

Polk County Mental Health & Disability Services Region

# 2024 Knowledge Empowers Youth (KEY)

Outcomes Evaluation

**IOWA** | LAW

## **LAW, HEALTH POLICY & DISABILITY CENTER**

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## Executive Summary

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

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



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



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



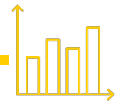
KEY program participants report receiving **high quality services** which meet their needs and improve their lives. **Participants describe staff as supportive, responsive, knowledgeable, and respectful.**

*“I like how friendly the staff is and how easy it is to get to know them. They take the time to get to know what we like and don't like.”*

*“[Staff] helps me practice the call to my doctor. [They] rehearsed with me what I needed to say to set up the appointment. And [they] calmed my nerves about it.”*

*“I'm bad at making decisions. [Staff'll] talk me through them so they're still my own decisions.”*

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



### Outcome performance was disrupted by transition year

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

Both outcome areas received the lowest scores in the last 5 years, and both received a **Does Not Meet Minimum Expectations** rating.

Both areas significantly decreased in score compared to 2022, **Somatic Care** decreased by 53% and **Participant Empowerment** decreased by 34%.

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## KEY Evaluation Results Summary

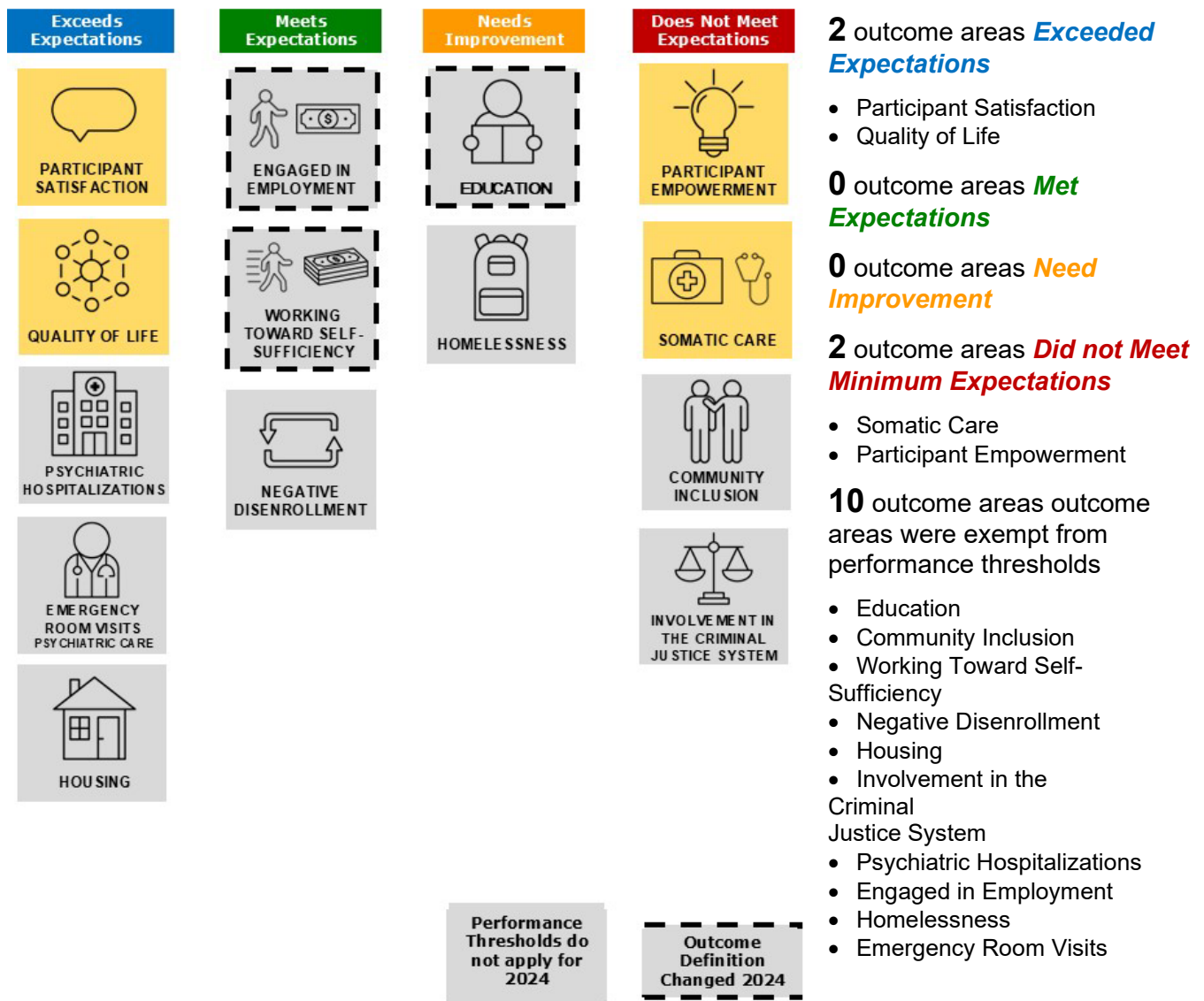
This is a report on the findings of the independent evaluation of the Polk County Region KEY Program from July 1, 2023, through June 30, 2024. The service agency for the KEY program is CSA and served an average of 37 participants a month over FY24.

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

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

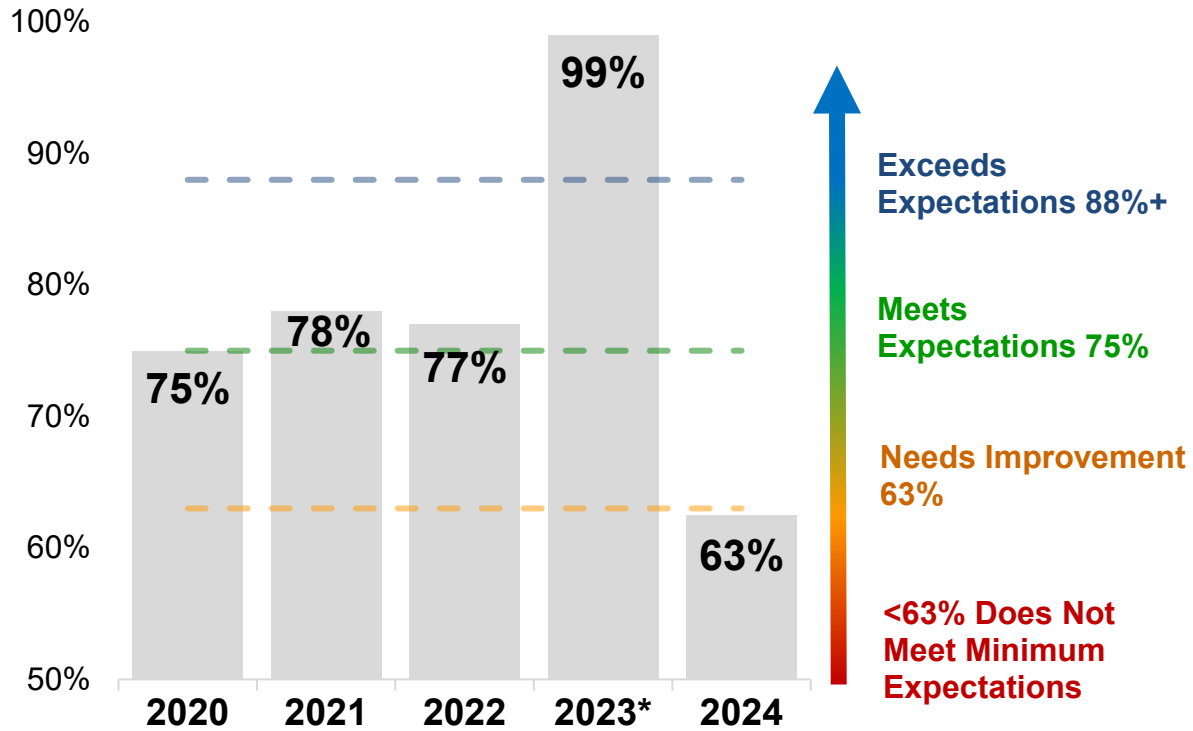
In 2024, the KEY Program **Exceeded Expectations** in 2 of 4 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2024 Performance KEY Program Averages



In 2024, the KEY program received a **Needs Improvement** in **Adjusted Overall Performance** with a 63% in 2024. In the preceding four years, the program has consistently **Met** or **Exceeded Expectations**

**Figure 2. Adjusted KEY Program Performance 2020-2024**



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

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## KEY Outcomes

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

The KEY Evaluation includes 14 outcome areas, outlined below

### **1. Quality Services**

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

### **2. Community Integration**

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

### **3. Healthy Days In The Community<sup>1</sup>**

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

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<sup>1</sup> 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

<b>Metric</b>	The percentage of individuals living in safe <sup>2</sup> , affordable <sup>3</sup> , accessible <sup>4</sup> , and acceptable <sup>5</sup> living environments annually.
<b>Intent</b>	<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>
<b>Rationale</b>	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)

<b>Performance Ratings</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Improvement</b>	<b>Does Not Meet Minimum Expectations</b>
	4 90%+	3 80% - 89%	2 70% - 79%	1 < 70%

<sup>2</sup> 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.

<sup>3</sup> 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%).

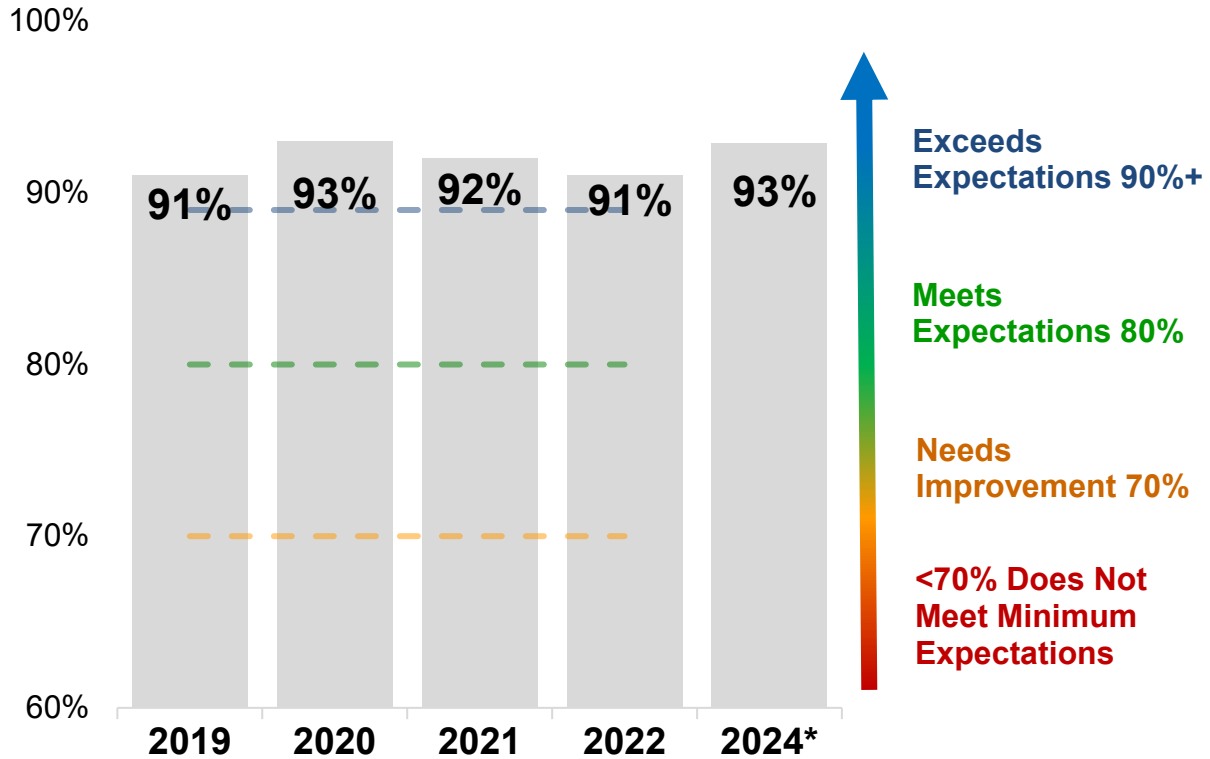
<sup>4</sup> When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

<sup>5</sup> 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 KEY program *Exceeds Expectations* at 93%.

The KEY program is consistent in receiving an *Exceeds Expectations* rating in **Housing** over the past 5 years (ranging from 91%-93%).

**Figure 3. Housing KEY Program Average 2019-2024**



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



## PROVIDER PERSPECTIVES

### Housing

- Affordability is a major barrier, with high rent costs and unrealistic income requirements (2-3x rent).
- No clients in the KEY program are currently homeless, with few clients moving in the past year. Some clients transitioned from living with family to stable independent living.
- Housing subsidies help bridge the gap between Section 8 applications and eligibility, though available housing can be in unsafe areas.

### Employment

- KEY clients have shown stability in their jobs throughout this year.
- Clients seem motivated to work, with high numbers of hours worked for a younger client population.
- Some clients face challenges with hiring processes, such as interviews being canceled. There are ongoing challenges in finding and maintaining employment for clients.

### Education

- Much of the training clients receive is informal and job-specific, rather than structured learning.
- Some clients express a desire to return to school, but financial barriers are a significant obstacle.
- Clients are focused on immediate needs, like paying rent and avoiding debt, making long-term education planning difficult.



## ENGAGED IN EMPLOYMENT

<b>*Metric</b>	The percentage of individuals working 5 hours or more per week and earning the minimum wage or greater during the specified reporting periods. <sup>6</sup>
<b>Intent</b>	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.
<b>Rationale</b>	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)

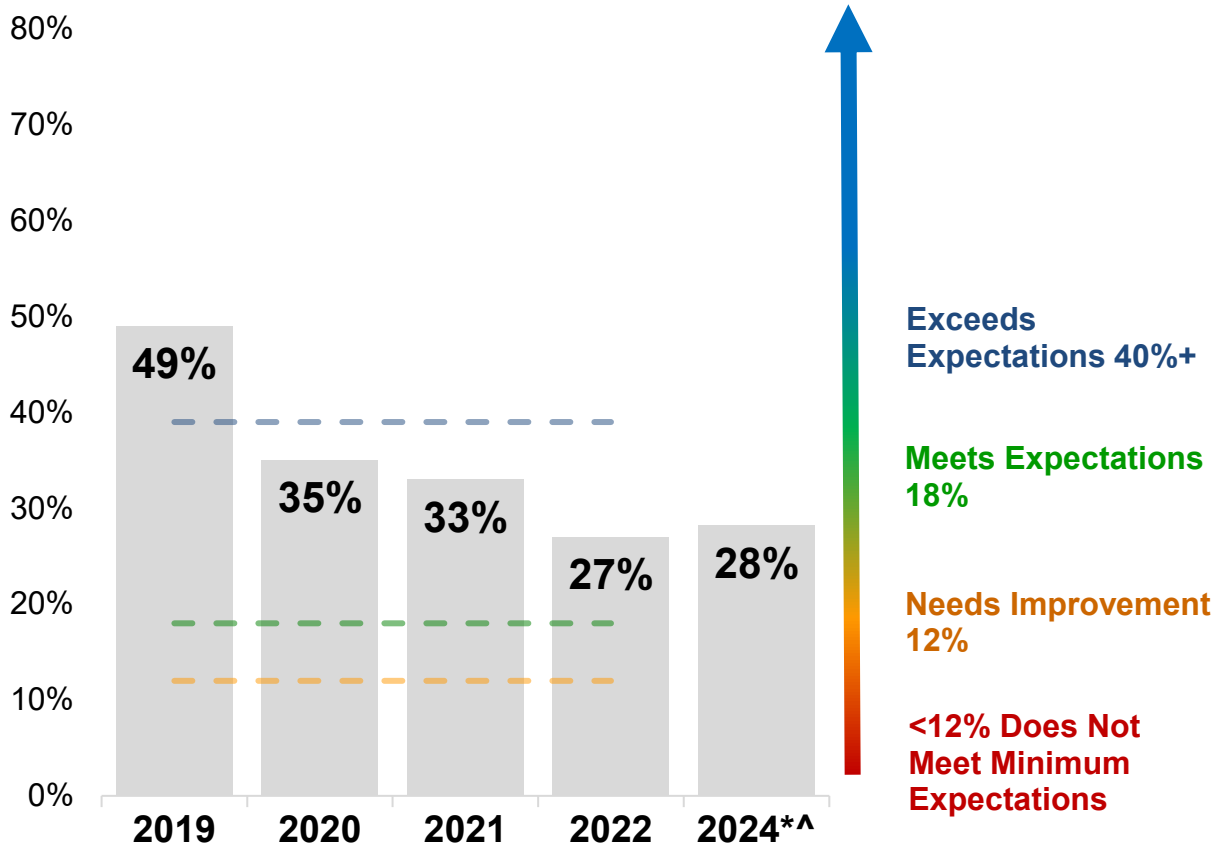
Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	40%+	18% - 39%	12% - 17%	< 12%

<sup>6</sup> \* 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

The KEY program performance for the **Engaged in Employment** outcome is consistent over the last four years, maintaining a *Meets Expectations* rating at 28% in 2024.

**Figure 4. Engaged in Employment KEY Program Average 2019-2024**



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

^ The definition of this outcome area changed in 2024.



## WORKING TOWARD SELF-SUFFICIENCY

<b>Metric*</b>	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. <sup>7</sup>
<b>Intent</b>	The number of program participants working at self-sufficiency during the year will increase. The intent is to increase people with disabilities' assets.
<b>Rationale</b>	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%

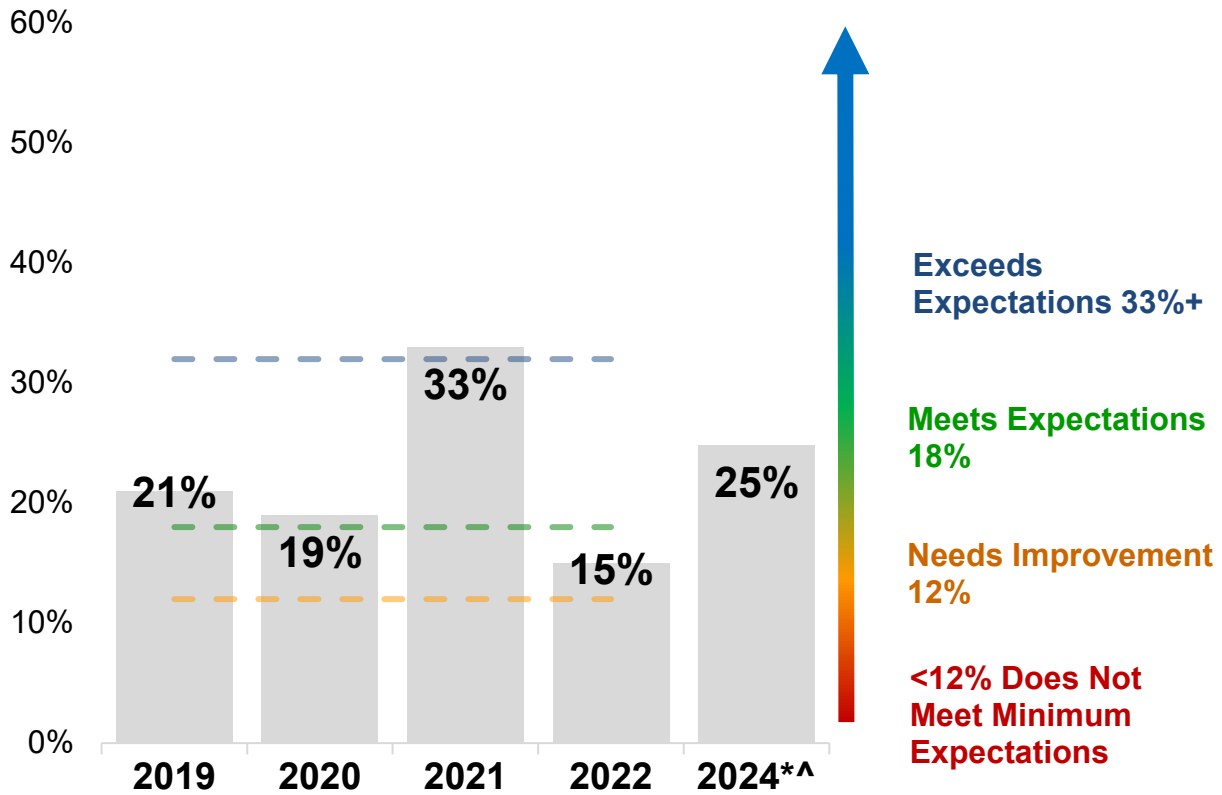
7 \* Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS 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 5 represents the KEY program trends in **Working Towards Self-Sufficiency** from 2019 to 2024 (ranging from 15%-33%).

The KEY program increased by 10% compared to 2022, moving from a *Needs Improvement* rating to *Meeting Expectations* in 2024, at 25%.

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



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

^ The definition of this outcome area changed in 2024.



# EDUCATION

<b>Metric*</b>	The percentage of employable individuals involved in training or education during the fiscal year. <sup>8</sup>
<b>Intent</b>	Increase the number of program participants receiving classes or training provided by an educational institution or a recognized training program. <sup>9, 10</sup> The intent for this outcome is to increase skill development.
<b>Rationale</b>	<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%

<sup>8</sup> Measurement is captured in June and not averaged.

<sup>9</sup> 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?

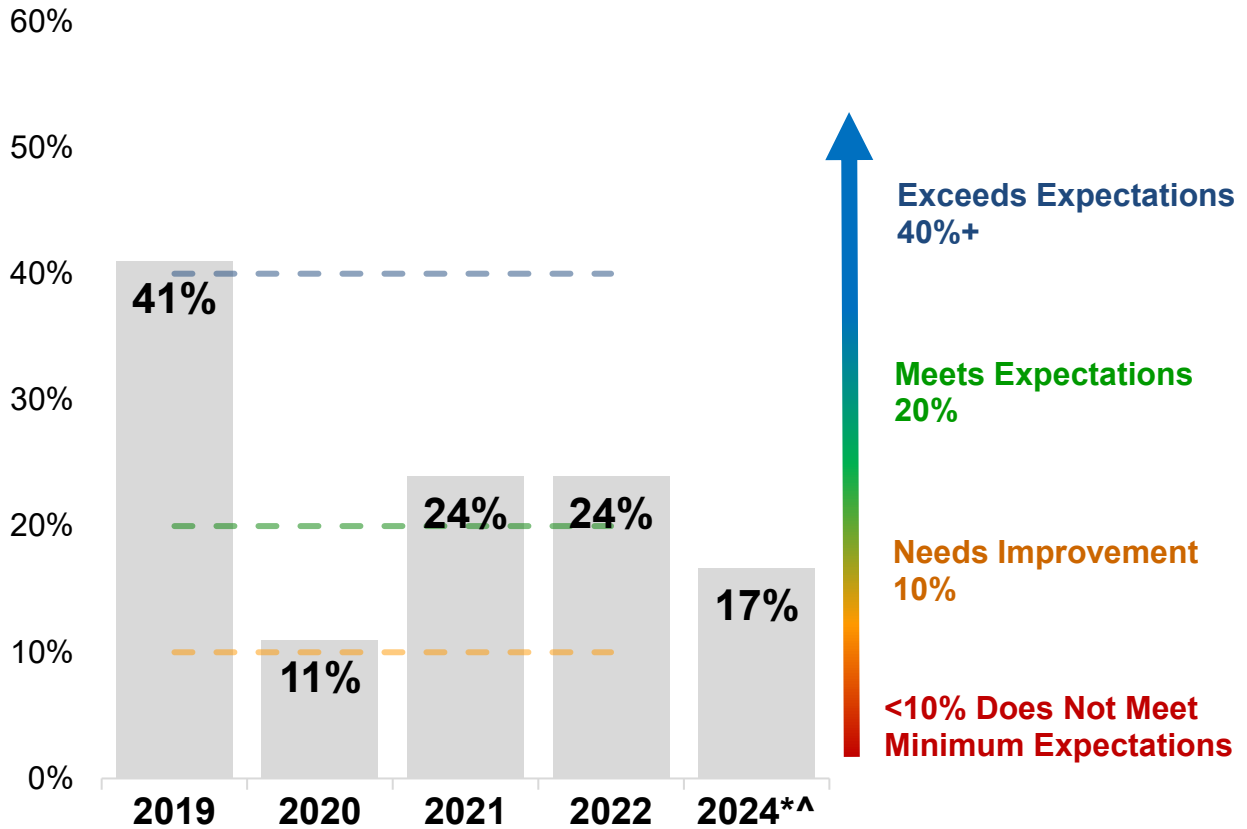
<sup>10</sup> A recognized training program is a program that requires multiple (3 or more) classes in one area to receive a certificate which is recognized by employers to secure, maintain, or advance the program participant’s employment opportunities. The program will have structure through a curriculum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

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

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

Compared to 2021 and 2022, the 2024 system average **decreased by 7%** - from 24% to 17%, moving from *Meeting Expectations* to *Needing Improvement*.

**Figure 6. Education KEY Program Average 2019-2024**



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

^ The definition of this outcome area changed in 2024.



# SOMATIC CARE

<b>Metric</b>	The percentage of individuals having documentation supporting somatic care involvement with a physician. <sup>11, 12.</sup>
<b>Intent</b>	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%

<sup>11</sup> Measurement is captured in June and not averaged.

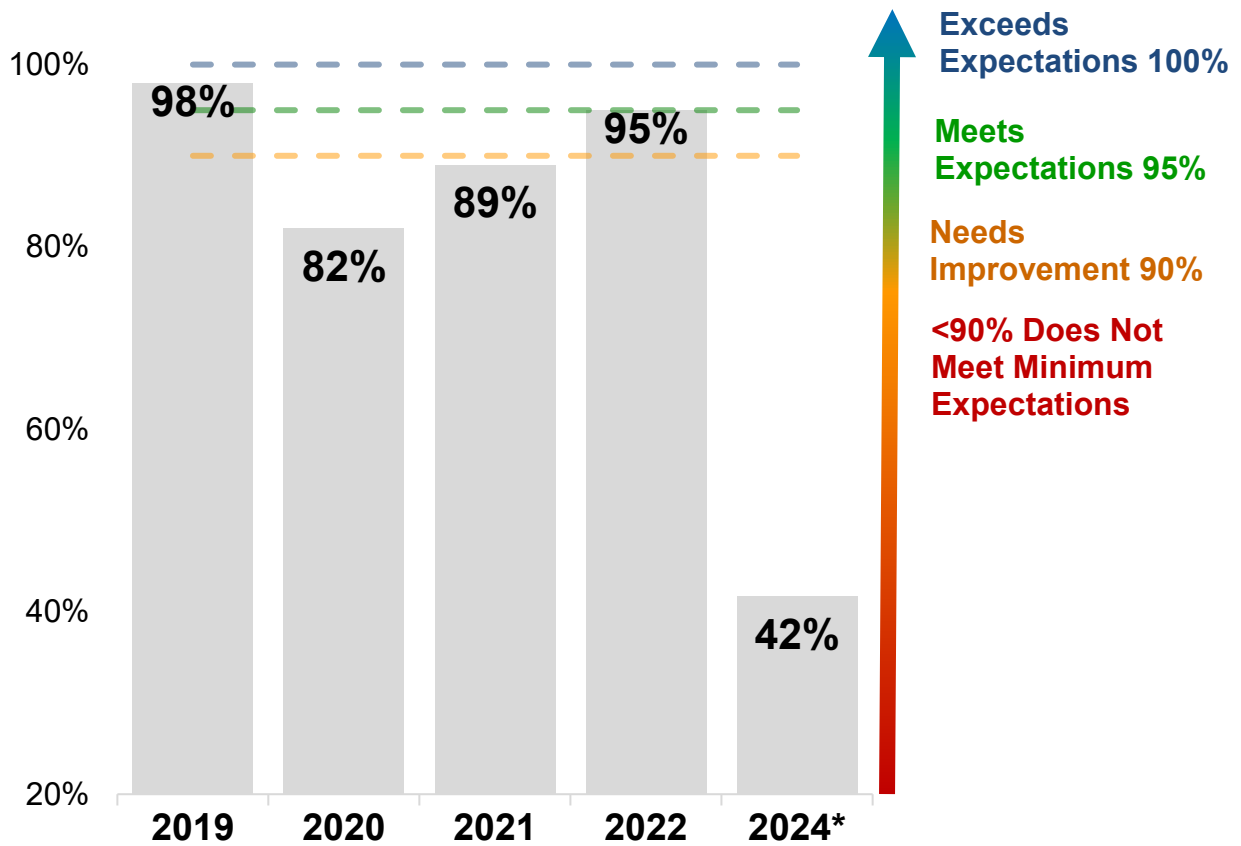
<sup>12</sup> Someone has received somatic care if the person has had an annual physical, if any issues identified in the physical exam needing follow-up are treated, if ongoing or routine care is required, or if symptoms of a physical illness appear since the physical exam and the program participant receives treatment for the illness. Emergency Room visits do not count toward this indicator. Somatic care is more than just stating that there is a physician’s name on record, ongoing documentation of care is needed. This includes but is not limited to the annual physical. The individual’s file must have documentation supporting somatic care. The independent evaluator will also discuss somatic care during program participant and family interviews.



Figure 7 represents the KEY program trends in **Somatic Care** from 2019 through 2024, ranging from 42%-98%.

Compared to 2022, the KEY program **decreased by 53%** in the **Somatic Care** outcome in 2024 receiving a **Does Not Meet Minimum Expectations** rating in 2024.

Figure 7. Somatic Care 2019-2024



\* Outcome area not measured in 2023

## PROVIDER PERSPECTIVES

### Somatic care

- Many clients avoid seeing doctors unless they feel something is wrong, fearing that a visit might uncover additional health problems.
- Past traumatic experiences, such as being forced to take medications, make some clients hesitant to seek medical care.
- Recently enrolled KEY clients have different backgrounds and thought processes compared to previous clients, which may have contributed to the drop in somatic care scores.

### Community Inclusion

- Staff discussed the spectrum of needs across clients and inclusion criteria for activities depending on client abilities.

### Participant Empowerment

- Providers noted issues with data disappearing or not being recorded properly, particularly signature pages, possibly due to EMR (Electronic Medical Record) system errors.
- Documentation strategies for the future include documenting when a participant's signature didn't upload, while still noting their involvement.
- It was also suggested to plan to discuss employment topics with participants every other month, to ensure quarterly discussions are covered.



# COMMUNITY INCLUSION

<b>Metric</b>	The percentage of program participants accessing and having ongoing involvement in 3 or more different community activities per year. <sup>13</sup>
<b>Intent</b>	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. <sup>14</sup>
<b>Rationale</b>	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%

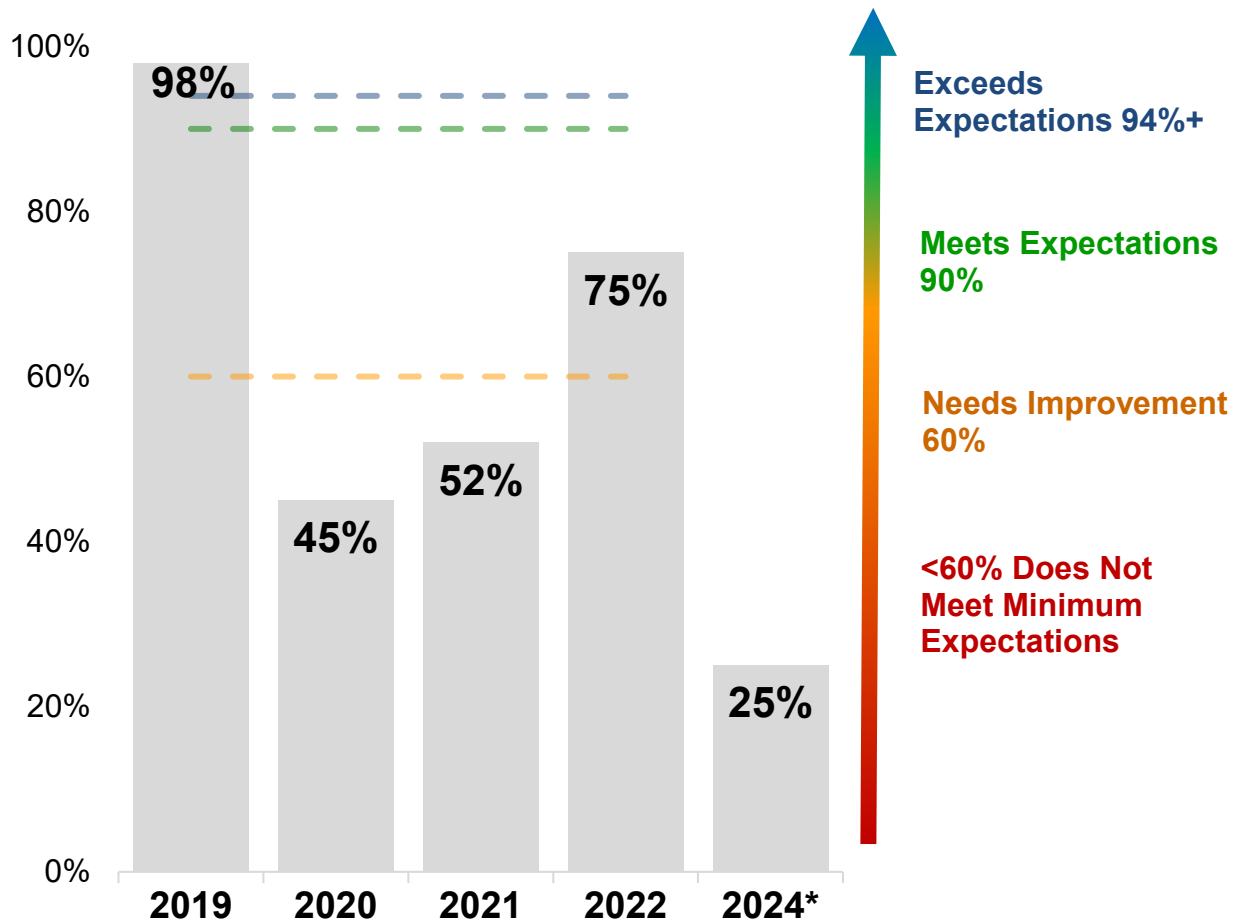
<sup>13</sup> Measurement is captured in June and not averaged.

<sup>14</sup> Activities are grouped into three main categories: 1) Spiritual, 2) Civic (local politics & volunteerism), and 3) Cultural (community events, clubs, and classes). An activity meets the definition if “yes” is the response to the following three questions: (1) Is the activity community-based and not sponsored by a provider agency? (2) Is the activity person-directed? and (3) Is the activity integrated? Program participants can participate in activities by themselves, with a friend/s, support staff person, or with natural supports. Activities sponsored by or connected with an agency serving people with disabilities and everyday life activities do not count toward activities for the purposes of this outcome area.

The KEY program **Community Inclusion** rates **decreased by 50%** in 2024, compared to 2022. with an 18% increase since 2021. The KEY program moved from a *Needs Improvement* to *Does Not Meet Minimum Expectations* in 2024.

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

**Figure 8. Community Inclusion KEY Program Average 2019-2024**



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



# PARTICIPANT EMPOWERMENT

**Metric**

The outcome is the percent of files reviewed that meet the following criteria.

- Whether there was evidence that the participant was involved in setting the goals
- Whether individualized, measurable goals were in place and what services the agency program planned to provide to achieve the goals,
- Whether employment or education or community integration were addressed with the participant<sup>15</sup>
- Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file

**Intent**

Individuals supported will achieve individualized goals resulting in feeling a sense of empowerment with the system. The Polk County Region recognizes with this outcome that individuals should be treated with respect, allowed to make meaningful choices regarding their future, and given the opportunity to succeed and the right to fail. Empowerment is based on the file review.

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

**Table 1. Participant Empowerment Results by Category**

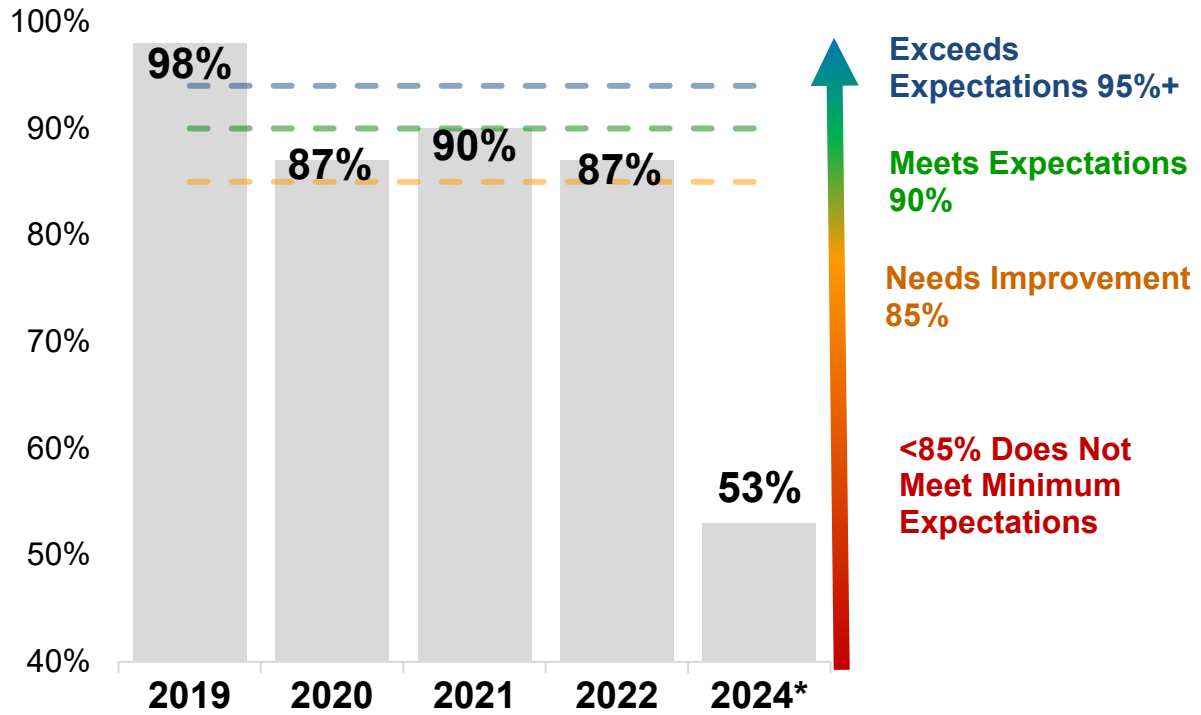
KEY	
<b>Goals in Place and Reviewed Regularly</b>	100%
<b>Consumer Involvement</b>	73%
<b>Quarterly Empowerment Discussions<sup>15</sup></b>	73%
<b>Services Documented</b>	93%
<b>All Goal Components Present</b>	53%

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

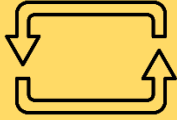
Table 1 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. The KEY program received scores of 73%-100% across all criteria.

The KEY program **Did Not Meet Minimum Expectations** in 2024, with a 53% performance.

**Figure 9. Participant Empowerment 2019-2024**



\* Outcome area not measured in 2023



# NEGATIVE DISENROLLMENT

<b>Metric</b>	The percentage of program participants negatively disenrolled.
<b>Intent</b>	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.
<b>Rationale</b>	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%	1.00% - 2.99%	3%- 3.90%	3.90+%

## PROVIDER PERSPECTIVES

### Negative Disenrollment

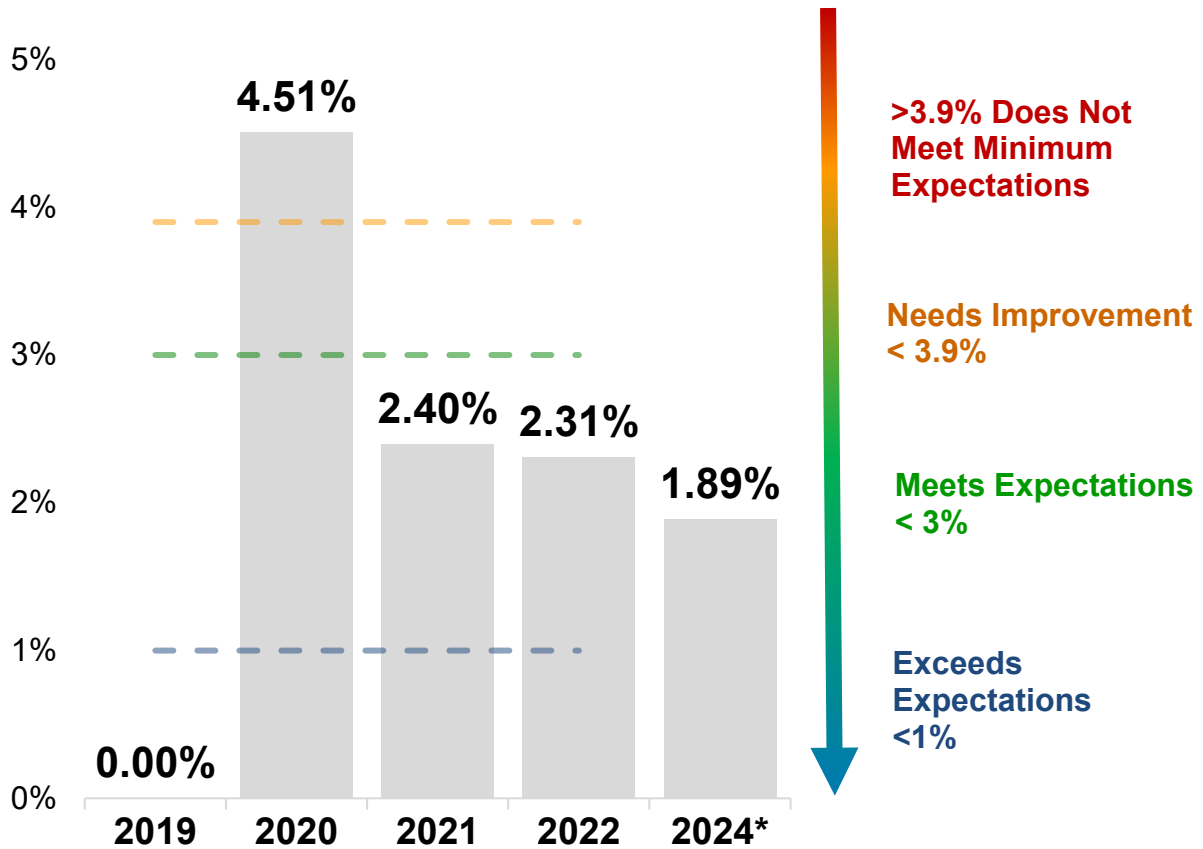
- Decreased rates of negative disenrollment may be due to the revised intake process, ensuring individuals are truly engaged and interested before enrolling.
- Two KEY members who were at risk of dropping out began to recognize the value of the services and support, leading to their transition to ISA services after a year.

<sup>16</sup> 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 KEY program earned a *Meets Expectations* rating of 1.89%

Compared to 2022, **Negative Disenrollment** in the KEY program decreased, maintaining a *Meets Expectations* category in 2024.

**Figure 10. Negative Disenrollment Rates 2019-2024**



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





# PSYCHIATRIC HOSPITALIZATIONS

<b>Metric</b>	The average number of hospital days per program participant per year. <sup>17, 18.</sup>
<b>Intent</b>	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
<b>Rationale</b>	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.

<b>Performance Ratings</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Improvement</b>	<b>Does Not Meet Minimum Expectations</b>
	4 < 2 days	3 2 – 3.49 days	2 3.5 – 4.49 days	1 4.49+ days

## PROVIDER PERSPECTIVES

### Psychiatric Hospitalizations

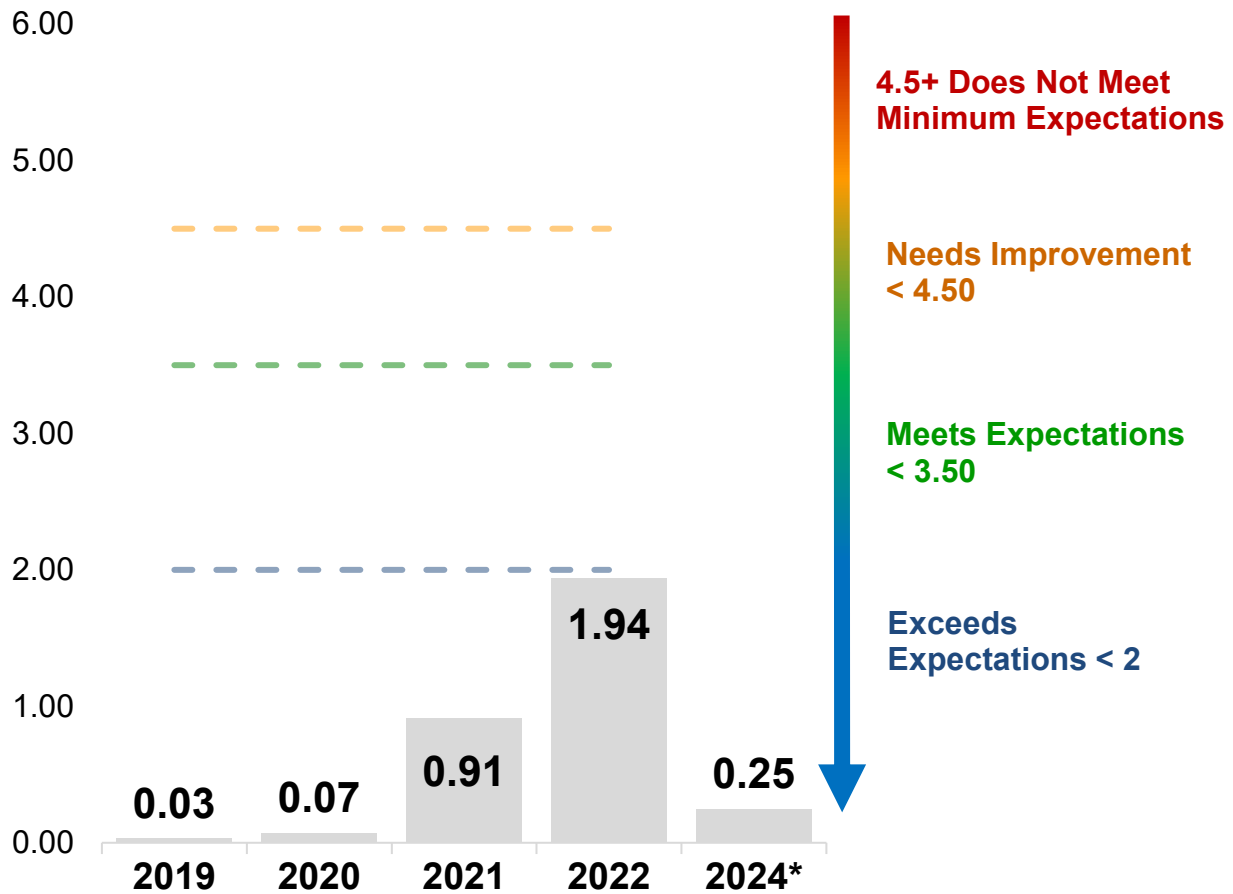
- Strong relationships with staff helps members feel comfortable reaching out for support before hospitalization is needed.
- Clients have designated a few staff as those who most often offer support to de-escalate situations and avoid hospitalization.
- In the past, staffing turnover contributed to more hospitalizations, as clients did not feel connected enough to seek support before crises.

<sup>17</sup> A hospital day is measured by the number of nights spent hospitalized.

For the **Psychiatric Hospitalizations** outcome, the KEY program earned an *Exceeds Expectations* rating of 0.25 nights in the hospital.

KEY program performance in the **Psychiatric Hospitalizations** outcome interrupted a trend of increasing between 2019 and 2022 – decreasing notably in 2024 to maintain an *Exceeds Expectations* rating in 2024.

**Figure 11. Psychiatric Hospitalizations 2019-2024**



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



## EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

<b>Metric</b>	The average number of emergency room visits <sup>19</sup> per program participant per year.
<b>Intent</b>	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.
<b>Rationale</b>	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).

<b>Performance Ratings</b>	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Needs Improvement</b>	<b>Does Not Meet Minimum Expectations</b>
	4 < 0.06 visit	3 0.06 – 1.0 visit	2 0.11 – 0.15 visits	1 0.16+ visits

### PROVIDER PERSPECTIVES

#### Emergency Room Visits for Psychiatric Care

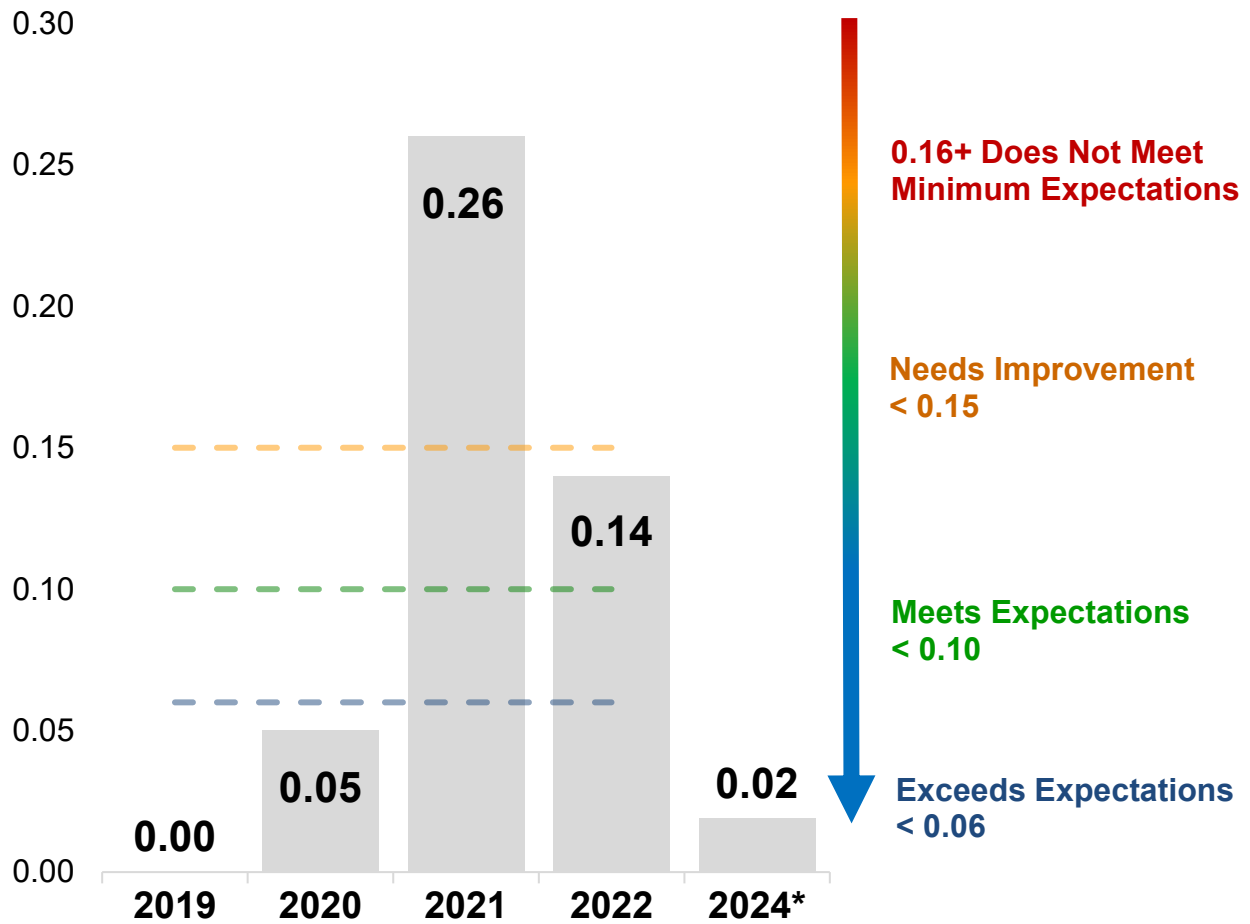
- Providers report using the same strategies as they use for psychiatric hospitalizations, which include relationship building with clients so they feel safe to turn to staff for de-escalation and ER prevention.

<sup>19</sup> 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 KEY program averaged an **Exceeds Expectation** rating, with near-zero ER visits (0.02 visit average).

KEY program performance in the **Emergency Room Visits for Psychiatric Care** outcome continues a three-year trend of decreasing –moving from **Not Meeting Minimum Expectations** to **Needing Improvement** to **Exceeding Expectations** over 3 years.

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



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



## INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

<b>Metric</b>	The average number of jail days. <sup>20</sup> utilized per program participant per year.
<b>Intent</b>	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.
<b>Rationale</b>	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	3	2	1
	< 1 day	1 – 2.99 days	3 – 3.99 days	4+ days

### PROVIDER PERSPECTIVES

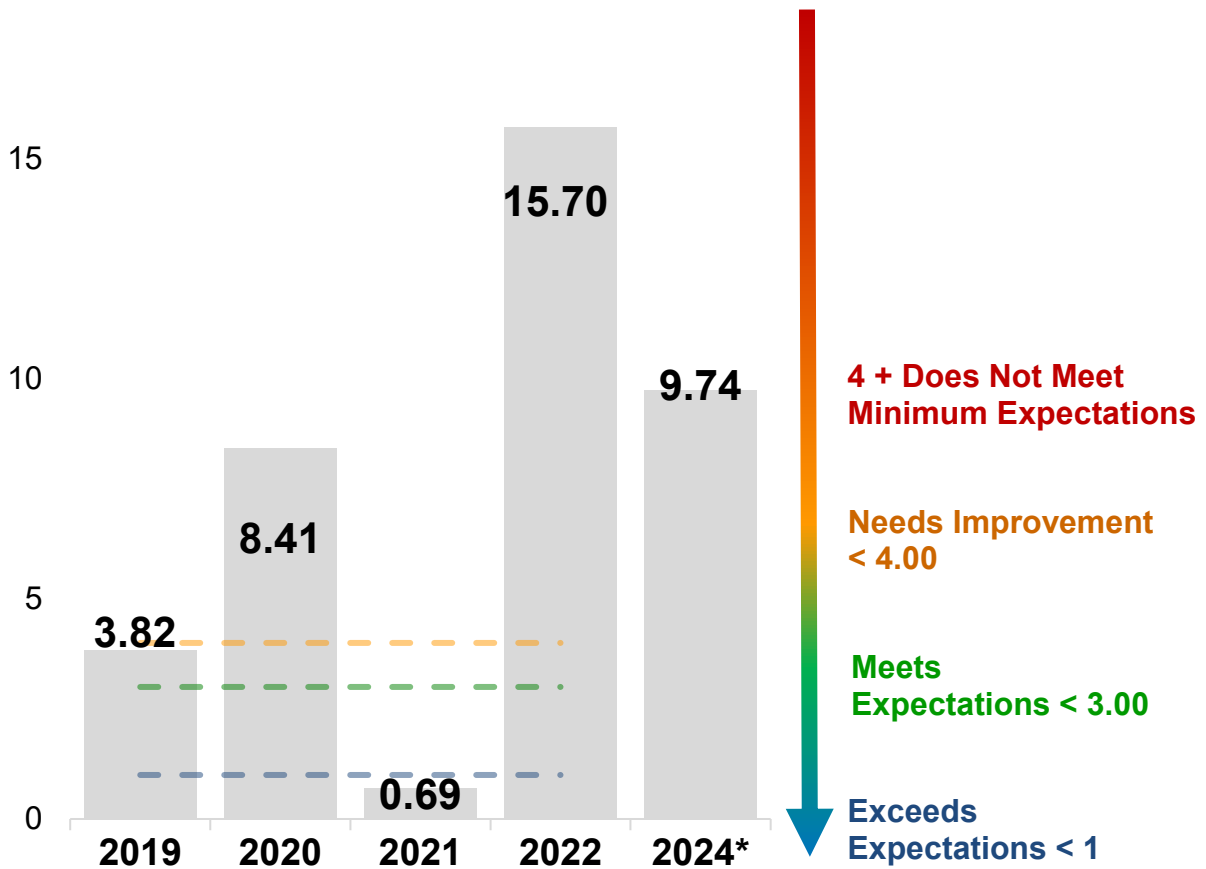
#### Involvement in the Criminal Justice System

- Two clients are in need of more intensive services and are currently waiting in jail for transfer.
- One client is accumulating additional charges while incarcerated.
- Some clients were discharged, but did not remain enrolled.

<sup>20</sup> 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 KEY program received a **Does Not Meet Minimum Expectations** rating, with 9.74 days in jail on average, decreasing by about 6 days on average since 2022.

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



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



# HOMELESSNESS

<b>Metric</b>	The average number of nights spent in a homeless shelter or on the street per program participant per year.
<b>Intent</b>	<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>
<b>Rationale</b>	<p>“According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the U.S. At a minimum, 25% of these people were seriously mentally ill, and 45% had any mental illness.” (bbrfoundation.org)</p> <p>“Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing.” (bbrfoundation.org)</p>

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

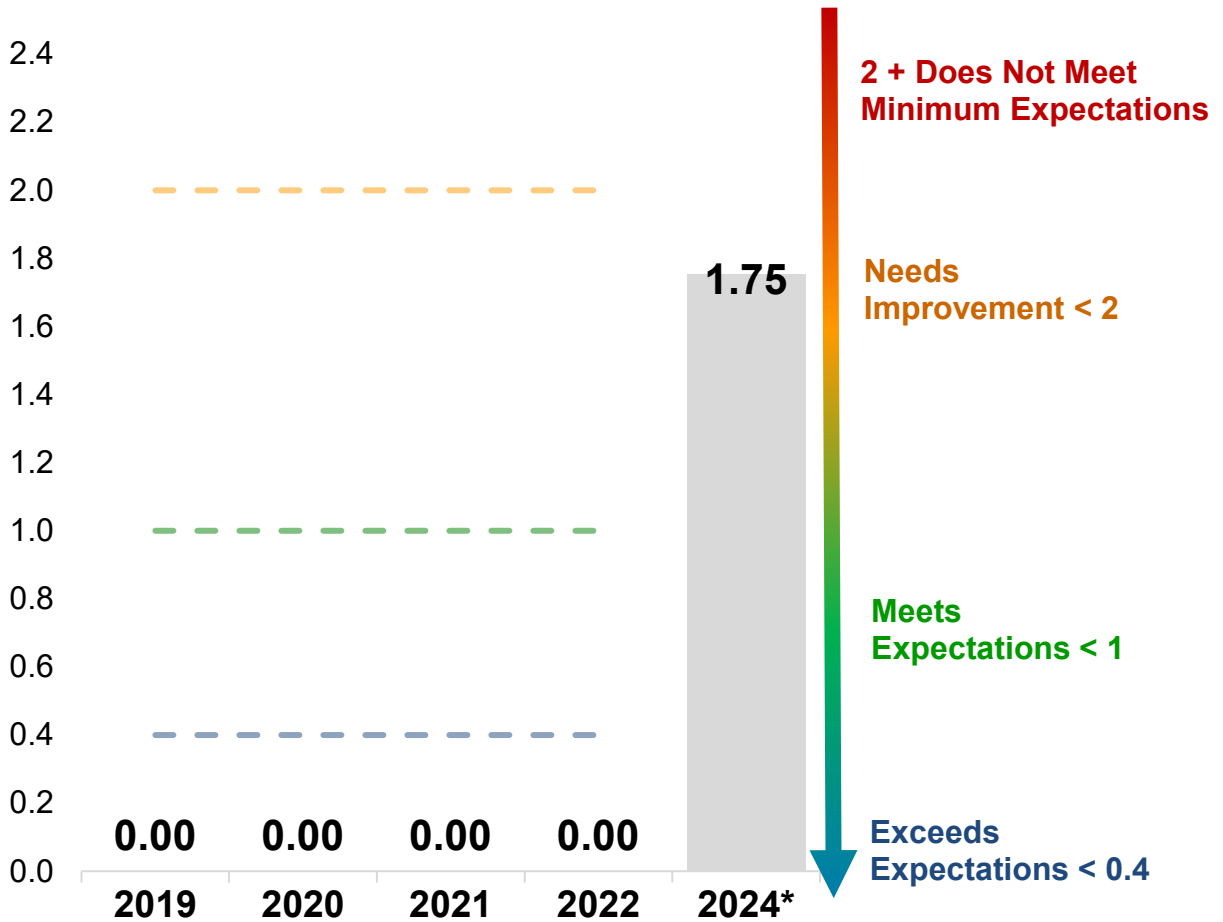
## PROVIDER PERSPECTIVES

### Homelessness

- Financial support, such as IMPACT, has been a key factor in stabilizing client housing situations. IMPACT covered one client's rent for nearly a year, which significantly helped keep them housed and prevented eviction.
- There were no homeless days for KEY clients after the first four months of the year.
- Affordability remains the biggest housing barrier for clients.

KEY program performance in the **Homelessness** outcome disrupted a 4-year trend of *Exceeding Expectations* in 2024, with an average of 1.75 homeless nights, earning a *Needs Improvement* rating.

Figure 14. Homelessness 2019-2024



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





# PARTICIPANT SATISFACTION

**Metric**

The percentage of program participants who reported satisfaction with services, including questions in the areas of access to services, staff support, empowerment, impact of services, suggestions for improvement, and unmet needs

**Intent**

Program participants will report satisfaction<sup>21</sup> with the services that they receive. Program participants are the best judge of how services and supports are meeting their needs. Increasing literature finds that involving participants in the delivery or re-design of health care can lead to improved quality of life and enhanced quality and accountability of health services (Bombard et al., 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)

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

<sup>21</sup> Satisfaction is determined by the independent evaluator interviewing a 10% sample of program participants. Via a survey asking program participants questions regarding access, empowerment, and service satisfaction.

## PROVIDER PERSPECTIVES

### Participant Satisfaction and Quality of Life

- Providers shared the success story of one client who initially resisted regular meetings but eventually found a job independently, secured benefits, and improved family relationships, marking a complete turnaround in 1.5 years.
- Another client with a criminal background and history of homelessness struggled to find employment despite attending 12 interviews, but eventually got a job at Taco Bell. The client paid off a significant portion of \$15,000 in fines and made progress in repairing family relationships.
- Both clients made significant progress in employment and personal relationships with the support of KEY, despite initial challenges.

For the **Participant Satisfaction** outcome, the system averaged an **Exceeds Expectations** rating of 100%.

The overall system performance for the **Participant Satisfaction** outcome has maintained a five-year trend in the **Exceeds Expectations** category, ranging from 99% to 100% satisfaction.

**Figure 15. Participant Satisfaction 2020-2024 KEY Program Average**

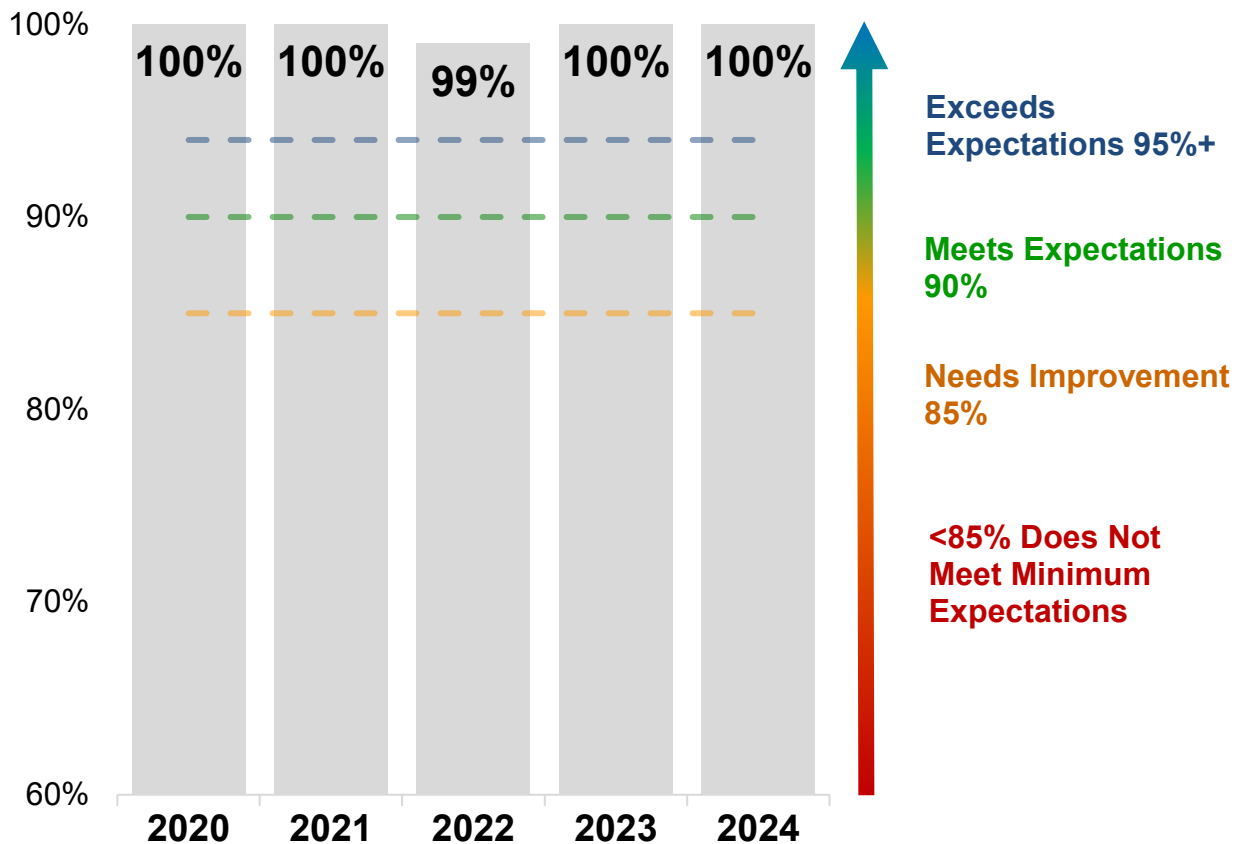
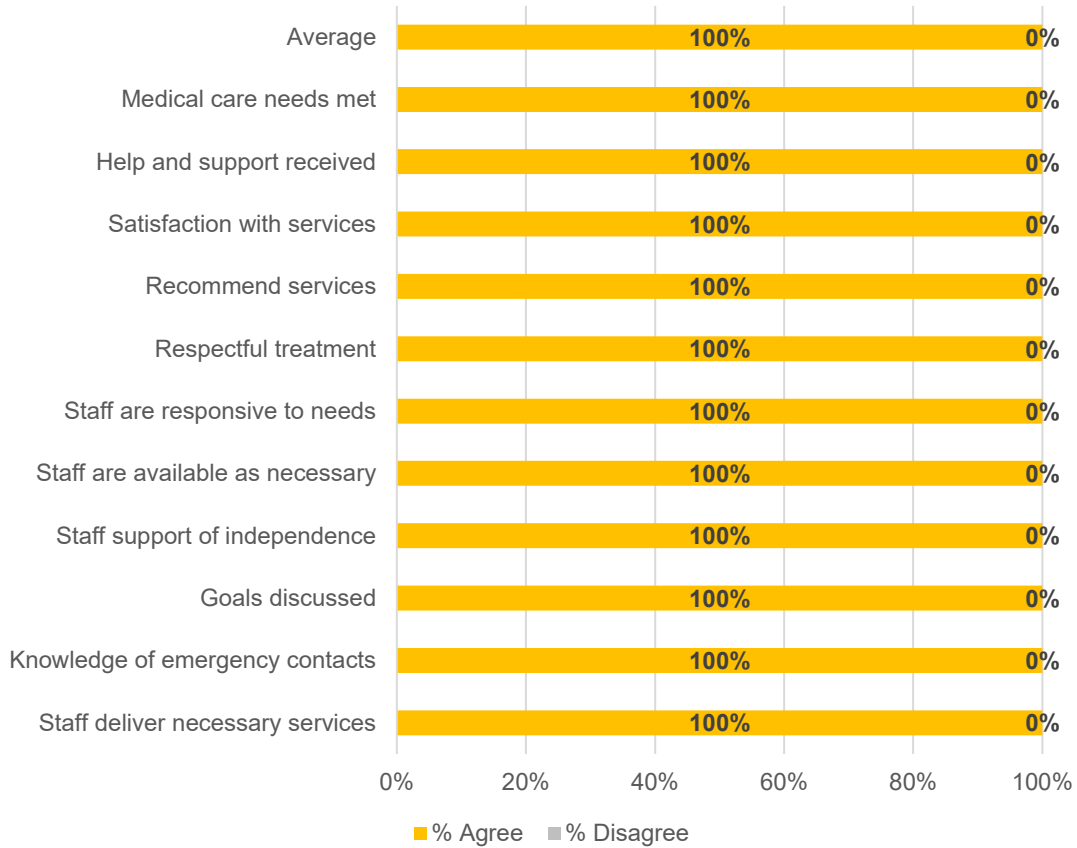


Figure 16 shows rates of agreement by item from the 2024 *Participant Satisfaction* outcome survey. Rates of satisfaction were high overall, with **100% satisfaction across all survey items**.

**Figure 16. Participant Satisfaction KEY Program Average by item**<sup>22</sup>



<sup>22</sup> Full survey items listed in Appendix B

## CSA KEY 2024 Participant Comments (N=15)

### Services Delivered Effectively

*[Staff] helps me practice the call to my doctor. [They] rehearsed with me what I needed to say to set up the appointment. And [they] calmed my nerves about it.*

*I get bus passes and I meet with [staff] on a weekly basis. [They're] really consistent. [They've] given me rides and stuff. We're going to get signed up for the free store. I was living in a van for a while, and [they] got me some hand sanitizers and sanitary stuff. [They] got me set up with the GED. [They're] going to sit with me through the orientation.*

*I'm considering going back to school. We've talked about it, and [they've] taken me there to put in for some of my scholarship money.*

*I'm bad at making decisions. [Staff'll] talk me through them so they're still my own decisions.*

### Positive Relationships with Agency or Staff

*One time I was contemplating [hurting] myself. [Staff] was there for me. [Staff] gave me resources and [staff] was also there.*

*When it comes to CSA, I like how friendly the staff is and how easy it is to get to know them. They take the time to get to know what we like and don't like. [Staff] says, "I want to make sure we do what you want and avoid what you don't." I'm grateful for the staff and their communication.*

*[Staff's] been helping me get my weight loss stuff in place. [They] sent me a couple of workout routines and we go to the gym together and we have even made a couple meals. [They] introduced me to frozen yogurt.*

*They show me they're there. Knowing I have them in my corner is always good.*

### Positive Impacts of Services

*My mood is a lot better and I'm learning how to deal with anxiety.*

*I'm not as socially awkward as I was. I went to a convention. For part of it I didn't know what to do and I got more comfortable after a while.*

*Last year I felt like my life was falling apart. I'm dealing better with living.*

### Concerns

*When I need to talk... it's usually outside their work hours. But when they're there they let me talk about it.*

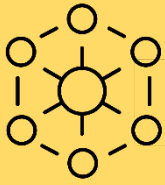
### Suggestions

*They give a laundry card. Not all laundromats will let you use these cards. There are lots of places that won't use them. [Staff] used [their] own money and got reimbursed. Tokens would maybe work.*

*I'd probably like to see them two or three times a week.*

*I would have more groups... just here [at the CSA building] to chill and to play board games and hang out with everybody. I actually met two of my friends that way.*

*If someone needed an appointment way out of town, like Iowa City, it would be good to set aside time and resources to get them there.*



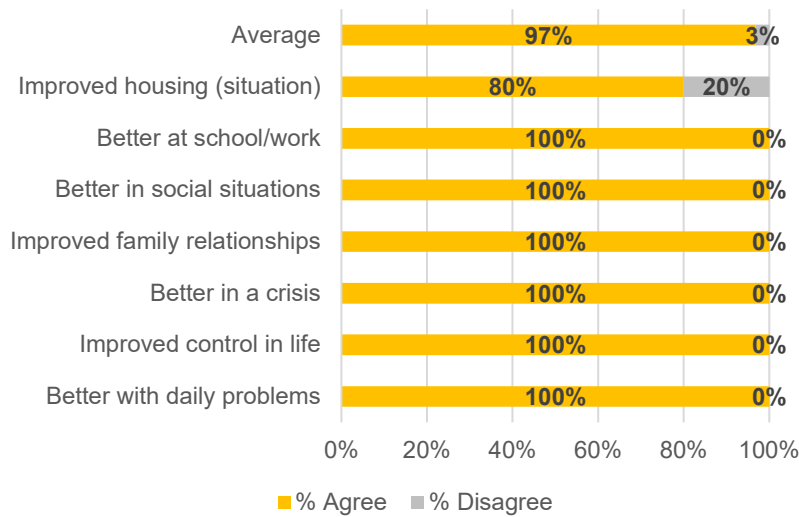
# QUALITY OF LIFE

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

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

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

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



<sup>23</sup> Since I entered the program...

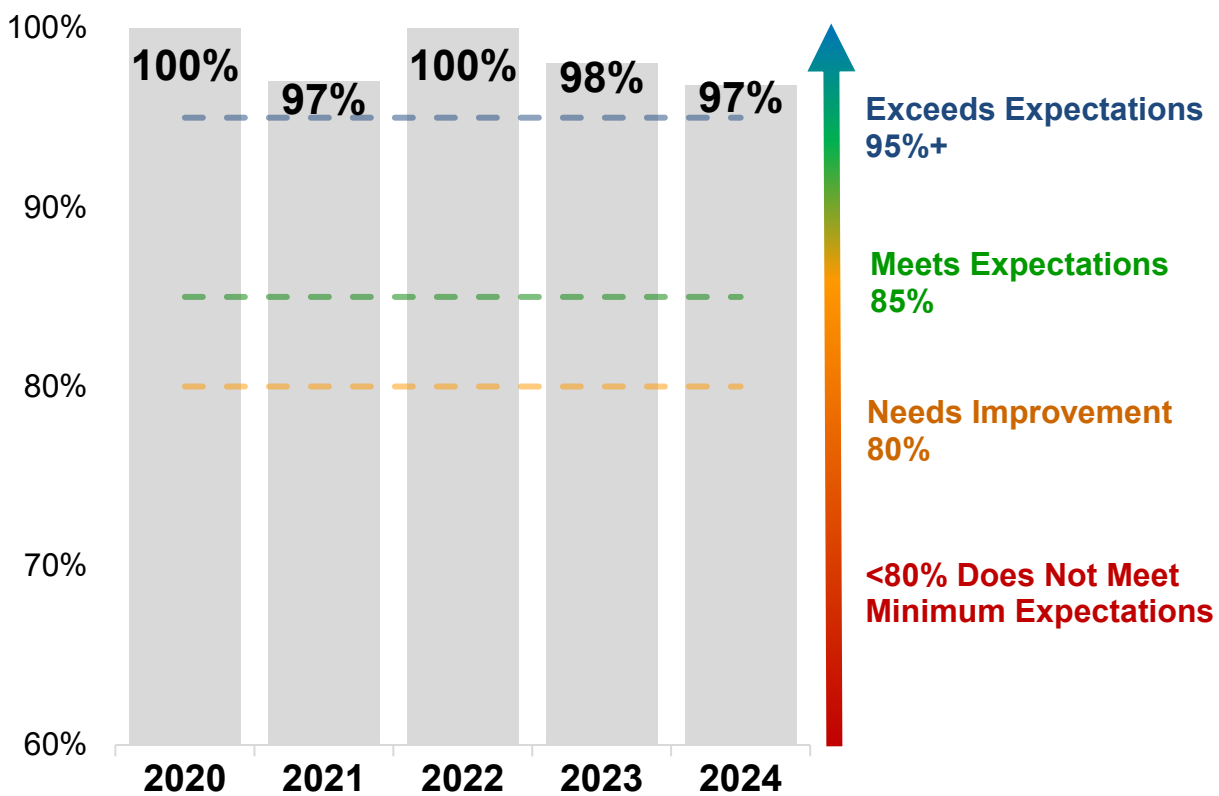
1. I deal more effectively with daily problems
2. I am better able to control my life
3. I am better able to deal with a crisis
4. I am getting along better with my family
5. I do better in social situations
6. I do better at school or work
7. My housing situation has improved

Participant **Quality of Life** measures received ratings ranging from 80% to 100% across items (Figure 17).

- 100% of participants agree with 6 of the 7 **Quality of Life** items.
- Participant agreement was lower regarding *housing situations* (80%).

**Quality of Life** averaged a 97% rating in 2024, maintaining a five year trend with performance ratings in the **Exceeds Expectations** category. From 2020-2024, performance ratings have ranged from 97% to 100%.

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



# Summary Table

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

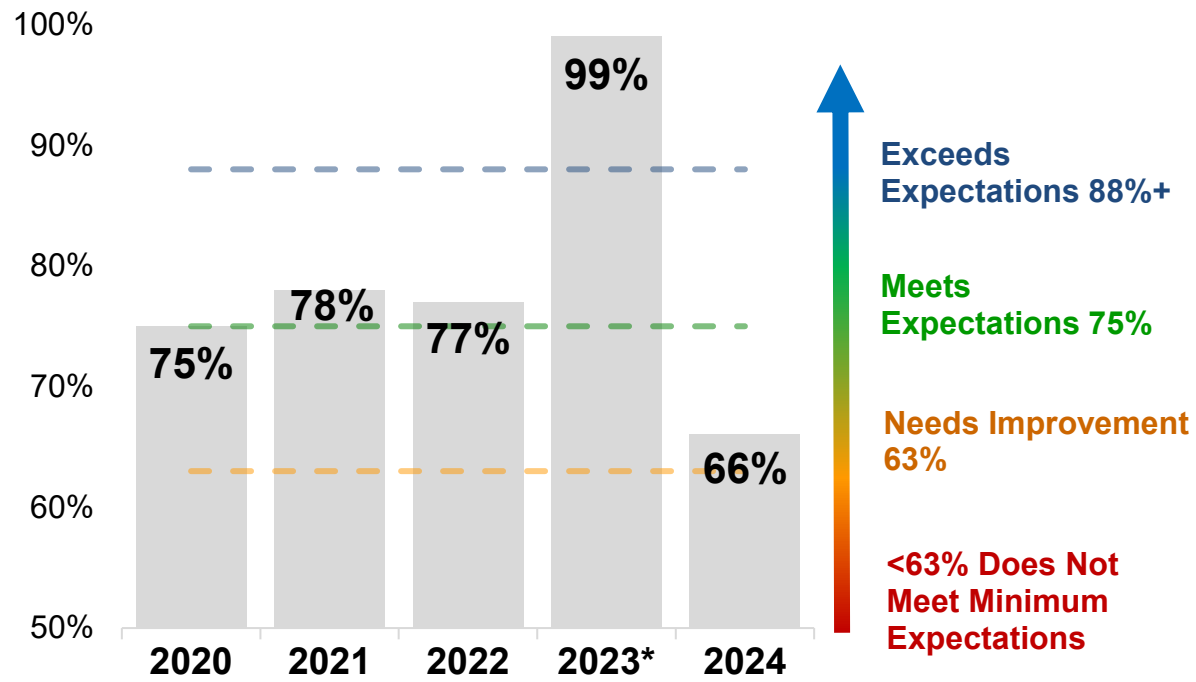
**Table 2. 2019 - 2024 Summary Table KEY Outcome Scores and Performance Ratings**

	2019		2020		2021		2022		2023^		2024*	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	91%	4	93%	4	92%	4	91%	4			93%	4
Engaged Toward Employment	49%	4	35%	3	33%	3	27%	3			28%	3
Working Toward Self-Sufficiency	21%	3	19%	3	33%	4	15%	2			25%	3
Education	41%	4	11%	2	24%	3	24%	3			17%	2
Somatic Care	98%	3	82%	1	89%	1	95%	3			42%	1
Community Inclusion	98%	4	45%	1	52%	1	75%	2			25%	1
Participant Empowerment	98%	4	87%	2	90%	3	87%	2			53%	1
Negative Disenrollment	0%	4	4.51%	1	2.40%	3	2.31%	3			1.89%	3
Hospital Bed Days	0.03	4	0.07	4	0.91	4	1.94	4			0.25	4
Emergency Room Visits	0.00	4	0.05	4	0.26	1	0.14	2			0.019	4
Involvement in the Criminal Justice System	3.82	2	8.41	1	0.69	4	15.70	1			9.74	1
Homelessness	0.00	4	0.00	4	0.00	4	0.00	4			1.75	2
Participant Satisfaction	98%	4	100%	4	100%	4	99%	4	100%	4	100%	4
Quality of Life	97%	4	100%	4	97%	4	100%	4	98%	4	97%	4
Family and Concerned Others Satisfaction	95%	4	-	-	-	-	90%	4	-	-	-	-
Agency Overall Performance	88%	4	75%	3	78%	3	77%	3	99%	4	66%	2
Adjusted Overall Performance											63%	2

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

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

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





## Appendix A. Program Description

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

## Appendix B. Participant Interview Script

<b>Full Survey item (<i>Participant Satisfaction</i>)</b>	<b>Abbreviated Survey item</b>
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
<b>Full Survey item (<i>Quality of Life</i>)</b>	<b>Abbreviated Survey item</b>
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

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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.

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## Appendix D. Outlier Analysis

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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 KEY System, there were too few cases of hospital stays, involvement in the criminal justice system, and homelessness to conduct an outlier analysis. This issue will be addressed in the next steps to ensure meaningful interpretation of outcomes for FY25.

### 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

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### 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