














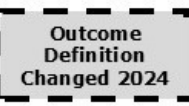



# Appendix A. Agency Level Summaries

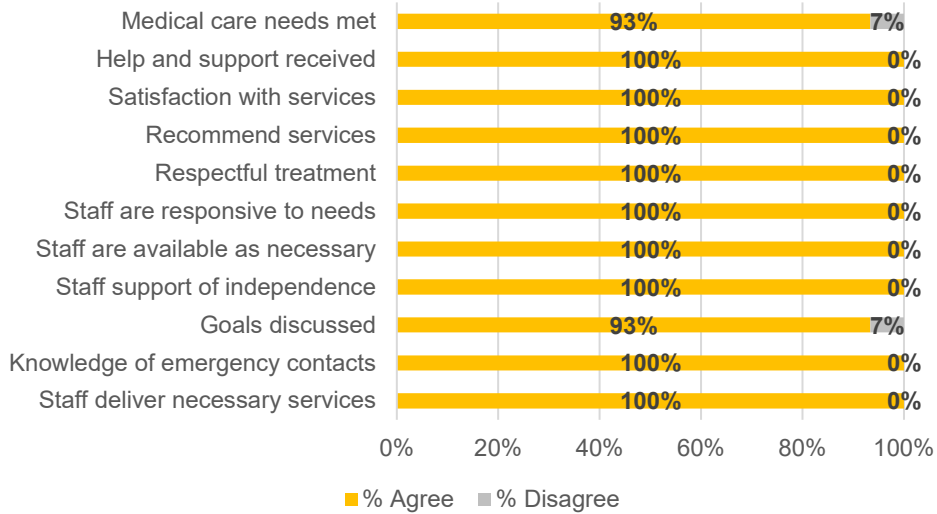
## Broadlawns

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

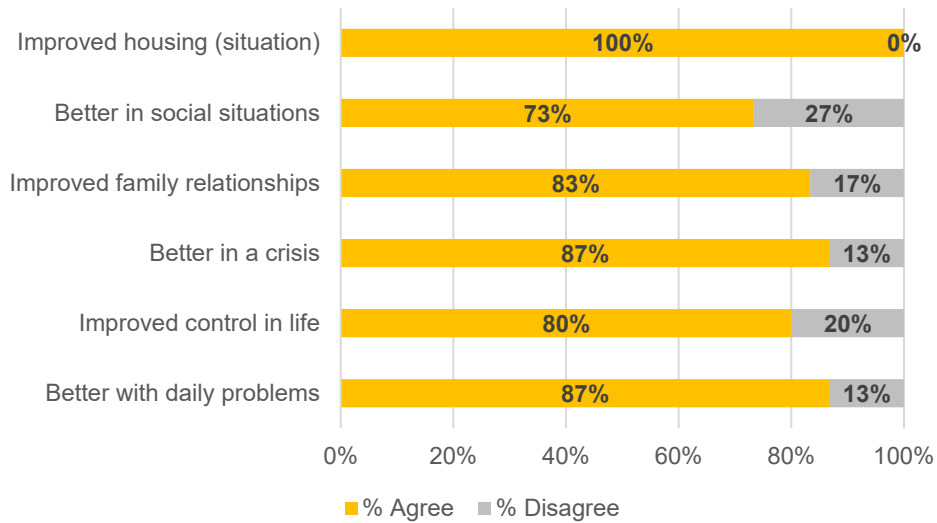
**Broadlawns Performance by Outcome 2021-2024**

	2021		2022		2024	
	Performance	Score	Performance	Score	Performance	Score
Housing	99%	4	99%	4	92%	4
Engaged Toward Employment	41%	4	20%	3	10%	1
Working Toward Self-Sufficiency	19%	3	10%	1	5%	1
Education	31%	3	35%	3	11%	2
Access to Somatic Care	94%	2	92%	2	79%	1
Community Inclusion	48%	1	54%	1	66%	2
Participant Empowerment	60%	1	86%	2	73%	1
Negative Disenrollment	0.00%	4	0.45%	4	5.44%	1
Hospital Bed Days	1.97	4	3.15	3	0.84	4
Emergency Room Visits	0.01	4	0.02	4	0.01	4
Involvement in the Criminal Justice System	1.46	3	1.00	3	0.53	4
Homelessness	0.41	3	0.88	3	5.06	1
Participant Satisfaction	95%	4	95%	4	99%	4
Quality of Life	90%	3	88%	3	86%	3
Appropriate Disenrollments	32%	4	12%	3	20%	3
Agency Overall Performance	76%	3	73%	2	60%	1
Adjusted Overall Performance	-	-	-	-	56%	1

### Broadlawns Participant Satisfaction Results by Item (N=15)



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



## Broadlawns Participant Comments (N=15)

### Services Delivered Effectively

*They show me how to do things without needing to rely on them.*

*I get help with paperwork and filling out things. They help me meet people and get involved with the community as well.*

*When I first was in contact with [staff], I didn't know much about Section 8 and food stamps. [They] applied for all those services for me. Recently I had an episode... last year, and [they] got me a therapist. For my kids [they] will do Toys-for-Tots.*

*We talked about paying off my debt. One big thing that happens is that when I have an episode, I spend money on credit cards. So that's one big thing I'm working on. And we talk about home ownership as well. [Staff] talked about the family self-sufficiency program. They're a part of Section 8. It's a home ownership program, and I'm working with them. And as I pay my debt, and improve my credit, I can work toward home ownership.*

### Positive Relationships with Agency or Staff

*[Staff] didn't talk down to me and [they] treated me as an equal in a very professional way.*

*The whole staff makes my life better. I've been going to Broadlawns for many, many, years. They're good to me.*

*It's like you're family to them. You're not just a patient.*

*[Staff] has made it so I don't have to stretch myself financially with [their] help. I'm not as stressed about paying my full amount of my rent. Also, if I miss a doctor's appointment [they'll] call and say, 'Hey, have you scheduled another one?' So, I feel like I have support in the community. And if anything changes over the year, [they'll] check if my income changes and will make sure I don't have any trouble. Last time [they] spent a full hour just talking.*

### Positive Impacts of Services

*I'm able to pay my bills on time. Just getting me into this apartment has eased such an economic burden that it's easier to pay bills.*

*I'm on a medication that has made my mental illness better and I've been able to stay out of the hospital for 16 months. I'm basically able to function more normally and get along with my peers and stay involved with my peers and stay in close contact with my family. ...to just live a healthier lifestyle.*

*It's easier to manage my daily routine.*

*My brother and I have a better relationship. The communication is absolutely better.*

## Concerns
















*Needing to get into the hospital for a stay, getting into there, I wish that was a lot easier [to access crisis services]. I know they're full a lot of the times, but they make it complicated to be able to be evaluated.*

## Suggestions

*I would like to have more help in grocery [or] food.*

*When I called and couldn't get ahold of [staff] immediately, it was about my food stamps and, [they] got back in 24 hours. But I had to reapply for food stamps, and I don't know if [staff] has a lot of people who [staff] works for but maybe a smaller case load [for them].*

# CSA

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Expectations
 PARTICIPANT SATISFACTION	 QUALITY OF LIFE	 COMMUNITY INCLUSION	 PARTICIPANT EMPOWERMENT
 INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM	 ENGAGED IN EMPLOYMENT	 WORKING TOWARD SELF-SUFFICIENCY	 SOMATIC CARE
 PSYCHIATRIC HOSPITALIZATIONS	 APPROPRIATE DISENROLLMENT	 NEGATIVE DISENROLLMENT	 EDUCATION
 EMERGENCY ROOM VISITS PSYCHIATRIC CARE		 HOMELESSNESS	
 HOUSING			

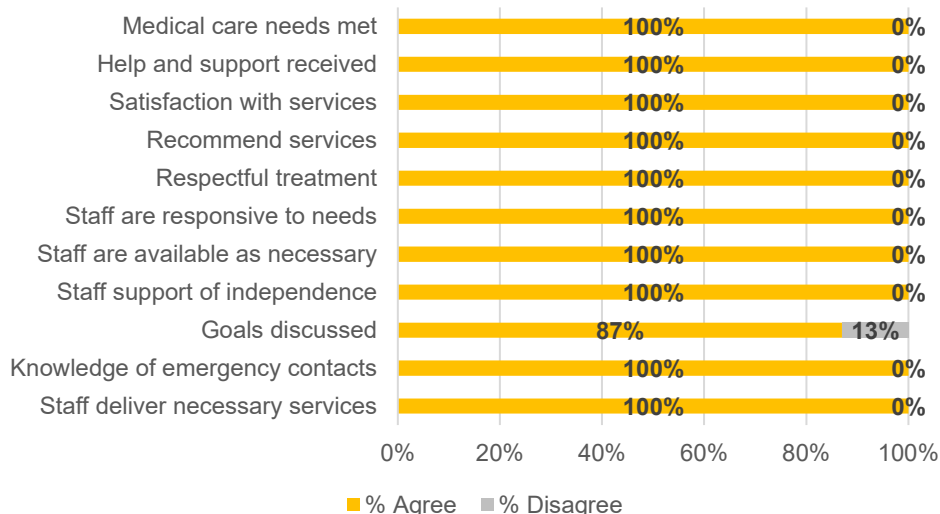
Performance Thresholds do not apply for 2024

Outcome Definition Changed 2024

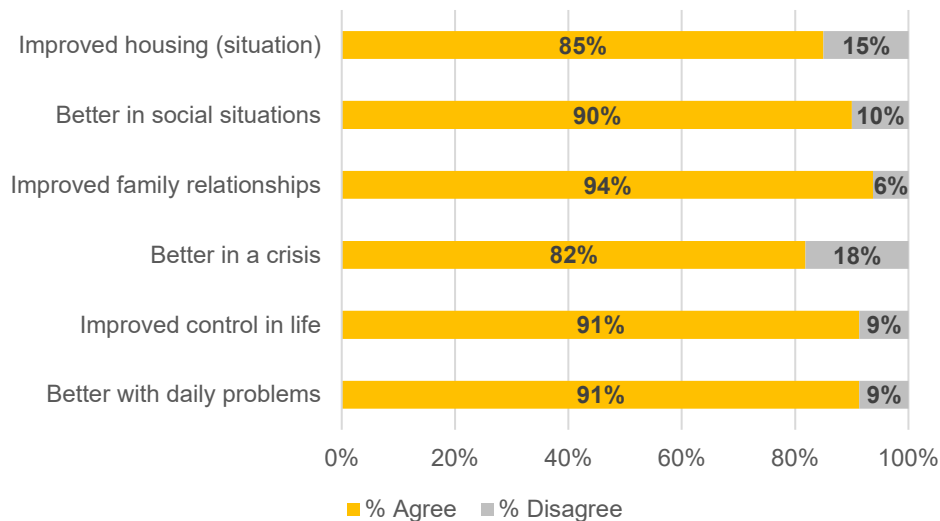
**CSA Performance by Outcome 2021-2024**

	2021		2022		2024	
	Performance	Score	Performance	Score	Performance	Score
Housing	89%	3	91%	4	98%	4
Engaged Toward Employment	47%	4	28%	3	19%	3
Working Toward Self-Sufficiency	31%	3	21%	3	13%	2
Education	20%	3	26%	3	7%	1
Access to Somatic Care	88%	1	79%	1	87%	1
Community Inclusion	59%	1	59%	1	70%	2
Participant Empowerment	92%	3	90%	3	78%	1
Negative Disenrollment	0.00%	4	0.00%	4	3.65%	2
Hospital Bed Days	0.97	4	1.23	4	0.03	4
Emergency Room Visits	0.1	3	0.06	3	0.00	4
Involvement in the Criminal Justice System	1.78	3	1.75	3	0.31	4
Homelessness	1.6	2	1.73	2	1.10	2
Participant Satisfaction	97%	4	97%	4	99%	4
Quality of Life	90%	3	91%	3	89%	3
Appropriate Disenrollments	11%	3	20%	3	19%	3
Agency Overall Performance	72%	2	78%	3	67%	2
Adjusted Overall Performance	-	-	-	-	56%	1

### CSA SC Participant Satisfaction Results by Item (N=23)



### CSA SC Quality of Life Results by Item (N=23)





## CSA SC Participant Comments (N=23)

### Services Delivered Effectively

*[Staff] was helping me about a year and a half ago, and I was having some health issues, and [staff] has been really good about it. I wasn't able to continue with my job, so [staff] has helped me with the disability and meeting regularly.*

*They get back to you the exact same day. They have a quick response to things.*

*The help that I'm getting... they help me understand how to fill out the applications and understand what they're saying. They help me get out and get to know the [metro] area because I'm new to the area. And they help me get out to see the area and understand where I am.*

*They try to give me resources and let me do the digging into it. I can decide if that's something I want or don't want.*

*I'm capable of doing things that I didn't think I could. And that's because there are people out there who help. Like with the computer, I don't understand, and [staff's] been there to help me take care of it. [They'll] walk through the steps with me.*

### Positive Relationships with Agency or Staff

*CSA has been helpful in figuring out how to pay for medication... and just general support. And to know I have support has been calming because I'm incredibly anxious all the time. Having someone I can call or go to if I have something or a question has been really big for me.*

*[Staff] treats me like a friend. [Their] demeanor and the things that [staff] says shows me that [staff] really cares. And [their] willingness to be available.*

*They don't talk down to me because I was in prison. And they don't treat me like I'm an ex-con. They treat me like a regular guy on the street that needs help.*

*[Staff] doesn't talk to me in a condescending way. I feel like our conversations are pretty casual and we crack a few jokes. I feel respected in the way that [staff's] able to have a conversation with me in a way that I'm most comfortable.*

### Positive Impacts of Services

*I'm getting out more, and I'm talking to people, and my attitude is different. And if they don't want to talk to me that's okay. I don't need to be friends with everyone.*

*I don't just run away and hide like a hermit anymore.*

*I'm more able to deal with day-to-day things and not get all frustrated and worked up about it.*

*After therapy and talking with people I'm actually able to get things done instead of nothing for weeks. It's a really big improvement. Just daily tasks and getting out of bed and trying not to sleep as much too.*

## Concerns

*[An individual identified their apartment has numerous issues: poor repairs by inexperienced workers, malfunctioning doors and appliances, and significant maintenance problems such as plumbing issues and uncleaned air ducts. The landlord has failed to address these problems and appears unconcerned.] He's a slumlord and doesn't care as long as he gets paid. [There are also safety concerns, including a dangerous snake sighting and neglected yard work.] I don't know if [staff] has been here to see it. They need to shut this place down.*

*If I need something, they can help me go get it. It does take a while though, so I usually get certain things by myself.*
















*Communication has gotten better, but it still needs improvement. Better communication on when staff isn't going to be there. It happened a lot last year, but they hired a new manager and they're doing a much better job.*

## Suggestions

*Well, I'd like to see [staff] more often, but I know that they're busy with load after load of people. They need to lighten [their] caseload because [staff] has been overworked.*

*Staff that provides the services should be paid more so there's not as much turnover.*

# Eyerly Ball

Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Expectations	
 PARTICIPANT SATISFACTION	 INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM	 ENGAGED IN EMPLOYMENT	 PARTICIPANT EMPOWERMENT	 QUALITY OF LIFE
 HOUSING			 WORKING TOWARD SELF-SUFFICIENCY	 SOMATIC CARE
 PSYCHIATRIC HOSPITALIZATION S			 EDUCATION	 COMMUNITY INCLUSION
 EMERGENCY ROOM VISITS PSYCHIATRIC CARE			 APPROPRIATE DISENROLLMENT	 NEGATIVE DISENROLLMENT
				 HOMELESSNESS

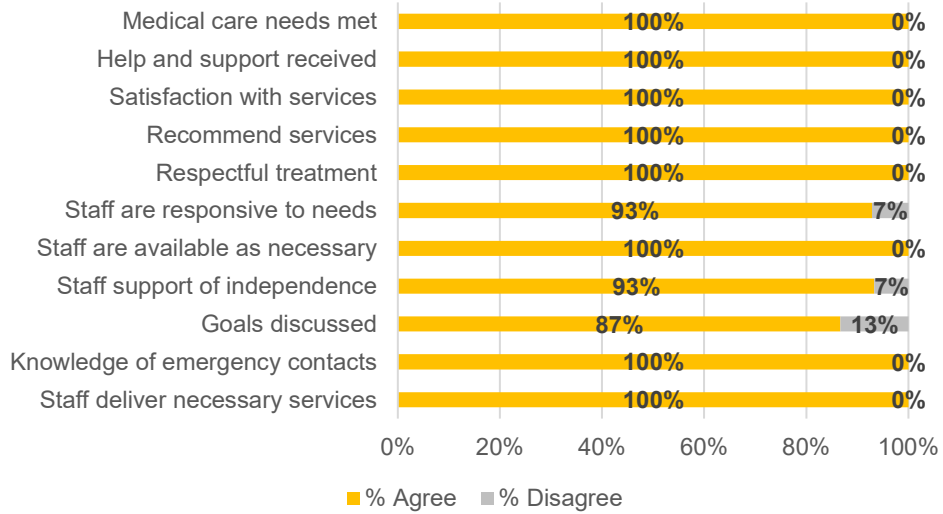
Performance Thresholds do not apply for 2024

Outcome Definition Changed 2024

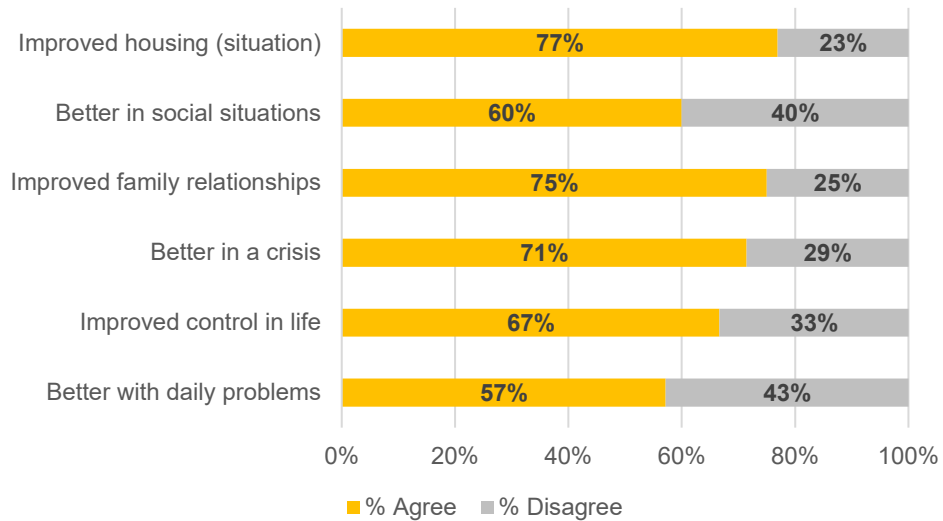
**Eyerly Ball Performance by Outcome 2021-2024**

	2021		2022		2024	
	Performance	Score	Performance	Score	Performance	Score
Housing	93%	4	97%	4	93%	4
Engaged Toward Employment	34%	3	21%	3	13%	2
Working Toward Self-Sufficiency	19%	3	12%	2	8%	1
Education	10%	2	9%	1	9%	1
Access to Somatic Care	92%	2	89%	1	89%	1
Community Inclusion	59%	1	55%	1	49%	1
Participant Empowerment	82%	1	74%	1	75%	1
Negative Disenrollment	0.00%	4	0.95%	4	23.53%	1
Hospital Bed Days	0.59	4	1.21	4	0.54	4
Emergency Room Visits	0	4	0.01	4	0.03	4
Involvement in the Criminal Justice System	2.21	3	1.60	3	1.85	3
Homelessness	4.39	1	2.03	1	5.55	1
Participant Satisfaction	95%	4	97%	4	98%	4
Quality of Life	87%	3	89%	3	68%	1
Appropriate Disenrollments	16%	3	21%	4	9%	1
Agency Overall Performance	69%	2	72%	2	50%	1
Adjusted Overall Performance	-	-	-	-	44%	1

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



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



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

### Services Delivered Effectively

*They got me services so that I can still stay in my house.*

*When I need something, I can call them, and if they're busy they'll get right back to me.*

*They paid for my rent for 13 months until I got my disability. [Staff] also talked with me about being transgender and that was very, very, helpful.*

*Most of the time, if it's possible for them to help me, they help me. If they can't, they'll help guide me on what to do or where to go or to do something else.*

### Positive Relationships with Agency or Staff

*They're kind. I really respect that. They know about me because they've been with me for a long time. I text them all the time and tell them how I appreciate them.*

*[Staff's] nice, very polite. I feel that I can talk to [them] about mental health and there are not many people that I can do that with.*

*[Staff] doesn't rush me. [Staff] helps me. I look forward to seeing [them].*

### Positive Impacts of Services

*This is my third year of being in this unit, and having such a great team gives me a sense of purpose.*

*Getting things done [is easier]. Just having help doing things and moral support [makes it easier].*

*I'm able to do better with a crisis. I'm able to handle my decisions through life better.*

*Self-control is easier to manage. Being mentally capable of taking a negative situation and turning it into a positive situation.*

*I've been able to deal with daily problems better than before. My anger used to really get to me, and I've been doing really good with getting control of my anger.*

### Concerns

*It all depends on availability. There aren't enough mental health workers to go around.*

### Suggestions

*The availability of staff, that's the biggest change we need to see. We need more staff.*

## Appendix B. Interview Scripts

### 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 SC program. Interviews were conducted by phone. The interview questions are included as Appendix A of the report. Agree/disagree responses to the questions make up the statistics used for the **Participant Satisfaction** and **Quality of Life** outcome scores. Comments from the interviews are included in this report. Although direct quotations are used, neither names of respondents nor staff members are included and gendered pronouns (e.g. he, she his, hers) of both respondents and staff members were replaced with they/ them to de-identify comments.

### 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 and GA-only participants are exempted from being employment eligible. This definition change resulted in more individuals being considered employment eligible.



## FY24 Data – A Baseline Year

- FY24 is a baseline year for program performance and will serve as a benchmark for subsequent years (FY25 and beyond).
- FY24 outcome data should not be compared to previous years because of the following context and changes:
  - Process transition in documentation
    - The Polk County MHDS began its transition to CSN in FY23, because of this, outcome data tracking and reporting was not required.
    - Since FY24 is the first year of required outcome reporting in a new data management system, data entry processes and verification of results are not reliable enough to be valid for assigning performance thresholds.
  - Data aggregation methods
    - Since FY22 (most recent year of outcome data collection), the FY24 system now has capability to track unduplicated individual counts for calculating outcome metrics.

## Appendix D. Outlier Analysis

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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: ***Involvement in the Criminal Justice System, Homelessness, and Hospital Bed Days***. 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 Service Coordination System, none of the individual agencies had outcomes that were considered outliers when comparing participants within each agency. However, when looking at the SC system as a whole, one outlier was identified: **a participant who spent 153 days in a psychiatric hospital**. This means that, within the participant's agency, their experience wasn't unusual enough to be flagged as an outlier, but compared to participants across the entire system, it was significantly different from the typical experience.

## 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