

Polk County Mental Health & Disability Services Region

2024 Integrated Services

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 ISA system was in transition in FY24 which impacted outcome tracking and reporting

This FY24 report includes baseline data for all outcomes, but only 5 are compared with performance thresholds, due to transitions in data management systems (FY24 is first year entering outcomes into CSN) and metric definition changes.



Agencies 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.



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

“I’m 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.”

“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.”

Participant Satisfaction across the ISA system and years has consistently **Exceeded Expectations**, with all agencies reporting high levels of satisfaction in 2024.



Performance across agencies varied widely in three outcome areas

Performance varied in **Somatic Care** (ranged from 83% to 100%), **Participant Empowerment** (ranged from 47% to 93%), and **Administrative** (ranged from 48% to 99%) outcome areas.

This variation in performance resulted in the lowest scores for these three outcome areas in the last 5 years.

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Integrated Services Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Integrated Services Program from July 1, 2023, through June 30, 2024. The four integrated service agency (ISA) programs evaluated are

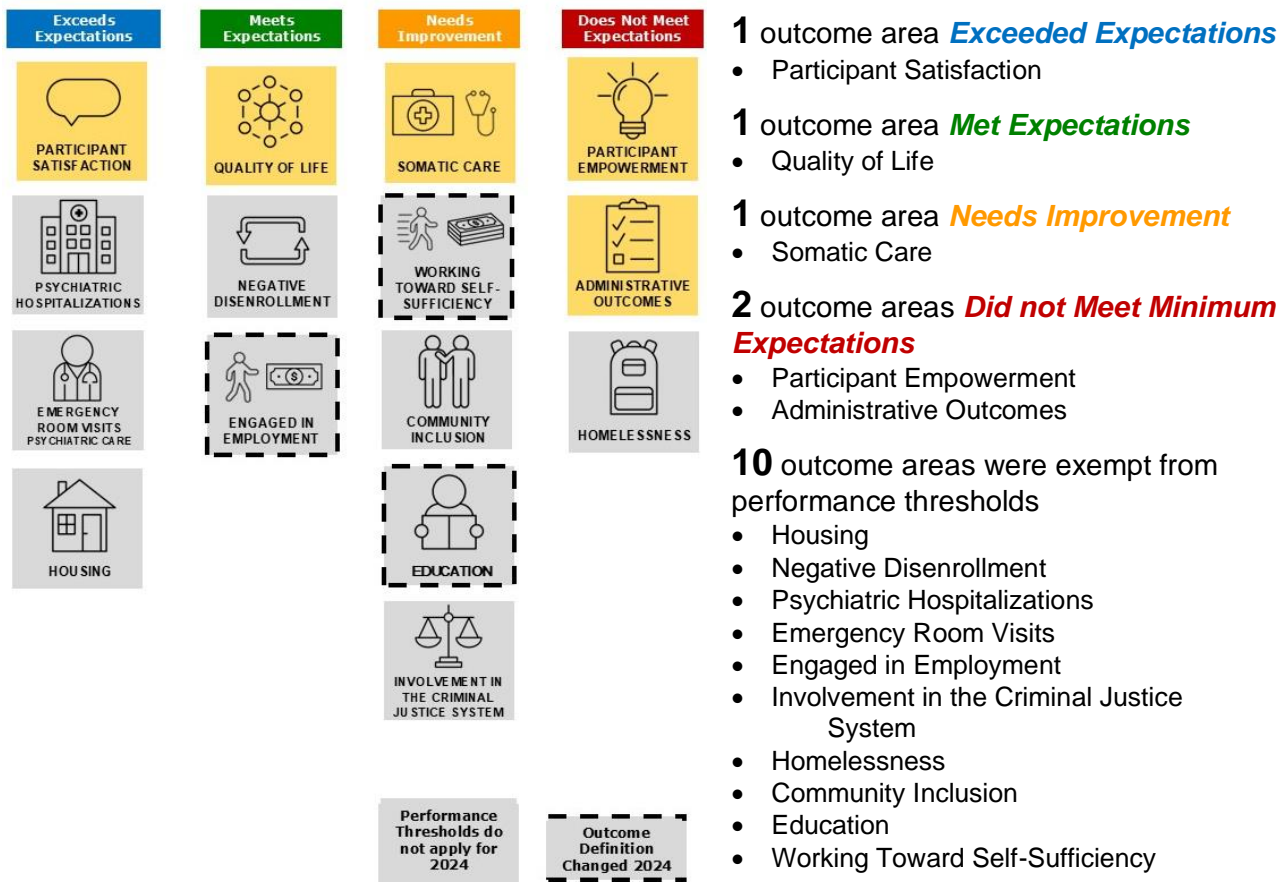
- Broadlawns Medical Center (PATH),
- Community Support Advocates (CSA),
- Eyerly Ball, and
- Easterseals (AIM Program).

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 5 areas are scored (Somatic Care, Participant Empowerment, Participant Satisfaction, Quality of Life, and Administrative Outcomes).

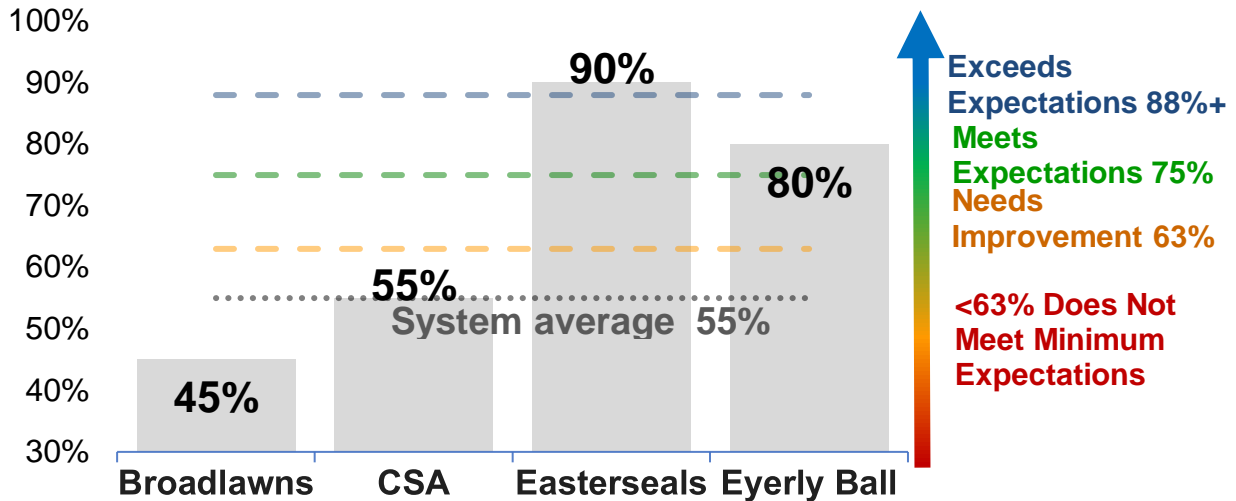
In 2024, the ISA System **Met** or **Exceeded Expectations** in **2 of 5** outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2024 Performance ISA System Averages



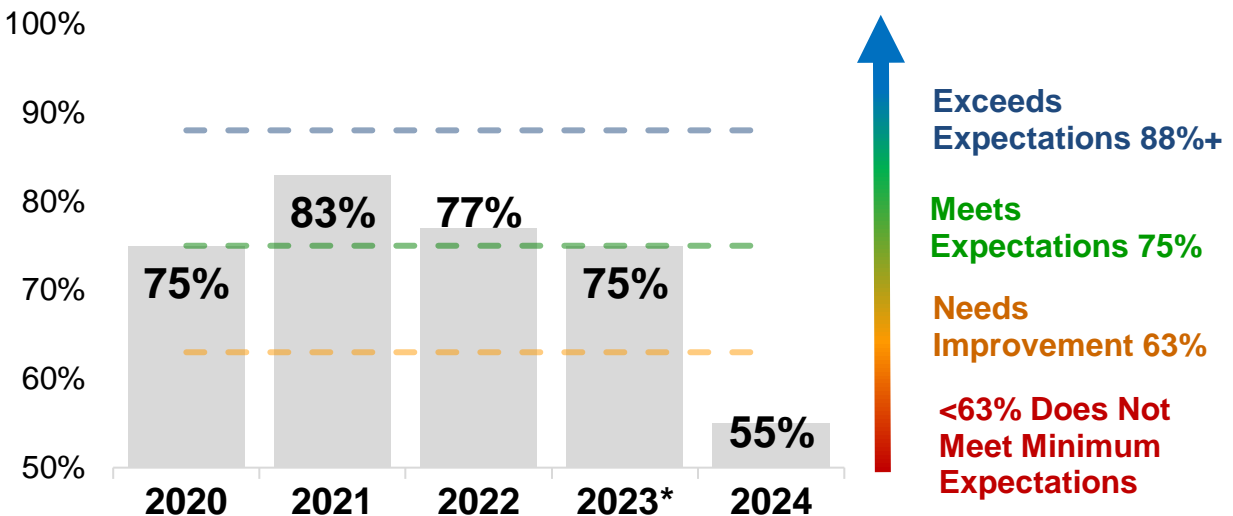
Four entities serve as Integrated Service Agencies (ISAs) to Polk County residents, namely Broadlawns, Community Support Advocates (CSA), Easterseals, and Eyerly Ball. There was a range of **Overall Performance** in 2024 (45%-90%), with one agency **Exceeding Expectations**, one agency **Meeting Expectations**, and two agencies received a **Does Not Meet Minimum Expectations** rating for **Overall Performance** in 2024.

Figure 2. 2024 Adjusted Overall Performance by Agency



In 2024, a 4 year trend of **Meeting Expectations** was disrupted in 2024, with the Integrated Services network earning a system average of **Does Not Meet Minimum Expectations** at 55%.

Figure 3. Adjusted ISA System Performance 2020-2024



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

Integrated Services Outcomes

To evaluate agency performance, the Polk County MHDS Region uses 15 outcome areas to assess service delivery. Each outcome area has thresholds established that determine four performance ratings and corresponding point values, namely *Exceeds Expectations* (4), *Meets Expectations* (3), *Needs Improvement* (2), and *Does Not Meet Minimum Expectations* (1).

The Integrated Services Evaluation includes 15 outcome areas, outlined below

1. Quality Services

- 1. Participant Satisfaction
- 2. Quality Of Life
- 3. Negative Disenrollment
- 4. Participant Empowerment
- 5. Administrative Outcomes

2. Community Integration

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

3. Healthy Days In The Community¹

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

Table 1. Average number of Participants by Agency 2024

Program	Avg. No. Participants		Typical Population per Program Directors
	FY23	FY24	
Broadlawns	165	163	Mental Illness
CSA	141	139	Mental Illness, Intellectual/Developmental
Easterseals	73	88	Intellectual/Developmental
Eyerly Ball	161	147	Mental Illness
ISA System	540	537	

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 90%+	3 80% - 89%	2 70% - 79%	1 < 70%

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

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

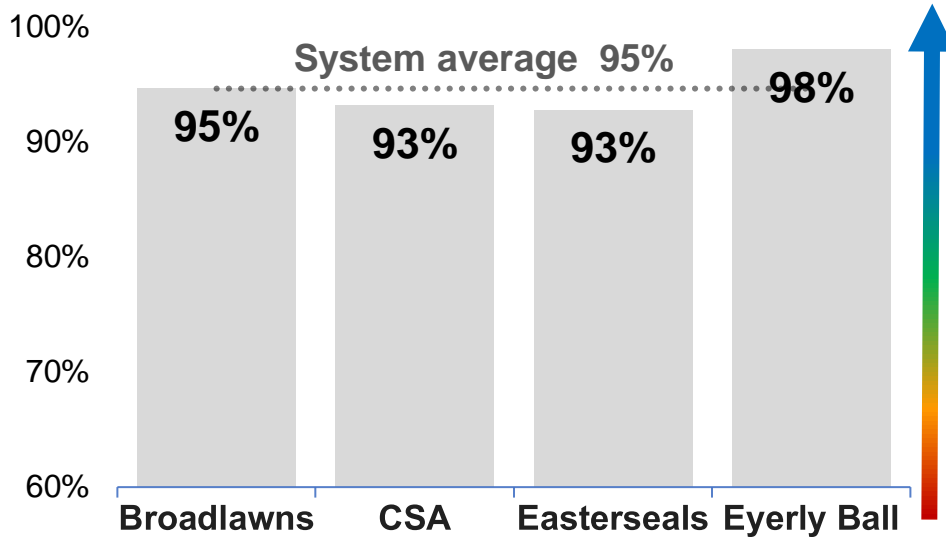
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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

In the **Housing** outcome, the system averaged an *Exceeds Expectations* rating at 95%.

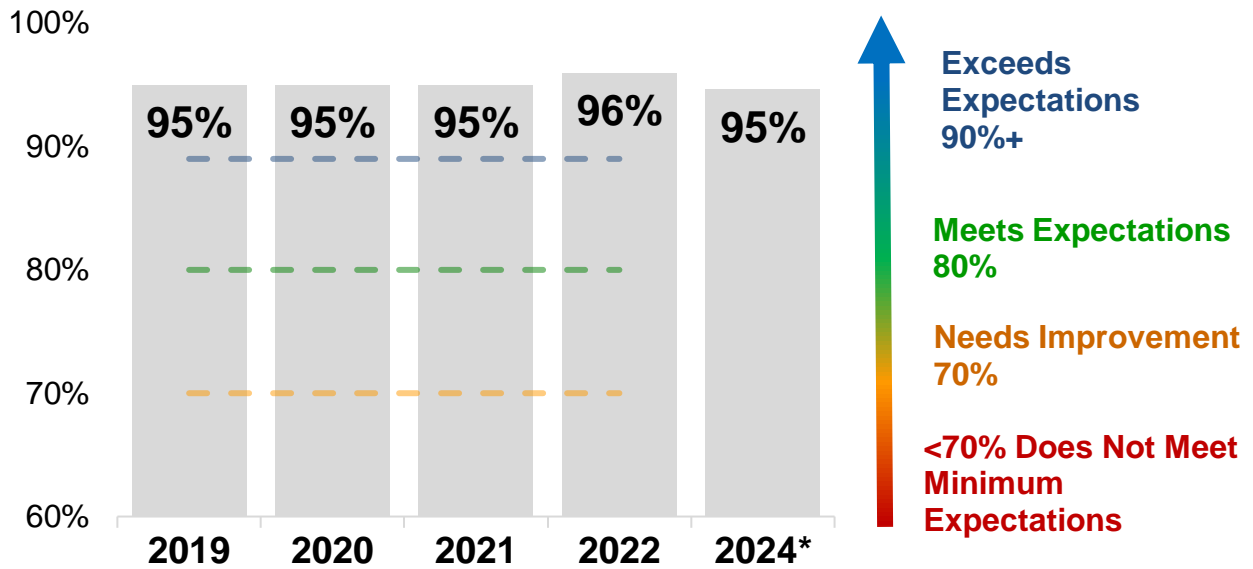
- While all agencies received an *Exceeds Expectations* rating, agencies varied in performance within this performance threshold, with a range of 93%-98%.

Figure 4. Housing by Agency 2024



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

Figure 5. Housing System Average 2019-2024



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

PROVIDER PERSPECTIVES

Housing

- Agencies assisted with housing by building trusting relationships with landlords, leveraging flex funding for costs like deposits and unpaid utility bills.
- The position for a system-wide housing coordinator continues to be vacant, and was mentioned as an effective resource that alleviated staff workloads.
- Scarcity of safe and affordable housing in Polk County and limited options for landlords willing to accept Section 8 continues to strain suitable housing options for participants. In addition, housing applications require robust proof of income, steep upfront deposits, and credit score minimums, credentials which are barriers for many participants.
- Agencies reported mitigating participant housing instability by leveraging funds from **IMPACT** and **Iowa Finance Authority** (IFA is not a constant resource, as annual allotment of funding does get depleted). Flexible funding is needed for participants who need occasional rental subsidies and are on waitlists for transitional housing and section 8.

Employment

- Agencies report participant fatigue and low motivation to seek employment, citing frequent rejection and limited desirable opportunities (such as temporary positions). Overcoming rejection exhaustion is challenging when barriers like background checks are irrefutable.
- Agencies mentioned that lack of clarity about how employment-based income would affect benefits like Social Security contributed to participants reluctance to seek employment. Some agencies were unaware of access to staff benefit planner and noted that **specialists** like those at **Candeo** and **Goodwill** are needed to avoid triggering participant benefit reductions, which can increase mental health symptoms. Participants fear that employment, especially high paying jobs, would jeopardize their eligibility for essential services.
- For employed participants, agencies supported job retention by engaging with employers about accommodations and connecting with job coaching.



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 40%+	3 18% - 39%	2 12% - 17%	1 < 12%

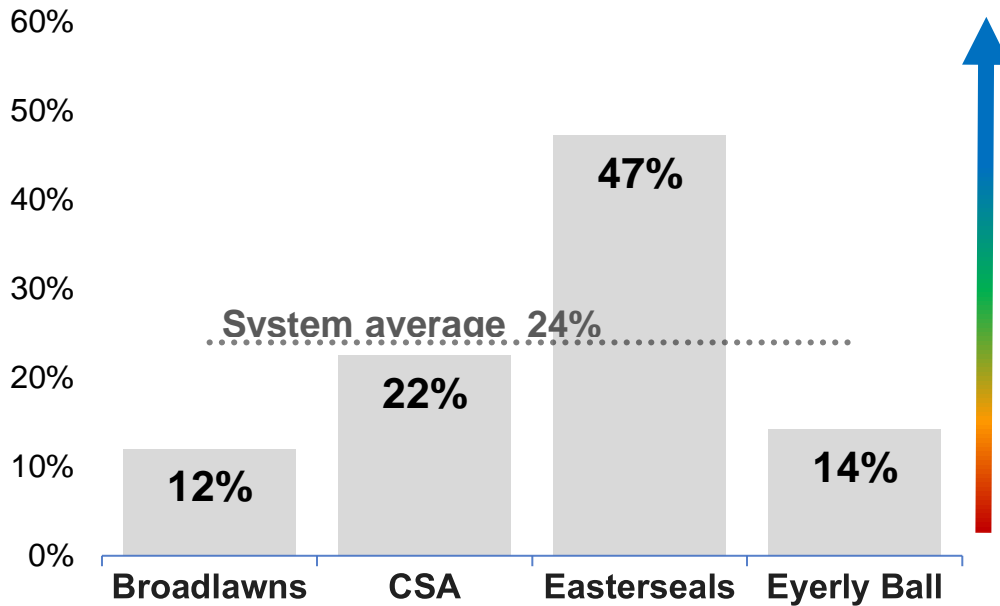
6 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS 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

For the **Engaged in Employment** outcome, performance across agencies ranged from 12% to 47%.

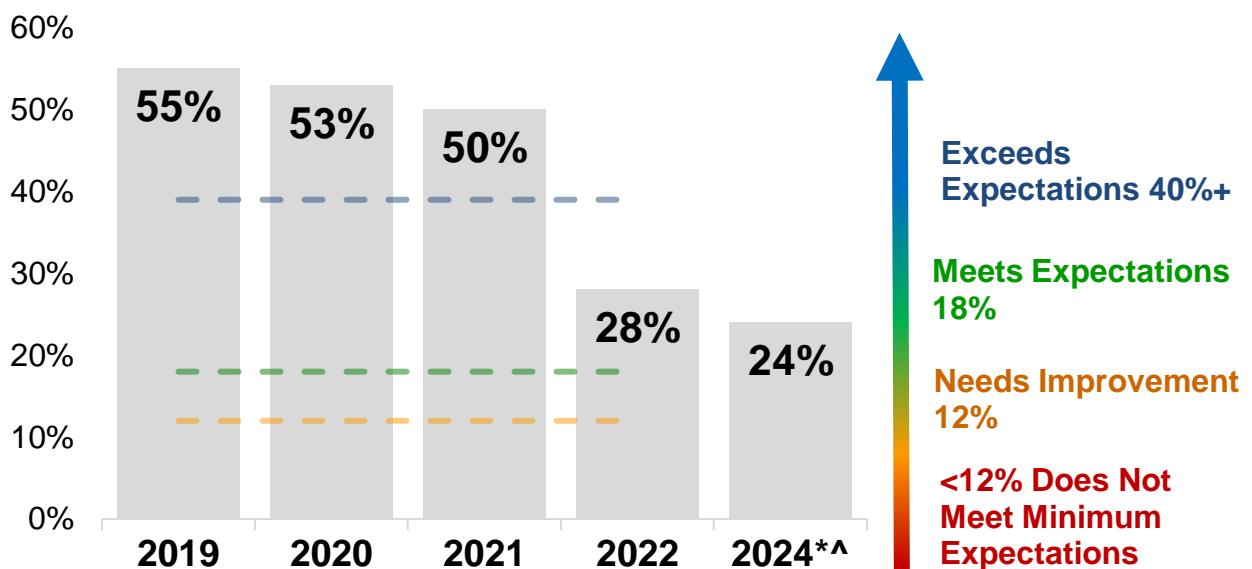
- One agency received an *Exceeds Expectations* rating.
- One agency received a *Meets Expectations* rating.
- Two agencies received a *Needs Improvement* rating.

Figure 6. Engaged in Employment by Agency 2024



Compared to 2021, the overall system performance for the **Engaged in Employment** outcome **decreased 26%**, from 50% to 24%, moving from the *Exceeds Expectations* category to *Meets Expectations* in 2024.

Figure 7. Engaged in Employment System 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
	33%+	18% - 32%	12% - 17%	< 12%

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 8 shows **Working Toward Self-Sufficiency** in 2024, with performance percentages ranging from 6% to 28% in 2024

- One agency *Met Expectations*
- One agency *Needs Improvement*
- Two agencies *Did Not Meet Minimum Expectations*

Figure 8. Working Toward Self-Sufficiency by Agency 2024

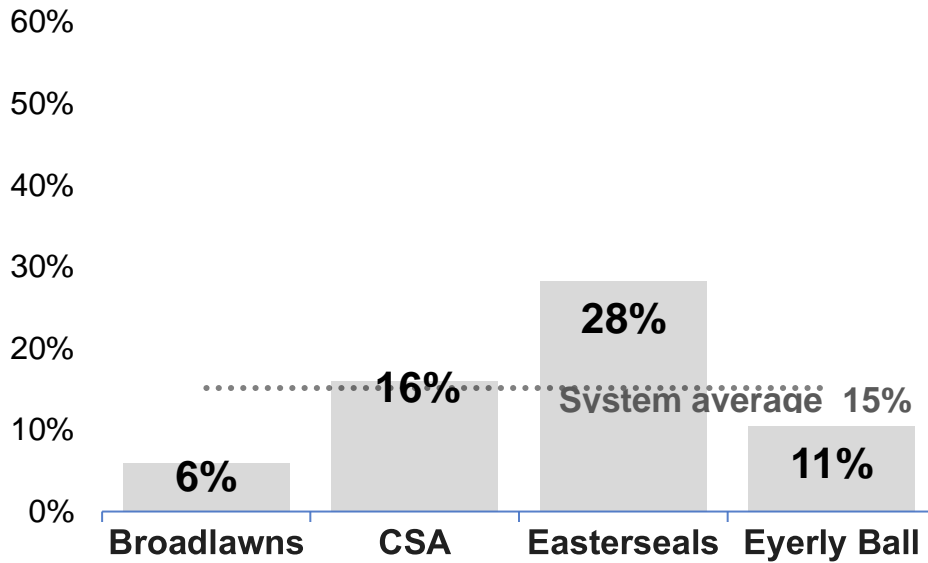
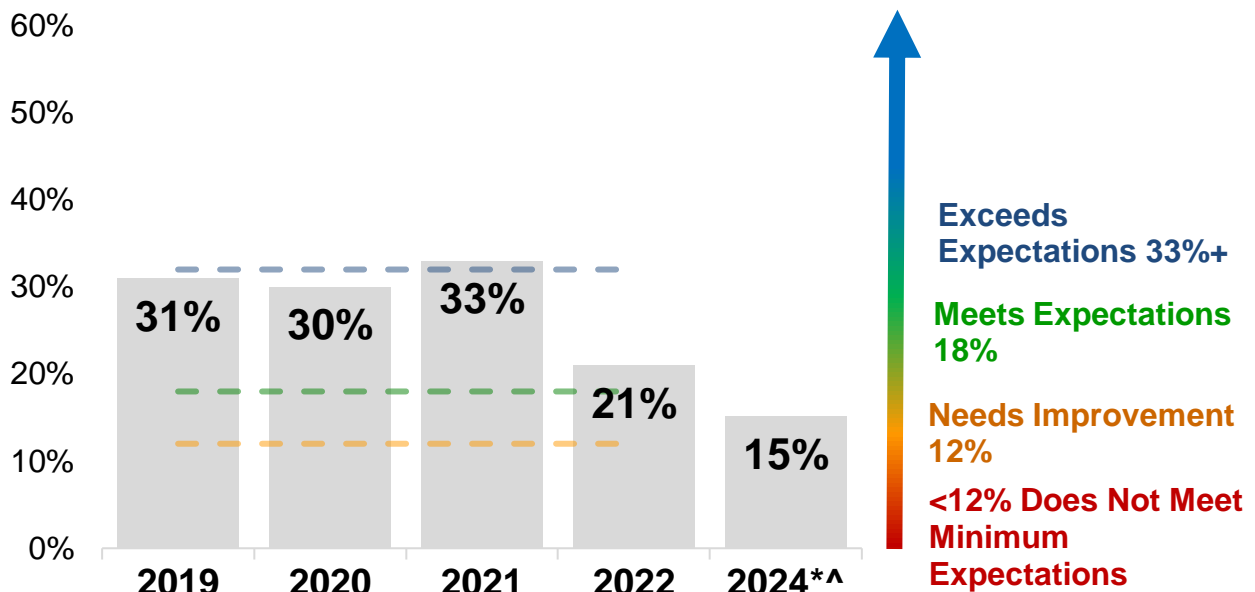


Figure 9 represents the system-level trends in **Working Towards Self-Sufficiency** from 2019 to 2024.

- Compared to 2021, the 2024 system average **decreased by 18%** - from 33% to 15% - moving from the *Exceeding Expectations* category to the *Needs Improvement* category.

Figure 9. Working Toward Self-Sufficiency System 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
	40%+	20% - 39%	10% - 19%	< 10%

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 10 represents the percentage of individuals engaged in **Education** during the fiscal year across agencies. Agencies varied in performance, with a range of 3%-28%.

- Two agencies **Met Expectations**
- One agency **Needs Improvement**
- One agency **Did Not Meet Minimum Expectations**

Figure 10. Education by Agency 2024

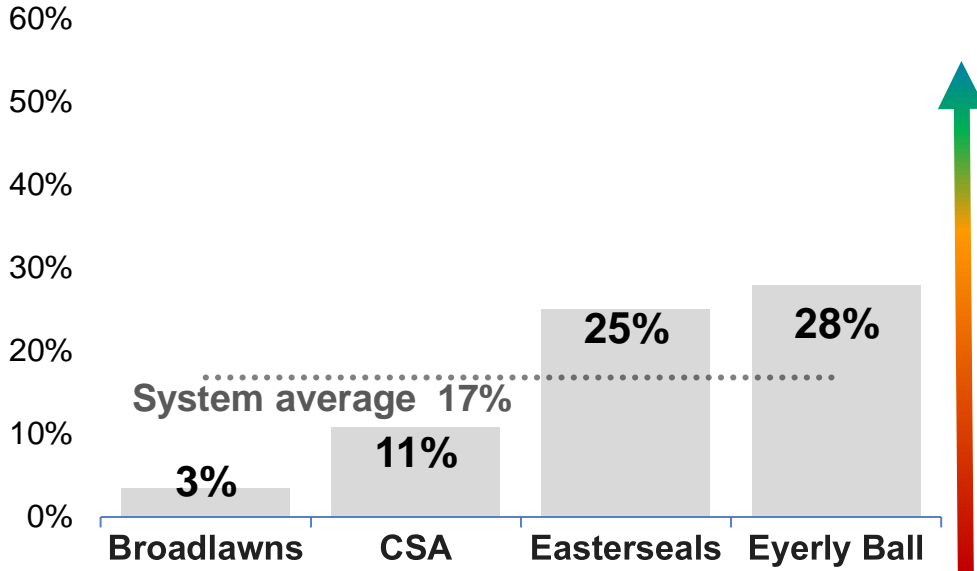
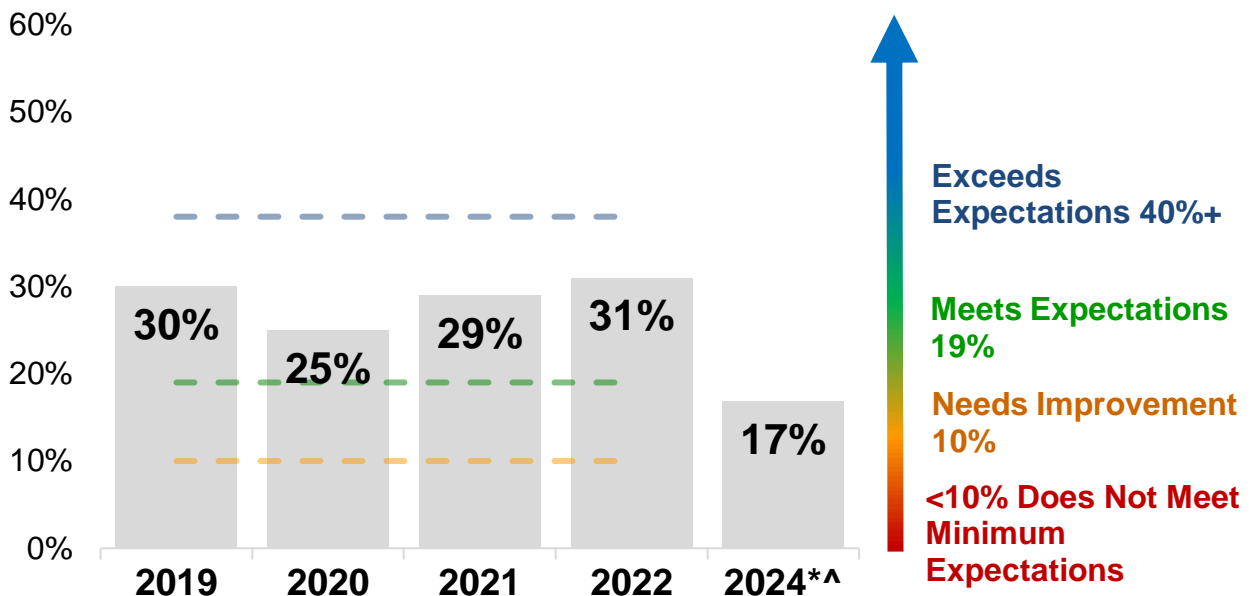


Figure 11 represents the system-level trends in **Education** from 2019 through 2024.

- Compared to 2022, the 2024 system average **decreased by 14%** - from 31% to 17% - breaking a four-year trend of **Meeting Expectations** to **Needing Improvement**

Figure 11. Education System 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 12 represents the percentage of individuals with documented involvement in **Somatic Care** with a physician. Performance ranged across all threshold categories, from 83%-100%

- One agency **Exceeded Expectations**; one agency **Met Expectations**.
- One agency **Needs Improvement**; one agency **Did Not Meet Minimum Expectations**

Figure 12. Somatic Care by Agency

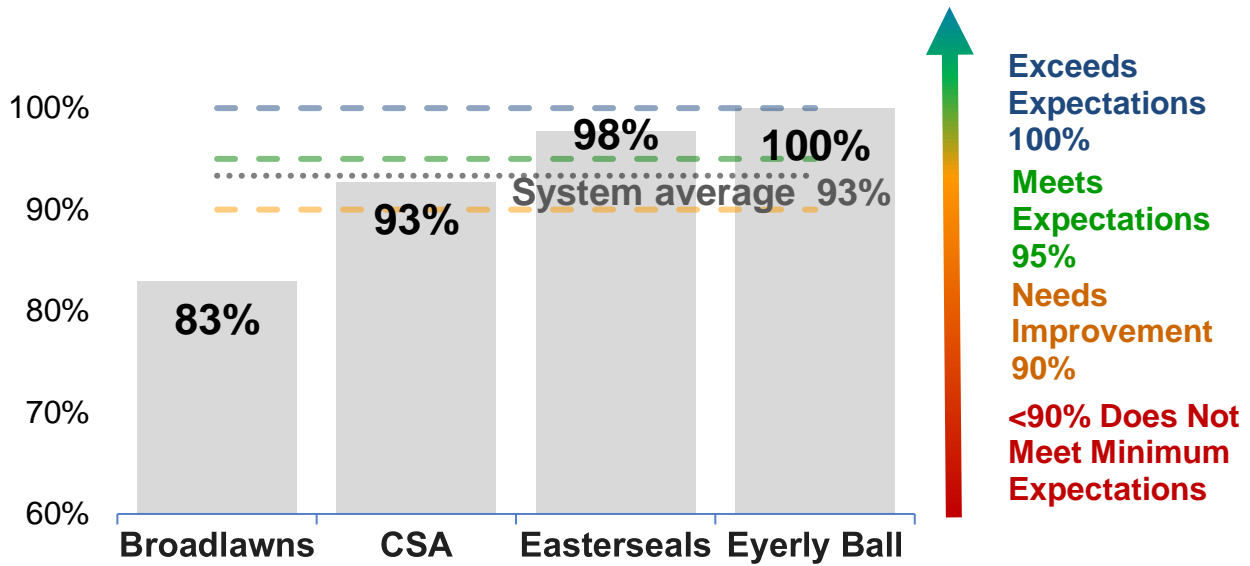
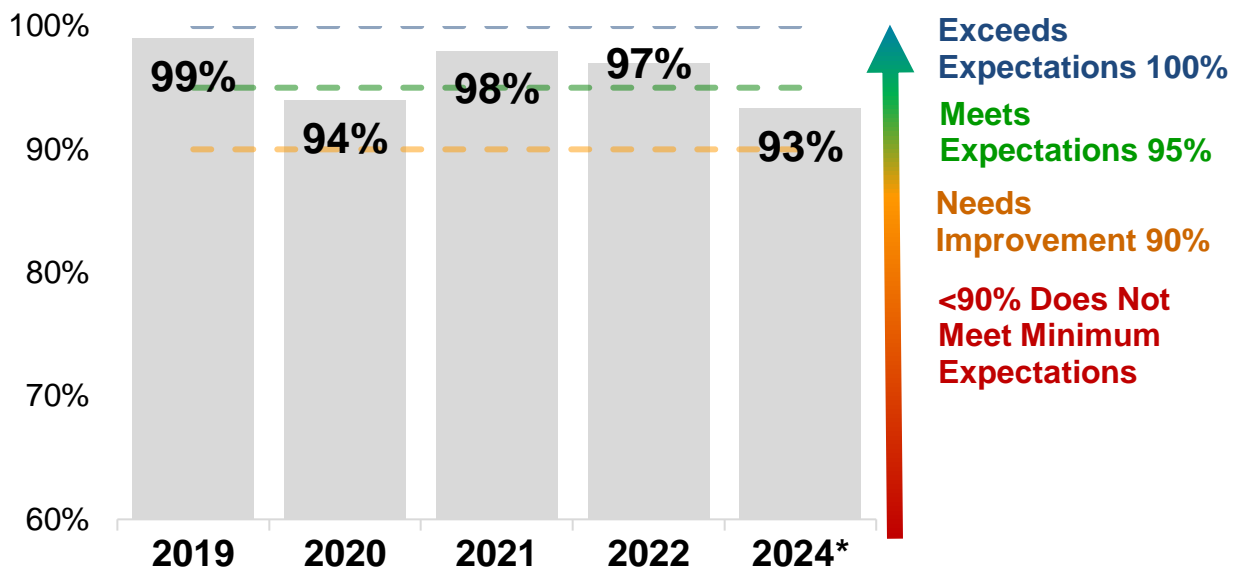


Figure 13 represents the system-level trends in **Somatic Care** from 2019 through 2024.

- Compared to 2022, there was a 4% decrease in the system average, moving from the **Meets Expectations** category to the **Needs Improvement** category.

Figure 13. Somatic Care 2019-2024



* Outcome area not measured in 2023

PROVIDER PERSPECTIVES

Education

- Educational pursuits varied, with some participants pursuing HiSet completion, along with part-time enrollment towards degrees or certifications. Educational pursuits were susceptible to being paused due to competing life priorities and circumstances, like financial resources and family caretaking.
- One agency provided participant laptops, and all agencies connect participants to accommodations, resources and training, like opportunities available at DMACC (Des Moines Area Community College) and Iowa State University.
- Access to and confidence using technology was a barrier to completing online applications and competing for jobs, most of which require computer skills.

Somatic Care

- Agencies routinely encourage participants to engage in preventative care, but paranoia, distrust of doctors, and mental health symptoms were barriers.
- Wellness visits are undervalued by younger and generally healthy participants, and many were reluctant to engage in additional testing or follow-up care.
- Verifying documentation of completed annual exams varies depending on agency affiliation with health systems. Some agencies rely on internal documentation, and some are able to query affiliated Electronic Health Records to track appointments and annual exam completion.

Community Inclusion

- Along with low social confidence, transportation and financial barriers were reported as barriers for participant involvement in community activities. Staff made efforts to publicize events that are no- or low-cost to attend and are near participants, utilizing tools and resources like social calendars and farmer's market vouchers.
- Consistent documentation was affected by staff uncertainty in identifying eligible community inclusion activities, often needing case-by-case clarification from Polk County.

Participant Empowerment

- Of the participant empowerment expectations, agencies met the **Quarterly Empowerment Discussions** area the least consistently. Agencies reported that awareness of this expectation and appropriate documentation were impacted by staff turnover. Some agencies included checking on these expectations as part of quality improvement staff roles or implemented systematic reminders to improve consistency.



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	3	2	1
	95%+	90% - 94%	60% - 89%	< 60%

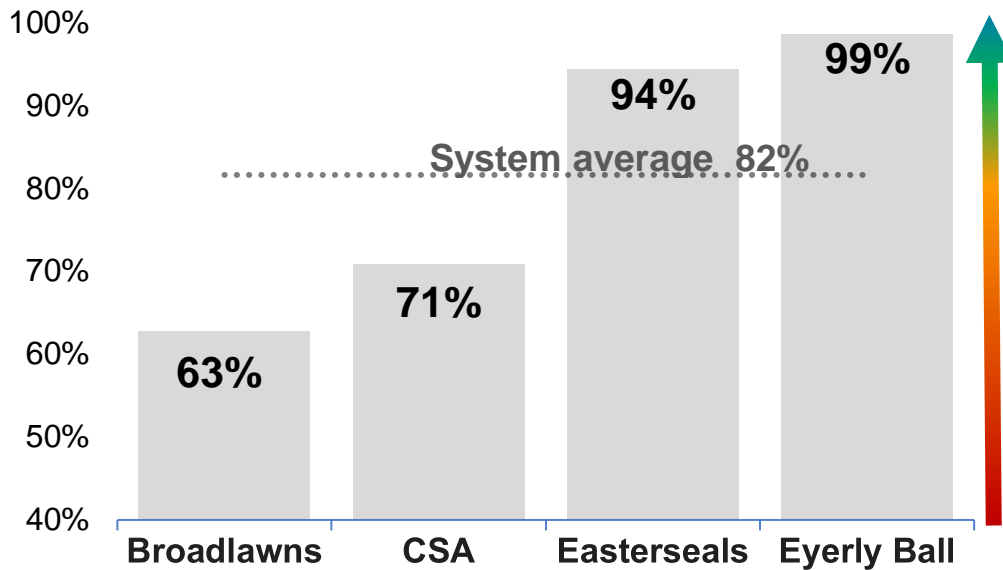
¹³ Measurement is captured in June and not averaged.

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.

Figure 14 represents the percentage of program participants meeting the **Community Inclusion** outcome, ranging from 63%-99%

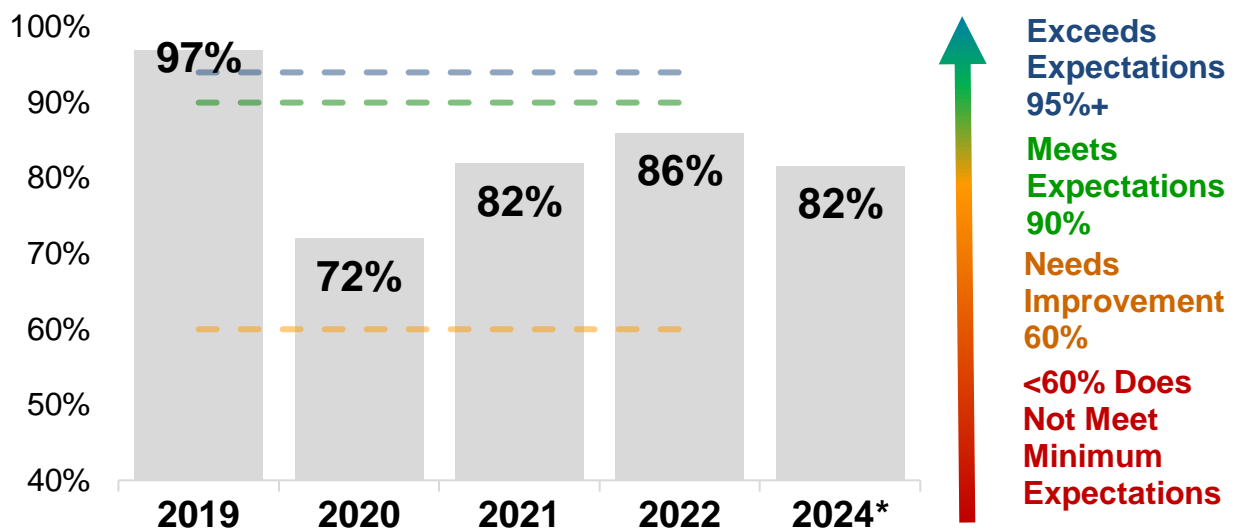
- One agency *Exceeded Expectations*
- One agency *Met Expectations*
- Two agencies *Need Improvement*

Figure 14. Community Inclusion by Agency 2024



A trend of increasing **Community Inclusion** rates was disrupted, with a 4% decrease in 2024, earning a *Needs Improvement* rating in 2024. Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020.

Figure 15. Community Inclusion System 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 2. Participant Empowerment Results by Category

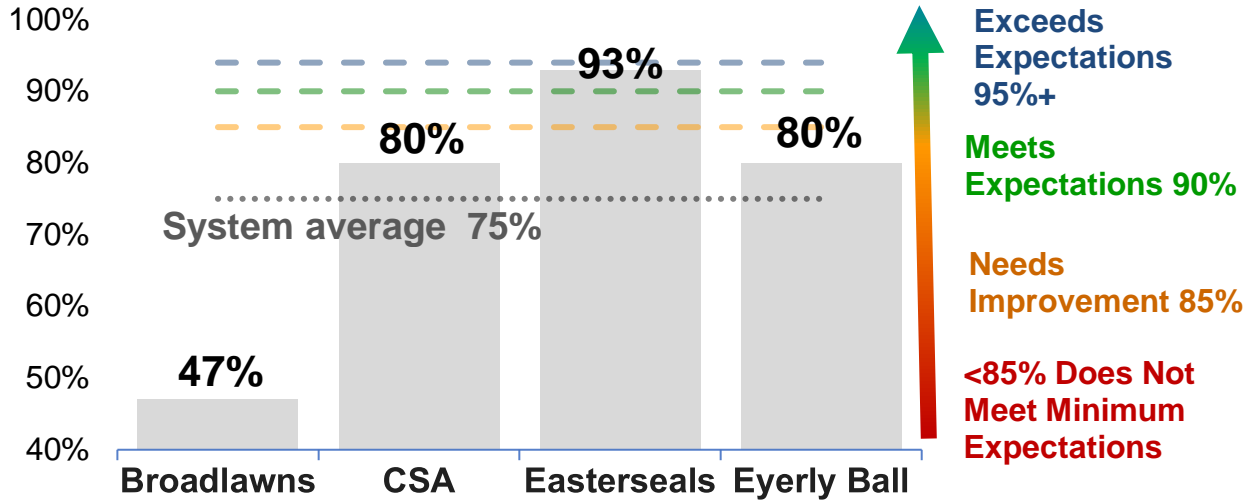
	Broadlawns	CSA	Easterseals	Eyerly Ball
Goals in Place and Reviewed Regularly	100%	100%	100%	100%
Consumer Involvement	93%	100%	100%	100%
Quarterly Empowerment Discussions¹⁵	47%	80%	93%	80%
Services Documented	100%	100%	100%	100%
All Goal Components Present	47%	80%	93%	80%

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. All agencies received scores of 100% in two criteria, *Goals in Place* and *Reviewed Regularly* and *Services Documented and Delivered*. Performance of all agencies was impacted by the *Quarterly Empowerment Discussions* criteria.

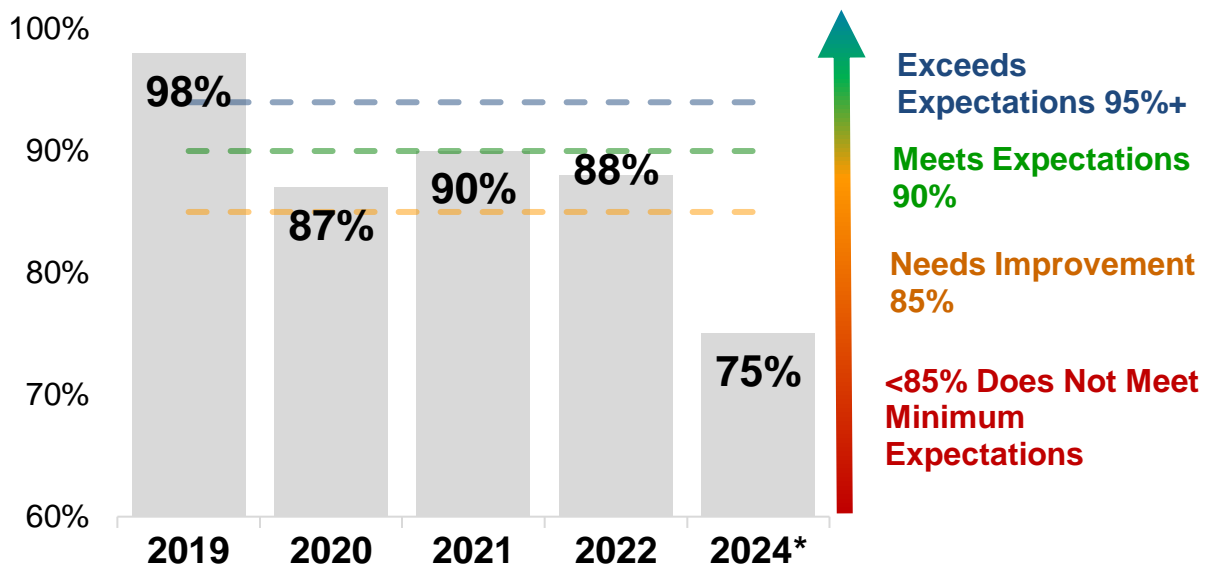
Performance across agencies in the **Participant Empowerment** outcome ranged from 47%-93%, with one agency **Meeting Expectations** and three agencies **Not Meeting Minimum Expectations** in 2024.

Figure 16. Participant Empowerment by Agency

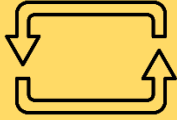


The system average of **Participant Empowerment** decreased by 13% in 2024, moving from a **Needs Improvement** rating to **Not Meeting Minimum Expectations**.

Figure 17. 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
	< 1%	1% - 2.99%	3% - 3.90%	≥ 3.90%

PROVIDER PERSPECTIVES

Negative Disenrollment

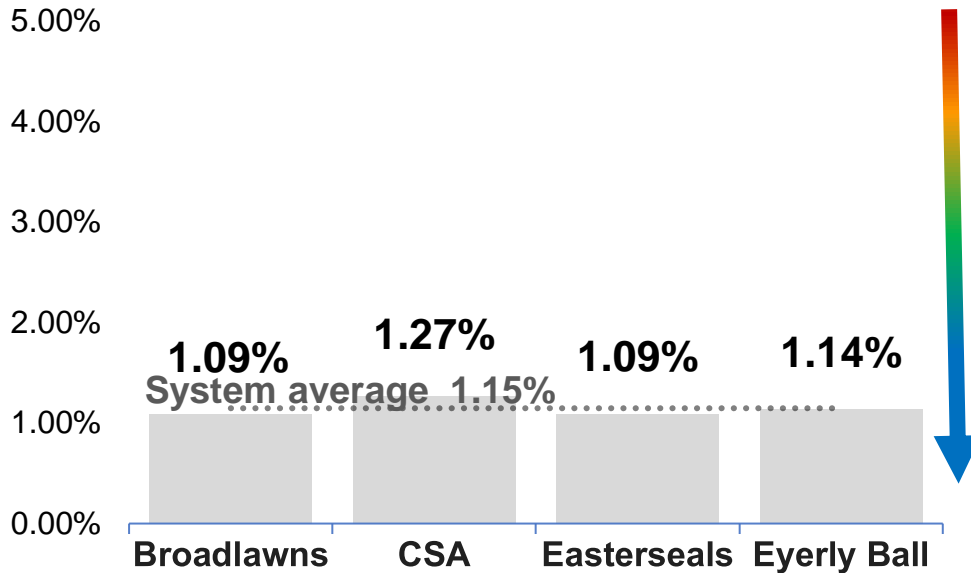
- Agencies focused on building positive relationships with participants to prevent negative disenrollment. Agencies reported maintaining participants who were unresponsive and resistant to staff support for longer than advisable for billing purposes to ensure they had care continuity and support. Agencies reported that participants re-entering the community from jail and those with substance use issues were most prone to disengagement.

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 system averaged a *Meets Expectations* rating of 1.15%

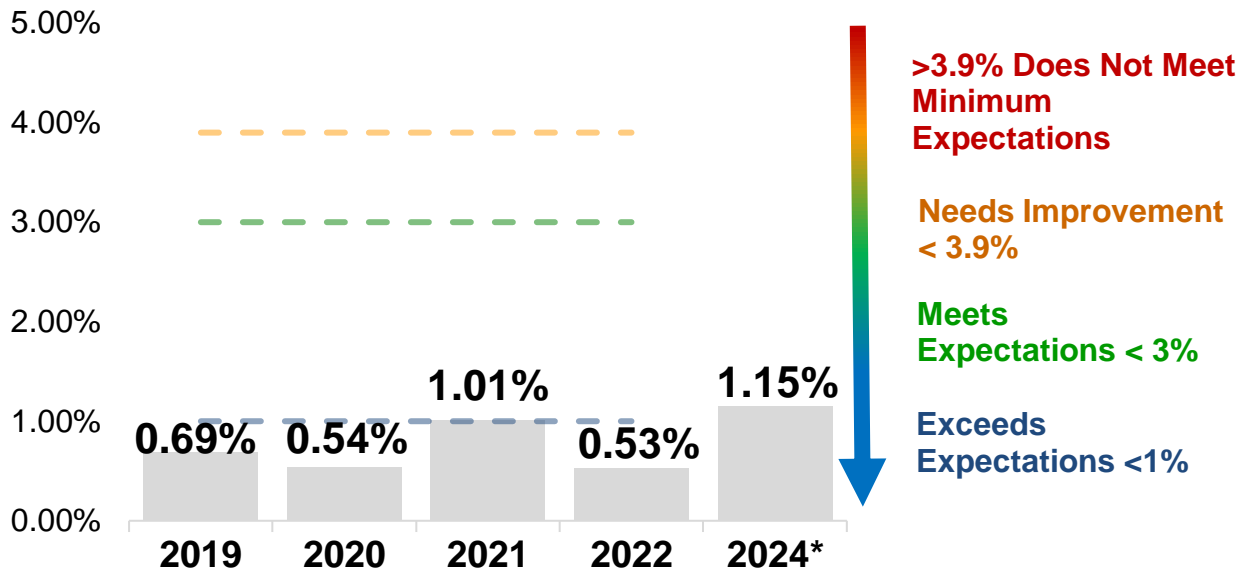
- All agencies received a *Meets Expectations* rating.

Figure 18. 2024 Negative Disenrollment Rates by Agency



Overall system performance in the **Negative Disenrollment** outcome increased in 2024, earning a *Meets Expectations* rating in 2024.

Figure 19. 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 – 3.49 days	2 3.50 – 4.49 days	1 4.49+ days

PROVIDER PERSPECTIVES

Psychiatric Hospitalizations

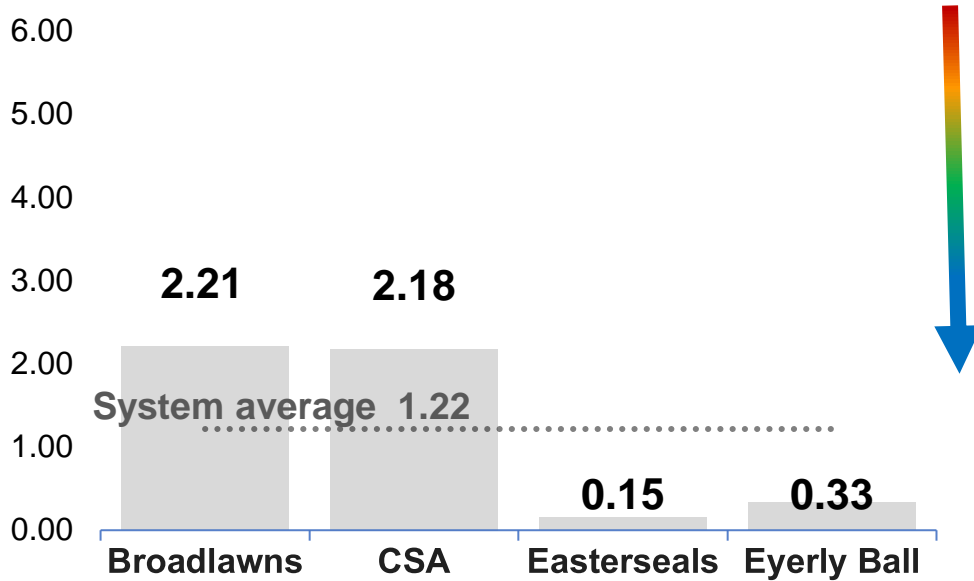
- Agencies played a crucial role in preventing hospitalizations through proactive routine mental health check-ins, medication monitoring, de-escalation support, and referral to crisis services. Agencies provided transportation to appointments, medication oversight, and intervened in crises to prevent escalation.
- Agencies acknowledged that some psychiatric hospitalizations were unavoidable and inpatient hospitalization was the appropriate level of care due to the severity of symptoms.
- Some medications which agencies describe as highly effective can also be high maintenance on staff resources, such as requiring routine blood draws (weekly for six months) to monitor effects.

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

For the **Psychiatric Hospitalizations** outcome, the system averaged an *Exceeds Expectations* rating of 1.22 nights in the hospital.

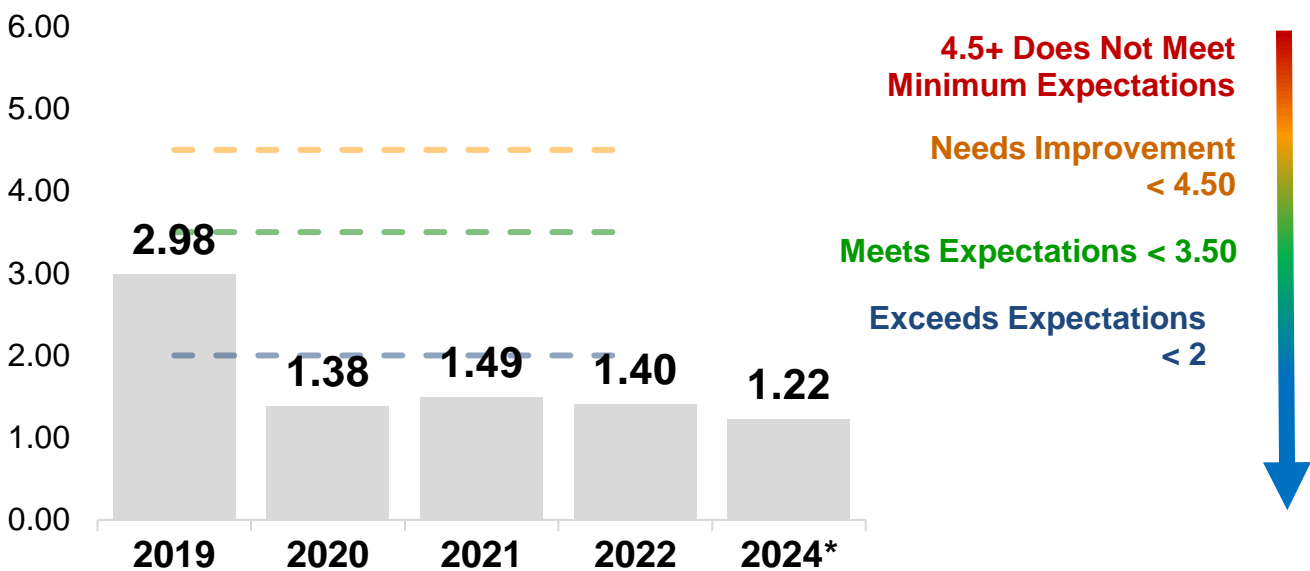
- Two agencies received an *Exceeds Expectations* rating.
- Two agencies received a *Meets Expectations* rating.

Figure 20. Psychiatric Hospitalizations by Agency.



Overall system performance in the **Psychiatric Hospitalizations** outcome continues a trend of decreasing –earning an *Exceeds Expectations* rating in 2024. Compared to 2019, the system has an average of 1.76 fewer nights hospitalized in 2024.

Figure 21. 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 thru the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person’s condition (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4 < 0.06 visit	3 0.06 - 0.10 visit	2 0.11 - 0.15 visits	1 0.16+ visits

PROVIDER PERSPECTIVES

Emergency Room Visits for Psychiatric Care

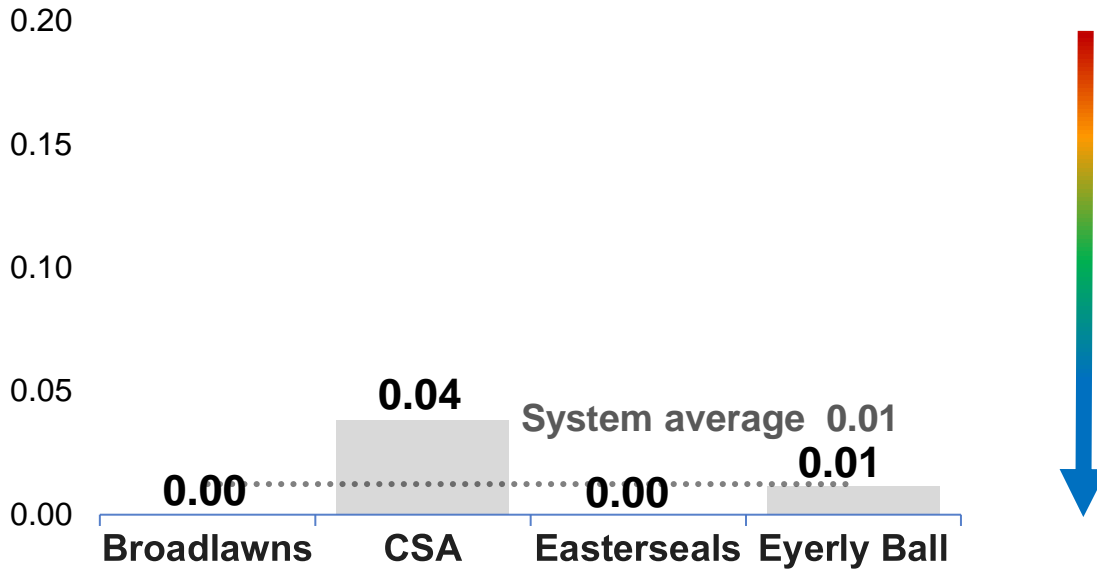
- Similar to psychiatric hospitalizations, agencies focused on preventing ER visits by addressing early symptoms and crisis planning, although immediate resources were not always available.
- Agencies mentioned that **Mobile Crisis Services** partners with the police to provide mental health crisis interventions, helping divert participants from the ER or jail.
- **Crisis Observation Centers** and **Behavioral Health Urgent Care** were essential resources for diverting participants from the ER and reducing hospitalizations.

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 system averaged an **Exceeds Expectation** rating, with zero or near-zero ER visits (0.01 visit average).

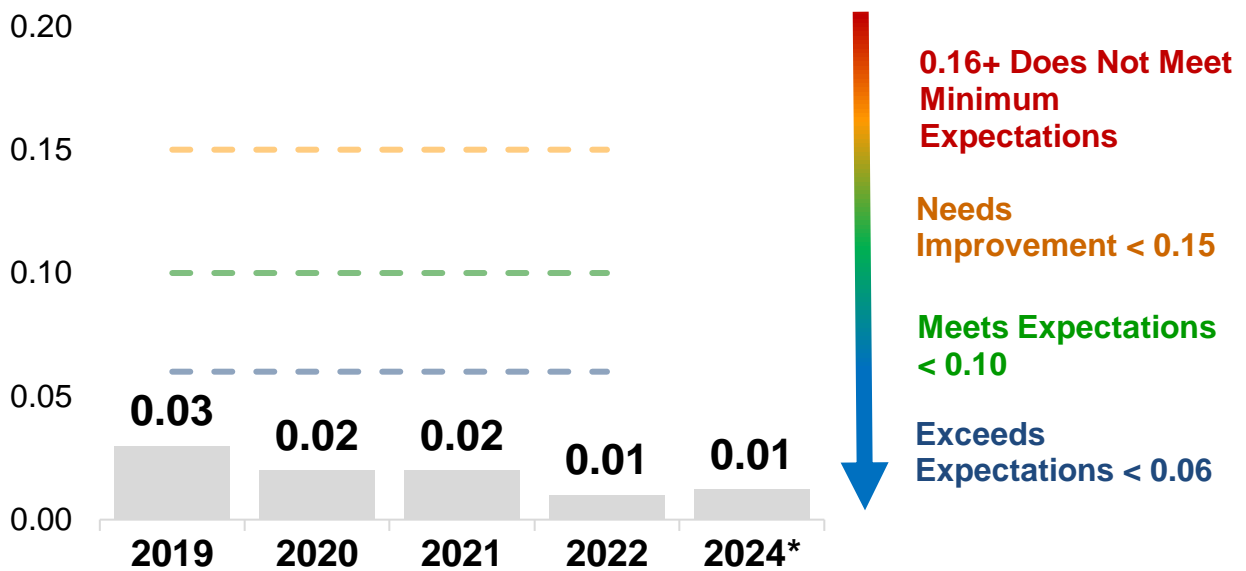
- All four agencies received an **Exceeds Expectations** rating.

Figure 22. Psychiatric Emergency Room Visits by Agency 2024



Overall system 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 23. Psychiatric Emergency Room Visits System 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 < 1 day	3 1 – 2.99 days	2 3 – 3.99 days	1 4+ days

PROVIDER PERSPECTIVES

Involvement in the Criminal Justice System

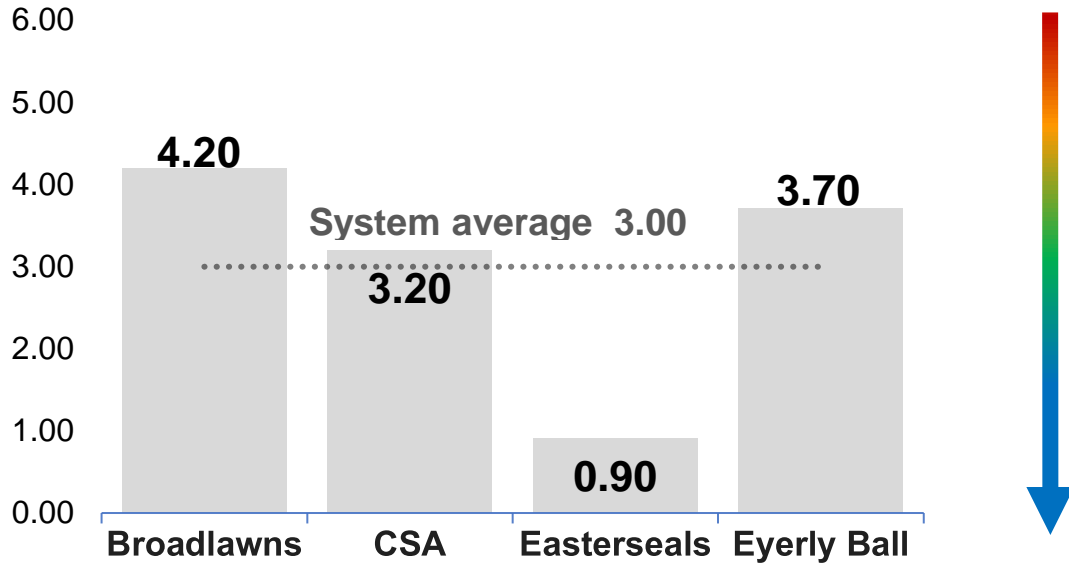
- Agencies worked with participants to manage legal obligations and avoid re-engagement with the criminal justice system. Staff provided accountability, helping participants attend court appointments and avoid circumstances which could lead to additional charges.
- The overlap of substance use, mental health symptoms, unstable life circumstances and unhealthy social support networks made it difficult for some participants to avoid legal trouble.
- Agencies reported that participant jail releases at midnight without support were a recurring issue.
- **Mobile Crisis** and **Jail Diversion Programs** were critical in helping participants avoid re-incarceration.

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** outcome, the system averaged a **Needs Improvement** rating of 3 nights spent in jail on average, ranging from 0.90 – 4.20 nights spent in jail.

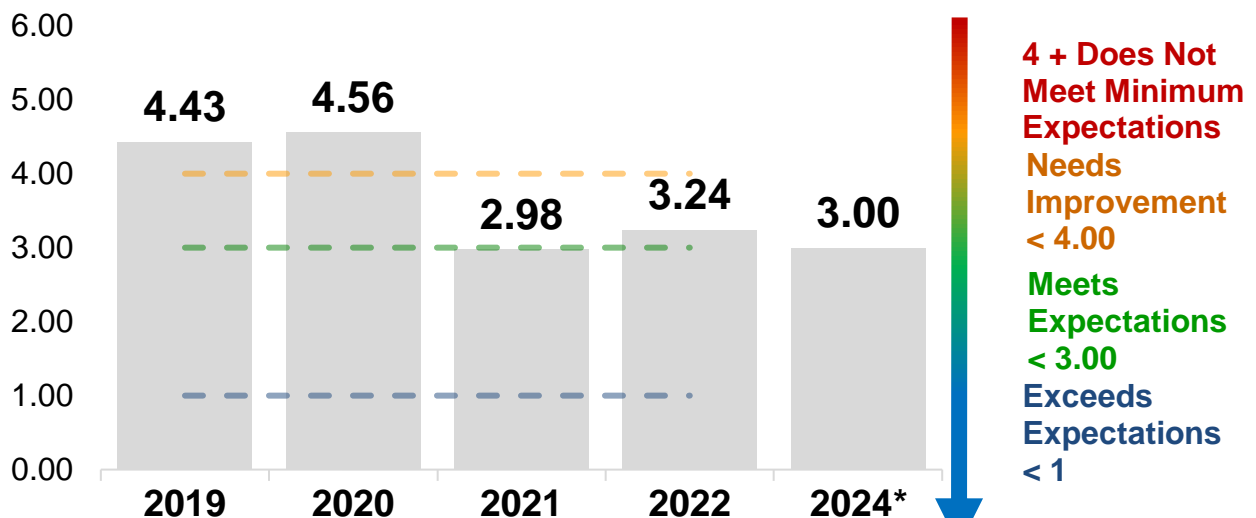
- One agency received an **Exceeds Expectations** rating.
- Two agencies received a **Needs Improvement** rating.
- One agency received a **Does Not Meet Minimum Expectations** rating.

Figure 24. Involvement in the Criminal Justice System by Agency.



Overall system performance in the **Involvement in the Criminal Justice System** outcome continues a consistent trend earning a **Needs Improvement** rating in 2024, just missing the threshold for **Meeting Expectations**.

Figure 25. 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 < .41 night	3 0.41 – 1 night	2 1.01 – 2 nights	1 2+ nights

PROVIDER PERSPECTIVES

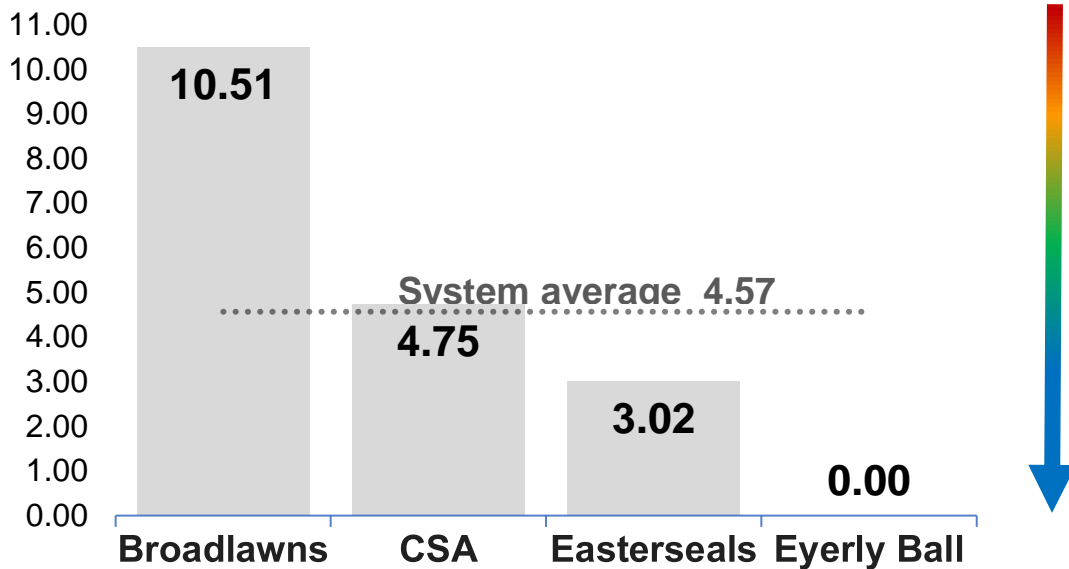
Homelessness

- Agencies did everything possible to prevent homelessness and noted that some participants had to experience homelessness to qualify for certain resources.
- Eviction prevention programs like **IMPACT** were helpful but had limited funding, leaving agencies with inadequate alternatives for housing funding.
- **Iowa Finance Authority** provided additional rent subsidies for participants, but this resource is susceptible to funding depletion. **HOME Incorporated** helped with legal issues related to housing rights.

For the **Homelessness** outcome, the system averaged a *Does Not Meet Minimum Expectations* rating of 4.57 nights spent without housing, with three agencies *Not Meeting Minimum Expectations*.

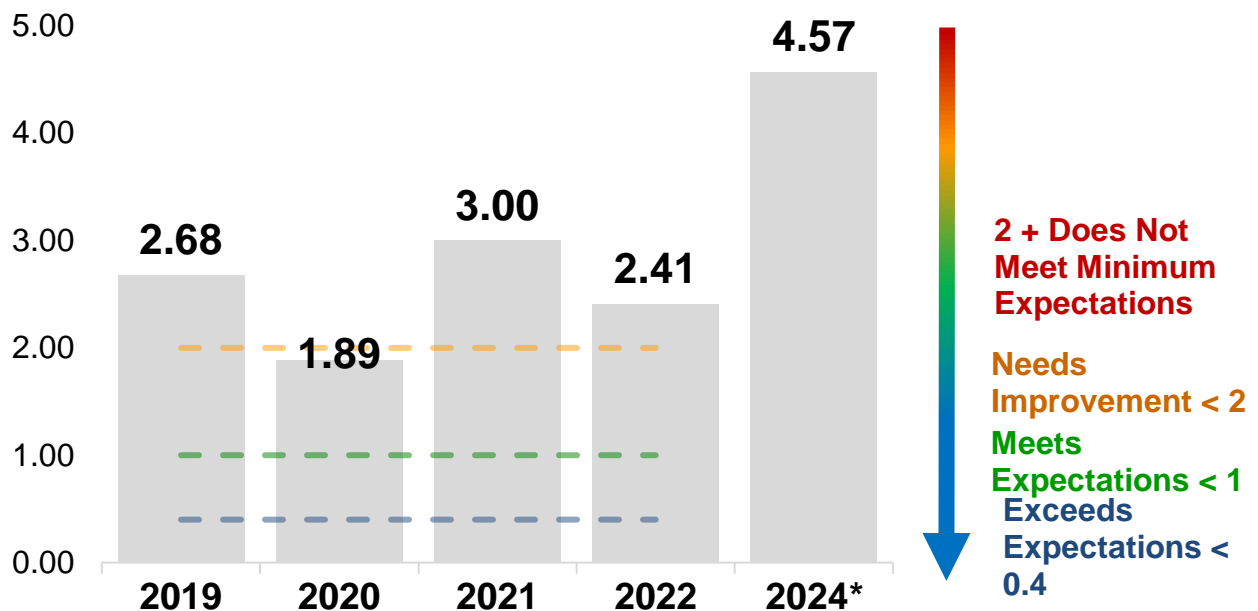
- Agencies varied in performance, with a range of 0.00-10.51 nights spent without housing.
- One agency received a *Exceeds Expectations* rating.

Figure 26. Homelessness by Agency.



Overall system performance in the **Homelessness** outcome increased notably in 2024, *Not Meeting Minimum Expectations* over the last three years (about a 2 night increase on average since 2022).

Figure 27. 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).

Rationale

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

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

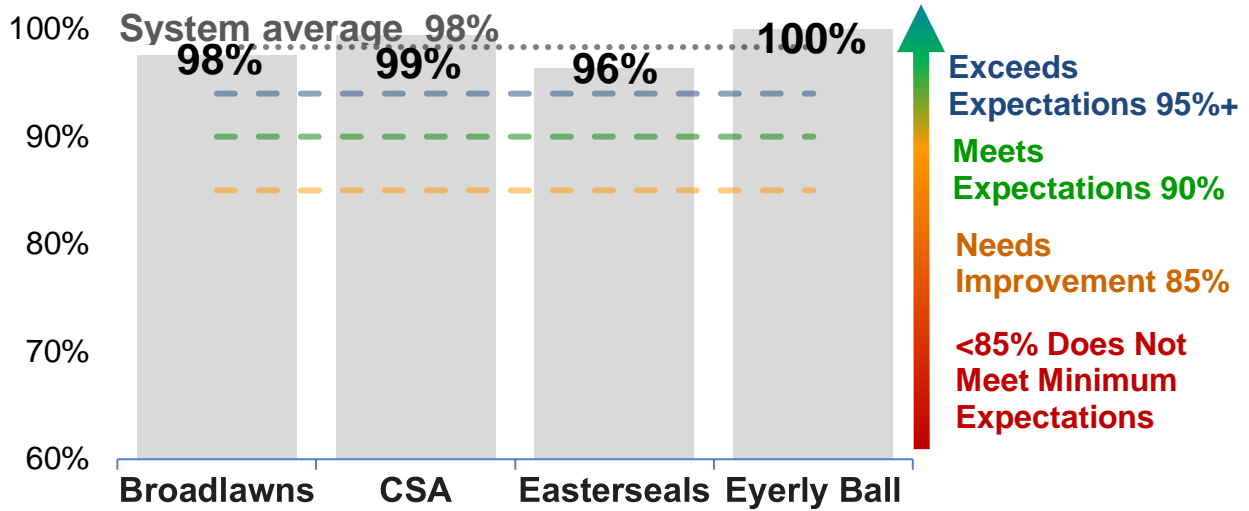
	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
Performance Ratings	4	3	2	1
	95%+	90% - 94%	85% - 89%	< 85%

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.

For the **Participant Satisfaction** outcome, the system averaged an **Exceeds Expectations** rating of 98%.

- Agencies varied in performance, with a range of 96%-100%.
- All agencies received an **Exceeds Expectations** rating.

Figure 28. 2024 Participant Satisfaction by Agency



The overall system performance for the **Participant Satisfaction** outcome has maintained an **Exceeds Expectation** rating for the last five evaluation years, with a 2% increase in 2024 (compared to 2022) for a 98% system average.

Figure 29. Participant Satisfaction 2020-2024 System Average

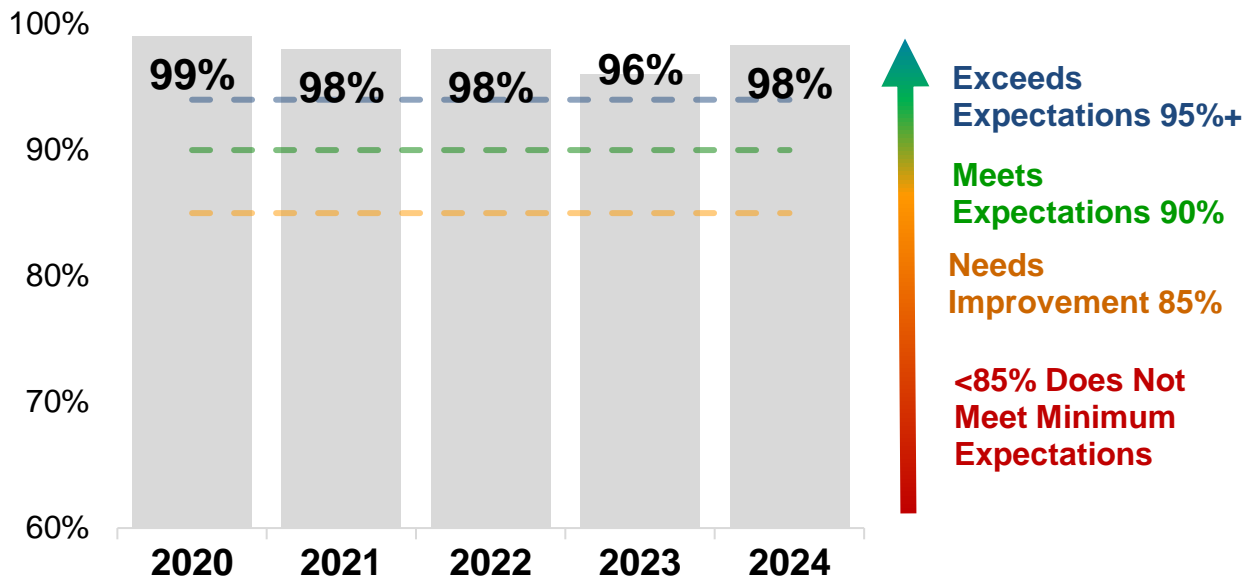
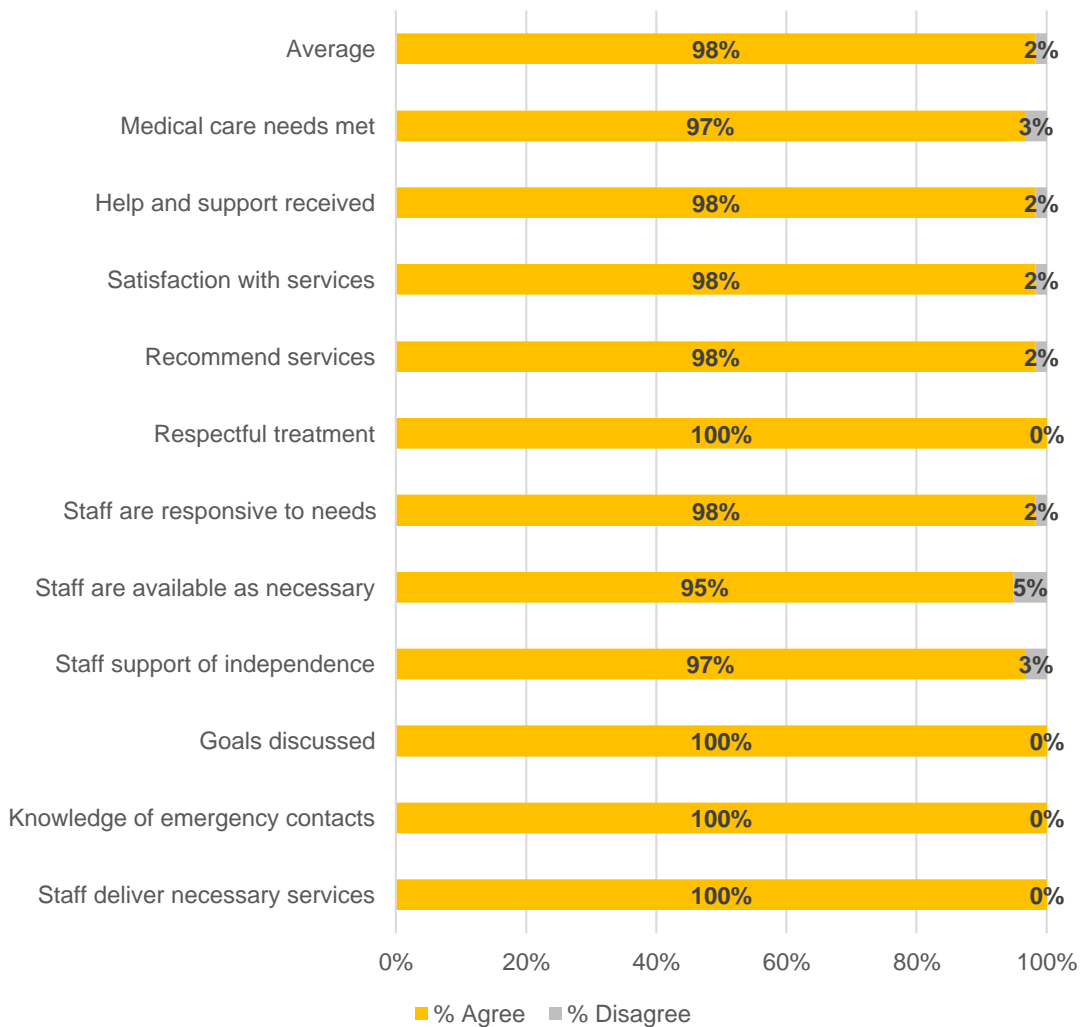


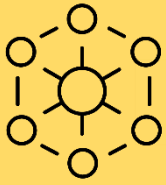
Figure 30 shows rates of agreement by item from the 2024 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, and, within the network, participants were most likely to report that:

- They were treated with respect (100%).
- Their goals were discussed (100%).
- They knew who to contact in an emergency (100%).
- Staff helped them get the services they need (100%).

Figure 30. Participant Satisfaction System Average by item²²



²² Full survey items listed in Appendix B



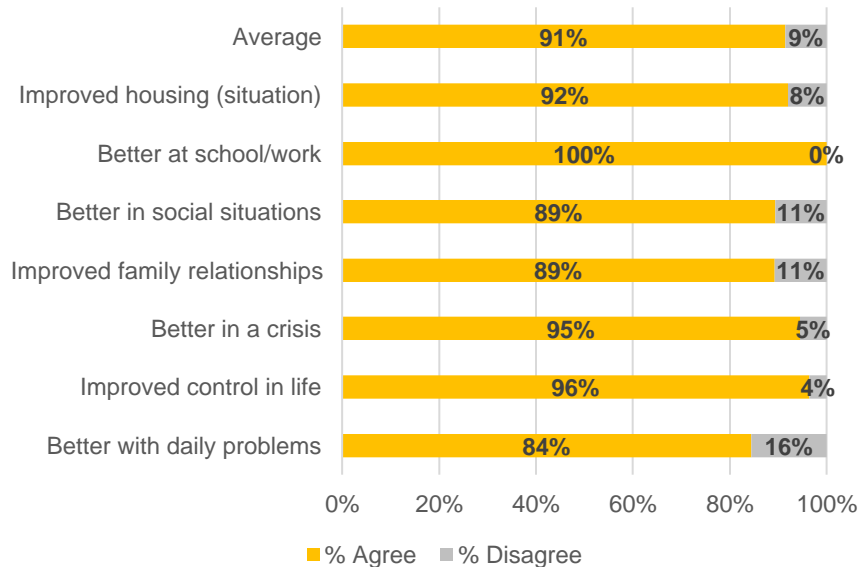
QUALITY OF LIFE

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%

Figure 31. Quality of Life System Average by Item 2024



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

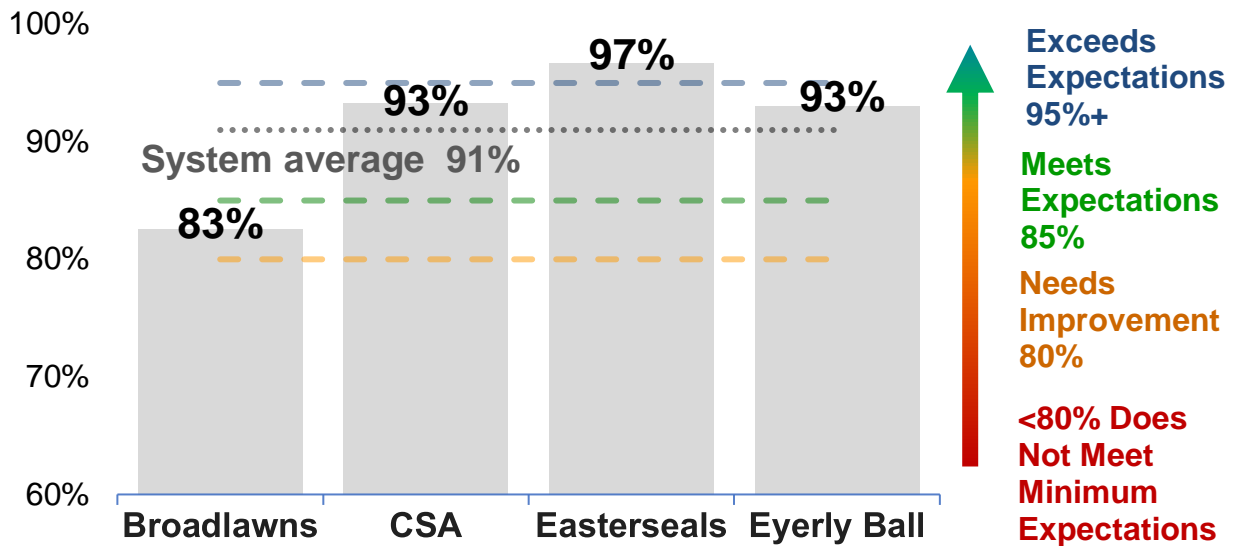
Participant **Quality of Life** measures received ratings ranging from 84% to 100% across items (Figure 31).

- 100% of participants agree that since entering the program, they are *better at school or work*.
- Participants also agree they experienced *improved control in life* (96%) and are *better equipped for a crisis* (95%).
- Participant agreement was lower for measures related to *managing their daily problems* (84%), *family relationships* (89%), and *social situations* (89%).

Across agencies, Quality of Life varied, ranging from 83%-97% agreement.

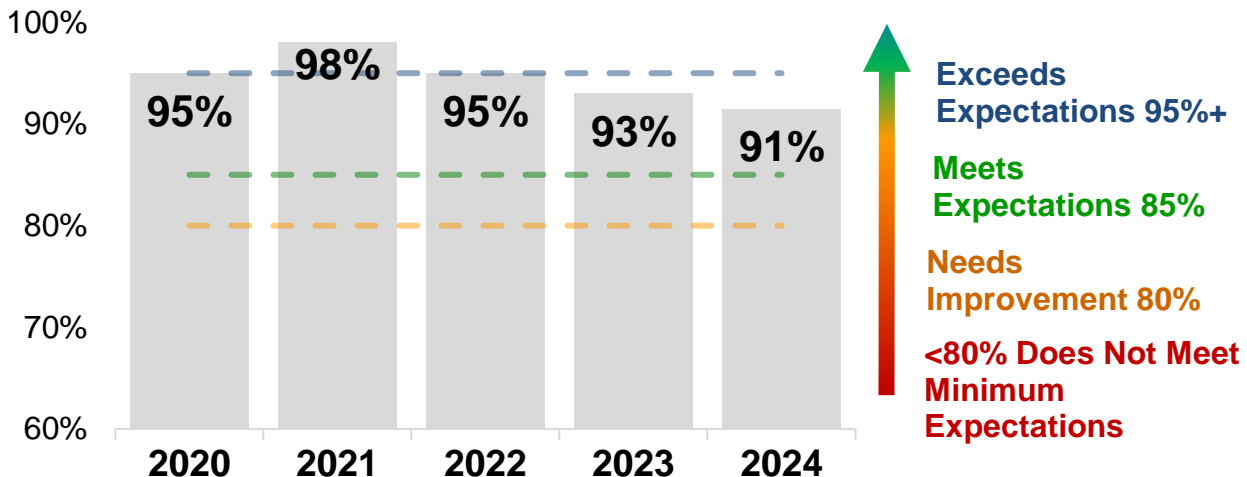
- Three agencies **Met (2)** or **Exceeded (1) Expectations**
- One agency **Needs Improvement**

Figure 32. 2024 Quality of Life by Agency



The **Quality of Life** outcome has decreased 4% over the last two years, with a system average of **Meets Expectations** at 91% in 2024.

Figure 33. Quality of Life System Average 2020-2024



PROVIDER PERSPECTIVES

Participant Satisfaction

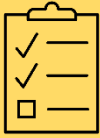
- High participant satisfaction scores were attributed to the strong rapport between staff and participants. Retaining staff contributes to continuity and positive participant experiences.
- Stable staff with new ideas and strong leadership helped maintain high satisfaction. Agencies used team-based approaches to ensure all participants had access to staff they felt comfortable with.

Quality of Life

- Agencies acknowledged that while they couldn't manage every aspect of a participant's daily life, the high scores in quality of life reflect the trust participants place in them for advice and support.

Administrative Outcomes

- Agencies approached administrative outcomes with a mindset of ongoing and routine expectations rather than monthly or quarterly.
- While routine home visits occurred, agencies reported challenges due to difficulty locating participants or variations to openness to visitations depending on participant circumstances and symptoms.
- CSN functionality limitations and ongoing fixes, along with staff transitions resulted in lower administrative scores due to missing data or miscommunication.
- Agencies standardized processes to ensure that documentation was captured accurately despite turnover.



ADMINISTRATIVE OUTCOMES

The Administrative Outcomes category is comprised of the average performance of 2 expectations, 1) Monthly Face to Face Visits and 2) Quarterly In Home Visits.

Table 3. Administrative Outcome Subcategory Performance Thresholds

Outcome	Does Not Meet Minimum Expectations 1	Needs Improvement 2	Meets Expectations 3	Exceeds Expectations 4
Monthly Face to Face Visits	< 80%	80% - 84%	85% - 94%	95%+
Quarterly In Home Visits	< 80%	80% - 84%	85% - 94%	95%+
Administrative Outcomes	< 89%	89% - 92%	93% - 96%	97%+

Table 4. Administrative Outcome Subcategory Performance by Agency 2024

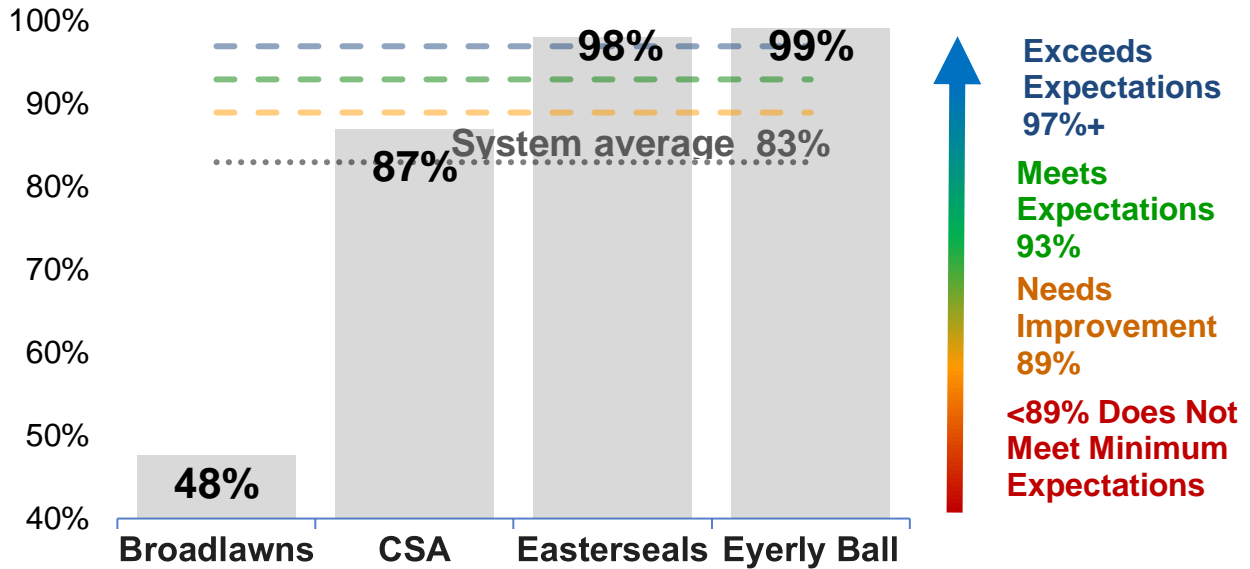
	Monthly Face to Face Visits		Quarterly In-Home Visits		Administrative Outcomes Average	
	Performance	Score	Performance	Score	Performance	Score
Broadlawns ²⁴	95%	4	0%	1	48%	1
CSA	89%	3	85%	3	87%	1
Easterseals	98%	4	98%	4	98%	4
Eyerly Ball	100%	4	99%	4	99%	4
System Average	96%	4	70%	1	83%	1

Three of the four ISA agencies earned an *Exceeds Expectations* rating for meeting Monthly Face to Face Visits. Three of four agencies *Met (1)* or *Exceeded (2) Expectations* for the Quarterly In-Home Visits.

²⁴ Broadlawns program did not report in-home face to face contacts, due to technical difficulties within the agency

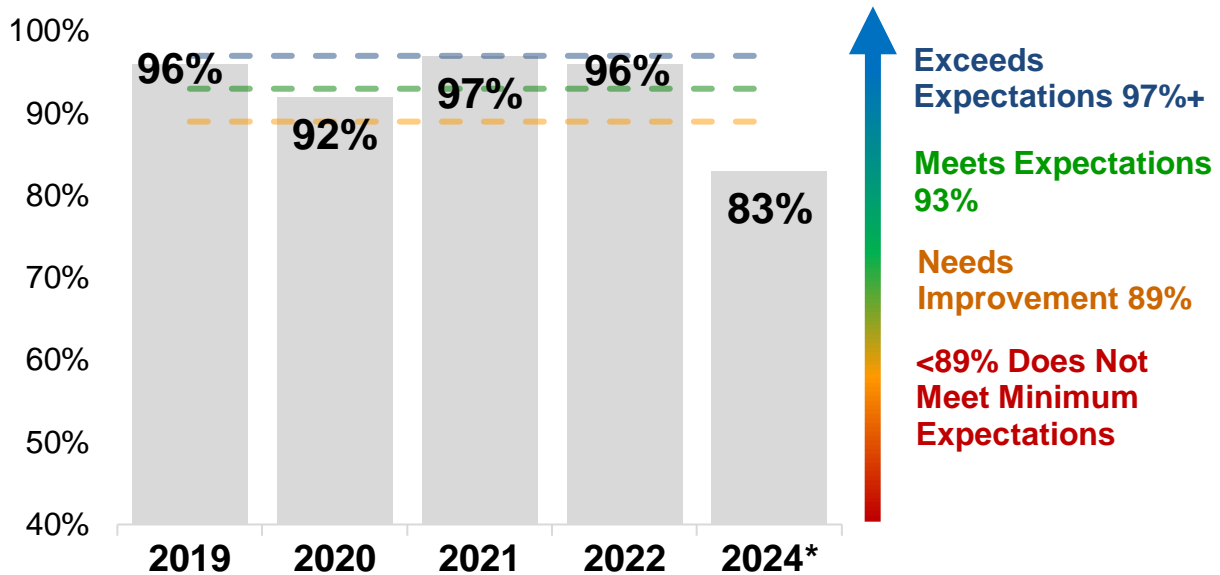
In 2024, two ISA agencies received a **Does Not Meet Minimum Expectations** rating, and two agencies received an **Exceeds Expectations** rating for **Administrative Outcomes**, resulting in a system average of **Does Not Meet Minimum Expectations** at 83%.

Figure 34. Administrative Outcomes by Agency 2024



Compared to 2022, system-level performance in **Administrative Outcomes** decreased by 13%, changing from a **Meets Expectations** in 2022 to a **Does Not Meet Minimum Expectations** in 2024.

Figure 35. Administrative Outcomes System Average 2019-2024



* Outcome area not measured in 2023

Summary Tables

The following two tables represent a summation of the results in the report, with Table 5 showing 2024 scores and performance ratings for each outcome area by agency and system average. Table 6 shows ISA System Outcome Scores and Performance Ratings over the last 5 years.

Table 5. 2024 Summary Table Outcome Scores and Performance Ratings by Agency

	Broadlawns		CSA		Easterseals		Eyerly Ball		System Average	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	95%	4	93%	4	93%	4	98%	4	95%	4
Engaged Toward Employment	12%	2	22%	3	47%	4	14%	2	24%	3
Working Toward Self-Sufficiency	6%	1	16%	2	28%	3	11%	1	15%	2
Education	3%	1	11%	2	25%	3	28%	3	17%	2
Somatic Care	83%	1	93%	2	98%	3	100%	4	93%	2
Community Inclusion	63%	2	71%	2	94%	3	99%	4	82%	2
Participant Empowerment	47%	1	80%	1	93%	3	80%	1	75%	1
Negative Disenrollment	1.09%	3	1.27%	3	1.09%	3	1.14%	3	1.15%	3
Psych Hospital Bed Days	2.21	3	2.18	3	0.15	4	0.33	4	1.22	4
Psych Emergency Room Visits	0.000	4	0.04	4	0.000	4	0.01	4	0.01	4
Involvement in Criminal Justice System	4.20	1	3.20	2	0.90	4	3.70	2	3.00	2
Homelessness	10.51	1	4.75	1	3.02	1	0.00	4	4.57	1
Participant Satisfaction	98%	4	99%	4	96%	4	100%	4	98%	4
Quality of Life	83%	2	93%	3	97%	4	93%	3	91%	3
Administrative Outcomes	48%	1	87%	1	98%	4	99%	4	83%	1
Agency Overall Performance	52%	1	62%	1	85%	3	78%	3	63%	2
Adjusted Overall Performance	45%	1	55%	1	90%	4	80%	3	55%	1

Table 6. 2019 - 2024 Summary Table ISA Outcome Scores and Performance Ratings

	2019		2020		2021		2022		2023 [^]		2024*	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	95%	4	95%	4	95%	4	96%	4			95%	3
Engaged Toward Employment	55%	4	53%	4	50%	4	28%	3			24%	3
Working Toward Self-Sufficiency	31%	3	30%	3	33%	4	21%	3			15%	2
Education	30%	3	25%	3	29%	3	31%	3			17%	2
Somatic Care	99%	3	94%	2	98%	3	97%	3			93%	2
Community Inclusion	97%	4	72%	2	82%	2	86%	2			82%	2
Participant Empowerment	98%	4	87%	2	90%	3	88%	2			75%	1
Negative Disenrollment	1%	4	1%	4	1%	3	1%	4			1%	3
Psych Hospital Bed Days	2.98	3	1.38	4	1.49	4	1.40	4			1.22	4
Psych Emergency Room Visits	0.03	4	0.02	4	0.02	4	0.01	4			0.01	4
Involvement in Criminal Justice System	4.43	1	4.56	1	2.98	3	3.24	2			3.00	2
Homelessness	2.68	1	1.89	2	3.00	1	2.41	1			4.57	1
Participant Satisfaction	100%	4	99%	4	98%	4	98%	4	96%	4	98%	4
Quality of Life	93%	3	95%	4	98%	4	95%	4	93%	3	91%	3
Family and Concerned Others Satisfaction	90%	3	90%	3	90%	3	89%	2	89%	2	-	-
Administrative Outcomes	96%	3	92%	2	97%	4	96%	3			83%	1
Agency Overall Performance	80%	3	75%	3	83%	3	77%	3	75%	3	63%	2
Adjusted Overall Performance											55%	1

[^] Overall Performance calculation in 2023 based on limited (3) outcome areas. Data collection for 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 36. Unadjusted (All Outcomes Included) ISA System Performance by Agency

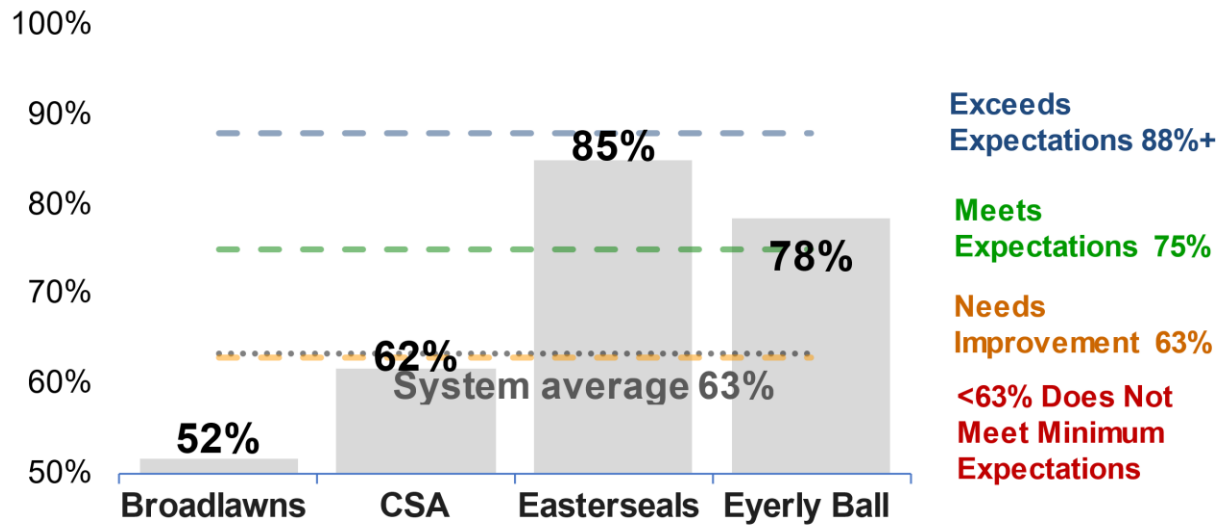


Figure 37. Unadjusted (All Outcomes Included) ISA System Performance 2020-2024

