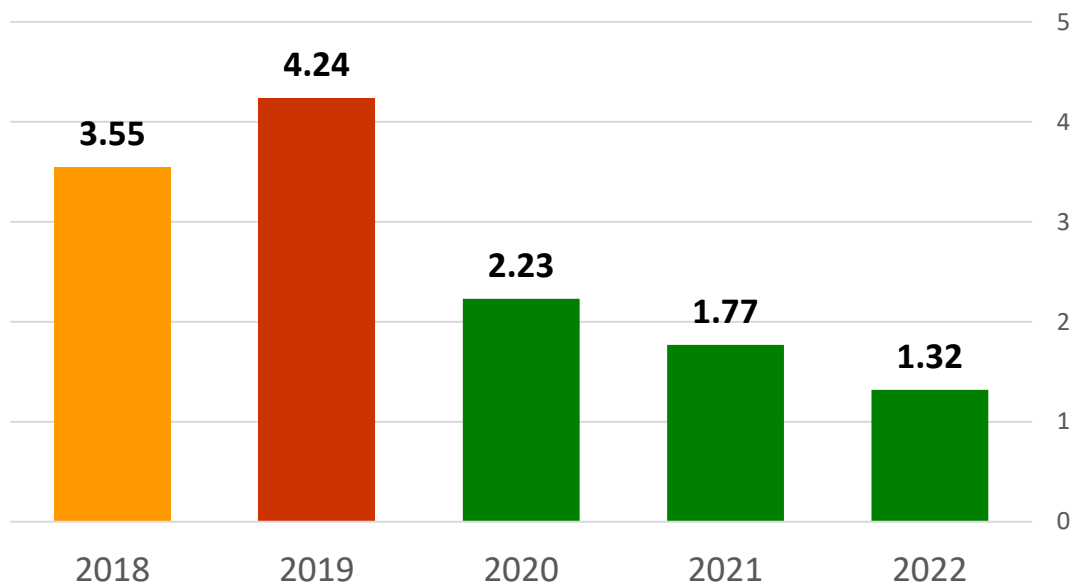- One agencies received an *Exceeds Expectations* rating.

Figure 26. Involvement in the Criminal Justice System by Agency
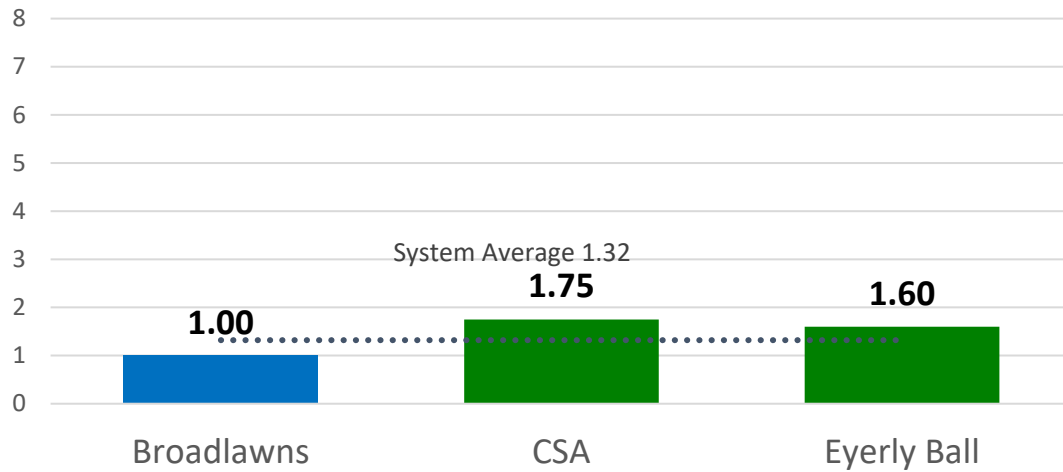
Compared to 2021, the overall system performance for *the Involvement in the Criminal Justice System* outcome decreased from 1.77 to 1.32 nights spend in jail, maintaining a *Meets Expectations* rating in 2022.
- 2022 continued a four-year, downward trend for **Involvement in the Criminal Justice System.**

**Figure 27. Involvement in the Criminal Justice System 2018–2022**

HOMELESSNESS

Metric	The average number of nights spent in a homeless shelter or on the street per program participant per year.
Intent	Nights spent homeless will be reduced.
	Individuals with disabilities are challenged to find safe, accessible and affordable housing.
	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.
Rationale	"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)
	"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)

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

For the **Homelessness** outcome, the system averaged a *Needs Improvement* rating of 1.39 nights spent without housing.
- Agencies varied in performance, with a range of 0.88-2.03 nights spent without housing.
- One agency received a ***Does Not Meet Minimum Expectations*** rating.
- One agency received a *Needs Improvement* rating.
- One agency received a ***Meets Expectations*** rating.

Figure 28. Homelessness by Agency
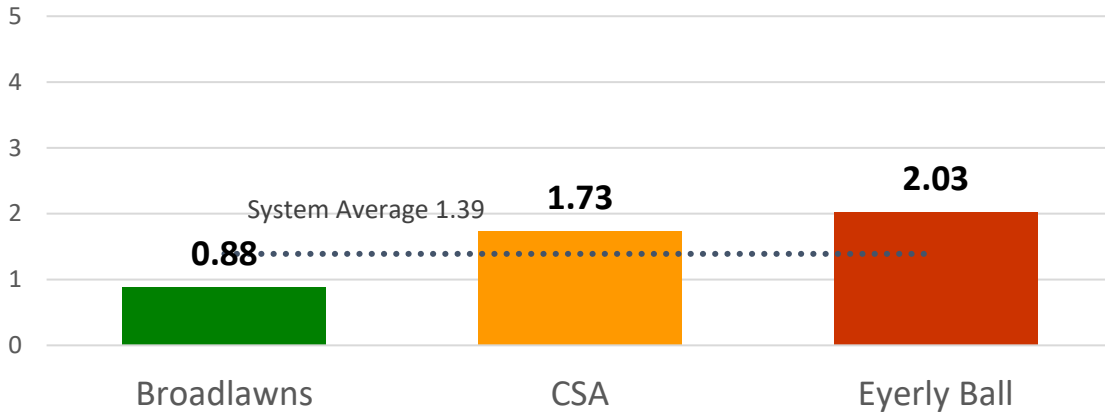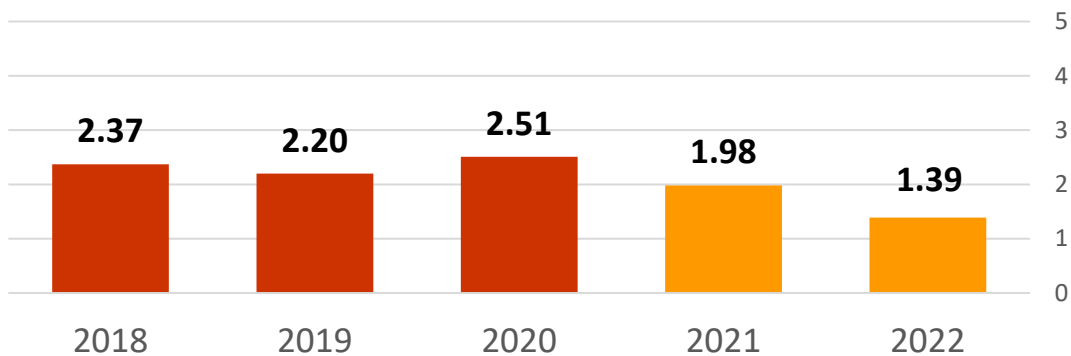

Compared to 2021, the overall system performance for the **Homelessness** outcome decreased from 1.98 to 1.39 nights spent without housing, maintaining a *Needs Improvement* rating in 2022.
- 2021 experienced a 0.53% decrease from 2020, moving into the *Needs Improvement* category from a ***Does Not Meet Minimum Expectations*** rating.

Figure 29. Homelessness 2018-2022

PROVIDER PERSPECTIVES

Homelessness

- One agency reports that some clients are experiencing homelessness at intake
- Clients are supported by care coordinators when faced with eviction; care coordinators often communicate with landlords to help clients avoid eviction

Barriers to housing

- One agency explained that policies allowing landlords to legally discriminate against section 8 negatively impacts clients who are looking for housing
- Some clients have fears about going on disability because it prompts them to pay child support (if applicable)

Best practices

- One agency shared that they are working with clients longer in SC before transferring clients to IHH; taking time to help clients establish providers and resources improves stability
- Clients experiencing homelessness utilize community resources to assist with medication adherence, establishing providers, getting vouchers after incarceration and emergency Section 8

Family and concerned others satisfaction

- Multiple agencies explained that there is not enough time to provide services to clients and to contact family and concerned others
- Agencies spoke about making improvements to family and concerned other contact lists; some contacts are for emergencies only
- One agency inquired about clarifying contact expectations between staff and family and concerned others, while another agency spoke about clarifying expectations for services clients are receiving to family and concerned others
- Staff from one agency reported that clients who are transitioning after turning 18 years old are in need of more resources, staff, and services
- Mental health stigma, negativity bias, staff turnover, and low family and concerned others involvement in services may contribute to low family and concerned others satisfaction

Participant Satisfaction

- Relationship building and staff flexibility prevailed in the face of staff turnover

Quality of Life

- It takes about a year to learn the job of a direct support professional
- Perspective helps – reminding clients where they started, where they are, and where they are going
- Staff are mindful to point out little and big wins
- When all else fails focus on the participant

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 satisfaction [24] 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)

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

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[24] 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 system averaged an *Exceeds Expectations* rating of 96%.

- Agencies were consistent in performance, with a range of 95%-97%.
- All three agencies received an *Exceeds Expectations* rating.

Figure 30. 2022 Participant Satisfaction by Agency
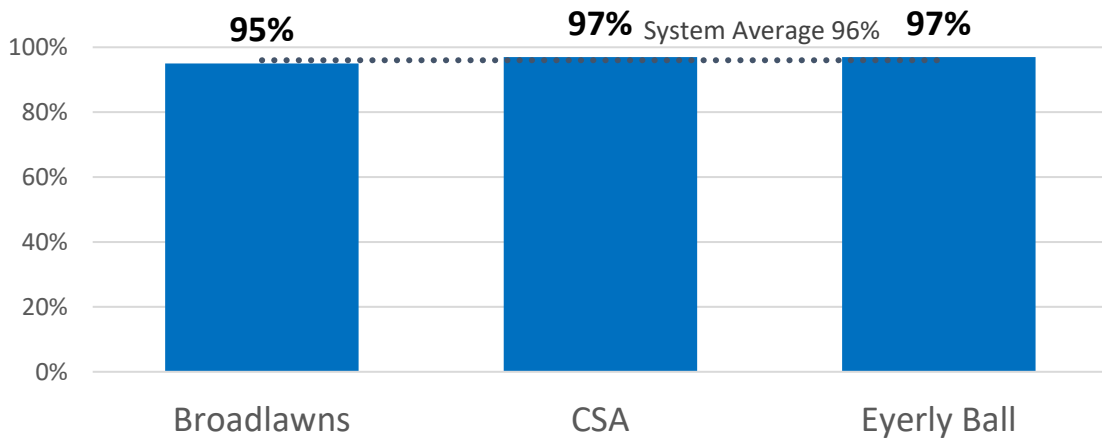
The overall system performance for the *Participant Satisfaction* outcome maintained an *Exceeds Expectation* rating with 96%.

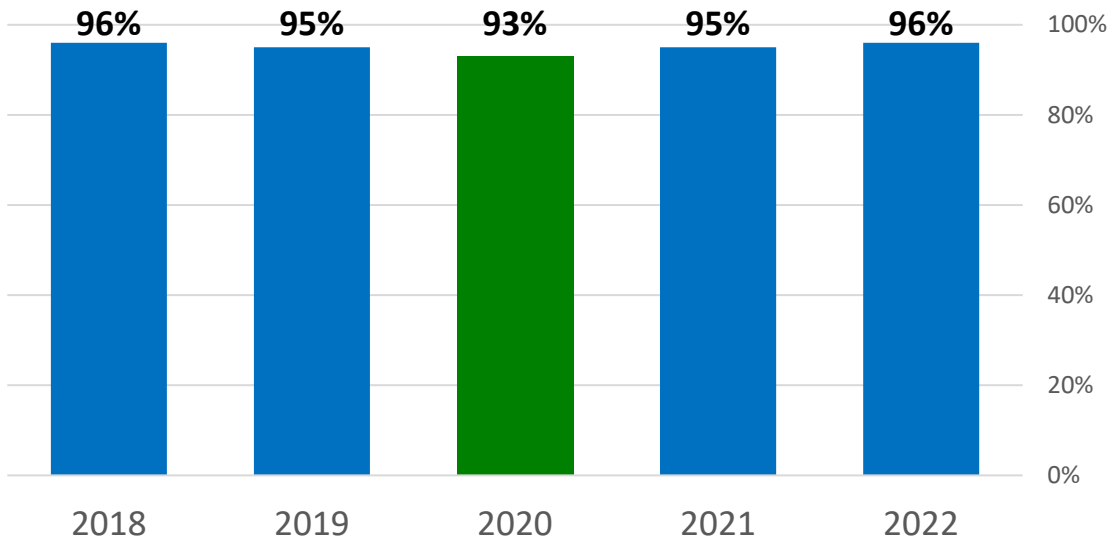**Figure 31. Participant Satisfaction System Average 2018-2022**

Figure 32 shows rates of agreement by item from the 2022 *Participant Satisfaction* outcome survey. Rates of satisfaction were high overall, and, within the network, participants were most likely to report that:

- They were treated with respect (99%).
- Staff helped them get the services they need (98%).
- Their medical care needs were met (96%).
- They would recommend services (95%).

Figure 32. Participant Satisfaction System Average by item [25]

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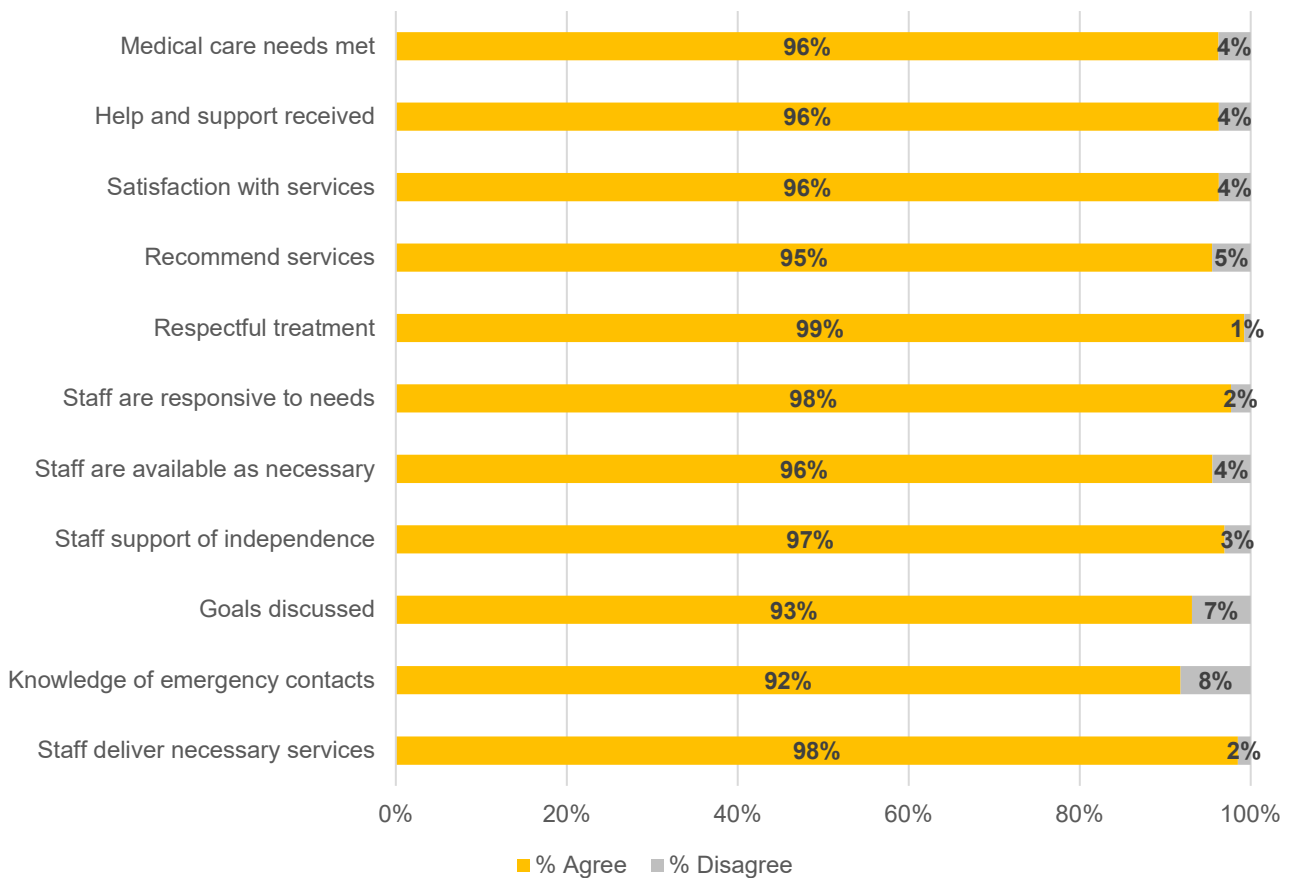
[25] Full survey items listed in Appendix B
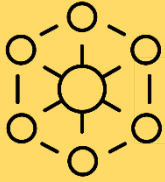
QUALITY OF LIFE

| 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. [26]
Intent	**Increase participant satisfaction with housing, employment, education, and recreation/leisure activities.**

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

Figure 33. Quality of Life System Average by Item 2022
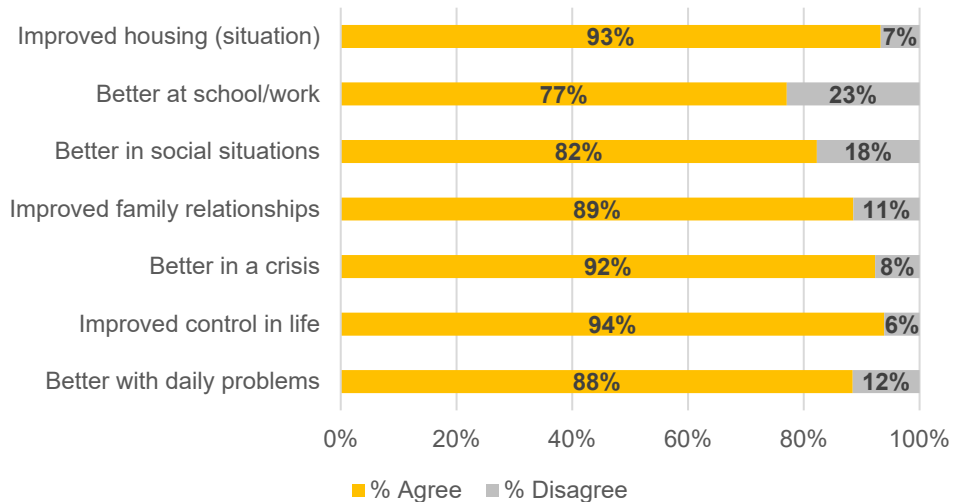
26 Since I entered the program…

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

Participant *Quality of Life* measures received high ratings across items (Figure 33).
- 92% of participants agree that since entering the program, they are better able to deal with crisis and 94% report improved control in life.
- Participant agreement was lower for measures related to their school/work situation (77%), family relationships (89%), and social situations (82%).

Across agencies, Quality of Life was consistent, ranging from 88%-91% agreement.
- Al three agencies *Met Expectations*

Figure 34. Quality of Life by Agency 2022
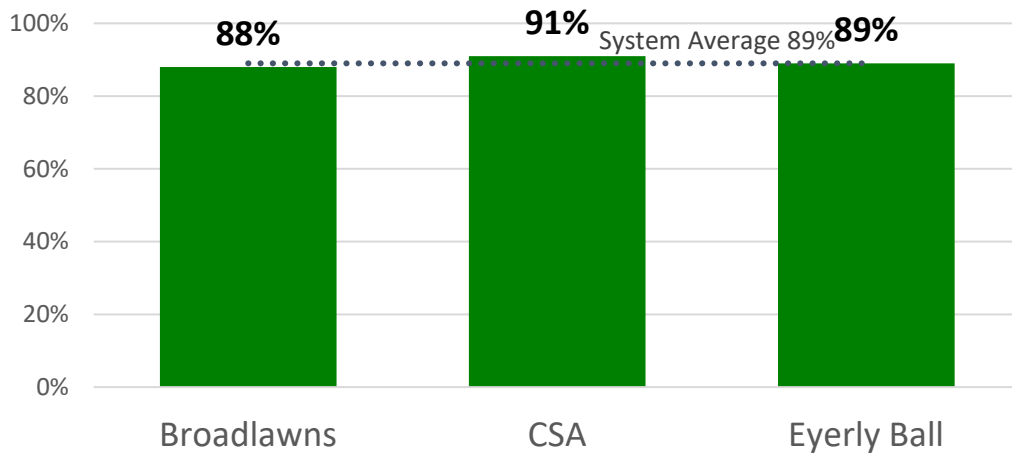
The *Quality of Life* outcome has maintained a *Meets Expectations* rating for the last five years, with a system average of 89% in 2022.

Figure 35. Quality of Life System Average 2018-2022

FAMILY AND CONCERNED OTHERS SATISFACTION

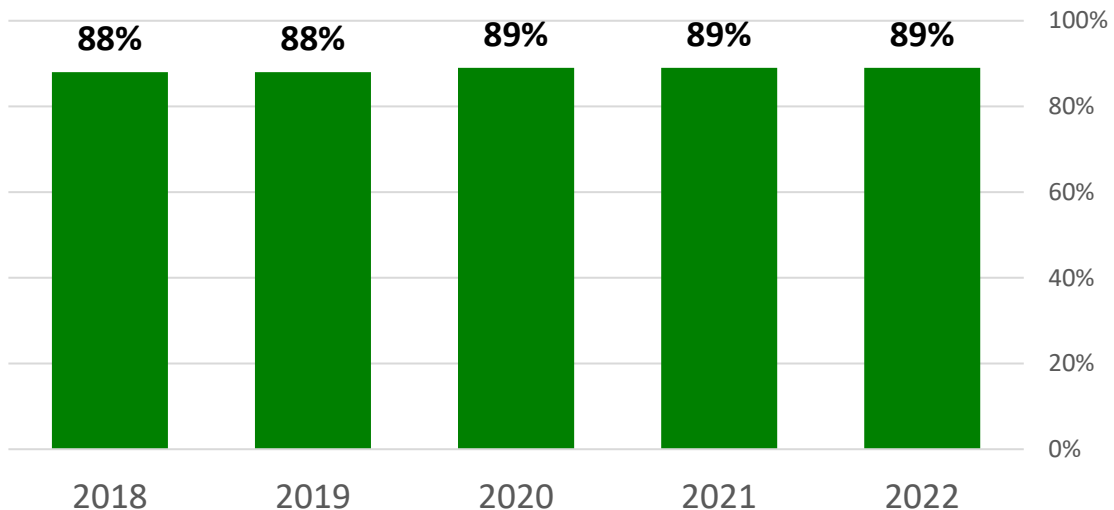|	
Metric	Families/Concerned Others will report satisfaction with services.
Intent	The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individuals supported and his/her family member with the needed services and 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%

Agency level performance in the *Family and Concerned Others Satisfaction* outcome varied with one agency receiving a *Needs Improvement* rating and two agencies *Did Not Meet Minimum Expectations*.

Figure 36. Family and Concerned Others Satisfaction by Agency 2022
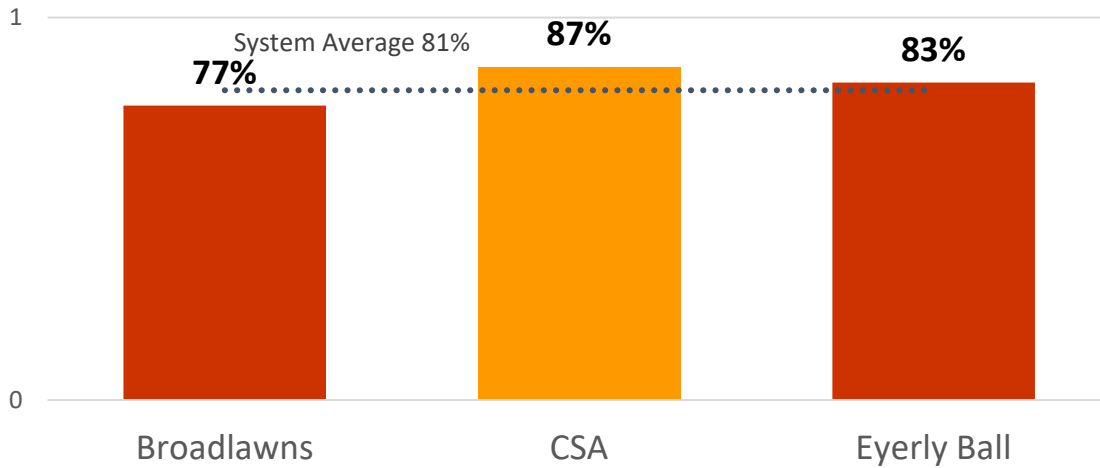
In 2022, the system averaged a performance of 81% in *Family and Concerned Other Satisfaction*, receiving a *Does Not Meet Minimum Expectations*, continuing a 5-year downward trend.

Figure 37. Family and Concerned Others Satisfaction System Average 2022
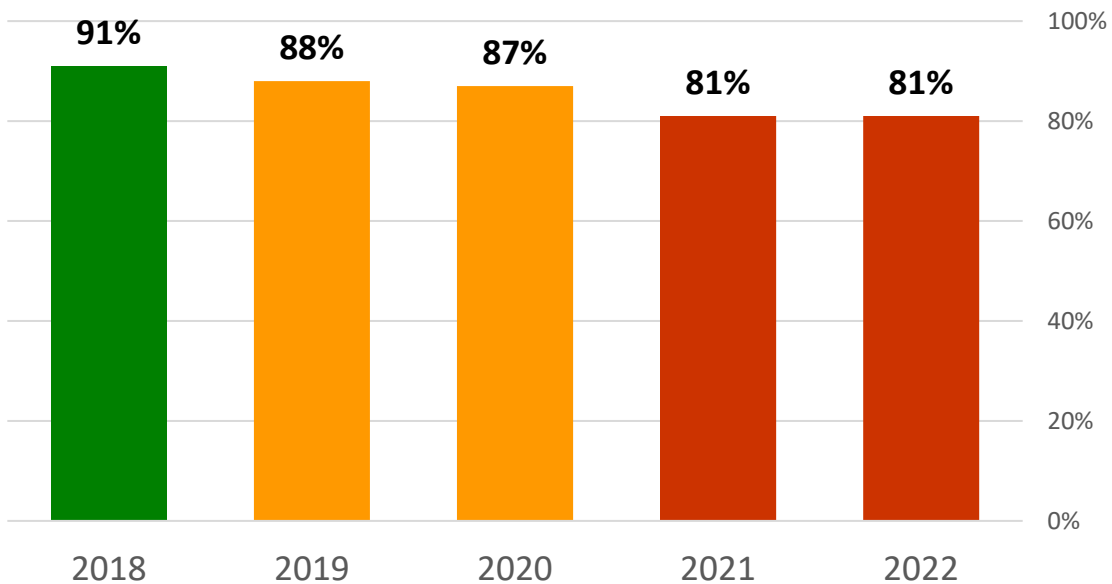
Figure 38 shows **IHH-SC Concerned Other Satisfaction** by item.

- Nearly all (97%) of respondents agreed that IHH-SC participants are *treated with dignity and respect* and participant input is included (94%).
- Respondents were less likely to agree that *family input was elicited* (55%), *staff were communicative* (61%), and they were *aware of who staff was* (73%), and that *staff provide resources* (82%).

Figure 38. IHH-SC Concerned Others Satisfaction by item

Item	% Agree	% Disagree
Family input elicited	55%	45%
Consumer receiving needed services	82%	18%
Communicative staff	61%	39%
Aware of staff	73%	27%
Would recommend program	91%	9%
Satisfied with worker	86%	14%
Consumer treated with dignity and respect	97%	3%
Consumer input included	94%	6%
Staff are available to assist	84%	16%
Staff help access services	88%	12%
Staff provides resources	82%	18%
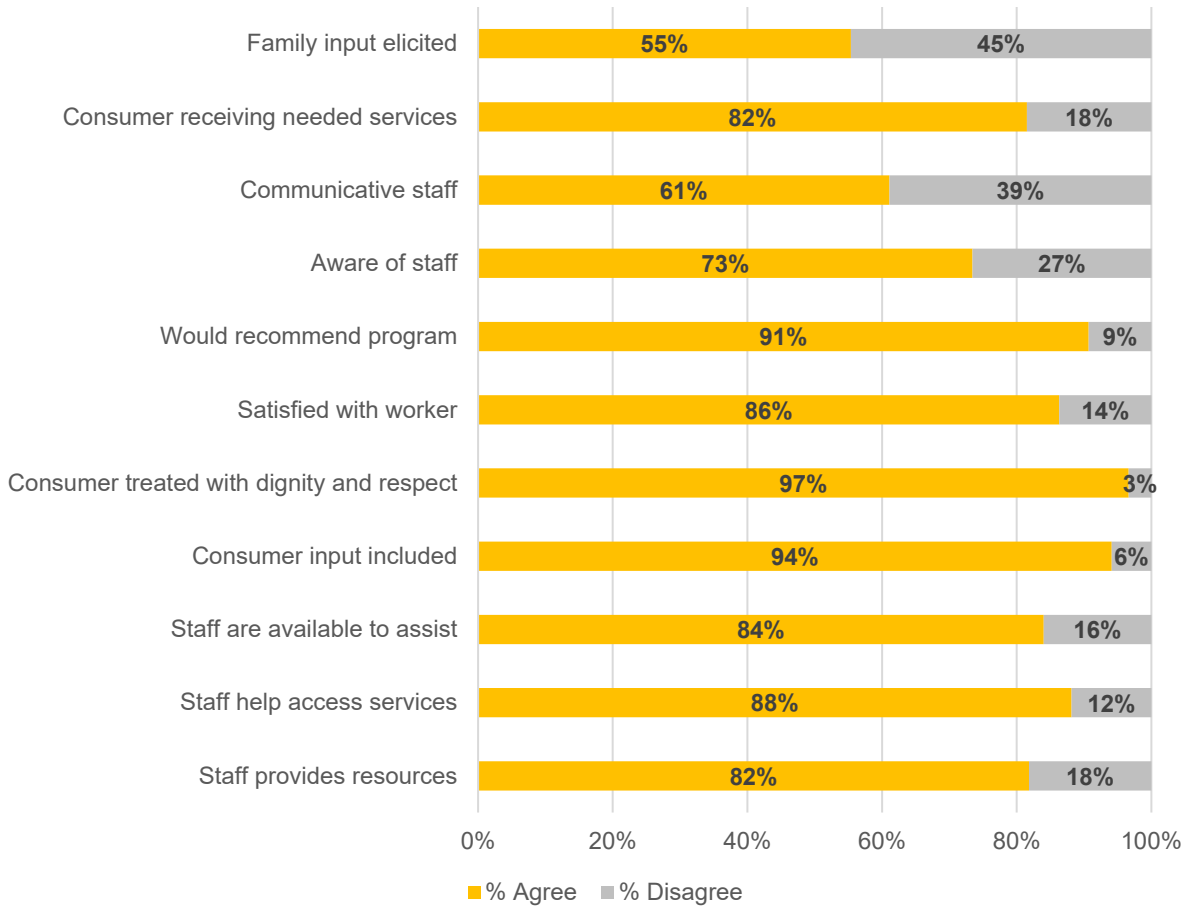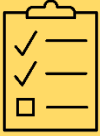
ADMINISTRATIVE OUTCOMES

The ***Administrative Outcomes*** category is comprised of the average performance of 2 expectations, 1) Annual Face to Face Visits and 2) Completed Level of Functioning.

Table 3. Administrative Outcome Subcategory Performance Thresholds

Outcome	Does Not Meet Minimum Expectations *1*	Needs Improvement *2*	Meets Expectations *3*	Exceeds Expectations *4*
Annual Face to Face Visits	< 80%	80% - 84%	85% - 94%	95%+
Completed Level of Functioning	< 89%	89% - 93%	93% - 97%	97%+
Administrative Outcomes	<89%	88% - 92%	93% - 96%	97%+

Table 4. Administrative Outcome Subcategory Performance by Agency 2022

	Annual Face to Face Visits		Completed Level of Functioning		Administrative Outcomes Average	
	Performance	Score	Performance	Score	Performance	Score
Broadlawns	89%	3	100%	4	94%	3
CSA	98%	4	96%	3	97%	4
Eyerly Ball	89%	3	100%	4	95%	3
System Average	90%	3	99%	4	95%	3

Two agencies received ***Meets Expectations*** ratings for the routine contact expectations (monthly face to face and quarterly in-home visits), which were reflected in the overall performance.

In 2022, two IHH-SC agencies received a *Meets Expectations* rating, and one agency received an *Exceeds Expectations* rating for **Administrative Outcomes**, resulting in a system average of *Meeting Expectations* at 95%

Figure 39. Administrative Outcomes by Agency 2022
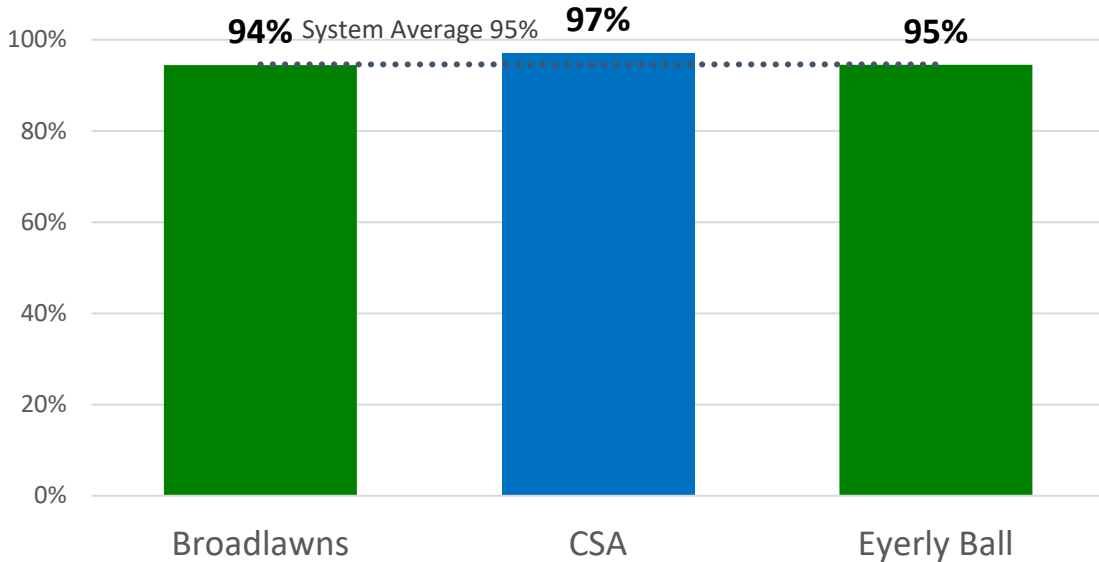
Over the last three years, system-level performance in **Administrative Outcomes** has fluctuated, with a *Needs Improvement* rating in 2020, *Exceeding Expectations* in 2021, and *Meeting Expectations* in 2022.

Figure 40. Administrative Outcomes System Average 2018-2022
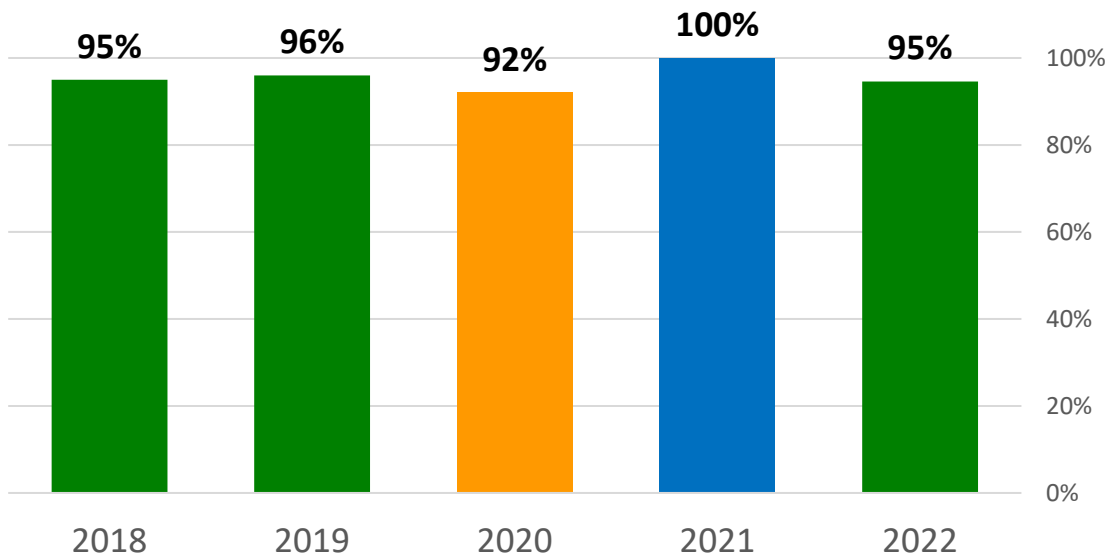
The following two tables represent a summation of the results in the report, with Table 5 showing each agency's score according to thresholds for each outcome area and Table 6 showing the actual performance.

Table 5. 2022 Summary Table Scores

	Broadlawns	CSA	Eyerly Ball	System Average
Housing	4	4	4	4
Engaged Toward Employment	3	3	3	3
Working Toward Self-Sufficiency	1	3	2	2
Education	3	3	1	3
Access to Somatic Care	2	1	1	1
Community Inclusion	1	1	1	1
Participant Empowerment	2	3	1	1
Negative Disenrollment	4	4	4	4
Hospital Bed Days	3	4	4	3
Emergency Room Visits	4	3	4	4
Involvement in the Criminal Justice System	3	3	3	3
Homelessness	3	2	1	2
Participant Satisfaction	4	4	4	4
Quality of Life	3	3	3	3
Family and Concerned Other Satisfaction	1	2	1	1
Appropriate Disenrollment	3	3	4	4
Administrative Outcomes	3	4	3	3
Agency Overall Performance	2	3	2	2

Table 6. 2022 Summary Table Performance

	Broadlawns	CSA	Eyerly Ball	System Average
Housing	99%	91%	97%	97%
Engaged Toward Employment	20%	28%	21%	22%
Working Toward Self-Sufficiency	10%	21%	12%	13%
Education	35%	26%	9%	23%
Access to Somatic Care	92%	79%	89%	89%
Community Inclusion	54%	59%	55%	55%
Participant Empowerment	86%	90%	74%	82%
Negative Disenrollment	0.45%	0.00%	0.95%	0.54%
Hospital Bed Days	3.15	1.23	1.21	2.21
Emergency Room Visits	0.02	0.06	0.01	0.02
Involvement in the Criminal Justice System	1.00	1.75	1.60	1.32
Homelessness	0.88	1.73	2.03	1.39
Participant Satisfaction	95%	97%	97%	96%
Quality of Life	88%	91%	89%	89%
Family and Concerned Other Satisfaction	77%	87%	83%	81%
Appropriate Disenrollment	12%	20%	28%	21%
Administrative Outcomes	94%	97%	95%	95%
Agency Overall Performance	73%	78%	69%	72%

Table 7. 2020-2022 Summary Table

	2020		2021		2022	
	Performance	Score	Performance	Score	Performance	Score
Housing	94%	4	96%	4	97%	4
Engaged Toward Employment	34%	3	39%	3	22%	3
Working Toward Self-Sufficiency	16%	2	21%	3	13%	2
Education	24%	3	21%	3	23%	3
Access to Somatic Care	92%	2	92%	2	89%	1
Community Inclusion	70%	2	54%	1	55%	1
Participant Empowerment	82%	1	75%	1	82%	1
Negative Disenrollment	0.06%	4	0.00%	4	0.54%	4
Hospital Bed Days	1.97	4	1.34	4	2.21	3
Emergency Room Visits	0.04	4	0.02	4	0.02	4
Involvement in the Criminal Justice System	2.23	3	1.77	3	1.32	3
Homelessness	2.51	1	1.98	2	1.39	2
Participant Satisfaction	93%	3	95%	4	96%	4
Quality of Life	86%	3	89%	3	89%	3
Family and Concerned Other Satisfaction	87%	2	81%	1	81%	1
Appropriate Disenrollments	39%	4	20%	3	21%	4
Administrative Outcomes	98%	4	100%	4	95%	3
System Overall Performance	72%	2	72%	2	72%	2