Polk County Mental Health & Disability Services Region

2022 Integrated Services
Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

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

Agencies report scarce availability of acceptable housing that meets **affordability** criteria and acknowledged the benefits of having a **specialized Housing Coordinator** as a resource for ISA staff and participants.

ISA staff emphasize the importance of **trusting relationships** in effective crisis de-escalation and employ **strategies to prevent** ER visits, including routine preventative care, medication management, crisis phone lines, and participant education.

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

"I'm happy that when something bad happens that is out of your control that [staff] have that knowledge and understanding on how to help me."

"My mental health is a lot more stable than what it was, and I don't feel like I'm on a dead-end road now."

Agencies are committed to connecting participants with person-centered and sustainable employment opportunities.

While performance in both employment outcomes decreased in 2022, the system maintained *Meets Expectations* ratings. Agency staff acknowledged that participant circumstances and preferences - including transitioning to returning to work post-pandemic, limited transportation options, and reluctance to work in food service – detract from the employment outcome but **ensuring a good fit long term is the priority.**

Agency staff and participants report collaborative relationships with employers, meaningful jobs, enhanced financial independence, increased efficacy, and improved confidence in interacting with colleagues.
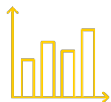
Performance across agencies varied in three outcomes areas.

System performance was split in *Community Inclusion, Involvement in the Criminal Justice System* and *Homelessness.* In all three outcome areas, two agencies *Exceeded Expectations* and two agencies *Did Not Meet Minimum Expectations* or *Need Improvement.*

Agencies reported that factors affecting performance included staff capacity, participant referral sources, and agency values.

Table of Contents

Integrated Services Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Integrated Services Program from July 1, 2021, through June 30, 2022. The four integrated service agency (ISA) programs evaluated are Broadlawns Medical Center (PATH), Eyerly Ball, Community Support Advocates (CSA) and Easterseals (AIM Program).

The Integrated Services program consists of the four Integrated Service Agencies (ISA) as well as the Polk County Region and Polk County Health Services, where all share risk and are vested in the program's success.

In 2022, the ISA System *Met* or *Exceeded Expectations* in **12** of **16** outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2022 Performance ISA System Averages

6 outcome areas *Exceeded Expectations*

- Housing
- Negative Disenrollment
- Psychiatric Hospitalizations
- Emergency Room Visits
- Participant Satisfaction
- Quality of Life

6 outcome areas *Met Expectations*

- Engaged in Employment
- Working Toward Self-Sufficiency
- Education
- Somatic Care
- Administrative Outcomes
- Participant Empowerment

3 outcome areas *Need Improvement*

- Community Inclusion
- Involvement in the Criminal Justice System
- Family and Concerned Other Satisfaction

1 outcome area *Did not Meet Minimum Expectations*

- Homelessness

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

Figure 2. 2022 Overall Performance by Agency
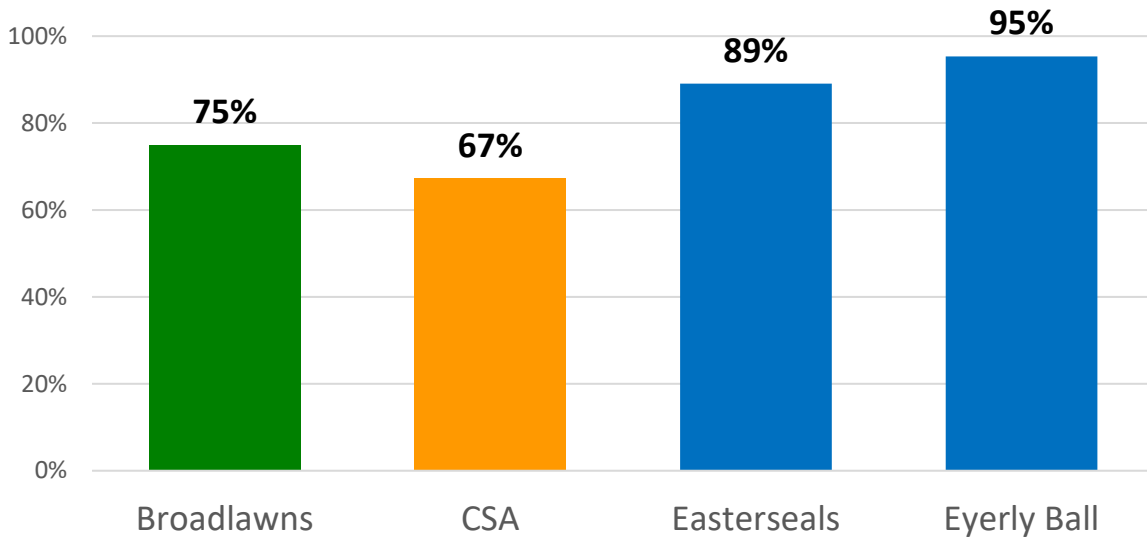
The Integrated Services Evaluation shows that the Integrated Services network continues a five-year trend of *Meeting Expectations* in 2022, with a system average of 77%.

Figure 3. ISA System Performance 2018-2022
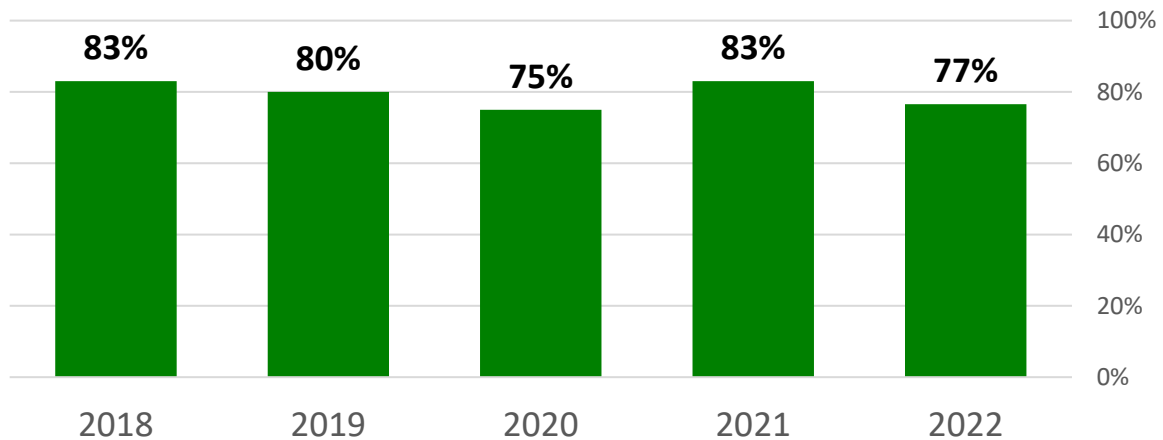
Integrated Services Outcomes

To evaluate agency performance, the Polk County MHDS Region uses 16 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 Integrated Services 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 Community[1]***
   13. Homelessness
   14. Involvement In The Criminal Justice System
   15. Psychiatric Hospitalizations
   16. 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	163	164	Mental Illness
CSA	143	135	Mental Illness, Intellectual/Developmental
Easterseals	100	93	Intellectual/Developmental
Eyerly Ball	161	162	Mental Illness
ISA System	567	546	

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[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 99%.
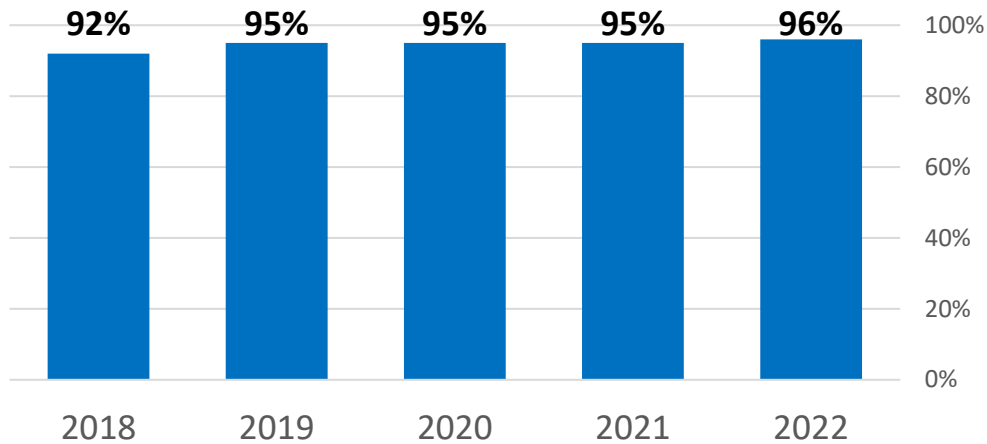
- While all agencies received an *Exceeds Expectations* rating, agencies varied in performance within this performance threshold, with a range of 91%-99%.

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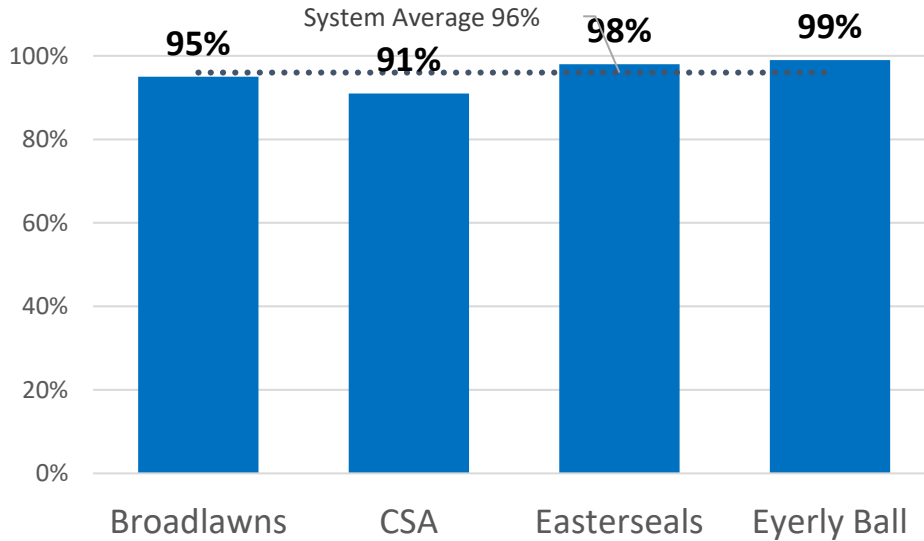
At the system level, *Housing* consistently receives an *Exceeds Expectations* rating, with little variation in the past 5 years.

Figure 5. Housing System Average 2018-2022

PROVIDER PERSPECTIVES

Housing coordinators fill an important and specialized role

- Agencies report that housing coordinators are instrumental in communicating with landlords and property management, knowing affordable rental options, understanding housing laws, and advocating for clients. At this time, the Polk County ISA position for housing coordinator is unfilled.
- Developing working relationships between staff, clients, and landlords can improve housing situations (e.g., accommodate barriers like rental history, limited financial resources, etc.)

Subsidizing Housing Costs

- Agency staff estimate apartments to cost around $750-$800 per month on average, which depletes fixed incomes, making subsidies necessary
- Affordable housing is scarce, even as agencies utilize section 8, IMPACT's Emergency Rental Assistance Program (ERAP), Des Moines public housing, and rent subsidies to increase affordability.
- Section 8 assistance is in high demand - a lottery system is in place to allocate benefits, with one agency estimating 15,000 applicants for 2,000 vouchers available.
- Agencies report that funding from the county is important to supplement fixed incomes as monthly rent continues to increase, along with miscellaneous expenses related to housing, such as moving costs and deposits.

Person-centered employment

- Agencies offered contrasting statements around participant motivation for employment, with one agency stating, "most participants want to work" and others noting participants have anxiety about returning to work post-pandemic.
- Some participants experienced depressive symptoms which hindered transitions to work after most COVID restrictions were lifted. Agencies reported some participants took the opportunity not to work because COVID resources were meeting their needs at the time.
- One agency noted that having a certified benefits planner on staff helps assuage participant concerns about earned income interfering with or reducing current benefits.
- Agencies report participants lacking experience in work settings can tend towards avoidance of work or short-term employment. Agencies work to build job skills, including, interacting with coworkers and employers, rights at work, and requesting necessary accommodations to succeed.
- Agencies report limited options for routine transportation to job sites, saying that bus routes and timetables narrow participant options for work locations or schedules (e.g., overnight shifts).
- Partnering with programs and businesses creates a space for positive outcomes

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)

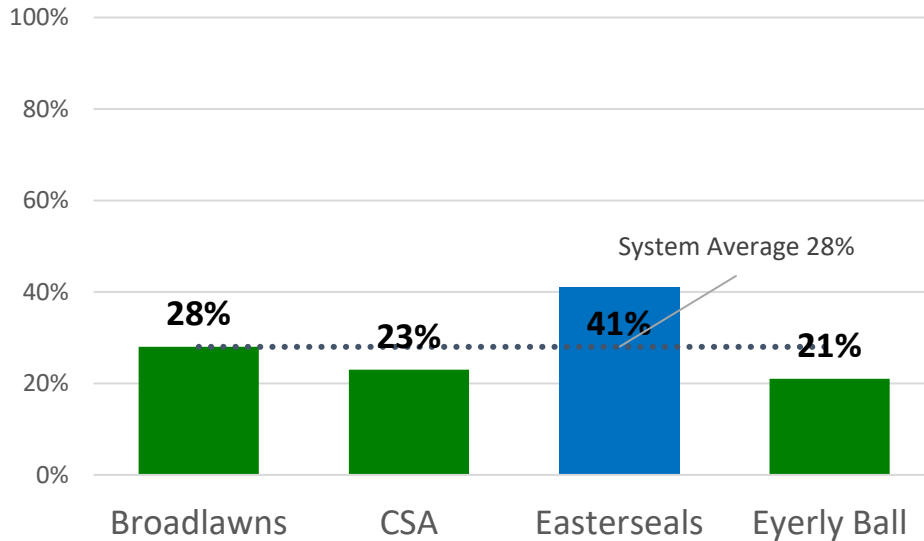| Performance Ratings	Exceeds Expectations 4 39%+	Meets Expectations 3 18% - 39%	Needs Improvement 2 12% - 17%	Does Not Meet Minimum Expectations 1 < 12%

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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 28% in 2022.
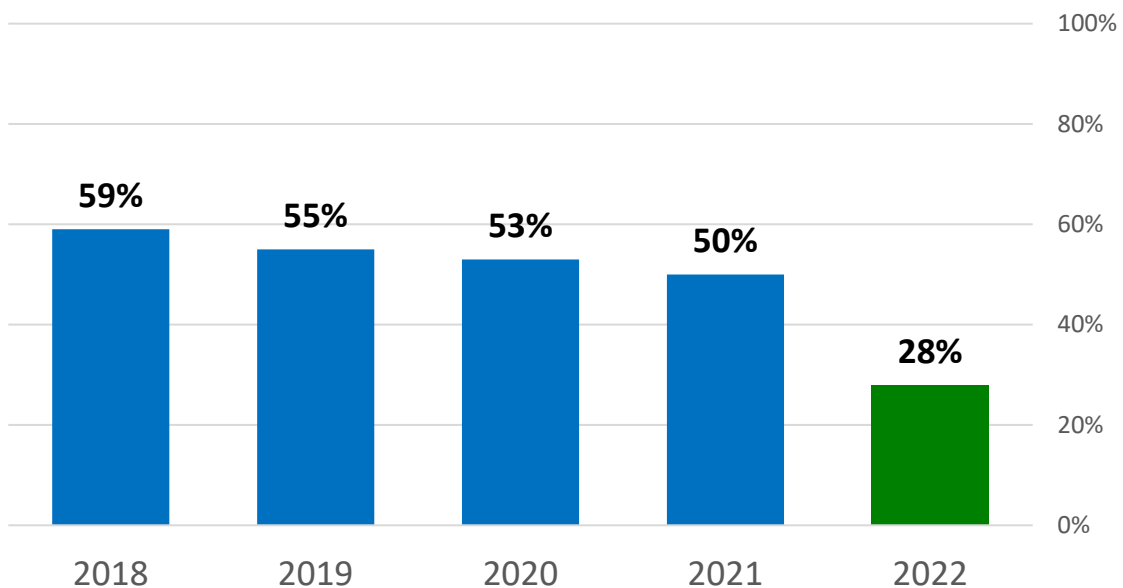
- Agencies varied in performance, with a range of 21%-41%.
- Three agencies received a *Meets Expectations* rating.
- One agency received a *Exceeds Expectations* rating.

Figure 6. Engaged in Employment by Agency 2022

Compared to 2021, the overall system performance for the *Engaged in Employment* outcome **decreased 22%**, from 50% to 28%, 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 4 32%+	Meets Expectations 3 18% - 32%	Needs Improvement 2 12% - 17%	Does Not Meet Minimum Expectations 1 < 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 *Exceeded Expectations.*
- One agency *Met Expectations.*
- Two agencies *Need Improvement.*

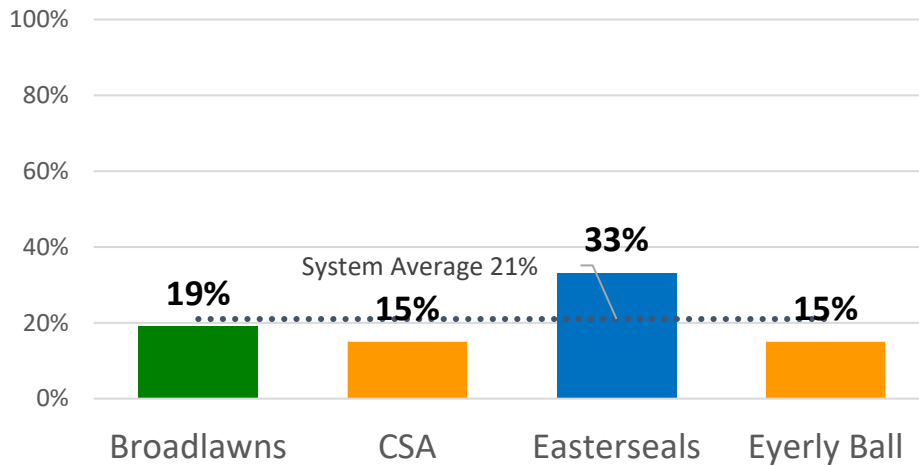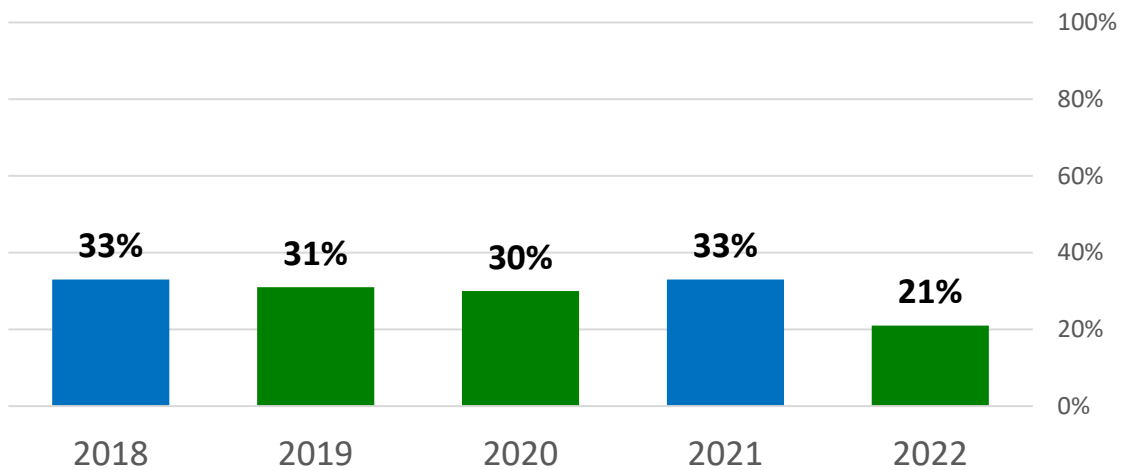### Figure 8. Working Toward Self-Sufficiency by Agency 2022

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 12%** - from 33% to 21% - moving from the *Exceeding Expectations* category to the *Meets Expectations* 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**	**Meets Expectations**	**Needs Improvement**	**Does Not Meet Minimum Expectations**
	4	3	2	1
	39%+	20% - 39%	10% - 19%	< 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 21%-53%.
- Two agencies *Exceeded Expectations.*
- Two agencies *Met Expectations.*
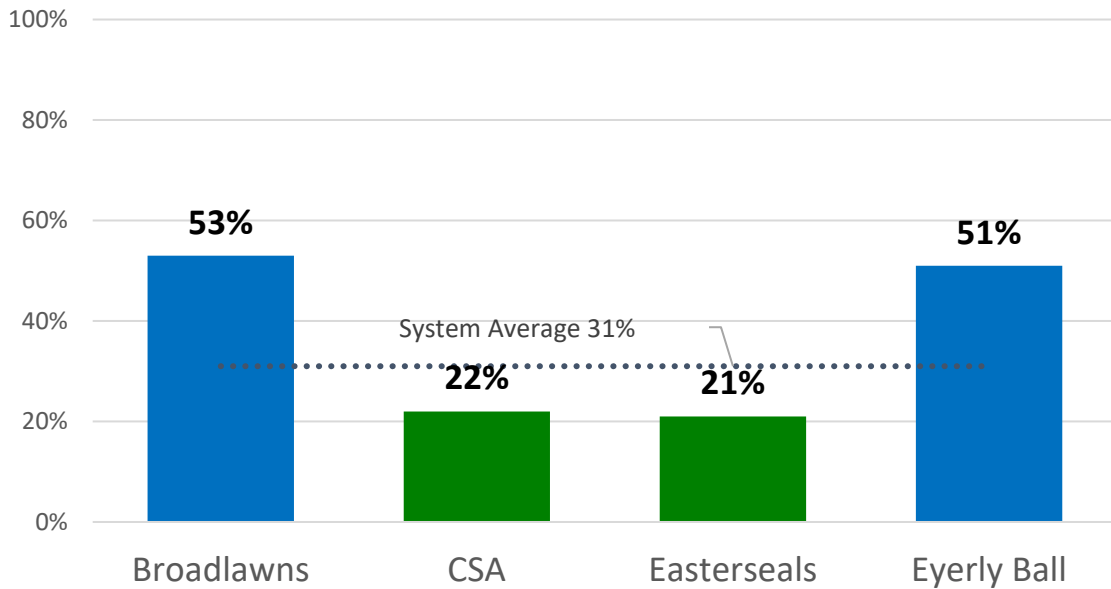
Figure 10. Education by Agency 2022

Figure 11 represents the system-level trends in **Education** from 2018 through 2022.
- 2021 recovered to pre-pandemic levels of **Education** with a 4% increase 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
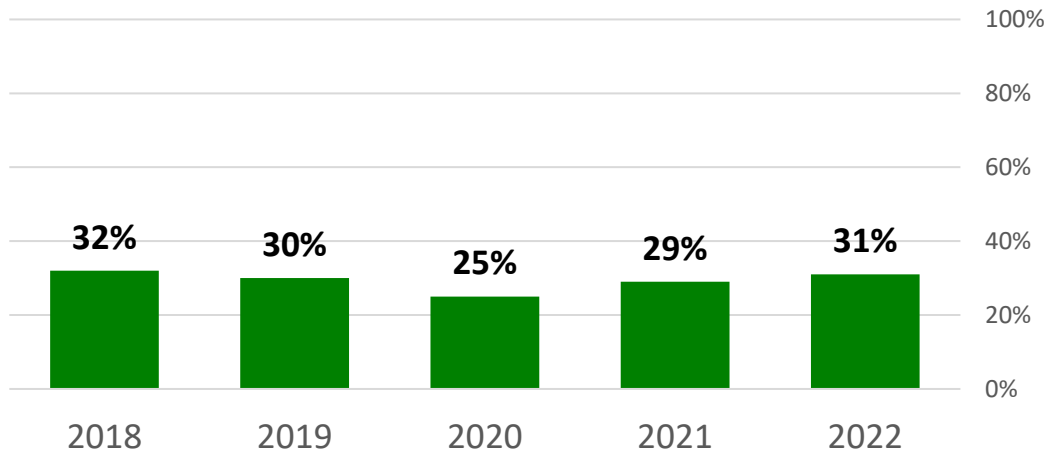
SOMATIC CARE

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 4 100%	Meets Expectations 3 95% - 99%	Needs Improvement 2 90% - 94%	Does Not Meet Minimum Expectations 1 < 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.
- Two agencies **Exceeded Expectations.**
- One agency **Met Expectations.**
- One agency **Needs Improvement.**

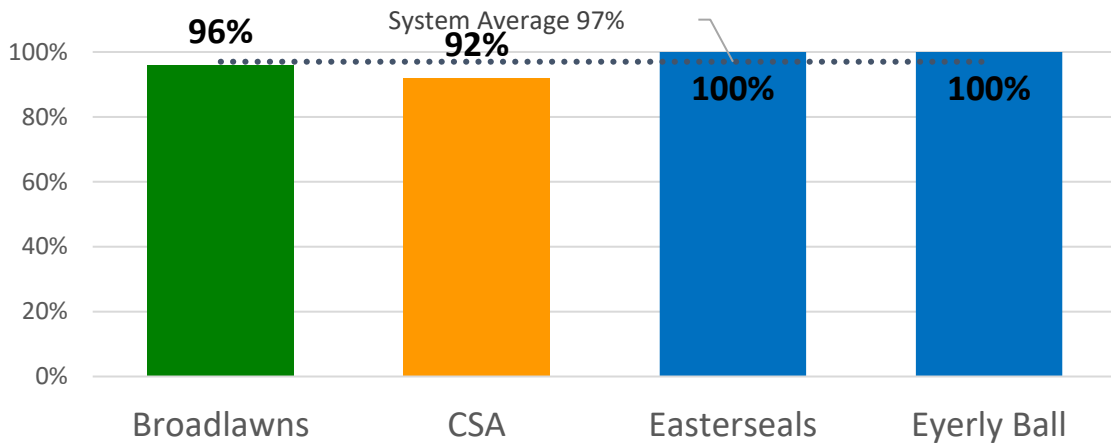**Figure 12. Somatic Care by Agency**

Figure 13 represents the system-level trends in **Somatic Care** from 2018 through 2022.
- There was a marked decrease in **Somatic Care** between 2019 and 2020 – a **5% decrease** overall.
- 2021 recovered to near pre-pandemic levels, increasing by 4% from 2020, and moving from the **Needs Improvement** category to the **Met Expectations** category.
- 2022 maintained the status of **Met Expectations**, experiencing a decrease of just 1%.

Figure 13. Somatic Care 2018-2022
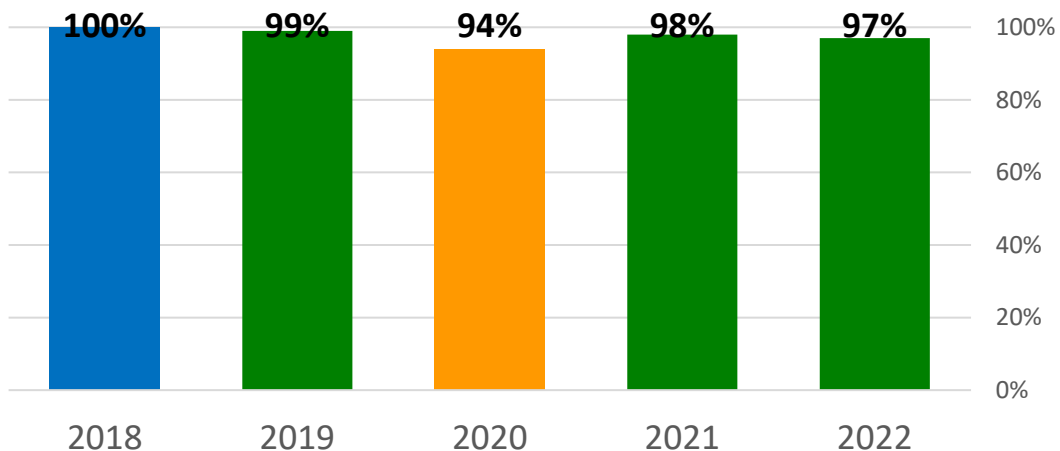
PROVIDER PERSPECTIVES

Educational opportunities and growth

- Agencies report routine discussions around education and employment to encourage participant growth.
- Agencies report leveraging opportunities for education in the workplace (e.g., inventory training).
- Agencies report partnering with education providers like DMACC to provide training toward certificates (e.g., ELL, GED, GMAT, HiSet) in-person or virtually.

Routinizing health care

- Insurance coverage created a timing issue for meeting the somatic care outcome as individuals qualify for one physical per fiscal year ending in June – making the earliest possible physical in July.
- Agencies reported participants might be more likely to avoid somatic care until they are experiencing an injury or ailment, rather than establishing that relationship proactively. One agency reported using the rationale with participants that establishing care through a wellness exam can expedite access to care if seeking treatment later.

Belonging in the Community

- Staff report routine conversations around participants' interests and the benefits of getting out into the community.
- Staff report lacking capacity to accompany or transport participants to individual-led community inclusion events.
- Staff noted Museums For All, a program which provide discounts to food assistance recipients, has increased access to community amenities for ISA participants.
- Some participants who don't meet the community inclusion outcome are active in agency-sponsored group activities.
- Some participants are not as independent or otherwise find community inclusion activities less accessible (e.g., due to age, disability, socioeconomic status).
- Agency staff note some anxiety around community inclusion remains post-COVID.

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	Meets Expectations 3	Needs Improvement 2	Does Not Meet Minimum Expectations 1
	94%+	90% - 94%	60% - 89%	< 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 13 represents the percentage of program participants accessing and having ongoing involvement in 3 or more different *Community Inclusion* activities per fiscal year.

- Two agencies *Exceeded Expectations*
- Two agencies *Need Improvement*

Figure 14. Community Inclusion by Agency 2022
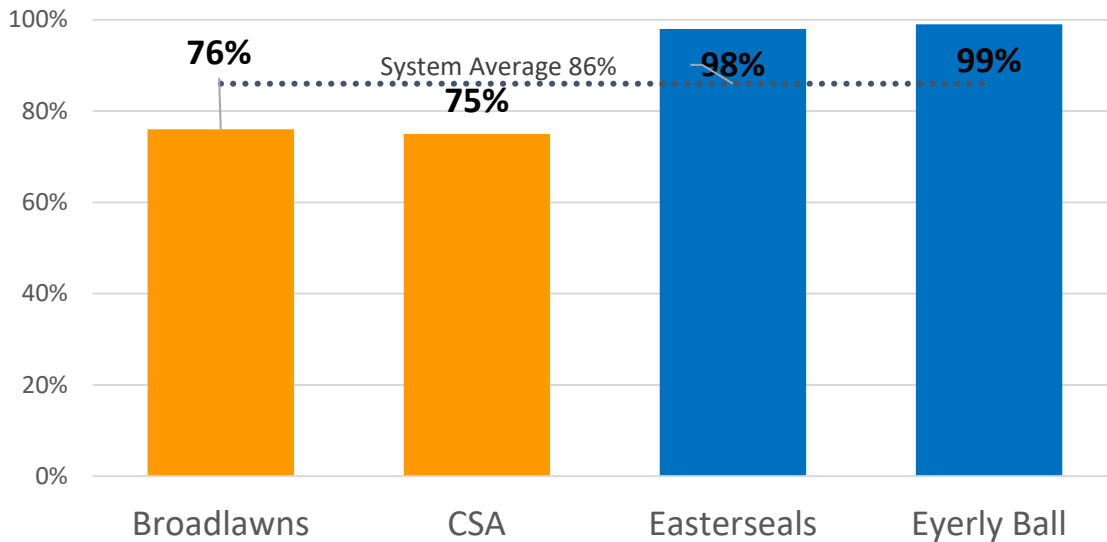
Compared to the previous two years, the system average for *Community Inclusion* continues to increase, with a *Needs Improvement* rating in 2022. Performance in the *Community Inclusion* outcome was hindered by the COVID 19 Pandemic in 2020.

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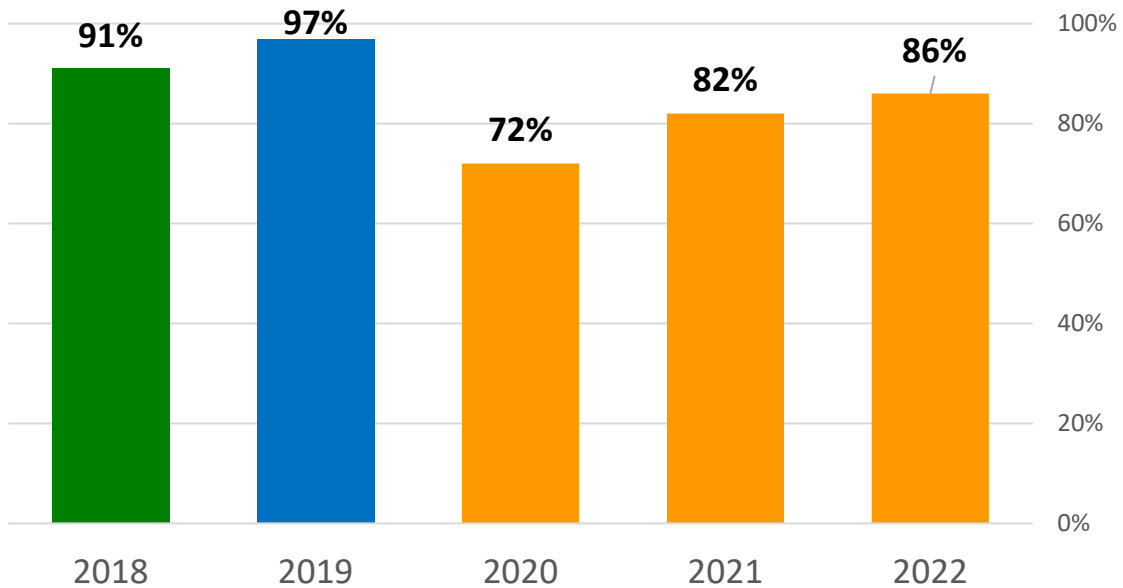
PARTICIPANT EMPOWERMENT

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	Easterseals	Eyerly Ball
Goals in Place and Reviewed Regularly	100%	100%	100%	100%
Consumer Involvement	100%	100%	100%	100%
Employment and/or Education Addressed	100%	73%	93%	100%
Services Documented	100%	100%	100%	100%
All Goal Components Present	100%	73%	93%	100%

Table 2 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. All agencies received scores of 100% in three criteria, *Goals in Place and Reviewed Regularly, Documentation of Consumer Involvement* and *Services Documented and Delivered.* Performance for two agencies was impacted by the *Quarterly Empowerment Discussions* criteria.

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

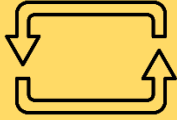### Figure 16. Participant Empowerment by Agency[17]
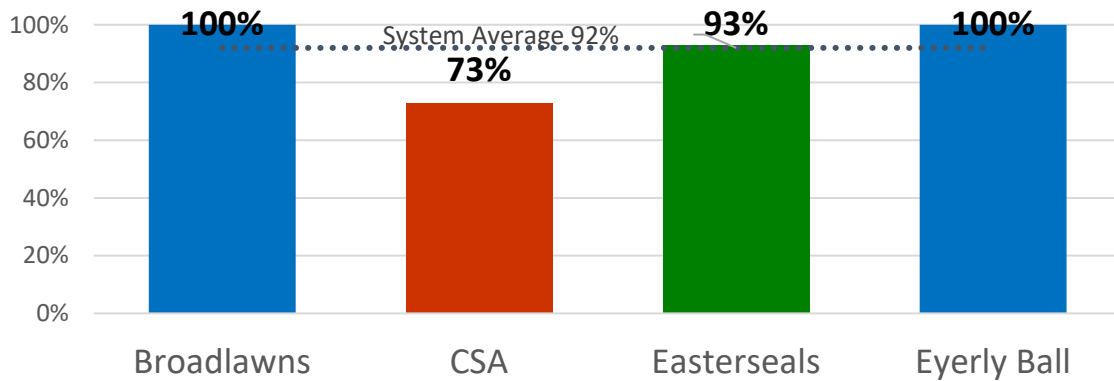
The system average of **Participant Empowerment** increased by 2% in 2022, maintaining a *Meets Expectations* rating.

Figure 17. Participant Empowerment 2018-2022

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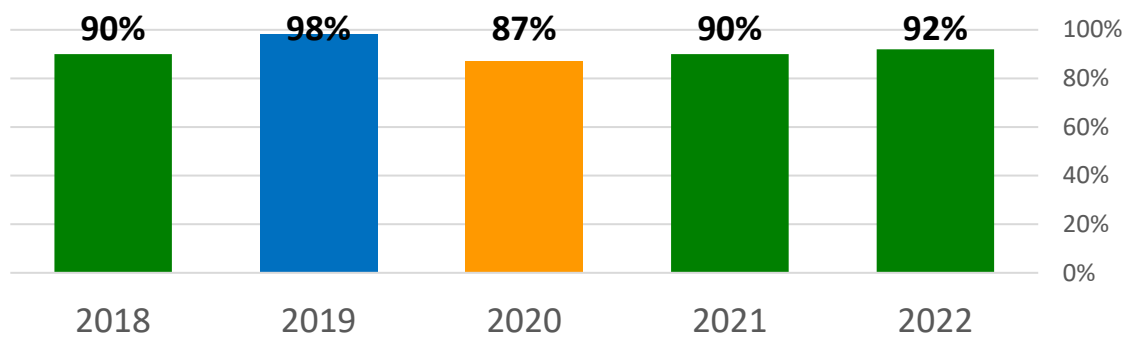
[17] As an agency, CSA uses a "next steps" approach and philosophy with participants. Meaning, individual goals regarding participants' mental and physical health are prioritized while connecting whole health with readiness for employment and/or education. Services documented reflect conversations supporting improved whole health, which advances participant progress toward work, volunteering, or educational opportunities. In addition, CSA reported notable staff turnover during the evaluation period. Training staff and consistent implementation of all service delivery and documentation expectations is a time consuming and complex process.

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

Ensuring appropriate transitions

- When clients may be on the verge of disenrollment due to inability to contact, agencies report that staff persevere and get creative to maintain contact as best as possible to make sure that clients are safe
- Agencies reported disenrollment primarily due to some clients moved out of Polk County, enrolling in a more appropriate the level of care (e.g., higher or lower) and some clients were sentenced to prison
- Staff communicate via team meetings, email, and phone to coordinate services for clients who have high support needs

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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 0.53%

- Agencies varied in performance, with a range of 0.00%-2.03%.
- One agency received a *Meets Expectations* rating.
- Three agencies received an *Exceeds Expectations* rating.

Figure 18. 2022 Negative Disenrollment Rates by Agency
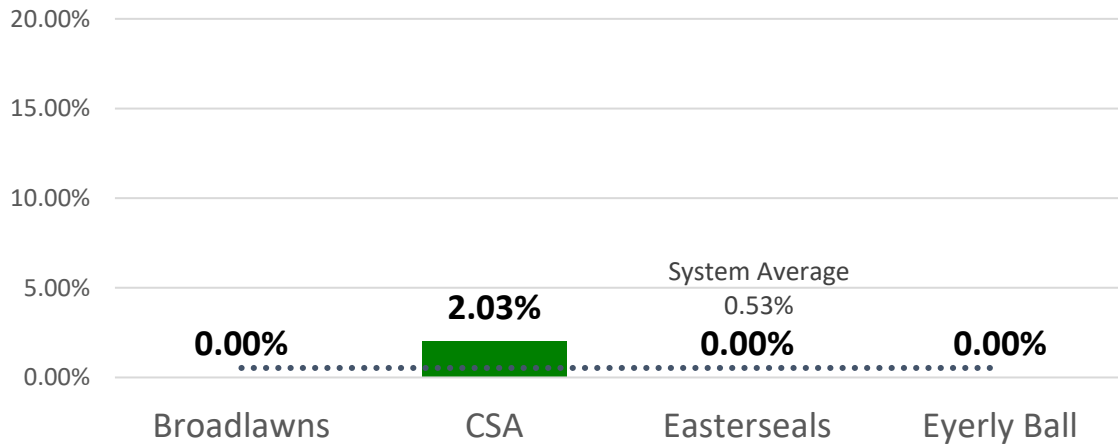
Compared to 2021, the overall system performance for the **Negative Disenrollment** outcome **decreased 0.48%**, from 1.01% to 0.53%, moving from the *Meets Expectations* category to *Exceeds Expectations* in 2022.

Figure 19. Negative Disenrollment Rates 2018-2022
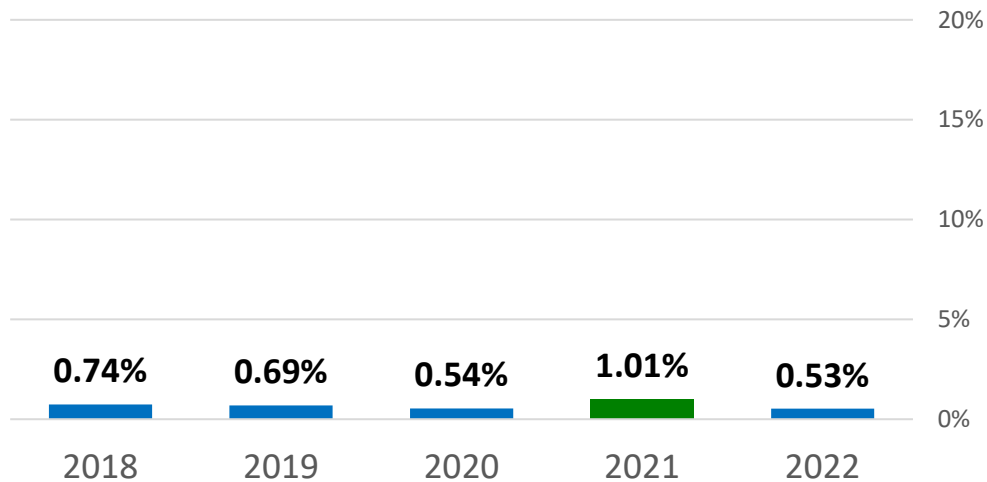
PSYCHIATRIC HOSPITALIZATIONS

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

Practices to prevent hospital bed days

- Building relationships with clients using a variety of support, including therapy, medication check, extra time with staff, and supplying clients with extra tools (e.g., Skills System) have helped clients stay out of the hospital
- Agencies also spoke about de-escalation techniques, self-care promotion, crisis stabilization, coping skills, and trust as being beneficial for clients

High utilization

- Usually, as multiple agencies report, a few clients with high numbers of days in the hospital contribute to this outcome; clients may experience a cycle of going in and out of the hospital
- This outcome can be impacted by MCOs, referrals, the criminal justice system, consistency of staff, and client disclosure of substance use

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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 an *Exceeds Expectations* rating of 1.40 nights spent hospitalized.

- Agencies varied in performance with a range of 0.35 to 3.12 nights spent hospitalized.
- One agency received a *Meets Expectations* rating.
- Three agencies received an *Exceeds Expectations* rating.

Figure 20. Psychiatric Hospitalizations by Agency[21]
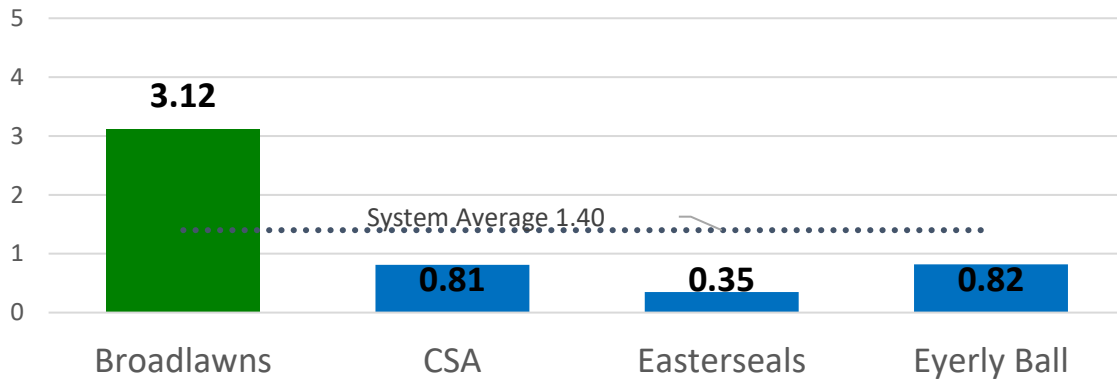
Compared to 2021, the overall system performance for the *Psychiatric Hospitalizations* outcome **decreased** from 1.49 to 1.40 nights spent hospitalized, maintaining an *Exceeds Expectations* rating in 2022.

Figure 21. Psychiatric Hospitalizations 2018-2022

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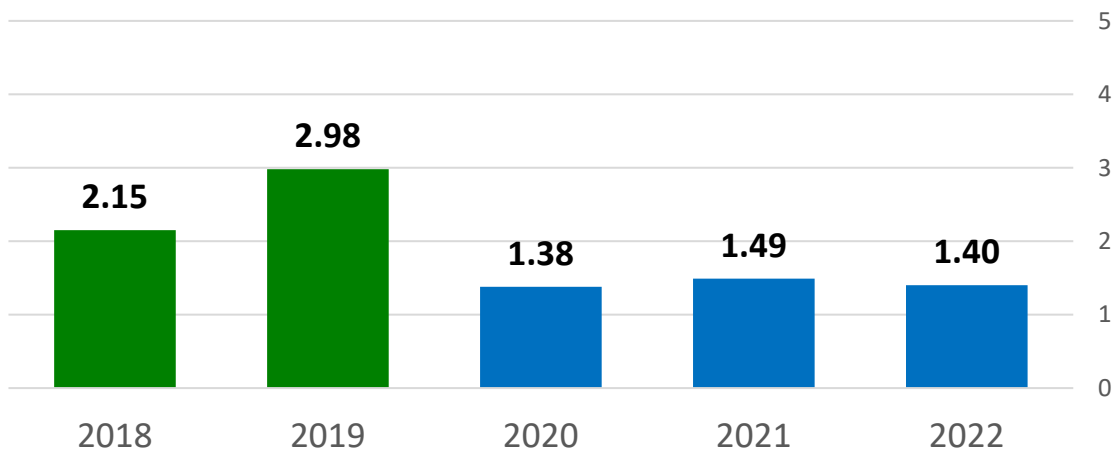
[21] Broadlawns ISA accumulated 496 hospital bed days across 19 participants, one of which spent more than 90 days in the hospital in the reporting period

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	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	< 0.06 visit	0.06 - 0.10 visit	0.11 - 0.15 visits	0.15+ visits

PROVIDER PERSPECTIVES

**Emergency Room Prevention**

- When talking about preventing ER visits, agencies reported similar strategies to helping clients stay out of the hospital (e.g., utilizing urgent care/psych urgent care, educating clients about appropriate ER use, calling after hours phone number or crisis services, and prioritizing overall wellness). Agencies also spoke about de-escalation techniques, self-care promotion, crisis stabilization, coping skills, and trust as being beneficial for clients
- Agency staff reported that it can be difficult for clients to access inpatient care instead of the ER due to suicidal or homicidal plans being the threshold for admittance; clients in crisis not meeting this threshold may not receive the stabilizing inpatient care they seek.
- Client benefit from routine appointment adherence, medication adherence, and reliable transportation to avoid inappropriate ER use; MCO-arranged transportation can be unreliable

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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 0.01 visits.
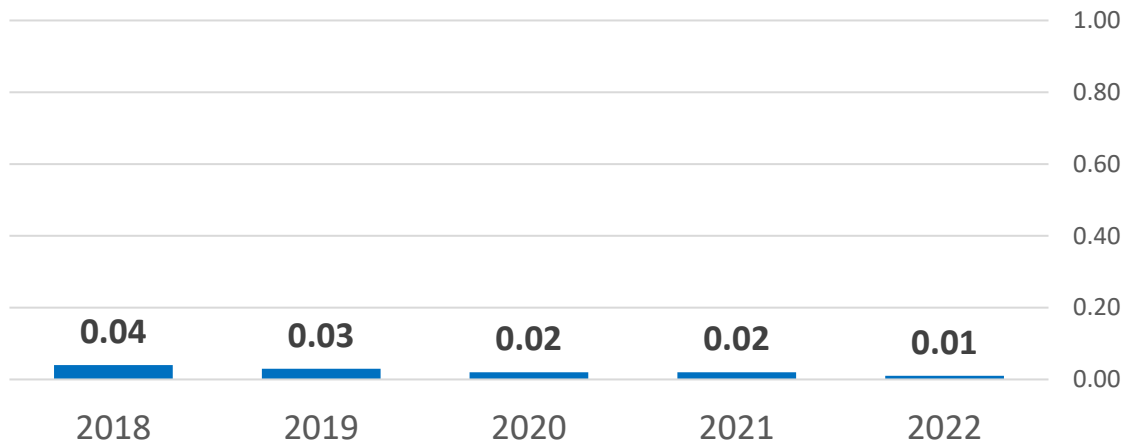- Agencies varied in performance, with a range of 0.00 to 0.03 visits to the emergency room.
- All four agencies received a *Exceeds Expectations* rating.

Figure 22. Psychiatric Emergency Room Visits by Agency 2022

Agency	Value
Broadlawns	0.00
CSA	0.03
Easterseals	0.00
Eyerly Ball	0.02

System Average 0.01
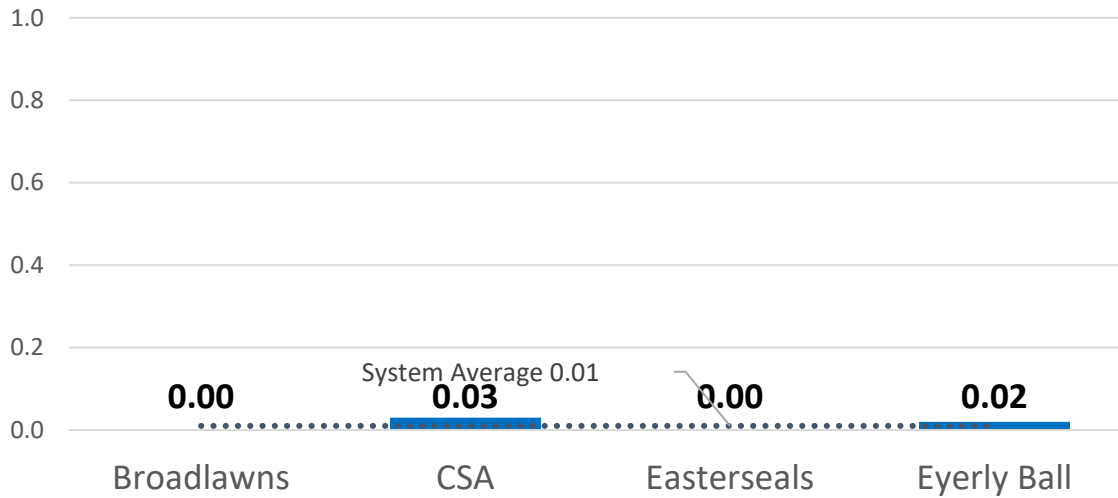
Compared to 2021, the overall system performance for the *Emergency Room Visits for Psychiatric Care* outcome **decreased** from 0.02 to 0.01 visits, maintaining an *Exceeds Expectations* rating in 2022.

Figure 23. Psychiatric Emergency Room Visits System Average 2018–2022

Year	Value
2018	0.04
2019	0.03
2020	0.02
2021	0.02
2022	0.01

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

Practices to prevent involvement in the criminal legal system

- Agencies spoke highly of Eyerly Ball's Jail Diversion program and utilize Jail Diversion as a resource to help support clients
- Agency members explained that coordinating with the jail about medication management is important for client success
- Agency staff utilize teams to communicate about client files and to help ensure that staff are notified when clients are released from jail

General comments and trends

- Multiple agencies reported that a few clients accounted for most of the days spent in jail
- Agencies described some instances of instability for clients (e.g., loss of housing, loss of social security, long wait lists, and lack of medication adherence) and how staff provide stability for clients during transitions between jail and the community.

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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 ***Needs Improvement*** rating of 3.24 nights spent in jail.
- Agencies varied in performance, with a range of 0.79-5.37 nights spent in jail.
- Two agencies received a ***Does Not Meet Minimum Expectations*** rating.
- Two agencies received an ***Exceeds Expectations*** rating.

Figure 24. Involvement in the Criminal Justice System by Agency[24]
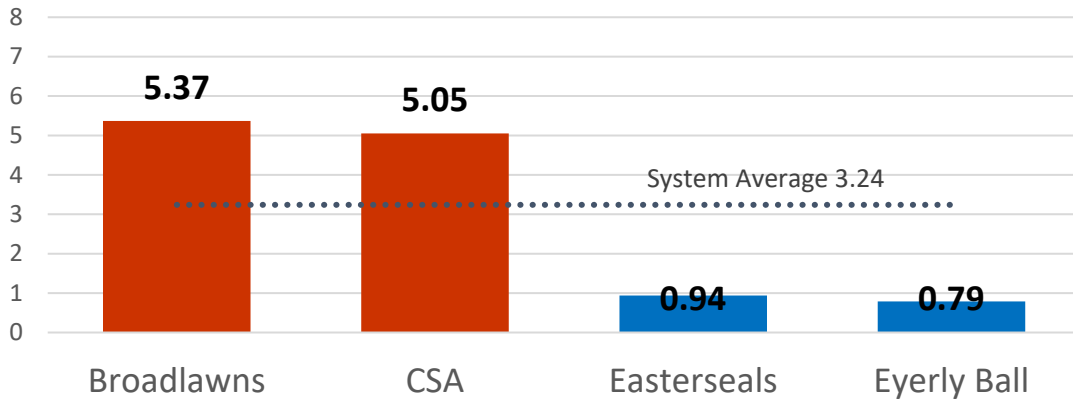
Compared to 2021, the overall system performance for ***the Involvement in the Criminal Justice System*** outcome **increased** from 2.98 to 3.24 nights spend in jail, moving from the ***Meets Expectations*** category to ***Needs Improvement*** in 2022.

Figure 25. Involvement in the Criminal Justice System 2018-2022

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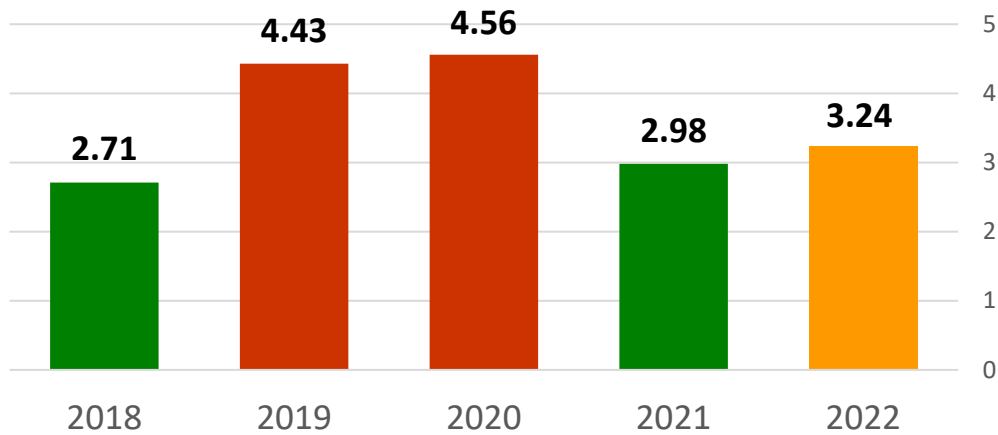
[24] Broadlawns ISA accumulated 791 nights in jail across 24 participants, two of which spent more than 90 nights in jail in the reporting period

CSA ISA accumulated 746 nights in jail across 9 participants, three of which spent more than 90 nights in jail in the reporting period

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

PROVIDER PERSPECTIVES

- Agencies reported using hotels and respite housing for short-term use; clients are always housed in interim while looking for more permanent housing
- Another agency described homelessness as a natural consequence of bad choices, and that teaching persistence and accountability takes priority over short-term solutions
- Agencies report less disruption for clients when agencies intervene to stabilize housing situations; flex funds can prevent eviction and pay for temporary housing while long-term solutions are arranged.
- Clients also benefit from IMPACT's Emergency Rental Assistance Program (ERAP), clarifying miscommunication with landlords (often with help from staff/housing coordinator), and taking good care of housing

For the *Homelessness* outcome, the system averaged a *Does Not Meet Minimum Expectations* rating of 2.41 nights spent without housing.

- Agencies varied in performance, with a range of 0.00-6.28 nights spent without housing.
- Two agencies received a *Does Not Meet Minimum Expectations* rating.
- Two agencies received a *Exceeds Expectations* rating.

Figure 26. Homelessness by Agency [25]
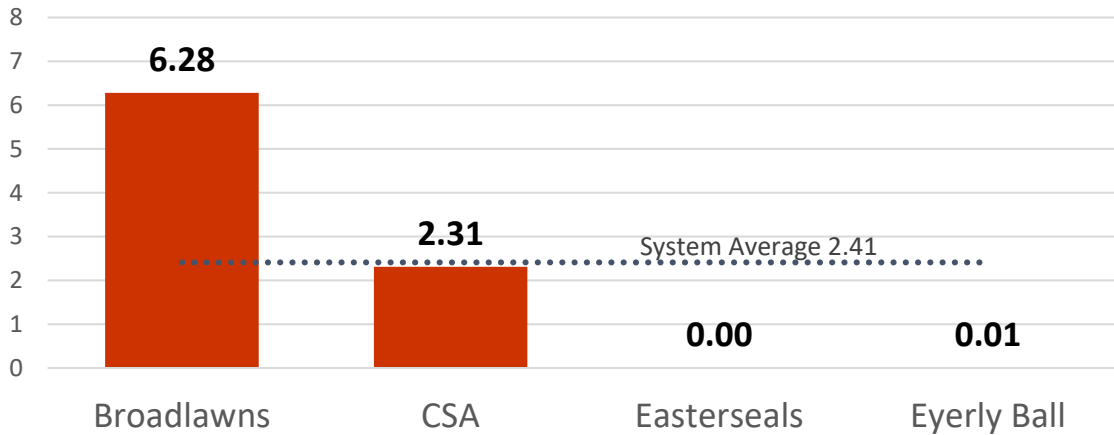
Compared to 2021, the overall system performance for the *Homelessness* outcome **decreased** from 3.00 to 2.41 nights spent without housing, maintaining a *Does Not Meet Minimum Expectations* rating in 2022.

Figure 27. Homelessness 2018-2022

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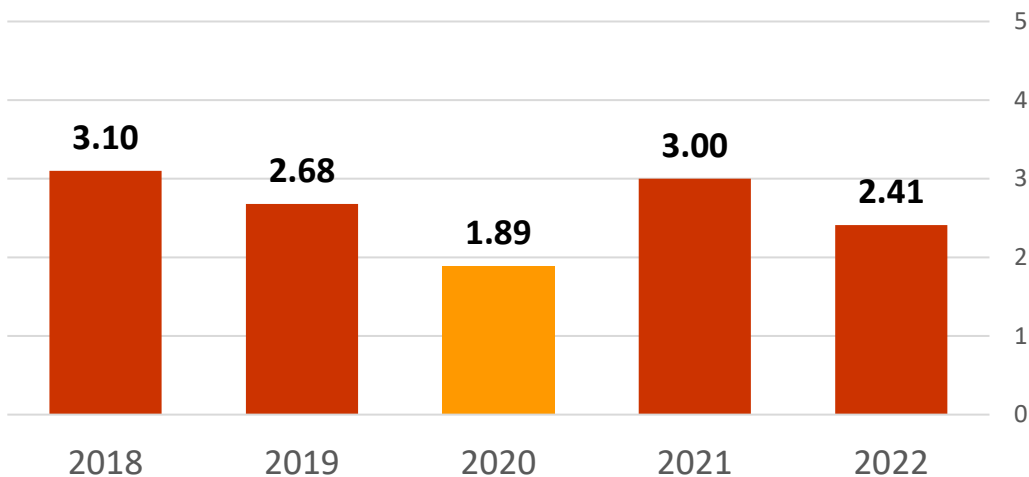
[25] Broadlawns ISA accumulated 1,202 homeless nights across 14 participants, seven of which spent more than 90 nights homeless in the reporting period

CSA ISA accumulated 1,202 homeless nights across 14 participants, seven of which spent more than 90 nights homeless in the reporting period

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[26] 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** 4 95%+	**Meets Expectations** 3 90% - 94%	**Needs Improvement** 2 85% - 89%	**Does Not Meet Minimum Expectations** 1 < 85%

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[26] 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 98%.

- Agencies varied in performance, with a range of 94%-100%.
- One agency received a *Meets Expectations* rating.
- Three agencies received an *Exceeds Expectations* rating.

Figure 28. 2022 Participant Satisfaction by Agency
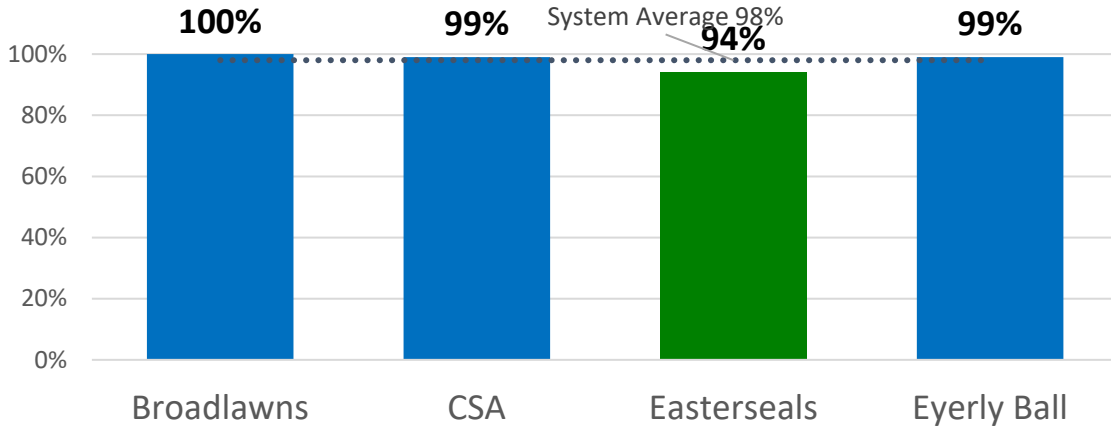
Compared to 2021, the overall system performance for the *Participant Satisfaction* outcome maintained an *Exceeds Expectation* rating of 98%.

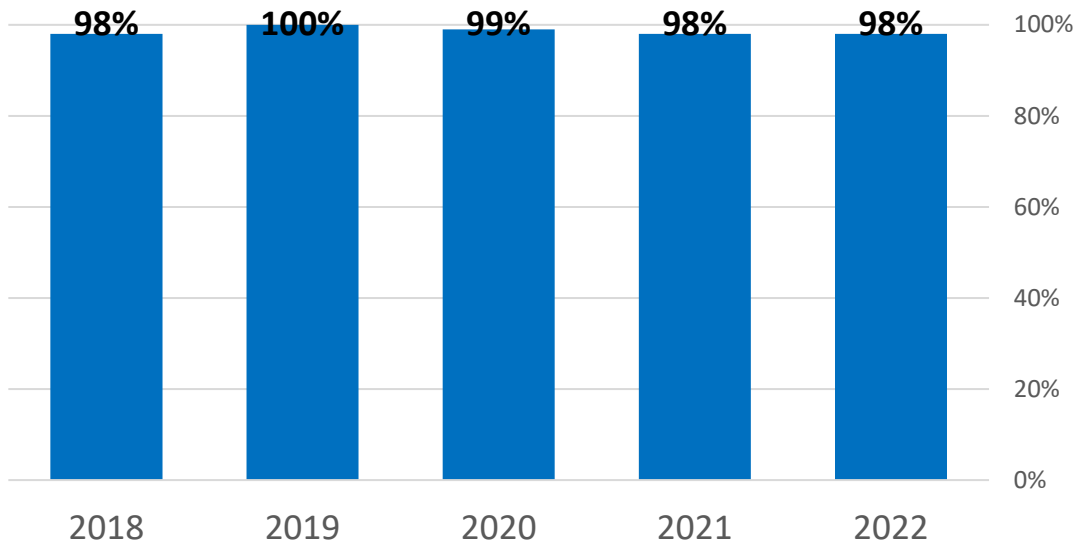**Figure 29. Participant Satisfaction 2018-2022 System Average**

Figure 31 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 (98%).
- Their medical care needs were met (100%).
- They would recommend services (98%).
- Staff helped them get the services they need (100%).

**Figure 30. Participant Satisfaction System Average by item[27]**
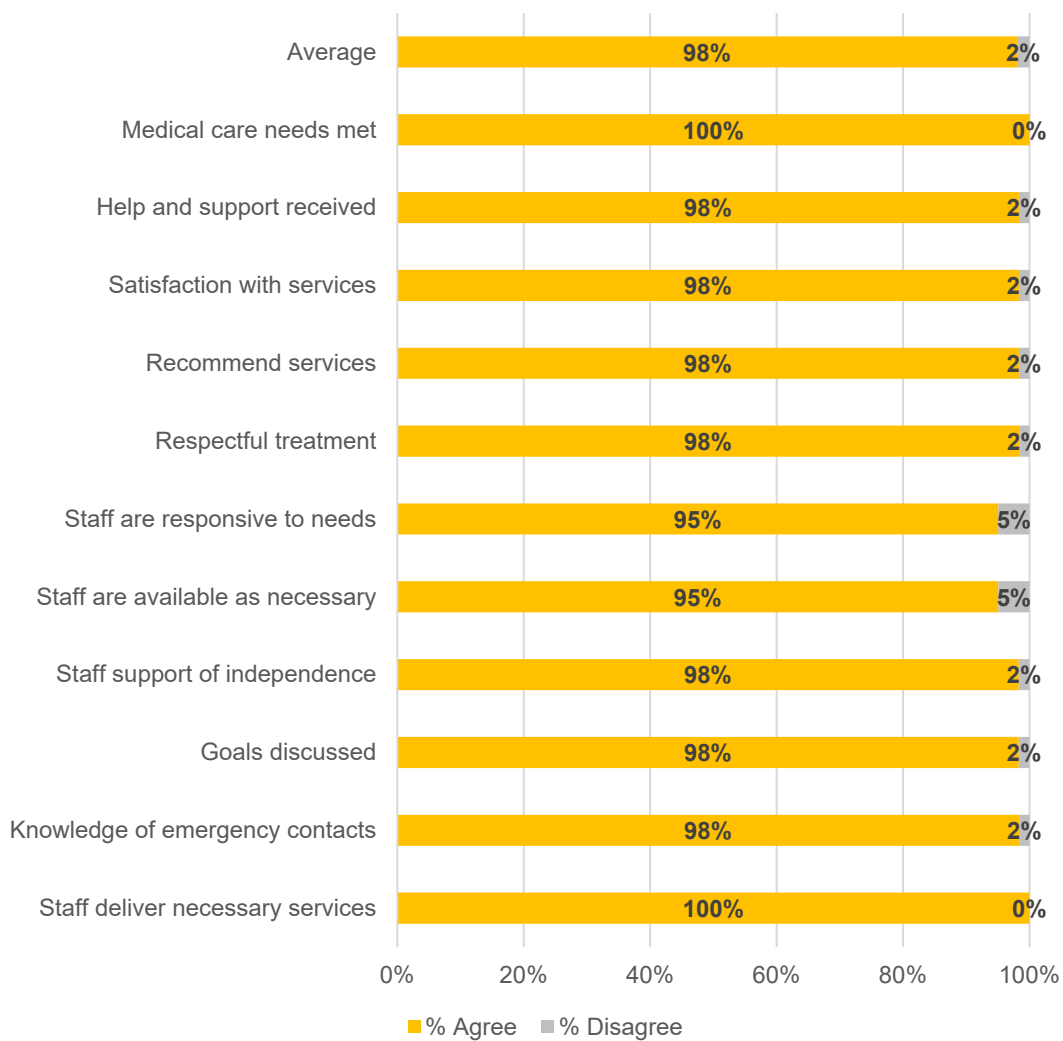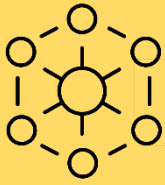
QUALITY OF LIFE

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.[28]
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 31. Quality of Life System Average by Item 2022

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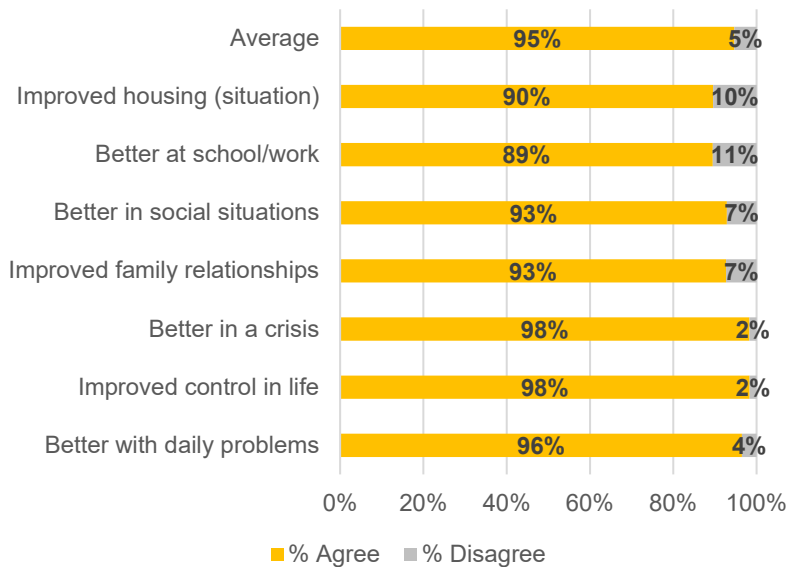
[28] Since I entered the program…

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 32).
- 98% of participants agree that since entering the program, they are better able to deal with crisis and have improved control in life.
- Participant agreement was lower for measures related to their housing situation (90%), family relationships (92%), and social situations (93%).

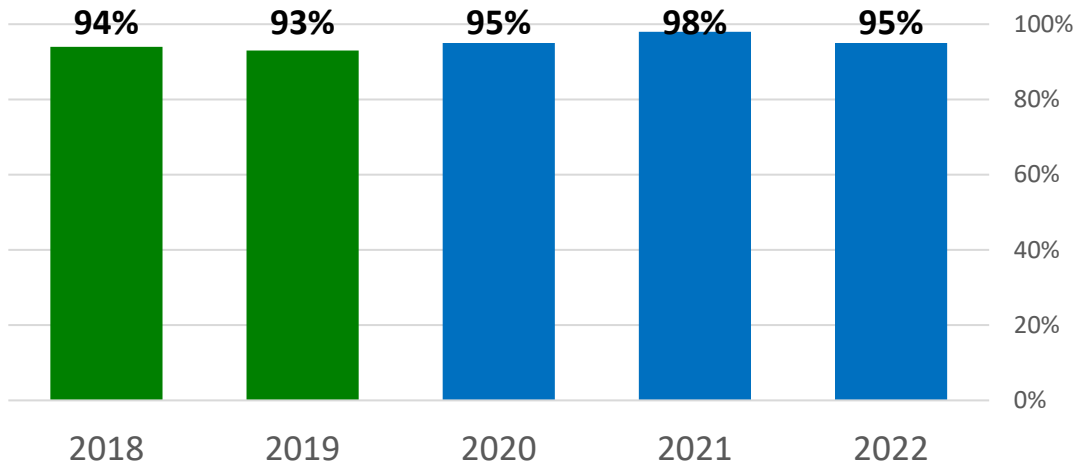Across agencies, Quality of Life varied, ranging from 88%-100% agreement.
- Two agencies *Exceeded Expectations*
- Two agencies *Met Expectations*

Figure 32. Quality of Life by Agency 2022
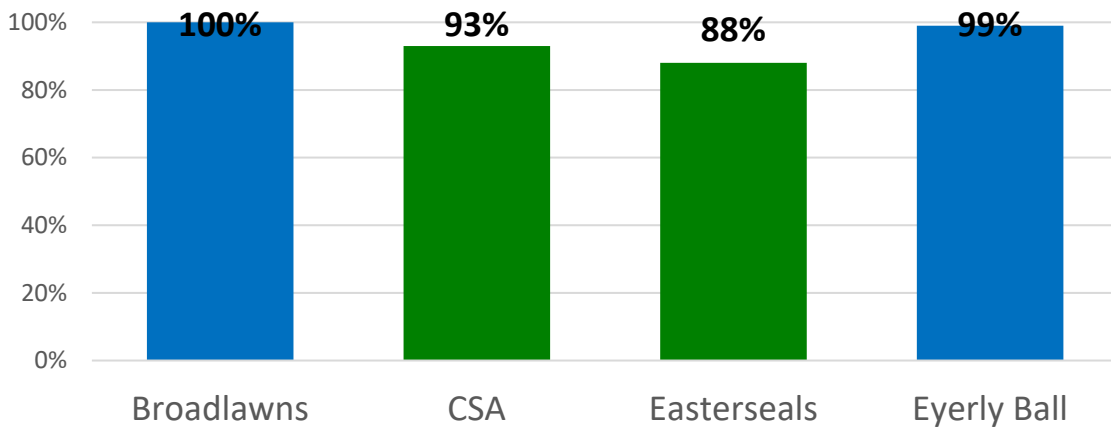
The *Quality of Life* outcome has maintained an *Exceeds Expectations* rating for the last year years, with a system average of 95% in 2022.

Figure 33. Quality of Life System Average 2018-2022
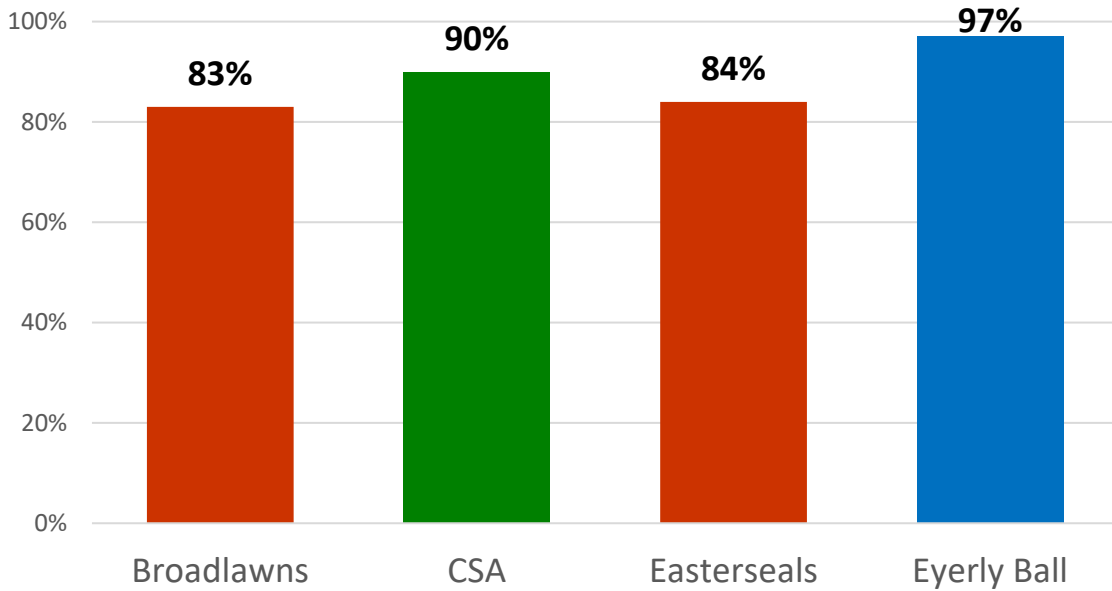
FAMILY AND CONCERNED OTHERS SATISFACTION

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%

PROVIDER PERSPECTIVES

- Involving family and guardians in the development of empowerment plans is the goal but some participants prefer privacy, and some families do not participate in the annual meeting (which they are typically notified of and invited to) or otherwise provide input.
- Reengaging families is a big effort and involves direct and indirect contact (e.g., phone calls and monthly newsletters).
- Building knowledge around mental health issues, spreading the message that recovery is possible, and fostering natural supports are essential to participants' quality of life.

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

Figure 34. Family and Concerned Others Satisfaction by Agency 2022

In 2022, the system averaged a performance of 87% in *Family and Concerned Other Satisfaction*, receiving a *Needs Improvement* rating after four years of *Meeting Expectations*.

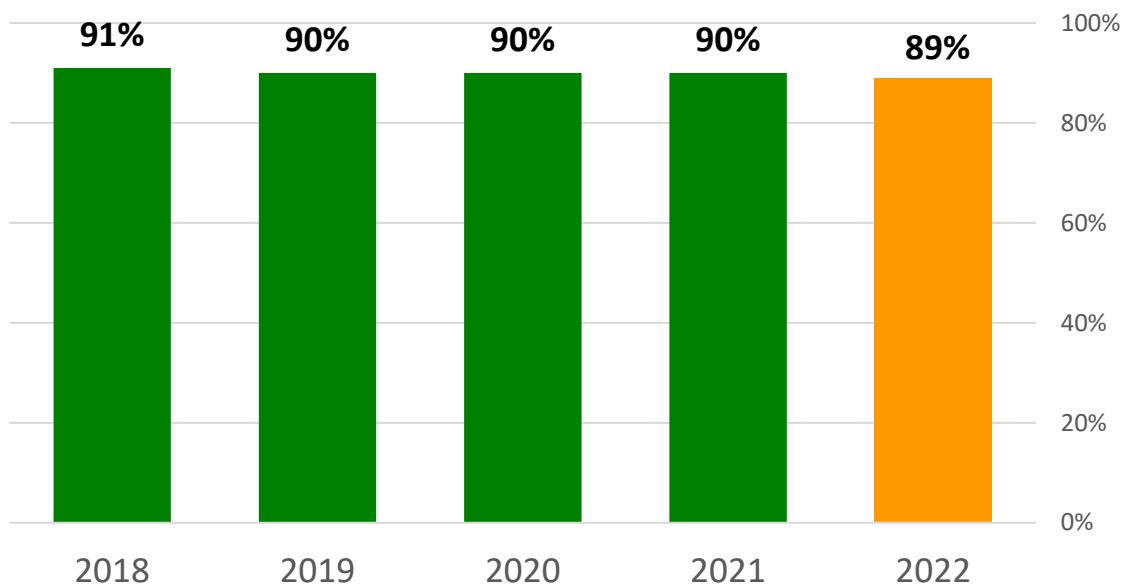**Figure 35. Family and Concerned Others Satisfaction System Average 2022**

Figure 37 shows *ISA Concerned Other Satisfaction* by item.

- Nearly all (98%) of respondents agreed that ISA participants are treated with dignity and respect and participant input is included.
- Respondents were less likely to agree that family input was elicited (98%), *staff were communicative* (79%), and they were *aware of who staff was* (84%%), and that *staff provide resources* (85%).

Figure 36. ISA Concerned Others Satisfaction by item
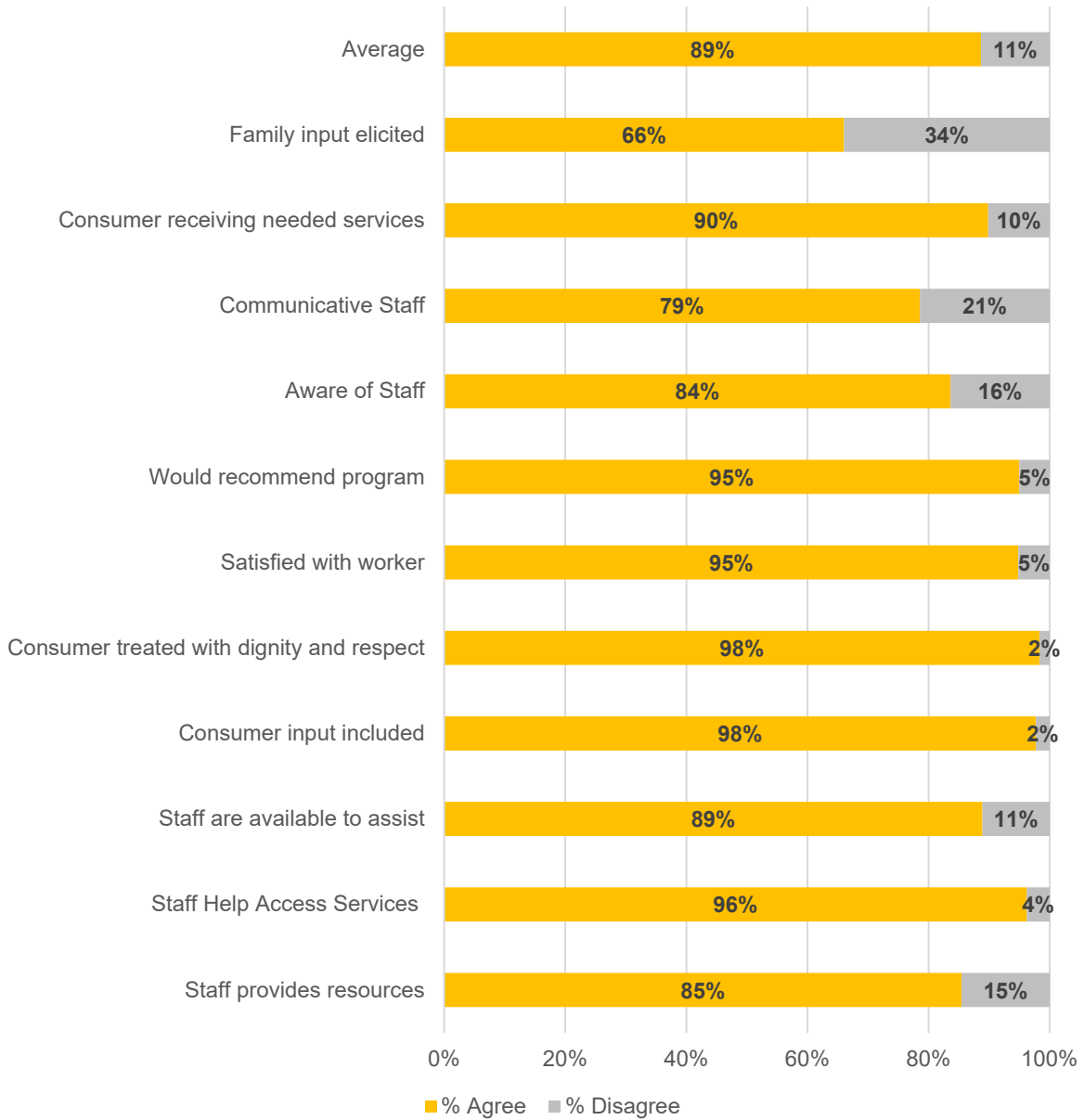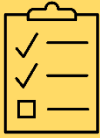
ADMINISTRATIVE OUTCOMES

The Administrative Outcomes category is comprised of the average performance of 3 expectations, 1) Monthly Face to Face Visits, 2) Quarterly In Home Visits, and 3) 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
Monthly Face to Face Visits	< 80%	80% - 84%	85% - 94%	95%+
Quarterly In Home 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

	Monthly Face To Face Visits		Quarterly In Home Visits		Completed Level of Functioning		Administrative Outcomes Average	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Broadlawns	92%	3	87%	3	100%	4	93%	3
CSA	92%	3	91%	3	100%	4	94%	3
Easterseals	99%	4	99%	4	100%	4	99%	4
Eyerly Ball	99%	4	99%	4	100%	4	99%	4
System Average	95%	4	93%	3	100%	4	96%	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 ISA agencies received a *Meets Expectations* rating, and two agencies received an *Exceeds Expectations* rating for **Administrative Outcomes**, resulting in a system average of *Meeting Expectations* at 96%

Figure 37. Administrative Outcomes by Agency 2022
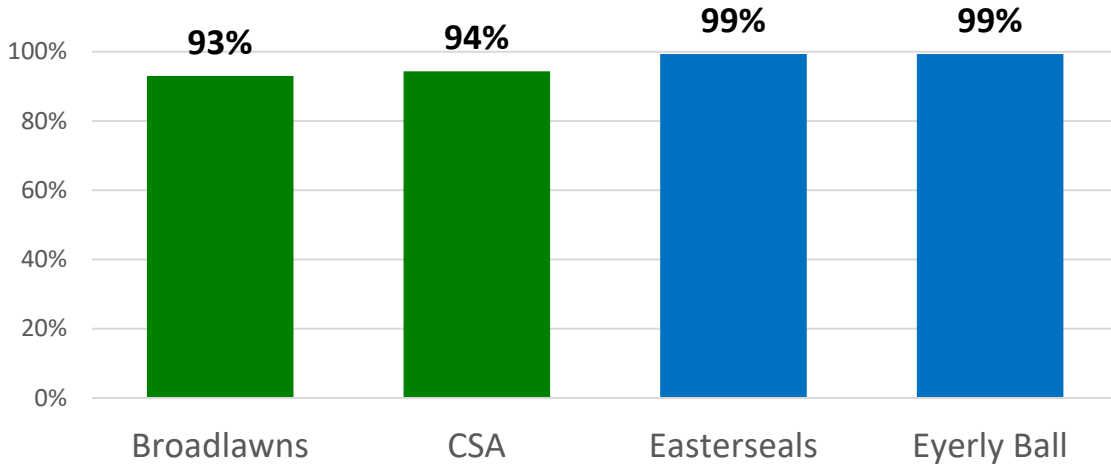
Over the last three years, system-level performance in **Administrative Outcomes** has fluctuated, with a *Needs Improvement* rating in 2020, *Exceeding Expectations* in 2021, and *Meeting Expectations* in 2022.

Figure 38. Administrative Outcomes System Average 2018-2022
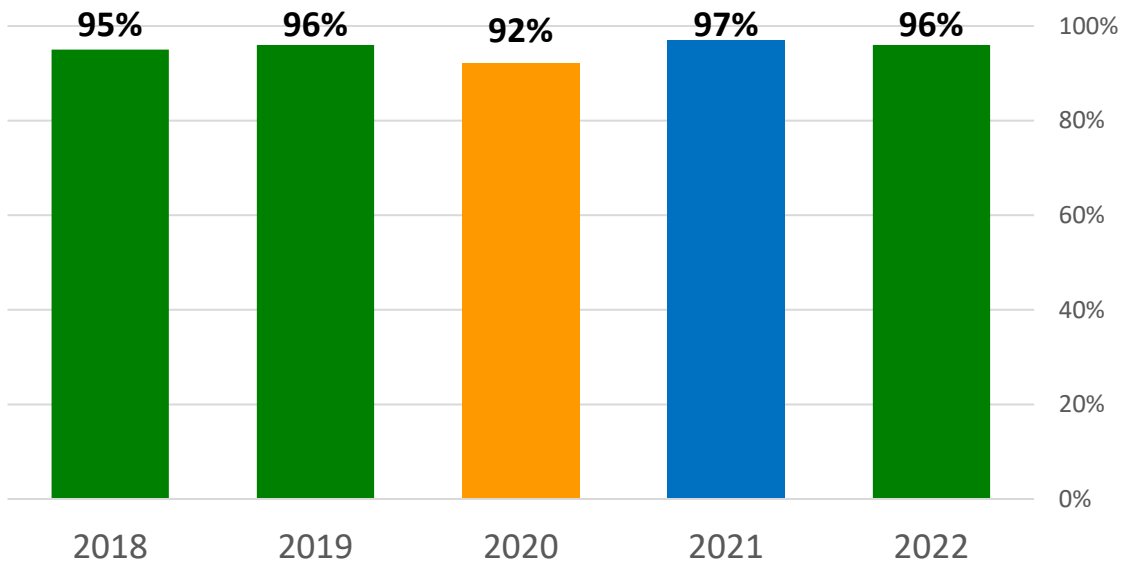
The following two tables represent a summation of the results in the report, with Table 4 showing each agency's score according to thresholds for each outcome area and Table 5 showing the actual performance.

Table 5. 2022 Summary Table Scores

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

Table 6. 2022 Summary Table Performance

	Broadlawns	CSA	Easterseals	Eyerly Ball	System Average
Housing	95%	91%	98%	99%	96%
Engaged Toward Employment	28%	23%	41%	21%	28%
Working Toward Self-Sufficiency	19%	15%	33%	15%	21%
Education	53%	22%	21%	51%	31%
Access to Somatic Care	96%	92%	100%	100%	97%
Community Inclusion	76%	75%	98%	99%	86%
Participant Empowerment	100%	73%	93%	100%	92%
Negative Disenrollment	0%	2%	0%	0%	1%
Hospital Bed Days	3.12	0.81	0.35	0.82	1.4
Emergency Room Visits	0	0.03	0	0.02	0.01
Involvement in the Criminal Justice System	5.37	5.05	0.94	0.79	3.24
Homelessness	6.28	2.31	0	0.01	2.41
Participant Satisfaction	100%	99%	94%	99%	98%
Quality of Life	100%	93%	88%	99%	95%
Family and Concerned Other Satisfaction	83%	90%	84%	97%	89%
Administrative Outcomes	93%	94%	99%	99%	96%
Agency Overall Performance	75%	67%	89%	95%	75%