

Polk County Mental Health & Disability Services Region

2025 Integrated Services

Outcomes Evaluation

IOWA | LAW

LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

Availability and retention of safe, affordable housing is essential to participant stability - and remains a constant challenge.

While agencies have employed practices to mitigate housing challenges, such as building relationships with landlords, utilizing Iowa Finance Authority (IFA) flex funds, and accessing Section 8 housing, significant housing market challenges remain.



The ISA system continues a five-year trend of *Exceeding Expectations* in the **Housing** outcome, but program participants still endure high rates of **Homelessness**- an outcome which continues a four-year trend of *Not Meeting Minimum Expectations*.



Availability of flexible funding and Iowa Finance Authority financial resources are essential to preventing evictions and alleviate potential housing issues and tension with landlords.

Preventive intervention ensures participants remain in stable housing and avoid survival situations in which participants' ability to prioritize their health is **completely compromised**.

System transition shortened reporting period and affected outcomes.

While agency staff continuously prompt healthy behaviors, completion rates for two outcome areas, **Somatic Care** and **Community Inclusion**, were impacted by a shorted reporting period. Beyond that circumstance, each outcome area has unique challenges to participant engagement.



Agency staff noted that **intermittent (and often inexplicably disrupted) Medicaid coverage** was an issue for attending somatic care appointments, along with general distrust in the healthcare system and fear of medical debt.



Agency staff mitigate **barriers like transportation costs** and **incentivize participation** in community activities with small rewards, but participants still face challenges with integration due to mental health status and little interest in activities.

Balancing employment income and disability benefits hinder participant motivation for engaging in work opportunities.

The two employment outcomes continue to *Meet Expectations* and *Need Improvement*. Agency staff noted useful job preparation resources like **Goodwill**, but noted barriers for participants job retention, including unstable mental health and fear of losing benefits.

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Integrated Services Evaluation Results Summary

This report summarizes the findings of the independent evaluation of the Polk County Region Integrated Services Program from July 1, 2024, through March 31, 2025. The four Integrated Service Agency (ISA) programs evaluated are:

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

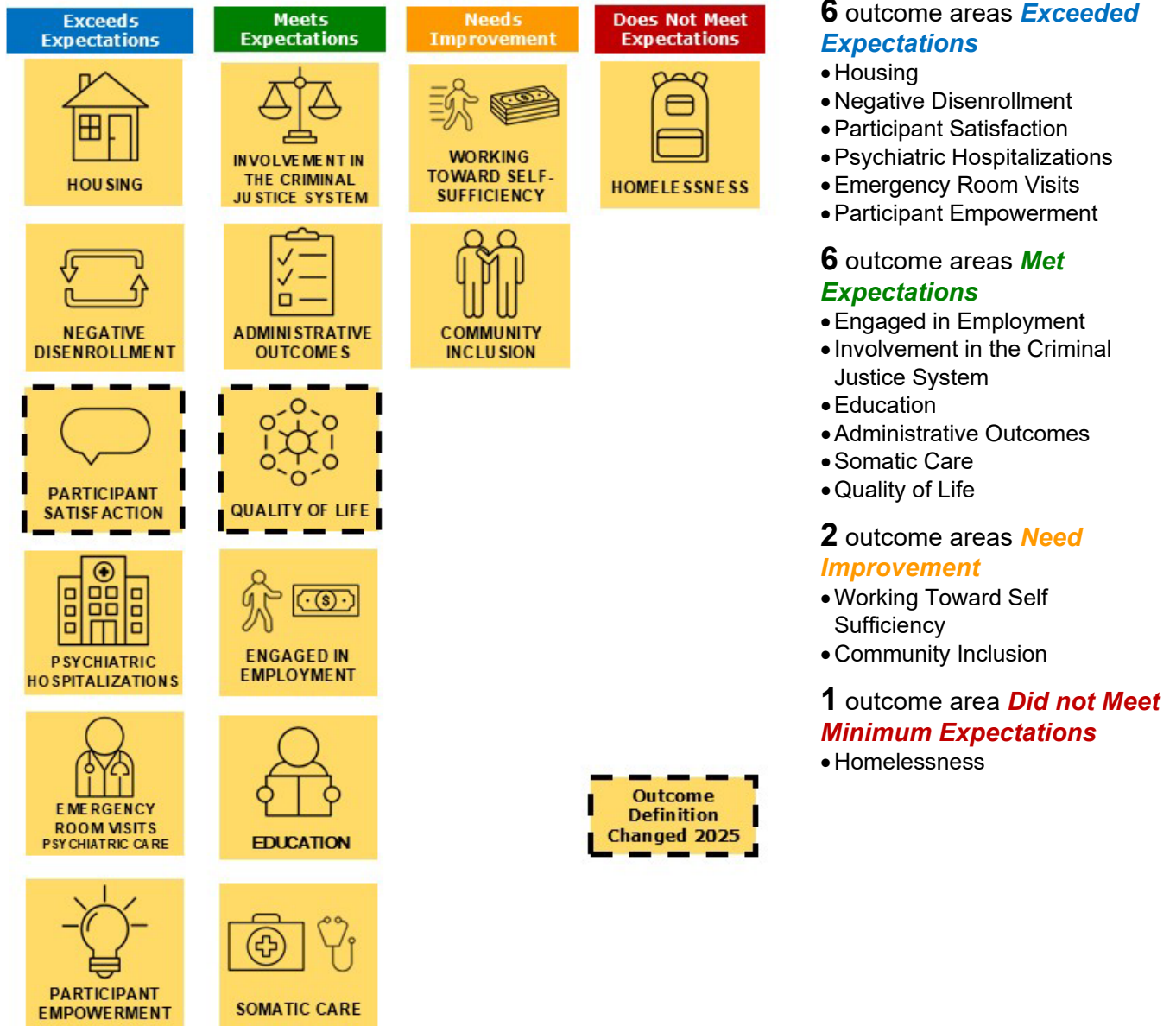
Evaluation findings are based on three sources: 1) Community Services Network (CSN) data management system, 2) PCMHDS ISA Participant Survey, and 3) File Review.

In the previous evaluation year, 2024, agencies entered outcome data into CSN for the first time following a transition from PolkMIS. As a result, the fiscal year ending June 30, 2024, served as a baseline year, with only five outcome areas scored (Somatic Care, Participant Empowerment, Participant Satisfaction, Quality of Life, and Administrative Outcomes).

In the current evaluation year, 2025, agencies were rated across all outcome areas entered into CSN. Survey-based outcomes for Participant Satisfaction and Quality of Life reflect responses to newly piloted survey items. Additionally, the evaluation period was shortened due to statewide changes under HF2637, which restructured behavioral health services into new districts. Data collection ended March 31, 2025, and the File Review covered a six-month period instead of a full year.

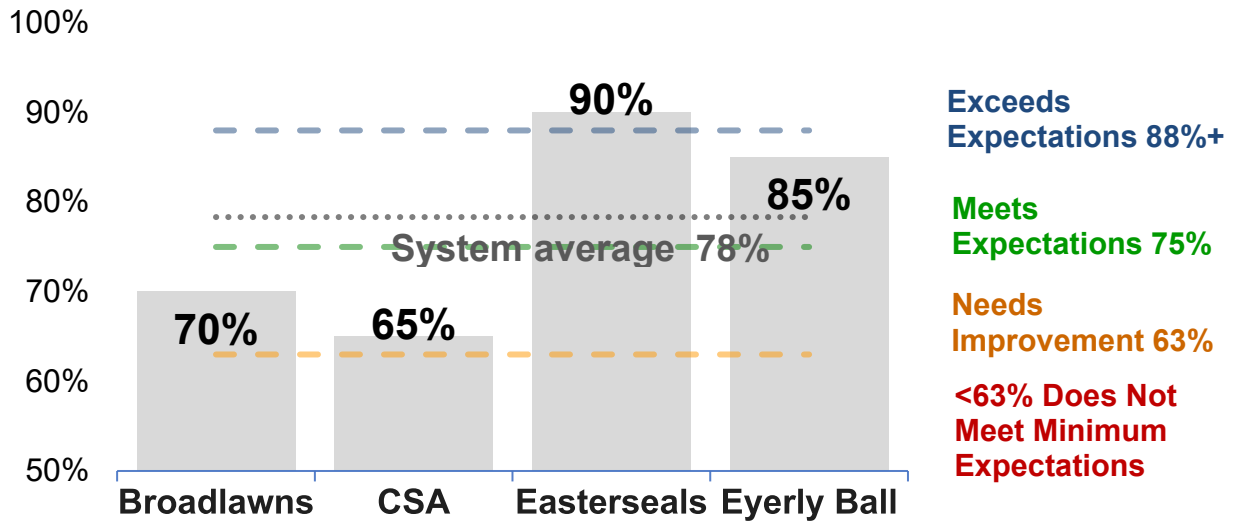
In 2025, the ISA System **Met** or **Exceeded Expectations** in **12** of **15** outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2025 Performance ISA System Averages



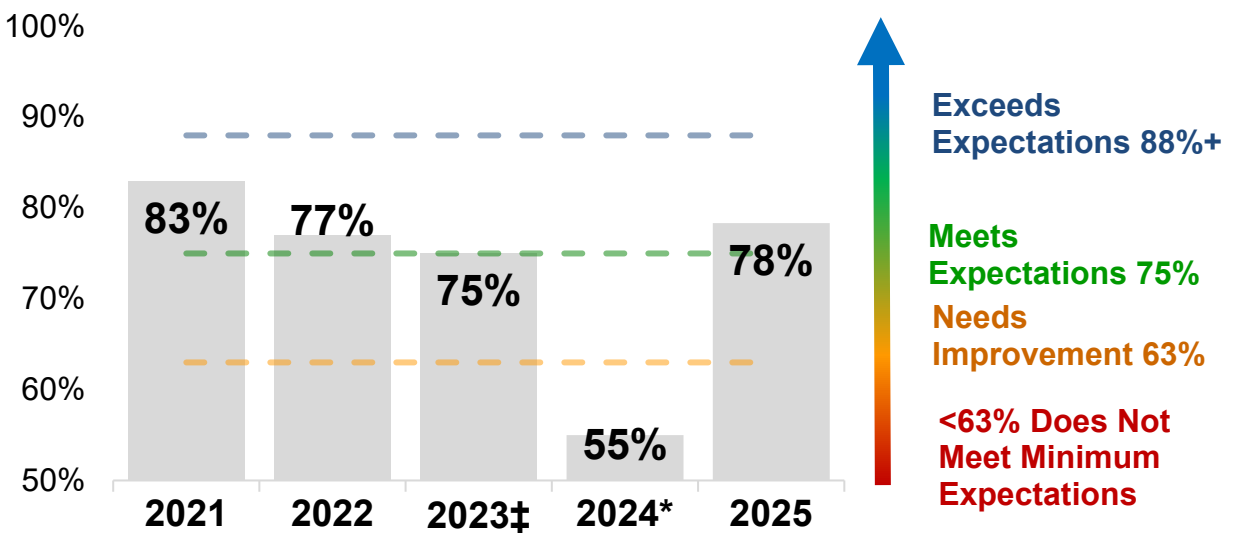
Four entities serve as Integrated Service Agencies (ISAs) to Polk County residents, namely Broadlawns, Community Support Advocates (CSA), Easterseals, and Eyerly Ball. There was a range of **Overall Performance** in 2025 (65%-90%), with one agency **Exceeding Expectations**, one agency **Meeting Expectations**, and two agencies received a **Needs Improvement** rating for **Overall Performance** in 2025.

Figure 2. 2025 Overall Performance by Agency



In 2025, the ISA system rebounded to previous levels in 2021-2023, with a 23% increase compared to 2024. The ISA system **Met Expectations** in 2025 with a system average of 78%.

Figure 3. ISA System Performance 2021-2025



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

* Overall Performance calculation in 2024 based on limited (5) outcome areas

Integrated Services Outcomes

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

The Integrated Services Evaluation includes 15 outcome areas, outlined below

1. Quality Services

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

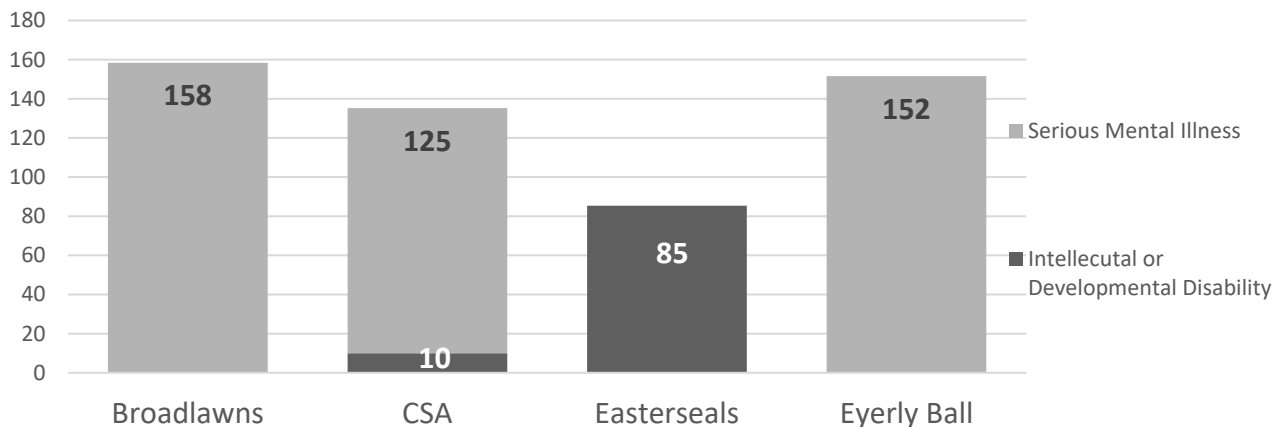
2. Community Integration

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

3. Healthy Days In The Community¹

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

Table 1. Average number of Participants by Agency and Disability Type 2025



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



HOUSING

Metric	The percentage of individuals living in safe ² , affordable ³ , accessible ⁴ , and acceptable ⁵ living environments annually.
Intent	<p>Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the person served regardless of the home in which they live and/or the intensity of support services. When needed, supports are designed to assist the individual achieve success in and satisfaction with community living.</p> <p>The intent is to assist individuals with disabilities in establishing a home that is personally satisfying, meets health and safety expectations, provides a barrier-free environment, and allows the individual to have the resources in order to meaningfully and fully participate in their community.</p>
Rationale	The Polk County Region recognizes with this outcome that individuals with disabilities face challenges to find safe, affordable, accessible, and acceptable housing. “Many people with a serious mental illness live on Supplemental Security Income (SSI), which averages just 18% of the median income and can make finding an affordable home near impossible.” (NAMI)

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

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

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

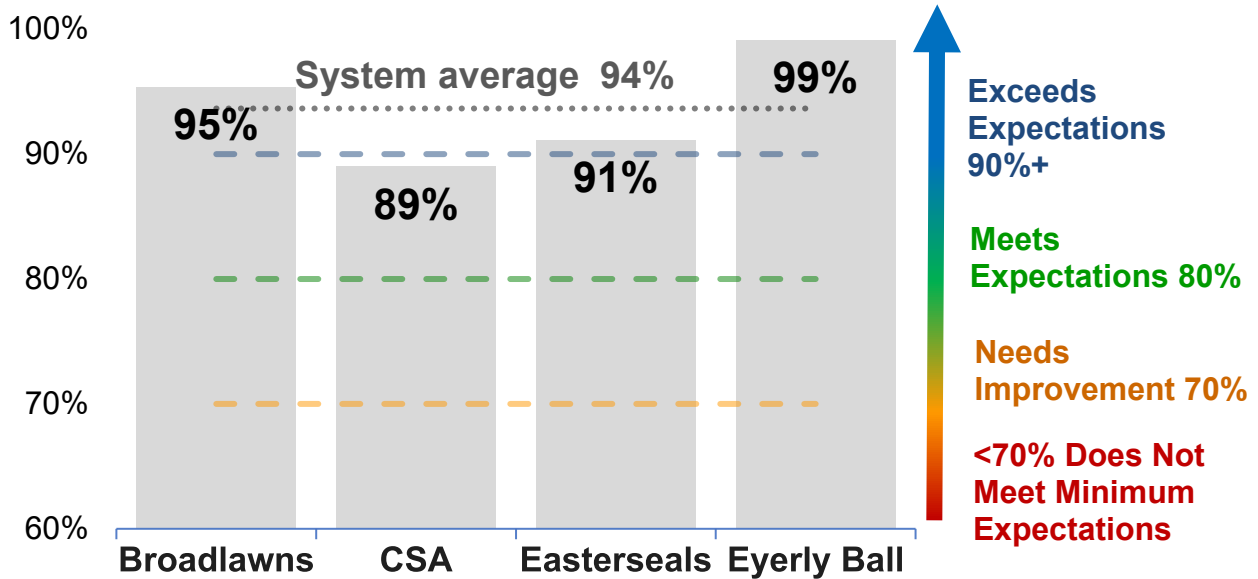
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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

In the **Housing** outcome, the system average decreased by 1 percentage point compared to 2024, but maintained a rating of **Exceeds Expectations** rating at 94%.

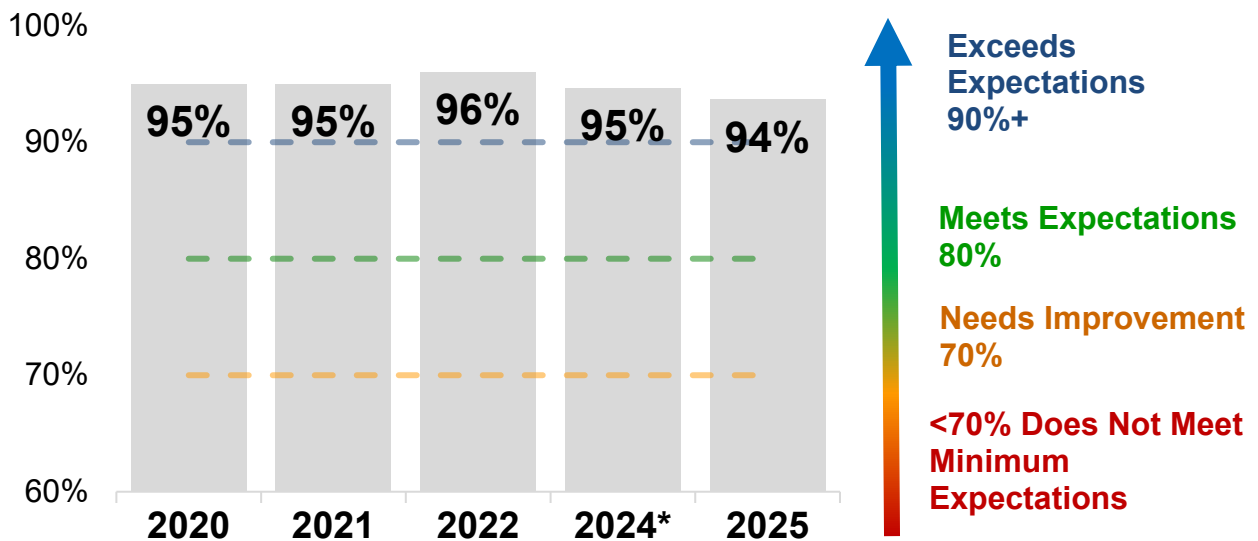
- Three agencies received an **Exceeds Expectations** rating and one agency **Met Expectations** at 89%. Agencies varied in performance with a range of 89%-99%.

Figure 4. Housing by Agency 2025



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

Figure 5. Housing System Average 2020-2025



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

PROVIDER PERSPECTIVES

Housing

- Agencies emphasized that **housing stability is foundational** to all other outcomes. Without stable housing, participants experience cascading instability in health, employment, and community engagement.
- Staff worked diligently to **build personal relationships with landlords**, which proved more effective than working with property management companies that often reject applicants with criminal records or poor credit.
- **Affordability remains the most significant barrier**, with participants struggling to cover deposits, application fees, and first month's rent. Many clients lack the documentation or credit history required for housing applications.
- Agencies leveraged **flexible funding sources**, including **Iowa Finance Authority (IFA)** and **Polk County funds**, to cover housing-related costs. However, these resources are limited and often depleted before the end of the year.
- Some participants did not prioritize housing, focusing instead on day-to-day survival, which staff acknowledged as a barrier to engagement.

Employment

- Agencies reported that **many participants are not in a mental or emotional state to pursue employment**, often due to trauma, substance use, or fear of losing benefits.
- **Methamphetamine use has increased**, making job retention nearly impossible for some. Others are "stuck in diagnosis," feeling incapable of working despite periods of stability.
- Participants **feared losing benefits** such as Medicaid and childcare, with one example of a participant losing all supports after reporting a small paycheck, which had a destabilizing effect lasting nearly a year.
- Agencies noted that **employment metrics do not fully reflect the reality** of participants' efforts. Seasonal work, short-term jobs, and job loss just before reporting periods skew the data.
- Promising practices included **internal benefits planning support** and partnerships with **Goodwill** and the **Evelyn K. Davis Center**, which provided tailored job training and employment readiness programs.



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 outcome is to increase the employment rate of people with disabilities, increase wages, and increase assets.
Rationale	Unemployment is one of the most profound issues facing the disability community. Only 32% of Americans with disabilities aged 18 to 64 are working, but two-thirds of those who are unemployed say they would rather be working [source: The National Organization on Disability (N.O.D.)]. The Polk County MHDS Region recognizes that employment is not only a profound issue for the disability community, but also a key to self-sufficiency. “Most people ... want to work, yet they face significant barriers in finding and keeping jobs, such as a limited number of jobs in communities, discrimination against people with mental illnesses, limited or compromised executive functioning skills among some consumers that hinder one’s ability to perform and attend work, lack of supported employment programs, and inadequate transportation. With support, they can work in competitive jobs or start their own businesses, enabling them to increase their work activity and earnings over time.” (SAMHSA.gov)

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

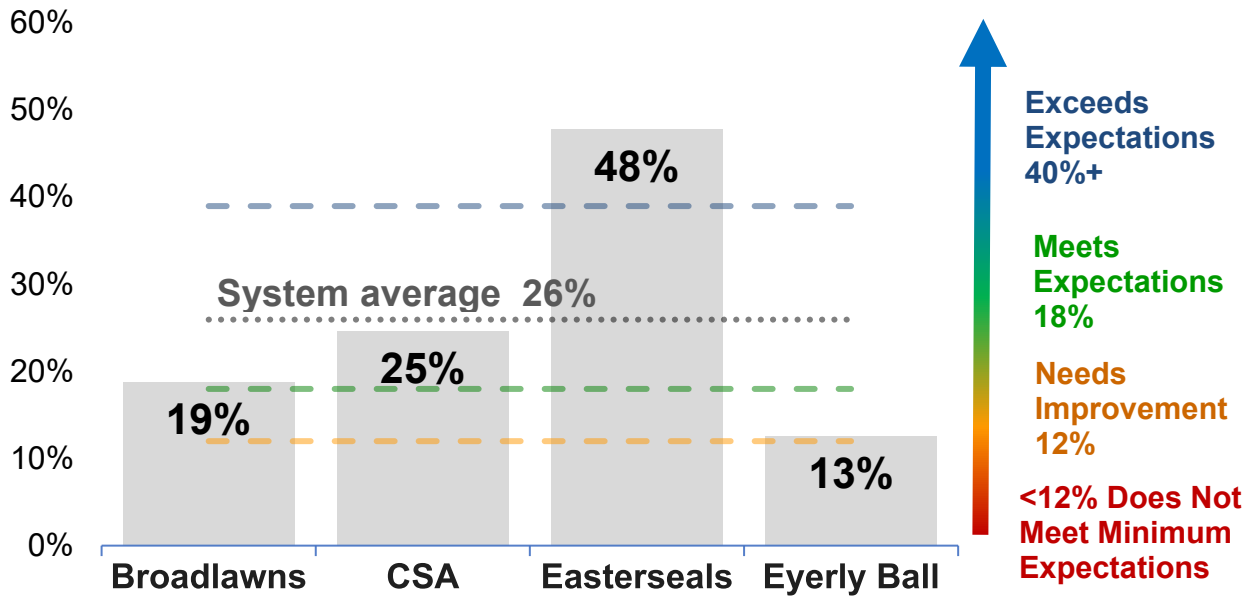
6 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS 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	7/14/2024 – 7/27/2024
Quarter 2	10/13/2024 – 10/26/2024
Quarter 3	1/12/2025-1/25/2025
Quarter 4	NA, excluded from data collection

For the **Engaged in Employment** outcome, performance across agencies ranged from 13% to 48%.

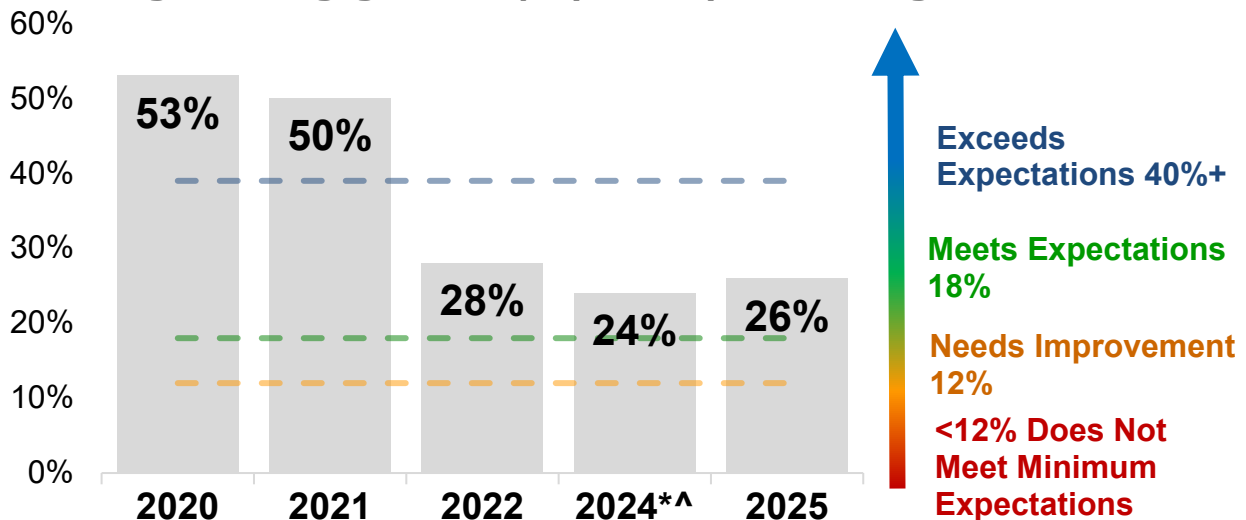
- One agency received an **Exceeds Expectations** rating.
- Two agencies received a **Meets Expectations** rating.
- One agency received a **Needs Improvement** rating.

Figure 6. Engaged in Employment by Agency 2025



The **Engaged in Employment** system average in 2025 was 26%, a 2 percentage point increase from 2024, maintaining a rating of **Meets Expectations**. In 2025, a 3-year trend of notably lower scores compared to earlier years (2020–2021) continued.

Figure 7. Engaged in Employment System Average 2020-2025



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

^ The definition of this outcome area changed in 2024, see metric footnote for details.



WORKING TOWARD SELF-SUFFICIENCY

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

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

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

Reporting Dates	
Quarter 1	7/14/2024 – 7/27/2024
Quarter 2	10/13/2024 – 10/26/2024
Quarter 3	1/12/2025-1/25/2025
Quarter 4	NA, excluded from data collection

Figure 8 shows **Working Toward Self-Sufficiency** across agencies, with performance percentages ranging from 8% to 27% in 2025.

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

Figure 8. Working Toward Self-Sufficiency by Agency 2025

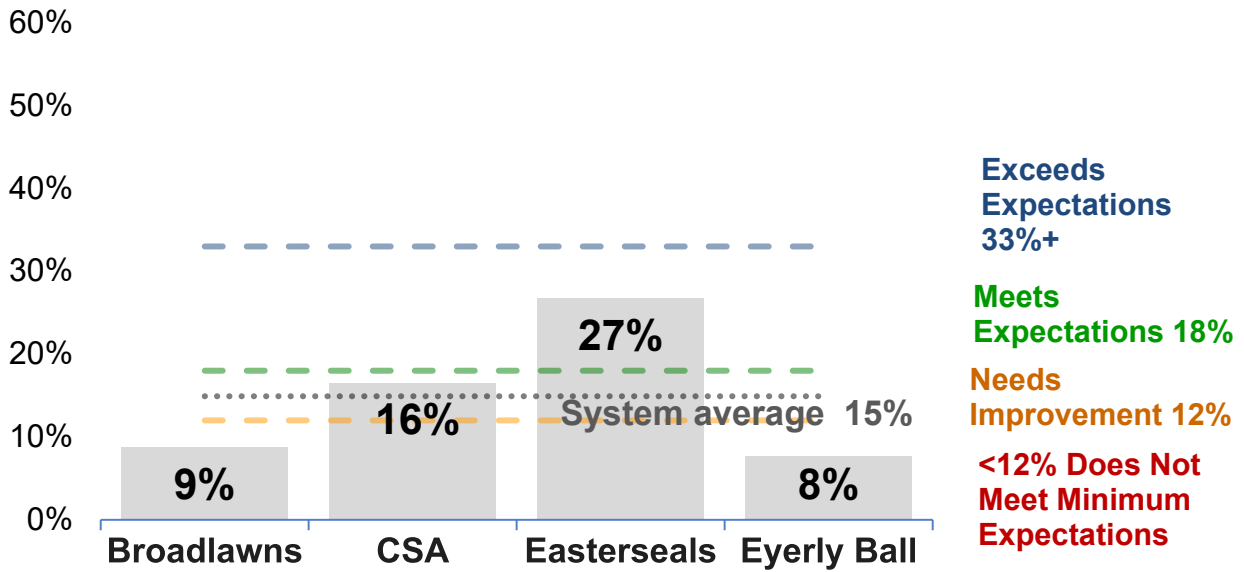
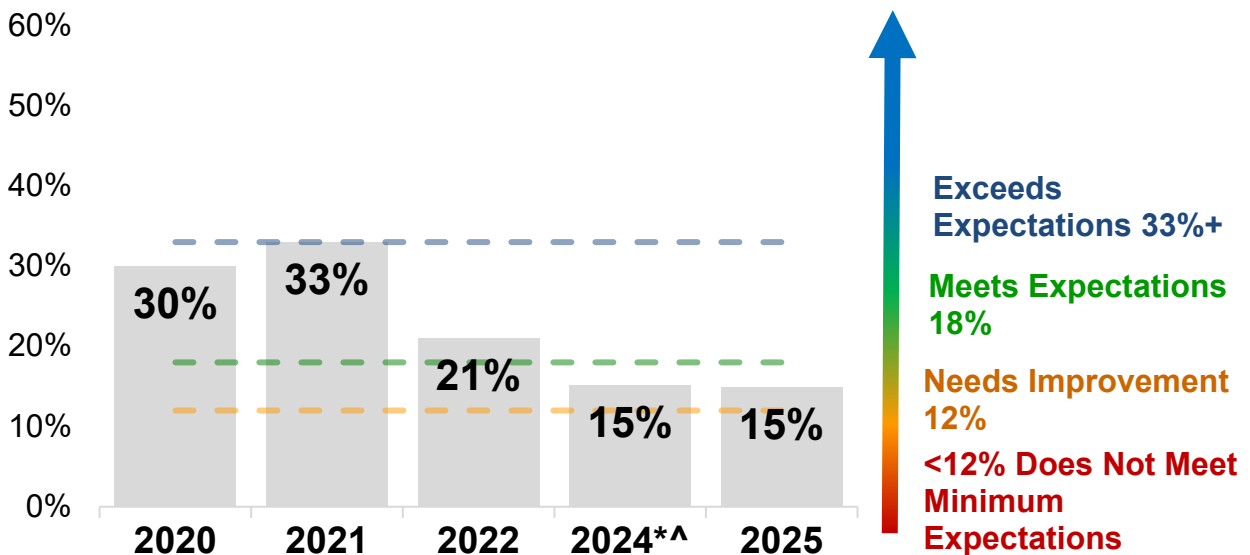


Figure 9 represents the system-level trends in **Working Towards Self-Sufficiency** from 2020 to 2025. The system average was 15%, unchanged from 2024, with an overall rating of **Needs Improvement**. This outcome continues a 3-year trend of lower performance, moving from a high of **Exceeds Expectations** (33%) in 2021 to **Needs Improvement** in 2024 and 2025.

Figure 9. Working Toward Self-Sufficiency System Average 2020-2025



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

^ The definition of this outcome area changed in 2024.



EDUCATION

Metric*	The percentage of employable individuals involved in training or education during the fiscal year. ⁸
Intent	Increase the number of program participants receiving classes or training provided by an educational institution or a recognized training program. ^{9, 10} The intent for this outcome is to increase skill development.
Rationale	<p>The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings.</p> <p>Education is the key to independence and future success; it is critical to obtaining work and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)].</p> <p>“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” (IDEA, Individuals with Disabilities Education Act).</p>

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

⁸ Measurement is captured in March 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 12%-27%.

- Two agencies **Met Expectations**
- Two agencies **Need Improvement**

Figure 10. Education by Agency 2025

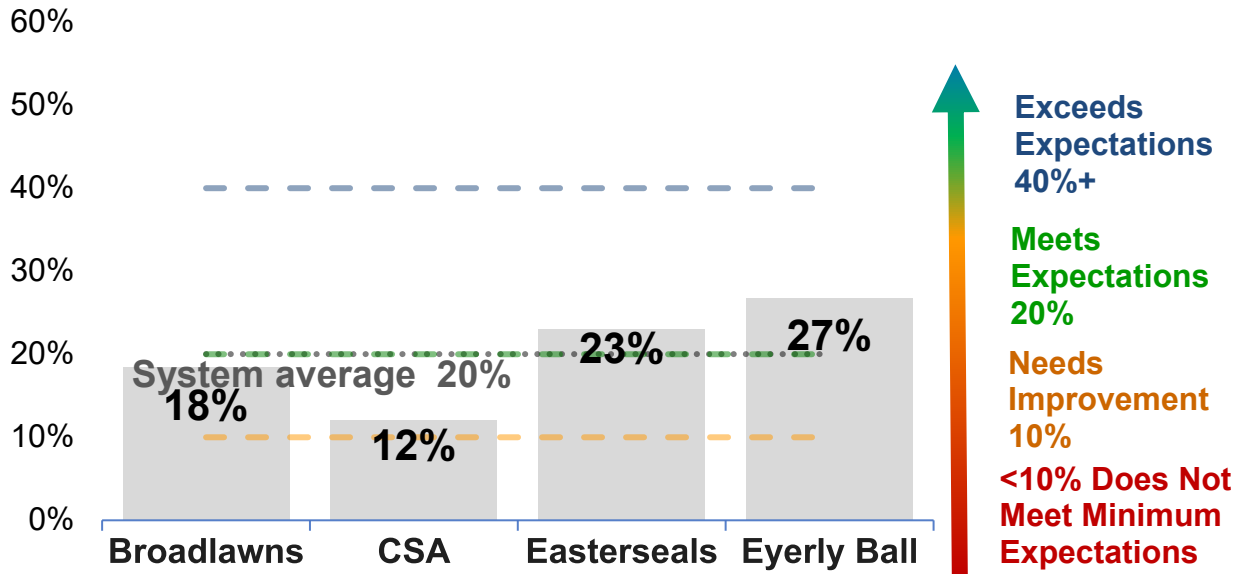
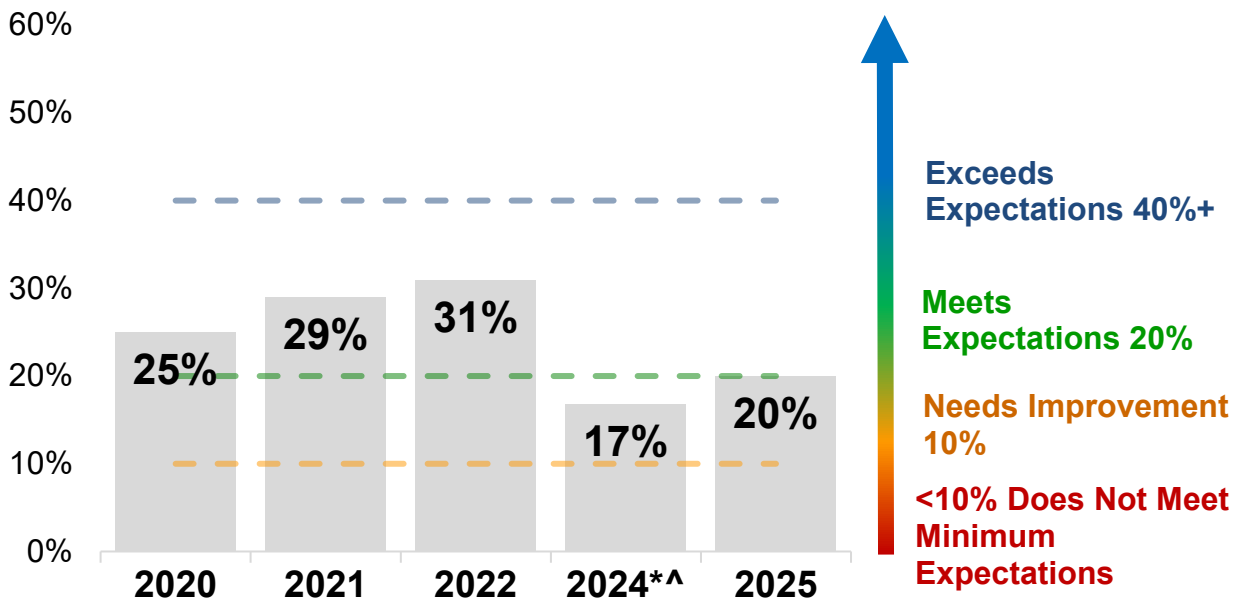


Figure 11 represents the system-level trends in **Education** from 2020 through 2025.

- Compared to previous years, the 2025 system average of 20% increased by 3 percentage points, returning to a 3-year trend (2020-2023) of **Meeting Expectations**.

Figure 11. Education System Average 2020-2025



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

^ The definition of this outcome area changed in 2024.



SOMATIC CARE

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

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

¹¹ Measurement is captured in March 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 from 85%-100%

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

Figure 12. Somatic Care by Agency 2025

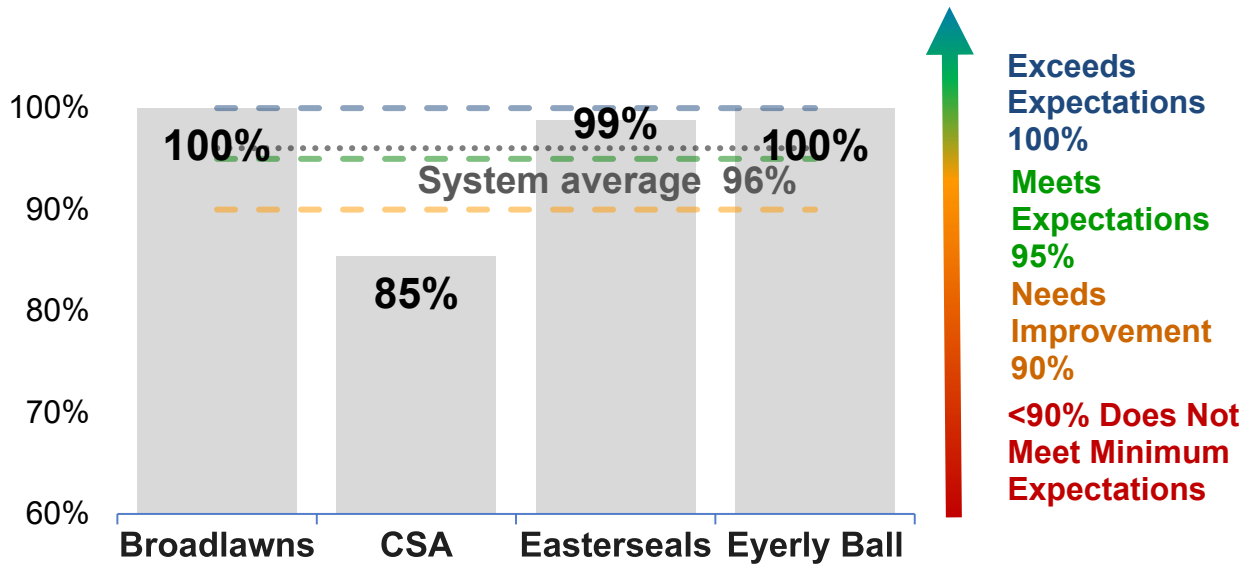
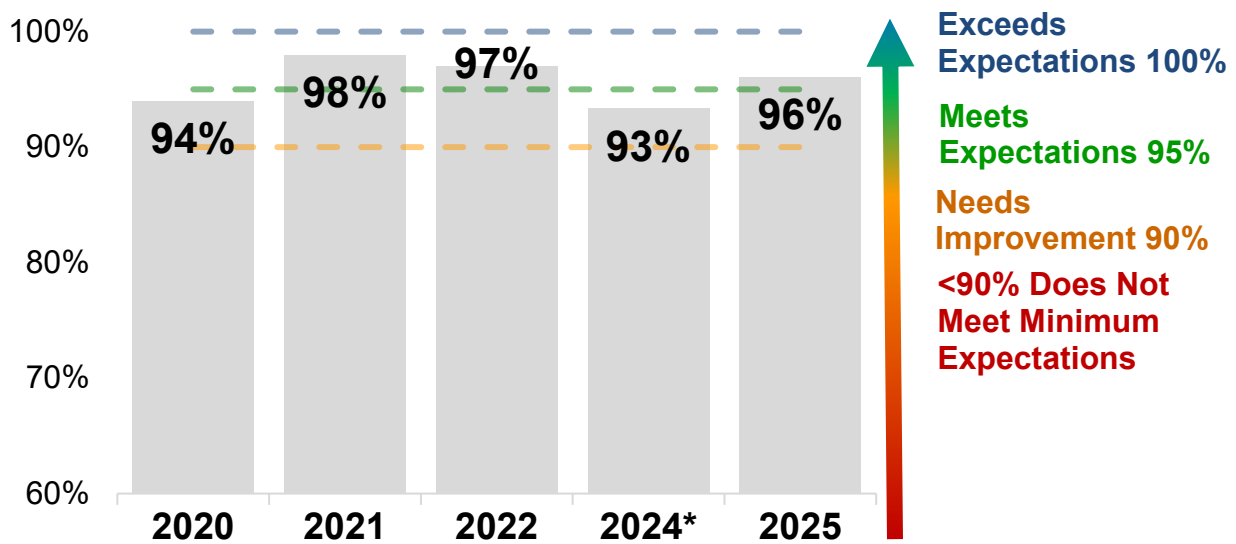


Figure 13 represents the system-level trends in **Somatic Care** from 2020 through 2025, which have been consistent, ranging from 93%-98%.

- The system average increased from 93% in 2024 to 96% in 2025, achieving a rating of **Meets Expectations**.

Figure 13. Somatic Care 2020-2025



* Outcome area not measured in 2023

PROVIDER PERSPECTIVES

Education

- Educational engagement was generally low, especially among older participants who felt their education years were behind them.
- Some participants pursued **GEDs or job-related certifications**, but progress was often interrupted by financial hardship, mental health challenges, or caregiving responsibilities.
- Agencies partnered with **Evelyn K. Davis Center** and **STEP programs** to offer **tailored educational opportunities**, including classes scheduled around participants' availability and transportation needs.
- Some participants expressed interest in continuing education at **Des Moines Area Community College (DMACC)**, but others were blocked by **past student loan debt** or a lack of confidence in their academic abilities.

Somatic Care

- Agencies made consistent efforts to ensure participants received **preventative and routine medical care**, but faced significant barriers due to **Medicaid churn** and participant distrust of the healthcare system.
- Many participants refused care out of fear of medical bills, even when agencies offered to cover costs. This was especially true for those who had recently lost Medicaid coverage.
- Agencies used **Release of Information (ROI) forms**, **direct clinic calls**, and **Electronic Health Record (EHR) systems like EPIC** to verify appointments and ensure documentation.
- Promising practices included **monthly health education**, **transportation support**, and **persistent follow-up**, including tracking down clients in person to ensure they attended appointments.

Community Inclusion

- Participation in community activities was affected by **mental health symptoms**, **seasonal factors**, and **staff turnover**. Many clients were reluctant to engage, citing low motivation or preference for familiar staff.
- Agencies used **incentives like bus tokens and coffee** to encourage participation and made efforts to align activities with client interests, such as attending church or local events.
- Staff reported confusion about what qualifies as a community inclusion activity, often needing clarification from Polk County.
- Despite these challenges, agencies were proud of their efforts and outcomes, especially given the shortened timeframe for achieving goals (reporting ended in March instead of June).



COMMUNITY INCLUSION

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

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

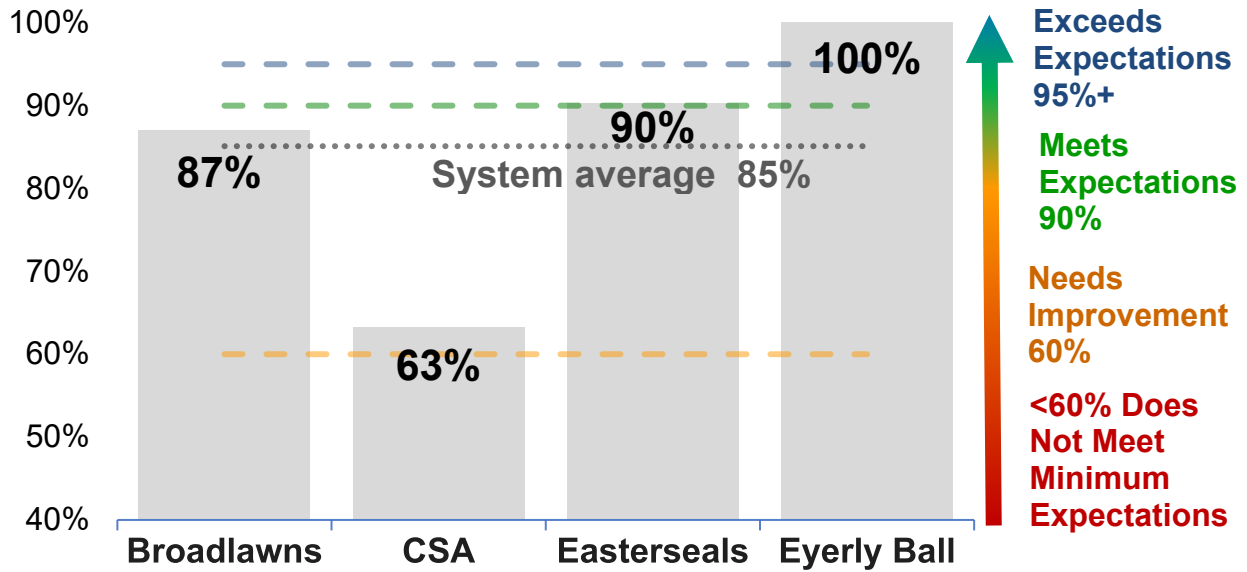
¹³ Measurement is captured in March and not averaged.

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

Figure 14 represents the percentage of program participants meeting the **Community Inclusion** outcome, ranging from 63%-100%

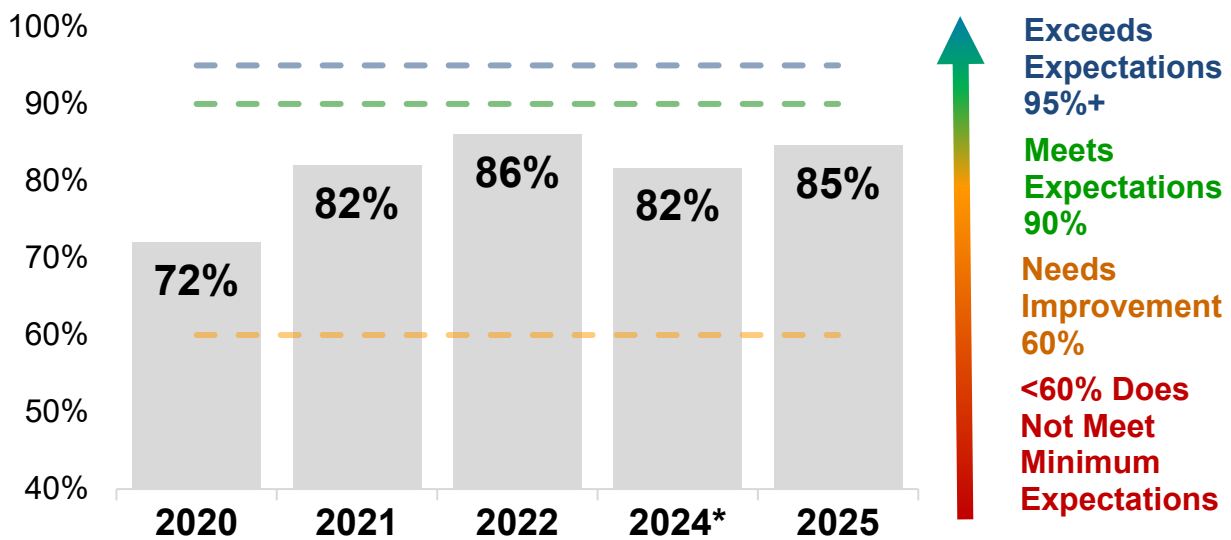
- One agency **Exceeded Expectations**
- One agency **Met Expectations**
- Two agencies **Need Improvement**

Figure 14. Community Inclusion by Agency 2025



In 2025, the **Community Inclusion** system average was 85%, a 3-point increase from 2024. Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020 (for context, the ISA system average in 2019 was 97%).

Figure 15. Community Inclusion System Average 2020-2025



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



PARTICIPANT EMPOWERMENT

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

- Whether there was evidence that the participant was involved in setting the goals
- Whether individualized, measurable goals were in place and what services the agency program planned to provide to achieve the goals,
- Whether employment or education or community integration were addressed with the participant¹⁵
- Whether goals were regularly reviewed with respect to expected outcomes and services documented in the file

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

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

Table 2. Participant Empowerment Results by Category

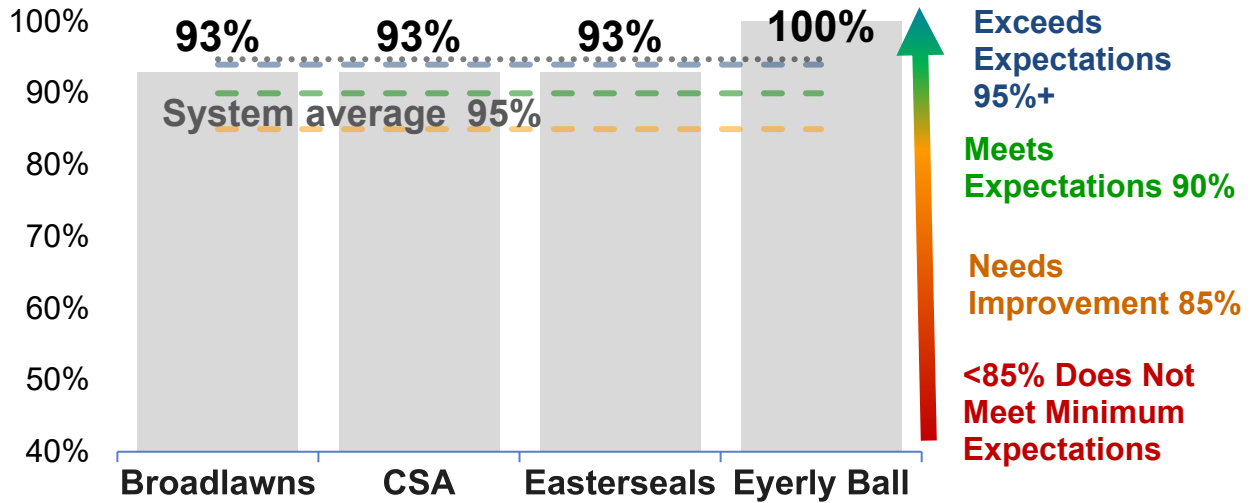
	Broadlawns	CSA	Easterseals	Eyerly Ball
Goals in Place and Reviewed Regularly	100%	100%	100%	100%
Consumer Involvement	100%	100%	100%	100%
Quarterly Empowerment Discussions¹⁵	93%	93%	93%	100%
Services Documented	100%	100%	100%	100%
All Goal Components Present	93%	93%	93%	100%

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 three criteria, *Consumer Involvement*, *Goals in Place and Reviewed Regularly* and *Services Documented and Delivered*. The performance of three agencies was impacted by the *Quarterly Empowerment Discussions* criteria.

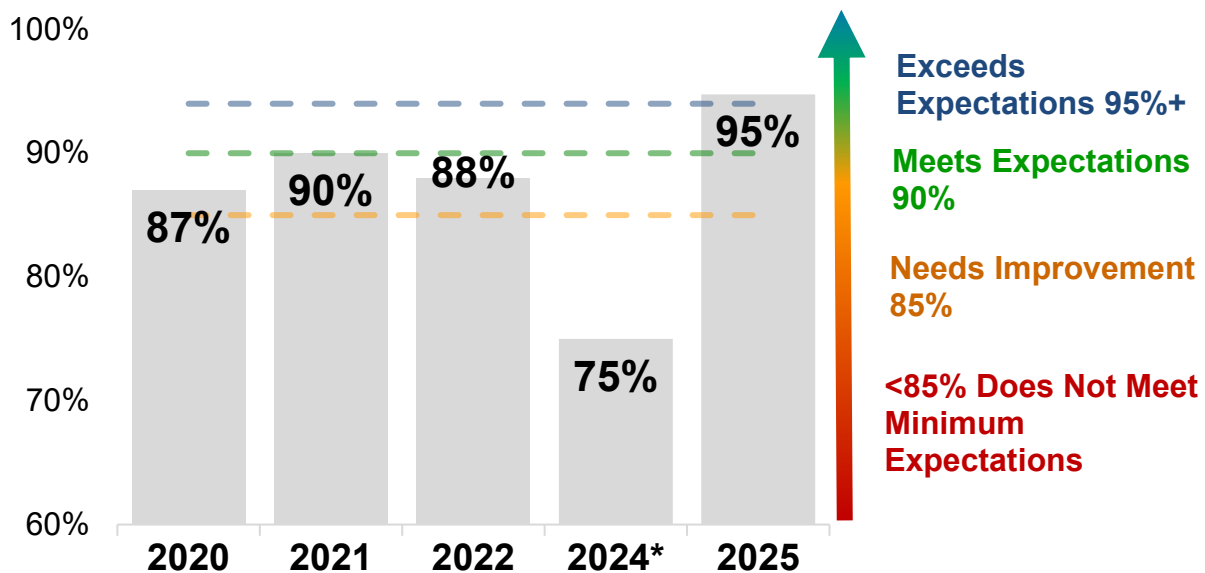
Performance across agencies in the **Participant Empowerment** outcome ranged from 93%-100%, with three agencies **Meeting Expectations** and one agency **Exceeding Expectations** in 2025.

Figure 16. Participant Empowerment by Agency 2025

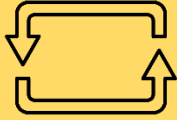


The system average of **Participant Empowerment** increased by 20% in 2025, moving from a **Does Not Meet Minimum Expectations** rating to **Exceeding Expectations** in 2025.

Figure 17. Participant Empowerment 2020-2025



* Outcome area not measured in 2023



NEGATIVE DISENROLLMENT

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

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

PROVIDER PERSPECTIVES

Participant Empowerment

- Agencies struggled with consistent documentation of **Quarterly Empowerment Discussions**, even when the conversations occurred.
- Staff turnover and unclear expectations contributed to missed documentation, which impacted scores.
- Promising practices included **monthly prompts, paper checklists**, and **internal audits** to ensure compliance. Smaller teams with close oversight were particularly effective in maintaining documentation standards.

Negative Disenrollment

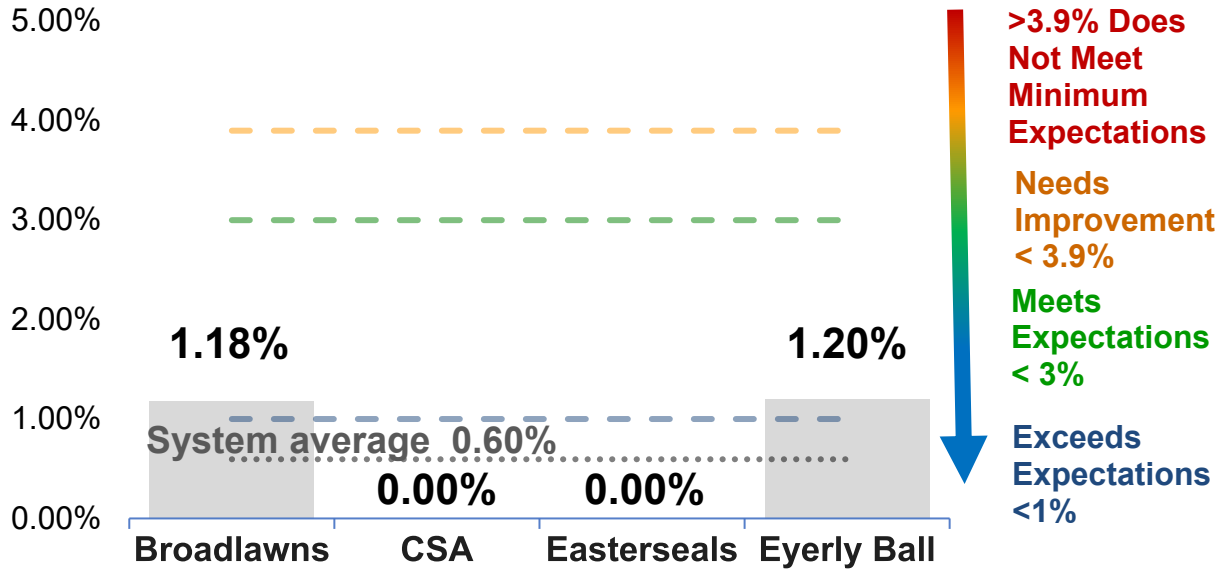
- Agencies reported a few negative disenrollments, primarily due to incarceration. In most cases, staff made multiple attempts to re-engage clients before proceeding with discharge.
- Staff emphasized the importance of confirming participant intent before disenrollment and described efforts to retain clients even during periods of disengagement or crisis.
- Agencies felt they handled Negative Disenrollments ethically and with care.

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 an **Exceeds Expectations** rating of 0.6%

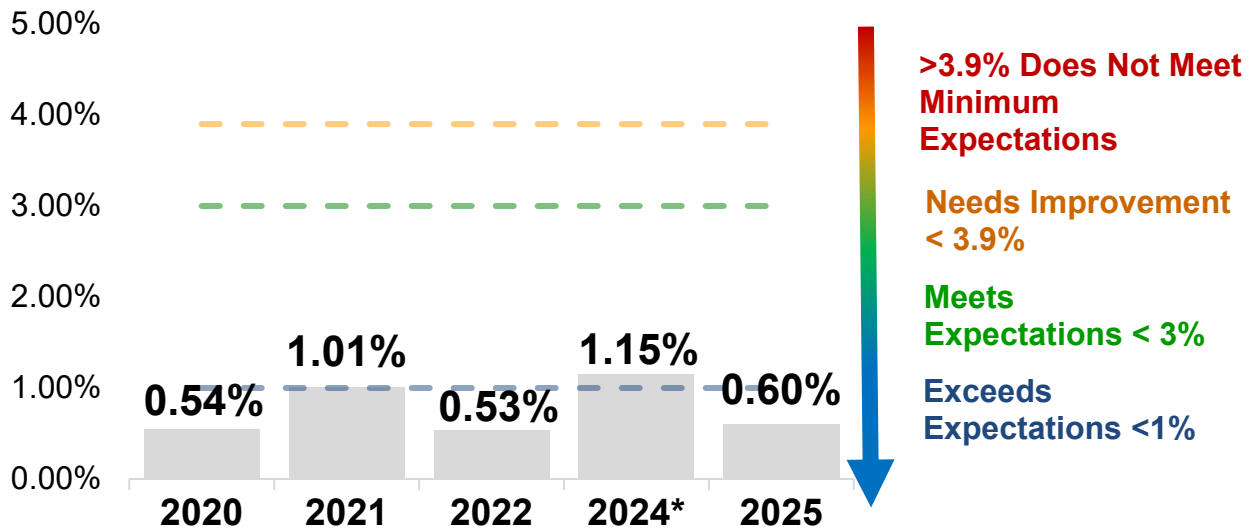
- Two agencies received an **Exceeds Expectations** rating
- Two agencies received a **Meets Expectations** rating

Figure 18. 2024 Negative Disenrollment Rates by Agency 2025



Overall system performance in the **Negative Disenrollment** outcome decreased in 2025, earning an **Exceeds Expectations** rating.

Figure 19. Negative Disenrollment Rates 2020-2025



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



PSYCHIATRIC HOSPITALIZATIONS

Metric	The average number of hospital days per program participant per year. ^{17, 18.}
Intent	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
Rationale	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized crisis response services, such as observation units and behavioral health urgent care.

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

PROVIDER PERSPECTIVES

Psychiatric Hospitalizations

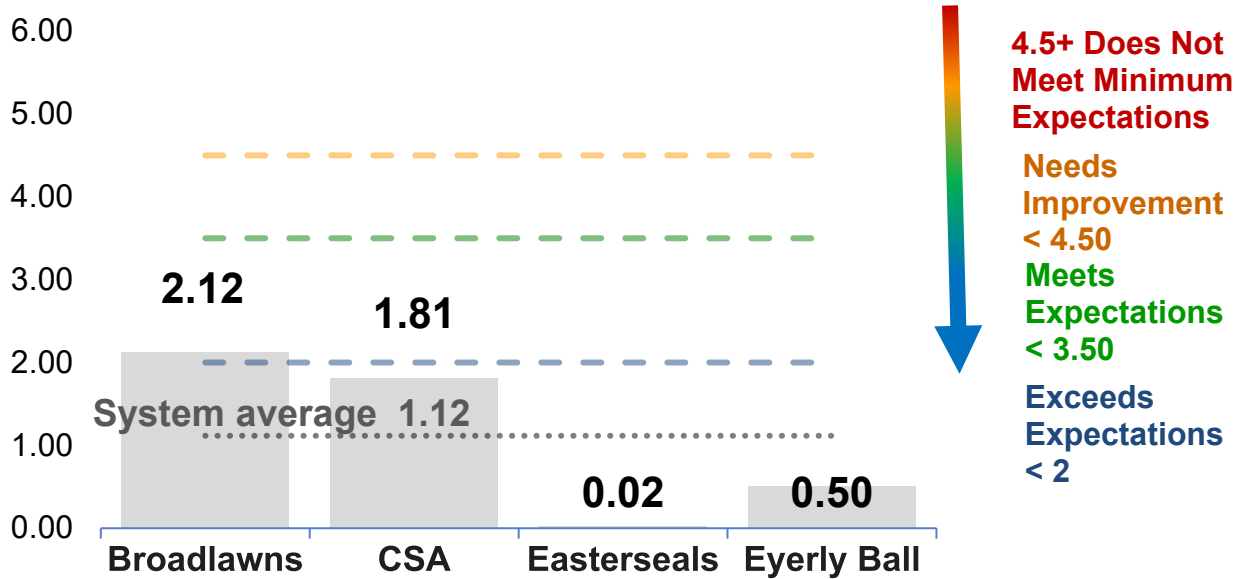
- Agencies played a proactive role in **preventing psychiatric hospitalizations** through regular check-ins, medication monitoring, and crisis intervention.
- Despite these efforts, some hospitalizations were unavoidable and deemed appropriate due to the severity of symptoms.

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

For the **Psychiatric Hospitalizations** outcome, the system averaged an **Exceeds Expectations** rating of 1.12 nights in the hospital in 2025.

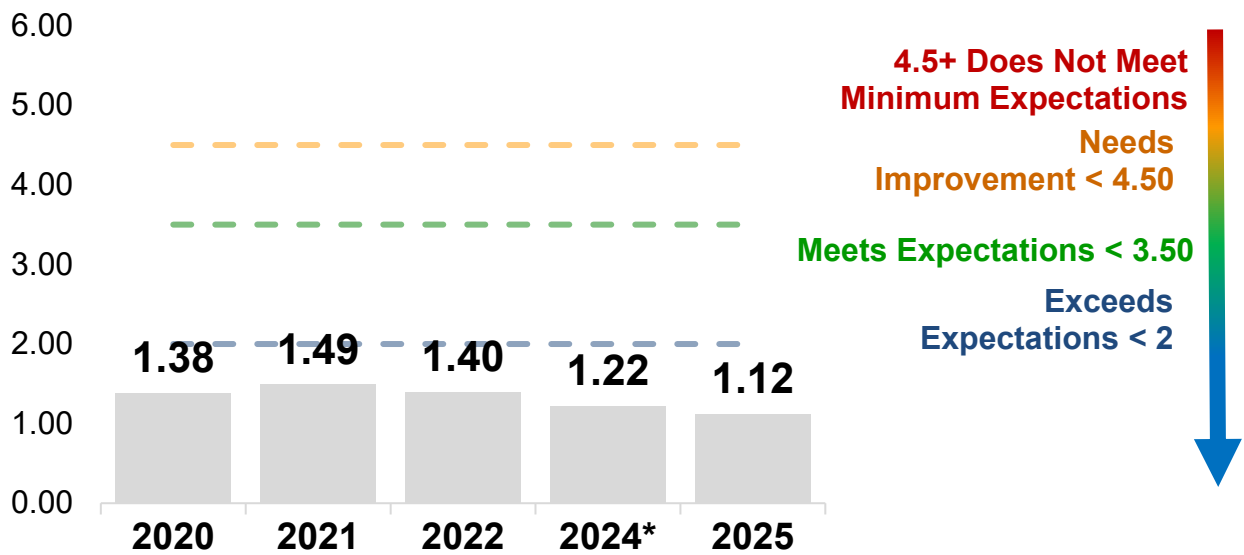
- Three agencies received an **Exceeds Expectations** rating.
- One agency received a **Meets Expectations** rating.

Figure 20. Psychiatric Hospitalizations by Agency 2025



Overall system performance in the **Psychiatric Hospitalizations** outcome continues a trend of decreasing –earning an **Exceeds Expectations** rating for the fifth consecutive year in 2025

Figure 21. Psychiatric Hospitalizations 2020-2025



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



EMERGENCY ROOM VISITS FOR PSYCHIATRIC CARE

Metric	The average number of emergency room visits ¹⁹ per program participant per year.
Intent	Emergency room visits for psychiatric visits will be reduced. The intent is to provide adequate supports in the community, so people do not access psychiatric care thru the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person’s condition (NAMI).

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

PROVIDER PERSPECTIVES

Emergency Room Visits for Psychiatric Care

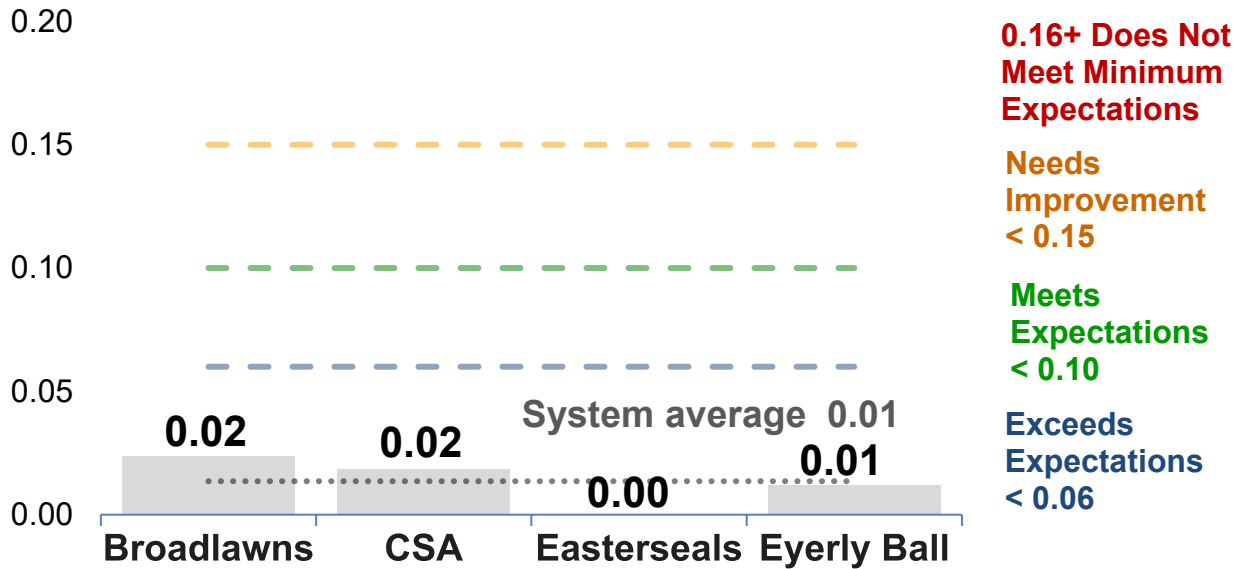
- Agencies focused on **early intervention and crisis planning** to prevent emergency room visits for psychiatric care.
- **Mobile Crisis Services, Behavioral Health Urgent Care, and Crisis Observation Centers** were cited as **critical resources** for diverting participants from the ER.
- Staff also used **on-call phones** and **responsive interventions** to de-escalate situations and provide immediate support.

¹⁹ An emergency room visit is measured by the number of times the individual goes to the emergency room is observed and returned home without being admitted.

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

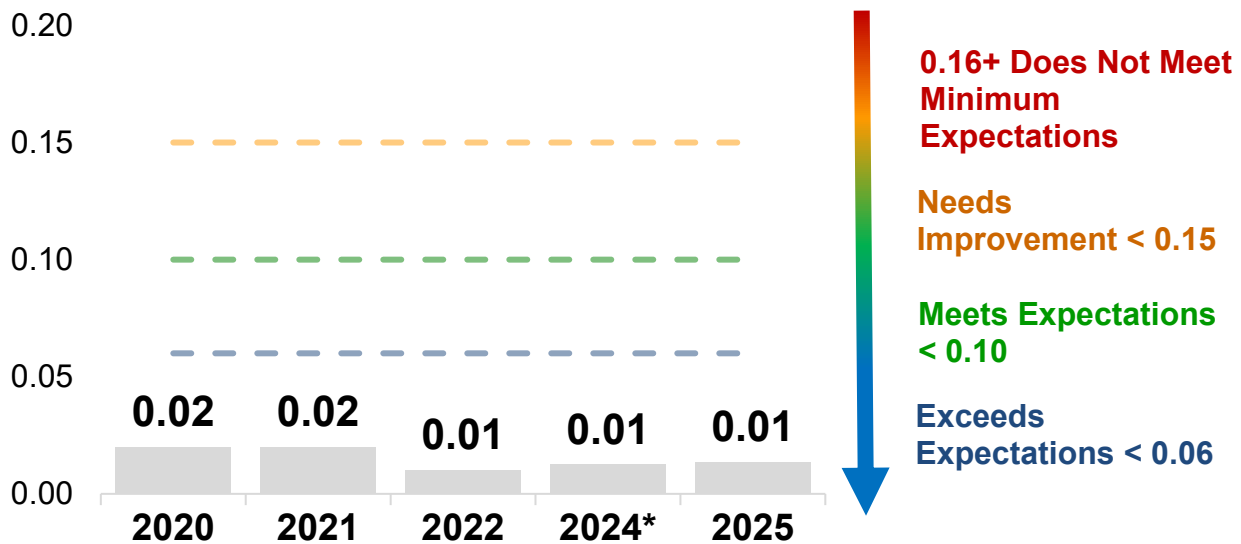
- All four agencies received an **Exceeds Expectations** rating.

Figure 22. Psychiatric Emergency Room Visits by Agency 2025



Overall system performance in the **Emergency Room Visits for Psychiatric Care** outcome continues a consistent trend of high performance –earning the 5th **Exceeds Expectations** rating over 5 years in 2025.

Figure 23. Psychiatric Emergency Room Visits System Average 2020-2025



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



INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM

Metric	The average number of jail days. ²⁰ utilized per program participant per year.
Intent	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
Rationale	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the Criminal Justice system. Criminal Justice involvement can be strongly influenced by societal factors, such as poverty (about 2.5 million people with mental health live in poverty), poor and unstable housing, adverse childhood experiences, racism, and alcohol and drug abuse (NAMI).

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

Involvement in the Criminal Justice System

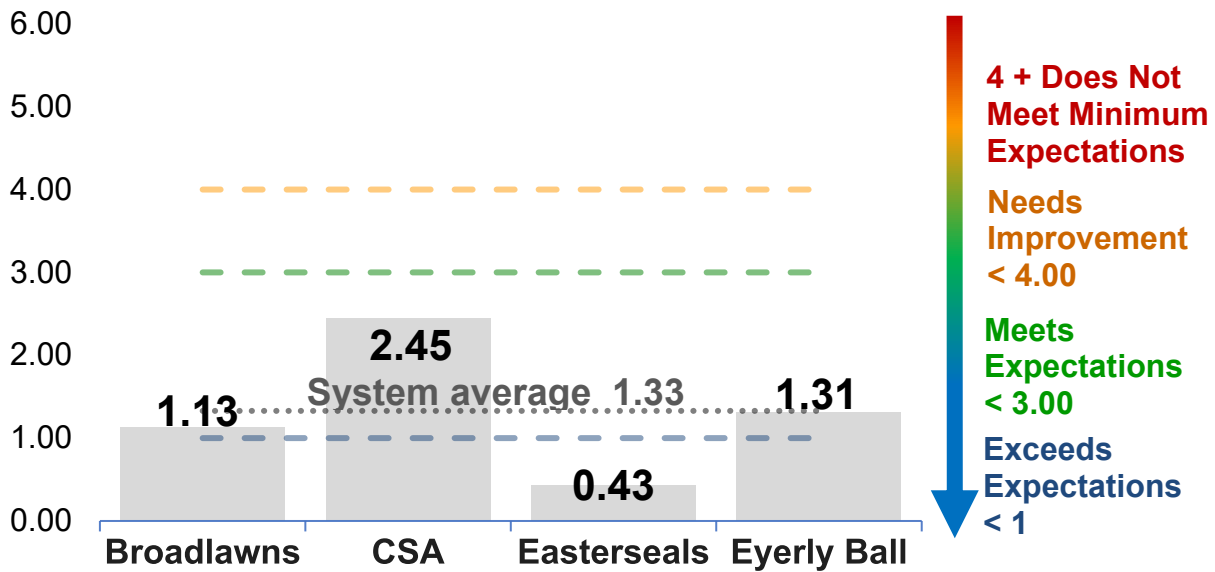
- Agencies worked closely with participants to **navigate legal obligations**, attend court appointments, and avoid re-incarceration.
- Staff maintained contact with **probation officers**, attended **court hearings**, and provided **transportation and advocacy**.
- Despite these efforts, some participants spent extended time in jail due to delays in competency restoration or lack of placement options.
- **Jail Diversion Programs** and **Mobile Crisis Services** were essential in reducing justice involvement.

²⁰ A jail day is measured by the number of nights spent in jail. Jail time assigned for offenses committed prior to enrollment in the program will not be counted.

For the **Involvement in the Criminal Justice System** outcome, the system averaged a **Meets Expectations** rating of 1.33 nights spent in jail on average, ranging from 0.43 – 2.45 nights spent in jail.

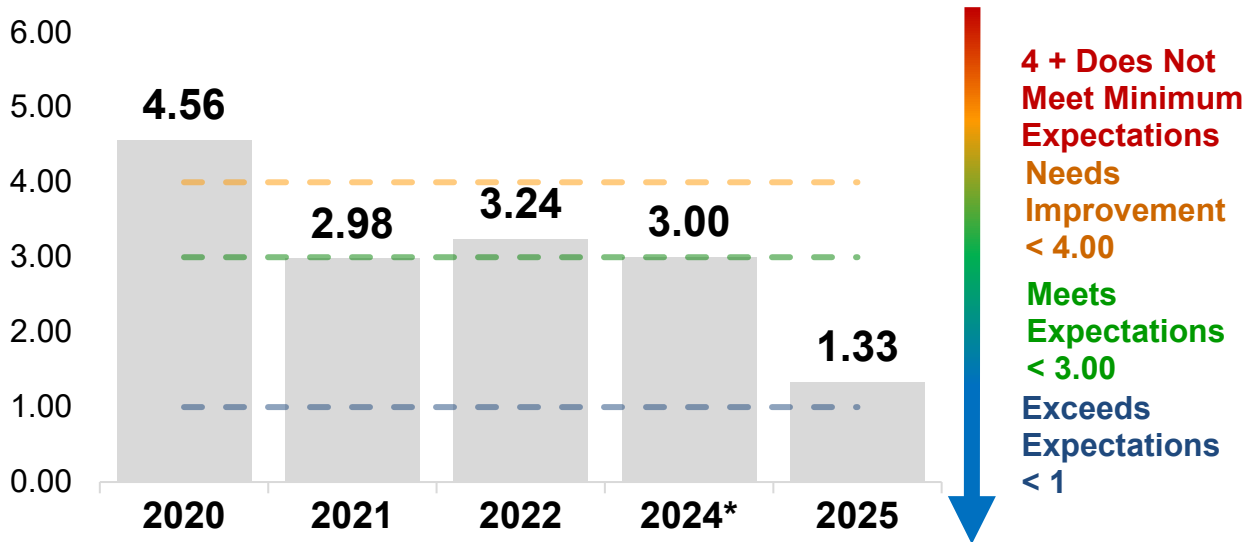
- One agency received an **Exceeds Expectations** rating.
- Three agencies received a **Meets Expectations** rating.

Figure 24. Involvement in the Criminal Justice System by Agency 2025



Overall system performance in the **Involvement in the Criminal Justice System** outcome continues a consistent trend of decreasing, earning its first **Meets Expectations** rating in the last five years.

Figure 25. Involvement in the Criminal Justice System 2020-2025



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



HOMELESSNESS

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

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

PROVIDER PERSPECTIVES

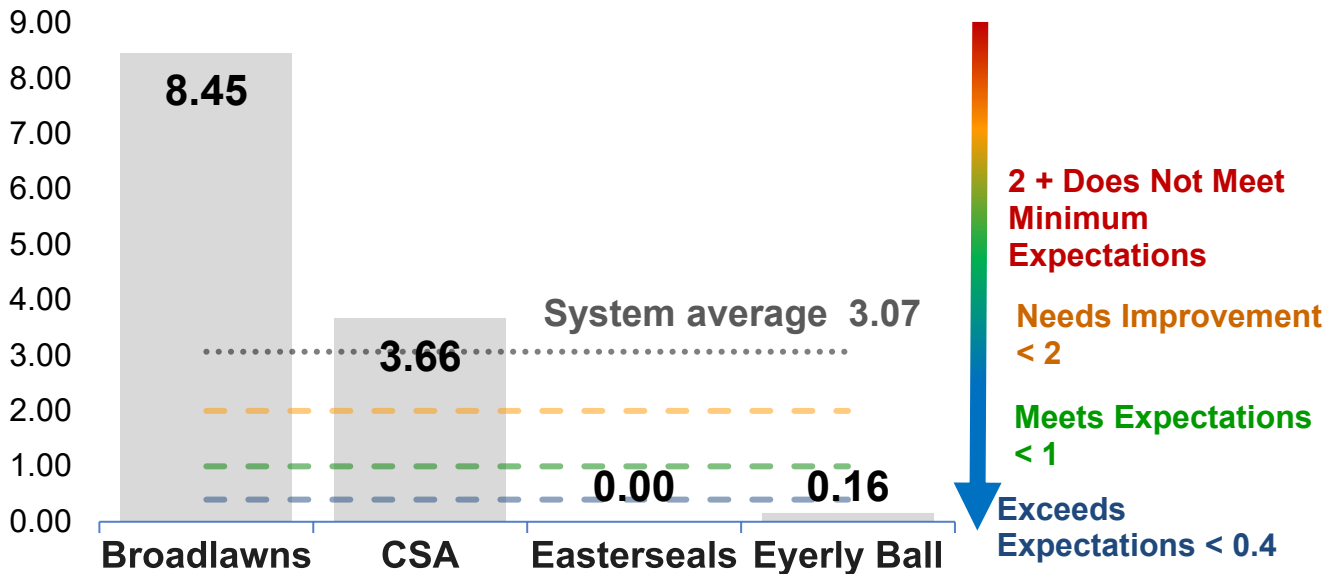
Homelessness

- Agencies did everything possible to prevent homelessness, including **continued support for clients who refused housing** or were chronically unhoused.
- Some clients had to experience homelessness to qualify for certain resources, such as transitional housing programs.
- Agencies leveraged **flexible funding, IFA subsidies, and relationships with private landlords** to secure housing when possible.
- One agency developed a partnership with a landlord who rents to individuals on the registry, filling a critical gap for clients who are otherwise blacklisted from housing.

For the **Homelessness** outcome, the system averaged a **Does Not Meet Minimum Expectations** rating of 3.07 nights spent without housing. Agencies varied in performance, with a range of 0.00-8.45 nights spent without housing.

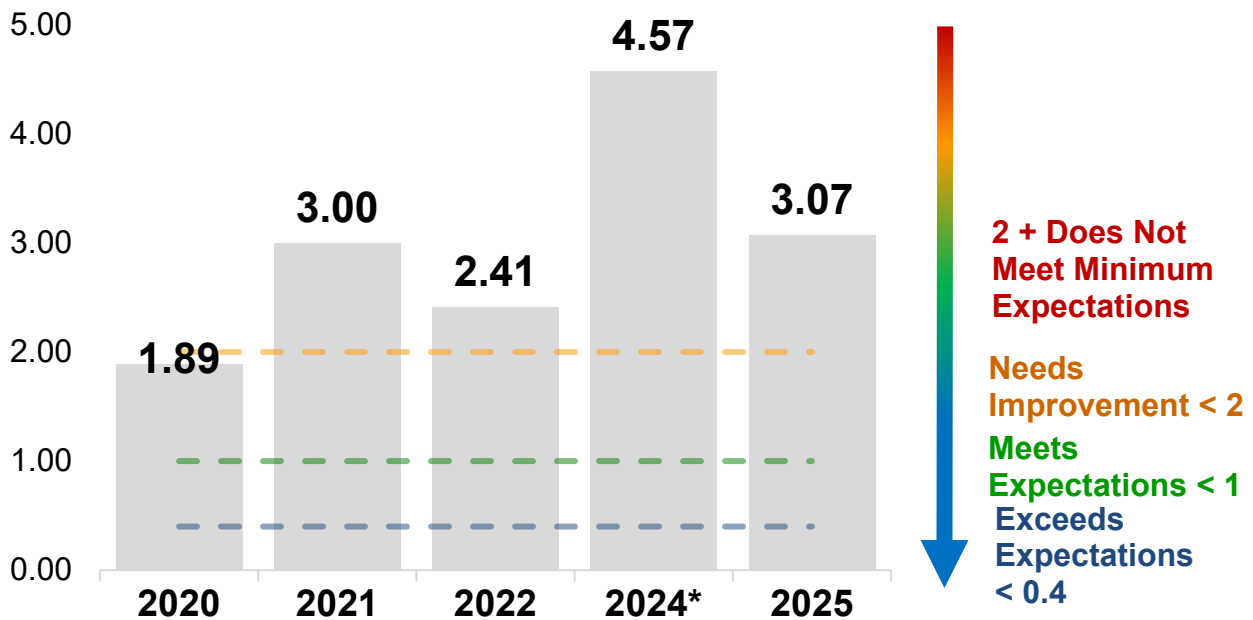
- Two agencies received an **Exceeds Expectations** rating.
- Two agencies **Did Not Meet Minimum Expectations**.

Figure 26. Homelessness by Agency 2025



Overall system performance in the **Homelessness** outcome continues a 4-year trend of **Not Meeting Minimum Expectations**.

Figure 27. Homelessness 2020-2025



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



PARTICIPANT SATISFACTION

The FY2025 evaluation marks a shift from the satisfaction survey used in previous evaluations. In response to agency feedback and evidence-based literature, the evaluation paused the existing survey tool and conducted primarily qualitative interviews to inform development of a more meaningful, participant-informed instrument. To maintain some continuity with previous reports, 9 new scored quantitative items were included, consistent with the concepts that were important to agency staff.

Metric

These covered areas such as skill development, service experience, social determinants of health, and safety. The quantitative portion included 4 yes/no questions (scored as 1 point for "yes" and 0 points for "no") and 5 questions using frequency-based responses ("usually," "sometimes," and "rarely"), scored as 1, 0.5, and 0 points respectively. Scores were calculated as percentages after dividing the total points earned by the total points possible, based only on participants who answered each question.

Due to substantial changes in survey content and format, this year's scores are not directly comparable to past results and should only be interpreted as part of an ongoing improvement process.

Intent

Program participants will report satisfaction 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)

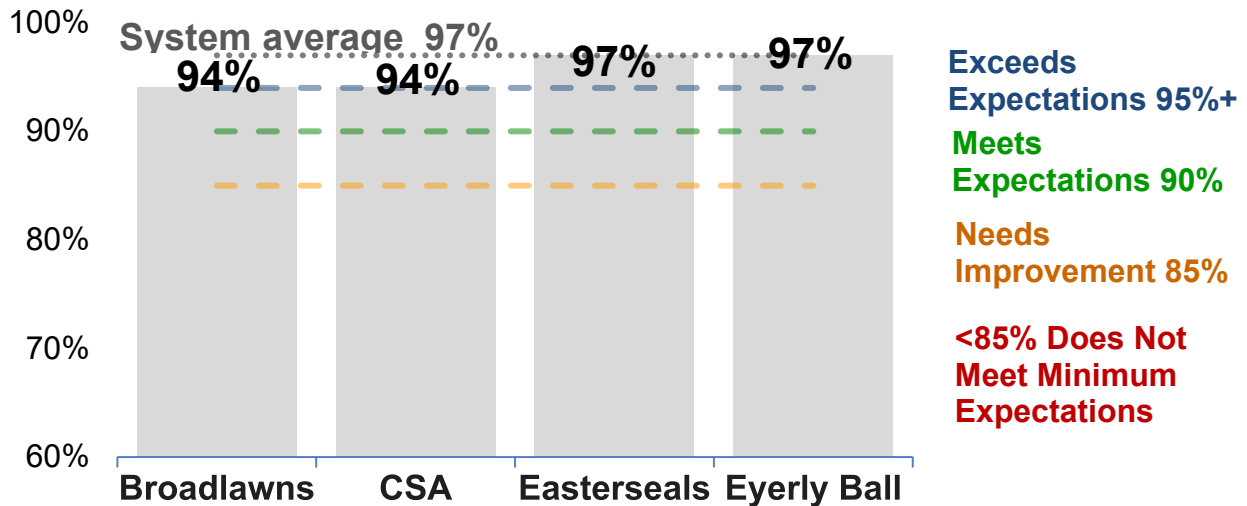
Client satisfaction surveys empower clients by giving them a voice in the evaluation and, indirectly, in the management of services. (Spiro, Dekel & Peled, 2009)

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

For the **Participant Satisfaction** outcome, the system averaged an **Exceeds Expectations** rating of 97%.

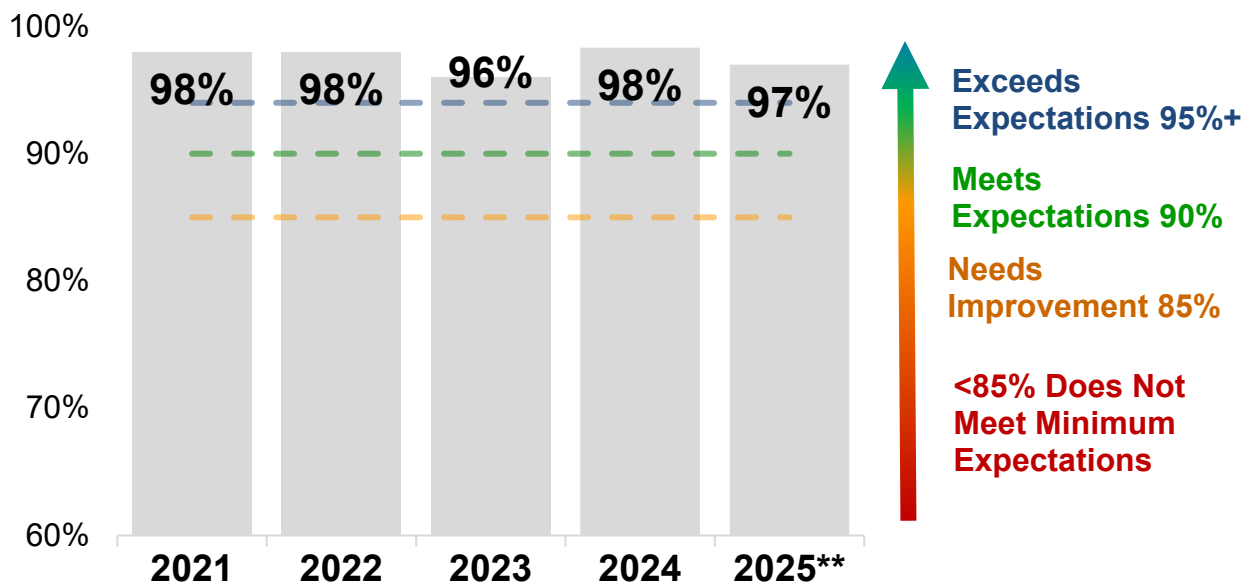
- Agencies varied in performance, with a range of 94%-97%.
- Two agencies received an **Exceeds Expectations** rating.
- Two agencies received a **Meets Expectations** rating.

Figure 28. Participant Satisfaction by Agency 2025



The overall system performance for the **Participant Satisfaction** outcome has maintained an **Exceeds Expectation** rating for the last five evaluation years.

Figure 29. Participant Satisfaction 2021-2025 System Average



**2025 survey results reflect a new survey format. Results are not comparable to previous years

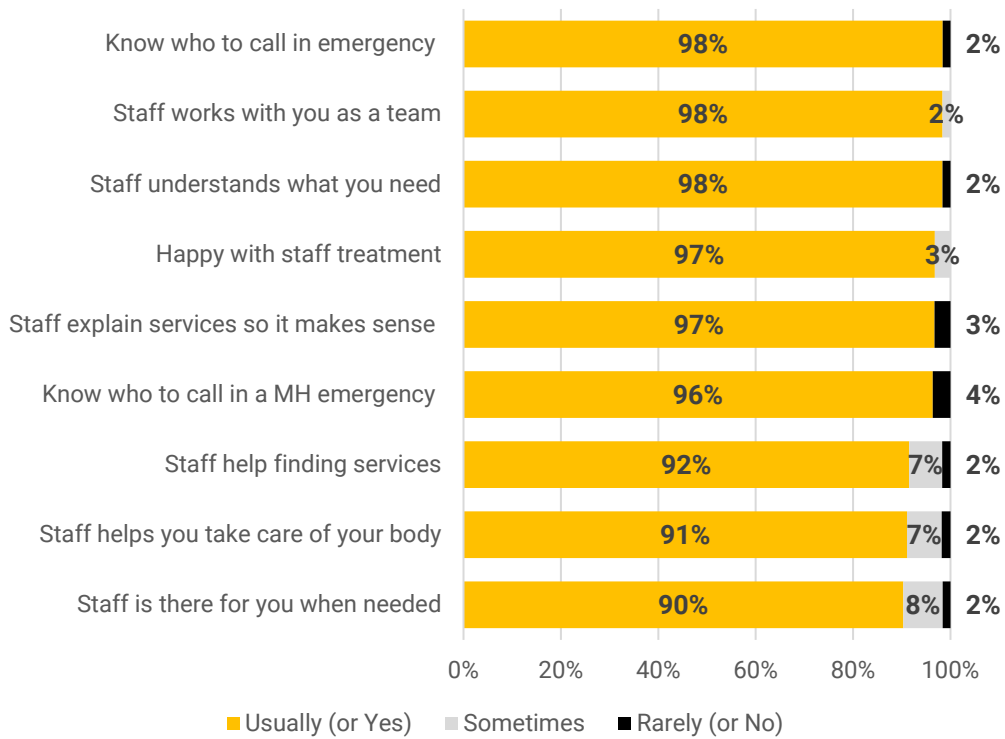
Figure 30 shows rates of agreement by item from the 2025 **Participant Satisfaction** outcome survey. Rates of satisfaction were high overall, and participants were most likely to report that:

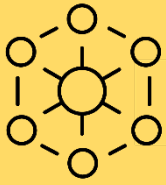
- *They knew who to contact in a fire/medical emergency (98%).*
- *They were happy with how staff works with them as a team (98%).*
- *They were happy with staff seeing and understanding what they need (98%).*

Items with relatively lower satisfaction included:

- Happiness with *staff helping them to find services* (92% “usually happy,” 7% “sometimes happy”).
- Happiness with *staff helping them to take care of their bodies* (91% “usually happy”, 7% “sometimes happy”).
- Happiness with *staff being there for them when they needed staff* (90% “usually happy”, 8% “sometimes happy”).

Figure 30. Participant Satisfaction System Average by item 2025
N=62





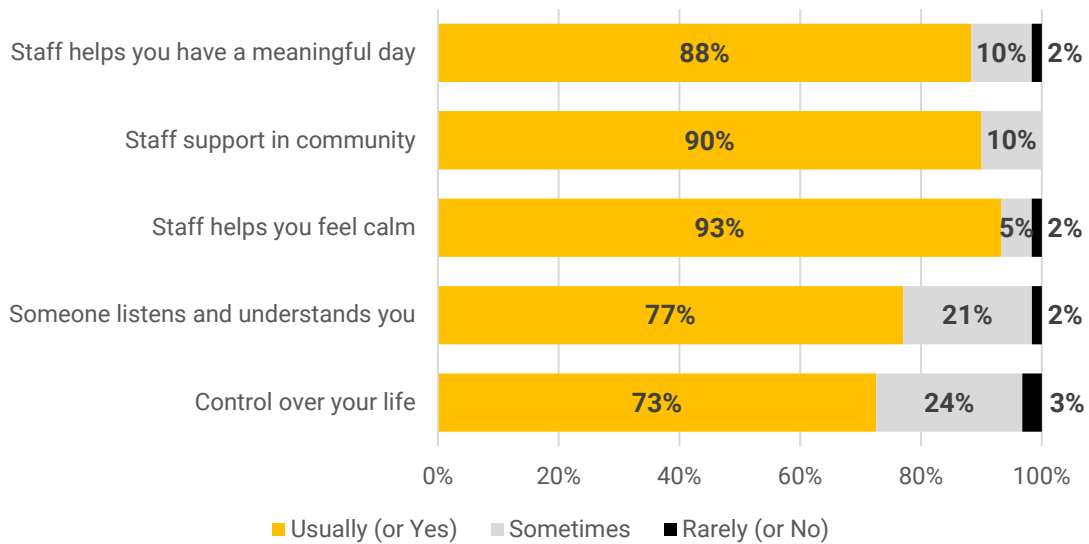
QUALITY OF LIFE

Metric The Quality of Life outcome is based on participant interviews. This year’s survey revised the previous 7-item yes/no format to 5 items using a three-point response scale—“usually” (1 point), “sometimes” (0.5), and “rarely” (0). Scores were calculated as percentages based only on responses from participants who answered each item. As noted earlier, due to changes in survey format and content, results should be interpreted as part of a broader transition process and are not directly comparable to previous years.

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

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

Figure 31. Quality of Life System Average by Item 2025
N=62



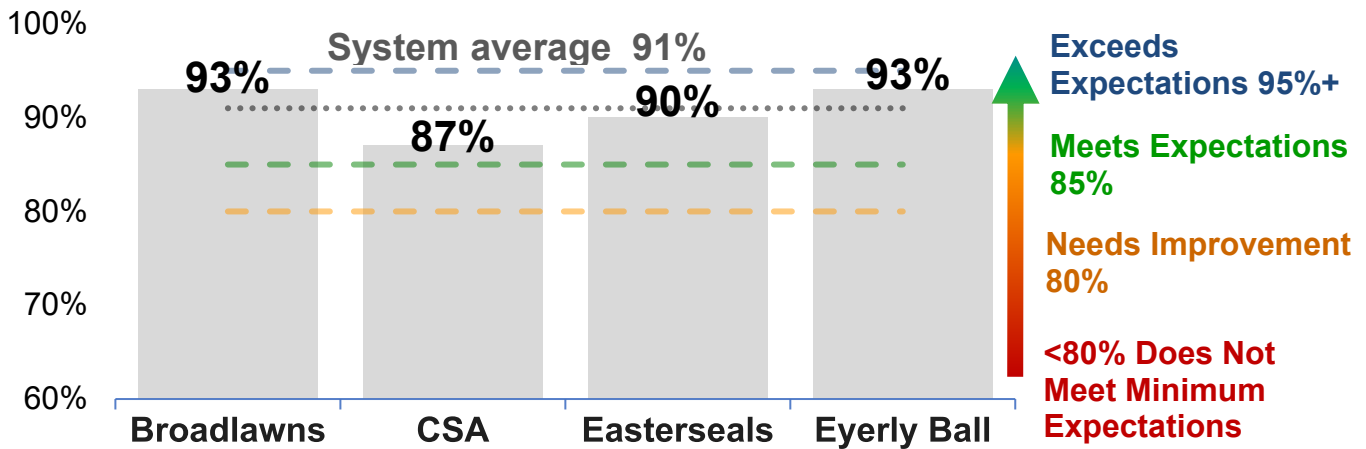
Participant **Quality of Life** measures showed some variation in ratings across the individual items (Figure 31).

- 93% of participants are usually happy with *staff helping them to feel calm* (5% reported “sometimes happy”).
- 90% of participants are usually happy with *staff helping them get into the community* (10% reported “sometimes happy”).
- Participant agreement was lower for measures related to happiness with *control over their own life* (73% “usually happy,” 24% “sometimes happy”), *having someone who listens and understands them* (77% “usually happy,” 21% “sometimes happy”), and happiness with *staff helping them to have a meaningful day* (88% “usually happy,” 10% “sometimes happy”).

Across agencies, Quality of Life varied, ranging from 87%-93% agreement.

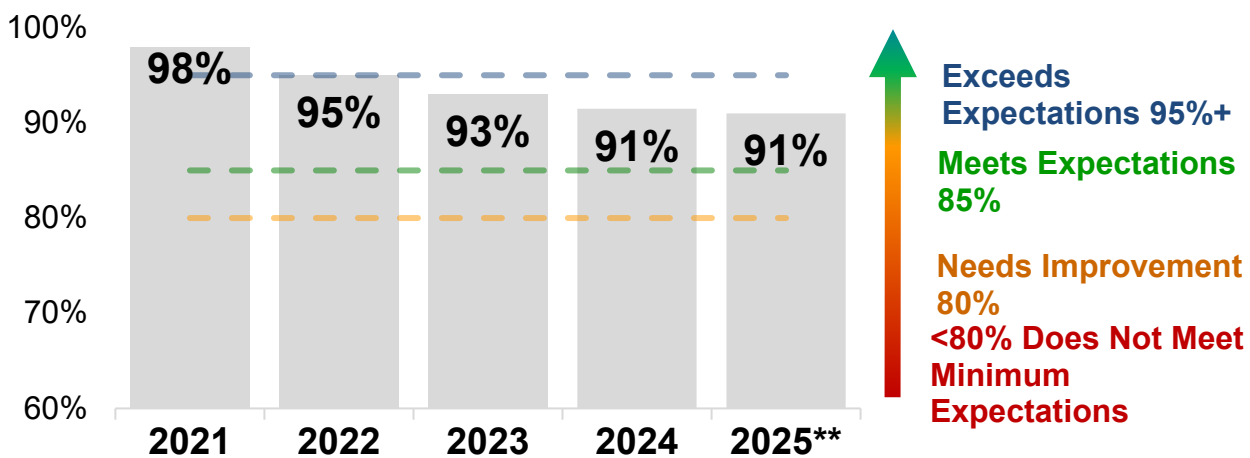
- All four agencies received a **Meets Expectations** rating.

Figure 32. Quality of Life by Agency 2025



The **Quality of Life** outcome earned a system average of **Meets Expectations** at 91% in 2025. The 2025 results are a compilation of pilot survey items,

Figure 33. Quality of Life System Average 2021-2025



**2025 survey results reflect a new survey format. Results are not comparable to previous years

PROVIDER PERSPECTIVES

Participant Satisfaction

- High participant satisfaction was attributed to **strong rapport between staff and participants**, especially when staff were consistent and familiar.
- Agencies used **team-based approaches** to ensure that participants always had access to someone they trusted, even during staff transitions.
- Events like “**survey day**” were well-received, though long surveys caused some delays and frustration.

Quality of Life

- Agencies acknowledged that while they couldn't manage every aspect of a participant's life, **high quality of life scores reflected the trust participants placed in staff** for support and guidance.
- Staff provided **flexible, responsive care**, often going beyond formal treatment plans to meet participants' immediate needs.
- Agencies emphasized the importance of **building independence**, while still offering consistent support.

Administrative Outcomes

- Agencies approached administrative outcomes as **ongoing expectations**, rather than tasks to be completed quarterly.
- Staff reported challenges with **locating participants**, especially those who were transient or disengaged, which affected documentation.
- **CSN system limitations**, staff turnover, and miscommunication contributed to lower scores in some areas.
- Promising practices included **standardized documentation processes, monthly tracking routines, and internal quality checks** to ensure consistency despite staffing changes.



ADMINISTRATIVE OUTCOMES

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

Table 3. Administrative Outcome Subcategory Performance Thresholds

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

Table 4. Administrative Outcome Subcategory Performance by Agency 2025

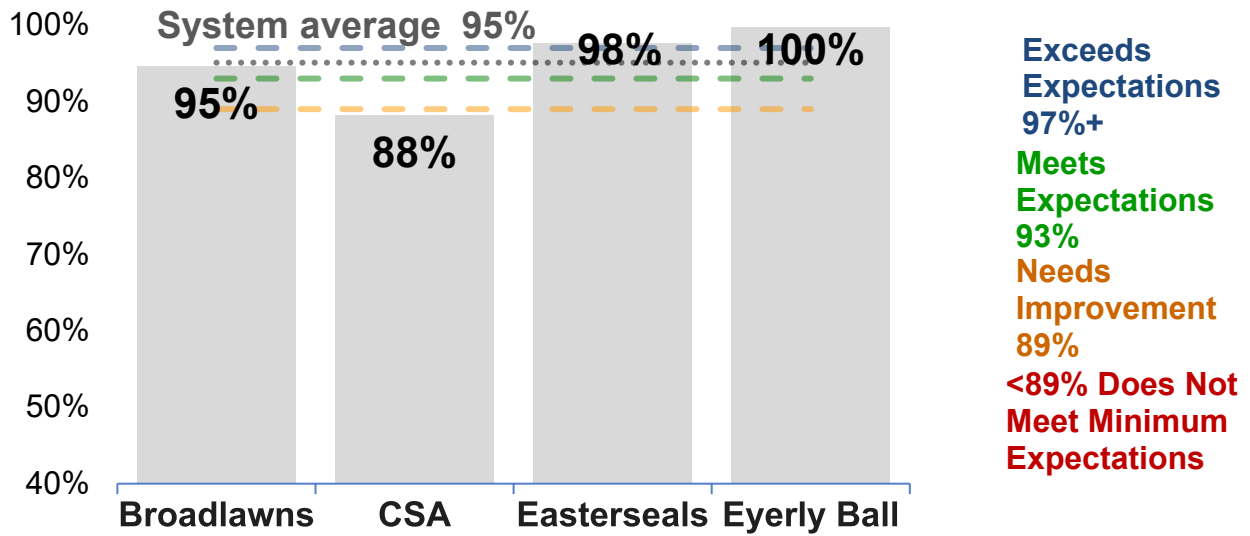
	Monthly Face to Face Visits		Quarterly In-Home Visits		Administrative Outcomes Average	
	Performance	Score	Performance	Score	Performance	Score
Broadlawns	98%	4	92%	3	95%	3
CSA	89%	3	88%	3	88%	1
Easterseals	97%	4	98%	4	98%	4
Eyerly Ball	100%	4	100%	4	100%	4
System Average	96%	4	94%	3	95%	3

Three of the four ISA agencies earned an *Exceeds Expectations* rating for meeting Monthly Face to Face Visits. Two agencies *Met Expectations* and two agencies *Exceeded Expectations* for the Quarterly In-Home Visits.

In 2025, performance across agencies varied in performance in **Administrative Outcomes**, resulting in a system average of **Meets Expectations** at 95%.

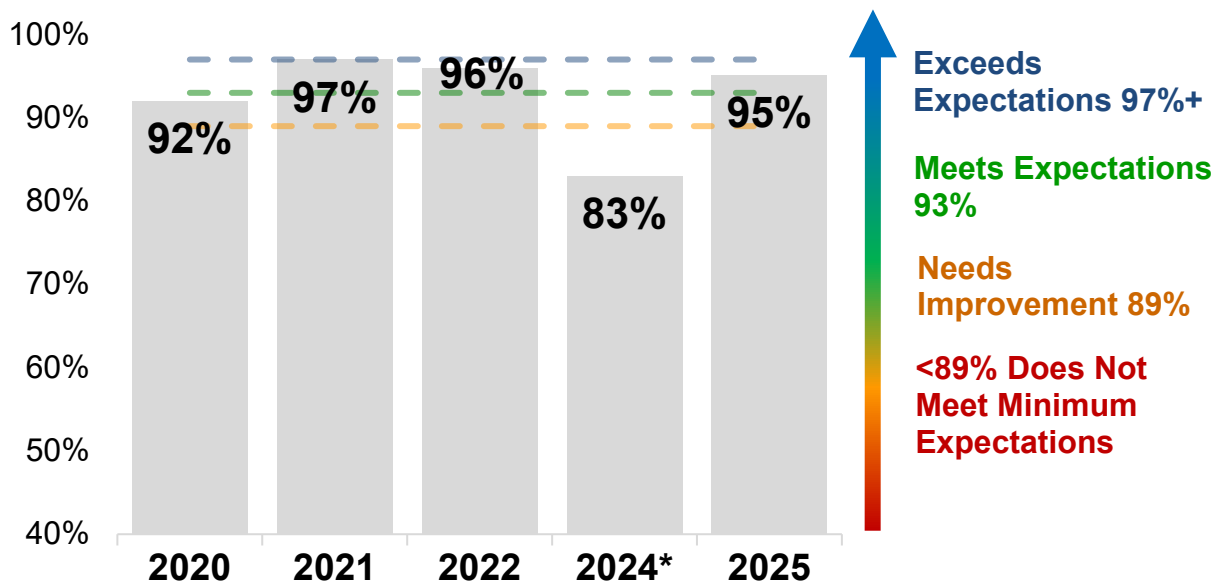
- One ISA agency received a **Does Not Meet Minimum Expectations** rating
- One agency received a **Meets Expectations** rating
- Two agencies received an **Exceeds Expectations** rating

Figure 34. Administrative Outcomes by Agency 2025



Compared to 2024, system-level performance in **Administrative Outcomes** increased by 12%, changing from a **Does Not Meet Minimum Expectations** in 2024 to **Meeting Expectations** in 2025.

Figure 35. Administrative Outcomes System Average 2020-2025



* Outcome area not measured in 2023

Summary Tables

The following two tables represent a summation of the results in the report, with Table 5 showing 2025 scores and performance ratings for each outcome area by agency and system average. Table 6 shows ISA System Outcome Scores and Performance Ratings over the last 5 years.

Table 5. Summary Table Outcome Scores and Performance Ratings by Agency 2025

	Broadlawns		CSA		Easterseals		Eyerly Ball		System Average	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	95%	4	89%	3	91%	4	99%	4	94%	4
Engaged Toward Employment	19%	3	25%	3	48%	4	13%	2	26%	3
Working Toward Self-Sufficiency	9%	1	16%	2	27%	3	8%	1	15%	2
Education	18%	2	12%	2	23%	3	27%	3	20%	3
Somatic Care	100%	4	85%	1	99%	3	100%	4	96%	3
Community Inclusion	87%	2	63%	2	90%	3	100%	4	85%	2
Participant Empowerment	93%	3	93%	3	93%	3	100%	4	95%	4
Negative Disenrollment	1.18%	3	0.00%	4	0.00%	4	1.20%	3	0.60%	4
Psych Hospital Bed Days	2.12	3	1.81	4	0.02	4	0.50	4	1.12	4
Psych Emergency Room Visits	0.02	4	0.02	4	0.00	4	0.01	4	0.01	4
Involvement in Criminal Justice System	1.13	3	2.45	3	0.43	4	1.31	3	1.33	3
Homelessness	8.45	1	3.66	1	0.00	4	0.16	4	3.07	1
^^Participant Satisfaction	94%	3	94%	3	97%	4	97%	4	97%	4
^^Quality of Life	93%	3	87%	3	90%	3	93%	3	91%	3
Administrative Outcomes	95%	3	88%	1	98%	4	100%	4	95%	3
Agency Overall Performance	70%	2	65%	2	90%	4	85%	3	78%	3

^^Survey items changed in 2025, and results are not comparable to previous years

Table 6. 2020 - 2025 Summary Table ISA Outcome Scores and Performance Ratings

	2020		2021		2022		2023‡		2024*		2025	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	95%	4	95%	4	96%	4			95%	4	94%	4
Engaged Toward Employment^	53%	4	50%	4	28%	3			24%	3	26%	3
Working Toward Self-Sufficiency^	30%	3	33%	4	21%	3			15%	2	15%	2
Education	25%	3	29%	3	31%	3			17%	2	20%	3
Somatic Care	94%	2	98%	3	97%	3			93%	2	96%	3
Community Inclusion	72%	2	82%	2	86%	2			82%	2	85%	2
Participant Empowerment	87%	2	90%	3	88%	2			75%	1	95%	4
Negative Disenrollment	1%	4	1%	3	1%	4			1%	3	0.60%	4
Psych Hospital Bed Days	1.38	4	1.49	4	1.40	4			1.22	4	1.12	4
Psych Emergency Room Visits	0.02	4	0.02	4	0.01	4			0.01	4	0.01	4
Involvement in Criminal Justice System	4.56	1	2.98	3	3.24	2			3.00	2	1.33	3
Homelessness	1.89	2	3.00	1	2.41	1			4.57	1	3.07	1
Participant Satisfaction^^	99%	4	98%	4	98%	4	96%	4	98%	4	97%	4
Quality of Life^^	95%	4	98%	4	95%	4	93%	3	91%	3	91%	3
Family and Concerned Others Satisfaction	90%	3	90%	3	89%	2	89%	2	-	-	-	-
Administrative Outcomes	92%	2	97%	4	96%	3			83%	1	95%	3
Agency Overall Performance	75%	3	83%	3	77%	3	75%	3	63%	2	78%	3
Adjusted Overall Performance									55%	1		

‡ Overall Performance calculation in 2023 based on limited (3) outcome areas. Data collection for one of the three outcomes, **Family and Concerned Others** outcome area was paused starting in 2024

^ Outcome definition changed in 2024; ^^ Outcome definition changed in 2025

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