

Polk County Mental Health & Disability Services Region
**2022 Knowledge Empowers Youth
(KEY) Program**
Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

Tessa Heeren, Research Manager

Christie Cellman, Graduate Research Assistant

Elis Bondarowicz, Research Assistant

University of Iowa College of Law

Iowa City, Iowa 52242

Executive Summary

KEY Program performance in *Housing, Homelessness, Psychiatric Hospitalization, Participant Satisfaction, Participant Quality of Life, Negative Disenrollment, and Administrative Outcomes* remains high and stable, with all seven outcomes **Exceeding Expectations** over the last 5 years throughout challenging circumstances (except the Homelessness performance in 2018).

Overall, KEY staff report intentional and proactive collaborations, and problem-solve with evidence-based solutions. For example, using motivational interviewing, and connecting participants to DMACC's [Workforce Training Academy](#), [Young Adult Program](#), and [Career Fair](#), as well as Children and Families of Iowa's [Connect to Careers](#) program.



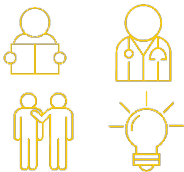
KEY program participants report receiving **high quality services** which meet their needs and improve their lives. **Participants describe staff as supportive, responsive, knowledgeable, and respectful.**

"If I need support, they're there. They went with me to DMACC to help me sign up for college. [Staff] helps with everything, one-hundred percent. [Staff] is down to earth and respectful. Even if they don't know the answer, they will find it. If they say they're going to follow through they do. And they are always communicating."

"They [staff] have taught me things I never learned in foster care like apartment living and living on my own."

KEY Program performance in four outcome areas (*Education, Somatic Care, Community Inclusion, and Participant Empowerment*) was negatively impacted by the pandemic in 2020.

Performance in *all four outcome areas* show steady improvements over the last two years.



Compared to 2020, the *Education* and *Somatic Care* outcomes both increased by **13%**, the *Community Inclusion* outcome increased by **30%**, and the *Participant Empowerment* outcome increased by **54%**.



KEY program performance in the *Involvement in the Criminal Justice System* outcome increased notably, moving from the **Exceeds Expectations category in 2021 to **Does Not Meet Minimum Expectations** in 2022.**

In 2022, the KEY program included three participants who spent 150 or more nights in jail in the reporting period. KEY staff noted that participant time in jail can increase after the original sentence, because some participants receive additional charges while in jail.

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KEY Evaluation Results Summary

This is a report on the findings of the independent evaluation of Community Support Advocates' (CSA's) Knowledge Empowers Youth (KEY) program from July 1, 2021, through June 30, 2022. KEY is a subsidiary integrated services program for young adults transitioning from the foster care system. The program officially began serving individuals as of January 1, 2006. The KEY program offers the same flexibility of services as the integrated services program. Services like assistance with career planning, financial management, benefits coordination (e.g., health insurance and rent assistance), education enrollment logistics, and miscellaneous supports (transportation, phones, school materials) have positive impacts on youth transitioning out of foster care because they face challenges in establishing stable and independent housing, employment, financial stability, and education (Rome and Raskin, 2019). Youth transitioning out of foster care experience employment and economic disparities, and about one-third to one-half of this population reports that their average annual incomes of \$8,000 are much lower compared to earnings of counterparts at \$18,300 (Scannapieco, Smith, & Blakeney-Strong, 2016). A range of 12% to 30% of this population reports using public assistance, and in a survey of youth in a program similar to KEY, 19% found information on resources to be valuable. Along with tangible supports, youth transitioning out of foster care particularly benefit from emotional supports (e.g., unconditional positive regard and empowerment) and connections to the community (Trejos-Castillo, Davis, and Hipps, 2015; Packard and Benuto, 2020). In a survey of participants in a program similar to KEY, the most beneficial service mentioned by nearly half of participants (48%) was empowerment activities like goal setting (Leathers et al, 2019). Youth transitioning out of foster care are at particular risk for incarceration, substance use, child birth, and—prominently—unstable housing (Liu, 2020; Rome and Raskin, 2019, Prince et al 2019). Specifically, youth transitioning out of foster care are vulnerable to involuntarily living with biological family or experiencing homelessness at rates reported between 11% to 46% (Liu, 2020; Rome and Raskin, 2019, Scannapieco, Smith, & Blakeney-Strong, 2016). KEY participants struggle to maintain and enjoy their independence from the foster care and, in some cases, the juvenile justice systems. The KEY program provides a unique source of support for these youth in transition. The KEY program remained stable from last fiscal year at about 43 individuals served per month.

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

Figure 1. Outcome Areas by 2022 Performance KEY Program Averages

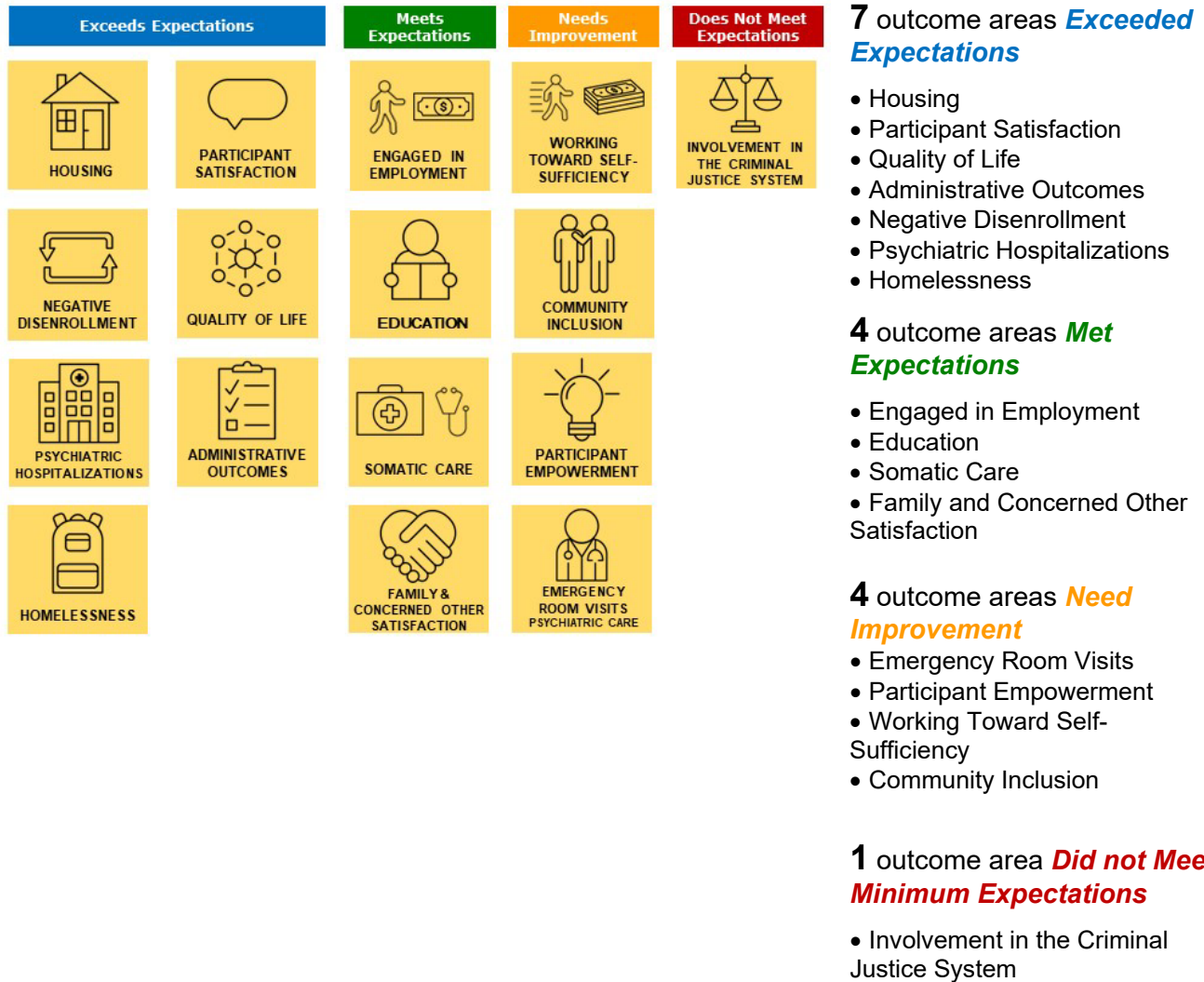


Figure 2 represents the program-level trends for KEY performance outcomes. The KEY Evaluation shows that the KEY program *Meets Expectations* in 2022, with a program average of 77%.

- There was a marked decrease in performance between 2019 and 2020 – a **13% decrease** overall.
- 2021 recovered by 3% - still a **10% decrease** from the 2019 pre-pandemic program average.
- 2020 through 2022 show a three-year trend of *Meeting Expectations*.

Figure 2. KEY Performance 2018-2022

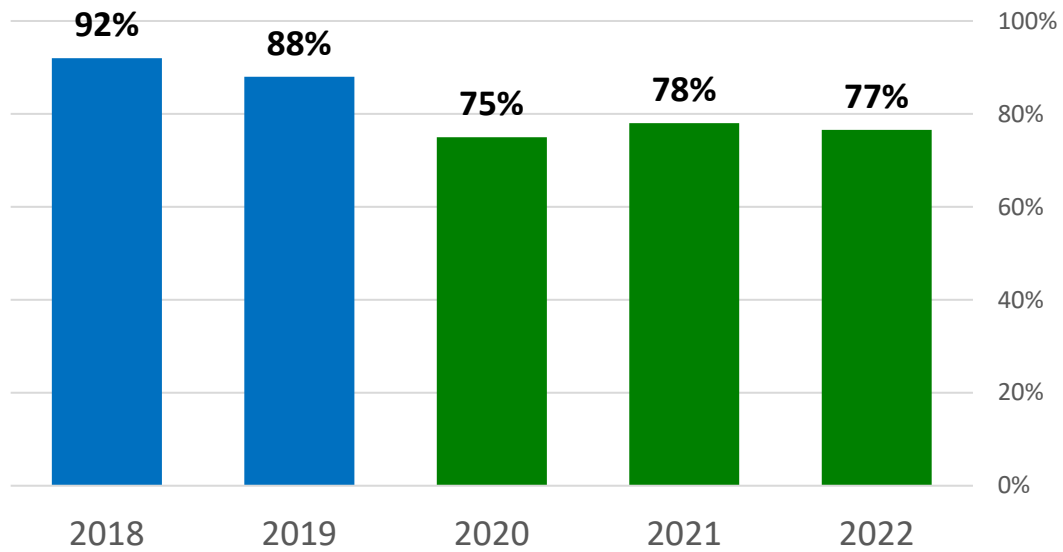


Table 1. KEY Summary Table Performance 2022

	2022	
	Performance	Score
Housing	91%	4
Engaged Toward Employment	27%	3
Working Toward Self-Sufficiency	15%	2
Education	24%	3
Access to Somatic Care	95%	3
Community Inclusion	75%	2
Participant Empowerment	87%	2
Negative Disenrollment	2.31%	4
Hospital Bed Days	1.94	4
Emergency Room Visits	0.14	2
Involvement in the Criminal Justice System	15.70	1
Homelessness	0.00	4
Participant Satisfaction	99%	4
Quality of Life	100%	4
Family and Concerned Other Satisfaction	90%	3
Administrative Outcomes	100%	4
Agency Overall Performance	77%	3

KEY Outcomes

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

The KEY Program Evaluation includes 16 outcome areas, outlined below

1. Quality Services

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

2. Community Integration

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

3. Healthy Days In The Community¹

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

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



HOUSING

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

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 79%+	3 70% - 79%	2 60% - 69%	1 < 60%

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%).

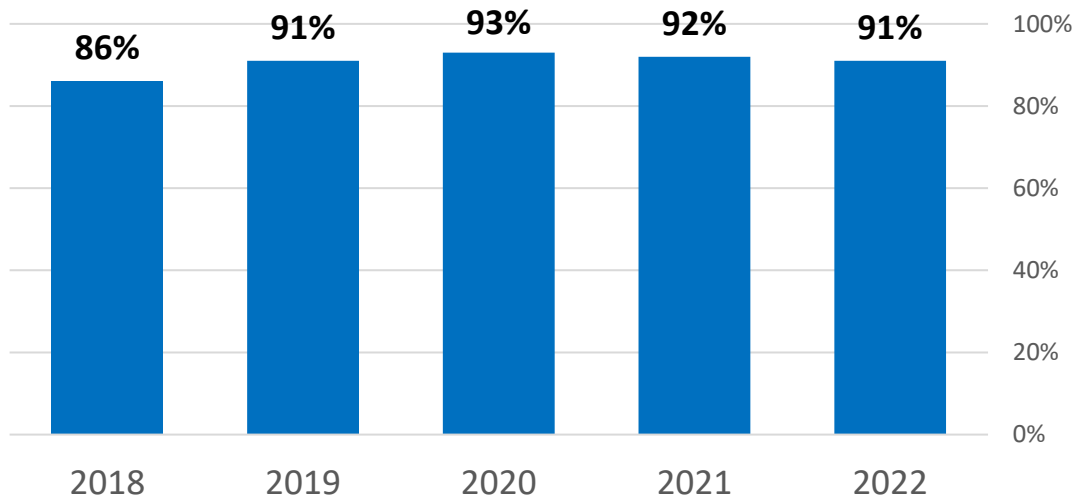
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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.

Figure 3 represents the program-level trends in **Housing** from 2018 through 2022. In the **Housing** outcome, the program averaged an **Exceeds Expectations** rating at 91%.

- Program averages varied within this performance threshold, with a range of 86%-93%.
- At the program level, **Housing** consistently receives an **Exceeds Expectations** rating from 2019 through 2022, with little variation in the past 5 years.

Figure 3. Housing KEY Program 2018-2022



PROVIDER PERSPECTIVES

COVID pandemic continues to impact housing

- Housing and rent assistance resources available during the height of the pandemic have been exhausted and dismantled.
- New obstacles have unearthed in the aftermath, complete with staffing issues and unmet needs among participants.

Completing Housing Checklists

- Getting housing forms and checklists completed can be more or less complicated, depending on the environment.
- Staff report that safety and affordability criteria are most difficult to meet.



ENGAGED IN EMPLOYMENT

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

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

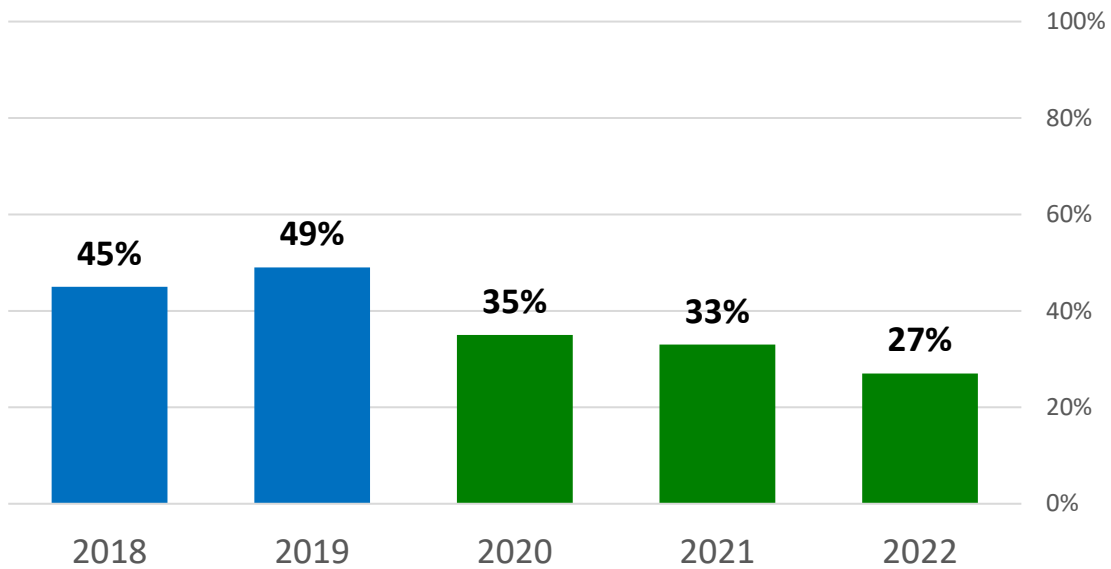
6

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

Figure 4 represents the program-level trends in **Engaged in Employment** from 2018 through 2022. For the **Engaged in Employment** outcome, the program averaged a **Meets Expectations** rating at 38% in 2022.

- Compared to 2021, the overall program performance for the **Engaged in Employment** outcome decreased 6%, from 33% to 27%, continuing to **Meet Expectations** in 2022.

Figure 4. Engaged in Employment KEY Program 2018-2022



PROVIDER PERSPECTIVES

Barriers to Entering the Workforce

- Participants may not feel secure in their jobs, know their rights, or how to request necessary accommodations for success.

Promising Practices – Motivational Interviewing (MI) and Evidence-based Practices

- Staff report using MI techniques to help participants verbalize their long-term goals.
- Goals and Values 'zine with a dual purpose of informing and grounding the user. The 'zine a pocket-sized booklet that both serves as a visual aid for young employees, as well as provides focus and connection to goal planning and support team contact information.



WORKING TOWARD SELF-SUFFICIENCY

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

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

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

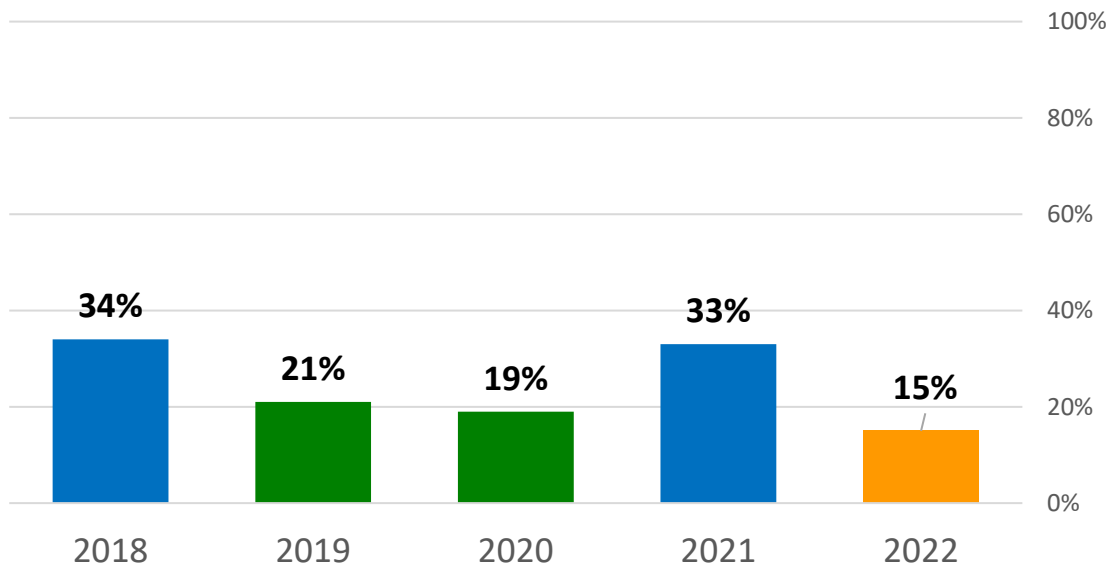
Reporting Dates	
Quarter 1	NA
Quarter 2	10/17/2021 - 10/30/2021
Quarter 3	01/16/2022 - 01/29/2022
Quarter 4	04/17/2022 - 04/30/2022

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 5 represents the program-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 program average **decreased by 18%** - from 33% to 15% - moving from the **Exceeding Expectations** category to the **Meets Expectations** category.

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



PROVIDER PERSPECTIVES

- KEY staff report success with gradually increasing employment from part-time until participants are equipped and ready for full-time work.

Collaborating with Local Organizations and Resources

- KEY staff report partnering with
 - Embark, the technology-based internship opportunity for furthering participants' education.
 - the DMACC Career Fair
 - Children and Families of Iowa's Connect to Careers program



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%

¹⁰ Measurement is captured in June and not averaged.

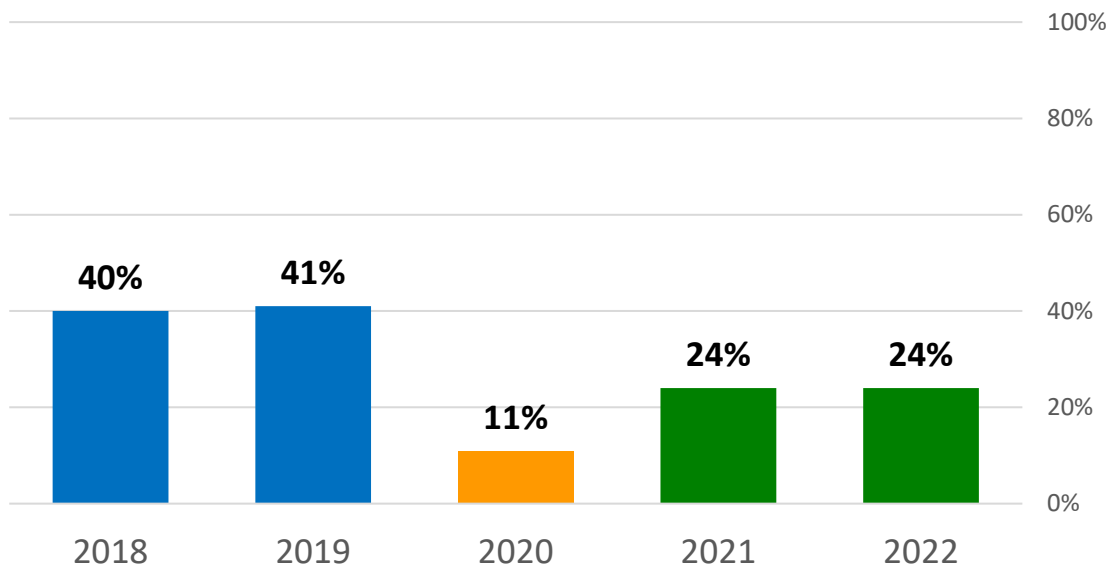
¹¹ A recognized training program meets the definition if “yes” is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill obtainment and produce a certificate that will secure, maintain, or advance employment 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 6 represents the program-level trends in **Education** from 2018 through 2022.

- Program averages varied, with a range of 11%-41%.
- 2021 recovered to pre-pandemic levels of **Education** with a 13% increase from 2020.
- 2022 maintained a program average of 24%, a two-year trend of **Meeting Expectations**.

Figure 6. Education KEY Program 2018-2022



PROVIDER PERSPECTIVES

Participants have Gained Confidence Through Education

- Participants are testing, getting good grades, believing themselves, and growing from the experience.

Collaborating with Local Organizations and Resources

- KEY staff report partnerships with
 - The free trade school at DMACC
 - The Youth Adult Program (YAP)



SOMATIC CARE

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

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

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

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

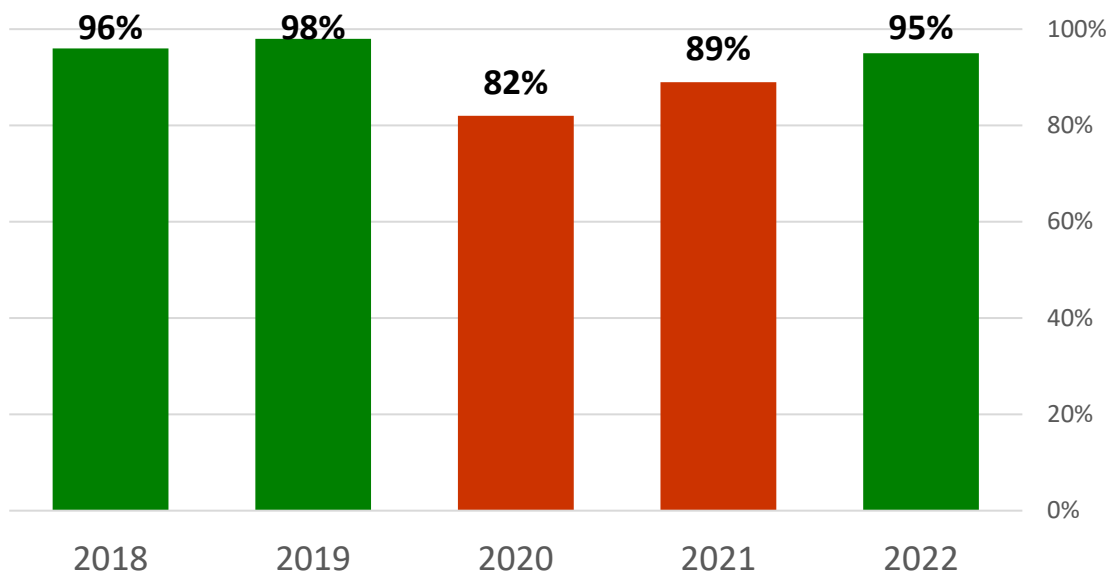
¹³ Measurement is captured in June and not averaged.

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

Figure 7 represents the program-level trends in **Somatic Care** from 2018 through 2022.

- There was a marked decrease in **Somatic Care** between 2019 and 2020 – a **16% decrease** overall.
- 2021 recovered by 7% from 2020, maintaining the **Does Not Meet Minimum Expectations** category.
- 2022 recovered to near pre-pandemic levels, increasing by 6% from 2021 and moving from the **Does Not Meet Minimum Expectations** category into the **Meets Expectations** category.
-

Figure 7. KEY Program Somatic Care 2018-2022



PROVIDER PERSPECTIVES

Building Rapport with Family Members

- Building relationships with family members and guardians helps inform staff of when a participant has utilized somatic care.

Encouraging Participants to Utilize Somatic Care

- Some participants are not motivated to utilize somatic care unless they are experiencing an illness or injury, rather than forming that connection before something goes medically awry.



COMMUNITY INCLUSION

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

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

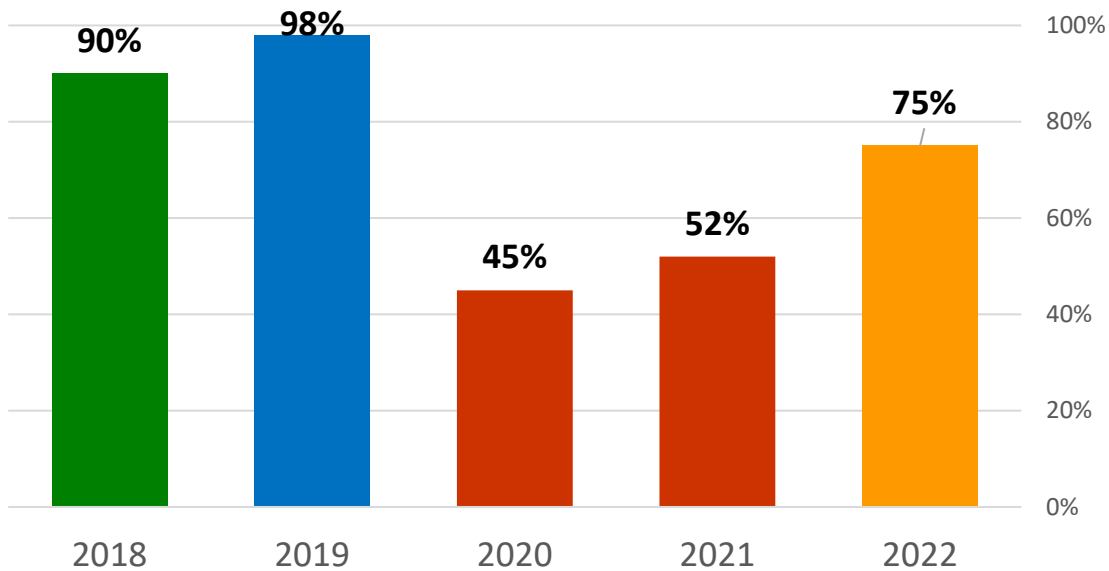
¹⁵ Measurement is captured in June and not averaged.

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

- There was a marked decrease in **Community Inclusion** between 2019 and 2020 – a 53% decrease overall.
- 2021 recovered slightly, increasing by 7% and maintaining the Does Not Meet Minimum Expectations category.
- There was a marked increase in Community inclusions in 2020, increasing by 23% and moving from the **Does Not Meet Minimum Expectations** category to the **Needs Improvement** category.

Figure 8. Community Inclusion KEY Program 2018-2022



PROVIDER PERSPECTIVES

Youth and Social Engagement Barriers

- Staff note that this younger population experiences barriers to meeting community inclusion criteria, due to a preference for virtual interactions and the virtual community experience.



PARTICIPANT EMPOWERMENT

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

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

Table 2. Participant Empowerment Results by Category

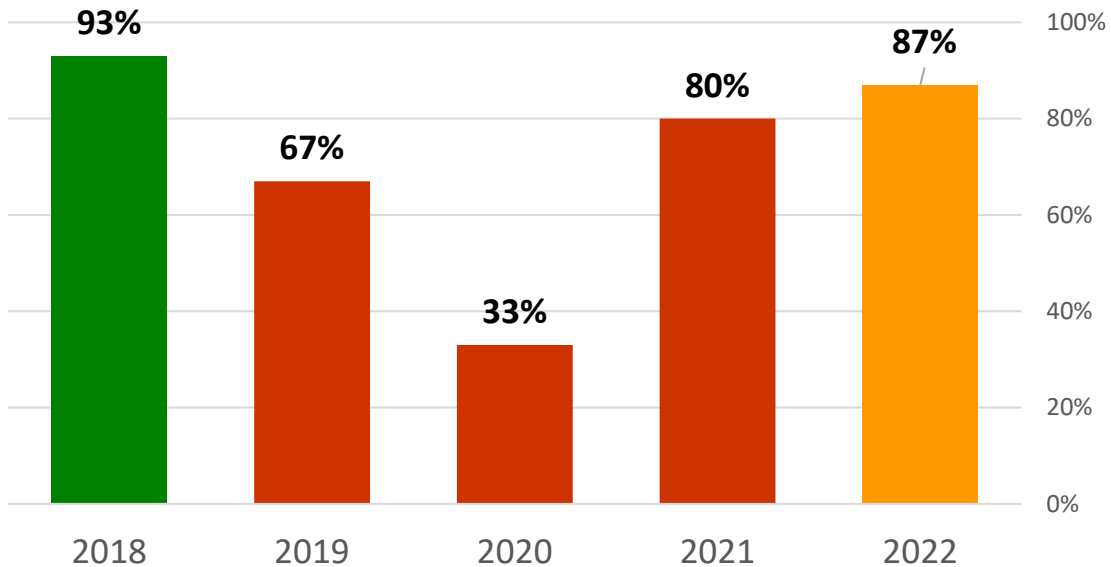
	KEY
Goals in Place and Reviewed Regularly	100%
Consumer Involvement	100%
Employment and/or Education Addressed	93%
Services Documented	93%
All Goal Components Present	87%

Table 3 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. All agencies received scores of 100% in two criteria, *Documentation of Consumer Involvement* and *Services Documented and Delivered*. Performance for two agencies was impacted by the *Quarterly Empowerment Discussions* criteria.

Figure 8 represents program-level trends in **Participant Empowerment** from 2018 through 2022. Program averages varied considerably, ranging from 33%-93%.

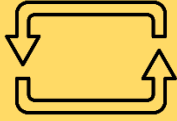
- There was a downward trend in program averages between 2018 and 2020, with a **60% decrease** across the three years.
- 2021 recovered beyond pre-pandemic levels, increasing by 47% from 2020 but maintaining the **Does Not Meet Minimum Expectations** category.
- 2022 experienced a 7% increase in program averages, moving from the **Does Not Meet Minimum Expectations** category to the **Needs Improvement** category.

Figure 8. Participant Empowerment KEY Program 2018-2022



PROVIDER PERSPECTIVES

- Complete staff turnover and a new system midway through the year created a learning curve and resulted in documentation challenges.



NEGATIVE DISENROLLMENT

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

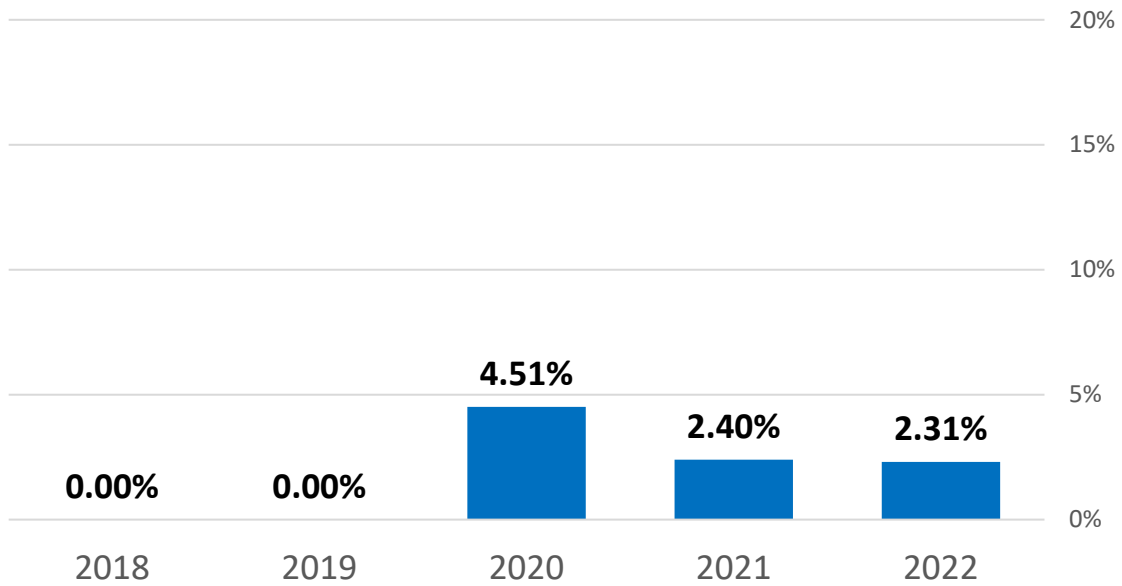
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 5.10%	3 5.10% - 15.00%	2 15.10% - 23.00%	1 ≥ 23.00%

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

For the **Negative Disenrollment** outcome, the program averaged an **Exceeds Expectations** rating of 1.84%

- Program averages varied, with a range of 0.00%-4.51%.
- Compared to 2021, the overall program performance for the **Negative Disenrollment** outcome **decreased 0.09%**, from 2.40% to 2.31%, continuing to **Exceed Expectations** in 2022.

Figure 9. Negative Disenrollment Rates KEY Program 2018-2022



PROVIDER PERSPECTIVES

- Staff note that participant prison sentences have been a cause of program discharge



PSYCHIATRIC HOSPITALIZATIONS

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

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 2 days	3 2 – 4.99 days	2 5.00 – 5.99 days	1 5.99+ days

PROVIDER PERSPECTIVES

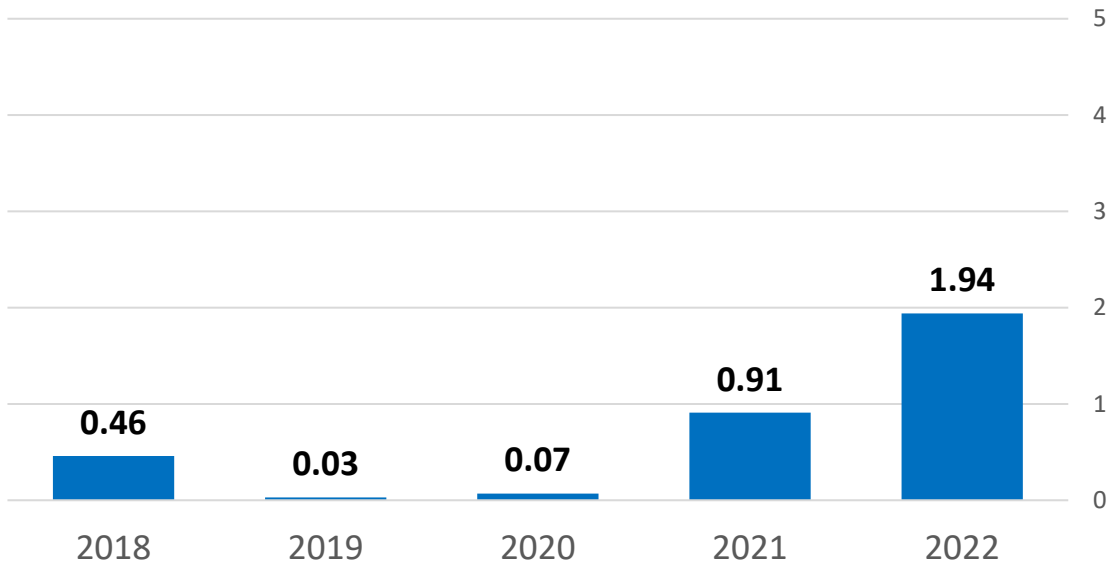
TBD

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

Figure 11 represents program-level trends in **Psychiatric Hospitalizations** from 2018 through 2022. For the **Psychiatric Hospitalizations** outcome, the program averaged an **Exceeds Expectations** rating of .68 nights spent hospitalized.

- Program averages varied with a range of 0.03 to 1.94 nights spend hospitalized.
- Compared to 2021, the overall program performance for the **Psychiatric Hospitalizations** outcome **decreased** from 0.91 to 1.94 nights spent hospitalized, maintaining an **Exceeds Expectations** rating in 2022.

Figure 10. Psychiatric Hospitalizations KEY Program 2018-2022



PROVIDER PERSPECTIVES

Marginalized Populations are Especially At-risk

- Three percent of the population in Iowa identifies as LGBTQ+ and staff estimates their total caseload is more than 3%.
 - This population is twice as likely to experience suicide and other mental health crises.



EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

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

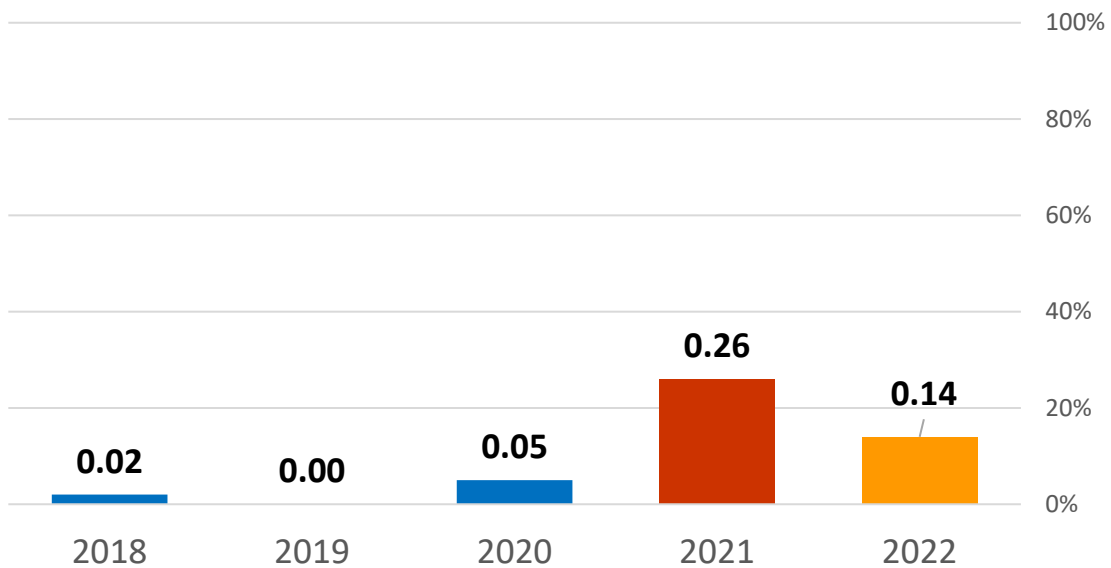
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 0.07 visit	3 0.07 - 0.10 visit	2 0.11 - 0.19 visits	1 0.19+ visits

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

Figure 12 represents program-level trends in **Emergency Room Visits for Psychiatric Care**. For the **Emergency Room Visits for Psychiatric Care** outcome, the program averaged a **Meets Expectations** rating of 0.09 visits.

- Program averages varied in performance, with a range of 0.00 to 0.26 visits to the emergency room.
- Compared to 2021, the overall program performance for the **Emergency Room Visits for Psychiatric Care** outcome **decreased** from 0.26 to 0.14 visits, moving from the **Does Not Meet Minimum Expectations** to the **Needs Improvement** category.

Figure 11. Psychiatric Emergency Room Visits KEY Program 2018-2022



PROVIDER PERSPECTIVES

Participant Support is Essential to Prevention

- KEY staff report that problem solving and frequent follow-ups are essential in times of crisis – even “checking in” every 45 minutes, if necessary.



INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days ²¹ utilized per program participant per year.
Intent	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
Rationale	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the criminal justice program. 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).

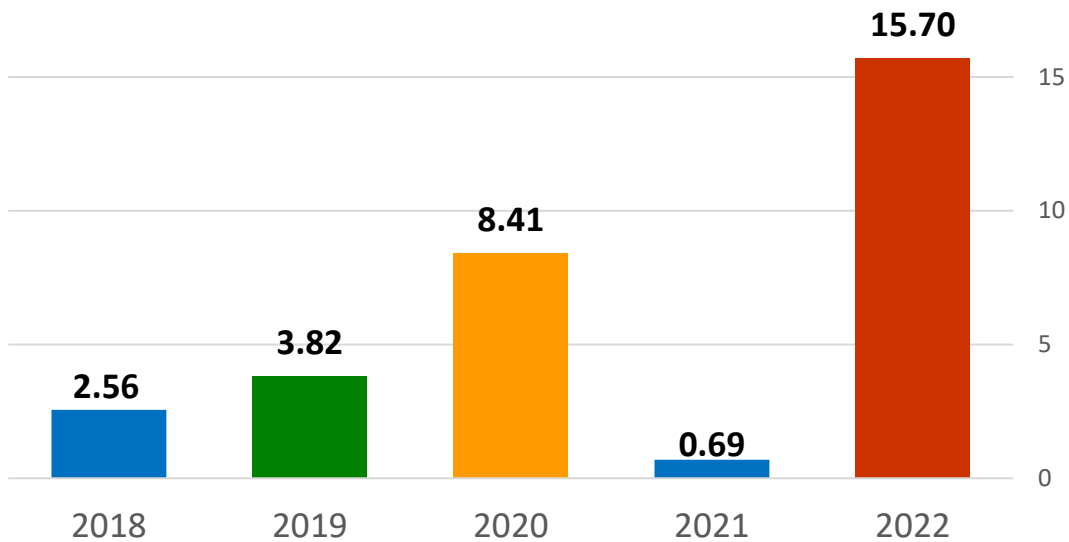
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 3 days	3 3 – 7.49 days	2 7.5 – 9.99 days	1 9.99+ days

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

Figure 13 represents program-level trends for *Involvement in the Criminal Justice System*. For the *Involvement in the Criminal Justice System* outcome, the program averaged a **Does Not Meet Minimum Expectations** rating of 6.24 nights spent in jail.

- Program averages varied significantly, with a range of 0.69-15.70 nights spent in jail.
- Compared to 2021, the overall program performance for *the Involvement in the Criminal Justice System* outcome **increased** from 0.69 to 15.70 nights spend in jail, moving from the **Exceeds Expectations** category to **Does Not Meet Minimum Expectations** in 2022.

Figure 12. Involvement in the Criminal Justice System KEY Program 2018-2022²²



PROVIDER PERSPECTIVES

- KEY staff noted that time in jail can increase after the original sentence, because some participants receive additional charges while in jail

²² In 2022, the KEY program accumulated 679 nights in jail across 6 participants, three of which spent 150 or more 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	<p>Nights spent homeless will be reduced.</p> <p>Individuals with disabilities are challenged to find safe, accessible and affordable housing.</p> <p>The intent is to provide adequate supports in the community and to encourage independence through working to help individuals with disabilities to live in and to view living arrangements as their home.</p>
Rationale	<p>“According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the U.S. At a minimum, 25% of these people were seriously mentally ill, and 45% had any mental illness.” (bbrfoundation.org)</p> <p>“Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing.” (bbrfoundation.org)</p>

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 1.01 night	3 1.01 – 3 nights	2 3.01 – 10 nights	1 10+ nights

Figure 14 represents the program-level trends in **Homelessness**. For the **Homelessness** outcome, the program averaged a **Needs Improvement** rating of 1.1 nights spent without housing.

- Program averages varied, with a range of 0.00-5.48 nights spent without housing.
- Program averages have consistently **Exceeded Expectations** from 2019 through 2022 with 0 incidences of **Homelessness**. The overall performance rating is impacted by the 2018 program average of 5.48.

Figure 13. Homelessness KEY Program 2018-2022



PROVIDER PERSPECTIVES

Population and Staff are Resourceful

- Staff help youth find resources to support stable housing and mitigate rent costs.
- Participants are able to find temporary housing through relationships with others.



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 satisfaction²³ 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).

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.

Rationale

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

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

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

²³ 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.

Figure 15 represents program-level trends in **Participant Satisfaction** from 2018 through 2022 For the **Participant Satisfaction** outcome, the program averaged an **Exceeds Expectations** rating of 99%.

- Program averages were consistent across all five years, with a range of 98%-100%.
- Compared to 2021, the overall program performance for the **Participant Satisfaction** outcome maintained an **Exceeds Expectation** rating of 99% in 2022.

Figure 14. Participant Satisfaction 2018-2022 KEY Program

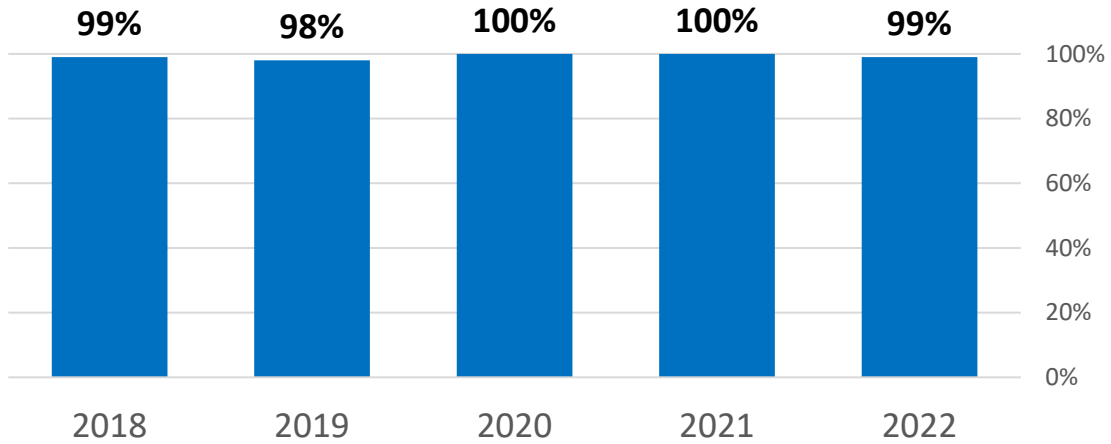
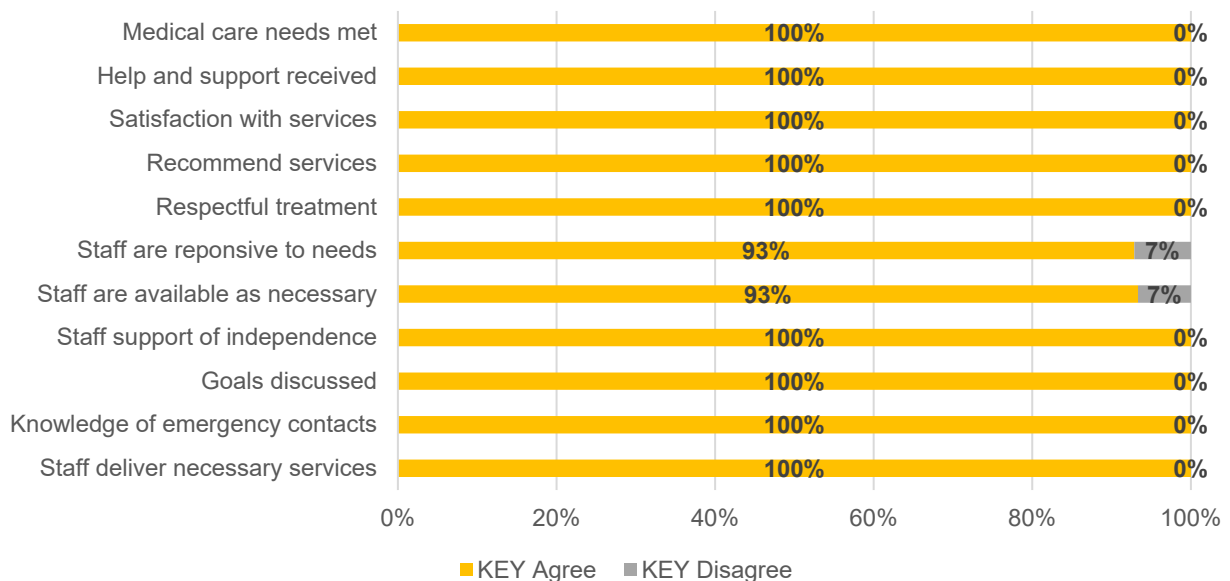


Figure 16 shows rates of agreement by item from the 2022 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, and, within the network.

- All respondents (100%) agreed with 9 measures of satisfaction.
- Areas of lower agreement (93%) included *staff are responsive to needs* and *staff are available as necessary*.

Figure 15. Participant Satisfaction KEY Program by item



CSA KEY Participant Comments

Services Delivered Effectively

They are helping me with anxiety when I need someone to talk to. They get me to do my medical appointments. We go to the library and sculpture park and get me out of the house.

I had an anxiety breakdown at work. I called [staff] and they talked me through what to do to calm down and let me know how to avoid that from happening again.

They [staff] have taught me things I never learned in foster care like apartment living and living on my own.

If I have questions about how can I get an appointment somewhere. They helped me get through the food stamps process. I was in a domestic situation that wasn't good, and they helped me get rental assistance to live alone. They helped me set up someone for therapy and they also helped point me in the right direction for a step class. They helped me get into Momentum, an art studio here.

If I have something and I have to schedule an appointment, and I'm nervous about it, I always go to [staff]. I'm more of a visual learner so they will walk me through things I have questions about.

They help me get out of the house: having goals and being more comfortable in public spaces and being an adult.

Positive Relationships with Agency or Staff

I knew [staff] from a previous program. I am so blessed to have run into them here. They're a care coordinator. If I need support, they're there. They went with me to DMACC to help me sign up for college. [Staff] helps with everything, one-hundred percent. [Staff] is down to earth and respectful. Even if they don't know the answer, they will find it. If they say they're going to follow through they do. And they are always communicating.

One-hundred percent, they know my worth, my value. They're always respectful but push because they know I can do better. They always tell me they're proud of me.

I would recommend this. I even told my mom that this would be a good program for [a friend]. I recommend it to people who would take it seriously. You have to be willing to work with it. I don't want anyone to waste their time. This program is too useful to give away.

I have been in services since I was six, and I can't think of any services that have done better than KEY: just with quality of staff and stuff.

If you need to find a way through getting a foot in the door [for employment] or help with social skills and anxiety, I would definitely recommend this place.

Positive Impacts of Services

I just became a single parent. [staff] was there through the whole thing. [staff] knows when I need my space and when they need to intervene. KEY helps with rental assistance. They helped with food stamps and the emergencies. I had to grow up so fast. KEY reminds me to calm down and not be so hard on myself. I don't know where I would be without Key or CSA. They are always trying to make it possible and help me no matter what.

I for the longest time could not go a day without an anxiety attack. But I'll go through times when I can't get out of bed. But [staff] helps with affirmations and making sure I'm going to

therapy and taking my meds. [Staff] helps with all of that. I know I have someone to go to and feel safe with. I'm very grateful. I truly appreciate their honesty with me.

The KEY program has helped me better trust authority.

I can be more open about my mental health now with my therapist and my meds manager. [Staff] has helped me better communicate and trust the people who work with me on mental health issues.

Usually, I wouldn't be able to keep a job and interact with people. I was too anxious. Now I can take orders and work and I have more of a social life this year.

Concerns

The care coordinator, they make things a little more stressful.

I would like to see them at least once a week. Sometimes we have gone two to three weeks without meeting. The KEY program, when it started, they talked about meeting once a week. That hasn't been happening.

COVID-19

There wasn't a lot of change. We didn't get to meet in-person, but there was communication. And they were always checking in, so they made it easier and consistent.

Zoom (a few in-person)/Facetime; If they needed to check in with doctors, I signed off on that.

During the pandemic they were good. CSA kept reaching out saying, "Hey do you need anything?" They made sure to reach out to me.

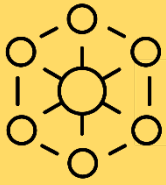
Suggestions

It might be helpful to have people with specialties, like LGBTQ specialties or [racial] etc.

I feel like they only help me when I ask.

Meeting at least every week and picking up the phone more often.

We haven't talked about my goals in a while.



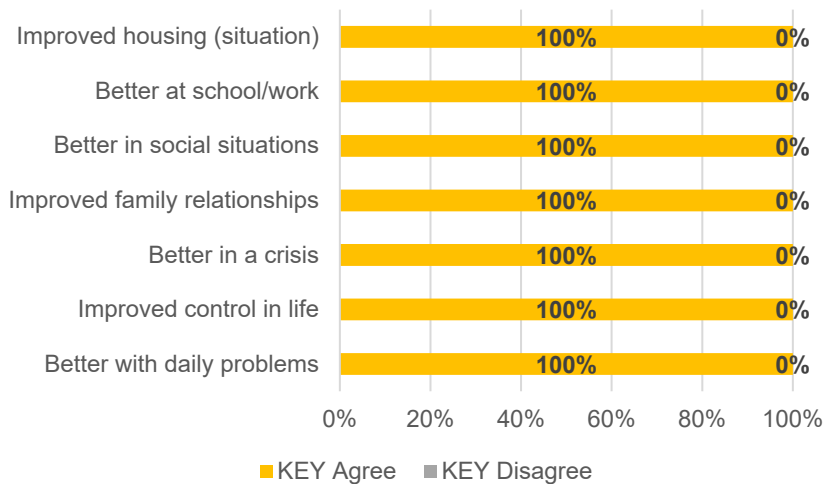
QUALITY OF LIFE

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.²⁴

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 16. Quality of Life KEY Program by Item 2022



²⁴ Since I entered the program...

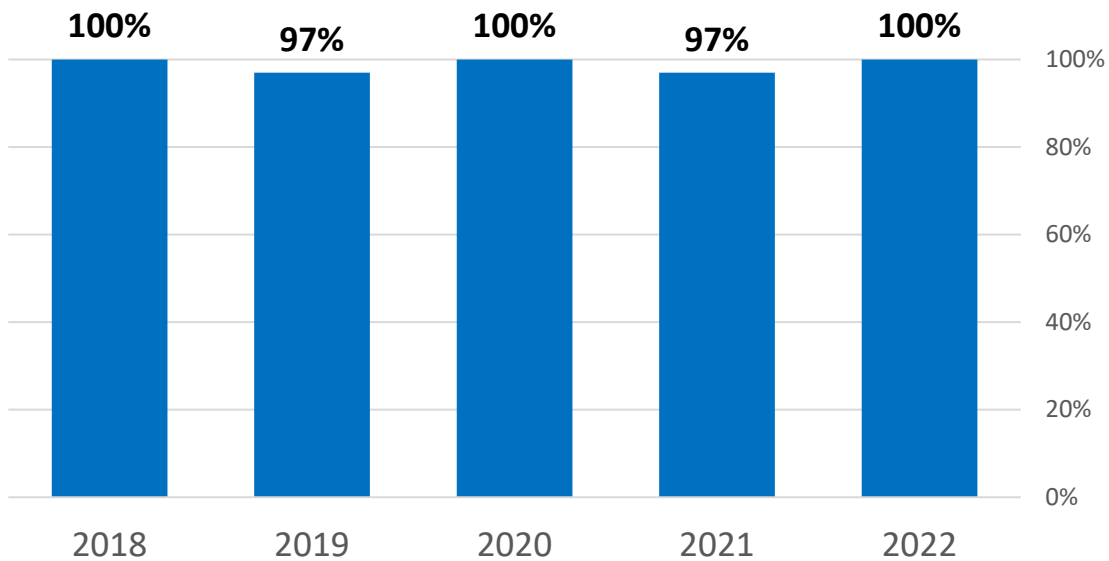
1. I deal more effectively with daily problems
2. I am better able to control my life
3. I am better able to deal with a crisis
4. I am getting along better with my family
5. I do better in social situations
6. I do better at school or work
7. My housing situation has improved

Figure 17 shows **Quality of Life** results by item. All (100%) KEY respondents reported agreement that all areas of **Quality of Life** have improved since starting the program.

Figure 18 represents program-level trends for **Quality of Life** from 2018 through 2022. For the **Quality of Life** outcome, the program averages an **Exceeded Expectations** rating of 99%.

- Program averages were consistent across all five years, with a range of 97%-100%.
- The overall program performance for the Quality-of-Life outcome was 100% for 2022 - a 3% increase from 2021.

Figure 17. Quality of Life KEY Program 2018-2022





FAMILY AND CONCERNED OTHERS SATISFACTION

Metric Families/Concerned Others will report satisfaction with services.

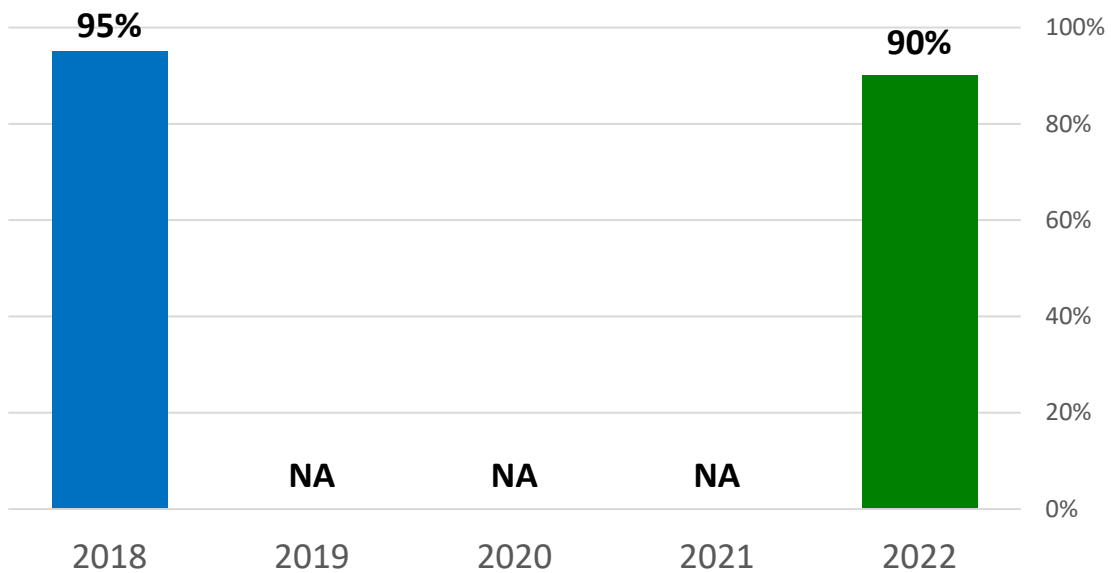
Intent The intent of this outcome is to know how the families feel about the supporting agency and to ensure the supporting agency is providing the individuals supported and his/her family member with the needed services and supports. Family/concerned others' satisfaction is based on interviews by the independent evaluator of family members of fifteen program participants from each agency's program. The Polk County Region's expectation is service excellence. They expect that the vast majority of family members will rate their agency's program services in the highest category.

Performance Ratings	Exceeds Expectations 4 95%+	Meets Expectations 3 90% - 94%	Needs Improvement 2 85% - 89%	Does Not Meet Minimum Expectations 1 < 85%
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Figure 19 represents the program-level trends for **Family and Concerned Others Satisfaction**. For the **Family and Concerned Others Satisfaction** outcome, the program averaged a **Meets Expectations** rating of 93%.

- There is little variance within the available data, with a range of 90%-95% satisfaction.
- There is no available data from 2019 through 2021. 2022 shows an outcome of 90% - a rating of **Meets Expectations** – which is a 5% decrease from 2018.

Figure 18. Family and Concerned Others Satisfaction KEY Program 2022²⁵



²⁵ NA = Results not reported due to insufficient sample size (<10)

Figure 19. KEY Concerned Others Satisfaction Results by item

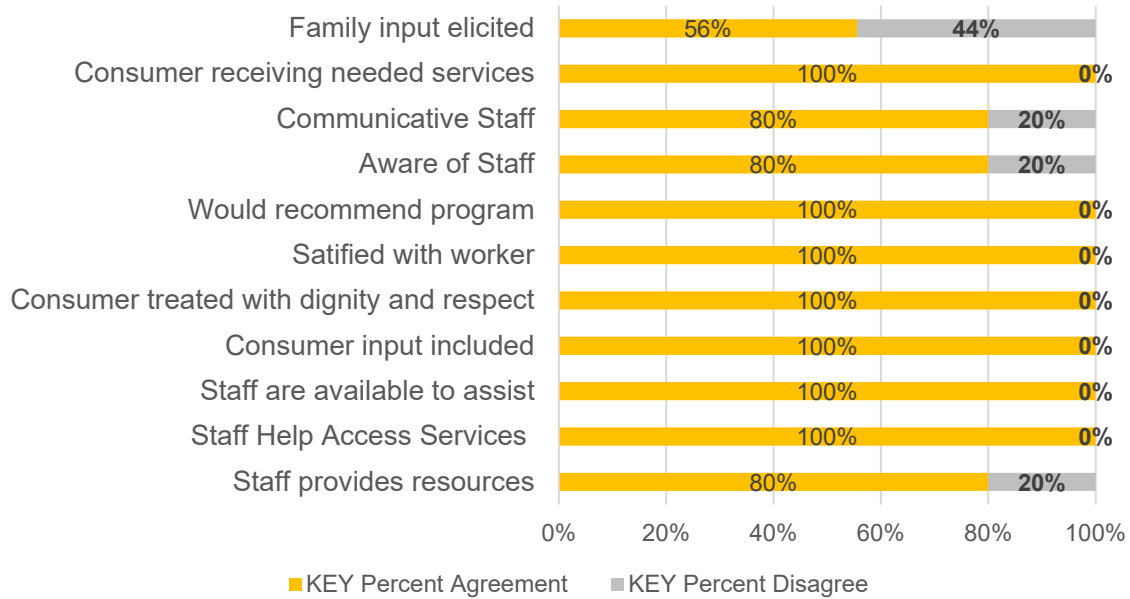


Figure 20 shows KEY **Concerned Other Satisfaction** by item

- All (100%) respondents agreed that KEY participants are treated with dignity and respect and participant input is included.
- All (100%) respondents agreed that KEY participants received needed services and staff were able to help access those services.
- All (100%) respondents agreed that staff were available to assist, they were satisfied with workers, and would recommend the program.
- Respondents were less likely to agree that family input was elicited (56%), staff were communicative (80%), and they were aware of who staff was (80%), and that staff provide resources (80%).

CSA KEY Concerned Other Comments

Services Delivered Effectively

I know they help them with appointments. They help them, if they have doctors' appointments, with finding transportation. If they need to take the bus, they help them get DART bus tickets. Their case worker will take them to the library and stuff like that too.

Setting up rides to doctors' appointments, setting them up for a work program for life skills and working on other items. Those are really beneficial, because I work during the day. Talking and mentoring is big too.

I know that the times that [participant] has needed someone they have come and talked and that has really helped. [Participant] really enjoys it. They work around my schedule to speak to us both when paperwork needs to be done. With [participant] being an adult, they do help keep me involved and that has helped.

I would just say the fact that they helped them find a job. That was instrumental. They haven't had a job in over six months. And it's more of a career. Before they were a cook in a nursing home and now they are installing software on computers.

Positive Relationships with Agency or Staff

[Staff] has been willing to transport and do things outside of their job duties and I just really appreciate that.

They know enough about their history. Since they've been a teenager, they have known them. I think they are doing the best job they can do. They are very patient with them.

They really reach out and try with them. They're just really ...their contact with [staff] is really healthy and good for them. I think that's kind of letting them know that they're here when they need them. They do their goals and I know that I went to that and they were trying to get them to set goals for school.

They always go through things with them and go through and let them talk, then go back and respond, and give suggestions. They don't make them feel less-than. They do like working with them, they told me.

[Staff] is always open to listening to me and does a good job.

Positive Impacts of Services

I'm going to speak more about [staff]. They have trust and share with each other. With their mental illness and anxiety that is really huge for [participant]. That connection is huge. [participant] is the best version of themselves when they are together and working.

I think the attention and care that [staff] took with [participant] and their [family member] ensured [participant] that they weren't abandoned and not lost in the world. Someone to talk to and a connection other than the therapist and psychiatrist. The transportation services to medical appointments were a huge help since we are in Des Moines, and they are in Ankeny.

It's given them a bit of confidence in doing things and wanting to do them on their own.

I'd say about February or March we were in a good spot. That's when the job started after the job coaching. They're in the best place they've been since 2018.

Concerns

Sometimes the time it takes to get something started seems to be a little excessive. It has been two or three months since we talked about getting into a work program and haven't heard anything back since.

Yes and no; I know they had one [staff] who wasn't quite responsive. They requested not to work with them, but they still had them working with them.

Yes, I agree. No concerns recently. There was an issue with transportation a few months ago, but I don't think that person is with the agency anymore.

COVID-19

I wouldn't say that other than being in-person and no social events really, they would still take them outside and get moving, otherwise no changes. They met in-person or online to stay in contact. KEY didn't change, it was the people set up that changed. [staff] has been the one consistent thing in [participant's] life since COVID.

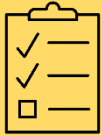
They have done the best they can throughout this period. When not in-person they did virtual meetings. And when they could go in-person they met with masks and did a good job.

Suggestions

Be a little more hands-on when a member is searching for new places to live and giving more advice.

Just by contacting them rather than me and asking their opinions and how things are going. Looking at them when they talk to them, if I'm there as well.

They are real open to any suggestions that they have, but the issue is with the lack of response. I don't know what more they could do. That would be the biggest thing would be getting them to do stuff. Taking care of their basic needs is something that really needs to change, and we just really need to work on that because that really affects them. Everybody tells them what they need to do but they just won't do it. Learning more about how to deal and interact with their [diagnosis] would be really good.



ADMINISTRATIVE OUTCOMES

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

Figure 21 represents program-level trends in **Administrative Outcomes** from 2018 through 2022. For the **Administrative Outcomes** outcome, the program averaged an **Exceeds Expectations** rating of 100% across all five years.

Figure 20. Administrative Outcomes KEY Program 2021-2022

