Polk County Mental Health & Disability Services Region

2024 Service Coordination

Outcomes Evaluation

LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

The SC system 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.

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

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

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

"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."

"[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."

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

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

Outcome performance was disrupted by transition year

Performance across SC agencies 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.

Neither outcome area had received a *Does Not Meet Minimum Expectations* rating, until 2024.

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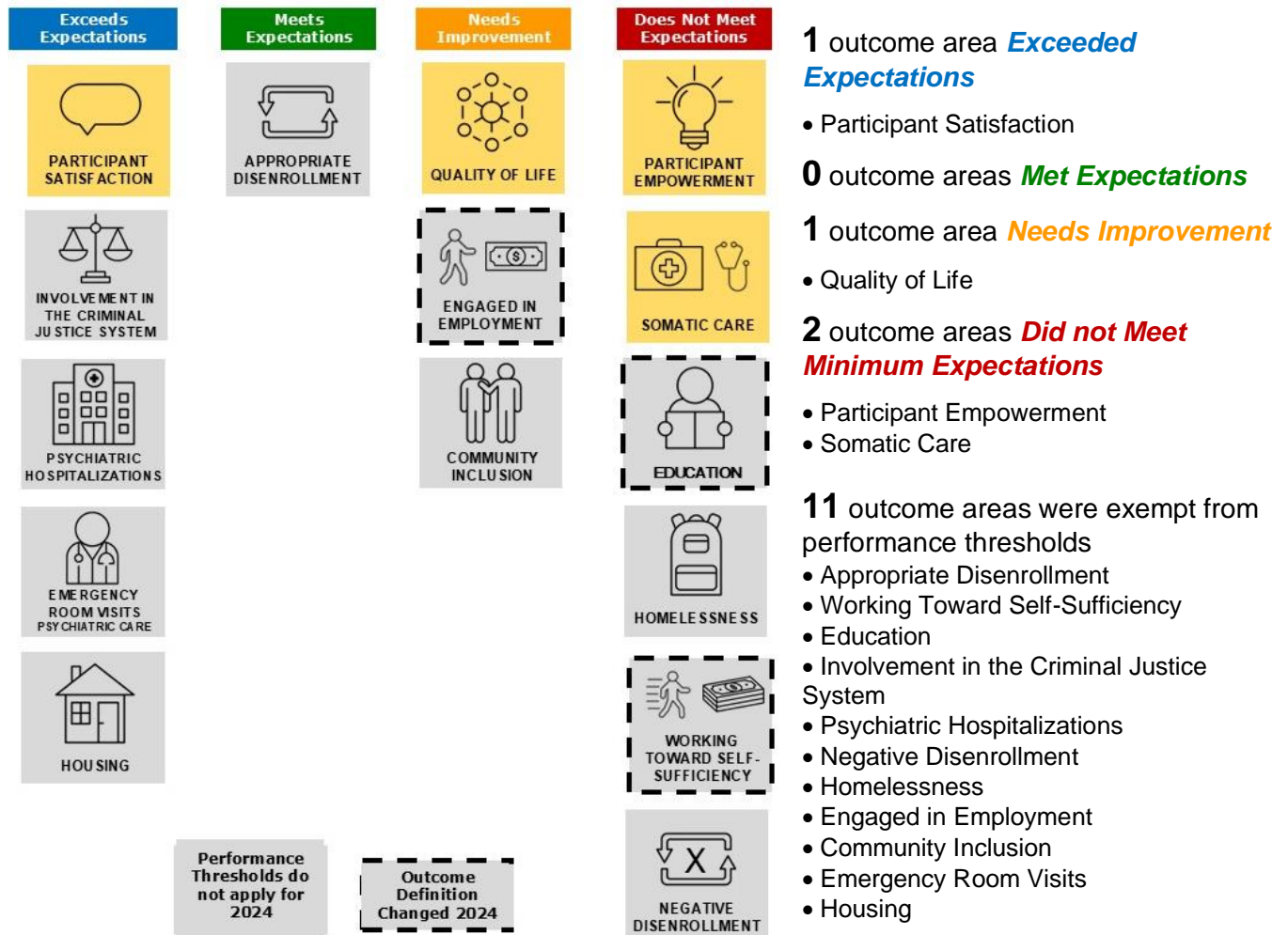
Service Coordination Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Service Coordination Program from July 1, 2023, through June 30, 2024. The three service coordination (SC) programs evaluated are

- Broadlawns Medical Center,
- Community Support Advocates (CSA), and
- Eyerly Ball

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 targets are shown for perspective; only 5 areas are scored (Somatic Care Empowerment, Participant Satisfaction, Quality of Life, and Administrative). In 2024, the SC System *Met* or *Exceeded Expectations* in **1** of **4** outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2024 Performance SC System Averages

1 outcome area *Exceeded Expectations*
- Participant Satisfaction

0 outcome areas *Met Expectations*

1 outcome area *Needs Improvement*
- Quality of Life

2 outcome areas *Did not Meet Minimum Expectations*
- Participant Empowerment
- Somatic Care

11 outcome areas were exempt from performance thresholds
- Appropriate Disenrollment
- Working Toward Self-Sufficiency
- Education
- Involvement in the Criminal Justice System
- Psychiatric Hospitalizations
- Negative Disenrollment
- Homelessness
- Engaged in Employment
- Community Inclusion
- Emergency Room Visits
- Housing

Three entities serve as Service Coordination (SC) agencies to Polk County residents, namely Broadlawns, Community Support Advocates (CSA), and Eyerly Ball. There was a range of *Overall Performance* in 2024 (44%-56%) with all three agencies receiving a *Does Not Meet Minimum Expectations* rating for *Overall Performance* in 2024.

Figure 2. 2024 Overall Performance by Agency

Exceeds Expectations 88%+

Meets Expectations 75%

Needs Improvement 63%

<63% Does Not Meet Minimum Expectations
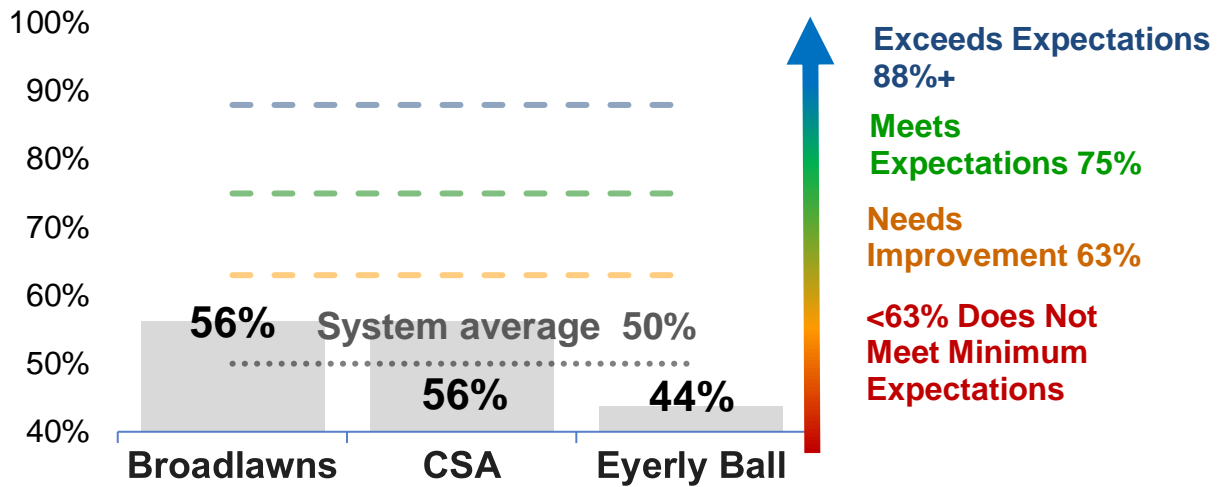
Compared to 2022, the Service Coordination network *Overall Performance* decreased by 39%, earning a system average of *Does Not Meet Minimum Expectations* at 50%.

Figure 3. SC System Performance 2020-2024

Exceeds Expectations 88%+

Meets Expectations 75%

Needs Improvement 63%

<63% Does Not Meet Minimum Expectations
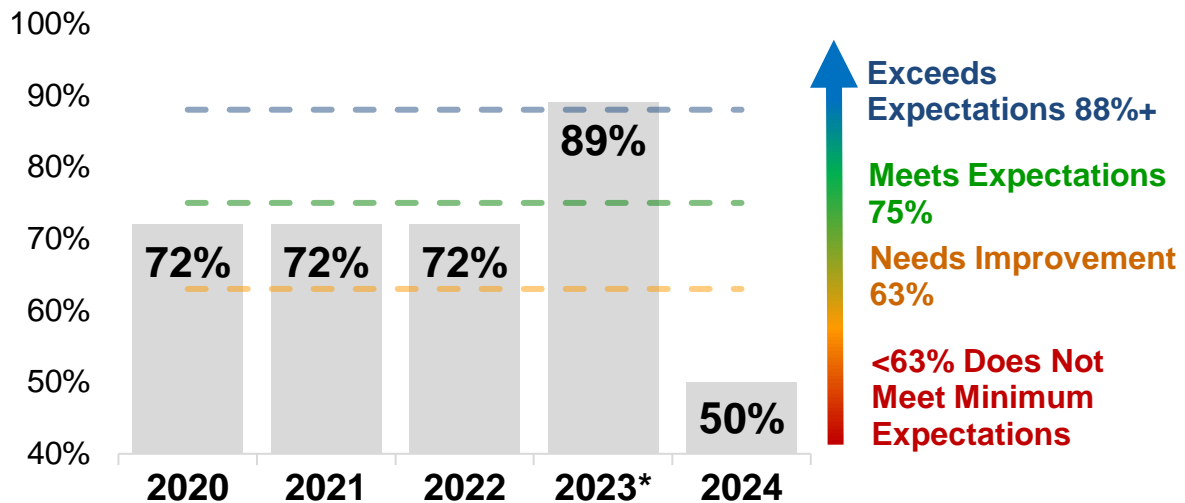
* Overall Performance calculation in 2023 based on limited (3) outcome areas

Service Coordination Outcomes

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

The Service Coordination Evaluation includes 15 outcome areas, outlined below

1. *Quality Services*
   1. Participant Satisfaction
   2. Quality Of Life
   3. Negative Disenrollment
   4. Participant Empowerment
   5. Appropriate Disenrollment
2. *Community Integration*
   6. Housing
   7. Engagement Toward Employment
   8. Working Towards Self-Sufficiency
   9. Education
   10. Access To Somatic Care
   11. Community Inclusion
3. *Healthy Days In The Community[1]*
   12. Homelessness
   13. Involvement In The Criminal Justice System
   14. Psychiatric Hospitalizations
   15. Psychiatric Emergency Room Visits

Table 1. Average number of Participants by Agency 2024

Program	FY24	Typical Population per Program Directors
Broadlawns	154	Mental Illness
CSA	92	Mental Illness
Eyerly Ball	70	Mental Illness
SC System	316	

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

HOUSING

Metric	The percentage of individuals living in safe [2], affordable [3], accessible [4], and acceptable [5] living environments annually.
Intent	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. 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.
Rationale	The Polk County Region recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible, and acceptable housing. "Many people with a serious mental illness live on Supplemental Security Income (SSI), which averages just 18% of the median income and can make finding an affordable home near impossible." (NAMI)

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

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

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

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

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

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

- While all agencies received an *Exceeds Expectations* rating, agencies varied in performance within this performance threshold, with a range of 92%-98%.

Figure 4. Housing by Agency 2024
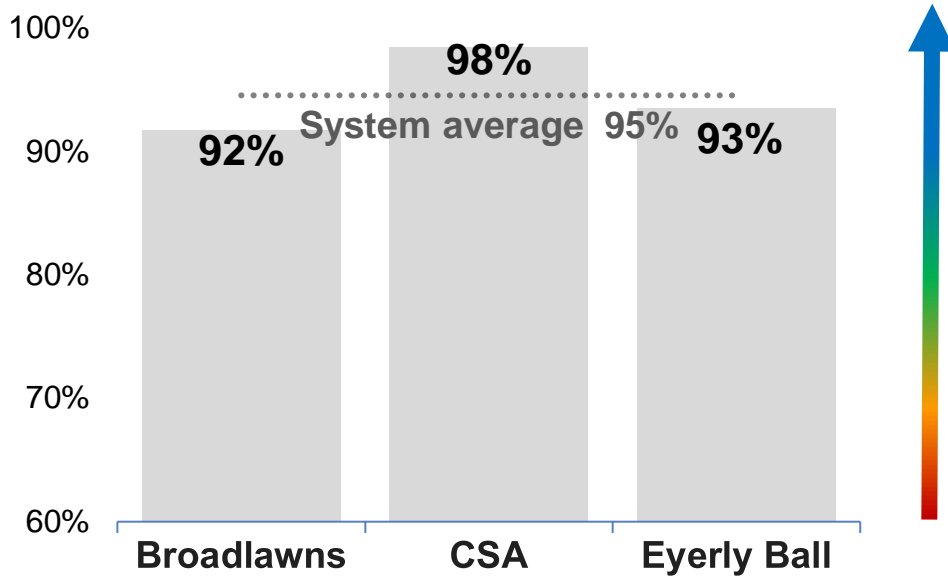
Over the last five years, Housing performance has consistently been in the 93-96% range, maintaining an *Exceeds Expectations* rating at the system level, with little variation in the past 5 years.

Figure 5. Housing System Average 2019-2024
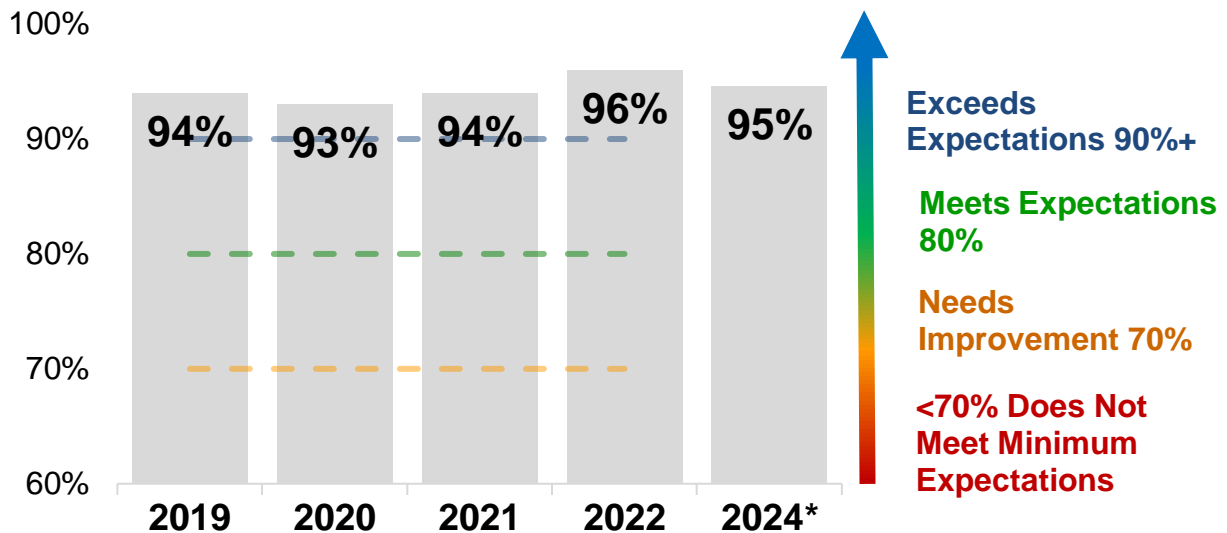
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

PROVIDER PERSPECTIVES

Housing

- Agencies report that finding affordable housing continues to be a significant challenge. Some examples of barriers which can exclude participants from safe housing options include:
    - Senate File 252 permitting rejection of renters using housing assistance
    - Proof of income requirements (can require documentation that renter's income is 3x monthly rent)
    - High upfront costs (deposits)
    - Rental application not considered due to eviction or criminal history
    - Section 8 vouchers aren't always sufficient to cover entire month's rent
- Agencies shared strategies and resources which helped mitigate housing challenges, including
    - Sharing accepting landlord connections across agency team members
    - **Polk County** provided critical housing assistance through director's exceptions and vouchers.
    - **IMPACT** and **IFA rental assistance** were noted as important housing support resources

Somatic Care

- Participants' engagement in somatic care was inconsistent, with some seeing regular care providers and others avoiding preventive health visits. Many participants were focused on mental health appointments and deprioritized somatic care.
- Reported barriers included loss of Medicaid benefits, difficulty finding doctors who accept Medicaid, avoidance of the doctor due to anxiety or discomfort, and long waits for appointments. Participants often felt healthy and felt preventative physical exams were not necessary.
- Encouraging participants to attend appointments by offering transportation and reminders was effective. Staff worked to ensure participants maintained their Medicaid coverage to access care.
- **Broadlawns Medical Center** and **Primary Health Care (PHC)** were key providers for uninsured or Medicaid participants. **NEMT** offered bus passes for participants attending more than two appointments per month.

ENGAGED IN EMPLOYMENT

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

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

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

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

For the **Engaged in Employment** outcome, performance across agencies ranged from 10% to 19%.

- One agency received a *Meets Expectations* rating.
- One agency received a *Needs Improvement* rating.
- One agency received a *Does Not Meet Minimum Expectations* rating.

Figure 6. Engaged in Employment by Agency 2024
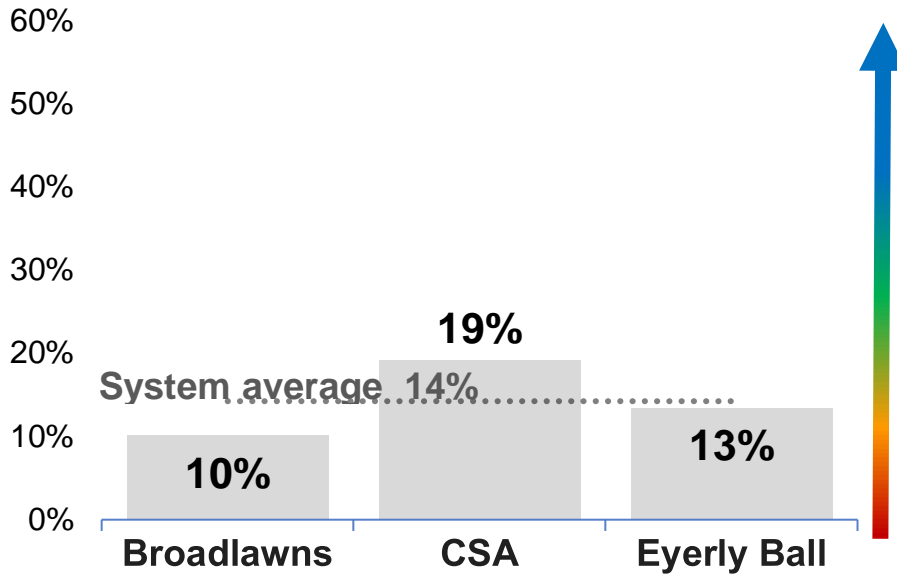
A 4-year trend of increasing performance for the **Engaged in Employment** outcome was disrupted in 2024. Compared to 2022, performance decreased **25%**, from 39% to 14%, moving from the *Meets Expectations* category to *Needs Improvement* in 2024.

Figure 7. Engaged in Employment System Average 2019-2024
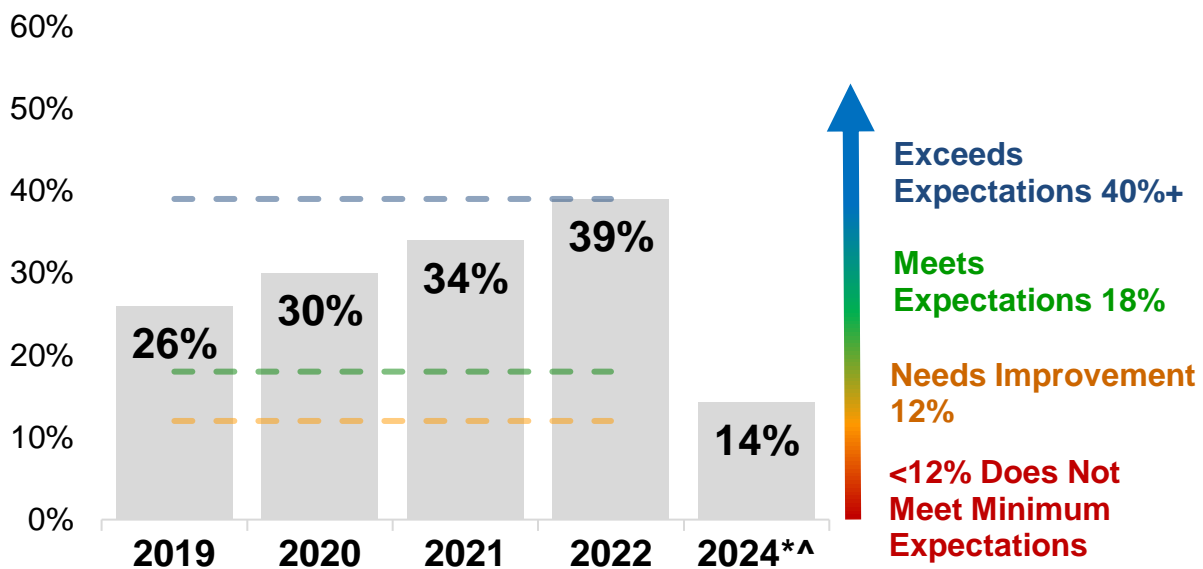
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.

WORKING TOWARD SELF-SUFFICIENCY

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

Performance Ratings	Exceeds Expectations 4 33%+	Meets Expectations 3 18% - 32%	Needs Improvement 2 12% - 17%	Does Not Meet Minimum Expectations 1 < 12%

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

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

Figure 8 shows *Working Toward Self-Sufficiency* in 2024, with performance percentages ranging from 5% to 13% in 2024

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

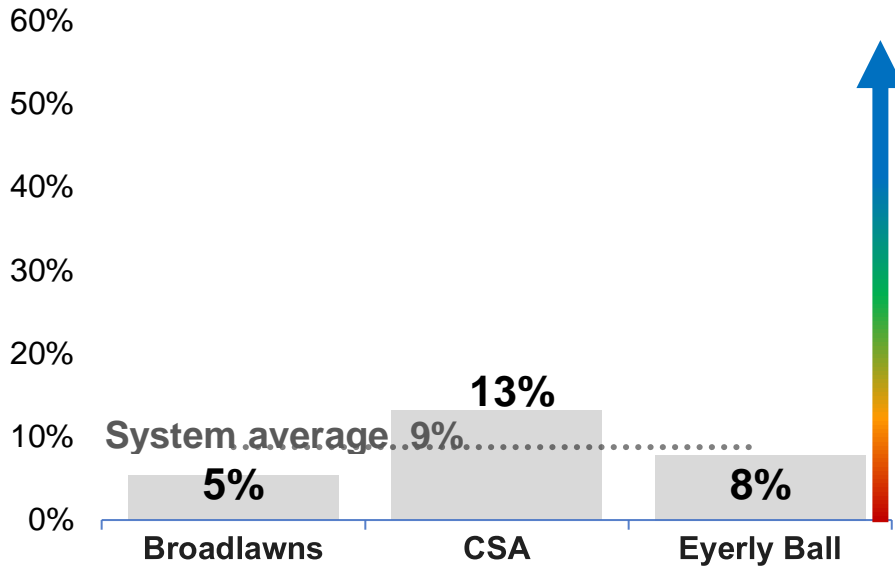**Figure 8. Working Toward Self-Sufficiency by Agency 2024**

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

- A four-year trend of increasing performance was disrupted in 2024. Compared to 2022, the 2024 system average **decreased by 12%** - from 21% to 9% - moving from the *Meets Expectations* category to the *Did Not Meet Minimum Expectations* category.

Figure 9. Working Toward Self-Sufficiency System Average 2019–2024
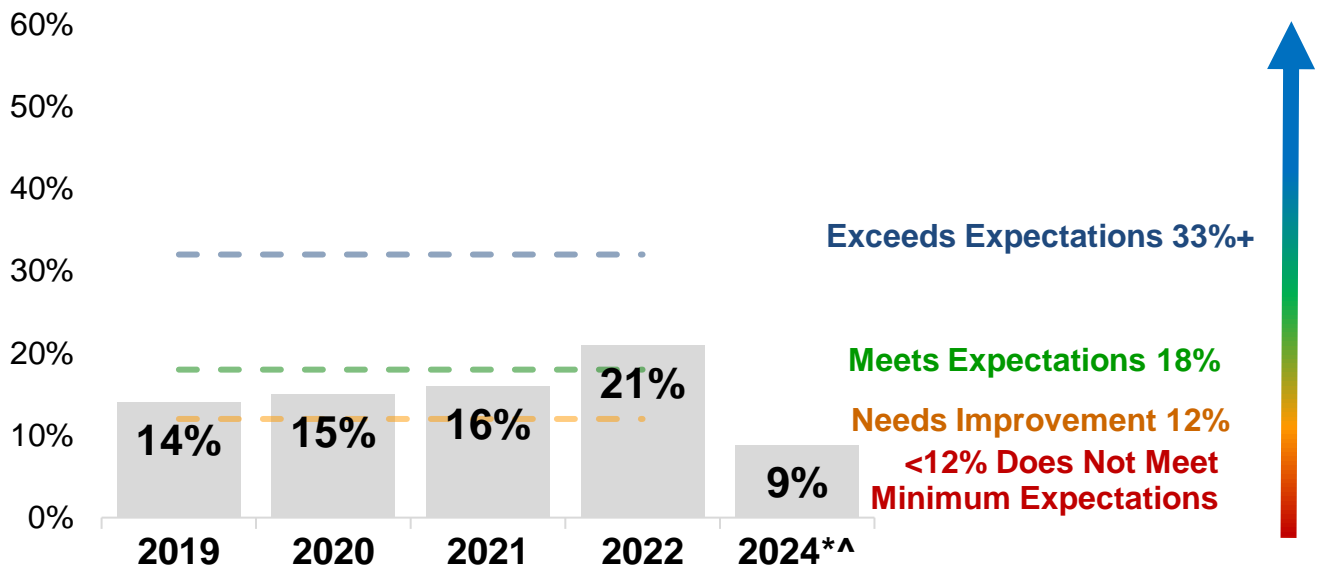
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.

EDUCATION

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

	Exceeds Expectations	**Meets Expectations**	**Needs Improvement**	**Does Not Meet Minimum Expectations**
Performance Rating	4	3	2	1
	40%+	20% - 39%	10% - 19%	< 10%

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[8] Measurement is captured in June and not averaged.

[9] A recognized training program meets the definition if "yes" is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill obtainment and produce a certificate that will secure, maintain, or advance employment opportunities/be of value to employers?

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

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

Figure 10 represents the percentage of individuals engaged in **Education** during the fiscal year across agencies. Agencies varied in performance, with a range of 7%-11%.

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

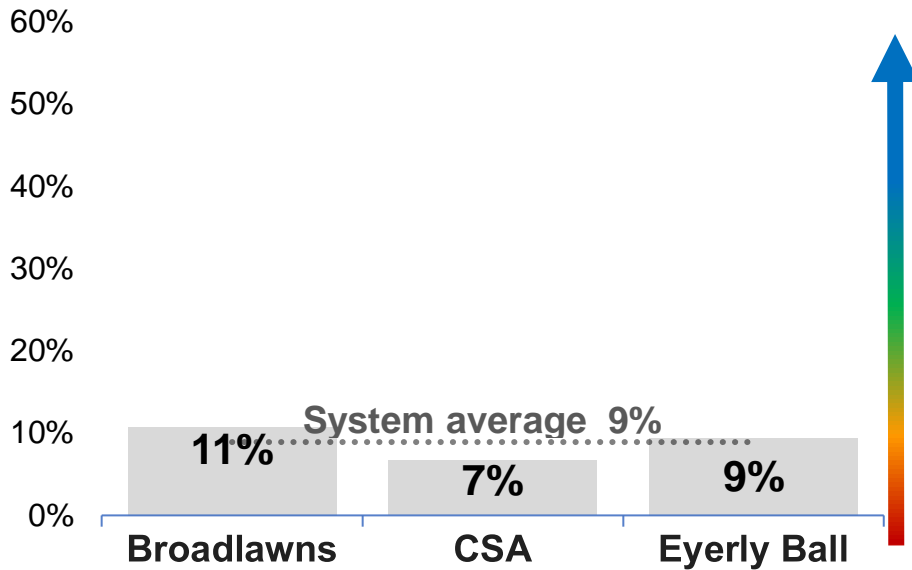**Figure 10. Education by Agency 2024**

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

- A four-year trend of decreasing performance continued in 2024. Compared to 2022, the 2024 system average **decreased by 12%** - from 21% to 9% - moving from the *Meets Expectations* category to the *Did Not Meet Minimum Expectations* category.

Figure 11. Education System Average 2019-2024
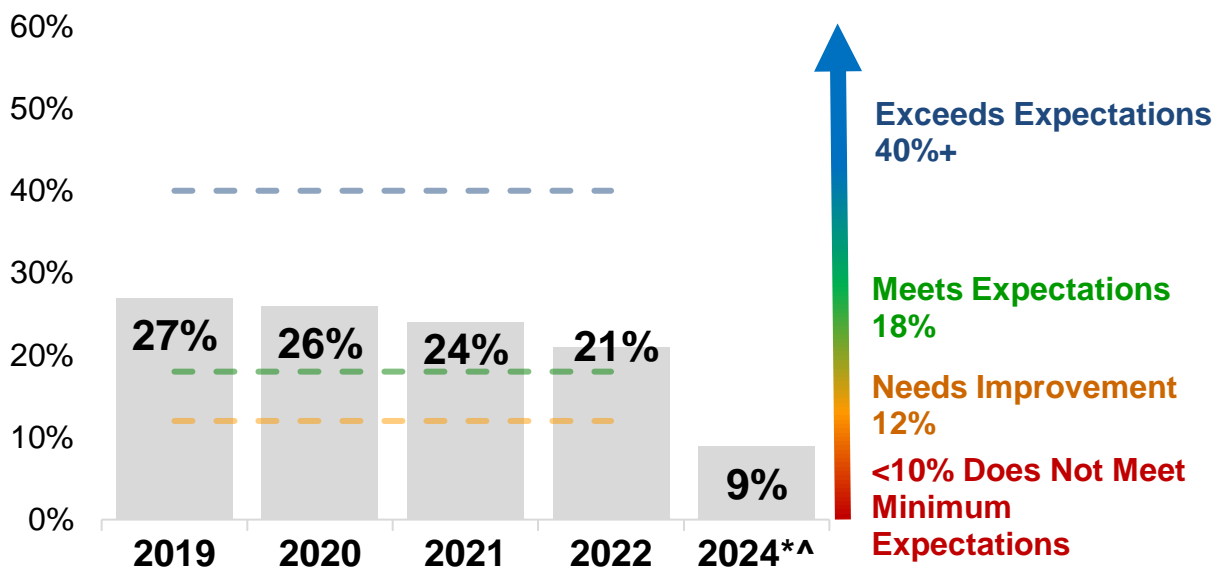
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

^ The definition of this outcome area changed in 2024.

SOMATIC CARE

Metric	The percentage of individuals having documentation supporting somatic care involvement with a physician [11], [12].
Intent	Program participants will receive somatic care.
	The intent of this outcome is to ensure that people have accessible and affordable healthcare.
Rationale	Americans with disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special health care needs that are not covered by their health insurance [source: The National Organization on Disability (N.O.D.)]. True independence requires accessible and affordable health care.
	The WHO reports a high degree of multi-morbidity between mental disorders and other noncommunicable conditions (cardiovascular disease, diabetes, cancer, and alcohol use disorders and states that co-management in primary care is a logical choice. "Individuals with … (a brain health) or substance use disorder have higher rates of acute and chronic medical conditions, shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general medical population" (Gerrity, 2014). Expenditures, such as emergency room visits, could be reduced through routine health promotion activities; early identification and intervention; primary care screening, monitoring, and treatment; care coordination strategies; and other outreach programs. (Gerrity, 2014).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	100%	95% - 99%	90% - 94%	< 90%

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[11] Measurement is captured in June and not averaged.

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

Figure 12 represents the percentage of individuals with documented involvement in **Somatic Care** with a physician. Performance ranged across all threshold categories, from 79%-89%
- All three agencies *Did Not Meet Minimum Expectations*

Figure 12. Somatic Care by Agency

Exceeds Expectations 100%

Meets Expectations 95%

Needs Improvement 90%

<90% Does Not Meet Minimum Expectations

Broadlawns: 79%
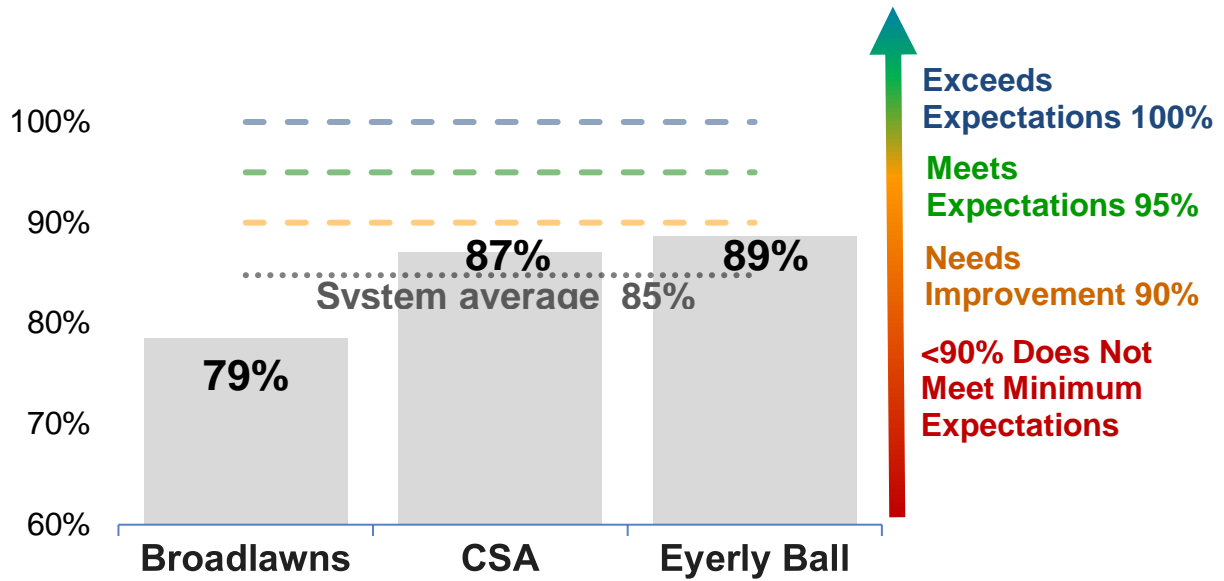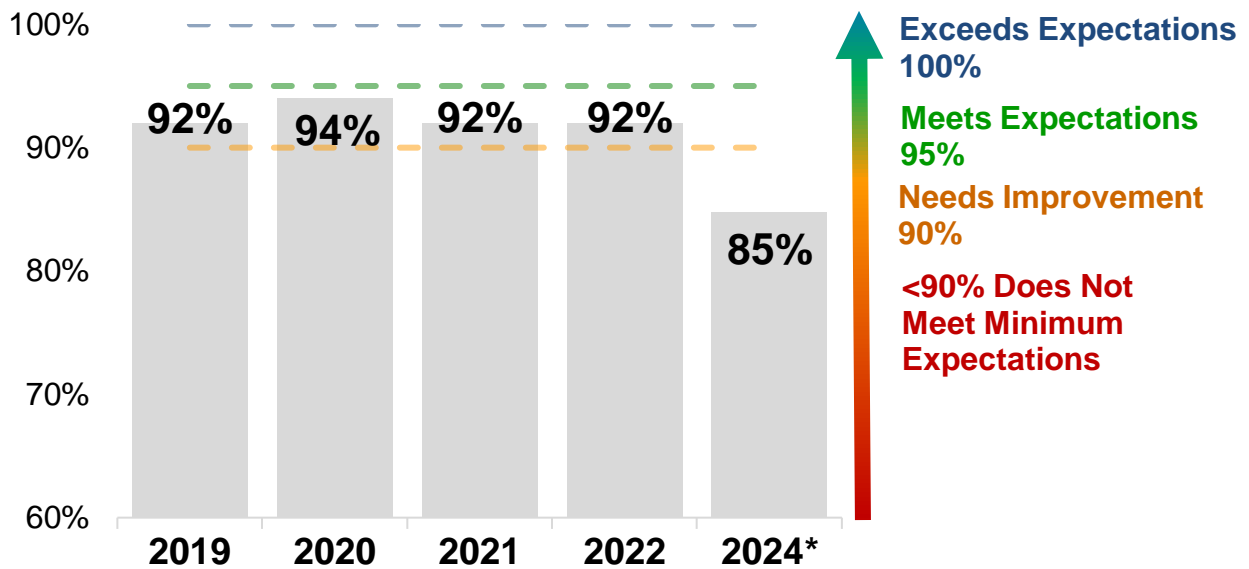CSA: 87%
System average 85%
Eyerly Ball: 89%

Figure 13 represents the system-level trends in **Somatic Care** from 2019 through 2024.
- Compared to 2022, there was a 7% decrease in the system average, moving from the *Needs Improvement* category over the last 4 years to the *Does Not Meet Minimum Expectations* category in 2024.

Figure 13. Somatic Care 2019-2024

Exceeds Expectations 100%

Meets Expectations 95%

Needs Improvement 90%

<90% Does Not Meet Minimum Expectations

2019: 92%
2020: 94%
2021: 92%
2022: 92%
2024*: 85%

* Outcome area not measured in 2023

PROVIDER PERSPECTIVES

Employment

- Universally engaging in employment across participants is challenging
    - Older and medically frail populations, especially those on the elderly waiver, are often unable to prioritize seeking employment due to health issues.
    - Participants were either medically unable to work or uninterested in low-paying jobs, particularly if they had higher qualifications.
- **Work support resources, like job coaching, are strained**
    - **Vocational Rehab**, **Workforce Development**, and **MEPD (Medicaid for Employed People with Disabilities)** provided employment-related services, though they were often under-resourced (agencies reported significant waitlists and staffing shortages). Vocational Rehab faced staffing shortages and only recently began accepting new applications.
    - Limited availability of job coaches and interpreters for non-English speakers hindered progress toward self-sufficiency.
- Advocacy and collaboration with employers to discuss mental health accommodations and flexible job roles helped participants succeed. The **Evelyn K. Davis Center** was a key partner in providing job development and support.
- The **City of Des Moines** also offers adult computer training for participants lacking basic technology skills needed for completing online applications and as work skills.

Education

- Education attainment was primarily work-related training or certification, though some participants did pursue degrees or attend community colleges like DMACC.
- Agencies reported that older participants, especially those nearing retirement, showed little interest in pursuing educational opportunities.
- Some agencies reported that documentation of education outcomes was hindered by a lack of clarity on qualifying education activities.

COMMUNITY INCLUSION

Metric	The percentage of program participants accessing and having ongoing involvement in 3 or more different community activities per year[13].
Intent	The intent of this outcome is to remove barriers to community integration activities so people with disabilities can participate with nondisabled people in community activities of their choice and become a part of the community.
	The intent is to address these participation gaps and to remove barriers to community integration activities so people with disabilities can participate with non-disabled people in community activities of their choice and become a part of the community.[14]
Rationale	Social isolation is a health risk. Individuals with disabilities spend less time outside the home socializing, going out, and participating in community activities. Differences in involvement in religious services, local politics, cultural events, outdoor activities, and community service organizations are greatest between individuals with and without disabilities. Little to no differences exist with respect to participating in community events related to hobbies, participating in volunteer work, attending special community events such as fairs and parades, and attending recreational activities such as sporting events and movie. (National Organization on Disability)

| **Performance Ratings**	**Exceeds Expectations** 4 95%+	**Meets Expectations** 3 90% - 94%	**Needs Improvement** 2 60% - 89%	**Does Not Meet Minimum Expectations** 1 < 60%

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[13] Measurement is captured in June and not averaged.

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

Figure 14 represents the percentage of program participants meeting the **Community Inclusion** outcome, ranging from 49%-70%
- Two agencies *Need Improvement*
- One agency *Does Not Meet Minimum Expectations*

Figure 14. Community Inclusion by Agency 2024
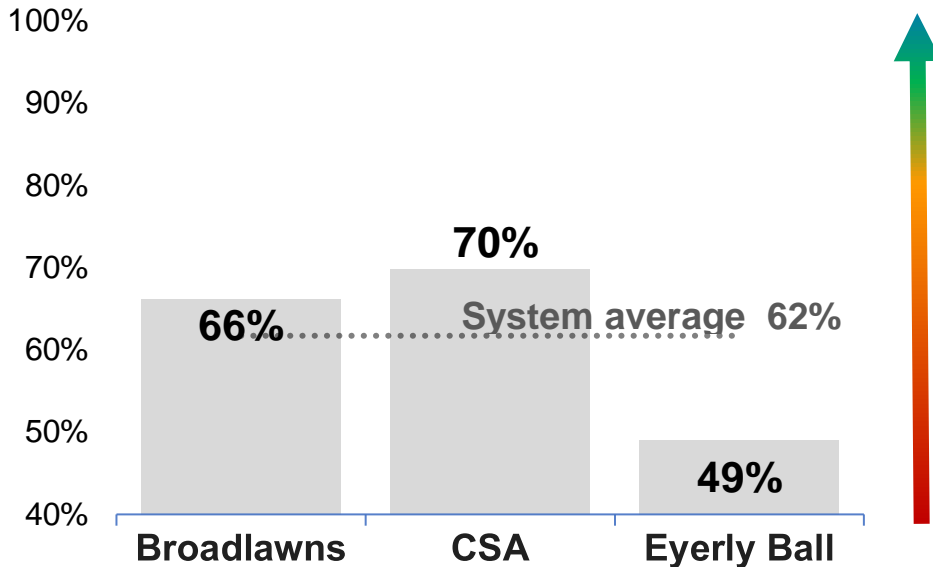
In 2024, a 3-year trend of decreasing **Community Inclusion** rates was disrupted, with an 8% increase in 2024, earning a *Needs Improvement* rating in 2024. Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020.

Figure 15. Community Inclusion System Average 2019-2024
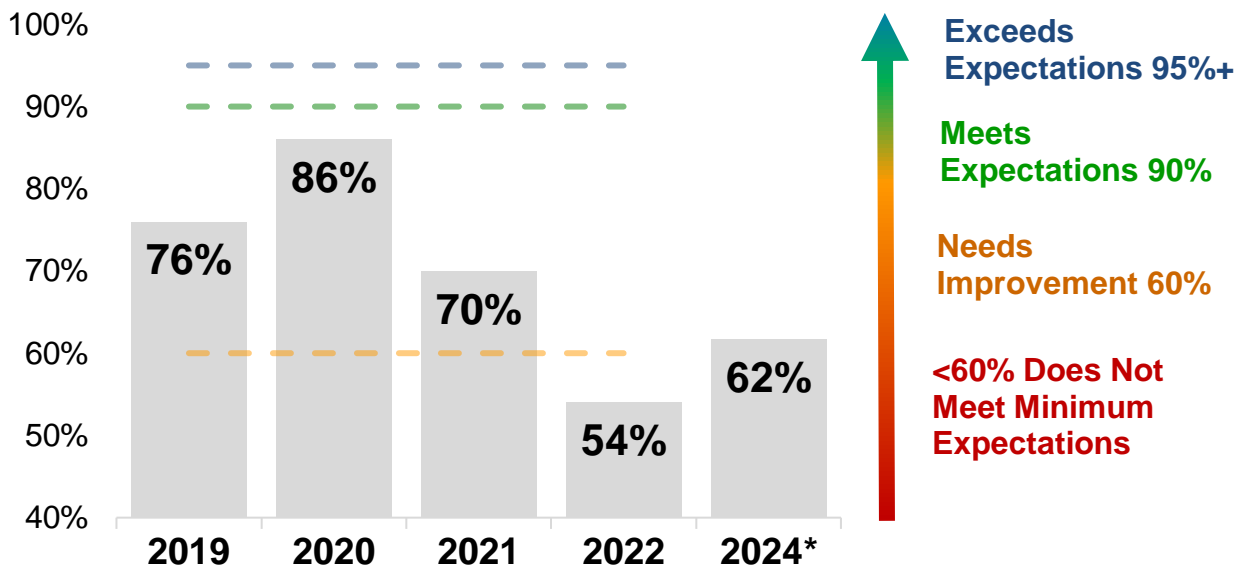
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

PROVIDER PERSPECTIVES

Community Inclusion

- Transportation, physical limitations, mental health symptoms, associated costs, and limited staff capacity were reported by agencies as barriers to community inclusion, as many participants sought staff support for community activities.
- Agencies shared community event information and encouraged participants to attend at least one activity per month. Some used vouchers to support participation in community events.
- **Momentum Art Studio** was noted as a community resource for engaging participants with artistic interests.

Participant Empowerment

- Agencies worked to build participant confidence through small goals and realistic achievements.
- High caseloads, staff transitions, and a lack of systematic documentation reminders were reported as barriers to routine conversations about employment, especially for participants with crisis-level needs.

Appropriate Disenrollment

- Transitioning participants to appropriate long-term services, like **IHH**, was seen as a positive strategy for managing caseloads.
- Participants who lost Medicaid or became ineligible for certain services faced challenges in maintaining long-term support

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[15] • 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 4 95%+	Meets Expectations 3 90% - 94%	Needs Improvement 2 85% - 89%	Does Not Meet Minimum Expectations 1 < 85%

Table 2. Participant Empowerment Results by Category

	Broadlawns	CSA	Eyerly Ball
Goals in Place and Reviewed Regularly	100%	89%	88%
Consumer Involvement	100%	89%	75%
Quarterly Empowerment Discussions[15]	73%	89%	100%
Services Documented	100%	100%	100%
All Goal Components Present	73%	78%	75%

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

Table 2 displays results including the four criteria which contribute to the overall **Participant Empowerment** outcome. All agencies received scores of 100% in one criterion: *Services Documented and Delivered*. Performance of three agencies was impacted by the *Quarterly Empowerment Discussions* criteria.
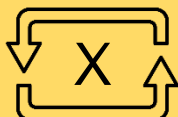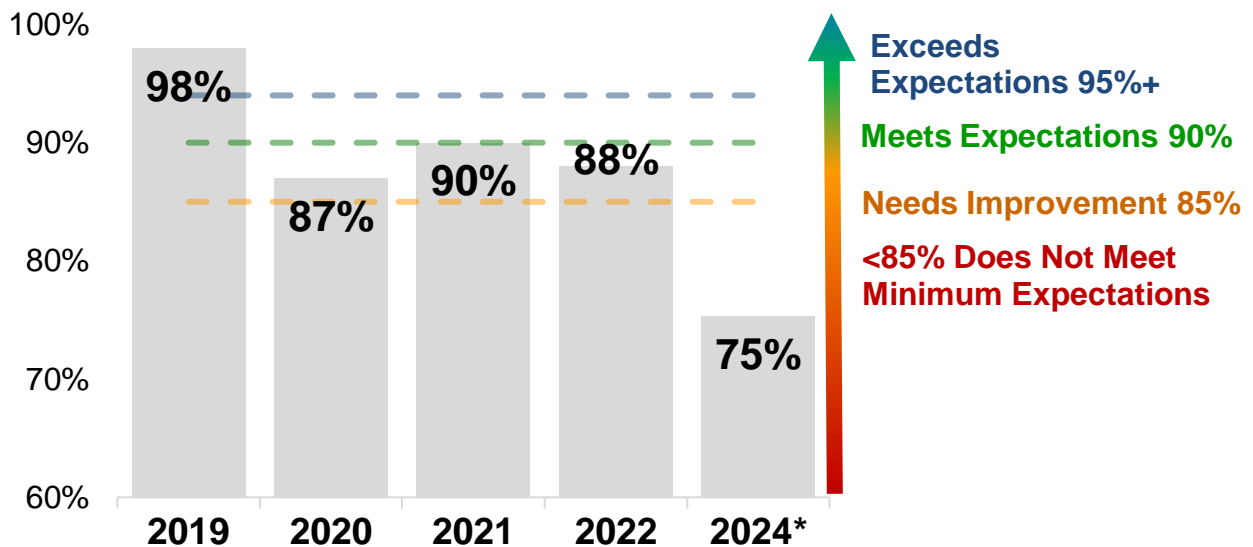
Performance across agencies in the **Participant Empowerment** outcome ranged from 73%-78%, with all three agencies *Not Meeting Minimum Expectations* in 2024.

Figure 16. Participant Empowerment by Agency
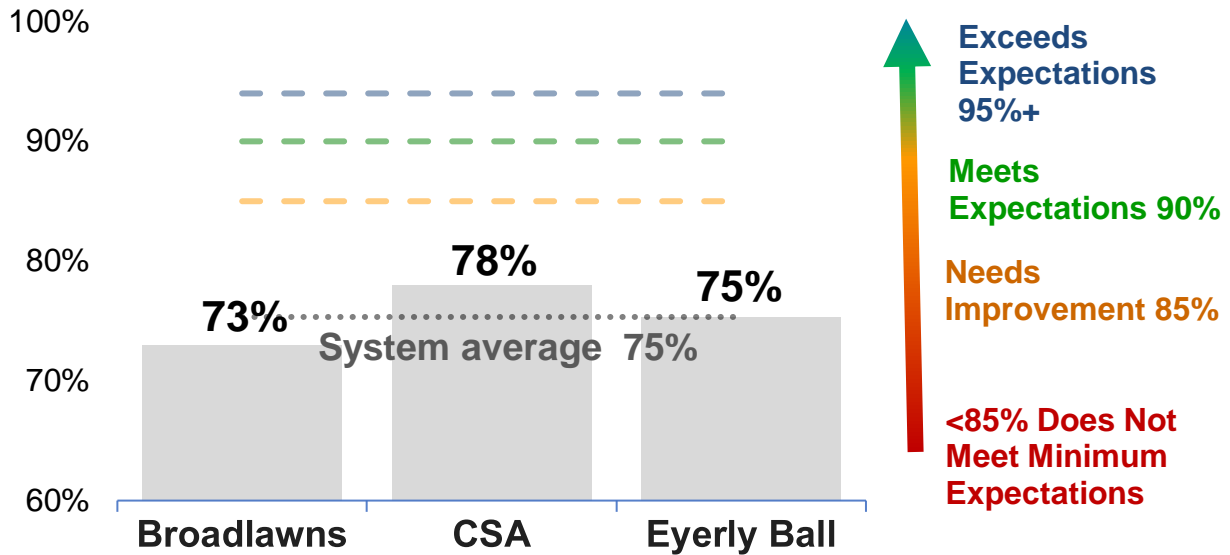
The system average of **Participant Empowerment** decreased by 13% in 2024, moving from a *Needs Improvement* rating to *Not Meeting Minimum Expectations.*

Figure 17. Participant Empowerment 2019-2024

NEGATIVE DISENROLLMENT

Negative Disenrollment

Metric	The percentage of program participants negatively disenrolled[16]
Intent	The organization will not negatively disenroll program participants. The intent of this outcome is for the agencies to develop trusting and meaningful relationships with their participants.
Rationale	Ensure continuity of care and avoid individuals with disabilities encountering barriers to accessing services because they are too difficult or expensive for the agency to assist. Service agencies report needing to provide services or a level of care that is not covered by state Medicaid benefits to address critical needs of clients, especially those with complex needs (NCQA).

Performance Ratings	Exceeds Expectations 4 < 1%	Meets Expectations 3 1% - 2.99%	Needs Improvement 2 3% - 3.90%	Does Not Meet Minimum Expectations 1 ≥ 3.90%

## PROVIDER PERSPECTIVES

Negative Disenrollment

- Agencies used creative methods to track down participants who were disengaging, often reaching out to shelters, community services, and emergency contacts.
- Agencies reported that participants sometimes disengaged due to unrealistic expectations of what services could offer (e.g., housing or financial support). Some participants struggled to maintain engagement if they didn't receive immediate assistance. Agencies observed that participants with unstable housing or no natural supports were more likely to disengage.
- Staff were persistent in maintaining engagement, using emergency contacts and a range of communication methods (e.g., texts, phone calls, letters).

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[16] Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments are defined as individual refuses to participate, the individual is displeased with services, the agency initiates discharge, or the individual is discharged to prison for greater than 6 months.

For the **Negative Disenrollment** outcome, the system averaged a *Does Not Meet Minimum Expectations* rating of 10.87%

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

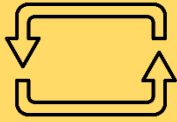**Figure 18. 2024 Negative Disenrollment Rates by Agency**
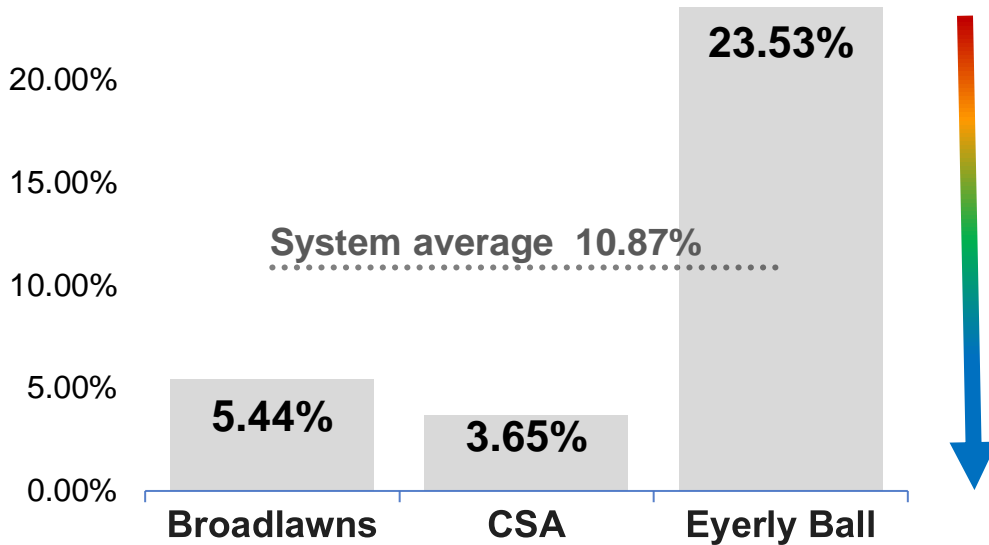
A four-year trend of earning an *Exceeds Expectations* rating in the **Negative Disenrollment** outcome was disrupted in 2024. **Negative Disenrollment** increased by 10.87% compared to 2022, resulting in a *Does Not Meet Minimum Expectations* SC system performance.

Figure 19. Negative Disenrollment Rates 2019-2024
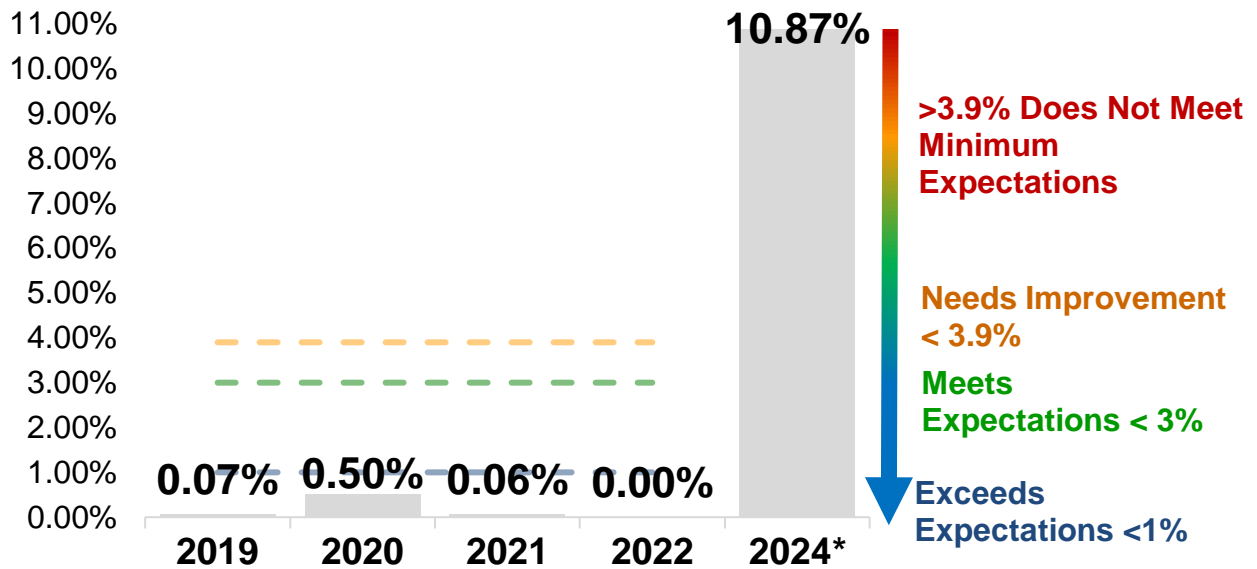
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023
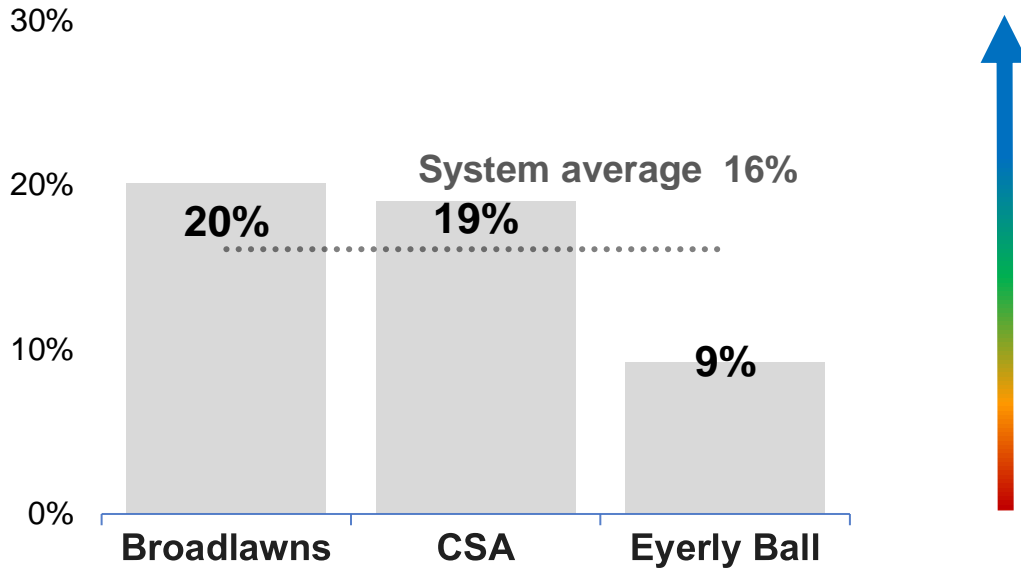
APPROPRIATE DISENROLLMENT

Metric	The percentage of program participants appropriately disenrolled Appropriate disenrollments are defined as engaging the individuals into coordination, PACT, or Coordination Services agency programs or obtaining SSI and discharging to IHH or SC.
Intent	The agency will appropriately disenroll program participants. The intent of this outcome is for the agency to develop trusting and meaningful relationships with its participants to ensure continuity of care and encourage self-sufficiency. The outcome is applied only to Service Coordination programs and includes results for those in triage and long-term services.
Rationale	Ensure continuity of care and avoid individuals with disabilities encountering barriers to accessing services because they are too difficult or expensive for the agency to assist. Service agencies report needing to provide services or a level of care that is not covered by state Medicaid benefits to address critical needs of clients, especially those with complex needs (NCQA).

Performance Ratings	Exceeds Expectations 4 21%+	Meets Expectations 3 8% - 20.99%	Needs Improvement 2 5% - 7.99%	Does Not Meet Minimum Expectations 1 >5%

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[17] 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.

In 2024, all three SC agencies received a *Meets Expectations* rating for **Appropriate Disenrollment**, resulting in a system average of *Meets Expectations* at 16%.

Figure 20. Appropriate Disenrollment by Agency 2024

The **Appropriate Disenrollment** outcome continued a 4-year trend of decreasing. Compared to 2022, system-level performance in **Appropriate Disenrollment** decreased by 4%, maintaining a *Meets Expectations* in 2024.

Figure 21. Appropriate Disenrollment System Average 2019-2024
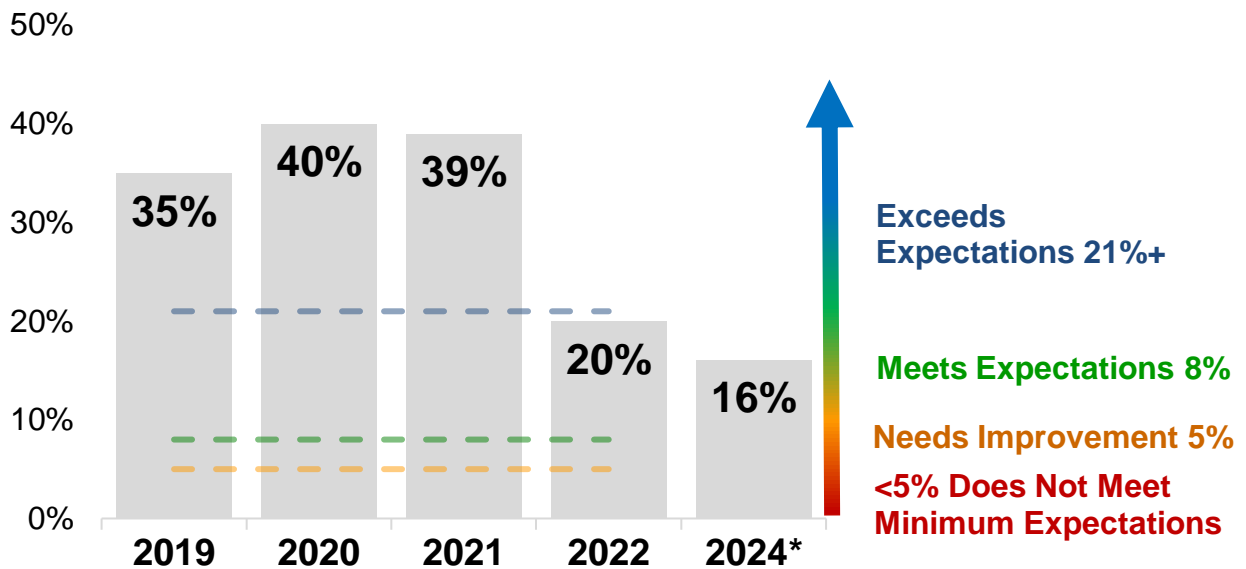
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

PSYCHIATRIC HOSPITALIZATIONS

Metric	The average number of hospital days per program participant per year[18],[19].
Intent	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
Rationale	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized of crisis response services, such as observation units and behavioral health urgent care.

Performance Ratings	Exceeds Expectations 4 < 2 days	Meets Expectations 3 2 – 3.49 days	Needs Improvement 2 3.50 – 4.49 days	Does Not Meet Minimum Expectations 1 4.49+ days

## PROVIDER PERSPECTIVES

Psychiatric Hospitalizations

- Agencies emphasized the importance of talking through crises with participants to de-escalate and avoid unnecessary hospitalizations.
- Agencies reported that participants waited days in hospitals for placement, and bed shortages were a recurring problem.
- Agencies used crisis care coordination and social support systems to divert participants with histories of frequent hospitalization. Staff were proactive in communicating with participants about maintenance like therapy and medication adjustments, or alternatives like urgent care. Agencies acknowledged that hospitalization was the appropriate level of care at for some circumstances.
- **Crisis Observation Centers (COC)** and **Behavioral Health Urgent Care** services, particularly at **Broadlawns** and **UnityPoint,** were critical in preventing unnecessary hospitalizations.

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[18] A hospital day is measured by the number of nights spent hospitalized.

For the *Psychiatric Hospitalizations* outcome, the system averaged an *Exceeds Expectations* rating of 0.47 nights in the hospital.
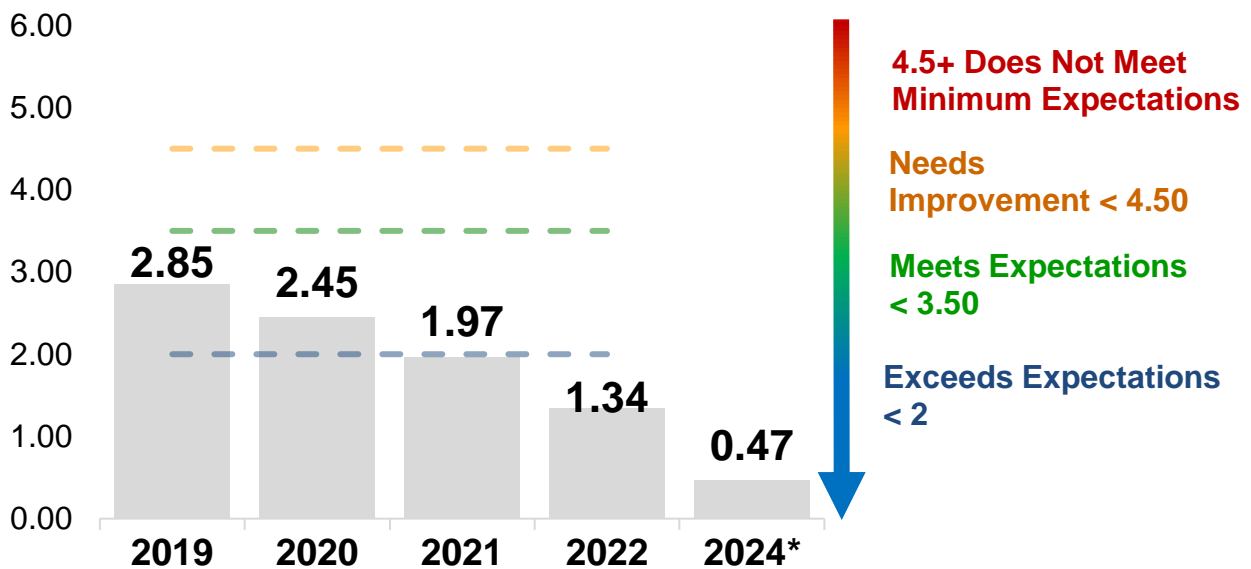
- All agencies received an *Exceeds Expectations* rating.

Figure 22. Psychiatric Hospitalizations by Agency
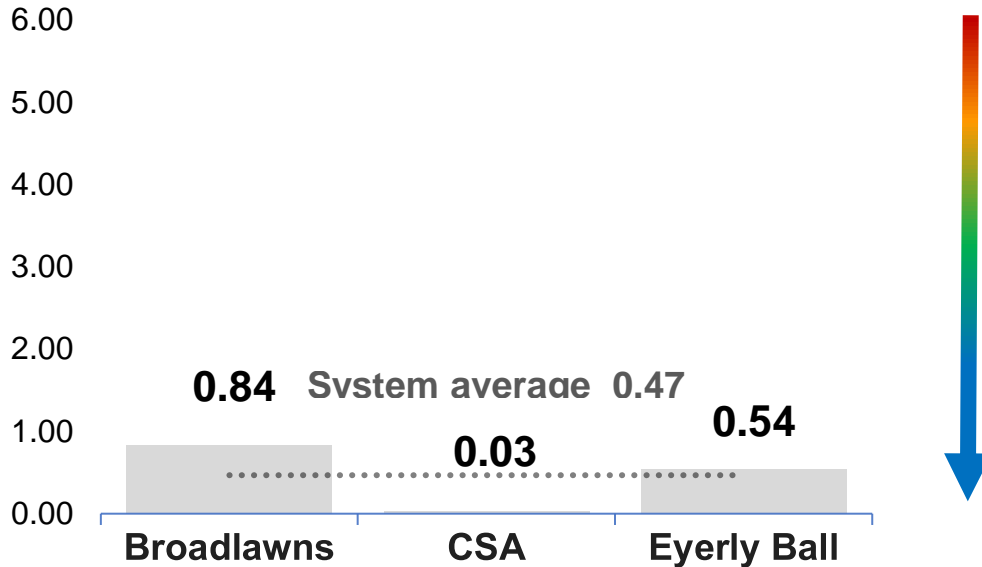
Overall system performance in the *Psychiatric Hospitalizations* outcome continues a 5-year trend of decreasing –earning an *Exceeds Expectations* rating in 2021, 2022 and 2024. Compared to 2019, the system has an average of 2.38 fewer nights hospitalized in 2024.

Figure 23. Psychiatric Hospitalizations 2019-2024

4.5+ Does Not Meet Minimum Expectations

Needs Improvement < 4.50

Meets Expectations < 3.50

Exceeds Expectations < 2

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

EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

Metric	The average number of emergency room visits [20] per program participant per year.
Intent	Emergency room visits for psychiatric visits will be reduced. The intent is to provide adequate supports in the community, so people do not access psychiatric care through the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person's condition (NAMI).

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

PROVIDER PERSPECTIVES

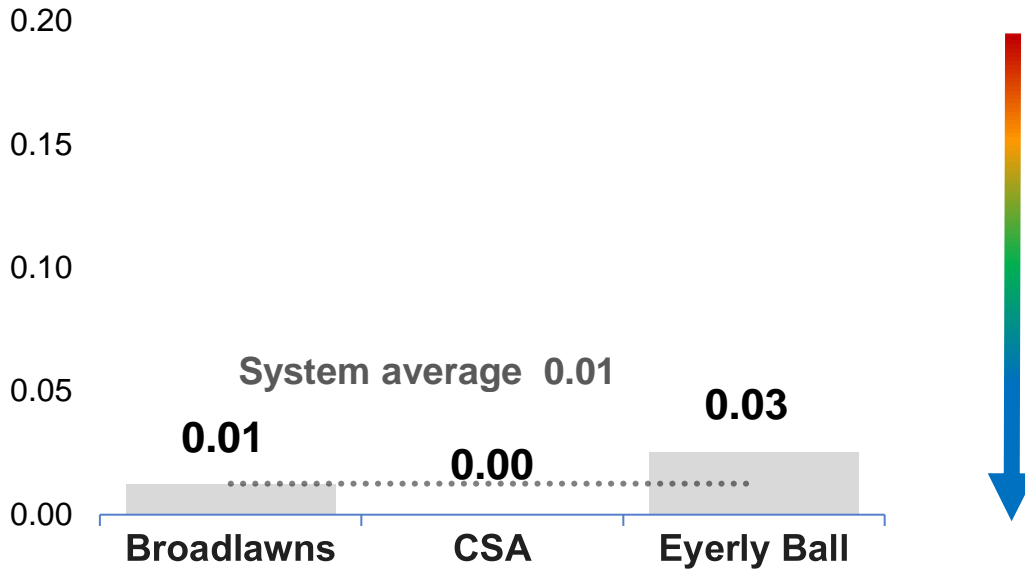**Emergency Room Visits for Psychiatric Care**

- Similar to inpatient hospitalizations, agencies noted that alternative options like psychiatric urgent care were critical resources to divert participants from emergency rooms (ERs). Staff communicated across teams to identify participants at risk and provide support to intervene early.
- **Broadlawns** and **UnityPoint**'s **Behavioral Health Urgent Care and crisis observation** services, along with **Mobile Crisis** and collaboration with law enforcement played essential roles in diverting participants from the ER.

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[20] An emergency room visit is measured by the number of times the individual goes to the emergency room is observed and returned home without being admitted.

For the *Emergency Room Visits for Psychiatric Care* outcome, the system averaged an *Exceeds Expectations* rating, with agency scores of zero or near-zero ER visits (0.01 visit average).

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

Figure 24. Psychiatric Emergency Room Visits by Agency 2024

Overall system performance in the *Emergency Room Visits for Psychiatric Care* outcome continues a three-year trend of decreasing –earning the 5th *Exceeds Expectations* rating over 5 years in 2024.

Figure 25. Psychiatric Emergency Room Visits System Average 2019-2024
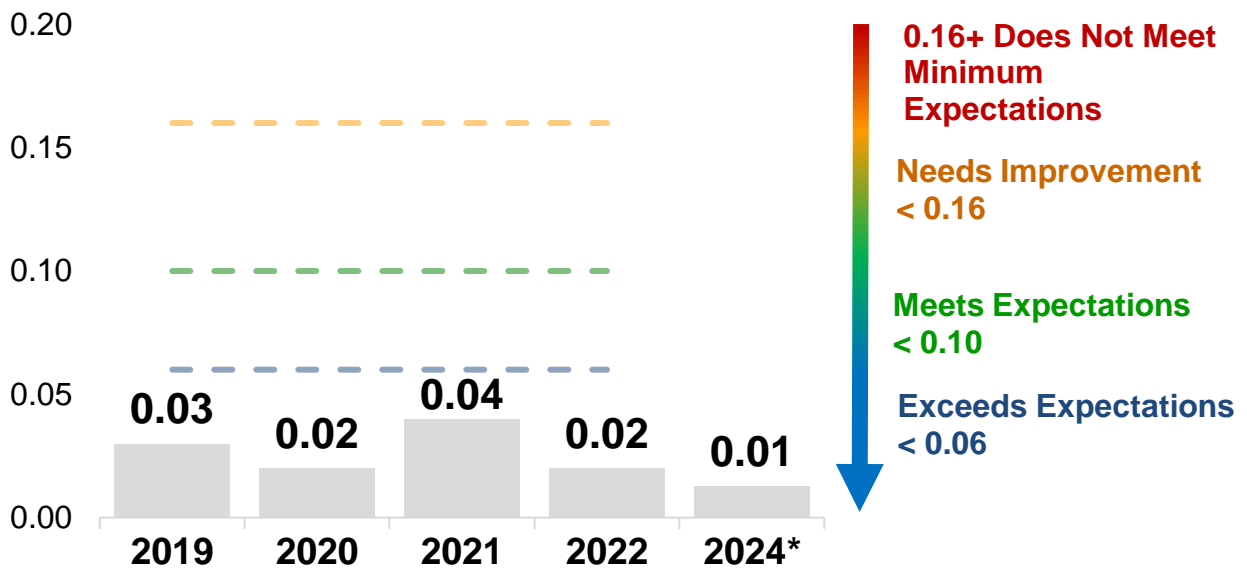
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days[21] utilized per program participant per year.
Intent	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
Rationale	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the Criminal Justice system. Criminal Justice involvement can be strongly influenced by societal factors, such as poverty (about 2.5 million people with mental health live in poverty), poor and unstable housing, adverse childhood experiences, racism, and alcohol and drug abuse (NAMI).

Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	< 1 days	1 – 2.99 days	3 – 3.99 days	4+ days

PROVIDER PERSPECTIVES

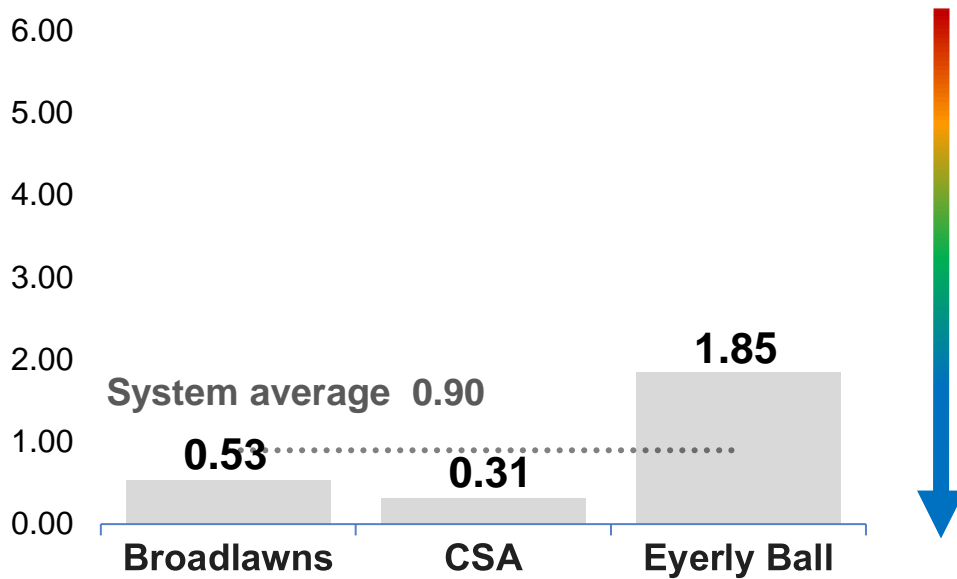**Involvement in the Criminal Justice System**

- Jail diversion efforts reduced jail time by advocating for participants in legal settings and providing service coordination, like transportation to mandated court appearances and probation appointments. Agencies mentioned that noncompliance with court orders was a cause of re-arrest.
- Participants released from jail without notice struggled to reengage with services.
- Agencies reported an array of co-occurring unmet needs for participants who are at risk for arrest or have criminal histories, including housing instability, unmanaged mental health symptoms, and substance use.

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[21] A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program will not be counted.

For the ***Involvement in the Criminal Justice System*** outcome, the system averaged an *Exceeds Expectations* rating of 0.9 nights spent in jail on average, ranging from 0.31 – 1.85 nights spent in jail.
- Two agencies received an *Exceeds Expectations* rating.
- One agency received a *Meets Expectations* rating.

Figure 26. Involvement in the Criminal Justice System by Agency

Overall system performance in the ***Involvement in the Criminal Justice System*** outcome continues a consistent trend of decreasing, moving from *Does Not Meet Minimum Expectations Improvement* in 2020 to *Exceeds Expectations* category in 2024.

Figure 27. Involvement in the Criminal Justice System 2019-2024
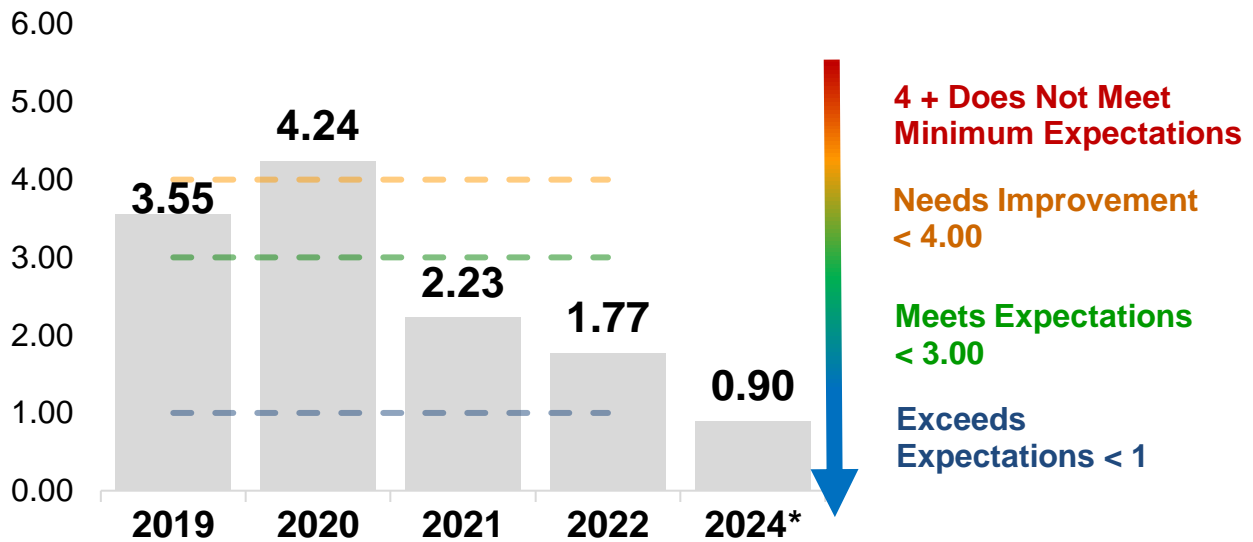
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

HOMELESSNESS

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

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

PROVIDER PERSPECTIVES

Homelessness

- Agencies reported that risk factors for homelessness included a history of eviction and a lack of natural supports.
- Agencies were creative and collaborative in finding housing solutions, one agency noted using Facebook groups for leads about immediate housing availabilities.
- Wait lists for benefits like Social Security and supportive housing led to gaps in stability for participants displaced by homelessness.
- **Housing vouchers** supplemented participants without a stable income. **IMPACT** provided temporary support with rent and housing resources, though funding had recently run out. **Primary Health Care (PHC)** also helped participants get on housing lists, though agencies reported that actual receipt of assistance could take over a year.

For the **Homelessness** outcome, the system averaged a *Does Not Meet Minimum Expectations* rating of 3.90 nights spent without housing.

- Agencies varied in performance, with a range of 1.10 to 5.55 nights spent without housing.
- Two agencies *Did Not Meet Minimum Expectations.*
- One agency received a *Needs Improvement* rating.

Figure 28. Homelessness by Agency
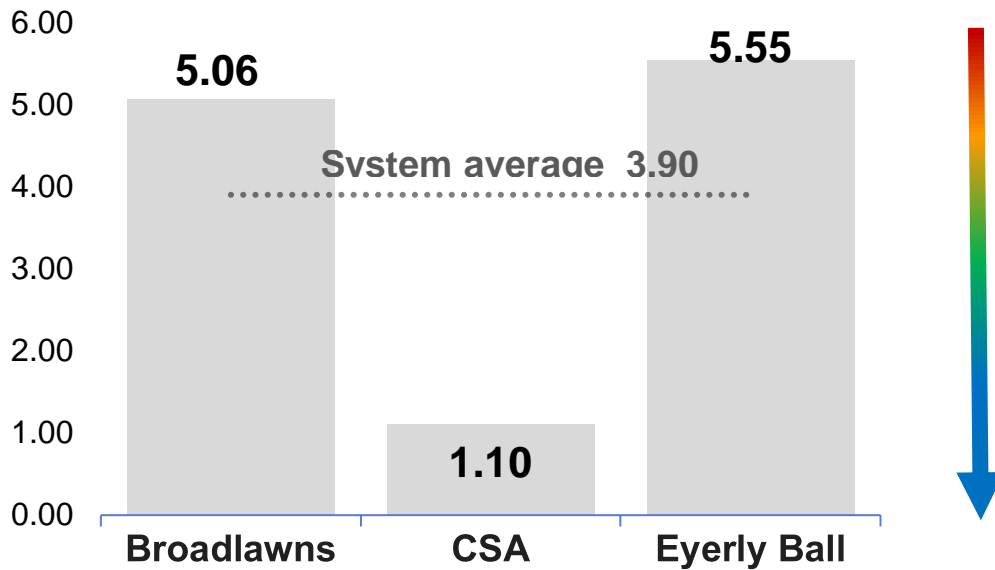
Overall system performance in the **Homelessness** outcome increased in 2024, moving from *Needs Improvement* in 2022 to *Not Meeting Minimum Expectations* in 2024 (about a 2-night increase on average).

Figure 29. Homelessness 2019-2024
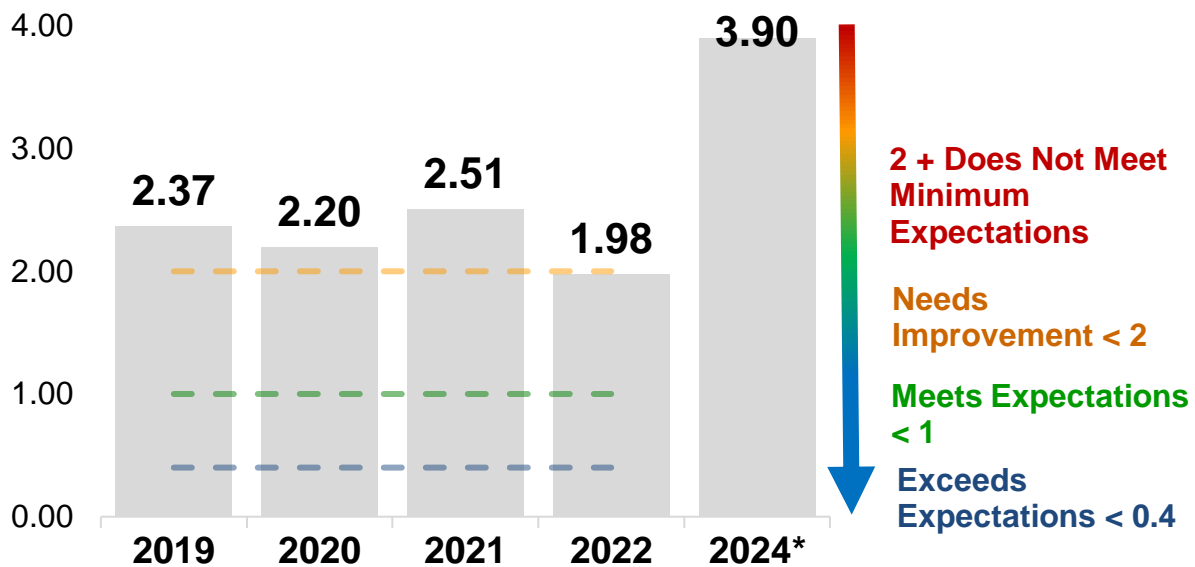
* 2024 is baseline year after transition in data management systems; outcome area not measured in 2023

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[22] 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)

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

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[22] 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

- Agencies attributed high participant satisfaction to staff's relationship-building efforts. Participants appreciated the personal attention and celebration of their small achievements and milestones.
- Staff shortages and high caseloads posed challenges, but agencies worked hard to maintain responsiveness and consistency in participant interactions. Team-based case sharing also ensured participants felt supported by multiple staff members.

Quality of Life

- Agencies discussed skills they worked on with participants to support independence and overall quality of live, including crisis management, social skills, coping skills, decision-making, and healthy habits like routine therapy.
- Staff were proactive about preventing social isolation by building participant social confidence and reflecting on progress.

Figure 32 shows rates of agreement by item from the 2024 ***Participant Satisfaction*** outcome survey. Rates of satisfaction were high overall, and, within the network, participants were most likely to report that:

- They were *treated with respect* (100%).
- They *knew who to contact in an emergency* (100%).
- *Staff helped them get the services they need* (100%).
- They *would recommend services to a friend* (100%).
- They were *satisfied with services* (100%).
- *Staff were available as needed* (100%).
- They were *aware of emergency contacts* (100%).

Participants were less likely to report that their *goals were discussed* (89%).

Figure 32. Participant Satisfaction System Average by item[23]

Item	% Agree	% Disagree
Medical care needs met	98%	2%
Help and support received	100%	0%
Satisfaction with services	100%	0%
Recommend services	100%	0%
Respectful treatment	100%	0%
Staff are responsive to needs	98%	2%
Staff are available as necessary	100%	0%
Staff support of independence	98%	2%
Goals discussed	89%	11%
Knowledge of emergency contacts	100%	0%
Staff deliver necessary services	100%	0%

■ % Agree   ■ % Disagree

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[23] Full survey items listed in Appendix B
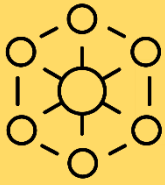
QUALITY OF LIFE

Metric	The Quality of Life outcome is based on participant interviews. To assess satisfaction with quality of life, the independent evaluator asks participants to rate their satisfaction in the areas of housing, employment, education, family relationships, and recreation and leisure activities. [24]
Intent	**Increase participant satisfaction with housing, employment, education, and recreation/leisure activities.**

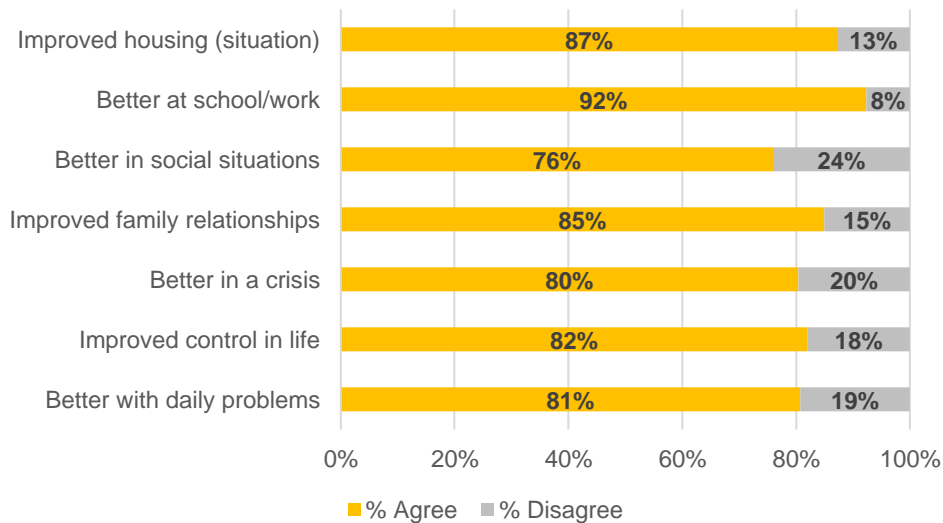| Performance Ratings	Exceeds Expectations	Meets Expectations	Needs Improvement	Does Not Meet Minimum Expectations
	4	3	2	1
	95%+	85% - 94%	80% - 84%	< 80%

Figure 33. Quality of Life System Average by Item 2024

Chart showing % Agree and % Disagree by item:
- Improved housing (situation): 87% Agree, 13% Disagree
- Better at school/work: 92% Agree, 8% Disagree
- Better in social situations: 76% Agree, 24% Disagree
- Improved family relationships: 85% Agree, 15% Disagree
- Better in a crisis: 80% Agree, 20% Disagree
- Improved control in life: 82% Agree, 18% Disagree
- Better with daily problems: 81% Agree, 19% Disagree

■ % Agree ■ % Disagree

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[24] 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 76% to 92% across items (Figure 33).
- 92% of participants agree that since entering the program, they are *better at school or work.*
- 87% of participants reported their housing situation improved, while 85% reported improved family relationships.
- Participant agreement was lower for measures related to *social situations* (76%), *managing their daily problems* (84%), *feeling equipped for a crisis* (80%), and *managing daily problems* (81%).

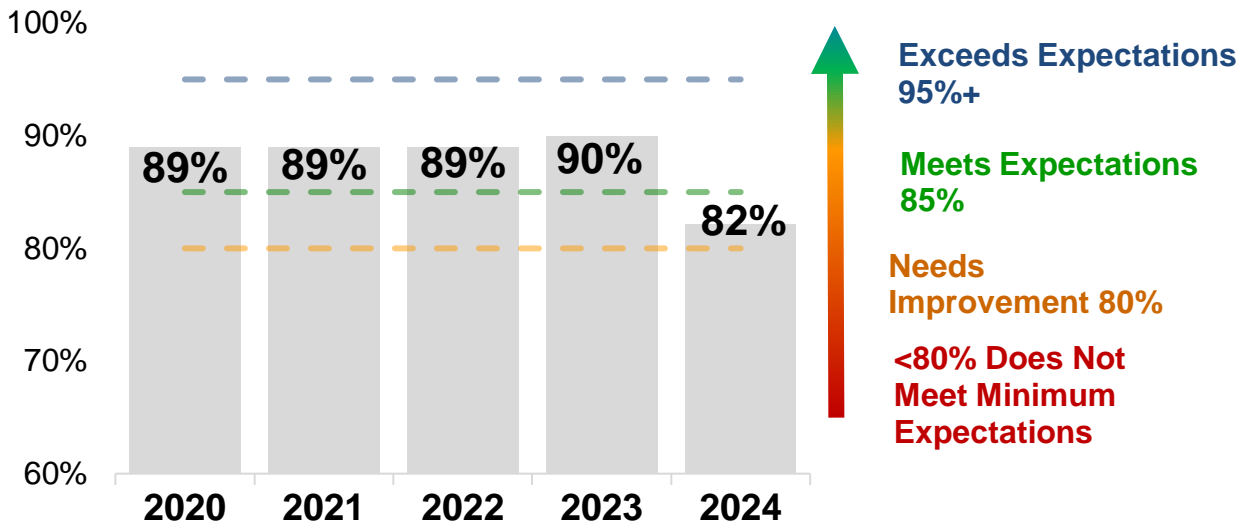Across agencies, Quality of Life varied, ranging from 68%-89% agreement.
- Two agencies *Met Expectations*
- One agency *Did Not Meet Minimum Expectations*

Figure 34. 2024 Quality of Life by Agency
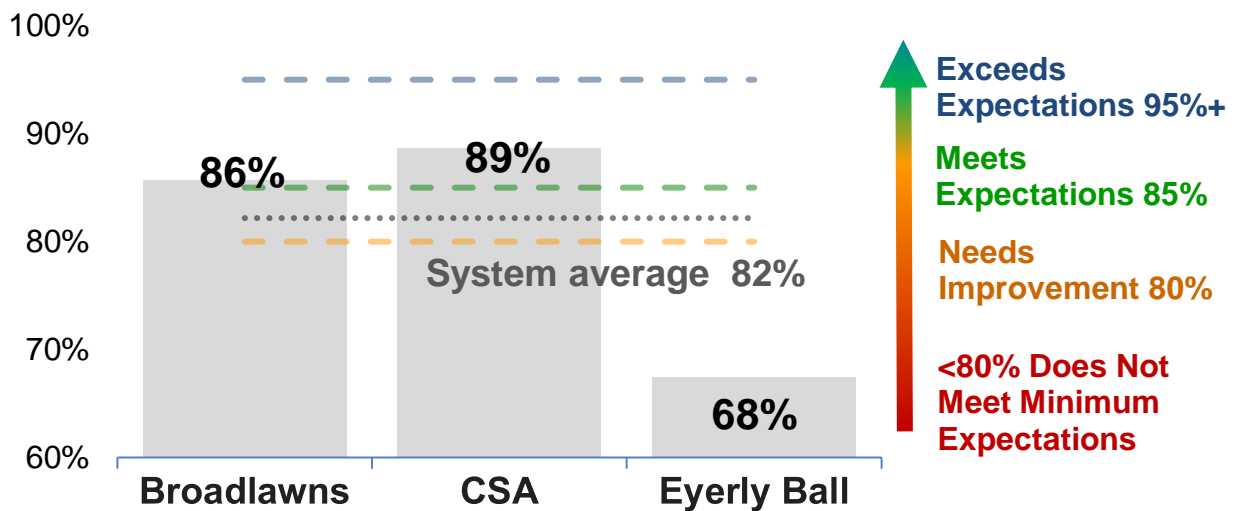
The *Quality of Life* outcome has decreased 8% since 2023, with a system average of *Needs Improvement* at 82% in 2024.

Figure 35. Quality of Life System Average 2020-2024

Summary Tables

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

Table 3. 2024 Summary Table Outcome Scores and Performance Ratings by Agency

	Broadlawns		CSA		Eyerly Ball		System Average	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	92%	4	98%	4	93%	4	95%	4
Engaged Toward Employment	10%	1	19%	3	13%	2	14%	2
Working Toward Self-Sufficiency	5%	1	13%	2	8%	1	9%	1
Education	11%	2	7%	1	9%	1	9%	1
Somatic Care	79%	1	87%	1	89%	1	85%	1
Community Inclusion	66%	2	70%	2	49%	1	62%	2
Participant Empowerment	73%	1	78%	1	75%	1	75%	1
Negative Disenrollment	5.44%	1	3.65%	2	23.53%	1	10.87%	1
Appropriate Disenrollment	20%	3	19%	3	9%	3	16%	3
Hospital Bed Days	0.84	4	0.03	4	0.54	4	0.47	4
Emergency Room Visits	0.01	4	0.00	4	0.03	4	0.01	4
Jail	0.53	4	0.31	4	1.85	3	0.90	4
Homelessness	5.06	1	1.10	2	5.55	1	3.90	1
Participant Satisfaction	99%	4	99%	4	98%	4	98%	4
Quality of Life	86%	3	89%	3	68%	1	82%	2
Agency Overall Performance	60%	1	67%	2	50%	1	57%	1
Adjusted Overall Performance	56%	1	56%	1	44%	1	50%	1

Table 4. 2019 - 2024 Summary Table SC Outcome Scores and Performance Ratings

	2019		2020		2021		2022		2023^		2024*	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	94%	4	93%	4	94%	4	96%	4			95%	4
Engaged Toward Employment	26%	3	30%	3	34%	3	39%	4			14%	2
Working Toward Self-Sufficiency	14%	2	15%	2	16%	2	21%	3			9%	1
Education	27%	3	26%	3	24%	3	21%	3			9%	1
Somatic Care	92%	2	94%	2	92%	2	92%	2			85%	1
Community Inclusion	76%	2	86%	2	70%	2	54%	1			62%	2
Participant Empowerment	100%	4	98%	4	87%	2	90%	3			88%	2
Negative Disenrollment	0.07%	4	0.50%	4	0.06%	4	0.00%	4			10.87%	1
Hospital Bed Days	2.85	3	2.45	3	1.97	4	1.34	4			0.47	4
Emergency Room Visits	0.03	4	0.02	4	0.04	4	0.02	4			0.01	4
Jail	3.55	2	4.24	1	2.23	3	1.77	3			0.90	4
Homelessness	2.37	1	2.20	1	2.51	1	1.98	2			3.90	1
Participant Satisfaction	95%	4	93%	3	95%	4	96%	4	94%	4	98%	4
Quality of Life	88%	3	89%	3	89%	3	89%	3	90%	3	82%	2
Appropriate Disenrollment	35%	4	40%	4	39%	4	20%	3			16%	3
Family and Concerned Other Satisfaction	88%	2	87%	2	81%	1	81%	1	84%	2	-	-
System Overall Performance	69%	2	72%	2	72%	2	72%	2	89%	4	58%	1
Adjusted Overall Performance											50%	1

^ 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 37. Unadjusted (All Outcomes Included) SC System Performance by Agency

Exceeds
Expectations 88%+

Meets
Expectations 75%

Needs
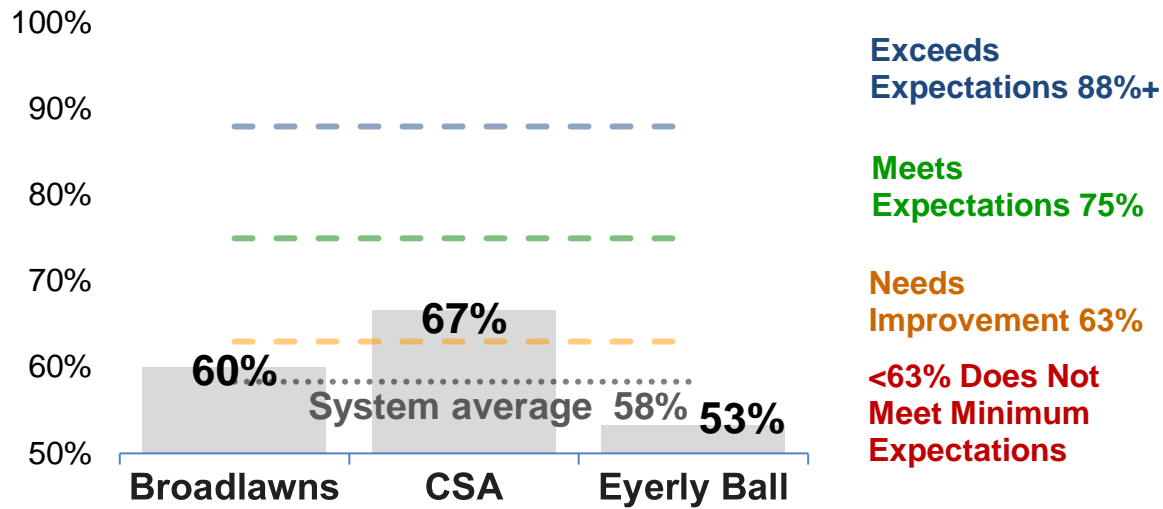Improvement 63%

<63% Does Not
Meet Minimum
Expectations

Figure 36. Unadjusted (All Outcomes Included) SC System Performance 2020-2024

Exceeds
Expectations 88%+

Meets Expectations
75%

Needs Improvement
63%

<63% Does Not
Meet Minimum
Expectations