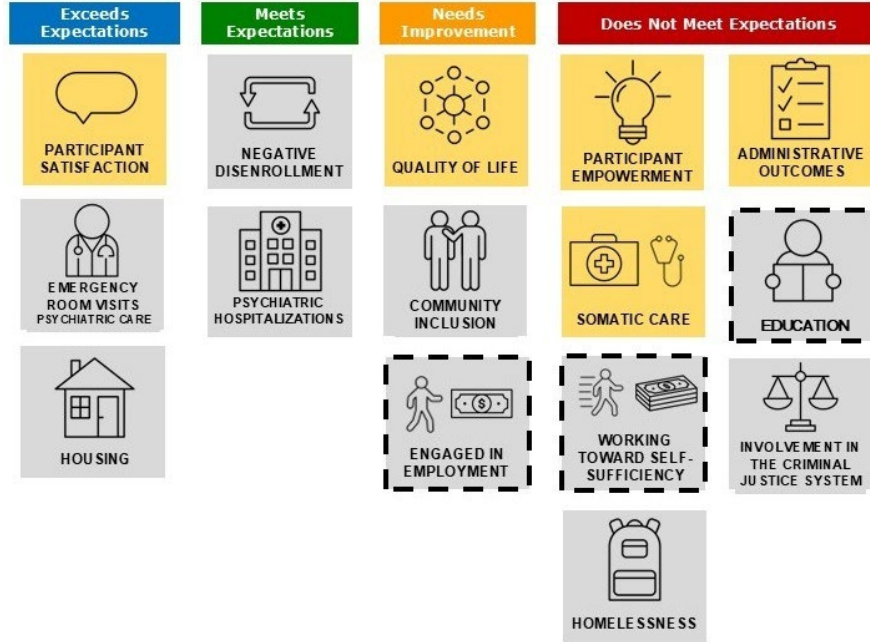


Appendix A. Agency Level Summaries

Broadlawns



Performance Thresholds do not apply for 2024

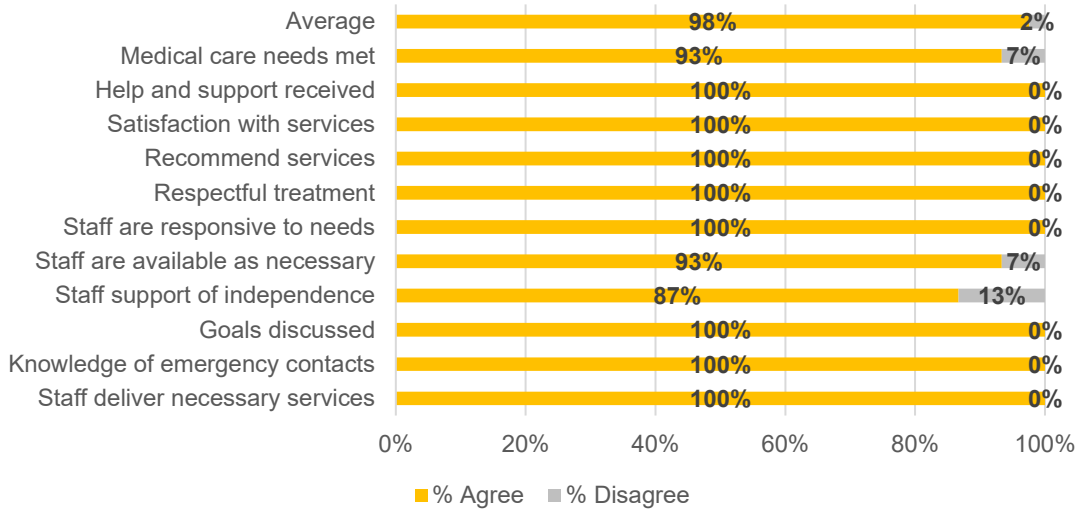
Outcome Definition Changed 2024

Table 1. Broadlawns Performance by Outcome 2022-2024

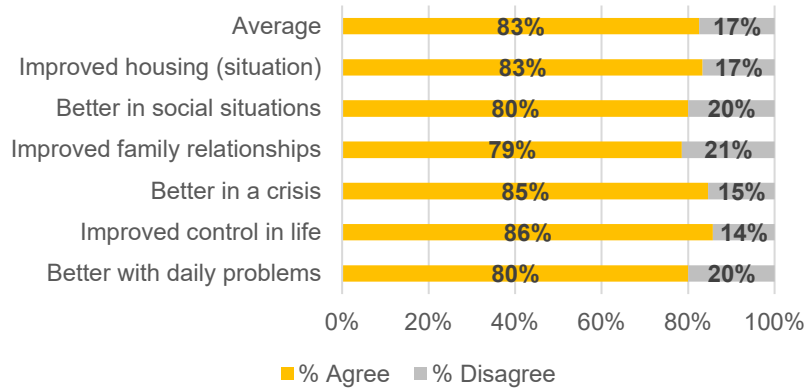
| | 2022 | | 2023 | | 2024 | |
|--|-------------|-------|-------------|-------|-------------|-------|
| | Performance | Score | Performance | Score | Performance | Score |
| Housing | 95% | 4 | - | - | 95% | 4 |
| Engaged Toward Employment | 28% | 4 | - | - | 12% | 2 |
| Working Toward Self-Sufficiency | 19% | 3 | - | - | 6% | 1 |
| Education | 53% | 4 | - | - | 3% | 1 |
| Access to Somatic Care | 96% | 3 | - | - | 83% | 1 |
| Community Inclusion | 76% | 2 | - | - | 63% | 2 |
| Participant Empowerment | 100% | 2 | - | - | 47% | 1 |
| Negative Disenrollment | 0.00% | 4 | - | - | 1.09% | 3 |
| Hospital Bed Days | 3.12 | 3 | - | - | 2.21* | 3 |
| Emergency Room Visits | 0.00 | 4 | - | - | 0.000 | 4 |
| Involvement in the Criminal Justice System | 5.37 | 3 | - | - | 4.20 | 1 |
| Homelessness | 6.28 | 1 | - | - | 10.51 | 1 |
| Participant Satisfaction | 100% | 4 | 98% | 4 | 98% | 4 |
| Quality of Life | 100% | 3 | 96% | 4 | 83% | 2 |
| Administrative Outcomes | 93% | 2 | - | - | 48% | 1 |
| Agency Overall Performance | 75% | 3 | 92% | 4 | 52% | 1 |
| Adjusted Overall Performance | - | - | - | - | 45% | 1 |

* Denotes an outlier was identified in the dataset. See Appendix D for additional information about the outlier analysis for FY24.

Broadlawns Participant Satisfaction Results by Item (N=15)



Broadlawns Quality of Life Results by Item (N=15)



Broadlawns ISA 2024 Participant Comments (N=15)

Services Delivered Effectively

They make sure that I take my medicine and get my shots, and make sure that I stay healthy, and make sure that I have a place to live and all that stuff.

They remind me about what I should be doing to help me with my [health diagnosis], such as not going to McDonald's. And being more open and willing to go to the groups and stuff. I used to not want to go, but they have worked with me on that and encouraged me to go.

When I got my first apartment, they paid half my rent for over a year. Then when I got into my second apartment, they paid my deposit. They definitely go above and beyond. And they will go to the pharmacy and pick up my medicine and bring it to me.

I can honestly say that there has never been a time where they have said that they can't do something for me. They take us out for lunch and there are so many things that they do, that they can do that for me. If it weren't for them, I probably wouldn't even leave my house.

Positive Relationships with Agency or Staff

When there's a major life thing, like if my [family member] goes into the hospital, they care about you. You can tell they really care. It's not like they are just punching a time clock. They really care. It's a huge comfort knowing they're there.

They do include everyone, and they don't discriminate. I think that it's a good thing. I really appreciate that. Another thing is that they take my health very seriously. They ask me a lot about my [health diagnosis] and keep up on that. They ask about my personal life. It's like having three therapists. They're very personable.

They don't judge. I have had relapses. And anytime that happens, and I feel comfortable to share, they don't judge. If I have partner issues, they don't judge me. They are more like friends than case workers. They always try to include me in everything.

They're there for me for whatever I need: to talk to, even personal issues.

Positive Impacts of Services

I haven't had any suicide attempts. I've been pretty mellow this time around. I think that getting my shots, taking my meds, that has all helped. Staying busy, I suppose.

I have learned to reach out more. I communicate more with my fiancé. I lean on the stuff that my therapist taught me. I deal with a lot of anxiety.

I still struggle with sweets and pop, with my [health diagnosis], but I do take all my meds and go to all my appointments.

Concerns

Sometimes they're very busy and can't see me.

The process in general for people finding a place to live, medicine, they're not providing me with cultural needs at least for me. When I lived with my mom, there were things I lived with that are different than their culture. I don't see them making adjustments to different cultures.

Sometimes I get emotional, and usually they don't like to deal with that, so I try not to do it all the time.

Suggestions

I think that they're overloaded with their case load. There are times where if someone is sick, then that caseload goes onto the other ones. It would be nice if they could have an extra person. That would be helpful if needed.

CSA
















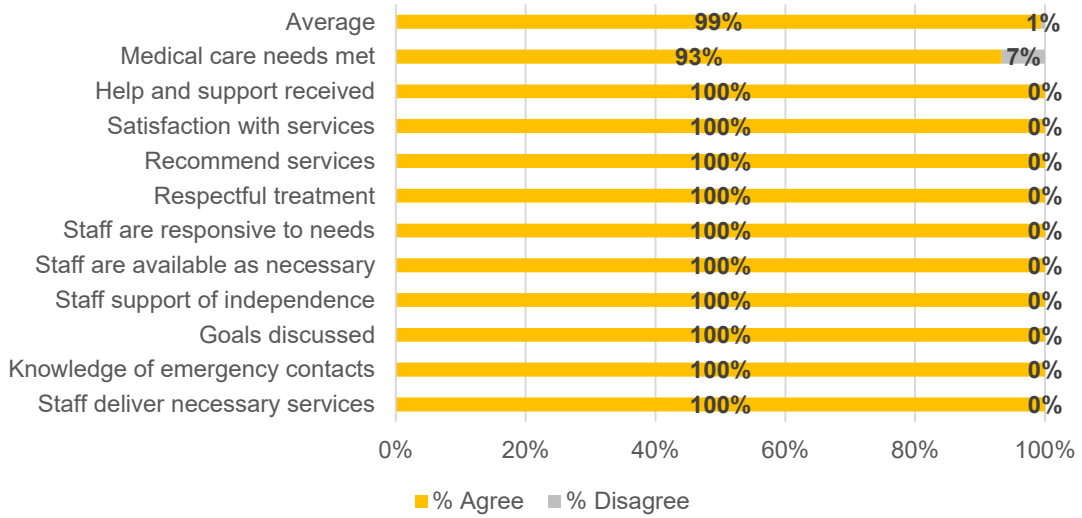
| Exceeds Expectations | Meets Expectations | Needs Improvement | Does Not Meet Expectations |
|--|---|---|--|
|  PARTICIPANT SATISFACTION |  QUALITY OF LIFE |  SOMATIC CARE |  PARTICIPANT EMPOWERMENT |
|  EMERGENCY ROOM VISITS PSYCHIATRIC CARE |  ENGAGED IN EMPLOYMENT |  WORKING TOWARD SELF-SUFFICIENCY |  ADMINISTRATIVE OUTCOMES |
|  HOUSING |  PSYCHIATRIC HOSPITALIZATIONS |  EDUCATION |  HOMELESSNESS |
| |  NEGATIVE DISENROLLMENT |  COMMUNITY INCLUSION | |
| | |  INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM | |
| | | Performance Thresholds do not apply for 2024 | Outcome Definition Changed 2024 |

Table 2. CSA Performance by Outcome 2022-2024

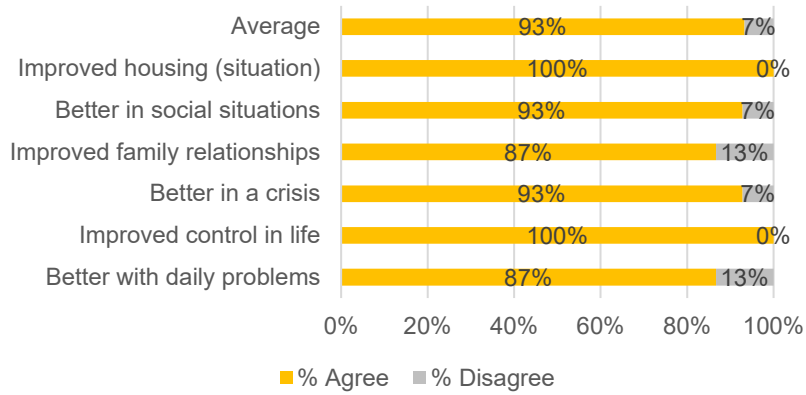
| | 2022 | | 2023 | | 2024 | |
|--|-------------|-------|-------------|-------|-------------|-------|
| | Performance | Score | Performance | Score | Performance | Score |
| Housing | 91% | 4 | - | - | 93% | 4 |
| Engaged Toward Employment | 23% | 3 | - | - | 22% | 3 |
| Working Toward Self-Sufficiency | 15% | 2 | - | - | 16% | 2 |
| Education | 22% | 3 | - | - | 11% | 2 |
| Access to Somatic Care | 92% | 2 | - | - | 93% | 2 |
| Community Inclusion | 75% | 2 | - | - | 71% | 2 |
| Participant Empowerment | 73% | 1 | - | - | 80% | 1 |
| Negative Disenrollment | 2.03% | 3 | - | - | 1.27% | 3 |
| Hospital Bed Days | 0.81 | 4 | - | - | 2.18 | 3 |
| Emergency Room Visits | 0.03 | 4 | - | - | 0.04 | 4 |
| Involvement in the Criminal Justice System | 5.05 | 1 | - | - | 3.20* | 2 |
| Homelessness | 2.31 | 1 | - | - | 4.75* | 1 |
| Participant Satisfaction | 99% | 4 | 98% | 4 | 99% | 4 |
| Quality of Life | 93% | 3 | 92% | 3 | 93% | 3 |
| Administrative Outcomes | 94% | 3 | - | - | 87% | 1 |
| Agency Overall Performance | 67% | 2 | 67% | 3 | 62% | 1 |
| Adjusted Overall Performance | - | - | - | - | 55% | 1 |

* Denotes an outlier was identified in the dataset. See Appendix D for additional information about the outlier analysis for FY24.

CSA ISA Participant Satisfaction Results by Item (N=15)



CSA ISA Quality of Life Results by Item (N=15)



CSA ISA Participant Comments (N=15)

Services Delivered Effectively

They're there to take me to the store. Having someone to talk to. They help me get out in the community.

We have some goals we work on, mainly cleaning and budgeting right now. Meal prep and getting an apartment is something we're looking at for the future.

Right now, we're working on learning how to cook and being more active. Yeah, they listen to what I want for goals too.

They've never failed me. They have always helped me with what I need.

Positive Relationships with Agency or Staff

I know that I can trust and depend on my people, so that really helps. If [staff] can't come, [they] will have someone else come and help me out.

They help me get involved in activities outside the home and they help me with the appointments. When you see them, and talk to them, you can just talk about regular stuff with them.

They respect my decisions just on like med planning. They know that I can manage that and that I don't need help with that. I was with [a different agency] and they took that away from me. They respect that I can do that on my own and they respect my boundaries. If I'm having a hard time and I need to be left alone they say like 'Hey, we'll call you in a day or two but we need to meet soon'.

Positive Impacts of Services

I'm a whole lot better than I was a year ago.

I'm in a calm state of mind now, so I can work alongside people better ...if that makes sense.

Definitely work has been better. I had been at [employer's] for five years, on-and-off, and I have had issues with them having me do stuff beyond my roles. There has been trauma too that they have helped with.

Concerns

I would make it so the caseloads aren't too big for them because their caseloads are absolutely huge. I don't think there is anything else I would change ...except also more staff.

Suggestions

I would like to see [staff] once a week, but I know that [staff's] busy and has other people.

Easterseals

















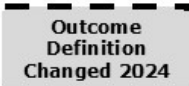
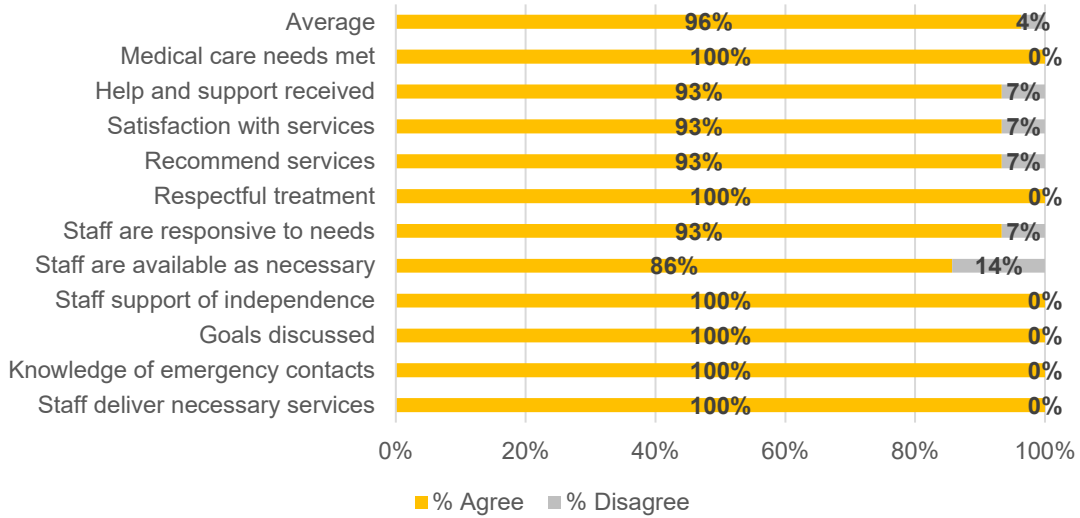
| Exceeds Expectations | | Meets Expectations | Needs Improvement | Does Not Meet Expectations |
|---|---|---|-------------------|---|
|  QUALITY OF LIFE |  ADMINISTRATIVE OUTCOMES |  SOMATIC CARE | |  HOMELESSNESS |
|  PARTICIPANT SATISFACTION |  ENGAGED IN EMPLOYMENT |  PARTICIPANT EMPOWERMENT | | |
|  PSYCHIATRIC HOSPITALIZATION |  INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM |  EDUCATION | | |
|  EMERGENCY ROOM VISITS PSYCHIATRIC CARE |  HOUSING |  WORKING TOWARD SELF-SUFFICIENCY | | |
| | |  COMMUNITY INCLUSION | | |
| | |  NEGATIVE DISENROLLMENT | | |
| | | | |  Performance Thresholds do not apply for 2024 |
| | | | |  Outcome Definition Changed 2024 |

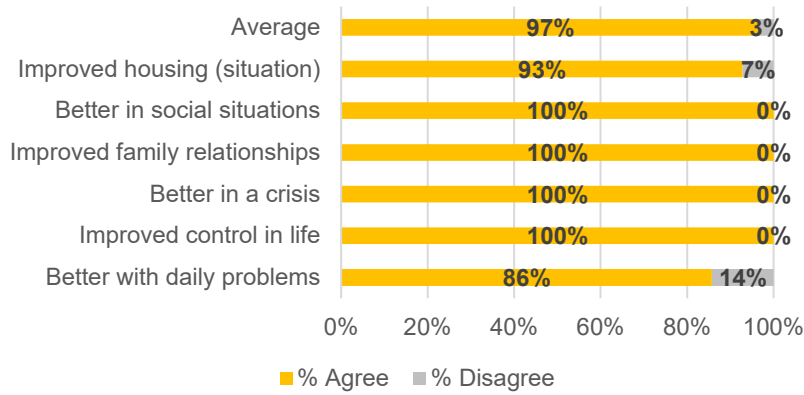
Table 3. Easterseals Performance by Outcome 2022-2024

| | 2022 | | 2023 | | 2024 | |
|--|-------------|-------|-------------|-------|-------------|-------|
| | Performance | Score | Performance | Score | Performance | Score |
| Housing | 98% | 4 | - | - | 93% | 4 |
| Engaged Toward Employment | 41% | 4 | - | - | 47% | 4 |
| Working Toward Self-Sufficiency | 33% | 4 | - | - | 28% | 3 |
| Education | 21% | 3 | - | - | 25% | 3 |
| Access to Somatic Care | 100% | 4 | - | - | 98% | 3 |
| Community Inclusion | 98% | 4 | - | - | 94% | 3 |
| Participant Empowerment | 93% | 3 | - | - | 93% | 3 |
| Negative Disenrollment | 0.00% | 4 | - | - | 1.09% | 3 |
| Hospital Bed Days | 0.35 | 4 | - | - | 0.15 | 4 |
| Emergency Room Visits | 0.00 | 4 | - | - | 0.000 | 4 |
| Involvement in the Criminal Justice System | 0.94 | 4 | - | - | 0.90 | 4 |
| Homelessness | 0.00 | 4 | - | - | 3.02 | 1 |
| Participant Satisfaction | 94% | 3 | 89% | 2 | 96% | 4 |
| Quality of Life | 88% | 3 | 91% | 3 | 97% | 4 |
| Administrative Outcomes | 99% | 4 | - | - | 98% | 4 |
| Agency Overall Performance | 89% | 4 | 58% | 1 | 85% | 3 |
| Adjusted Overall Performance | - | - | - | - | 90% | 4 |

Easterseals Participant Satisfaction Results by Item (N=15)



Easterseals Quality of Life Results by Item (N=15)



Easterseals Participant Comments (N=15)

Services Delivered Effectively

I'm going to say ...well, I can't drive. And transportation is very difficult for me. And they have been able to help when something sudden has come up. Plus, they make sure that I make it to the grocery store. And they take me out to buy clothes when my clothes have gotten pretty ragged, and I don't notice. [I have trouble making decisions and they assist with advice]. They've helped me, about a year now, they helped me get to a psychologist so that I can work on my fear of the doctor. And they helped me get help for that, and actually came to several of my first meetings with my doctor to make sure that I understood what they were asking and help me understand what I was saying because sometimes I can be very literal.

They're trying to help me socialize with people at their events. Get out of the house, go shopping, take me to appointments, things like that.

They help me when I need, and we work on 'just-in-case'. If I have a problem, we solve it up.

Positive Relationships with Agency or Staff

They knock before entering. They greet me. They address me by name. They're really nice people. They ask me how I'm doing, and I ask them how they're doing. And they ask if there's anything I want to work on today.

They never push me so hard that I flip out and become afraid of them. Some are sassier than others, and it's never disrespectful. They always give me the benefit of the doubt, that I'm an intelligent person, and they never tell me that I'm a lost cause.

They treat me like an adult, and they let me know when I'm improving, and they remind me to keep things appropriate.

Positive Impacts of Services

They have been going with me during that period that I was still [afraid of the doctor]. They helped me with that a lot. And they helped me let go and be able to take it back as my responsibility to call the doctor if I need them.

I'm doing better at work because I'm doing better at being appropriate at work and not bothering the customers as much. I'm doing much better at work. I used to have a job coach but now I don't need one anymore.

Yes, my social anxiety hasn't been as bad as it used to be. They've been taking me out to social events, and I've been making friends my age, and my anxiety is no longer so bad that I have a panic attack when I leave my house.

Concerns

Sometimes it takes a while to find resources, and sometimes it depends on what is available in my area, so it's hard to get them to me. It might just take a while.

It's not as consistent now as it was before. I know a lot of that falls on the state and that's not on them.

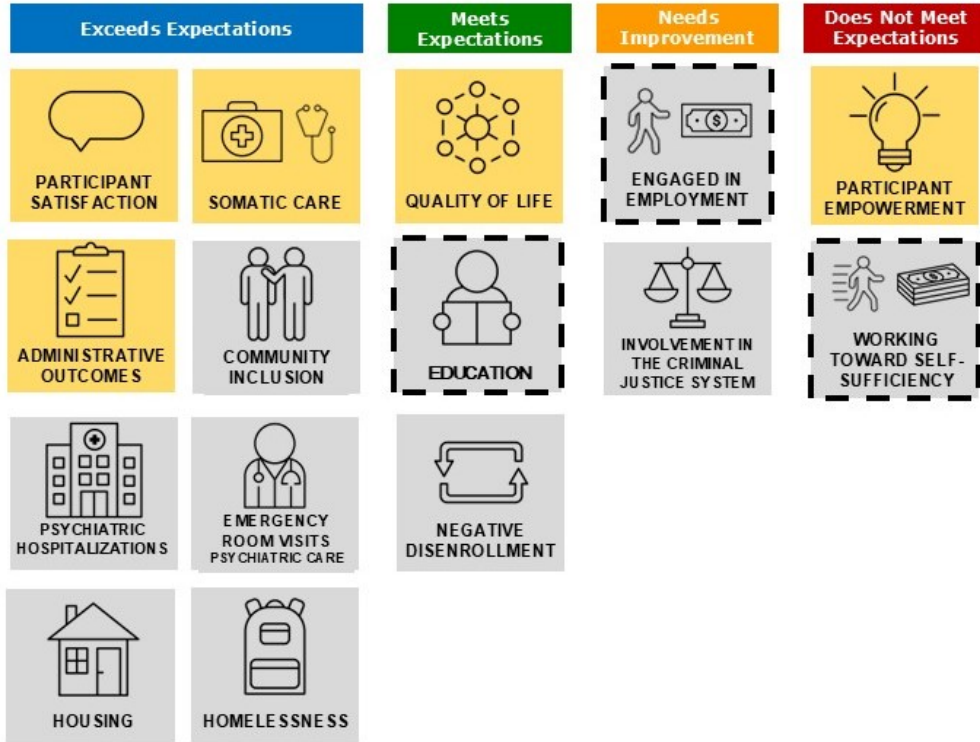
Well, they're working under a really tight budget and it's hard to retain people when the salary is not that good. So, they see me like every other week ...and that's fine. I wish I could see them more, but I worry about them. I worry how they're doing and if they don't check up on me like, "I wonder what happened to [staff member]." It's fine, but I would like to see them a little more maybe, but I understand that they're [tight on staff].

Suggestions

I'd like to see them more, two to three times a week, instead of just Friday.

I go out to restaurants usually. Easter Seals offers stuff as well, but the programs aren't really of interest to me. I would like more programs that are outdoorsy going to fun places, going to the zoo. They pretty much only offer an occasional movie.

Eyerly Ball



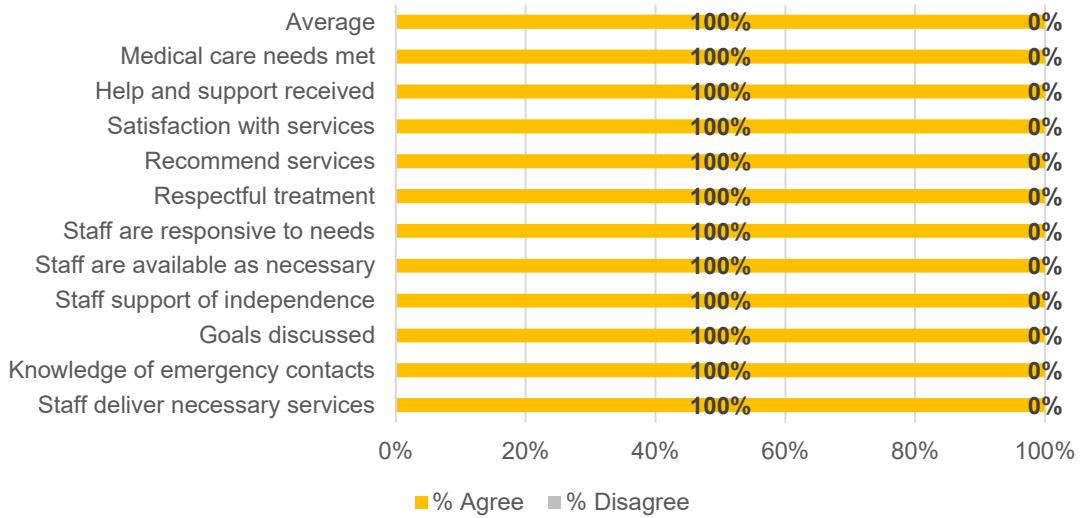
Performance Thresholds do not apply for 2024

Outcome Definition Changed 2024

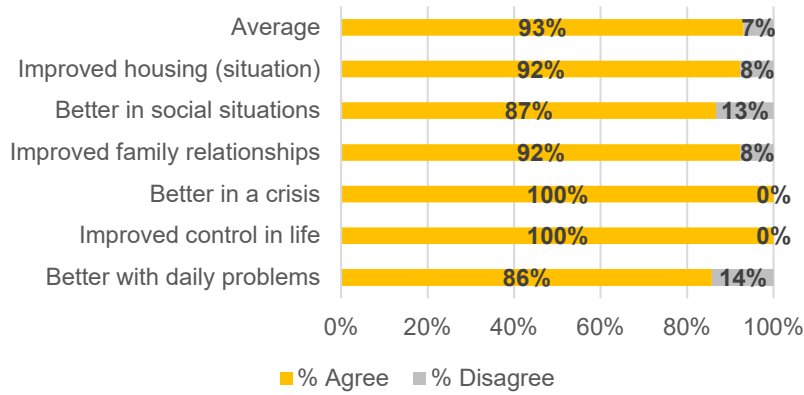
Table 4. Performance by Outcome 2022-2024

| | 2022 | | 2023 | | 2024 | |
|--|-------------|-------|-------------|-------|-------------|-------|
| | Performance | Score | Performance | Score | Performance | Score |
| Housing | 99% | 4 | - | - | 98% | 4 |
| Engaged Toward Employment | 21% | 3 | - | - | 14% | 2 |
| Working Toward Self-Sufficiency | 15% | 2 | - | - | 11% | 1 |
| Education | 51% | 4 | - | - | 28% | 3 |
| Access to Somatic Care | 100% | 4 | - | - | 100% | 4 |
| Community Inclusion | 99% | 4 | - | - | 99% | 4 |
| Participant Empowerment | 100% | 4 | - | - | 80% | 1 |
| Negative Disenrollment | 0.00% | 4 | - | - | 1.14% | 3 |
| Hospital Bed Days | 0.82 | 4 | - | - | 0.33 | 4 |
| Emergency Room Visits | 0.02 | 4 | - | - | 0.01 | 4 |
| Involvement in the Criminal Justice System | 0.79 | 4 | - | - | 3.70 | 2 |
| Homelessness | 0.01 | 4 | - | - | 0.00 | 4 |
| Participant Satisfaction | 99% | 4 | 99% | 4 | 100% | 4 |
| Quality of Life | 99% | 4 | 93% | 3 | 93% | 3 |
| Administrative Outcomes | 99% | 4 | - | - | 99% | 4 |
| Agency Overall Performance | 94% | 4 | 83% | 3 | 78% | 3 |
| Adjusted Overall Performance | - | - | - | - | 80% | 3 |

Eyerly Ball ISA Participant Satisfaction Results by Item (N=15)



Eyerly Ball ISA Quality of Life Results by Item (N=15)



Eyerly Ball ISA Participant Comments (N=15)

Services Delivered Effectively

If I need an extra bus pass or something, they're right there and they get me what I need. Like yesterday I needed cleaning supplies. [Staff] actually came to the store and got me what I need.

They provide me with transportation and moral support. They pick me up and take me to the grocery store, [to] other shopping needs, medical appointments, the pharmacy. They can take me to cultural ...a museum or something like that. Also, they can come in and help me, to an extent, in my apartment. For example, they carry my clothes to the laundry room for me. They also have "social", a different department, where we go out to lunch or play pool with a group. Stuff like that.

If they say they're going to get there, they're there. They don't make me late for appointments. They let me know if they'll be early or late. They're responsible. They're good drivers.

They answer my texts so fast.

Positive Relationships with Agency or Staff

Well, when they come out once a month to my apartment, they come out and talk through anything they have a concern about. It helps me not feel heavy ...carrying around a heavy weight on my shoulders. It makes me feel more in control with my life.

I don't know what I would do without them. I couldn't get around, and they add human interaction to my life that I need.

They listen to me when I talk and they're not bossy or condescending. Nothing like that. And they always say, "If you need anything, let us know." It makes me feel good.

Yes, I'm so grateful for this team. When I started, I was homeless. They took me to school. They take me to swim, appointments, the store, activities. They helped me fill out my SSI.

Positive Impacts of Services

I had a break down a little over a year ago and wasn't dealing with anything. Since then, I've been recovering and dealing with problems better. They helped me, after I got out of the psych unit, and took me home and helped me through it.

I can actually make and keep doctors' appointments. That was previously hard for me to do with my physical and emotional health. The doctor is very important. Now I don't just have to eat out of the Quick Trip since it's in walking distance. They take me to the store. Sometimes I do social things with them. I don't always go, but I always get invited.

Concerns

I can't always get to meet with them when I need to.

Suggestions

I would have more in-home help, like cleaning or that sort of thing.

They need more help, and the help needs to stay. They need to get people in there that will stay.

I just wish that more people on the teams would stick around. Keep their employees happy and keep them there ...maybe give them a raise so they stick around.

Maybe they could have more time for outings. It's a pet peeve of mine. I hate that they have a time limit. I know they don't say anything, but I know that they have an hour. That makes it a rush to do stuff sometimes.

Appendix B. Interview Scripts

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 ISA System, two agencies had participants with unusually high outcomes, which qualified as outliers:

- **Broadlawns ISA:**
 - ***Hospital Bed Days:*** One participant spent 114 days in the hospital, and another spent 97 days.
- **CSA ISA:**
 - ***Involvement in the Criminal Justice System:*** One participant spent 366 days in jail.
 - ***Homelessness:*** One participant was homeless for 272 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