

Polk County Mental Health & Disability Services Region
2025 Knowledge Empowers Youth
(KEY)
Outcomes Evaluation

IOWA | **LAW**

LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

Housing stability is a challenge and chronic homelessness is emerging.

The KEY program discontinued a four-year trend of *Exceeding Expectations* in the Housing outcome in 2025, dropping to 87% to the *Meet Expectations* category. Program participants endure growing rates of Homelessness – with the system tracking 3.42 more homeless nights on average in 2025 compared to 2022.

Staff reported a rise in high-need intakes, including chronically unhoused individuals focused on day-to-day survival.



Teaching independent living skills was a key challenge, especially for those without experience in community living settings.

Resources like Anawin and Section 8 vouchers were noted as important safety nets (although Section 8 utilization was limited by long waitlists).

Performance in employment outcomes remains consistent, but fear of benefit loss is a structural barrier.

KEY program performance in Engagement Toward Employment and Working Toward Self-Sufficiency outcomes have been consistently solid over the last 5 years. Both outcome areas *Met Expectations* in 2025, with Engaged Toward Employment at 30% and Working Toward Self-Sufficiency at 26%.



Agency staff relayed that participants fear losing benefits (SSI, childcare, Medicaid) – a fear which is informed by experiences of benefits being jeopardized after reporting (even modest) income.



While the KEY program offers benefit planning, participants experience unpredictable fluctuations in Medicaid enrollment and are reluctant to risk the long-term destabilization of benefit loss with reporting employment income.

Prevention of emergent healthcare utilization remains a program strength.



In 2025, the KEY program earned an *Exceeds Expectations* rating in both Psychiatric Emergency Room Visits (for the second consecutive year) and Psychiatric Hospitalizations (for the fifth consecutive year).

Staff described the use of crisis stabilization and emphasized transport and appointment support to avoid escalation.

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KEY Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region KEY Program from July 1, 2024, through March 31, 2025. The service agency for the KEY program is Community Support Advocates (CSA) and served an average of 39 participants a month over FY25.

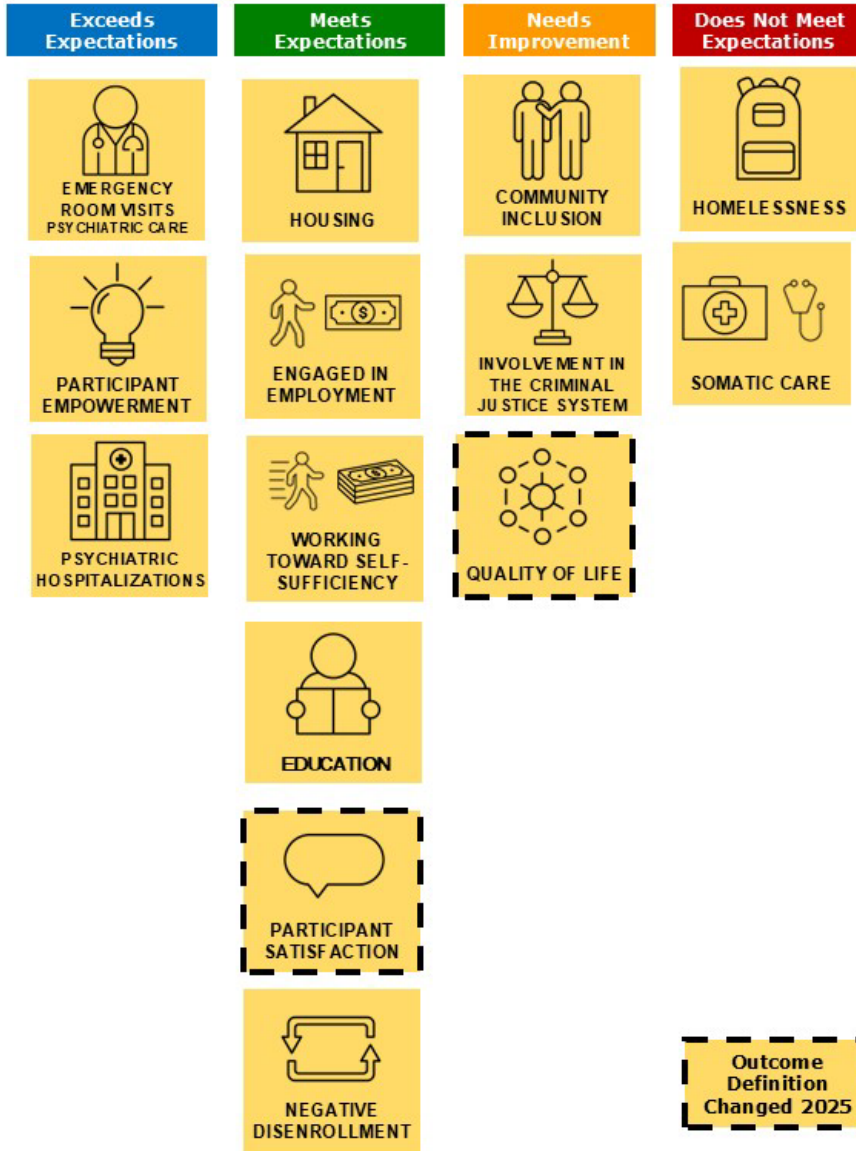
This evaluation report includes results from 3 sources: 1) Community Services Network (CSN) data management system, 2) Polk County MHDS Region Participant survey and 3) Agency File Reviews.

In the previous evaluation year, 2024, the KEY program 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, the KEY program was 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 2024, the KEY Program *Met* or *Exceeded Expectations* in 9 of 14 outcome areas. Figure 1 shows each outcome area by performance.

Figure 1. Outcome Areas by 2025 Performance KEY Program Averages



3 outcome areas *Exceeded Expectations*

- Emergency Room Visits
- Participant Empowerment
- Psychiatric Hospitalizations

6 outcome areas *Met Expectations*

- Housing
- Engaged in Employment
- Working Toward Self Sufficiency
- Education
- Participant Satisfaction
- Negative Disenrollment

3 outcome areas *Need Improvement*

- Community Inclusion
- Quality of Life
- Involvement in the Criminal Justice System

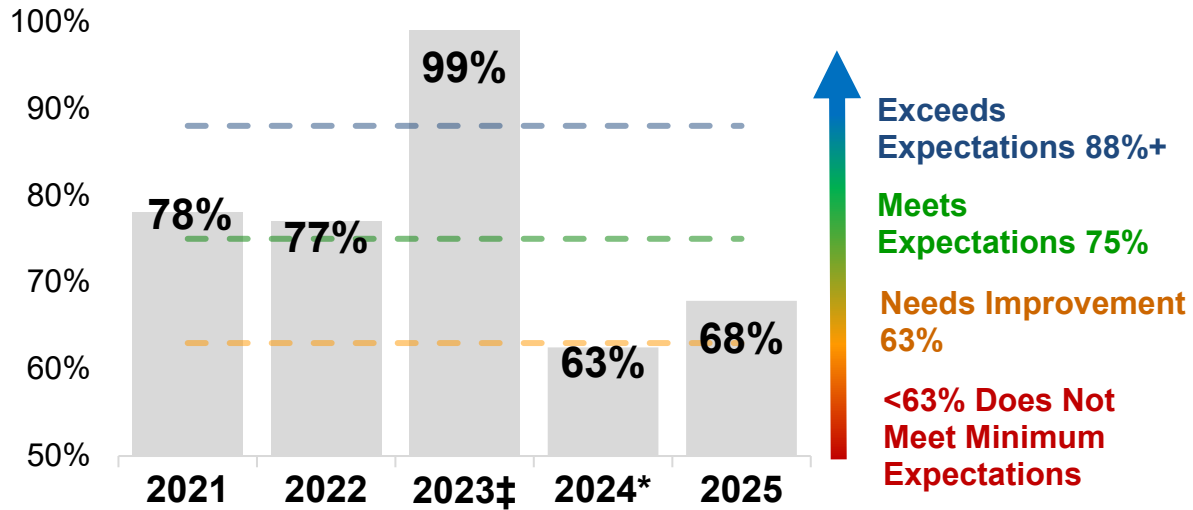
2 outcome areas *Did Not Meet Minimum Expectations*

- Homelessness
- Somatic Care

The KEY program received a **Needs Improvement** in **Overall Performance** with a 68% in 2025.

KEY program performance is lower in the last two years, relative to 2021-2023 performance. However, 2023 and 2024 reporting for **Overall Performance** included limited outcome areas. In 2025, performance is lower compared to 2021 and 2022, when the program was **Meeting Expectations** with all outcomes included.

Figure 2. Overall KEY Program Performance 2021-2025



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

KEY Outcomes

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

The KEY Evaluation includes 14 outcome areas, outlined below

1. Quality Services

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

2. Community Integration

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

3. Healthy Days In The Community¹

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

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%).

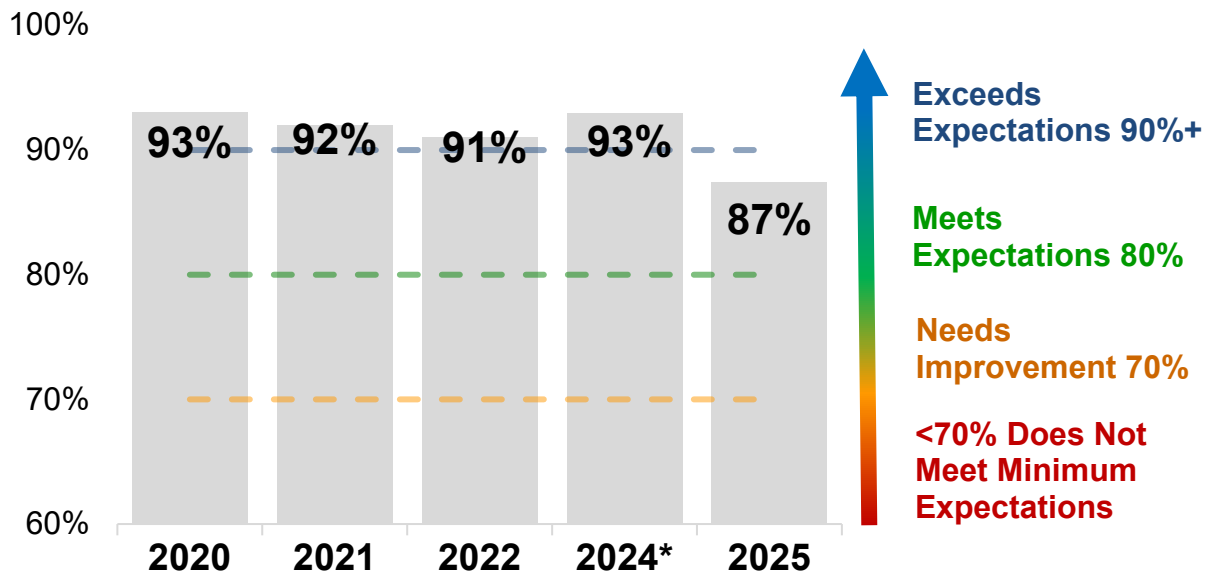
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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 KEY program performance decreased by 6% to **Meet Expectations** at 87%.

Prior to 2025, the KEY program consistently received an **Exceeds Expectations** rating in **Housing** over the past 5 years (ranging from 91%-93%).

Figure 3. Housing KEY Program Average 2020-2025



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

PROVIDER PERSPECTIVES

Housing

- KEY staff reported that **housing affordability is a major barrier** for young adults exiting foster care. Participants often lack the financial resources for deposits, application fees, and first month's rent, which are typically required upfront.
- Staff emphasized the importance of **building relationships with landlords** willing to work with youth who may have limited rental history or unstable income.
- The **Section 8 waitlist** was described as long and difficult to navigate, and **permanent supportive housing options** were limited or unavailable for this population.
- Some participants had experienced **repeated housing failures** and were described as accepting homelessness, making engagement more difficult.

Employment

- KEY participants showed **strong interest in employment and education**, with many engaging in job development and training programs such as those offered by **Goodwill (STEP program)**.
- A major barrier was the **fear of losing benefits**, including Medicaid, SSI, and childcare. One participant lost all benefits after reporting a small paycheck, which had long-term destabilizing effects.
- Staff reported that **benefits planning is provided internally**, not contracted out, and that they frequently assist participants in navigating inconsistent and confusing Medicaid responses.



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) |

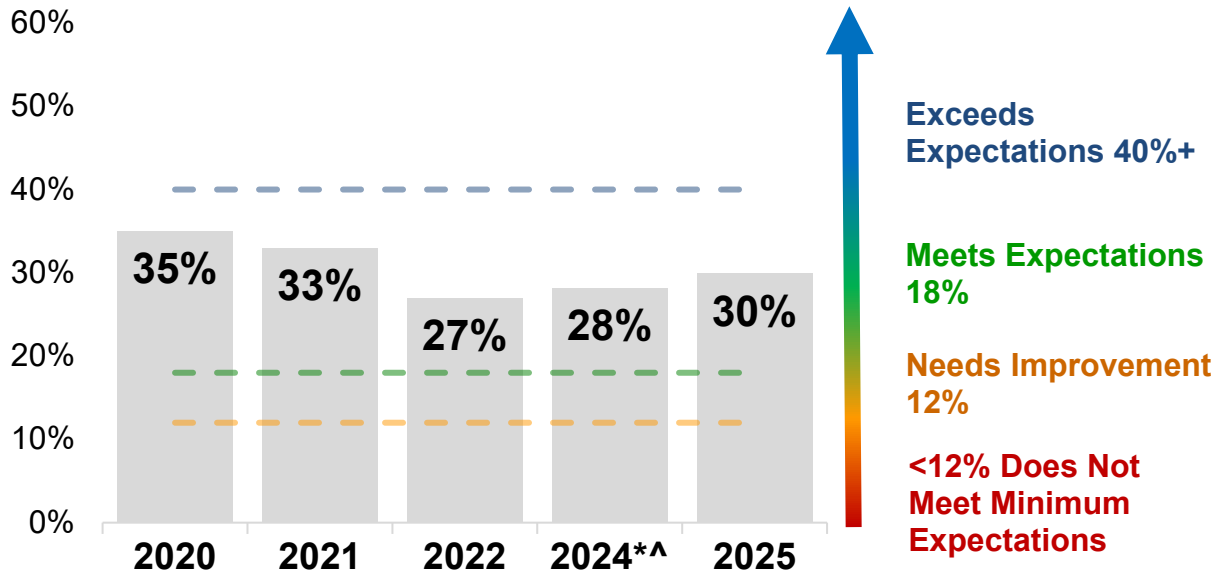
| Performance Ratings | Exceeds Expectations | Meets Expectations | Needs Improvement | Does Not Meet Minimum Expectations |
|---------------------|----------------------|--------------------|-------------------|------------------------------------|
| | 4 40%+ | 3 18% - 39% | 2 12% - 17% | 1 < 12% |

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

| Reporting Dates | |
|-----------------|-----------------------------------|
| Quarter 1 | 7/14/2024 – 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 |

The KEY program performance for the **Engaged in Employment** outcome is consistent over the last four years, maintaining a **Meets Expectations** rating at 30% in 2025.

Figure 4. Engaged in Employment KEY Program 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.



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% |

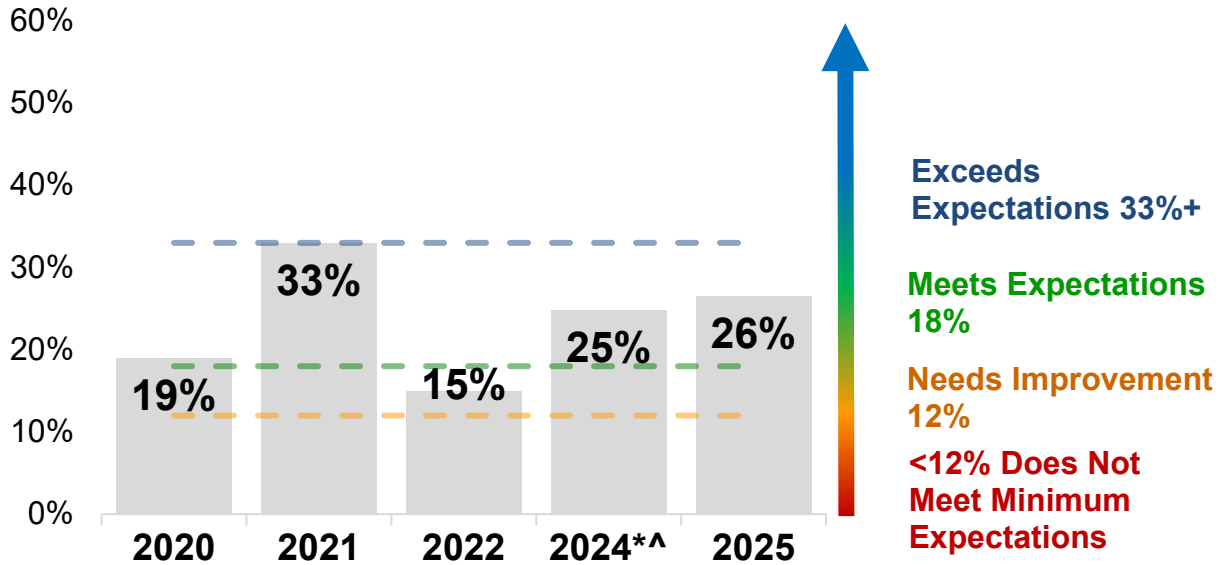
7 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS 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 5 represents the KEY program trends in **Working Towards Self-Sufficiency** from 2020 to 2025 (ranging from 15%-33%).

Performance in 2025 at 26% maintained a **Meets Expectations** rating after some fluctuation over the past five years.

Figure 5. Working Toward Self-Sufficiency KEY Program 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.

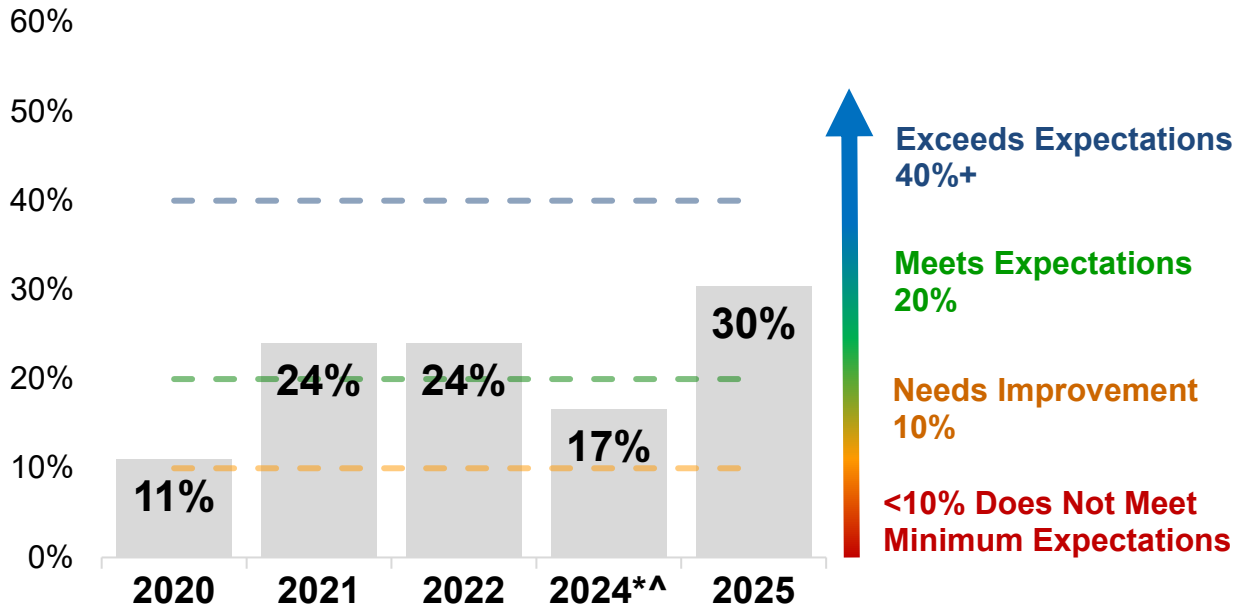
⁹ A recognized training program meets the definition if “yes” is the response to the following questions: (1) Does the training prepare the individual for employment? And (2) Is the class designed to train and test skill obtainment and produce a certificate that will secure, maintain, or advance employment 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 6 represents the KEY program trends in **Education** from 2020 through 2025. Compared to 2024, the KEY program performance increased by 13% to achieve a **Meets Expectations** at 30% in 2025.

Figure 6. Education KEY Program 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 |
| | 4 100% | 3 95% - 99% | 2 90% - 94% | 1 < 90% |

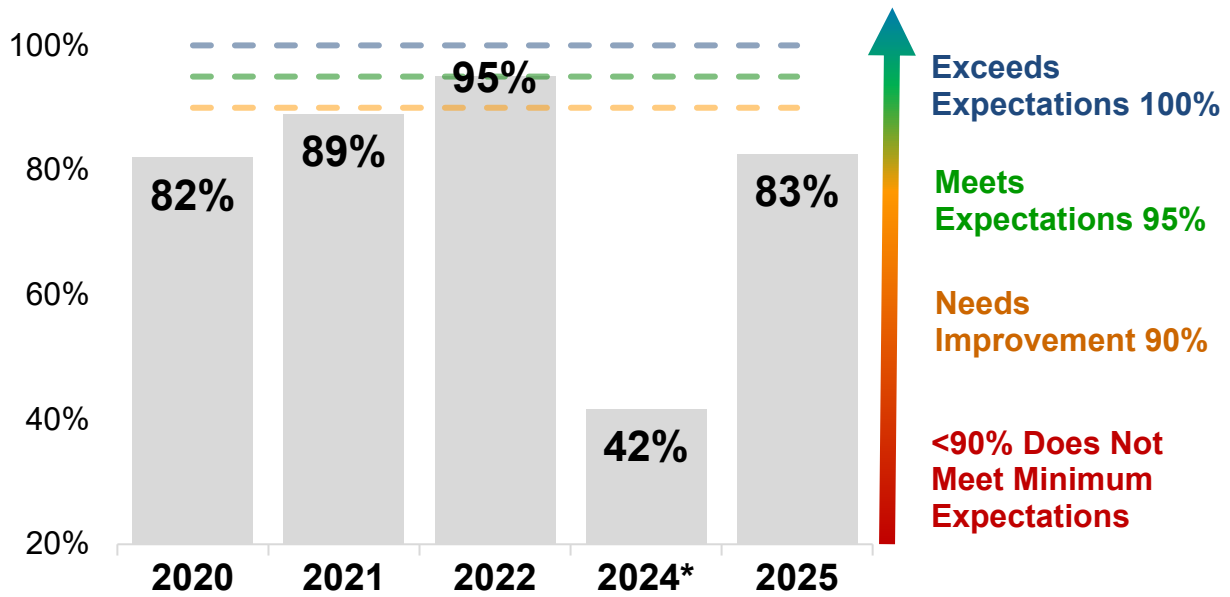
¹¹ Measurement is captured in March and not averaged.

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 7 represents the KEY program trends in **Somatic Care** from 2020 through 2025, ranging from 42%-98%.

Compared to 2024, the KEY program **increased by 41%** in the **Somatic Care** outcome in 2025, but the program still **Did Not Meet Minimum Expectations** at 83% in 2025.

Figure 7. Somatic Care 2020-2025



* Outcome area not measured in 2023

PROVIDER PERSPECTIVES

Education

- Unlike older populations, **KEY participants showed more interest in education**, particularly in completing high school equivalency (HiSET) or pursuing vocational training.
- Barriers included **past student loan debt, lack of confidence, and limited access to transportation**.
- KEY staff partnered with the **Goodwill STEP program** to offer **customized educational opportunities** that aligned with participants' schedules and needs.
- Some participants were interested in continuing education, including at DMACC, but faced barriers such as **past loans** and **lack of confidence**.

Somatic care

- KEY staff emphasized a strong focus on **youth health education**, including monthly discussions and outreach to ensure participants attended medical appointments.
- Staff described **barriers related to Medicaid lapses**, which discouraged participants from seeking care due to fear of medical bills.
- In some cases, staff went to great lengths to ensure access to care, including **calling clinics to confirm appointments** and even **tracking down a participant on a bus** to get them to a doctor visit.
- The program also worked to **prepare participants for upcoming state-level changes**, acknowledging that **staff transitions and new procedures** may have impacted outcomes.

Community Inclusion

- Staff discussed that **participants often prioritized other life challenges** over community activities, for example: *"There are bigger things to worry about than art exhibits."*
- There was **frustration among participants** when activities they completed did not count toward the outcome due to **restrictive definitions**. Some participants completed multiple activities but were told they didn't qualify.
- Despite these challenges, staff maintained a **monthly focus on goal setting** and were satisfied with the progress made under the circumstances.



COMMUNITY INCLUSION

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

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

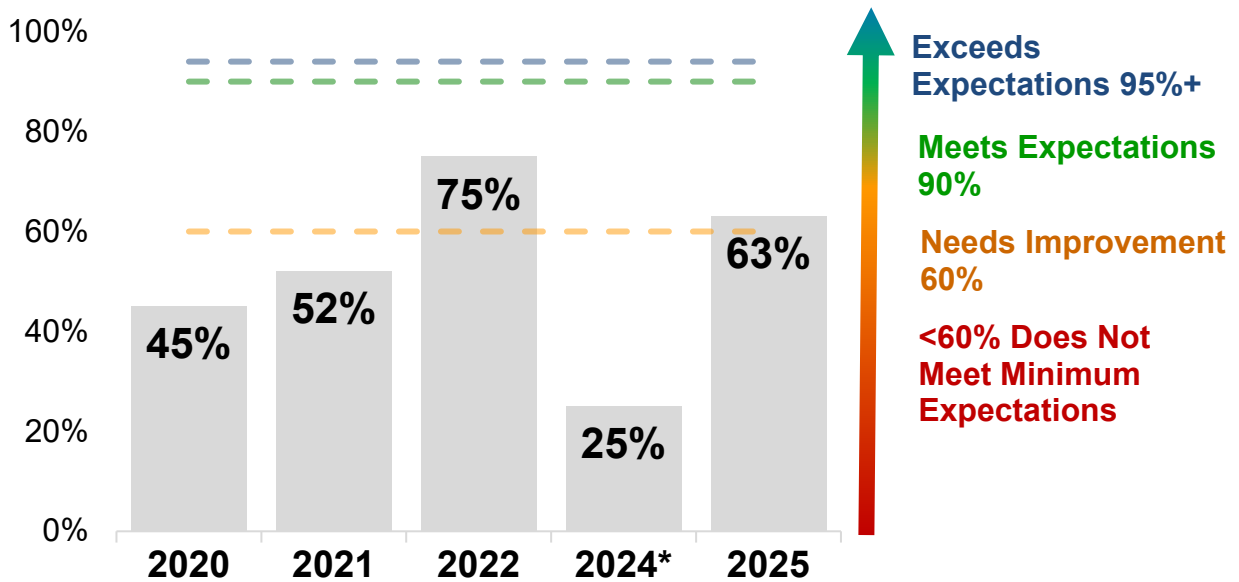
¹³ Measurement is captured in March and not averaged.

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.

The KEY program **Community Inclusion** rates **increased by 38%** in 2025 relative to 2024. In 2025, the KEY program achieved its second rating of **Needs Improvement** in **Community Inclusion** over the last 5 years, with a system performance of 63%.

Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020. For context, the KEY program achieved a 98% in **Community Inclusion** in 2019.

Figure 8. Community Inclusion KEY Program 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 1. Participant Empowerment Results by Category

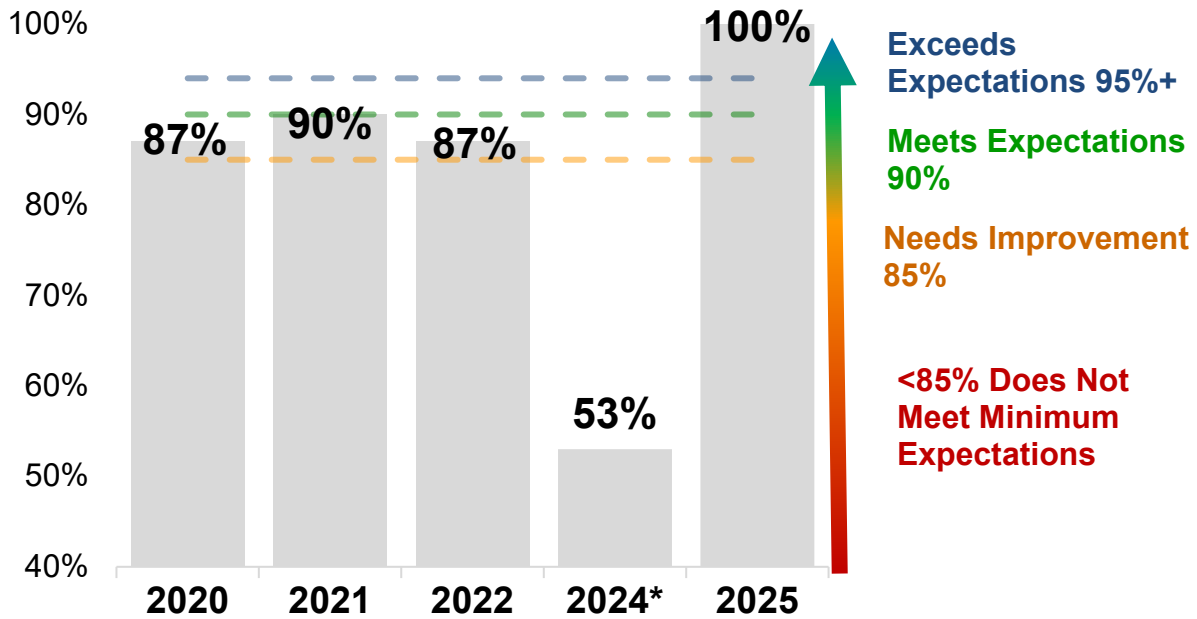
| KEY | |
|-------------------------------------------------|------|
| Goals in Place and Reviewed Regularly | 100% |
| Consumer Involvement | 100% |
| Quarterly Empowerment Discussions ¹⁵ | 100% |
| Services Documented | 100% |
| <i>All Goal Components Present</i> | 100% |

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

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

In 2025, the KEY program earned a rating of **Exceeds Expectations** in **Participant Empowerment**, with a perfect score of 100%. This performance follows a notable 47% increase from **Not Meeting Minimum Expectations** in 2024.

Figure 9. Participant Empowerment 2020-2025

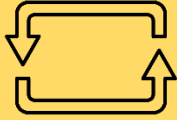


PROVIDER PERSPECTIVES

Participant Empowerment

- Promising practices included **monthly check-ins, physical tracking sheets, and internal compliance reviews** to ensure that empowerment goals were being met and recorded.
- KEY staff emphasized that **stable staffing and clear expectations** were key to improving performance in this area.

* Outcome area not measured in 2023



NEGATIVE DISENROLLMENT

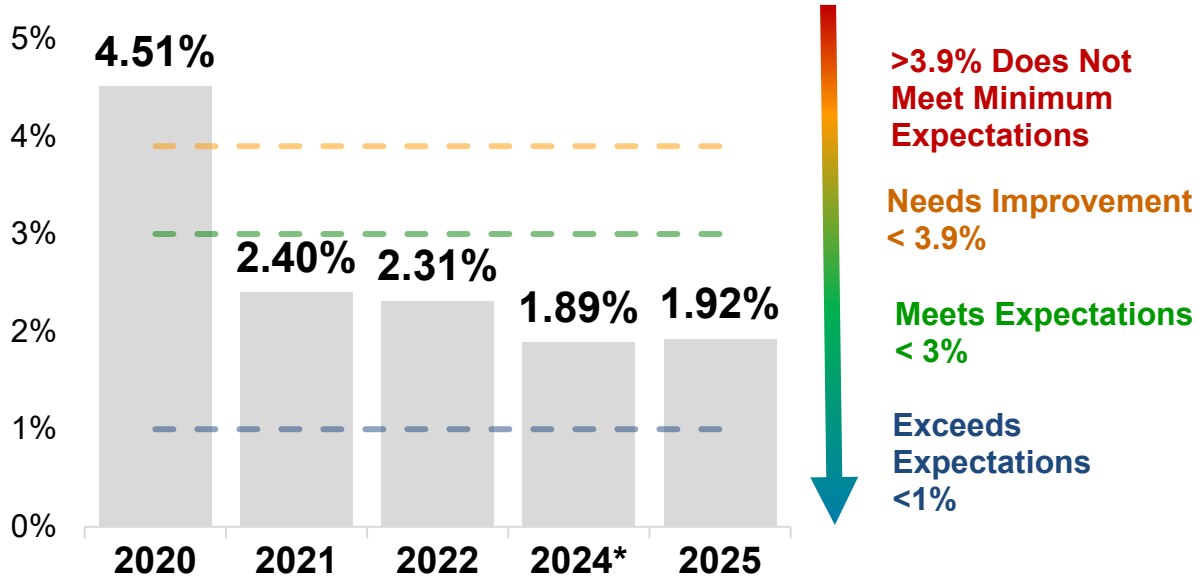
| | |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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% | 1.00% - 2.99% | 3%- 3.90% | 3.90+% |

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 KEY program maintained a **Meets Expectations** rating of 1.92% in 2025. The program continues a 4-year trend of **Meeting Expectations**.

Figure 10. 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 of crisis response services, such as observation units and behavioral health urgent care. |

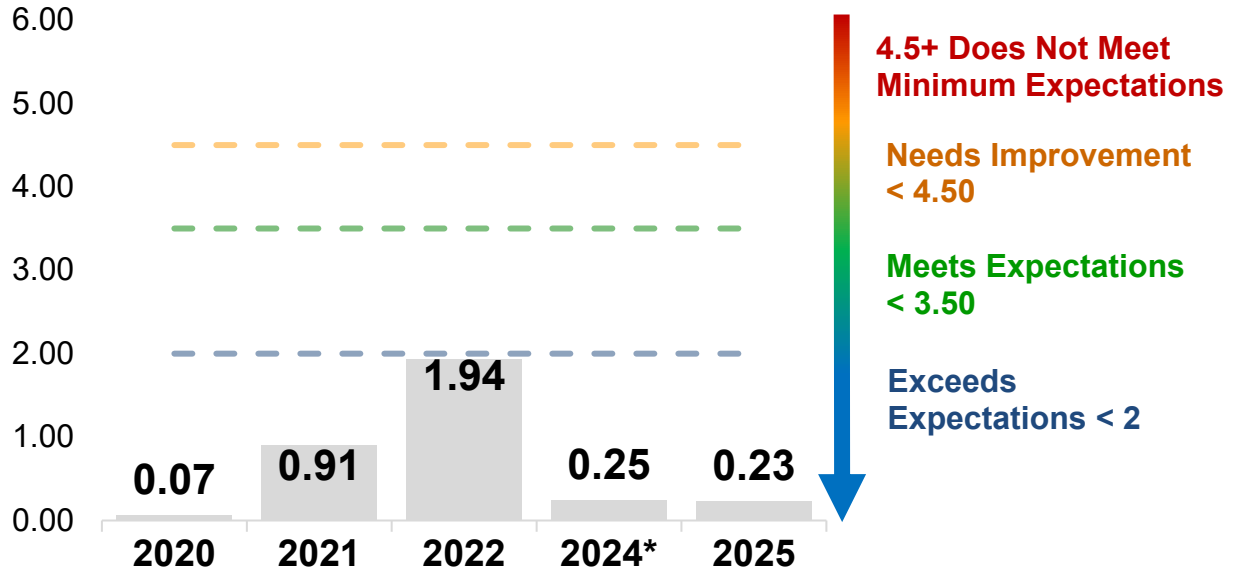
| | | | | |
|----------------------------|-----------------------------|---------------------------|--------------------------|-------------------------------------------|
| Performance Ratings | Exceeds Expectations | Meets Expectations | Needs Improvement | Does Not Meet Minimum Expectations |
| |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

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

For the **Psychiatric Hospitalizations** outcome, the KEY program earned an **Exceeds Expectations** rating of 0.23 nights in the hospital in 2025.

KEY program performance in **Psychiatric Hospitalizations** has maintained an **Exceeds Expectations** rating over the last 5 years.

Figure 11. 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 – 1.0 visit | 2 0.11 – 0.15 visits | 1 0.16+ visits |

PROVIDER PERSPECTIVES

Emergency Room Visits for Psychiatric Care

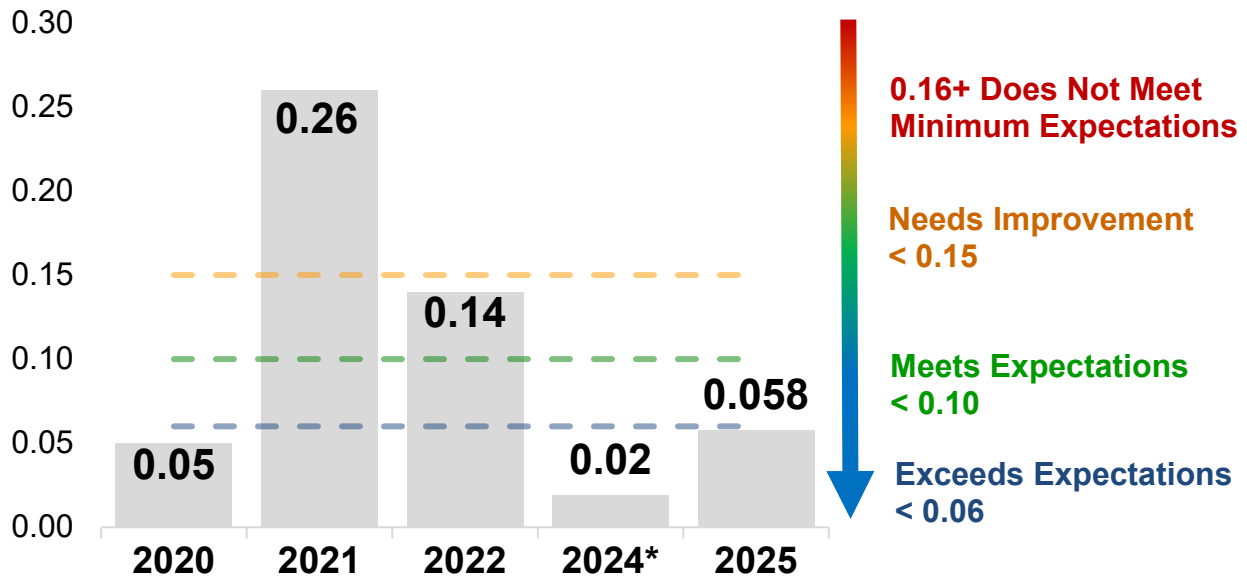
- KEY staff reported that **crisis stabilization services and alternative urgent care options were frequently used** by participants to avoid emergency room visits.
- These resources were described as a **popular option among younger members**, aligning with trends seen across other programs.
- The use of **non-ER crisis supports** reflects a proactive approach to managing psychiatric needs in less intensive settings.

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 KEY program averaged an **Exceeds Expectation** rating, with near-zero ER visits (0.058 visit average).

KEY program performance in the **Emergency Room Visits for Psychiatric Care** outcome continues a two-year trend of **Exceeding Expectations** - moving from **Not Meeting Minimum Expectations** to **Needing Improvement** to **Exceeding Expectations** over 4 years.

Figure 12. Psychiatric Emergency Room Visits KEY Program 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 | Meets Expectations | Needs Improvement | Does Not Meet Minimum Expectations |
|---------------------|----------------------|--------------------|-------------------|------------------------------------|
| | 4 | 3 | 2 | 1 |
| | < 1 day | 1 – 2.99 days | 3 – 3.99 days | 4+ days |

PROVIDER PERSPECTIVES

Involvement in the Criminal Justice System

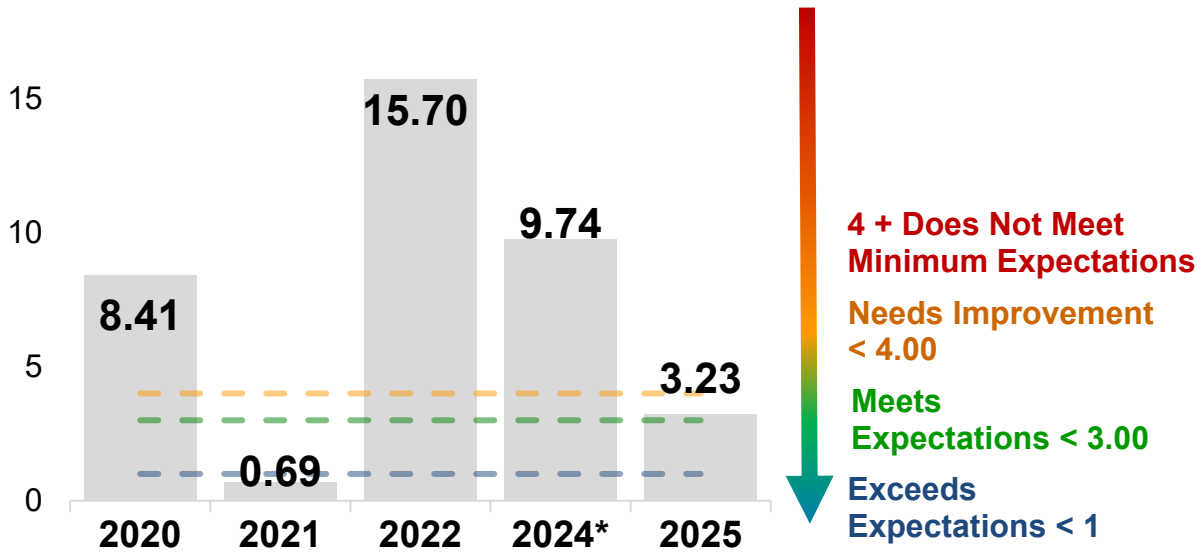
- KEY staff noted that **a few participants were involved in the justice system toward the end of the year**, with multiple jail stays occurring in the final months.
- Despite these incidents, staff expressed that they were **proud of the overall trend**, which showed a **decrease in justice involvement over time**.
- This suggests that ongoing support and coordination may be contributing to improved stability and reduced recidivism.

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 KEY program received a *Needs Improvement* rating in 2025, with 3.23 nights in jail on average.

The KEY program continues a three year trend of improvement, decreasing by more than **12 nights** on average since 2022.

Figure 13. 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 “According to a 2015 assessment by the U.S. Department of Housing and Urban Development, 564,708 people were homeless on a given night in the U.S. At a minimum, 25% of these people were seriously mentally ill, and 45% had any mental illness.” (bbrfoundation.org)

“Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing. Several studies have shown, however, that individuals with mental illnesses often find themselves homeless primarily as the result of poverty and a lack of low-income housing.” (bbrfoundation.org)

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

PROVIDER PERSPECTIVES

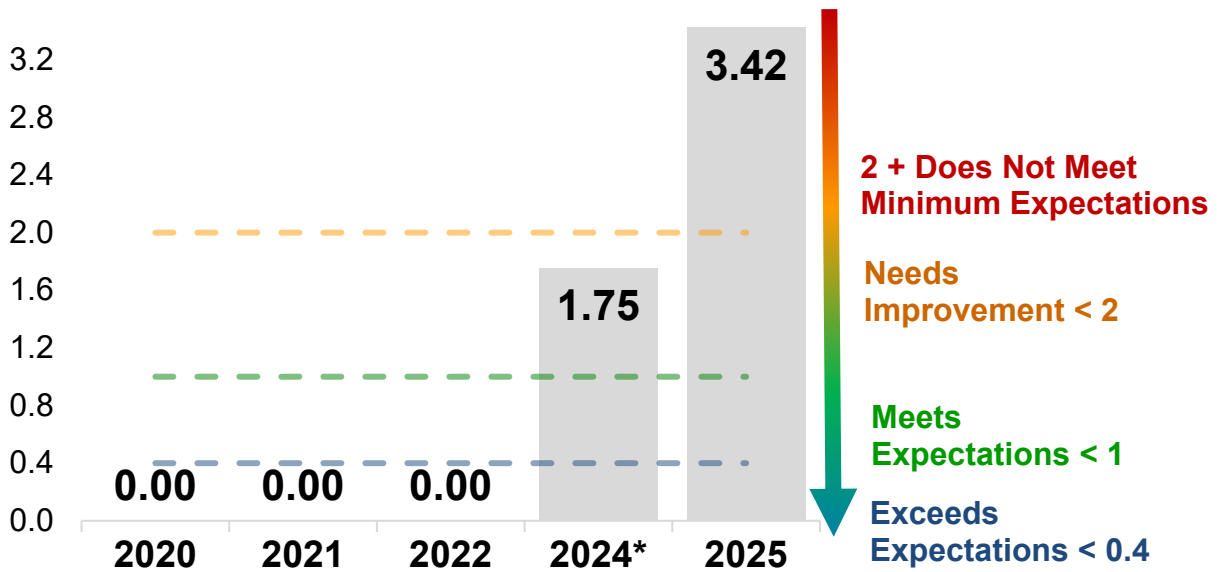
Homelessness

- KEY reported **challenging housing situations** among participants, including one individual who was **chronically unhoused at intake** and struggled to adapt to apartment living.
- This participant was eventually housed through the **Anawin program**, highlighting the importance of targeted housing resources.
- Staff described others who **live day-to-day without stable housing**, emphasizing the need for continued support and flexible housing solutions for this population.

The KEY program averaged 3.42 homeless nights, earning a **Does Not Meet Minimum Expectations** rating in 2025.

KEY program performance in the **Homelessness** outcome continued to worsen in 2025, after a three-year trend consistently **Exceeding Expectations** at 0% from 2020-2022.

Figure 14. 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% |

PROVIDER PERSPECTIVES

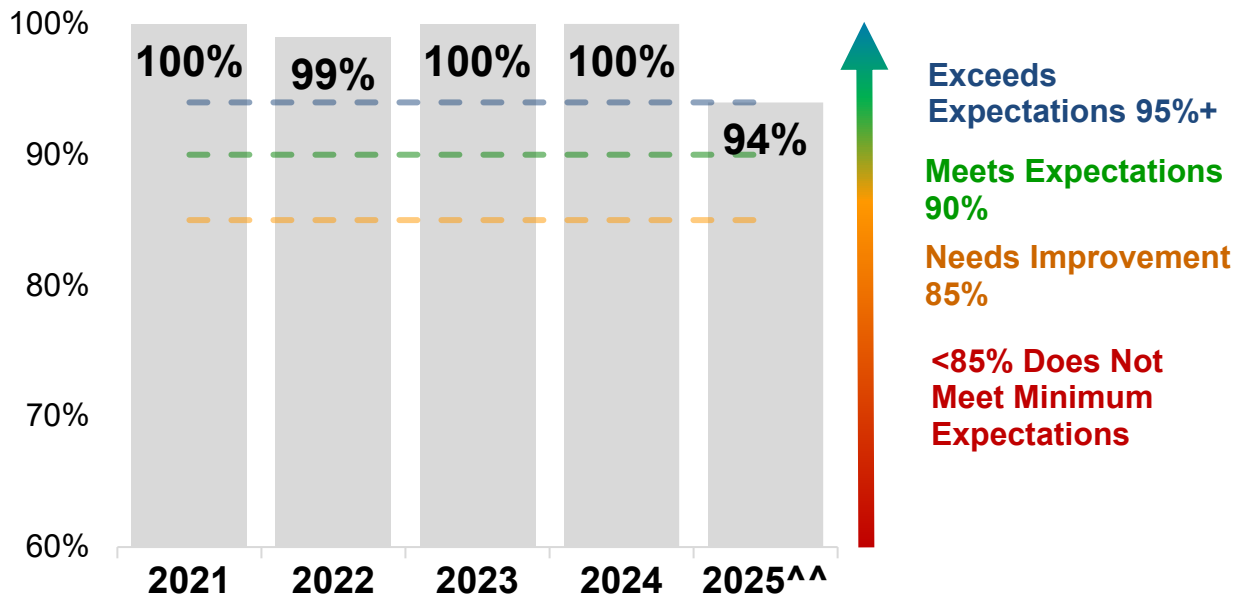
Participant Satisfaction

- High participant satisfaction was attributed to **strong rapport between staff and participants**, especially when staff were consistent and familiar.
- KEY staff 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 waits** to use a shared computer for the interview caused some delays and frustration.

For the **Participant Satisfaction** outcome, the KEY program averaged a **Meets Expectations** rating of 94%. Performance in this category decreased in 2025, but scores are based on pilot survey items and should not be compared to previous years.

The KEY program performance for the **Participant Satisfaction** outcome maintained a four-year trend in the **Exceeds Expectations** category from 2021-2024.

Figure 15. Participant Satisfaction 2021-2025 KEY Program Average



^{^^}2025 survey results reflect a new survey format. Results are not comparable to previous years

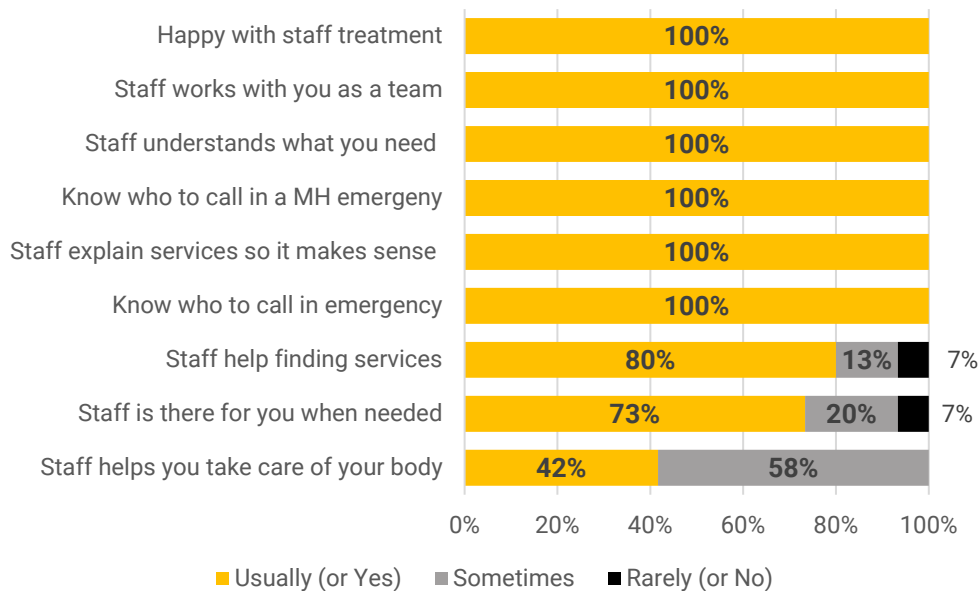
Figure 16 shows rates of agreement by item from the 2025 **Participant Satisfaction** outcome survey. Rates of satisfaction were high across most survey items, with **100%** of participants reporting:

- Happiness with the way staff treat them.
- Happiness with staff working with them as a team.
- Staff seeing and understanding what they need.
- Knowing who to call in a physical and mental health emergency.
- Staff explaining their ideas about services so it makes sense to them.

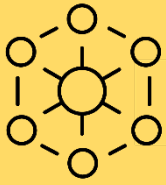
There were lower rates of agreement related to:

- *Staff helping them to find the services they need* (80% “usually happy,” 13% “sometimes happy”)
- *Staff being there for them when needed* (73% “usually happy,” 20% “sometimes happy”)
- *Staff helping them to take care of their body* (42% “usually happy,” 58% “sometimes happy”)

Figure 16. Participant Satisfaction KEY Program Average by item ²¹



²¹ Full survey items listed in Appendix B



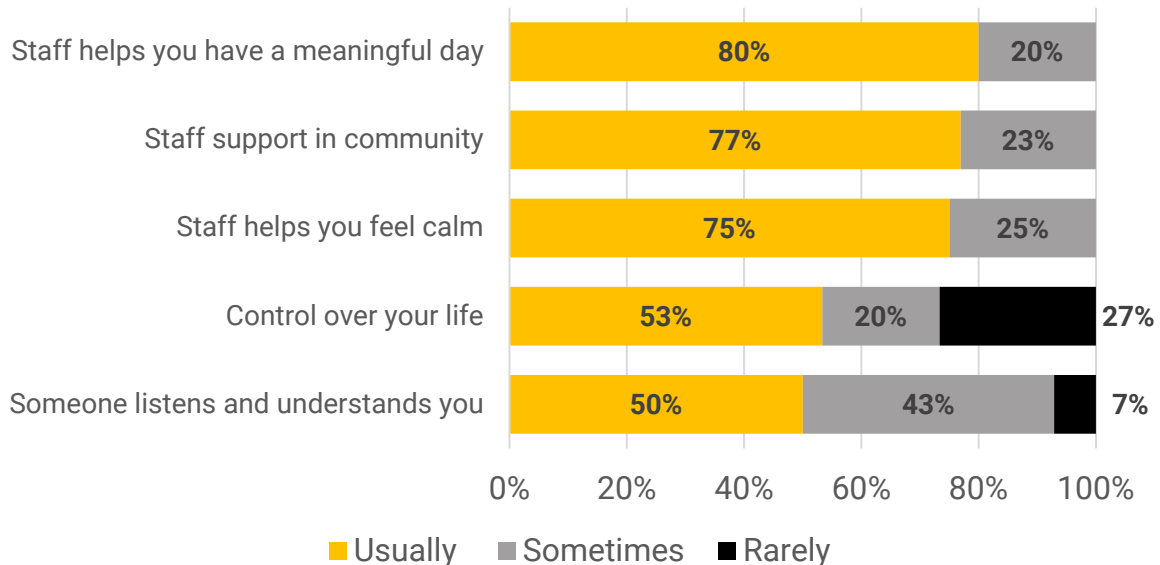
QUALITY OF LIFE

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 17. Quality of Life KEY Program Average by Item 2025



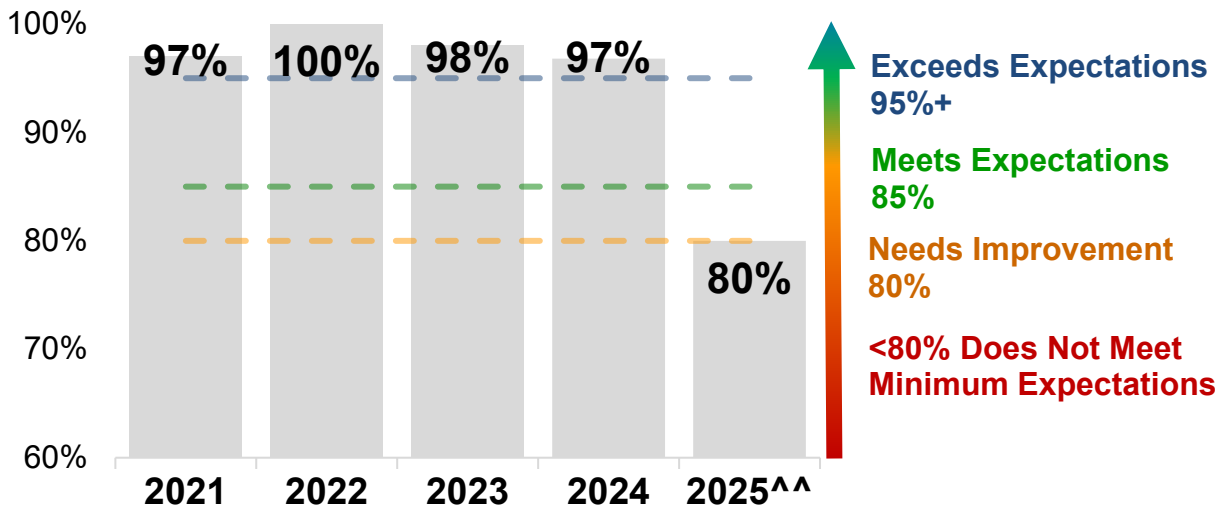
Participant **Quality of Life** measures received ratings ranging from 50% to 80% across items (Figure 17).

- 80% of participants are usually happy with *staff helping them to have a meaningful day* (20% reported “sometimes happy”).

- Participant agreement was lower regarding *control over their life* (53% “usually happy,” 20% “sometimes happy”) and *having someone who listens and understands them* (50% “usually,” 43% “sometimes”).

Quality of Life averaged an 80% rating in 2025, based on a compilation of pilot survey items which should not be compared to previous years. From 2020-2024, performance ratings ranged from 97% to 100% - all in the *Exceeds Expectations* range.

Figure 18. Quality of Life KEY Program Average 2021-2025



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

PROVIDER PERSPECTIVES

Quality of Life

- KEY staff 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.
- KEY staff emphasized the importance of **building independence**, while still offering consistent support.

Summary Table

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

Table 2. 2020 - 2025 Summary Table KEY Outcome Scores and Performance Ratings

| | 2020 | | 2021 | | 2022 | | 2023 [†] | | 2024* | | 2025 | |
|----------------------------------------------|-------------|-------|-------------|-------|-------------|-------|-------------------|-------|-------------|-------|-------------|-------|
| | Performance | Score | Performance | Score | Performance | Score | Performance | Score | Performance | Score | Performance | Score |
| Housing | 93% | 4 | 92% | 4 | 91% | 4 | | | 93% | 4 | 87% | 3 |
| Engaged Toward Employment [^] | 35% | 3 | 33% | 3 | 27% | 3 | | | 28% | 3 | 30% | 3 |
| Working Toward Self-Sufficiency [^] | 19% | 3 | 33% | 4 | 15% | 2 | | | 25% | 3 | 26% | 3 |
| Education [^] | 11% | 2 | 24% | 3 | 24% | 3 | | | 17% | 2 | 30% | 3 |
| Somatic Care | 82% | 1 | 89% | 1 | 95% | 3 | | | 42% | 1 | 83% | 1 |
| Community Inclusion | 45% | 1 | 52% | 1 | 75% | 2 | | | 25% | 1 | 63% | 2 |
| Participant Empowerment | 98% | 4 | 87% | 2 | 90% | 3 | | | 53% | 1 | 100% | 4 |
| Negative Disenrollment | 5% | 1 | 2% | 3 | 2% | 3 | | | 1.89% | 3 | 1.92% | 3 |
| Hospital Bed Days | 0.07 | 4 | 0.91 | 4 | 1.94 | 4 | | | 0.25 | 4 | 0.23 | 4 |
| Emergency Room Visits | 0.05 | 4 | 0.26 | 1 | 0.14 | 2 | | | 0.019 | 4 | 0.06 | 4 |
| Involvement in the Criminal Justice System | 8.41 | 1 | 0.69 | 4 | 15.70 | 1 | | | 9.74 | 1 | 3.23 | 2 |
| Homelessness | 0.00 | 4 | 0.00 | 4 | 0.00 | 4 | | | 1.75 | 2 | 3.42 | 1 |
| Participant Satisfaction ^{^^} | 100% | 4 | 100% | 4 | 99% | 4 | 100% | 4 | 100% | 4 | 94% | 3 |
| Quality of Life ^{^^} | 100% | 4 | 97% | 4 | 100% | 4 | 98% | 4 | 97% | 4 | 80% | 2 |
| Family and Concerned Others Satisfaction | - | - | - | - | 90% | 4 | - | - | - | - | - | - |
| Agency Overall Performance | 75% | 3 | 78% | 3 | 77% | 3 | 99% | 4 | 66% | 2 | 68% | 2 |
| Adjusted Overall Performance | | | | | | | | | 63% | 2 | | |

† 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

Appendix A. Program Description

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

Appendix B. Participant Interview Script

| Full Survey item (<i>Participant Satisfaction</i>) | Abbreviated Survey item |
|------------------------------------------------------------------------------------------|----------------------------------|
| Your (staff) helps you get the services you need | Staff deliver necessary services |
| You know who to call in an emergency | Knowledge of emergency contacts |
| Your staff talks with you about the goals you want to work on | Goals discussed |
| Your staff supports your efforts to become more independent | Staff support of independence |
| Your staff are willing to see you as often as you need | Staff are available as necessary |
| When you need something, your staff are responsive to your needs | Staff are responsive to needs |
| The staff treat you with respect | Respectful treatment |
| If a friend were in need of similar help, you would recommend your program to him or her | Recommend services |
| You are satisfied with your [program] services | Satisfaction with services |
| You are getting the help and support that you need from [staff] and [agency] | Help and support received |
| Do you have medical care if you need it? | Medical care needs met |
| Full Survey item (<i>Quality of Life</i>) | Abbreviated Survey item |
| In the last year, you deal more effectively with daily problems | Better with daily problems |
| In the last year, you are better able to control your life | Improved control in life |
| In the last year, you are better able to deal with a crisis | Better in a crisis |
| In the last year, you are getting along better with your family | Improved family relationships |
| In the last year, you do better in social situations | Better in social situations |
| In the last year, you do better at school or work | Better at school/work |
| In the last year, your housing situation has improved | Improved housing (situation) |

Appendix C. Data Sources and Definitions

Procedures: The following outlines procedures for the FY24 evaluation. Information was obtained from two sources:

1. Meetings with program directors and staff members
2. Interviews with participants
3. File reviews
4. Analysis of outcome data submitted to CSN

Meetings

Zoom consultations were conducted with each of the program directors in to review the file review results. Finally, exit interviews were held with PCMHDS and program staff in September to review the complete report.

Interviews – Participants

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

File Reviews

LHPDC randomly selected 15 program participant files from each agency for file review. The File Review Form was used to monitor documentation. The expectation is that reported results will be consistent with information in the file for PCMHDS to have confidence in and rely on the information reported by the programs. **Participant Empowerment** outcome is based solely on the file review. As technical assistance, programs were provided with information from the file review.

Outcome Data

The evaluators were provided with all the data that each of the programs submitted monthly to PCMHDS.

System and Data Source Changes Over Time

Education and Employment Definitions

Three outcome definitions—**Education**, **Engaged in Employment**, and **Working Towards Self-Sufficiency**—were revised in 2024 to align with statewide Mental Health and Disability Services (MHDS) region standards. Prior to 2024, Polk County reported employment outcomes only for individuals considered *employment eligible*, defined as those under age 65 with a Level of Functioning (LOF) score below level 5 or 6. However, individuals who were employed but did not meet the employment-eligible criteria (due to age or higher LOF scores) were still included in reporting as “extra credit,” inflating overall performance metrics.

Beginning in 2024, with the transition to the Community Services Network (CSN), the LOF-based exemption was removed. Under the new standard, only individuals aged 65 or older are excluded from being considered employment eligible. This definitional change resulted in a decrease in employment outcome scores in FY24 and FY25, not due to a decline in performance, but because previously excluded employed individuals are no longer given “extra credit” in outcome calculations.

FY24 Data – A Baseline Year

FY24 served as a **baseline year** for evaluating program performance under the new data infrastructure and definitional standards. It is not directly comparable to previous years due to the following contextual changes:

- **Documentation Transition:**
The Polk County MHDS transitioned from PolkMIS to CSN beginning in FY23. FY24 marks the first full year of required outcome reporting in CSN. Due to this system shift, data entry processes and verification protocols were still stabilizing, limiting the reliability and validity of the data for strict performance assessment.
- **Outcome Area Scope:**
In FY24, only five outcome areas were scored—**Somatic Care**, **Participant Empowerment**, **Participant Satisfaction**, **Quality of Life**, and **Administrative Outcomes**—reflecting a phased implementation of CSN functionality and quality control.
- **Data Aggregation Improvements:**
Unlike previous years, the CSN system allows for the tracking of *unduplicated individual counts*, enhancing the precision of outcome metrics. Given this methodological shift, FY24 outcomes should be considered a reset point for longitudinal comparison.

System Transition: From PolkMIS to CSN

The transition from PolkMIS to the **Community Services Network (CSN)** represents a major shift in data management and accountability infrastructure for MHDS providers in Polk County. Initiated in response to a statewide mandate beginning **July 2022**, all Iowa MHDS Regions were required to adopt CSN, a centralized data system hosted by the Iowa Association of Counties.

Previously, Polk County used a locally controlled system, PolkMIS, in which providers entered outcome data for 16 distinct areas. During the early stages of this transition in FY23, outcome tracking was significantly reduced. Full-scale data entry resumed in FY24, but only five outcome areas were scored

as the region adapted to the new system and worked to ensure data integrity. While data collection resumed in CSN, limitations in training, workflow standardization, and outcome report generation contributed to variation in data quality across agencies.

FY24 represents the first full year of CSN-based outcome reporting in Polk County and serves as a *technical and procedural baseline*, reflecting new workflows, definitions, and reporting practices. As such, comparisons to pre-CSN years should be made with caution.

System Transition: Statewide MHDS Restructuring (HF2637)

In addition to the transition to CSN, Iowa's MHDS system underwent significant structural reform in FY25 as a result of **House File 2637**, which dismantled the regional MHDS framework and replaced it with **state-administered behavioral health districts**, effective **July 1, 2025**. This transition eliminated the region-based governance model that had been in place for over a decade and redefined service coordination and oversight structures statewide.

As a result, the FY25 evaluation period was **shortened**, with data collection concluding on **March 31, 2025**, to accommodate system-wide reorganization. The File Review covered only six months of service delivery. Despite these constraints, all outcome areas were assessed using CSN data, and newly piloted survey instruments were used for **Participant Satisfaction** and **Quality of Life**.

These changes mark a second major disruption to the continuity of data collection and performance assessment. Stakeholders are advised to interpret FY25 results with an understanding of both the **technological transition to CSN** and the **structural shift from regional MHDS to statewide behavioral health districts**.

Appendix D. Outlier Analysis

Outlier analysis was used as a method for looking at the outcome data to find people whose experiences are much different from most others in a program. This analysis focused on identifying outliers in the outcome data across three key performance areas: ***Hospital Bed Days, Involvement in the Criminal Justice System, and Homelessness***. These performance areas are especially sensitive to extreme cases because of the complex relationship between mental health, co-occurring disorders, and the unique challenges individuals face within legal, health care, and housing systems.

Defining an Outlier

An outlier in this outcome data should represent a participant whose experience is outside of the norm compared to everyone else. Most participant outcomes will fall within a typical range, for example, spending a few days in jail, a few nights homeless, or a short stay in the hospital. Some participants might have very different experiences, like spending a year in jail or being homeless almost every night. These extreme cases are outliers.

It's important to understand that outliers are identified relative to the group of participants they are being compared to. High outcome numbers do not automatically indicate an outlier. For a participant to be considered an outlier, their outcomes must be significantly higher than most others in that specific dataset. A number that stands out as extreme for one agency might not be unusual for another, depending on the typical outcomes seen in each agency's population.

Methods

This analysis was conducted using IBM SPSS Statistics (Version 29). Results were based on a combination of methods including:

- **Interquartile Range (IQR):** Data points falling outside 1.5 times the IQR above the third quartile or below the first quartile are flagged as outliers.
- **Visual Inspection:** Box plots and scatter plots visually identify participants who have an unusually high number of days in jail, nights homeless, or hospital bed days.

Results

In the KEY System, there were too few cases of hospital stays, involvement in the criminal justice system, and homelessness to conduct an outlier analysis.

Appendix E. Satisfaction Surveys

Survey Development and FY25 Data Collection Overview

The FY25 survey marked a transitional year in the development of a new provider and participant-centered feedback tool for individuals receiving disability services. As a step towards designing the finalized survey instrument, the FY25 survey was used to further explore with participants the concepts that agencies indicated were important for evaluation. Development of the FY25 revised instrument was informed by interviews, focus groups, and collaboration with agency staff and other stakeholders.

This temporary version of the survey included primarily qualitative items to explore participant experiences, while retaining some quantitative items for traditional agency scoring and feedback. As such, FY25 data serve a dual purpose: (1) informing ongoing survey redesign efforts and (2) providing actionable feedback to agencies. Because of changes to item wording, structure, and scoring, FY25 results should be interpreted as part of a broader transition and are not directly comparable to scores from previous years.

Methods

Satisfaction Questions

The participant satisfaction section was revised from 11 quantitative questions to 9 for this temporary scoring year. Some existing items were removed due to redundancy or limited utility, while others were rephrased using evidence-based recommendations for surveying individuals with disabilities.

The table below outlines how previous survey items corresponded to FY25 versions:

| Previous Abbreviated Item | Revised FY25 Abbreviated Item |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Medical care needs met | Staff helps you take care of your body |
| Satisfaction with services | Happy with staff working as a team |
| Respectful treatment | Happy with staff treatment |
| Responsive to needs | Staff sees and understands what you need* |
| Available as necessary | Staff is there for you when needed |
| Goals discussed | Staff explain ideas about services so it makes sense* |
| Deliver necessary services | Helps you find the services you need |
| Know who to call in an emergency (no context) | Know who to call in an emergency: 1. fire or medical* 2. might hurt yourself or someone else* |
| Help and support received | <i>Qualitatively measured</i> |
| Support independence | <i>Qualitatively measured</i> |
| Recommend services | <i>Not measured</i> |

Of the 9 revised questions, four questions* were structured as yes/no (scored as 1 point for "yes" and 0 for "no") and five used a three-point scale ("usually" = 1 point, "sometimes" = 0.5, "rarely" = 0 points). Satisfaction scores were calculated based on the percentage of points received per valid response.

Quality of Life (QOL) Questions

The QOL section was reduced from 7 questions to 5 quantitative items. Two prior items, relating to problem-solving and housing, were explored qualitatively rather than through structured response options.

| Previous Item | Revised FY25 Item |
|---------------------------------------------|-------------------------------------------------------------|
| I am better able to control my life | Happy with ability to control own life |
| I am better able to deal with a crisis | Staff helping you to feel calm |
| I am getting along better with my family | Have people who listen and understand when you need to talk |
| I do better in social situations | Staff helps you get out in the community |
| I do better at school or work | Staff help you have a meaningful day |
| My housing situation has improved | <i>Qualitatively measured</i> |
| I deal more effectively with daily problems | <i>Qualitatively measured</i> |

Like the revised satisfaction items, QOL items used a three-point scale with scores assigned as follows: "usually" = 1, "sometimes" = 0.5, and "rarely" = 0. Scores were calculated as the percentage of possible points, based only on participants who answered the item.

Next Steps

Findings from the FY25 concept testing interviews will undergo qualitative data analysis to identify themes, common language, and areas of priority. These insights will be combined with:

- Input from agency and interviewer focus groups
- Responses from the FY24 stakeholder Qualtrics survey
- Existing research on validated survey tools in disability services

Together, this information will guide the development of a new, evidence-informed survey instrument. This tool will be designed to reflect participant perspectives, stakeholder priorities, and best practices in the field.