

Polk County Mental Health & Disability Services Region
**2024 Forensic Assertive Community
Treatment (FACT)**
Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

Tessa Heeren, Research Manager
Angela Wright, Assistant Research Scientist
Crys Carman, Graduate Research Assistant

University of Iowa College of Law
Iowa City, Iowa 52242

Executive Summary

The FACT program was in transition in FY24 which impacted outcome tracking and reporting

This FY24 report includes baseline data for all outcomes, but only 4 are compared with performance thresholds, due to transitions in data management systems (FY24 is first year entering outcomes into CSN) and metric definition changes.



Program staff report utilizing preventative tactics and community resources to **prevent and mitigate crisis.**



Overarching challenges to program operation and participant stability include scarce affordable housing and reliable transportation options, increasing caseloads with complex needs, and staff turnover.



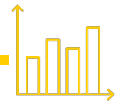
FACT program participants report receiving **high quality services** which meet their needs and improve their lives. **Participants describe staff as supportive, responsive, knowledgeable, and respectful.**

“They give me my space and let me make decisions on my own. But if something comes up, I can always go to them.”

“They've helped me a lot staying clean and finding housing. They helped me stay on track and stable. And [they] have been confidants. Me and my dog feel comfortable with them. My friends say, "You're doing so much better."”

“I have someplace warm to sleep, food to eat. I don't worry as much about my safety and people stealing my things.”

Participant Satisfaction and Quality of Life across the FACT program and years has consistently **Exceeded Expectations**, with both outcomes **Exceeding Expectations** in 2024 and the four years prior.



Exceptional outcome performance despite transition year

Outcome performance in **Somatic Care** and **Participant Empowerment** was relatively high, compared to prior years.

Participant Empowerment received a 100% score and **Exceeded Expectations** - a 20% increase since 2022 and the highest score the program earned in the last 5 years.

Somatic Care **Met Expectations** in 2024, continuing a three-year trend of increased performance. Compared to **Not Meeting Minimum Expectations** in 2021, the outcome score was 14% higher in 2024.

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FACT Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region FACT Program from July 1, 2023, through June 30, 2024. The service agency for the FACT program is Eyerly Ball and served an average of 62 participants a month over FY24.

This evaluation report includes results from 3 sources: 1) Community Services Network (CSN) data management system, 2) Polk County MHDS Region ISA Participant survey and 3) ISA Agency File Reviews.

This evaluation year, 2024, is the first year that agencies entered outcome data into the Community Services Network (CSN) data management system. Because of this transition from PolkMIS to CSN, the fiscal year ending on 6/30/2024 is a baseline year. While FY2022 target are shown for perspective; only 4 areas are scored (Somatic Care, Participant Empowerment, Participant Satisfaction, and Quality of Life).

In 2024, the FACT System **Met** or **Exceeded Expectations** in 4 of 4 outcome areas. Figure 1 shows each outcome area by performance.

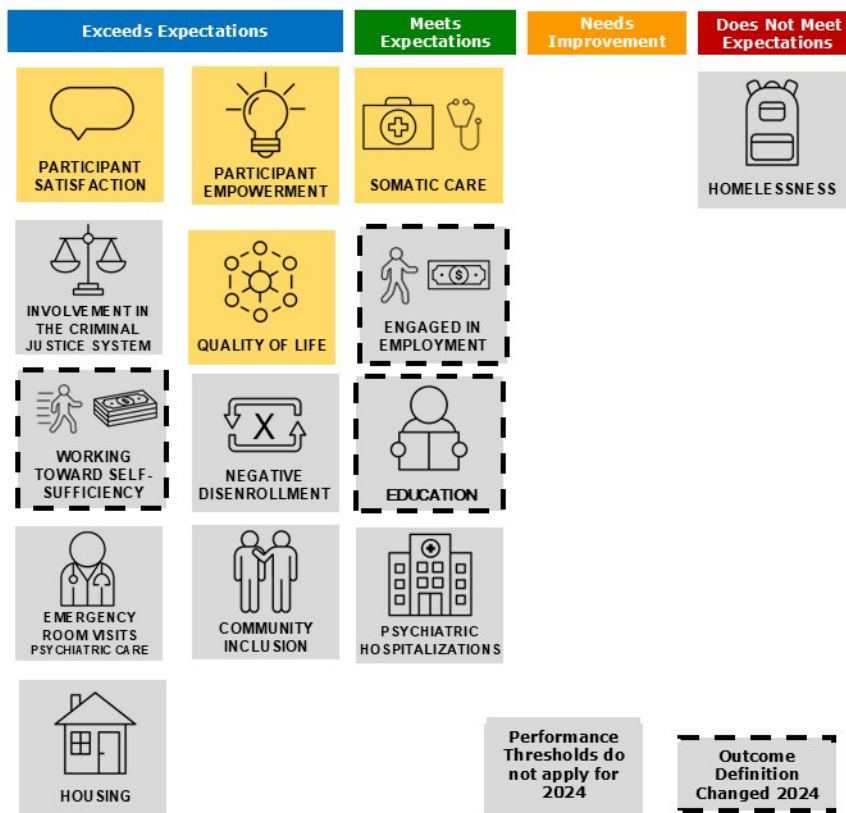


Figure 1. Outcome Areas by 2024 Performance FACT Program Averages

3 outcome areas **Exceeded Expectations**

- Participant Satisfaction
- Participant Empowerment
- Quality of Life

1 outcome area **Met Expectations**

- Somatic Care

0 outcome areas **Need Improvement**

0 outcome areas **Did not Meet Minimum Expectations**

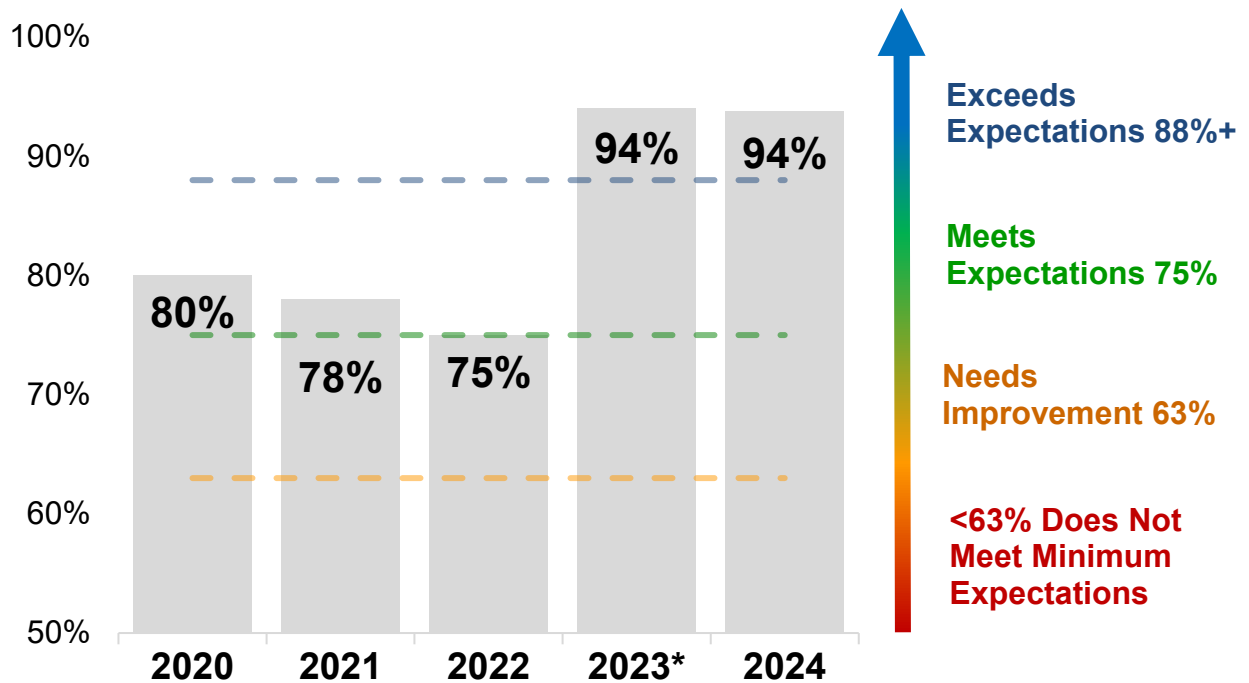
10 outcome areas were exempt from performance thresholds

- Education
- Community Inclusion
- Working Toward Self-Sufficiency
- Negative Disenrollment
- Housing
- Involvement in the Criminal Justice System
- Psychiatric Hospitalizations

- Engaged in Employment
- Homelessness
- Emergency Room Visits

In 2024, the FACT program maintained a second year of *Exceeding Expectations*, with a 93% in 2024. Over the last five years, the program has consistently *Met* or *Exceeded Expectations*

Figure 2. Adjusted FACT System Performance 2020-2024



* Overall Performance calculation in 2023 based on limited (3) outcome areas

FACT Outcomes

To evaluate agency performance, the Polk County MHDS Region uses 14 outcome areas to assess service delivery. Each outcome area has thresholds established that determine four performance ratings and corresponding point values, namely *Exceeds Expectations* (4), *Meets Expectations* (3), *Needs Improvement* (2), and *Does Not Meet Minimum Expectations* (1).

The FACT Evaluation includes 14 outcome areas, outlined below

1. Quality Services

1. Participant Satisfaction
2. Quality Of Life
3. Negative Disenrollment
4. Participant Empowerment

2. Community Integration

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

3. Healthy Days In The Community¹

11. Homelessness
12. Involvement In The Criminal Justice System
13. Psychiatric Hospitalizations
14. Psychiatric Emergency Room Visits

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



HOUSING

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

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

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

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

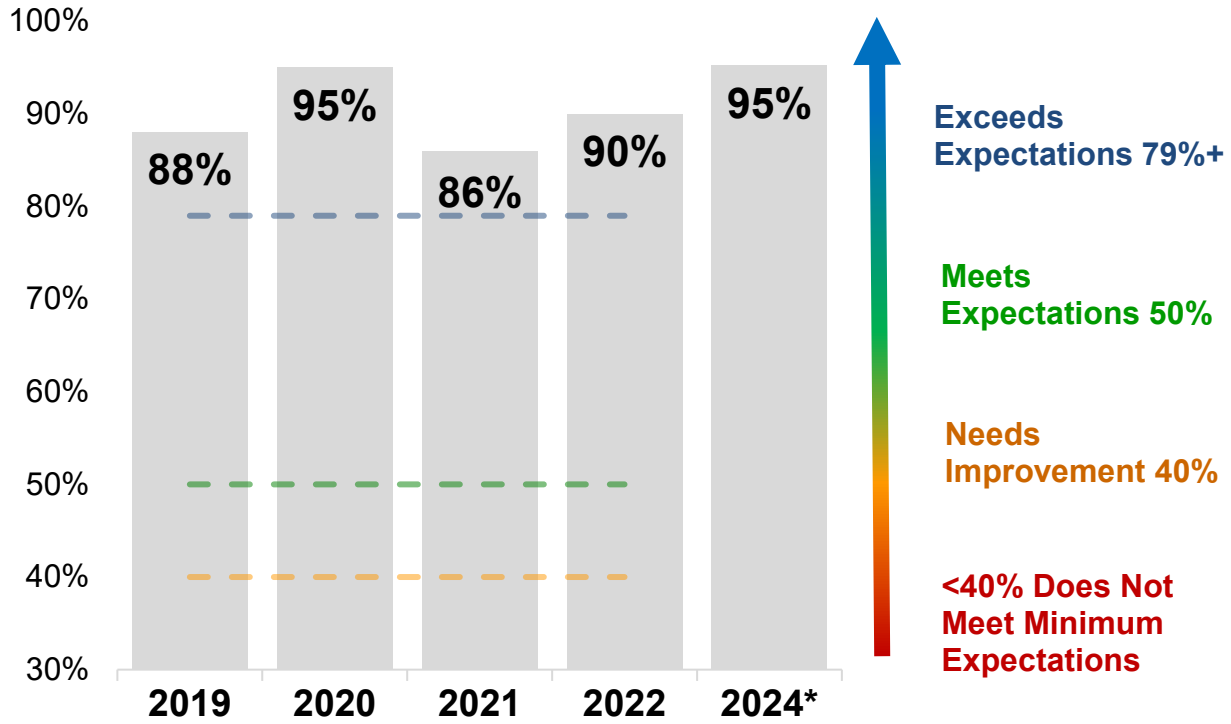
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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

In the **Housing** outcome, the FACT program *Exceeds Expectations* at 95%.

The FACT program continues a 3-year trend of increasing scores in **Housing**, consistently receiving an *Exceeds Expectations* rating over the past 5 years (ranging from 86%-95%).

Figure 3. Housing FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

PROVIDER PERSPECTIVES

Housing

- Clients who maintain stable housing over time are more likely to participate in services long-term. Stability is a key factor in supporting ongoing engagement.
- There has been an increase in housing opportunities from 2021 to 2024, with more landlords willing to rent to clients. Providers emphasize the importance of maintaining good relationships with landlords, as they often refer multiple clients to willing landlords.
- Flexible funding and mediation court play a crucial role in overcoming housing challenges, helping prevent evictions by allowing back payment of rent. Flexible funding can be tailored to meet individual client needs, making housing more accessible by overcoming a spectrum of financial barriers.

Employment

- A subset of clients has managed to maintain long-term employment over the years, but these cases appear to be the exception rather than the norm in the current job market for this population.
- Providers report challenges with job retention and increased firings. There has been a noticeable decrease in employment rates, dropping from 77% (an anomaly) in 2021 to 20% in 2024. Clients are getting fired more frequently, often for unclear or seemingly random reasons. This trend reflects the difficulty many clients face in maintaining employment.
- The shift toward online job applications and the increasing technological requirements of many jobs are significant challenges for the client population. Many clients struggle with the technology required for job applications and online work, compared to traditional paper-based processes, creating barriers to both finding and keeping employment.
- Clients require individualized assistance from staff to build technology skills and navigate job application processes. However, the ability to provide this support is often limited by staff time and caseloads. Some agencies offer computers at their offices to help clients with job applications and technology use.
- Changes in external policies, such as the requirement for food stamp recipients to apply for jobs, may add additional pressures for clients to seek employment, even if they struggle with the necessary skills or job stability.



ENGAGED IN EMPLOYMENT

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

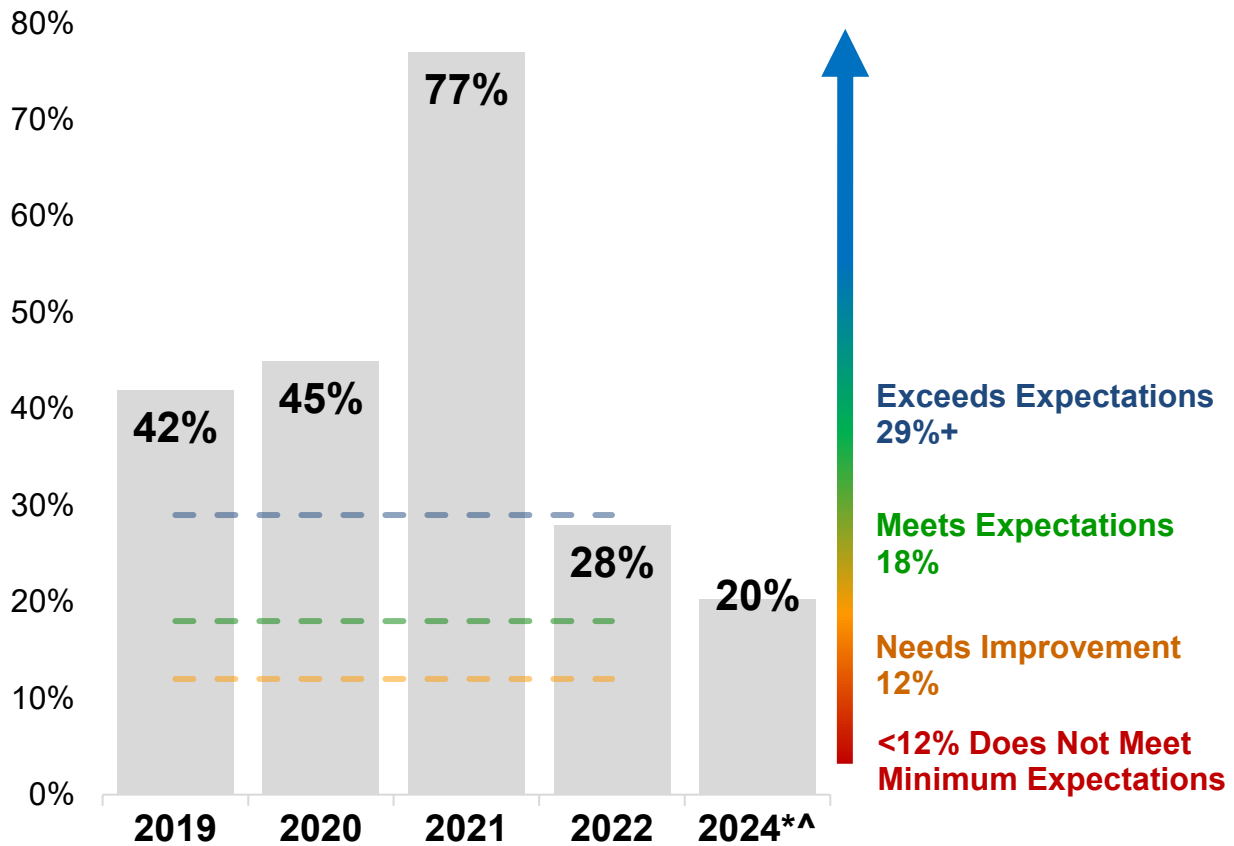
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 29%+	3 18% - 29%	2 12% - 17%	1 < 12%

6 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS regions in the state, which excluded any Level of Functioning exemption for employment eligibility. Only individuals age 65 and older are exempted from being employment eligible.

Reporting Dates	
Quarter 1	7/16/2023 – 7/29/2023
Quarter 2	10/15/2023 – 10/28/2023
Quarter 3	1/14/2024-1/27/2024
Quarter 4	4/14/2024-4/27/2024

Compared to 2022, the FACT program performance for the **Engaged in Employment** outcome **decreased 8%**, from 28% to 20%, maintaining a *Meets Expectations* rating in 2024.

Figure 4. Engaged in Employment FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.



WORKING TOWARD SELF-SUFFICIENCY

Metric*	The percentage of individuals working 20 hours or more per week and earning the minimum wage or greater during the specified two-week reporting periods. ⁷
Intent	The number of program participants working at self-sufficiency during the year will increase. The intent is to increase people with disabilities' assets.
Rationale	Unemployment is a notable disparity experienced by many members of the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those unemployed would rather be working [source: The National Organization on Disability (N.O.D.)]. The Polk County MHDS Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency. The unemployment rate among individuals with severe mental health conditions is between 80 and 90%. The financial strain of unemployment tends to exacerbate poor mental health. Psychological distress also increases the risk of being unemployed, which impedes perceptions of self-sufficiency. Setting vocational goals for employment can be a key factor in mental health recovery (Hong et al., 2019).

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

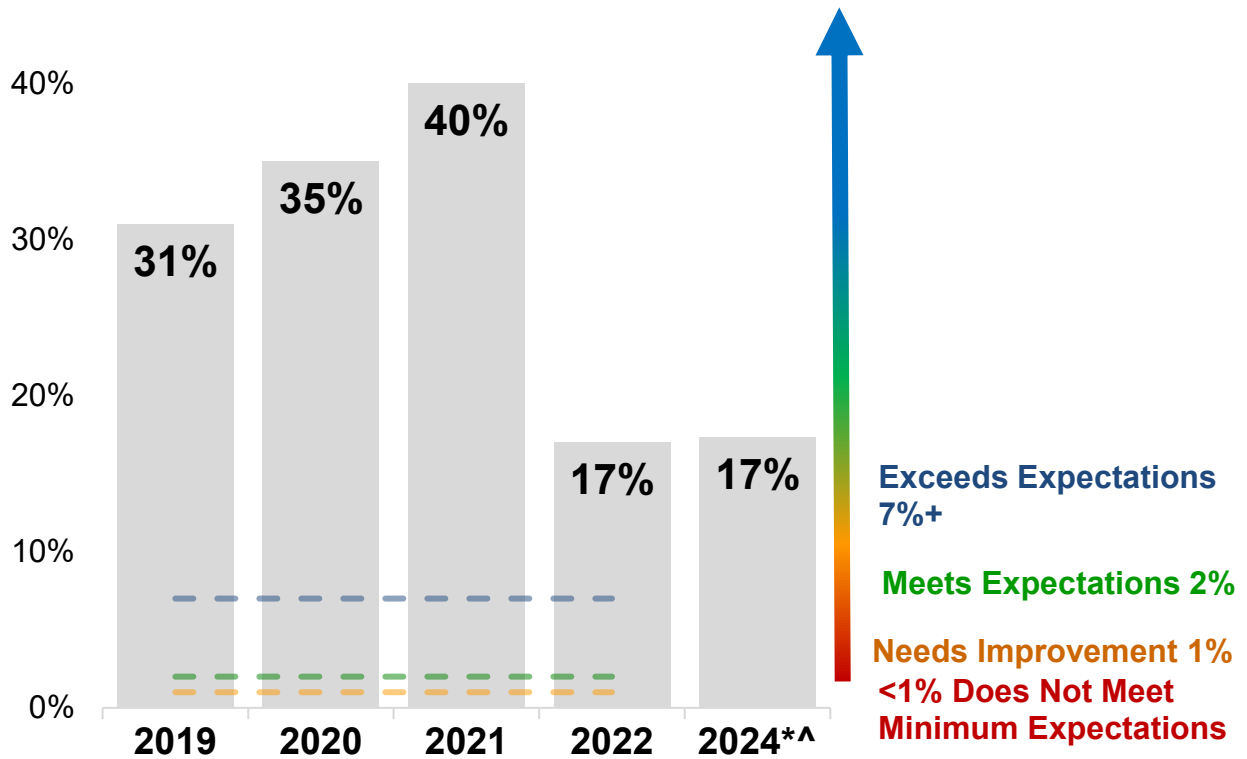
7 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS regions in the state, which excluded any Level of Functioning exemption for employment eligibility. Only individuals age 65 and older are exempted from being employment eligible.

Reporting Dates	
Quarter 1	7/16/2023 – 7/29/2023
Quarter 2	10/15/2023 – 10/28/2023
Quarter 3	1/14/2024-1/27/2024
Quarter 4	4/14/2024-4/27/2024

Figure 5 represents the FACT program trends in **Working Towards Self-Sufficiency** from 2019 to 2024 (ranging from 17%-40%).

The FACT program continues a 5-year trend of **Exceeding Expectations** in 2024, maintaining a performance of 17% in the last two years.

Figure 5. Working Toward Self-Sufficiency FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.



EDUCATION

Metric*	The percentage of employable individuals involved in training or education during the fiscal year. ⁸
Intent	Increase the number of program participants receiving classes or training provided by an educational institution or a recognized training program. ^{9, 10} The intent for this outcome is to increase skill development.
Rationale	<p>The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings.</p> <p>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.)].</p> <p>“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).</p>

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

⁸ Measurement is captured in June and not averaged.

⁹ 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?

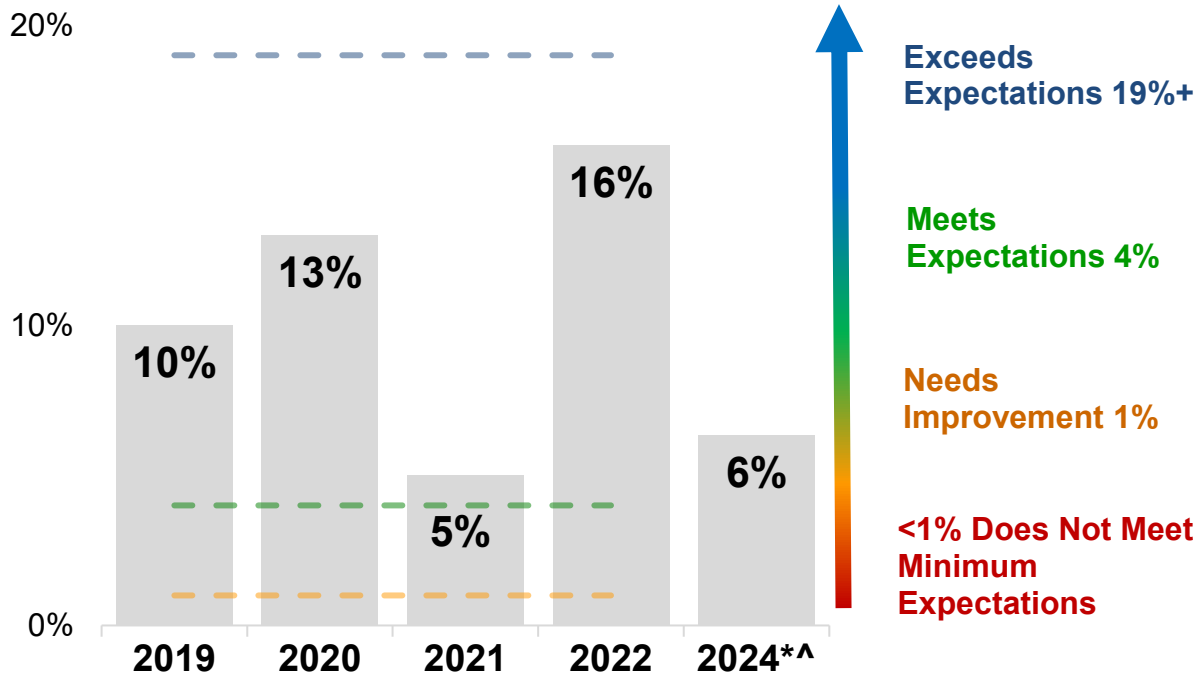
¹⁰ A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate which is recognized by employers to secure, maintain, or advance the program participant’s employment opportunities. The program will have structure through a curriculum with defined start and end dates.

* Prior to 2024, Polk County reported education outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS regions in the state, which excluded any Level of Functioning exemption for education eligibility. Only individuals age 65 and older are exempted from being employment eligible.

Figure 6 represents the FACT program trends in **Education** from 2019 through 2024.

Compared to 2022, the 2024 system average **decreased by 10%** - from 16% to 6%, but maintains a five year trend of *Meeting Expectations*.

Figure 6. Education FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.



SOMATIC CARE

Metric	The percentage of individuals having documentation supporting somatic care involvement with a physician. ^{11, 12.}
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%

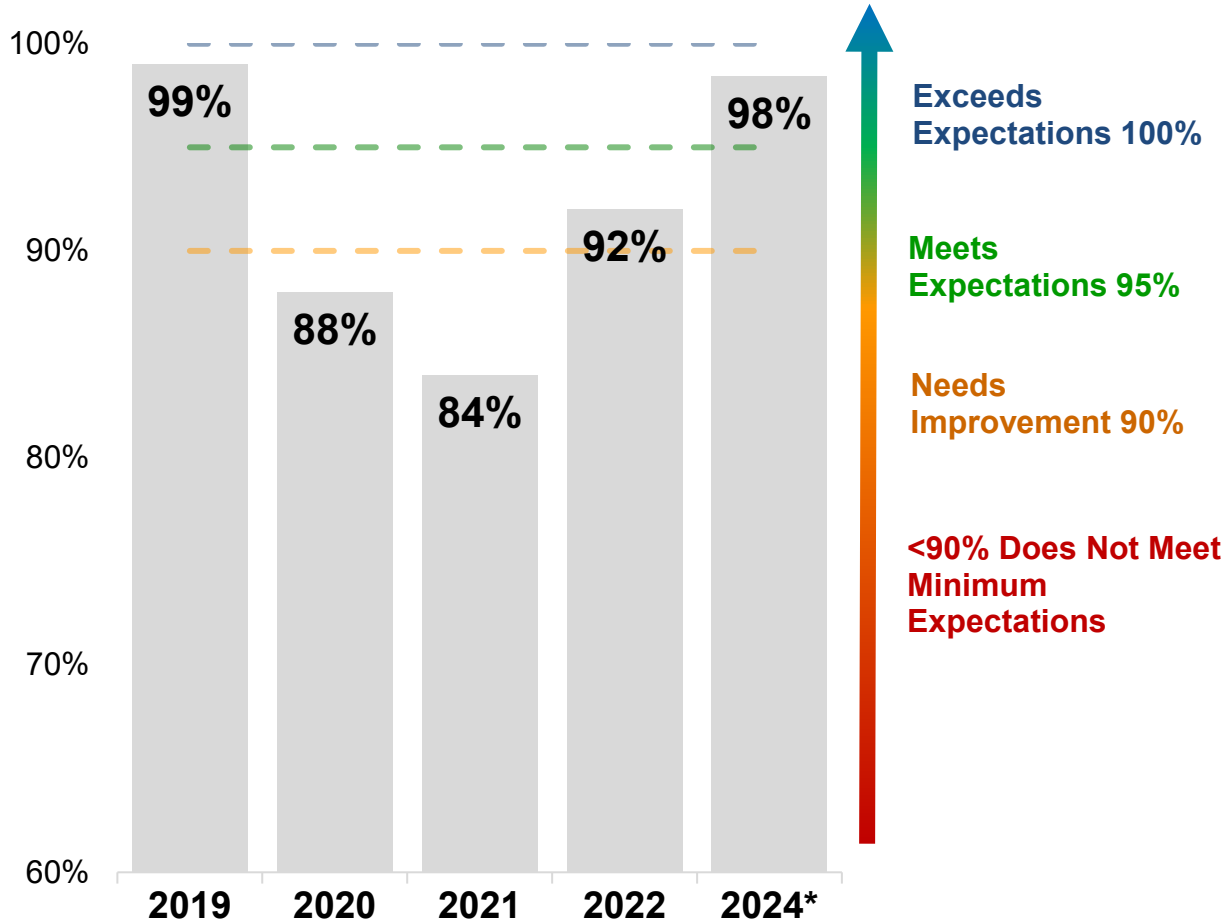
¹¹ Measurement is captured in June and not averaged.

¹² 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 FACT program trends in **Somatic Care** from 2019 through 2024, ranging from 84%-99%.

The FACT program continues a 3-year trend in increasing performance. There was a **14% increase** in the FACT program average compared to 2021, moving from the **Does Not Meet Minimum Expectations** rating in 2021, to the **Needs Improvement** category in 2022, and to the **Meets Expectations** category in 2024 with a 98%.

Figure 7. Somatic Care 2019-2024



* Outcome area not measured in 2023

PROVIDER PERSPECTIVES

Education

- Education participation has significantly decreased, dropping from 16% in 2022 to 6% in 2024. Some clients who completed their education did not return to pursue further studies, while others decided to defer or stop continuing their education altogether. Barriers such as criminal backgrounds can prevent clients who do pursue education from translating their educational achievements into job opportunities.
- Providers face limitations in staff capacity to fully support clients pursuing educational programs, particularly in guiding them through career-related or computer-based courses. This shortage of staff resources hinders ongoing educational development for some clients.

Somatic Care

- Staff play a key role in encouraging clients to make and attend primary care appointment, working as a team to provide transportation and accompany clients to appointments to ensure they understand the information provided by healthcare professionals.
- Incentivized programs (gift cards provided by Managed Care Organizations (MCOs)), affordable access programs (low-cost mammograms), and flexible scheduling options (urgent care facilities) have been effective tools for encouraging clients to attend appointments.

Community Inclusion

- From 2019 to 2024, client participation has consistently exceeded expectations, with a 98% engagement rate. This success is attributed to the combination of awareness-building of community events and transportation support, both of which have been significant contributors to high attendance.

Participant Empowerment

- Despite turnover in HR and changes in the electronic health record (EHR) system in FY24, the team maintained high scores by prioritizing consistency across documentation and client activities. Internal quality assurance practices, friendly competition, and a positive team dynamic also contributed to their success in managing transitions and challenges.



COMMUNITY INCLUSION

Metric	The percentage of program participants accessing and having ongoing involvement in 3 or more different community activities per year. ¹³
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. ¹⁴
Rationale	Social isolation is a health risk. Individuals with disabilities spend less time outside the home socializing, going out, and participating in community activities. Differences in involvement in religious services, local politics, cultural events, outdoor activities, and community service organizations are greatest between individuals with and without disabilities. Little to no differences exist with respect to participating in community events related to hobbies, participating in volunteer work, attending special community events such as fairs and parades, and attending recreational activities such as sporting events and movie. (National Organization on Disability)

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

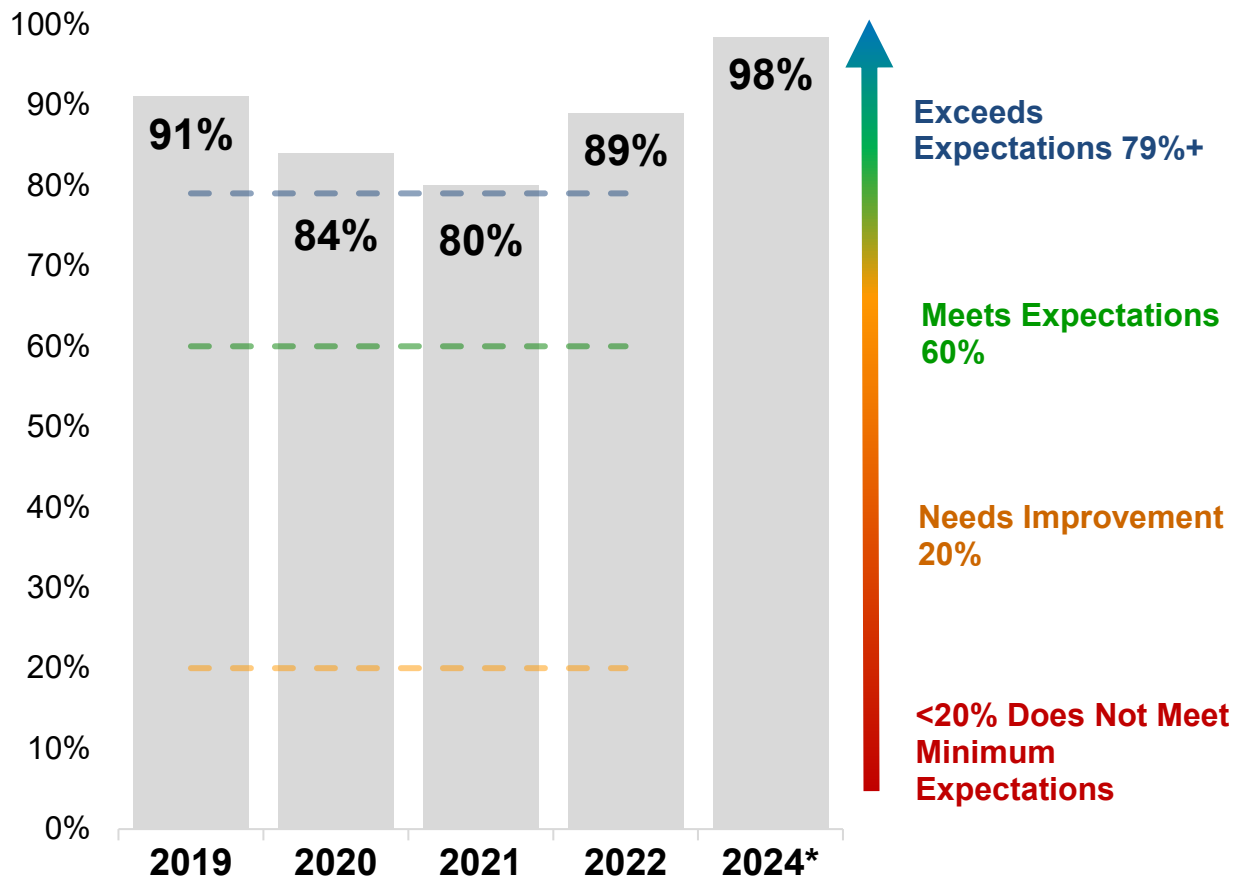
¹³ Measurement is captured in June and not averaged.

¹⁴ 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.

The FACT program continued a trend of increasing **Community Inclusion** rates in 2024, with an 18% increase since 2021. The FACT program maintained an *Exceeds Expectations* over the last three years, including 2024, at 98%

Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020.

Figure 8. Community Inclusion FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



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 or community integration were addressed with the participant¹⁵
- 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	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	95%+	90% - 94%	85% - 89%	< 85%

Table 1. Participant Empowerment Results by Category

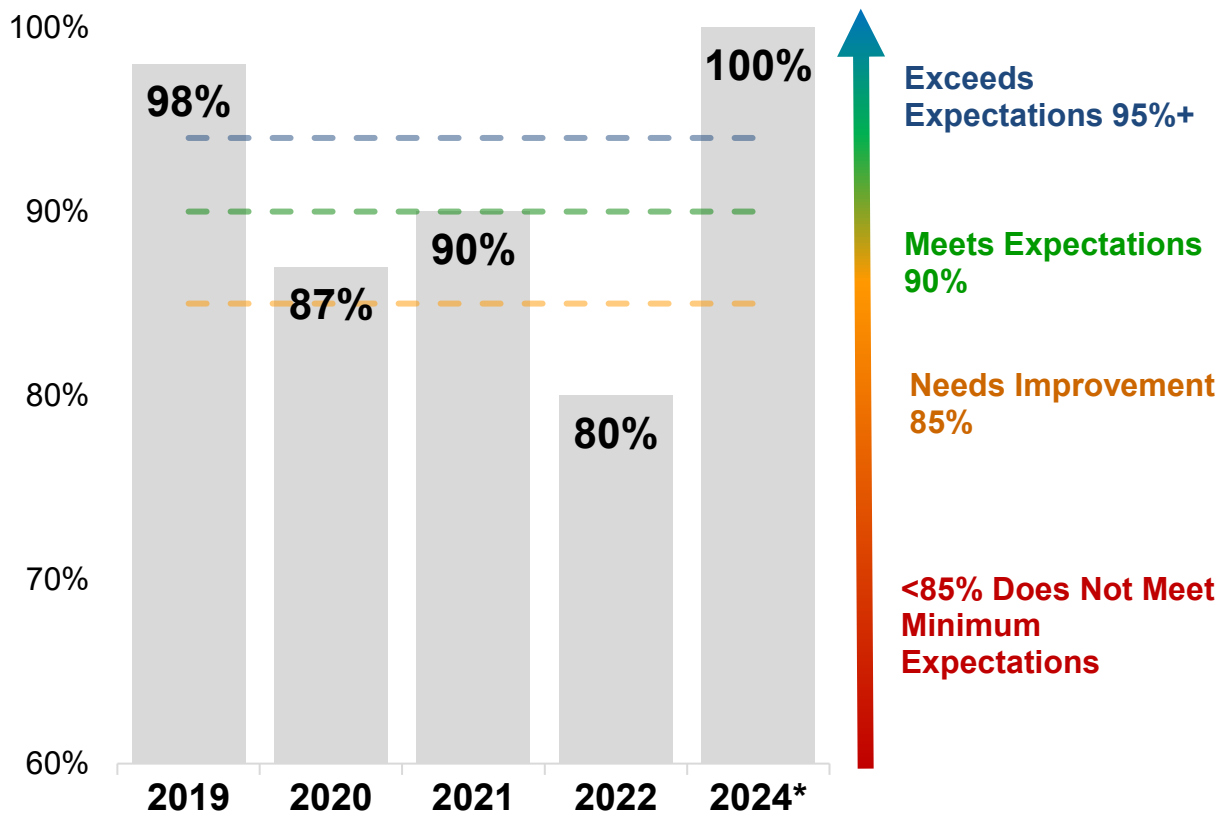
	FACT
Goals in Place and Reviewed Regularly	100%
Consumer Involvement	100%
Quarterly Empowerment Discussions¹⁵	100%
Services Documented	100%
All Goal Components Present	100%

¹⁵ Empowerment Discussion: Expectation that staff routinely (quarterly) discuss and document prompts to engage in Employment, Education and/or Community Integration with participants.

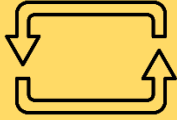
Table 2 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. The FACT program received scores of 100% across all criteria.

The FACT program **Exceeds Expectations** in 2024, with a 100% performance. In 2022, the FACT program received its lowest performance over the last five years at 80% and then achieved its highest performance at 100% in 2024, moving from **Not Meeting Minimum Expectations** in 2022 to **Exceeding Expectations** in 2024.

Figure 9. Participant Empowerment 2019-2024



* Outcome area not measured in 2023



NEGATIVE DISENROLLMENT

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

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	< 5.10%	5.10% - 15.00%	15.10% - 23.00%	23+%

PROVIDER PERSPECTIVES

Negative Disenrollment

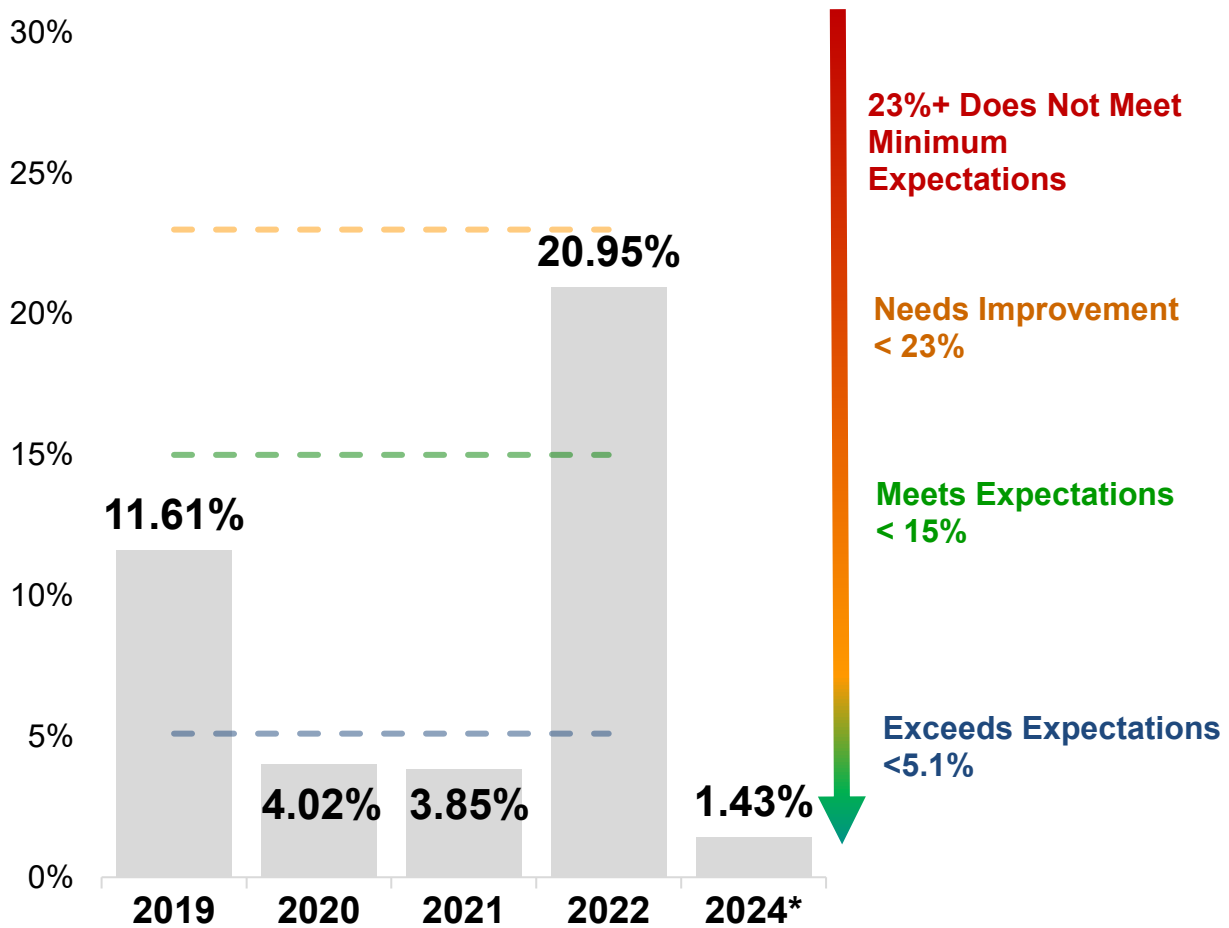
- Rates significantly decreased from 20.95% in 2022 to 1.43% in 2024.
- Contributing factors for this drop include improvements in service alignment and care intensity, better matching clients to appropriate levels of care, and more stable long-term client engagement.
- Providers suggest 2022 may have had unusually high negative disenrollment due to higher client incarceration rates at that time.

¹⁶ 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 FACT program earned an *Exceeds Expectations* rating of 1.43%

Compared to 2022, **Negative Disenrollment** in the FACT program decreased almost 20%, moving from the *Needs Improvement* category in 2022 to earning an *Exceeds Expectations* rating in 2024; the program's third *Exceeds Expectations* in the last five years.

Figure 10. Negative Disenrollment Rates 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



PSYCHIATRIC HOSPITALIZATIONS

Metric	The average number of hospital days per program participant per year. ^{17, 18.}
Intent	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
Rationale	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized of crisis response services, such as observation units and behavioral health urgent care.

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 2 days	3 2 – 5.99 days	2 6 – 6.99 days	1 7+ days

PROVIDER PERSPECTIVES

Psychiatric Hospitalizations

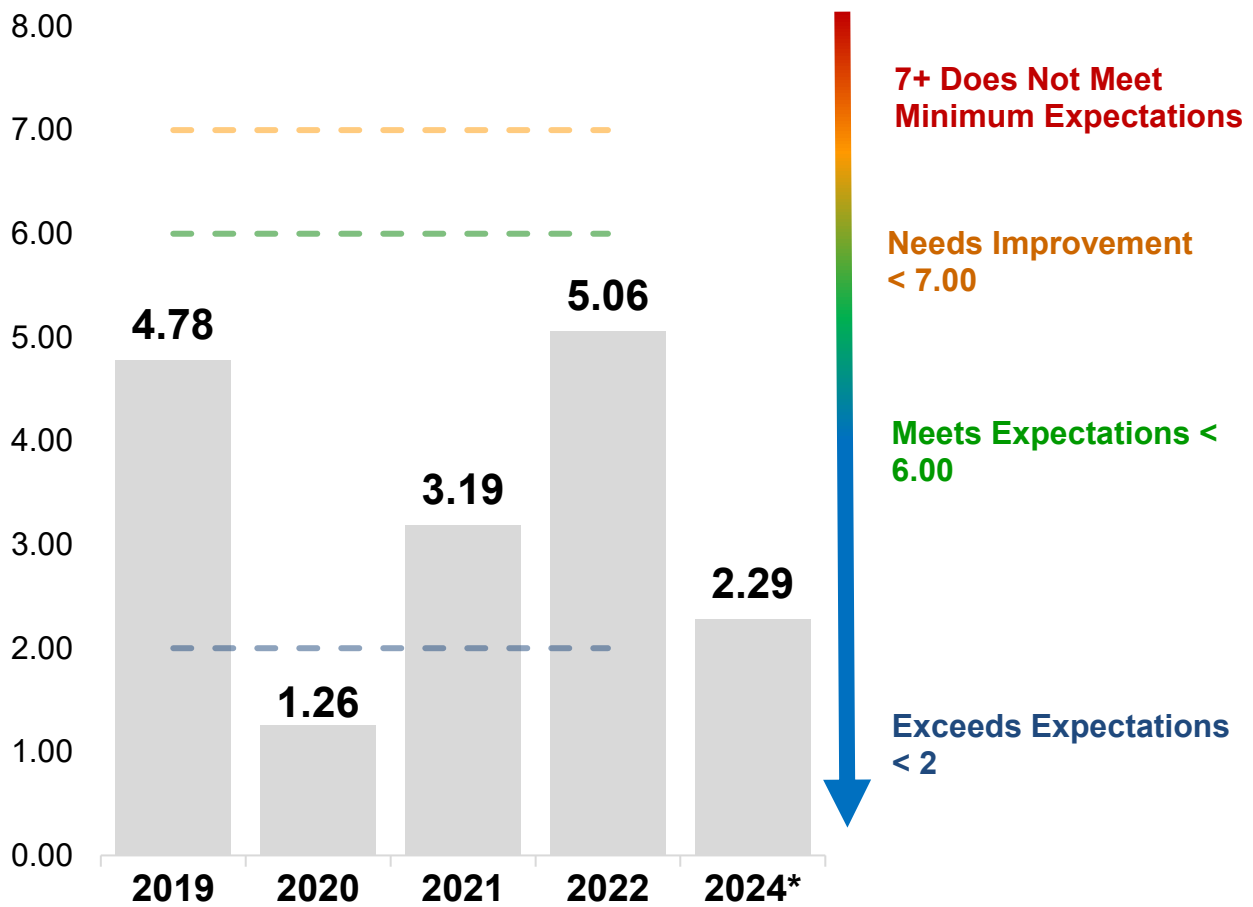
- Fewer psychiatric hospitalizations occurred between 2022 and 2024, largely due to preventive measures.
- Having a therapist available has been key in helping clients avoid hospitalizations through support and medication adjustments.
- Flexibility in scheduling allows staff to address client needs and crises early, preventing escalation.
- Open communication among the team enables effective monitoring of clients' mental health status and medication management.
- Stable relationships with providers encourage clients to be honest, especially about sensitive issues like substance use.

¹⁷ A hospital day is measured by the number of nights spent hospitalized.

For the **Psychiatric Hospitalizations** outcome, the FACT program earned a *Meets Expectations* rating of 2.29 nights in the hospital.

FACT program performance in the **Psychiatric Hospitalizations** outcome interrupted a trend of increasing between 2020 and 2022 – decreasing notably in 2024 to earn an *Exceeds Expectations* rating. Compared to 2022, the FACT program has an average of 2.77 fewer nights hospitalized in 2024.

Figure 11. Psychiatric Hospitalizations 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

Metric	The average number of emergency room visits ¹⁹ 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 through the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person’s condition (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 0.31 visit	3 0.31 - 0.75 visit	2 0.76 – 1.3 visits	1 1.3+ visits

PROVIDER PERSPECTIVES

Emergency Room Visits for Psychiatric Care

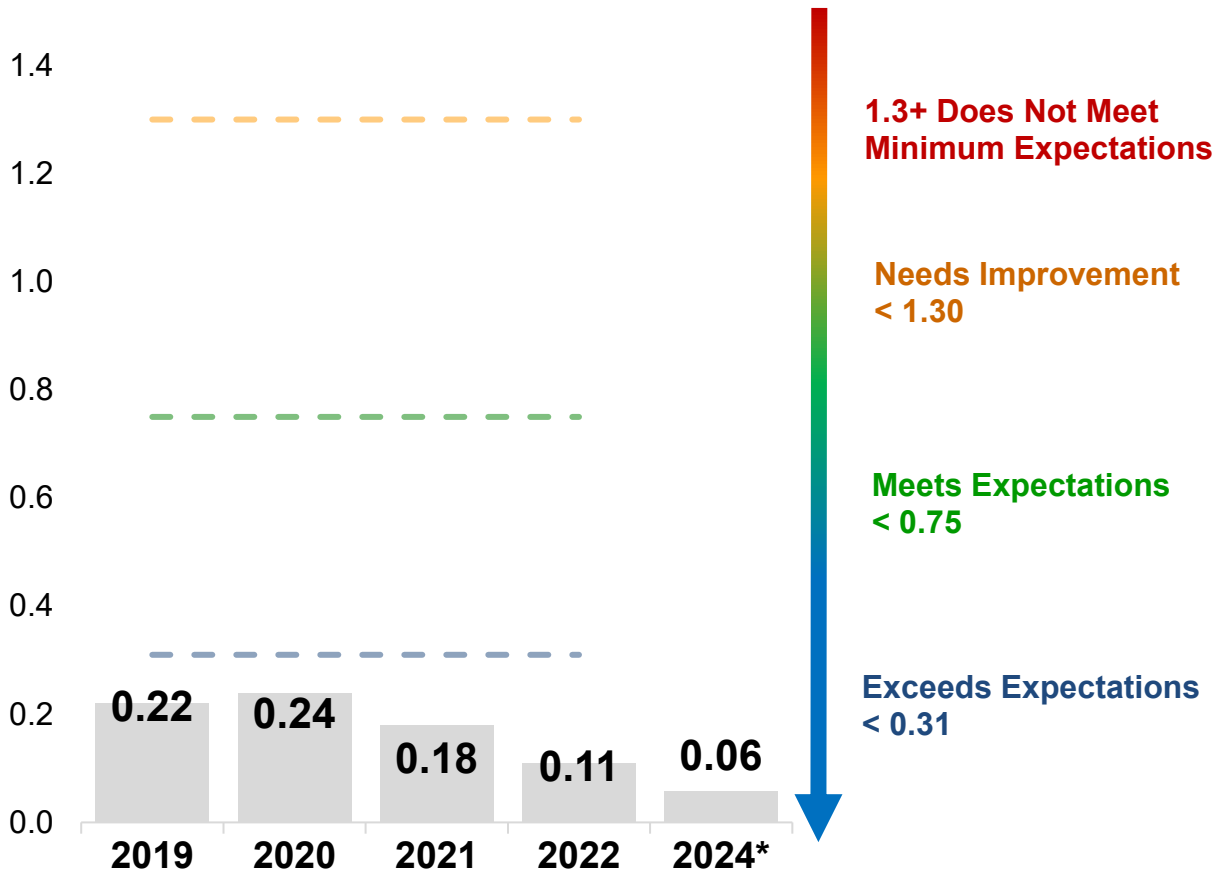
- Emergency room visits for psychiatric care have steadily decreased from 2019 to 2024.
- A strong medication delivery system, including phone call reminders, symptom checks, and flexible monitoring schedules, helps prevent emergencies.
- Consistent client check-ins and de-escalation by case managers reduce the need for ER visits.
- Interdisciplinary teamwork, including case managers, nurses, and providers, ensures constant communication and shared responsibility for client well-being.
- A team approach allows staff to rotate on-call duties and manage client care collaboratively, building strong rapport with clients and preventing crises.
- Clients are encouraged to reach out proactively, with staff reinforcing this support during symptom progression.

¹⁹ 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 FACT program averaged an **Exceeds Expectation** rating, with near-zero ER visits (0.06 visit average).

FACT program performance in the **Emergency Room Visits for Psychiatric Care** outcome continues a consistent trend of decreasing –earning the 5th **Exceeds Expectations** rating over 5 years in 2024.

Figure 12. Psychiatric Emergency Room Visits FACT Program Average 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days. ²⁰ 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 < 25 days	3 25 – 49.99 days	2 50 – 69.99 days	1 70+ days

PROVIDER PERSPECTIVES

Involvement in the Criminal Justice System

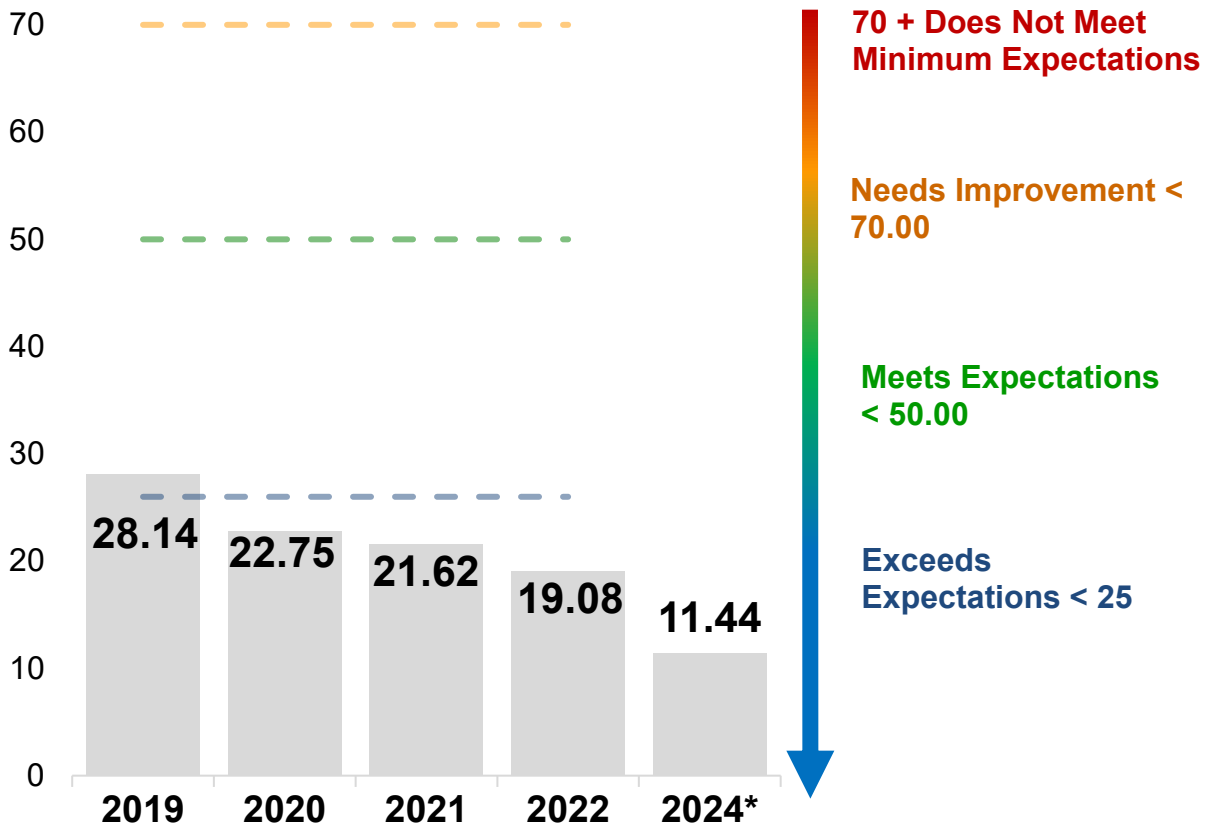
- FACT's dedicated probation officer helps clients meet parole expectations and avoid jail.
- Staff advocacy plays a key role in preventing clients from being sent back to jail, focusing on recovery and relapse support.
- A collaborative approach emphasizes preventing future violations rather than punitive measures, contributing to the reduced criminal justice involvement.
- Community involvement, crisis prevention, and team coordination across all outcome areas also helps reduce criminal justice encounters.

²⁰ 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 Care* outcome, the FACT program received an *Exceeds Expectations* rating, with 11.44 days in jail on average, decreasing by more than 7 days since 2022.

FACT program performance in the *Involvement in the Criminal Justice System* outcome continues a consistent trend of decreasing –earning the 4th *Exceeds Expectations* rating over 5 years in 2024.

Figure 13. Involvement in the Criminal Justice System 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



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

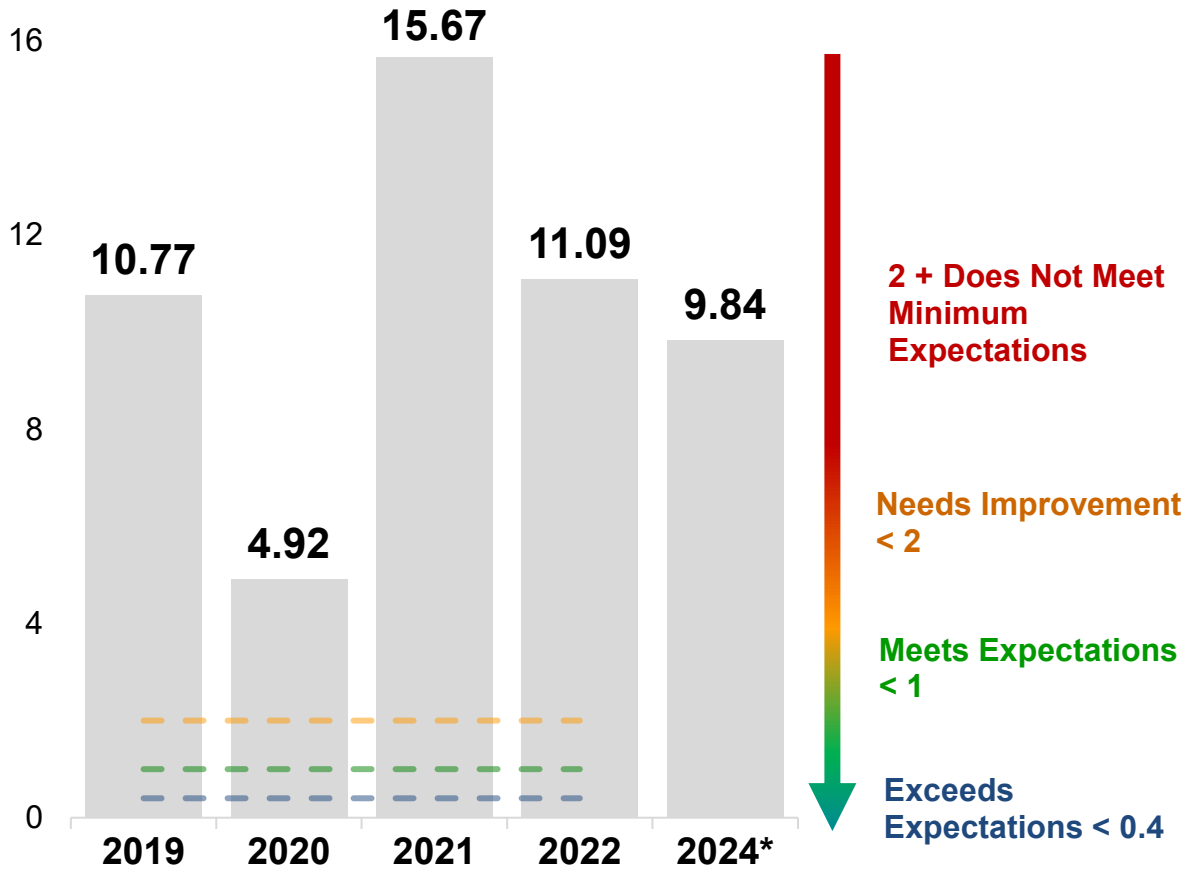
PROVIDER PERSPECTIVES

Homelessness

- Clients often experienced homelessness despite multiple opportunities for support, such as flex funds and warnings about lease violations.
- Strong communication with landlords and clients helps maintain housing stability.
- Landlords value the support staff provides, including sometimes physically moving clients’ belongings to maintain a good reputation with landlords.
- Some landlords may hesitate to work with the program due to past negative experiences with clients who were enrolled, such as property damage or cleanliness issues.

FACT program performance in the **Homelessness** outcome continued a five-year trend of **Not Meeting Minimum Expectations** in 2024, with an average of 9.84 homeless nights.

Figure 14. Homelessness 2019-2024



* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023



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 satisfaction²¹ 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., 2020).

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)

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

²¹ 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.

PROVIDER PERSPECTIVES

Participant Satisfaction

- Staff work tirelessly to provide quality services, positively impacting participant satisfaction scores and comments.
- Participants often have high expectations that can be difficult to meet, but staff remain committed to helping address their concerns effectively.
- High levels of staff stability and genuine care for clients contribute significantly to overall satisfaction.

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

The overall system performance for the **Participant Satisfaction** outcome has maintained a five-year trend in the **Exceeds Expectations** category, ranging from 97% to 100% satisfaction.

Figure 15. Participant Satisfaction 2020-2024 FACT Program Average

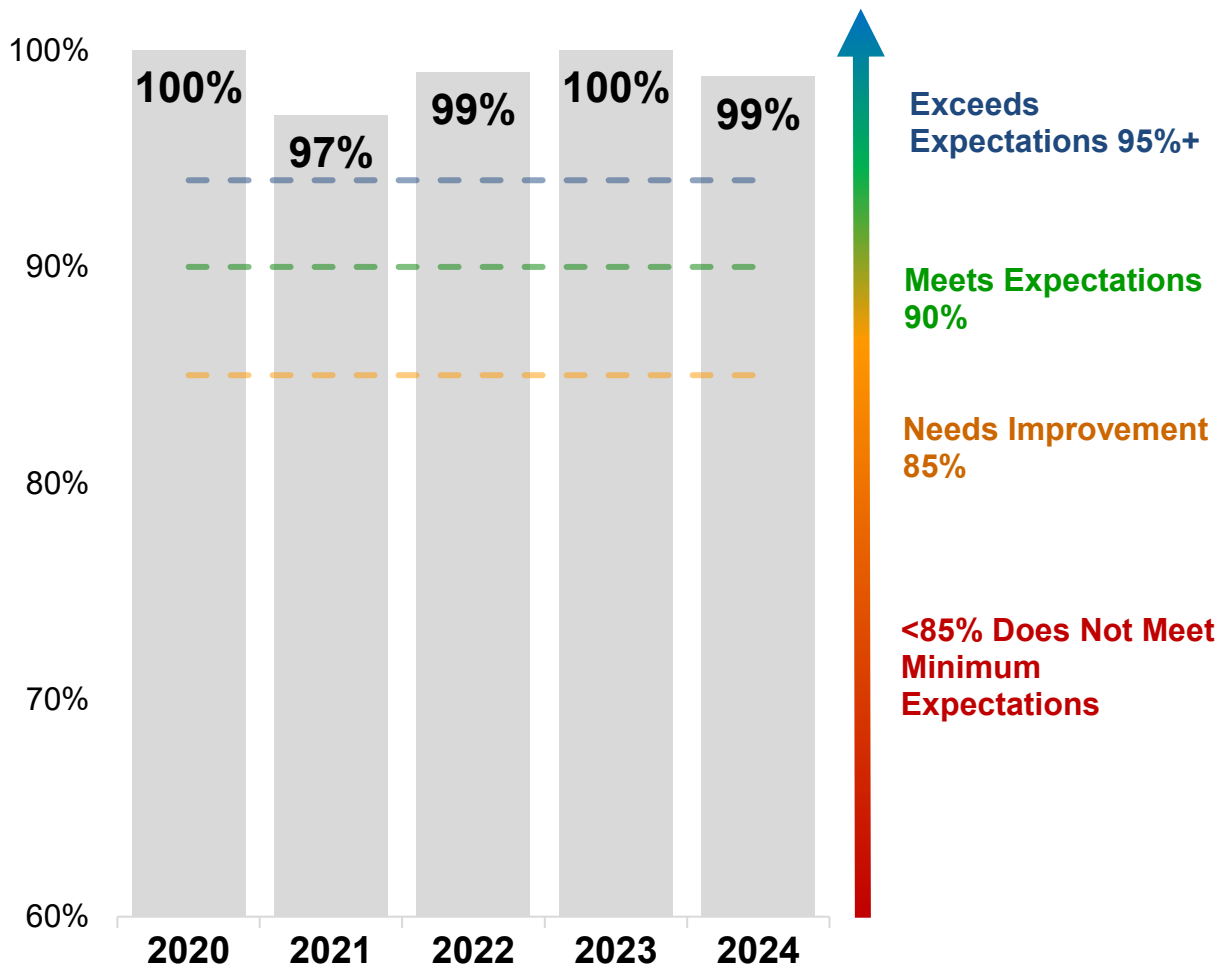


Figure 16 shows rates of agreement by item from the 2024 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, ranging from 93% to 100% satisfaction across survey items.

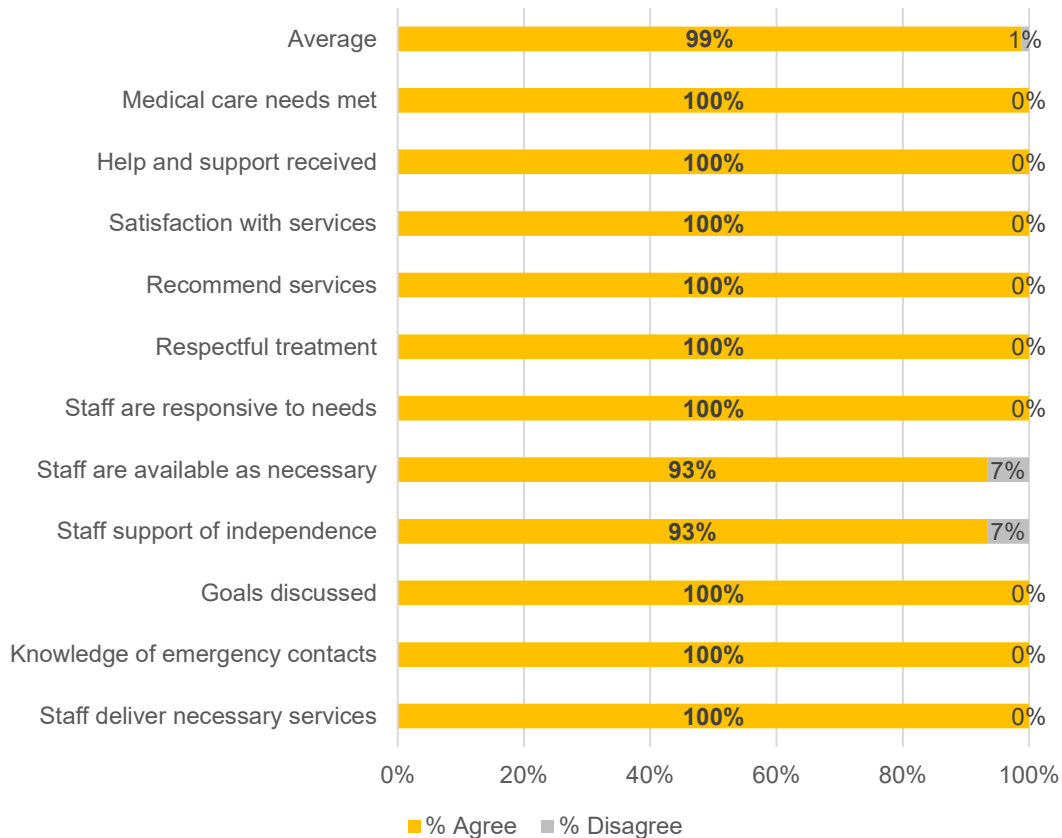
100% participants reported:

- *Their medical care needs were met*
- *Staff were responsive and they received the help and support they needed*
- *They were satisfied with services and would recommend them to a friend*
- *They were treated respectfully*
- *Their goals were discussed*
- *They knew who to contact in an emergency*

Agreement was lower among participants regarding:

- *Staff being available when needed (93%)*
- *Staff supporting independence (93%)*

Figure 16. Participant Satisfaction FACT Program Average by item ²²



²² Full survey items listed in Appendix B

Eyerly Ball FACT 2024 Participant Comments (N=15)

Services Delivered Effectively

They deliver my meds and are in contact with me about it daily ...which is good. [Staff] makes my appointments: medical, and grocery shopping.

We go out for walks. We do Christmas parties. [Staff] takes me my meds. [Staff] takes me to my P.O. [They] would take me anywhere I need to go.

They help me with housing, sobriety, and medication.

I don't read or write, so they help me fill out applications. Rides, bus passes... they help whenever I need, and call, and if I need someone to talk to.

[Staff's] an advocate for me to get me on the right meds. And [they] will get me to the store if I need. I try not to ask, but [staff] comes quick if I call.

Positive Relationships with Agency or Staff

I get along with all of them here. I don't have to wait for my normal case worker, and I know whatever we talk about stays between us.

They give me my space and let me make decisions on my own. But if something comes up, I can always go to them.

[Staff] schedules all my appointments and makes sure I get there on time. Sometimes I get confused, so [staff] helps me through my confusion. [Staff's] a good listener. It's a partnership.

Positive Impacts of Services

I have someplace warm to sleep, food to eat. I don't worry as much about my safety and people stealing my things.

I feel more sane. And happy.

They've helped me a lot staying clean and finding housing. They helped me stay on track and stable. And [they] have been confidants. Me and my dog feel comfortable with them. My friends say, "You're doing so much better."

I'm more open now and more comfortable around people.

I get out in public and shoot pool leagues and go dancing.

Concerns

[Staff] does great. But I don't think [staff's] up to date with [mental health] diagnoses.

I don't think they have enough room. They used to have more space with a community center.

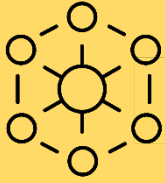
They're spread thin.

I think these ladies and guys are awesome, but their caseloads are overloaded.

Suggestions

They would benefit from some kind of legal department, like a liaison for legal assistance.

I see them once a week. I would like to see them twice a week. I could get everything done. It would be more helpful.



QUALITY OF LIFE

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

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

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

PROVIDER PERSPECTIVES

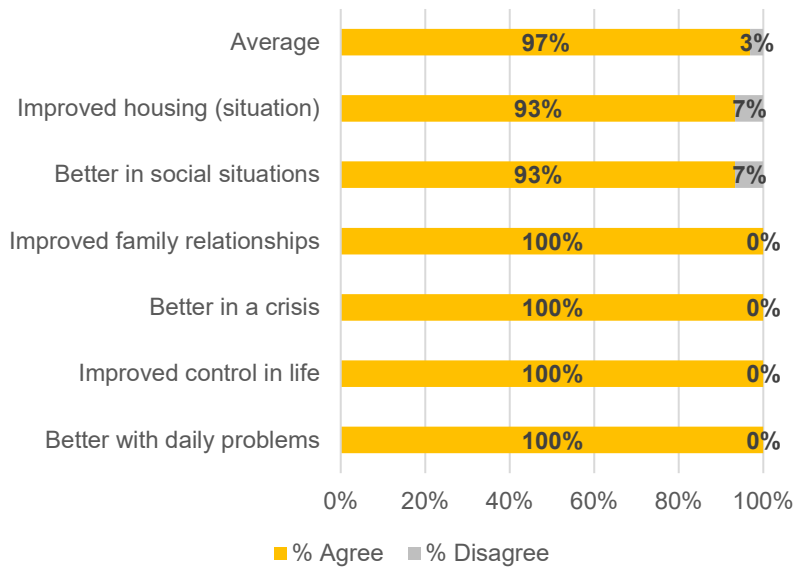
Quality of Life

- Quality of housing varies significantly by location, with some areas, like trailer parks, lacking adequate options. Clients express a desire for innovative housing solutions, such as tiny houses with centralized nursing stations.
- Concerned others/family relationships have been historically difficult to support, as staff try to balance offering a listening ear for concerns while maintaining client confidentiality.
- Staff aim to reinforce natural support systems for clients, while being mindful of maintaining boundaries to avoid becoming the sole support.

²³ Since I entered the program...

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

Figure 17. Quality of Life FACT Program Average by Item 2024

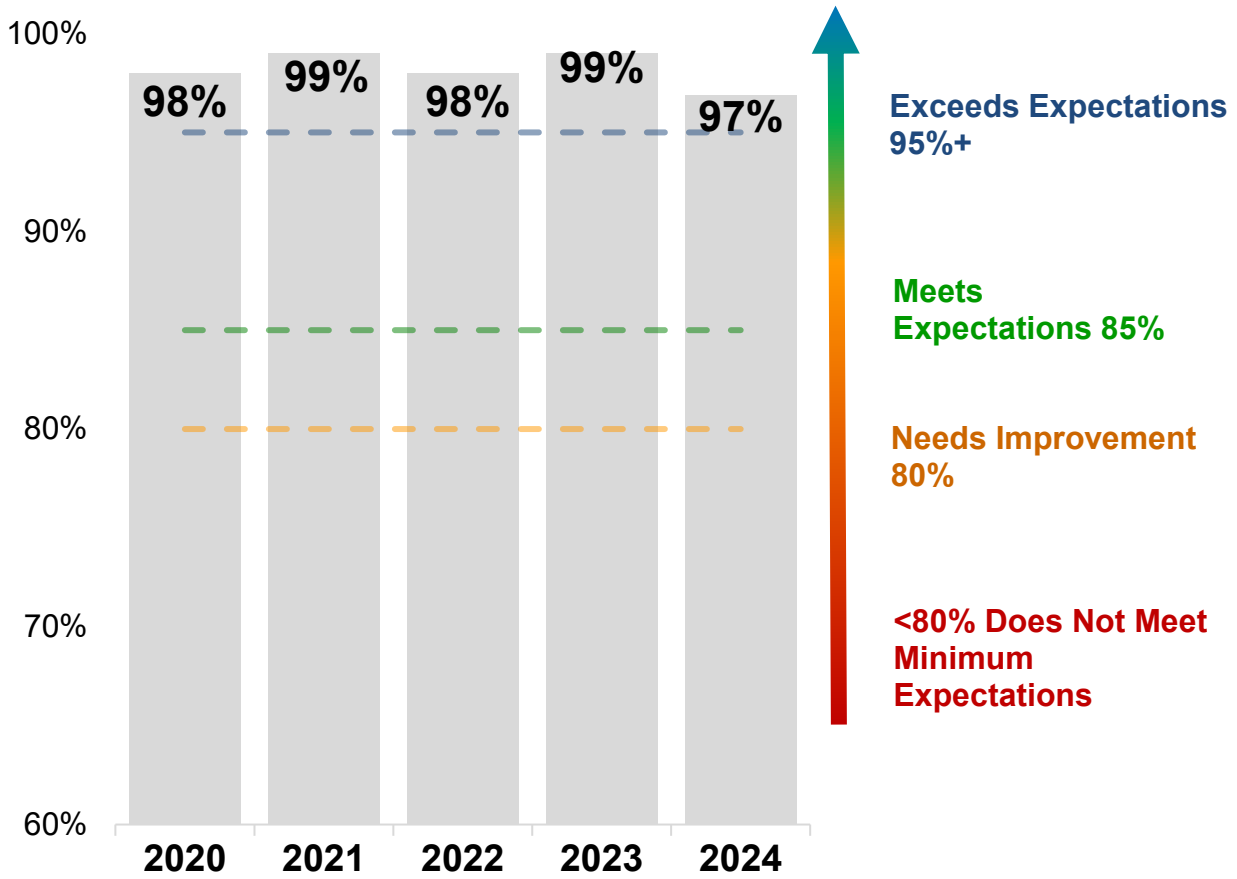


Participant **Quality of Life** measures received ratings ranging from 93% to 100% across items (Figure 17).

- 100% of participants agree that since entering the program, they:
 - *Are better equipped for a crisis and better at managing daily problems.*
 - *Have improved family relationships and control in life.*
- Participant agreement was lower regarding *housing situations* (93%) and *social situations* (93%).

Quality of Life averaged a 97% rating in 2024, maintaining a five year trend with performance ratings in the **Exceeds Expectations** category. From 2020-2024, performance ratings have ranged from 97% to 99%.

Figure 18. Quality of Life FACT Program Average 2020-2024



Summary Table

The following table represents a summation of the results in the report, which shows FACT System Outcome Scores and Performance Ratings over the last 5 years.

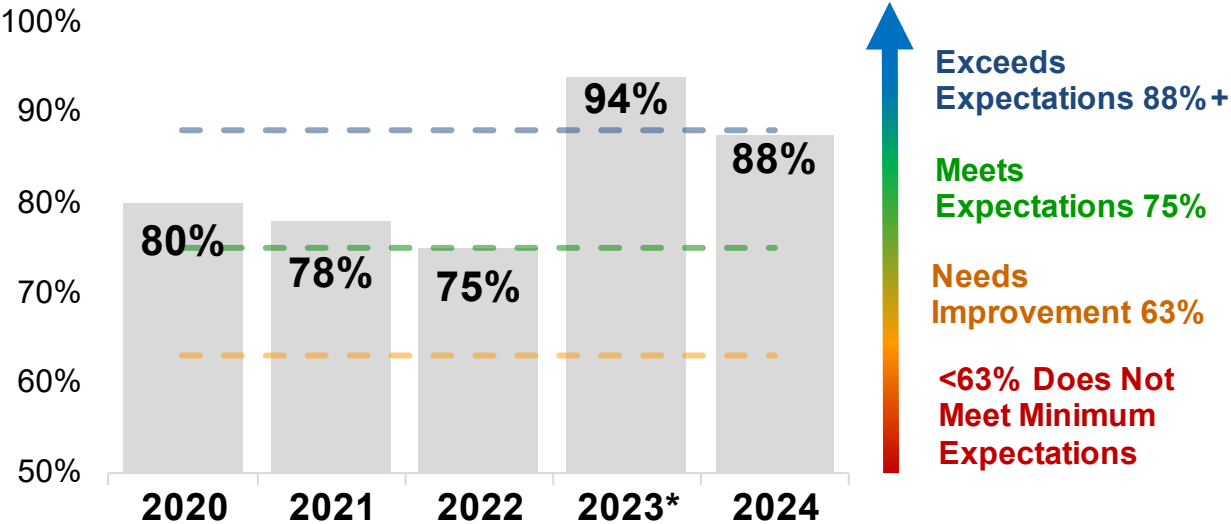
Table 2. 2019 - 2024 Summary Table FACT Outcome Scores and Performance Ratings

	2019		2020		2021		2022		2023 [^]		2024*	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	88%	4	95%	4	86%	4	90%	4			95%	4
Engaged Toward Employment	42%	4	45%	4	77%	4	28%	3			20%	3
Working Toward Self-Sufficiency	31%	4	35%	4	40%	4	17%	4			17%	4
Education	10%	3	13%	3	5%	3	16%	3			6%	3
Somatic Care	99%	3	88%	1	84%	1	92%	2			98%	3
Community Inclusion	91%	4	84%	4	80%	4	89%	4			98%	4
Participant Empowerment	98%	4	87%	2	90%	3	80%	1			100%	4
Negative Disenrollment	11.61%	3	4.02%	4	3.85%	4	20.95%	2			1.43%	4
Hospital Bed Days	4.78	3	1.26	4	3.19	3	5.06	3			2.29	3
Emergency Room Visits	0.22	4	0.24	4	0.18	4	0.11	4			0.057	4
Involvement in the Criminal Justice System	28.14	3	22.75	4	21.62	4	19.08	4			11.44	4
Homelessness	10.77	1	4.92	1	15.67	1	11.09	1			9.84	1
Participant Satisfaction	100%	4	100%	4	97%	4	99%	4	100%	4	99%	4
Quality of Life	98%	4	98%	4	99%	4	98%	4	99%	4	97%	4
Family and Concerned Others Satisfaction	86%	2	84%	1	80%	1	78%	1	82%	1	-	-
Program Overall Performance	83%	3	80%	3	78%	3	75%	3	94%	3	88%	4
Adjusted Overall Performance											94%	4

[^] Overall Performance calculation in 2023 based on limited (3) outcome areas. One of the three outcomes, **Family and Concerned Others** outcome area was paused in 2024, see Appendix for additional details.

* 2024 is baseline year after transition in data management systems, results are not comparable to prior years

Figure 19. Unadjusted (All Outcomes Included) FACT System Performance 2020-2024



Appendix A. Program Description

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 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).

Appendix B. Participant Interview Script

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

Appendix C. Data Sources and Definitions

Procedures: The following outlines procedures for the FY24 evaluation. Information was obtained from two sources:

1. Meetings with program directors and staff members
2. Interviews with participants
3. File reviews
4. Analysis of data submitted to CSN

Meetings

Zoom 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 September to review the complete report.

Interviews – Participants

Participants were interviewed as part of the evaluation process. A target of fifteen participants were interviewed from each ISA program. Interviews were conducted by phone. The interview questions are included as Appendix B of the report. Agree/disagree responses to the questions make up the statistics used for the **Participant Satisfaction** and **Quality of Life** outcome scores. Comments from the interviews are included in Appendix A. 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.

Education and Employment Definitions

Three outcome definitions were changed in 2024 to be consistent with other MHDS regions across the state of Iowa: **Education**, **Engaged in Employment**, and **Working Towards Self-Sufficiency**.

Prior to 2024, Polk County reported employment outcomes only for employment eligible individuals (defined as individuals under the age of 65 and with a level of Functioning score below level 5). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS regions in the state, which excluded any Level of Functioning exemption for employment eligibility. Only individuals age 65 and older are exempted from being employment eligible. This definition change resulted in more individuals being considered employment eligible.

FY24 Data – A Baseline Year

- FY24 is a baseline year for program performance and will serve as a benchmark for subsequent years (FY25 and beyond).
- FY24 outcome data should not be compared to previous years because of the following context and changes:
 - Process transition in documentation
 - The Polk County MHDS began its transition to CSN in FY23, because of this, outcome data tracking and reporting was not required.
 - Since FY24 is the first year of required outcome reporting in a new data management system, data entry processes and verification of results are not reliable enough to be valid for assigning performance thresholds.
 - Data aggregation methods

Since FY22 (most recent year of outcome data collection), the FY24 system now has capability to track unduplicated individual counts for calculating outcome metrics.

Appendix D. Outlier Analysis

Outlier analysis was used as a method for looking at the outcome data to find people whose experiences are much different from most others in a program. This analysis focused on identifying outliers in the outcome data across three key performance areas: ***Hospital Bed Days, Involvement in the Criminal Justice System, and Homelessness***. These performance areas are especially sensitive to extreme cases because of the complex relationship between mental health, co-occurring disorders, and the unique challenges individuals face within legal, health care, and housing systems.

Defining an Outlier

An outlier in this outcome data should represent a participant whose experience is outside of the norm compared to everyone else. Most participant outcomes will fall within a typical range, for example, spending a few days in jail, a few nights homeless, or a short stay in the hospital. Some participants might have very different experiences, like spending a year in jail or being homeless almost every night. These extreme cases are outliers.

It's important to understand that outliers are identified relative to the group of participants they are being compared to. High outcome numbers do not automatically indicate an outlier. For a participant to be considered an outlier, their outcomes must be significantly higher than most others in that specific dataset. A number that stands out as extreme for one agency might not be unusual for another, depending on the typical outcomes seen in each agency's population.

Methods

This analysis was conducted using IBM SPSS Statistics (Version 29). Results were based on a combination of methods including:

- **Interquartile Range (IQR):** Data points falling outside 1.5 times the IQR above the third quartile or below the first quartile are flagged as outliers.
- **Visual Inspection:** Box plots and scatter plots visually identify participants who have an unusually high number of days in jail, nights homeless, or hospital bed days.

Results

In the FACT System, there were participants across the three outcome areas with unusually high outcomes, which qualified as outliers:

- ***Hospital Bed Days:*** One participant spent 61 days in the hospital.
- ***Involvement in the Criminal Justice System:*** One participant spent 324 days in jail, and another participant spent 153 days in jail.
- ***Homelessness:*** One participant was homeless for 295 days.

Next Steps

- **Explore extreme cases:** Outliers may point to participants who have more complex needs, and their experience could be different because they require more support. This can give us important information about whether participants, especially those who are struggling the most, are enrolled in the appropriate support services.
- **Interpret the results:** If outliers are affecting the overall results, we need to work with Polk County MHDS to decide whether to include them or adjust how we report the data, so that the extreme cases don't mislead results about how well the program is performing for most participants. Strategies for determining exclusion criteria for outliers are being discussed for FY25.
- **Adjust performance thresholds:** When agencies have outliers in their outcome data but do not have a large enough sample size for a formal outlier analysis, developing additional performance thresholds, or a target number of cases for each outcome area, can help evaluate their results in a meaningful way. These thresholds establish clear benchmarks that define what is considered typical or acceptable performance across key outcome areas. Strategies for determining additional criteria for performance thresholds are being discussed for FY25.

Appendix E. Satisfaction Surveys

Background

Starting in FY23, the LHPDC worked in collaboration with Polk County MHDS to initiate a comprehensive evaluation of the annual Participant Satisfaction Survey. The purpose of this assessment was to determine the adequacy and sufficiency of the existing survey items, ensuring they remained relevant and reflective of current needs.

One of the primary goals of the review was to address the timeliness of updates. The current survey items were used for an extended time. Items were reviewed to ensure they incorporated current best practices and could effectively reflected participants' satisfaction with service quality.

Another key focus was ensuring that the survey items captured areas of importance to all relevant stakeholders. These stakeholders included:

- Joint Advisory Committee Members
- Polk County Governing Board
- Polk County MHDS Leadership
- ISA, SC, FACT, and KEY Directors and Staff
- Program Participants
- Data Collection Team (Interviewers)

Through this collaborative effort, Polk County aimed to update and develop survey items that were timely, comprehensive, and used clear language to reflect the diverse needs and priorities of participants and service providers.

Family and Concerned Other Satisfaction

Data collection for Family and Concerned Other Satisfaction was paused in FY24 in response to stakeholder feedback.

Agencies reported concern with the sampling methods and applicability of concerned others for a majority of program participants, specifically citing the following concerns:

- Sampling methods included people designated only as emergency contacts, who had little awareness of staff recognition, program function and services participants engage in.
- Participants rarely have natural supports established who are involved with treatment planning and progress to be able to accurately complete survey.
- The enrolled population is aging, with fewer participants having a caretaker or legal guardian like is more prevalent in younger populations.

Methods

FY24 pilot items

1. A literature review was completed to identify survey items from validated surveys that collect responses from individuals receiving disability services. Priority was given to survey items where effectiveness and reliability had been established through research. The literature review was combined with feedback from agency staff, who had communicated target survey items through discussions at annual exit meetings. Meetings with Polk County MHDS and data collection staff informed piloting decisions. As a result, eight survey items were chosen for initial pilot testing in FY24. In addition to piloting new response option formats, the following survey items were also revised to remove or restructure references to staff, allowing participants to answer more directly about the services they received, rather than being influenced by their personal feelings toward staff members.
2. Pilot test items included in the FY24 Participant Satisfaction Survey
 - a. Confidence scale (10-point response option)
 - i. Scale: 0=very low confidence, 10=very high confidence
 - ii. Pilot Items:
 1. *Since you entered the program, you are confident in your ability to control your life.*
 2. *You can manage and control your health problems.*
 - b. Agreement scale (5-point response option)
 - i. First response option: Do you agree/disagree?
 - ii. Follow up response: Do you strongly agree/strongly disagree?
 - iii. Pilot Items:
 1. *You get the services you need*
 2. *You are able to meet with staff.*
 3. *You know people who listen and understand you when you need to talk.*
 - c. Cultural competency as one potential additional content area
 - i. *Pilot Item:*
 1. *The care you received was responsive to your cultural needs.*
 - d. Emergency preparedness and mental health crisis (2)
 - i. Physical emergency: defined by participants' emergency plan
 - a. *You know who to call in an emergency (for example, in case of a fire or medical emergency)*
 - ii. *Mental health crisis:*
 - a. *A mental health crisis is a situation where your behavior puts you at risk of hurting yourself or others and/or prevents you from being able to care for yourself. Do you know how to contact your staff in a mental health crisis?*

FY25 data collection development

A Qualtrics survey was first distributed to agencies and governing board stakeholders to gather feedback on both the current satisfaction survey items, as well additional content areas to explore. The survey identified which survey items to prioritize for revisions and which content areas staff found most important.

In June and July 2024, three focus groups were then conducted with 1) representatives from service agencies, 2) the University of Iowa data collection team, and 3) Polk County MHDS leadership. These

discussions built on the insights gained from the Qualtrics survey results, allowing for a deeper exploration of concepts and concerns that were not currently addressed by existing survey questions and formatting. Responses from focus groups were qualitatively coded using Nvivo software. This thematic analysis generated a list of concepts, which were used as the foundation for the next steps for survey item development described in the following section.

Next Steps

- In FY25, concept testing will involve cognitive interviewing to further explore themes from focus groups and better understand how these concepts resonate with participants' experiences. To ensure the survey reflects both participant perspectives and agency priorities, open-ended questions will be used to gather feedback and the specific language participants use. The insights from these interviews will be combined with:
 - Stakeholder Qualtrics survey responses
 - Focus group feedback from agencies, data collection team, and Polk County MHDS
 - Research on validated survey items for individuals with disabilities
 This comprehensive approach will guide the development of a robust and inclusive survey instrument for FY26.
- Methods
 - In place of the previous Participant Satisfaction Survey, cognitive interviewing will occur over the phone using a semi-structured format. Quantitative items will be included to gather baseline data and help inform the development of the FY26 survey instrument and performance thresholds.
 - In October 2024, pilot testing was completed with a sample of participants provided by agencies, allowing for refinement of the language and structure of the interview process and data collection methods.
 - Script development
 - The interview script was developed by first synthesizing the key themes and insights gathered from focus group results. Additionally, current literature and best practices were incorporated to align the script with established, evidence-based methods for participants with disabilities. This approach ensured that the script is both relevant to stakeholders and grounded in effective data collection techniques.
 - FY25 interview script includes 16 concept areas organized into 5 categories
 - Skill Development
 - Independence
 - Socialization
 - Service Experience
 - Person-centered
 - Respectful Treatment
 - Appropriate Engagement
 - Quality of Life
 - Empowerment
 - Social relationships/ Natural Supports
 - Physical Health
 - Psychological Health (mental/emotional)
 - Meaningful Day
 - Social Determinants of Health
 - Access to resources

- Food Security
 - Reliable Transportation
 - Housing Stability
- Safety
 - Harm reduction
 - Emergency Items