

Polk County Mental Health & Disability Services Region  
**2023 Forensic Assertive Community  
Treatment (FACT) Program**  
Outcomes Evaluation

**IOWA** | LAW

**LAW, HEALTH POLICY & DISABILITY CENTER**

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## Table of Contents

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FACT Evaluation Results Summary ..... 3

FACT Program Outcomes ..... 7

    Participant satisfaction ..... 8

    Quality of Life ..... 13

    Family and Concerned Others Satisfaction ..... 15

Appendix A. Interview Scripts ..... 20

Appendix B. Data Sources..... 22

## FACT Evaluation Results Summary

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This is a report on the findings of the independent evaluation of the Forensic Assertive Community Treatment program (FACT) from July 1, 2022, through June 30, 2023. FACT is a program for adults who are at high risk or have a history of criminal justice involvement. The program began serving individuals as of November 1, 2011. The program had a slight decline in the number supported (FY21 = 78, FY22 = 72, FY23= XX)

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

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

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

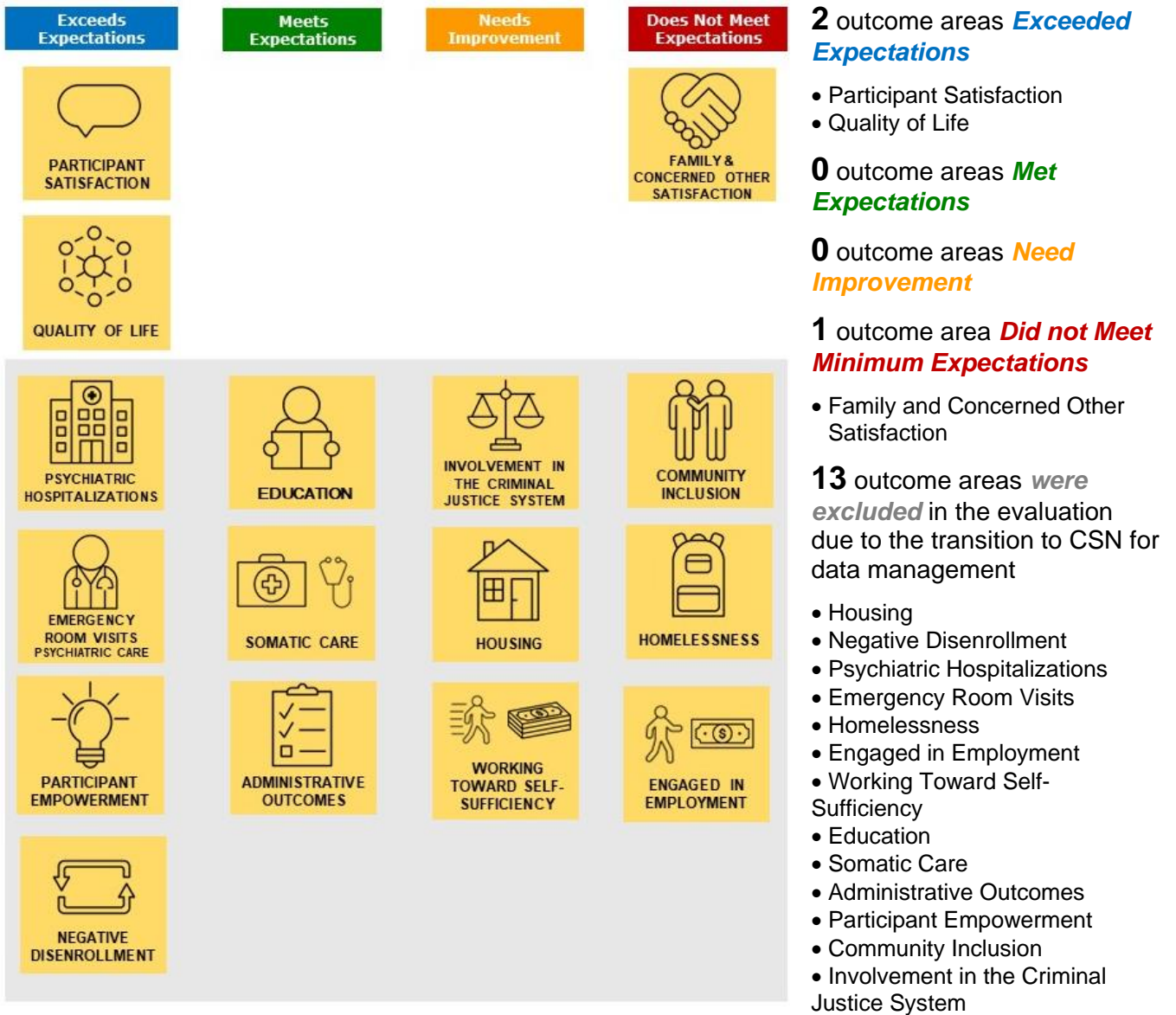
In this reporting period, outcome data is limited because of a transition in data management systems which track outcome reporting. Starting in July 2022, the state of Iowa required all Mental Health and Disability Service (MHDS) Regions to use the Community Services Network (CSN) data management system, hosted by the Iowa Association of Counties. In prior years, Polk County managed its own data system via PolkMIS. When PolkMIS was operational, Polk County providers entered outcome data for 16 areas. PolkMIS was discontinued in June 2022. Due to this transition, this report covers only 3 outcome areas, which are survey-based outcomes. Data reporting on all 16 outcome areas will resume for FY24. While CSN Outcome Reports are being edited for accuracy, FACT has a spreadsheet to accurately reflect the services delivered.

In 2023, the FACT Program scores were comprised of three survey-based outcome areas. Of these three outcome areas, the FACT Program **Exceeded Expectations** in *Participant Satisfaction* and *Participant Quality of Life*. Performance for *Family and Concerned Other Satisfaction* **Did not Meet Minimum Expectations**. The overall program performance **Exceeded Expectations**. Table 1 and Figure 1 show each outcome area by performance.

**Table 1. Summary Table of FACT Program Performance**

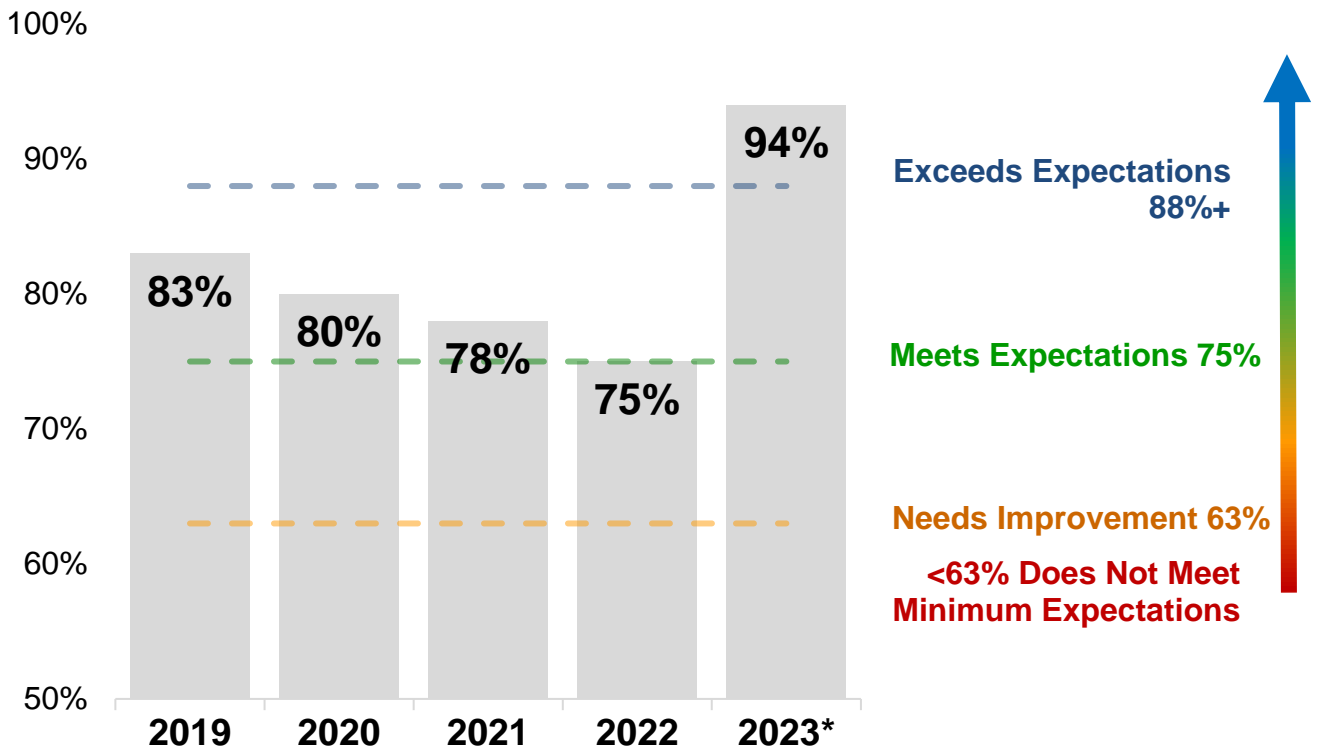
	N (# of Participant respondents)	Participant Satisfaction		Participant Quality of Life		N (# of Concerned Other respondents)	Family and Concerned Other Satisfaction		Program Overall	
		Performance	Score	Performance	Score		Performance	Score	Performance	Score
<b>FACT Program</b>	<b>15</b>	100%	<b>4</b>	99%	<b>4</b>	<b>15</b>	82%	<b>1</b>	94%	<b>4</b>

Figure 1. Outcome Areas by 2023 Performance FACT Program Averages



The FACT Program Evaluation shows that the program *Exceeded Expectations* in 2023. It should be noted that the overall program performance was based on the ratings for only three outcome areas and the calculation for *Overall Performance* in 2023 was adjusted to compensate for missing outcome areas.

Figure 2. FACT Program Performance 2019-2023<sup>1</sup>



<sup>1</sup> Overall performance calculations in 2023 were adjusted to accommodate a data management transition

## FACT Program Outcomes

To evaluate agency performance, the Polk County MHDS Region typically uses 16 outcome areas to assess service delivery. In the 2022-2023 evaluation period, 13 outcome areas were *excluded* due to the Polk County MHDS Region transitioning from PolkMIS to CSN.<sup>2</sup>

### 1. Quality Services

1. Participant Satisfaction
2. Quality Of Life
3. Family And Concerned Others Satisfaction

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).

	Participant Satisfaction	Quality of Life	Family and Concerned Other Satisfaction	Agency Overall
<b>Exceeds Expectations</b>	95%+	95%+	95%+	88%+
<b>Meets Expectations</b>	90% - 94%	85% - 94%	90% - 94%	75-87%
<b>Needs Improvement</b>	85% - 89%	80% - 84%	85% - 89%	63-74%
<b>Does Not Meet Minimum Expectations</b>	< 85%	< 80%	< 85%	<63%

<sup>2</sup> Outcomes excluded in 2023: [Quality Services] Negative Disenrollment, Participant Empowerment, Administrative Outcomes; [Community Integration], Housing Engagement Toward Employment, Working Towards Self-Sufficiency, Education, Access To Somatic Care, Community Inclusion; [Healthy Days In The Community], Homelessness, Involvement In The Criminal Justice System , Psychiatric Hospitalizations, and Psychiatric Emergency Room Visits



# 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<sup>3</sup> with the services that they receive. Program participants are the best judge of how services and supports are meeting their needs. Increasing literature finds that involving participants in the delivery or re-design of health care can lead to improved quality of life and enhanced quality and accountability of health services (Bombard et al., 2018).

**Rationale**

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

One key measure of service programs is satisfaction.

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

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

<sup>3</sup> 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 FACT Program averaged an **Exceeds Expectations** rating of 100%.

Compared to the last 5 years, the overall program performance for the **Participant Satisfaction** outcome maintained an **Exceeds Expectation** rating, ranging from 97%-100%.

**Figure 3. Participant Satisfaction 2019-2023 Program Average**

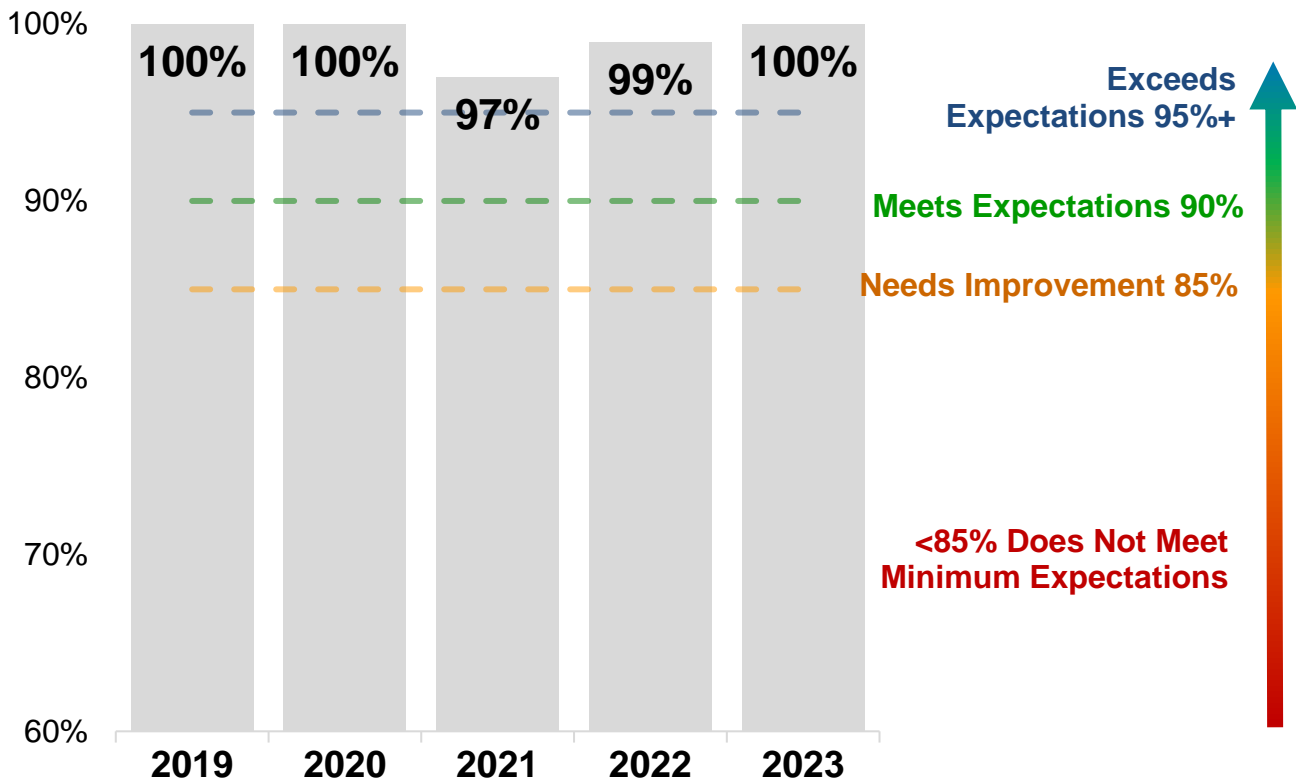
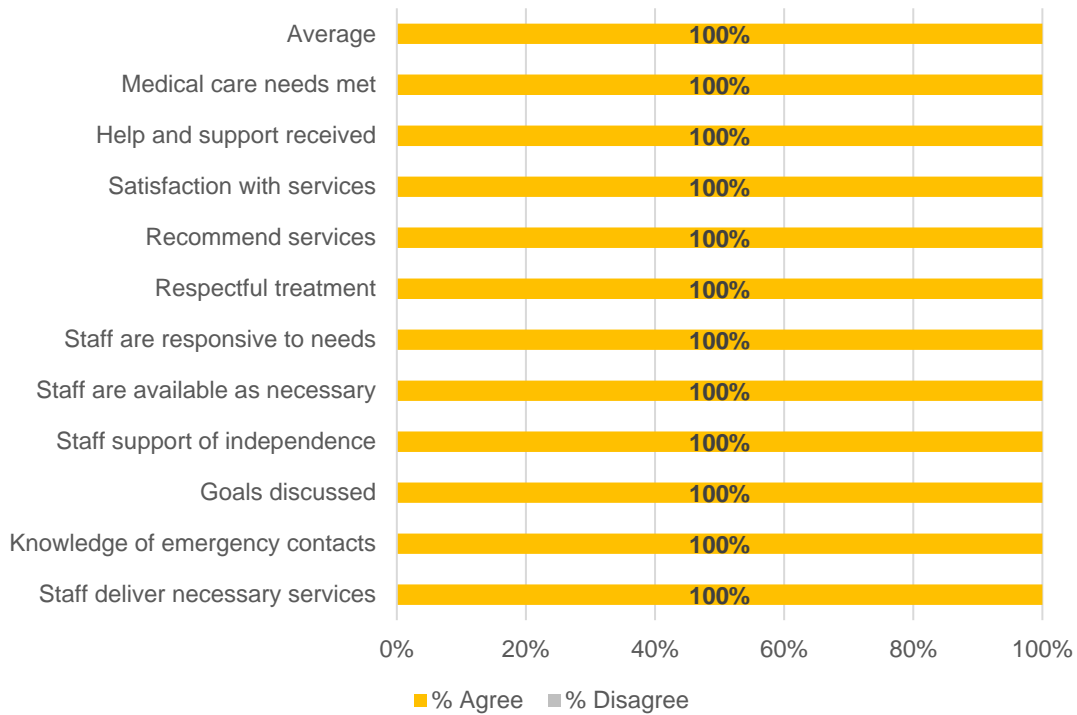


Figure 4 shows rates of agreement by item from the 2023 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, and all respondents agreed with every item, including

- They were treated with respect (100%).
- Their medical care needs were met (100%).
- They would recommend services (100%).
- Staff helped them get the services they need (100%).

**Figure 4. Participant Satisfaction Program Average by item.**<sup>4</sup>



<sup>4</sup> Full survey items listed in Appendix A

## Eyerly Ball FACT Participant Comments (N=15)

### Services Delivered Effectively

*If I have struggles, they help me get through. They help me address problems and help me work through medication problems or what have you.*

*I found a place. I was staying in a little efficiency place. The worker before [Staff Name] helped me get it.*

*Housing [support] is a big one. Meds, psych appointments, they have been a big help to me.*

*They really met my needs. I had to be receptive to it. If you aren't willing to participate and take their help, you'll be fighting against them and will never get your results that you need.*

*They help me with social security. They help with my food stamp card, and getting to doctor appointments, and the psychiatrist, and to probation. They have taken me to the food banks before. I get help from [Staff Name] and [Staff Name] [the other two staff] too. If [Staff Name]'s busy, they always send someone.*

### Positive Relationships with Agency or Staff

*For them to help when they do. I always appreciate what they do. Just that action of help, when you're stuck and having a hard time. Just knowing that they're willing [to help].*

*They would ask: "How's your family?" If I have a good time with [Staff Name] or [Staff Name], that good feeling can cross over into my relationships with my family. Family is good right now.*

*Them being a strong team. They always get my meds on time. They help transport me because I don't have a vehicle. I can rely on them.*

*They help you out, to get a place to live. They're good workers. They came to me in prison and asked me if I needed some help. I said 'yes'.*

*If I'm sad... I called [Staff Name] once when I was crying for no reason. She sent someone to spend time with me and I felt better.*

### Positive Impacts of Services

*It's easier to get through: laundry ...cleaning my clothes and taking showers. When I was homeless, I just didn't feel good about myself.*

*[When prompted about staff's responsiveness to needs, participant answered:] Just the housing. It's the third time. If it wasn't for that I would be homeless again.*

*I was homeless. I couldn't be on my pills...they gave me a house. I get good vibes from my house.*

### Concerns

*I don't feel like I do well [socially]. They lost the building [for the FACT program where we used to hang out], and they used to have a guitar on the wall and we miss that.*

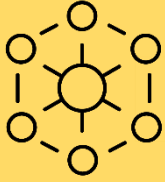
*They're like family. Now I have been with them so long. I hate when they leave.*

*I'm on Section 8 but trying to get it worked out. I'm on a list that's about eight to ten months out.*

## Suggestions

*More time to go to the Y. [Three times a week would be great.] Or more outings... just whoever wants to go. They have a calendar and I try to do what they offer.*

*If I had it to change... I would make it impossible for them to leave. I would pay them [staff] so much!*



# 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.<sup>5</sup>

**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%

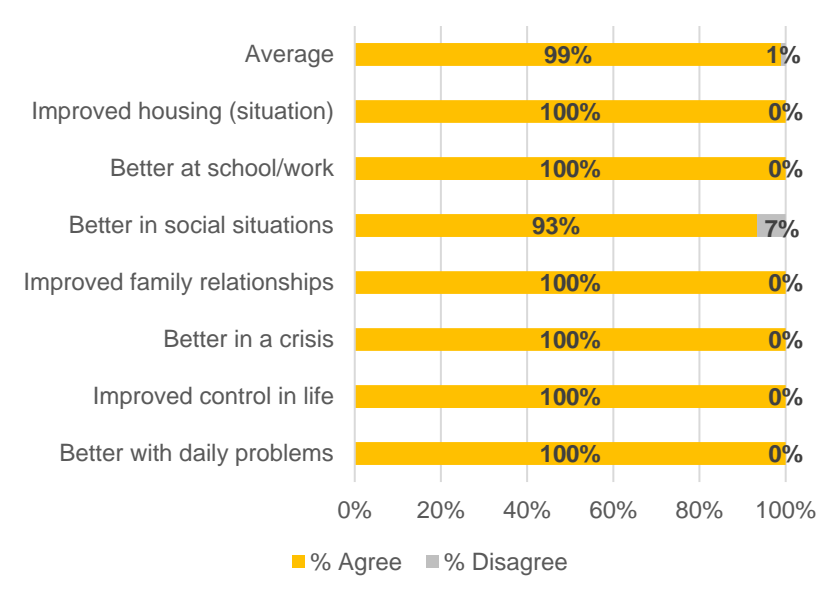
Participant **Quality of Life** measures received high ratings across items (Figure 5).

- 100% 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 *social situations* (93%).

<sup>5</sup> Since I entered the program...

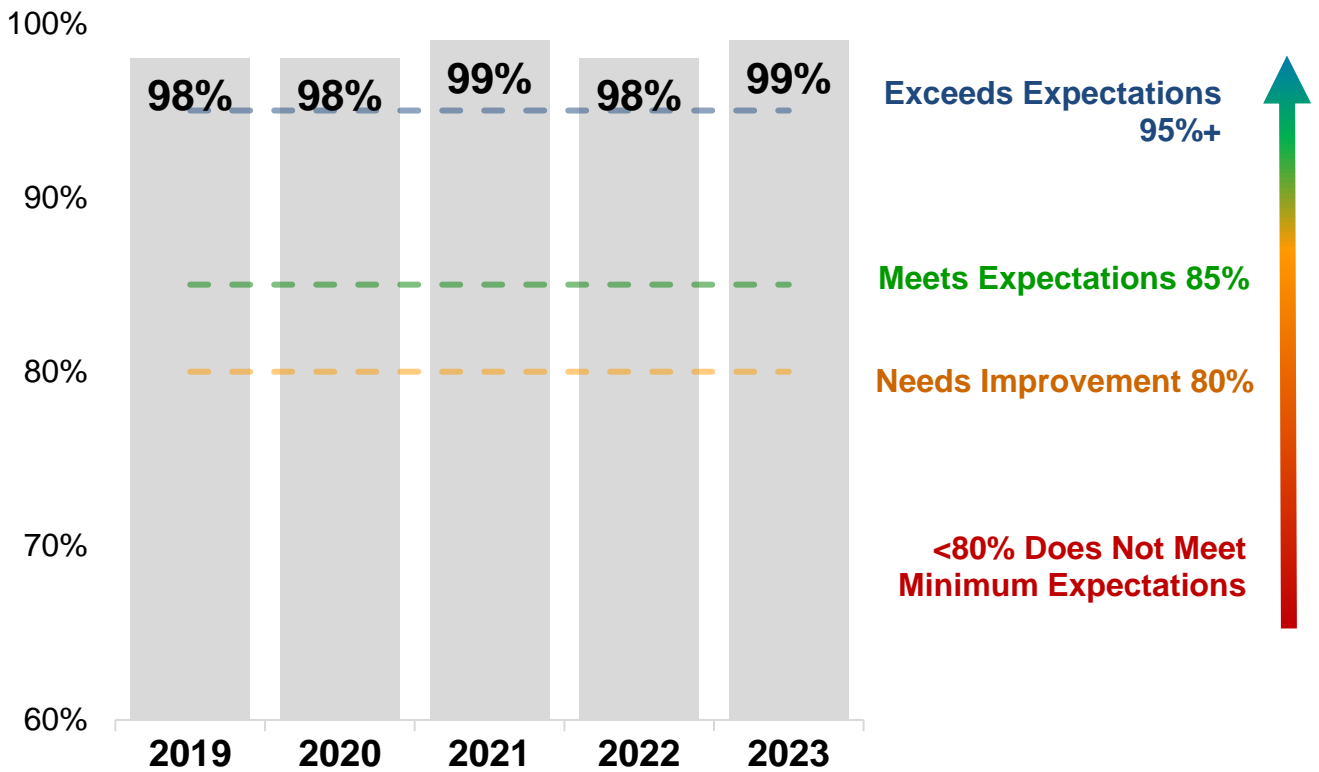
1. I deal more effectively with daily problems
2. I am better able to control my life
3. I am better able to deal with a crisis
4. I am getting along better with my family
5. I do better in social situations
6. I do better at school or work
7. My housing situation has improved

**Figure 5. Quality of Life FACT Program Average by Item 2023**



The **Quality of Life** outcome maintained an **Exceeds Expectations** rating with a program average of 99% in 2023.

**Figure 6. Quality of Life Program Average 2019-2023**





## FAMILY AND CONCERNED OTHERS SATISFACTION

<b>Metric</b>	Families/Concerned Others will report satisfaction with services.
<b>Intent</b>	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	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	95%+	90% - 94%	85% - 89%	< 85%

### PROVIDER PERSPECTIVES

- TBD

Program performance in the **Family and Concerned Others Satisfaction** received a **Does Not Meet Minimum Expectations** in 2023, continuing a 4-year trend of this rating.

**Figure 6. Family and Concerned Others Satisfaction Program Average 2023**

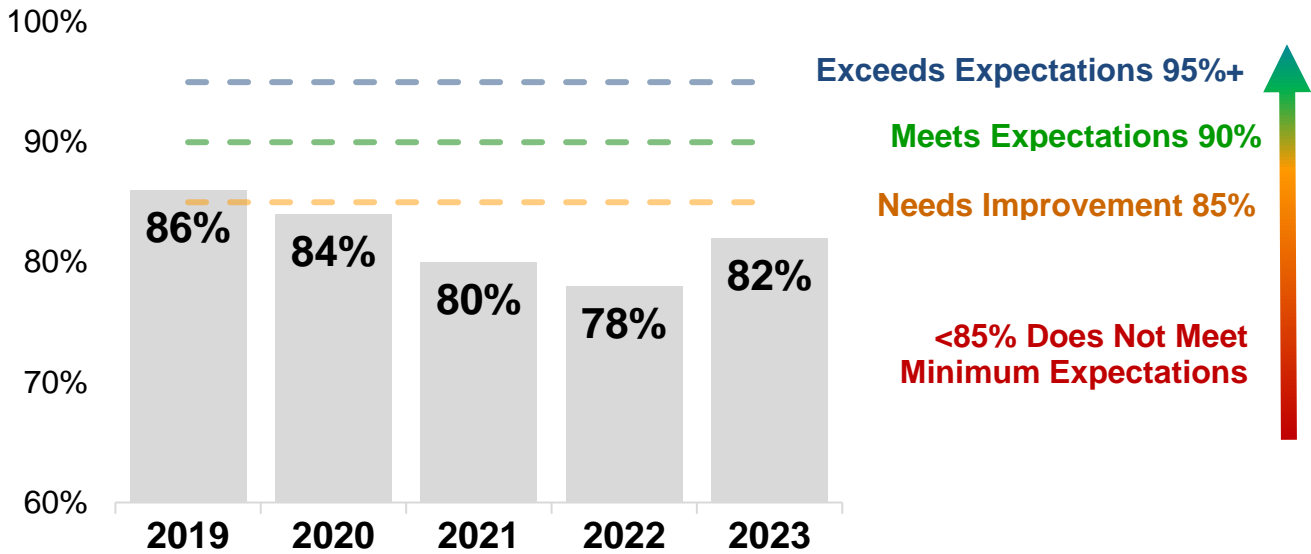
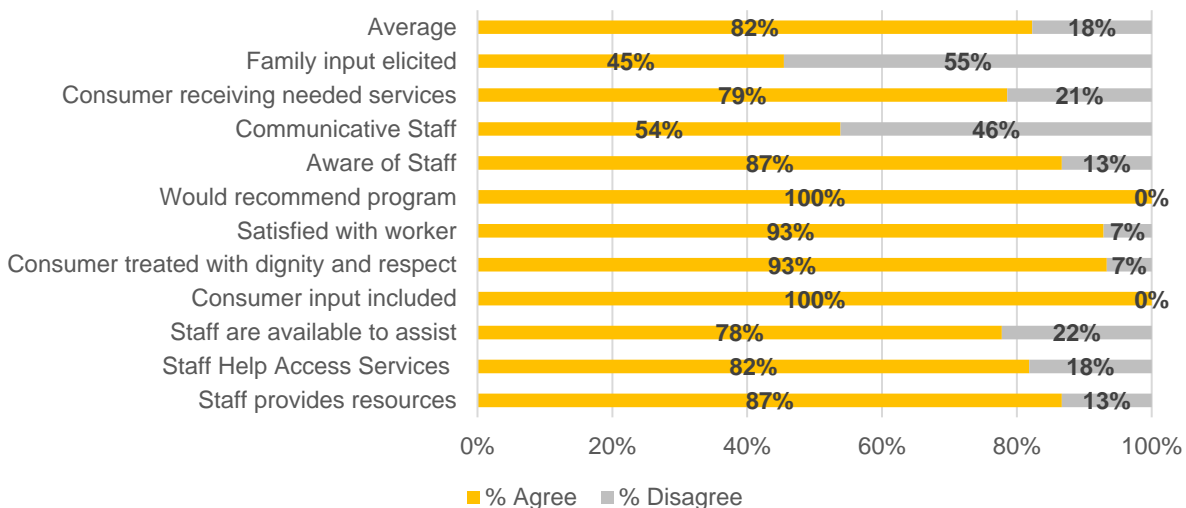


Figure 8 shows FACT **Concerned Other Satisfaction** by item.

- Most respondents (93-100%) agreed that FACT participants are *treated with dignity and respect*, they are *satisfied with their worker*, and *participant input is included*.
- Two items increased by more than 20% compared to last year’s results, specifically that concerned others agreed that they were *aware of who staff was* (87%), and that *staff provide resources* (87%).
- Respondents were less likely to agree that *family input was elicited* (45%) and *staff were communicative* (54%),

**Figure 7. Family and Concerned Others Satisfaction by item 2023**





## Eyerly Ball FACT Concerned Other Comments (N=15)

### Services Delivered Effectively

*I know [staff] 's always concerned about [participant]. [Staff] 'll take [participant] places, grocery shopping or to the doctor. [Staff]'s always doing stuff with [participant] and for [participant]. I think [staff] even took [participant] to a movie, once.*

*I feel like [Staff Name] and the other staff go out of their way to go above and beyond to provide what services they can. They are working with me to find a place that can handle [participant]'s level of illness and drug abuse.*

*They [staff] take [participant] to movies sometimes and they have different programs. [Participant] has had [Staff Name] for at least the past two and a half years, and [staff] gives [participant] support for going to medical help and it helps with giving [participant] connections. It helps to keep sober and clean to have that kind of confidant while [participant]'s doing that. It has genuinely been a godsend. Truly. [Participant] really trusts [staff]*

*They help [participant] with housing. [Their current place is unlivable.] [Participant] is trying to find a new place right now. If they didn't have that house, they'd be in jail.*

*[Staff] helps with [participant]'s mental health. They helped [participant] get an apartment and take [participant] grocery shopping when I can't be there. They take them out to go bowling, to play bingo, just to get them out of the apartment. They take [participant] to their appointments, to get their shot, and to be seen by a psychiatrist, and to the food pantry.*

### Positive Relationships with Agency or Staff

*[Staff] clearly asks [participant] what their opinion is on stuff and how they are feeling. [Staff] let [participant] make their own decisions. When [staff] takes [participant] to look at apartments, [staff] let [participant] decide if that's where they want to be.*

*Yes, very much so. Just the way they talk to and treat [participant]. [Participant] is never put down and has been in there in pretty bad condition sometimes. It's always respectful.*

*[Staff] speaks to [participant] and definitely considers their thoughts even if [participant]'s being completely delusional. So, [staff] does a good job of dissuading [participant], and also answers their question when [participant] is like: 'What do I do? Where do I go?' [Participant] listens to [staff] because they trust [staff].*

*They [staff] are the greatest. They have spent time talking to me. I don't know what they make, but the money is not enough.*

### Positive Impacts of Services

*It definitely kept them out of jail... otherwise they would probably be sitting in prison. I think it probably helped with drug usage because they [participant] have to be more responsible. So, I think that's kind of helped.*

*Their ability to help [participant] with housing has been fantastic, and their ability to get [participant] into the drug treatment program given their drug history. They gave [participant] the support, the resources, the transportation, to get into the program that I wasn't able to.*

*The two main things are establishing an enormous amount of trust and confidence. [Staff Name] has established an enormous amount of trust with [participant] and [participant] can go to [staff]*

to [help them]. And [staff]'s always available ...even when [staff]'s sick ...and [staff] will work with us to get [participant] the help that they need.

## Concerns

I have [Staff Name]'s phone number. They don't always answer, and I'll leave a message. Sometimes they'll get back to me. I don't have any other phone numbers.

I think the FACT program is incredible, but they have seriously cut the resources that used to be available and redirected them to a much tinier location.

[Participant] has been incarcerated most of the last two years. Because of the loss of those resources, they have been locked in a cage and having more issues and getting worse and going back in because [multiple sources were not qualified to handle serious mental health issues]. Even though they are open to these treatments, they have been ejected simply because they have delusions, and they can't handle them.

I think that their workers are so overwhelmed and there are so many cases that they don't have enough staff to go around. It's just deteriorated terrible. I don't think some of them care. It's just a job and you can't do that in mental health ...especially when they're waiting for their meds.

They need more workers, and they need to keep their workload down. Because a lot of times, with mental health, they're going to need more than 20 minutes to talk to the clients. They need an extra person or two to fill the gap because they're tremendously understaffed.

Absolutely, but there is a very short list of things that they can provide for someone with [participant]'s level of mental health issues. That's not something that is their fault and [the program has had funding cut multiple times].

All the times that [participant] gets kicked out of places because of their illness. So, the barrier last time that they got [participant] in to [treatment facility] but [participant] had been incarcerated and they require that [participant] had used within a certain amount of time. But when [participant] was in jail, they hadn't used in that time so they couldn't [get into the program].

## Suggestions

I'd like to be contacted more. That'd be great. Once a month would be good.

I contact them, and they do communicate. I have to call them. They don't call me, but we communicate. I would like them to call me if they think they need to call me.

If you want FACT, if you want these people to stay healthy and to stay out of jail then you need to fund FACT and these community services to save that money [in the long run]. It's more expensive to keep people in jail then help them stay at home with their families and properly medicated.

It would run smoother if one knew what the other was doing. Like a central calling system so that there could be a record of people calling in, or like a dispatch system [for staff]. I think a lot of clients get overlooked.

I know that they don't have very many workers and need to share shifts now. It is harder. But once people get hired it's just the world and how it's working. I think they have hired people. It's not their fault.

**FACT Performance by Outcome Summary Table**

	2022		2023	
	Performance	Score	Performance	Score
Housing	90%	4	-	-
Engaged Toward Employment	28%	3	-	-
Working Toward Self-Sufficiency	17%	4	-	-
Education	16%	3	-	-
Access to Somatic Care	92%	2	-	-
Community Inclusion	89%	4	-	-
Participant Empowerment	80%	1	-	-
Negative Disenrollment	20.95%	2	-	-
Hospital Bed Days	5.06	3	-	-
Emergency Room Visits	0.11	4	-	-
Involvement in the Criminal Justice System	19.08	4	-	-
Homelessness	11.09	1	-	-
Participant Satisfaction	99%	4	100%	4
Quality of Life	98%	4	99%	4
Family and Concerned Other Satisfaction	78%	1	82%	1
Administrative Outcomes	100%	4	-	-
Agency Overall Performance	75%	3	94%	4

## Appendix A. Interview Scripts

### Participant Interview Script

<b>Full Survey item (<i>Participant Satisfaction</i>)</b>	<b>Abbreviated Survey item</b>
My (staff) helps me get the services I need	Staff deliver necessary services
I know who to call in an emergency	Knowledge of emergency contacts
My staff talks with me about the goals I want to work on	Goals discussed
My staff supports my efforts to become more independent	Staff support of independence
My staff are willing to see me as often as I need	Staff are available as necessary
When I need something, my staff are responsive to my needs	Staff are responsive to needs
The staff treat me with respect	Respectful treatment
If a friend were in need of similar help, I would recommend my program to him or her	Recommend services
I am satisfied with my [program] services	Satisfaction with services
I am getting the help and support that I need from [staff] and [agency]	Help and support received
Do you have medical care if you need it?	Medical care needs met
<b>Full Survey item (<i>Quality of Life</i>)</b>	<b>Abbreviated Survey item</b>
Since I entered the program, I deal more effectively with daily problems	Better with daily problems
Since I entered the program, I am better able to control my life	Improved control in life
Since I entered the program, I am better able to deal with a crisis	Better in a crisis
Since I entered the program, I am getting along better with my family	Improved family relationships
Since I entered the program, I do better in social situations	Better in social situations
Since I entered the program, I do better at school or work	Better at school/work
Since I entered the program, my housing situation has improved	Improved housing (situation)

## Family and Concerned Other Interview Script

<b>Full Survey item (<i>Concerned Others Satisfaction</i>)</b>	<b>Abbreviated Survey item</b>
I am confident that our[ program] staff provides me with resources about programs and services that are beneficial to my family member and family	Staff provides resources
Staff helped us in obtaining access to the services he/she needed	Staff Help Access Services
Staff are available to assist me when issues or concerns with services arise	Staff are available to assist
Consumer's input into the service plan was well-received and his/her ideas were included in the plan	Consumer input included
The staff where my family member receives services treats him/her with dignity and respect	Consumer treated with dignity and respect
I am satisfied with my family member's worker	Satisfied with worker
If I knew someone in need of similar help, I would recommend the program that works with my family member	Would recommend program
My family member and I know his or her staff	Aware of Staff
My family member's staff contacts me, when appropriate, so I feel informed	Communicative Staff
My family member is getting the services she or he needs	Consumer receiving needed services
Did consumer's staffing team ask you what services and support he/she needed to stay healthy and safe at home [and work]?	Family input elicited

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## Appendix B. Data Sources

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Procedures: The following outlines procedures for the FY23 evaluation. Information was obtained from two sources:

1. Meetings with program directors and staff members
2. Interviews with participants and family members

Not included in the 2023 evaluation due to data management system transition were two data sources:

1. File reviews
2. Analysis of data submitted to Polk Management Information System (Polk MIS)

### Meetings

Phone consultations were conducted with each of the program directors in to review the file review results. Finally, exit interviews were held with PCMHDS and program staff in early August to review the complete report.

### Interviews – Participant and Concerned Others

Participants and Concerned Others were interviewed as part of the evaluation process. A target of fifteen participants and fifteen concerned others were interviewed from each ISA program. Interviews were conducted by phone. The interview questions are included as Appendix A of the report. Agree/disagree responses to the questions make up the statistics used for the **Participant Satisfaction, Family and Concerned Other Satisfaction** and **Quality of Life** outcome scores. Comments from the interviews are included in this report. Although direct quotations are used, neither names of respondents nor staff members are included and gendered pronouns (e.g. he, she his, hers) of both respondents and staff members were replaced with they/ them to de-identify comments.