

Polk County Mental Health & Disability Services Region

2025 Service Coordination

Outcomes Evaluation

IOWA | LAW



LAW, HEALTH POLICY & DISABILITY CENTER

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Executive Summary

Persistent housing instability drives individual and system-level challenges.

Agencies noted that resources like **Monarch housing placements** and **Iowa Finance Authority (IFA) flex funds** were essential but insufficient to fully mitigate the scale and persistence of housing insecurity amongst program participants.



The SC system continues a five-year trend of *Exceeding Expectations* in the **Housing** outcome, but program participants still endure growing rates of **Homelessness** – with the system tracking 2.54 more homeless nights on average in 2025 compared to 2022.



Agency staff noted that individuals who enrolled in the program while homeless or experience chronic homelessness drive system performance. Individuals who are most challenging to match with housing resources include those who lack natural supports, those who have pets and dependents, and those with criminal histories.

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. In combination, both outcome areas recorded the lowest performance in the past 5 years in 2025.



Agency staff noted the lack of foundational needs like housing was a barrier to engaging in **Somatic Care**. In addition, some clients refused care due to past trauma, fear of diagnosis, or perceived irrelevance. Staff noted that urgent care and mobile clinics improved access to care.



Agency staff made efforts to motivate participant interest in community activities but were hindered by participant circumstances (such as ongoing crisis and unmet foundational needs), seasonal timing, and staff familiarity with qualifying activities.

Crisis avoidance remains a system strength.

While agency staff report increased acuity of needs in new referrals, Service Coordination outcomes maintain strong performances in **Emergency Room Visits for Psychiatric Care**, **Psychiatric Hospitalization**, and **Involvement in the Criminal Justice System**.

Strategies and resources including on-call crisis response, probation collaboration, crisis observation and closely monitoring transitions support performance in these outcome areas.

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Service Coordination Evaluation Results Summary

This is a report on the findings of the independent evaluation of the Polk County Region Service Coordination Program from July 1, 2024, through March 31, 2025. The three Service Coordination (SC) programs evaluated are

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

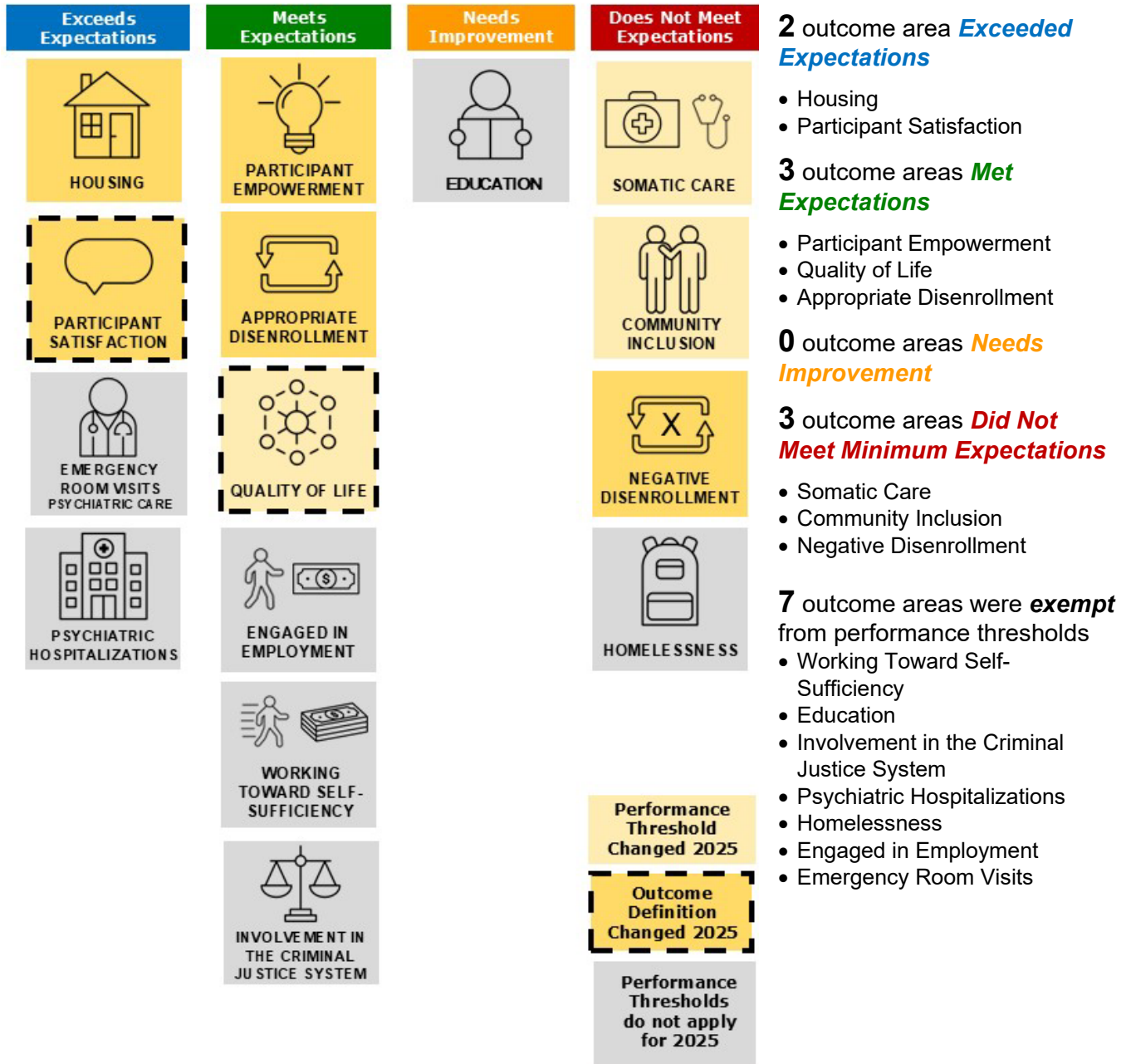
This evaluation report includes results from 3 sources: 1) Community Services Network (CSN) data management system, 2) Polk County MHDS Region Participant survey and 3) Agency File Reviews.

In the previous evaluation year, 2024, the SC system 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 SC system was rated across 8 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 SC System *Met* or *Exceeded Expectations* in 5 of 8 outcome areas. Figure 1 shows each outcome area by performance.

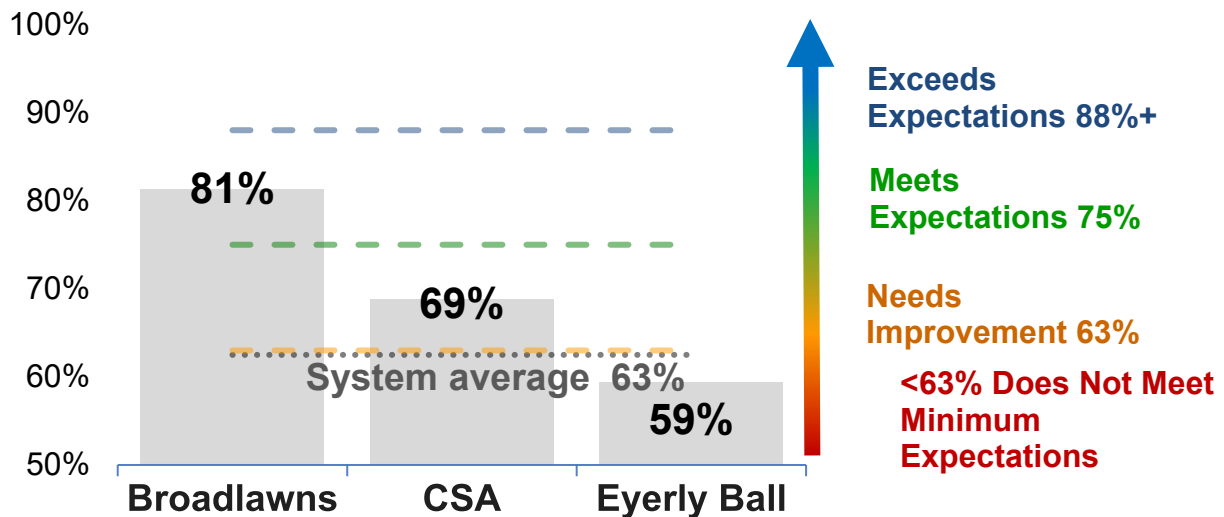
Figure 1. Outcome Areas by 2025 Performance SC System Averages



Three entities serve as Service Coordination (SC) agencies to Polk County residents, namely Broadlawns, Community Support Advocates (CSA), and Eyerly Ball. There was a range of **Overall Performance** in 2025 (59%-81%) with all each agency in a different performance threshold.

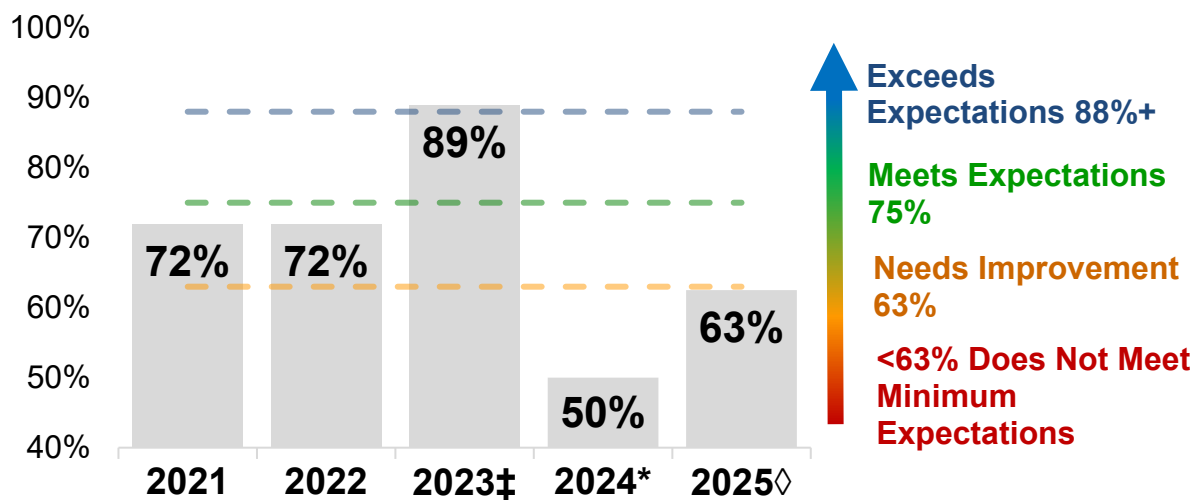
- One agency **Met Expectations**
- One agency **Needs Improvement**
- One agency **Did Not Meet Minimum Expectations**

Figure 2. Overall Performance by Agency 2025



Comparisons of the Service Coordination system’s **Overall Performance** across years is compromised due to changes in calculations. Relative to 2024, the Service Coordination network **Overall Performance** increased by 13%, earning a system average of **Needs Improvement** at 63%.

Figure 3. SC System Performance 2021-2025



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

* Overall Performance calculation in 2024 based on limited (4) outcome areas

◇ Overall Performance 2025 based on limited (8) outcome areas

Service Coordination Outcomes

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

The Service Coordination Evaluation includes 15 outcome areas, outlined below

1. Quality Services

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

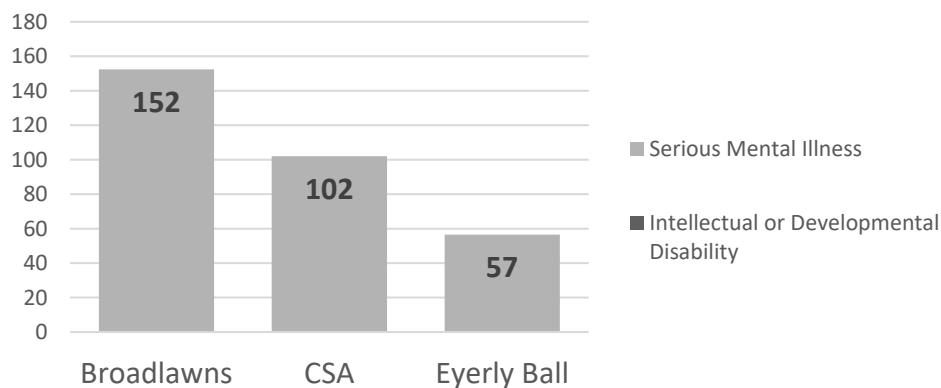
2. Community Integration

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

3. Healthy Days In The Community¹

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

Table 1. Average number of Participants Enrolled 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	3	2	1
	90%+	80% - 89%	70% - 79%	< 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%).

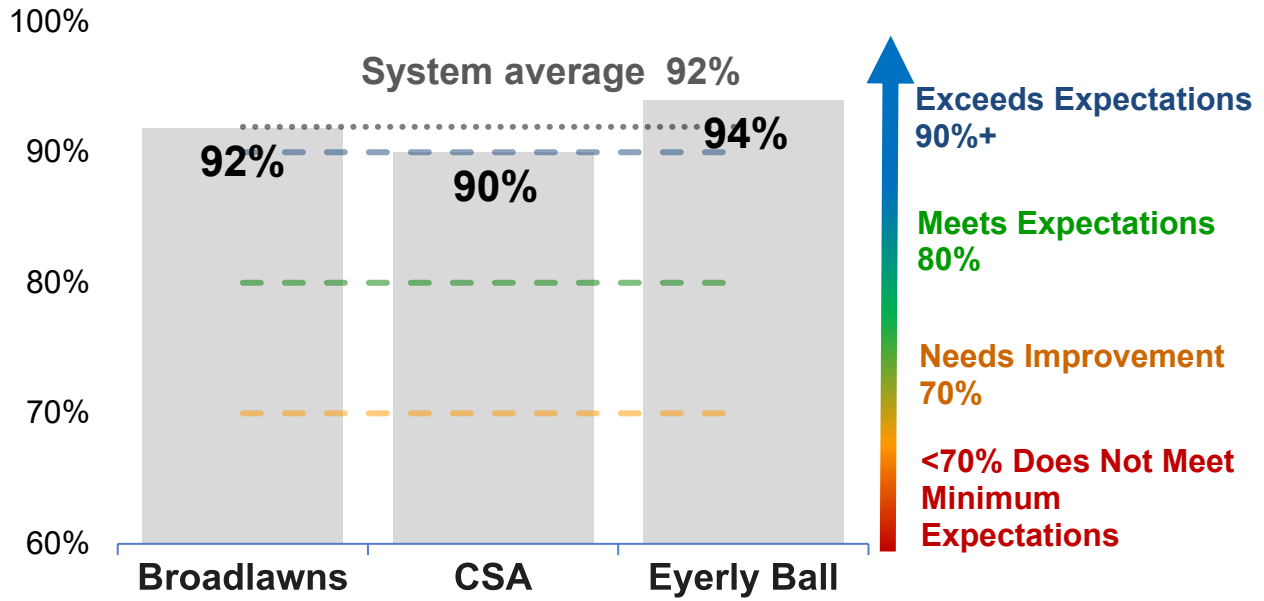
⁴ When needed, a living environment meets the individual's accessibility expectations [or has 24-hour equivalent] if: the living environment allows for freedom of movement, supports communication, and supports community involvement.

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 averaged an **Exceeds Expectations** rating at 92%.

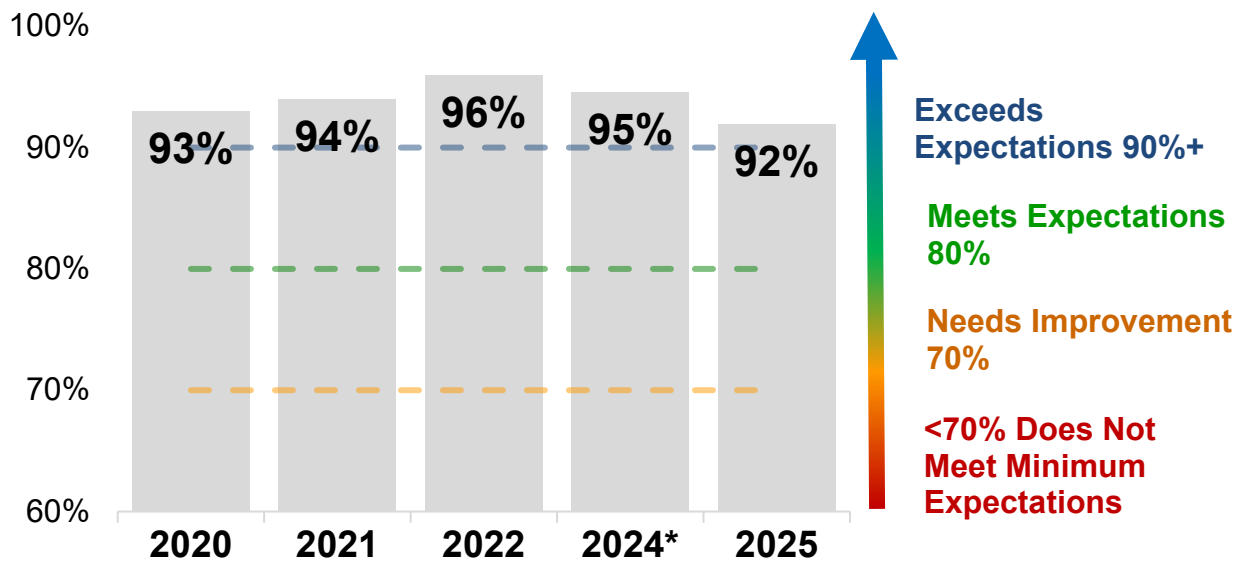
- While all agencies received an **Exceeds Expectations** rating, agencies varied in performance within this performance threshold, with a range of 90%-94%.

Figure 4. Housing by Agency 2025



Over the last five years, **Housing** performance has consistently been in the 92-96% range, maintaining an **Exceeds Expectations** rating at the system level, 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 reported that housing access was more challenging this year, even for participants with stable income from employment or Social Security. Landlords increasingly required proof of income at three times the rent, which disqualified many participants.
- Section 8 vouchers were not sufficient to secure housing due to a shortage of available units, especially single-bedroom apartments. Background and credit checks further limited housing options.
- A notable success was the conversion of a hotel into the Monarch Apartments, which provided 40 units—20 of which were funded by the Polk County MHDS Region. These units were prioritized for unhoused individuals in service coordination, significantly reducing the housing waitlist for eligible participants.
- Agencies described creative problem-solving and persistence, including outreach to individuals living in tents or outside the office, and working with families who had been unhoused for extended periods.

Employment

- Employment outcomes were influenced by the aging population served by long-term service coordination. Many participants were on SSI or SSDI and hesitant to risk their benefits by working.
- Agencies noted that participants often lacked trust in benefit protections, even when informed they could work without losing supports. This fear discouraged engagement in employment.
- While some participants worked part-time or pursued supported employment, interest in employment was generally low, especially among older clients.
- Agencies collaborated with supported education staff and community partners like the Evelyn K. Davis Center, though waitlists and limited interest remained barriers.



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%

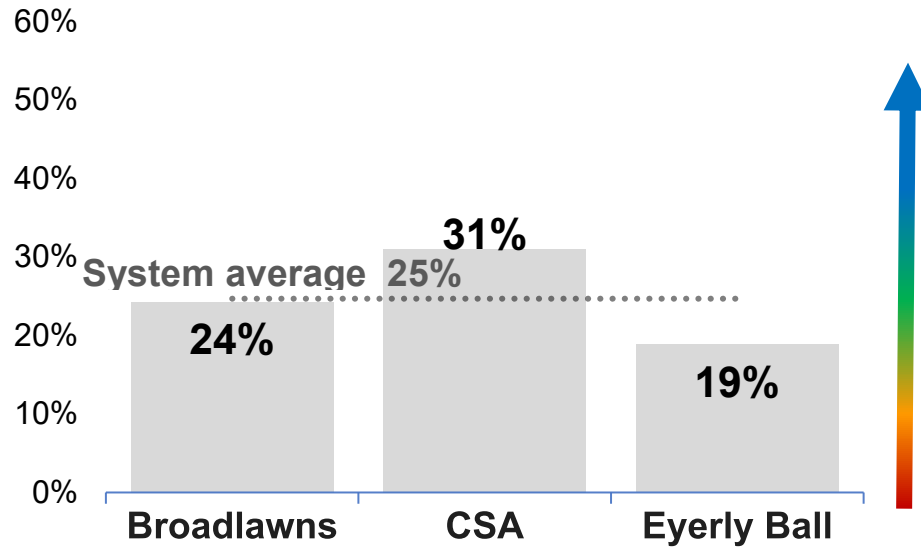
6 * Prior to 2024, Polk County reported employment outcomes only for **employment eligible** individuals (defined as individuals under the age of 65 and with a Level of Functioning score below level 5 or 6). In 2024, with the transition to CSN, the definition was changed to be consistent with all MHDS 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 19% to 31%.

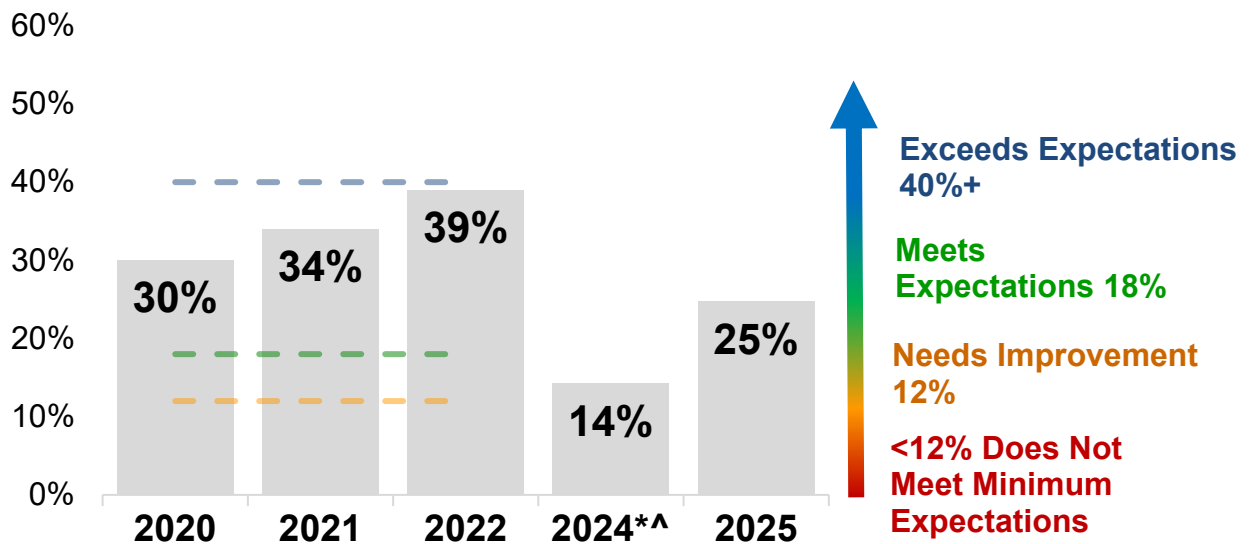
- While the 2025 results for this outcome are excluded from performance thresholds, all three agencies received a **Meets Expectations** rating.

Figure 6. Engaged in Employment by Agency 2025



In 2025, performance in the **Engaged in Employment** outcome increased by 11%, moving from the **Needs Improvement** category to **Meets Expectations** in 2025.

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.



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** in 2025, with performance across agencies ranging from 15% to 22%.

- One agency *Meets Expectations*
- Two agencies *Need Improvement*

Figure 8. Working Toward Self-Sufficiency by Agency 2025

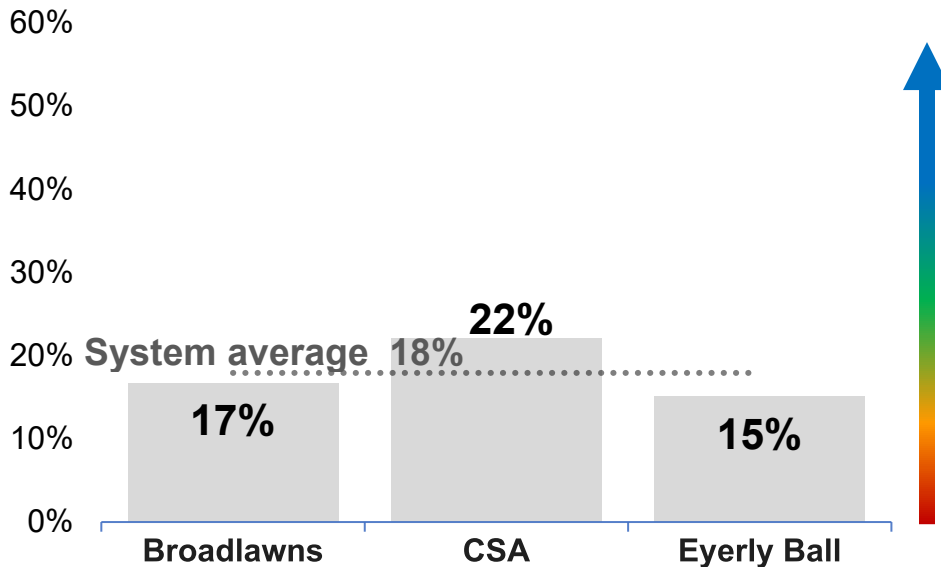
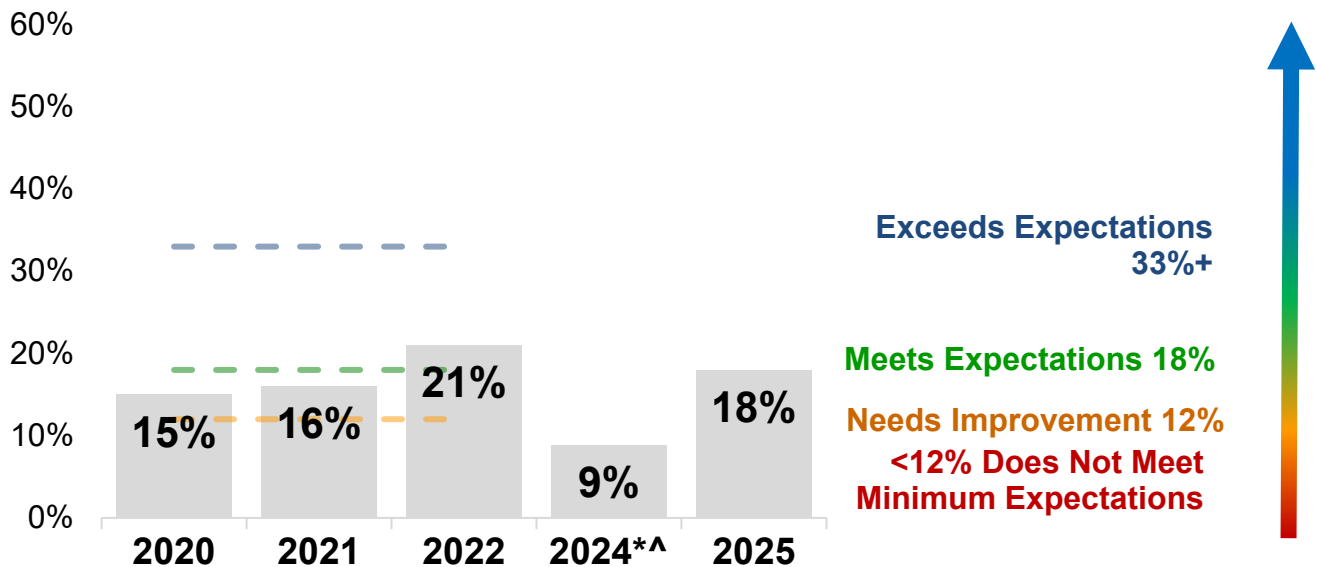


Figure 9 represents the system-level trends in **Working Towards Self-Sufficiency** from 2020 to 2025. In 2025, **Working Towards Self-Sufficiency** performance increased by 9%, moving from the *Does Not Meet Minimum Expectations* category to the *Meets Expectations* category.

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	The Polk County Region recognizes with this outcome that education has an important impact on independence, employment, and earnings.

Education is the key to independence and future success; it is critical to obtaining work and affects how much money one can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22% of Americans with disabilities fail to graduate high school, compared to 9% of those without disabilities [source: The National Organization on Disability (N.O.D.)].

“Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities.” (IDEA, Individuals with Disabilities Education Act).

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 5%-15%.

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

Figure 10. Education by Agency 2025

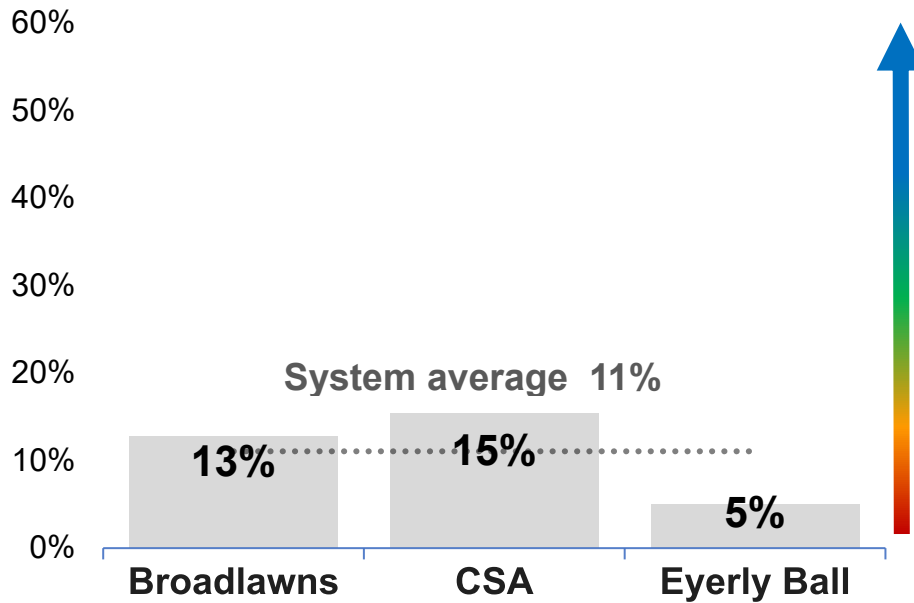
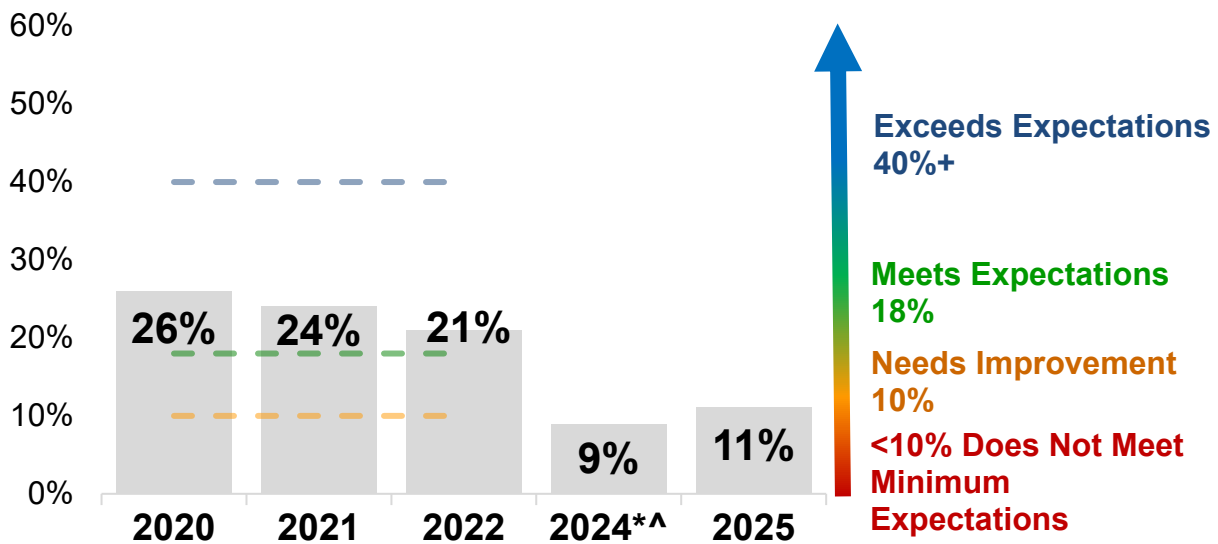


Figure 11 represents the system-level trends in **Education** from 2020 through 2025.

- Compared to earlier years (2020-2022), the 2024 and 2025 system averages are relatively lower. The 2% increase since 2024 moved the system average from the *Did Not Meet Minimum Expectations* category to *Needs Improvement*.

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
	4 100%	3 90% - 99%	2 85% - 89%	1 < 85%

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 across agencies, from 68%-91%

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

Figure 12. Somatic Care by Agency 2025

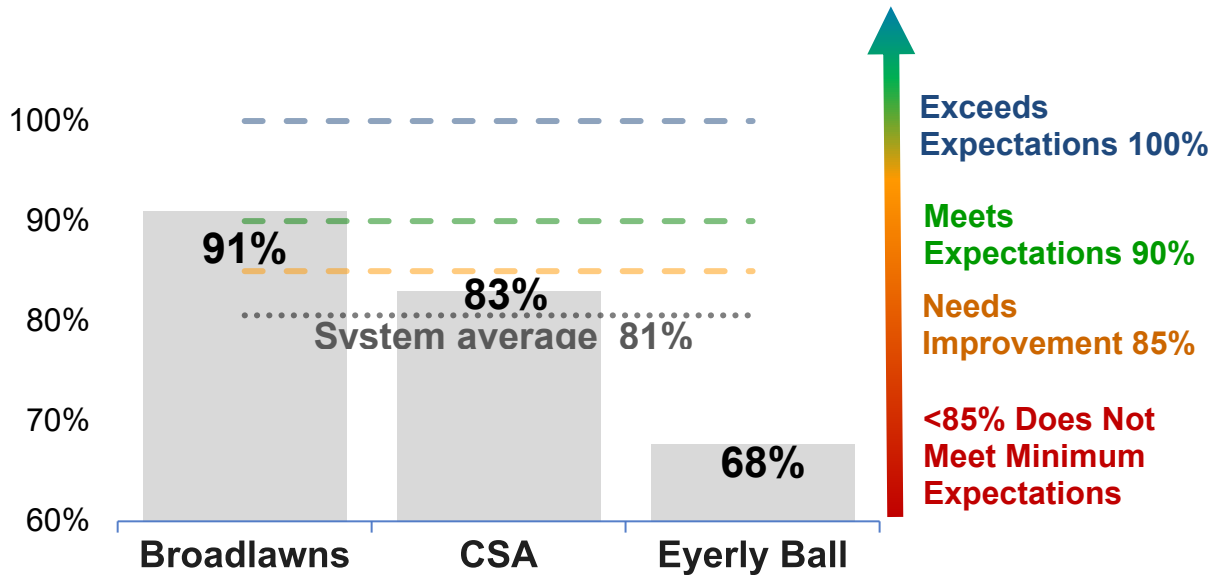
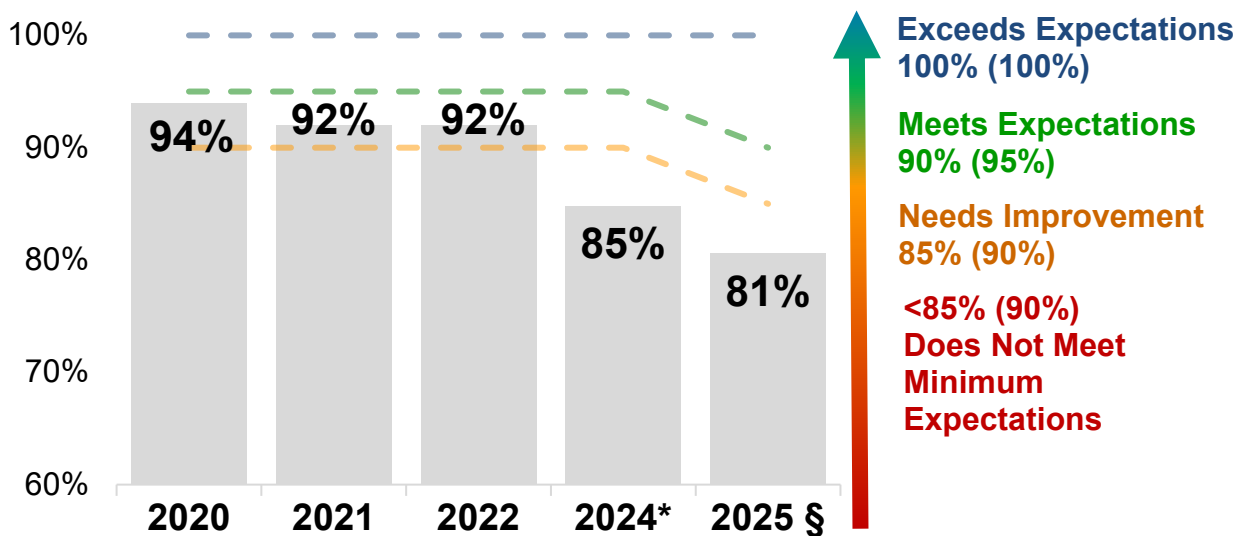


Figure 13 represents the system-level trends in **Somatic Care** from 2020 through 2025.

- Compared to 2024, there was a 4% decrease in the system average, continuing a pattern of decreasing performance. The SC system moved from the **Needs Improvement** category from 2020-2022 to the **Does Not Meet Minimum Expectations** category in 2024 and 2025.

Figure 13. Somatic Care 2020-2025



* Outcome area not measured in 2023

§ Performance threshold changed in 2025

PROVIDER PERSPECTIVES

Education

- Agencies reported improvement in identifying and documenting what qualifies as education, including informal learning and job-related training.
- Retraining staff on education definitions helped increase reported outcomes, especially for activities like library learning or supported education.
- However, many participants were elderly and uninterested in pursuing education, and low employment rates reduced opportunities for job-related educational activities.
- Agencies acknowledged that system changes in 2024, including the removal of the level-of-functioning exemption, contributed to lower scores in prior years.

Somatic Care

- Agencies used a mix of strategies to support participants in accessing primary care and annual physicals, including gentle hassling, mobile services, and urgent care referrals.
- Staff emphasized the importance of building trust with participants who were reluctant to seek care due to past trauma or perceived lack of need.
- Agency staff noted that fear of terminal diagnoses and insurance-related timing limitations affected their ability to meet the outcome for some participants.



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 90%+	3 80% - 89%	2 60% - 79%	1 < 60%

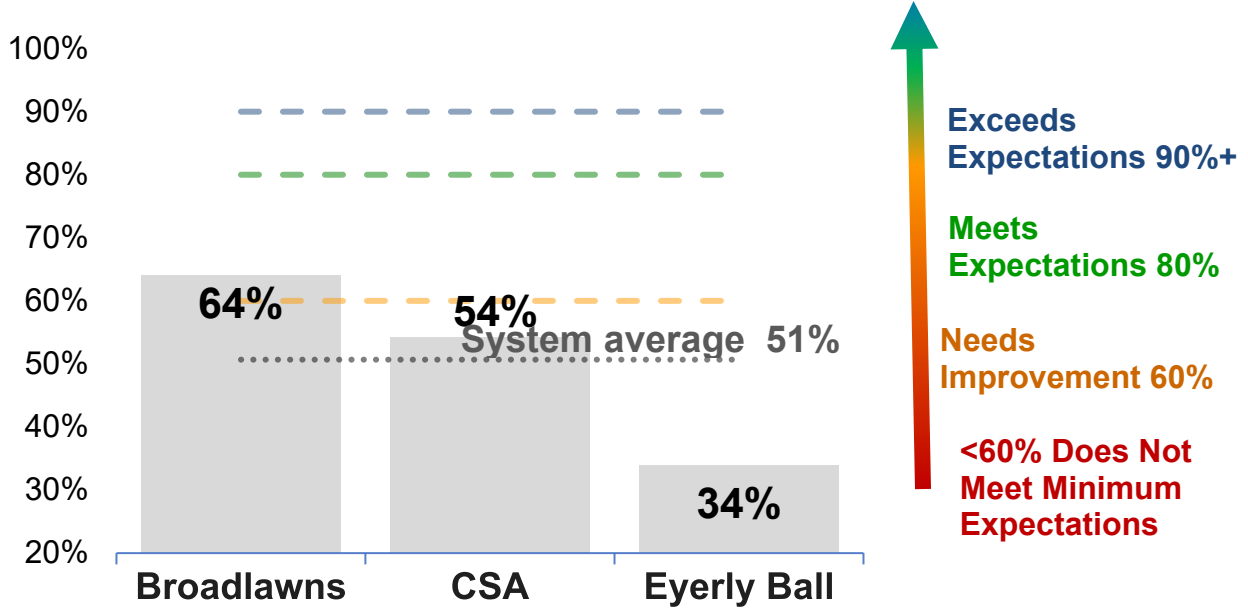
¹³ Measurement is captured in March and not averaged.

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 34%-61%

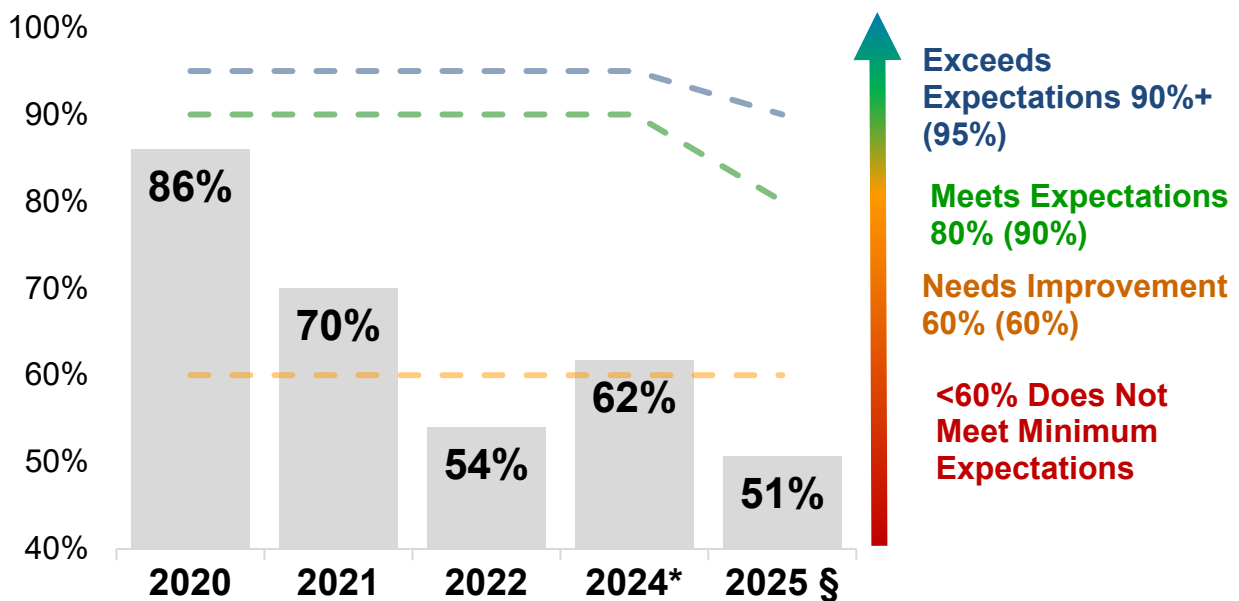
- One agency **Needs Improvement**
- Two agencies **Did Not Meet Minimum Expectations**

Figure 14. Community Inclusion by Agency 2025



In 2025, the **Community Inclusion** rates decreased by 11% compared to 2024, earning a **Does Not Meet Minimum Expectations** rating in 2025. Performance in the **Community Inclusion** outcome was hindered by the COVID 19 Pandemic, beginning in 2020.

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

§ Performance threshold changed in 2025

PROVIDER PERSPECTIVES

Community Inclusion

- Community inclusion efforts were similarly led by a few highly engaged staff at Broadlawns, who knew their clients well and consistently documented qualifying activities.
- Agencies began working on this outcome immediately after the previous cycle, educating both staff and providers on what counts and sharing community event information across programs.
- Agencies faced challenges due to shortened reporting periods, cold weather, and participant disinterest, particularly among those on waitlists or without direct provider support.
- Staff described creative outreach efforts, including tracking down clients in parks or libraries, and encouraging growth towards the goal via non-qualifying activities like thrift shopping and walks.

Participant Empowerment

- One agency described a comprehensive overhaul of internal processes, led by a supervisor who implemented new systems and held staff accountable for documentation.
- Another agency focused on ensuring consumer involvement in all aspects of planning and service delivery, with newer staff showing strong engagement in empowerment expectations.
- Agencies noted that limited staffing and leadership spread across multiple counties made consistent implementation more difficult.
- Agencies agreed that file reviews were significantly cleaner this year, reflecting improved documentation and process adherence.



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

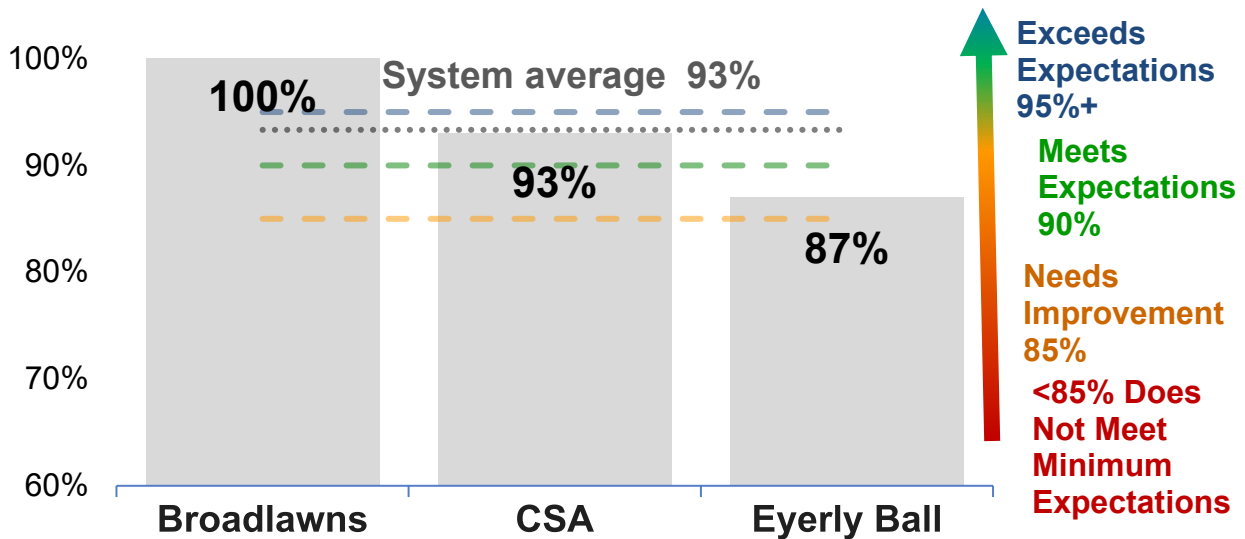
	Broadlawns	CSA	Eyerly Ball
Goals in Place and Reviewed Regularly	100%	100%	100%
Consumer Involvement	100%	93%	100%
Quarterly Empowerment Discussions ¹⁵	100%	100%	87%
Services Documented	100%	100%	100%
All Goal Components Present	100%	93%	87%

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

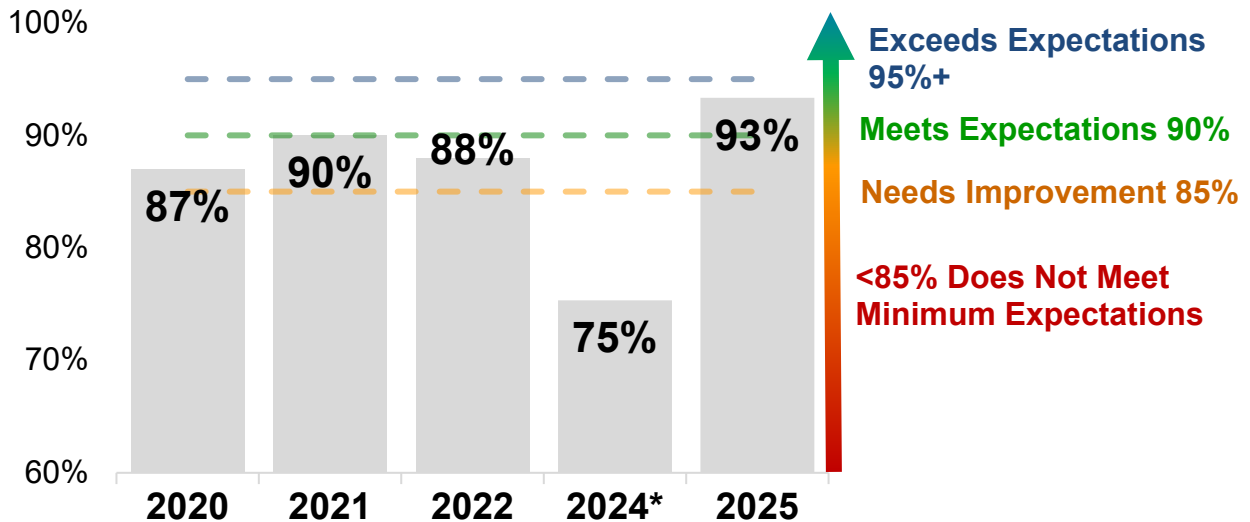
Performance across agencies in the **Participant Empowerment** outcome ranged from 87%-100%, with one agency **Exceeding Expectations**, one agency **Meeting Expectations** and one agency **Not Meeting Minimum Expectations** in 2025.

Figure 16. Participant Empowerment by Agency 2025

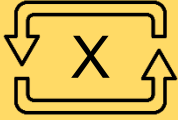


The system average of **Participant Empowerment** increased by 18% in 2025, moving from **Not Meeting Minimum Expectations** to a **Meets Expectations** rating, achieving the system’s highest performance in the last 5 years.

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

Negative Disenrollment

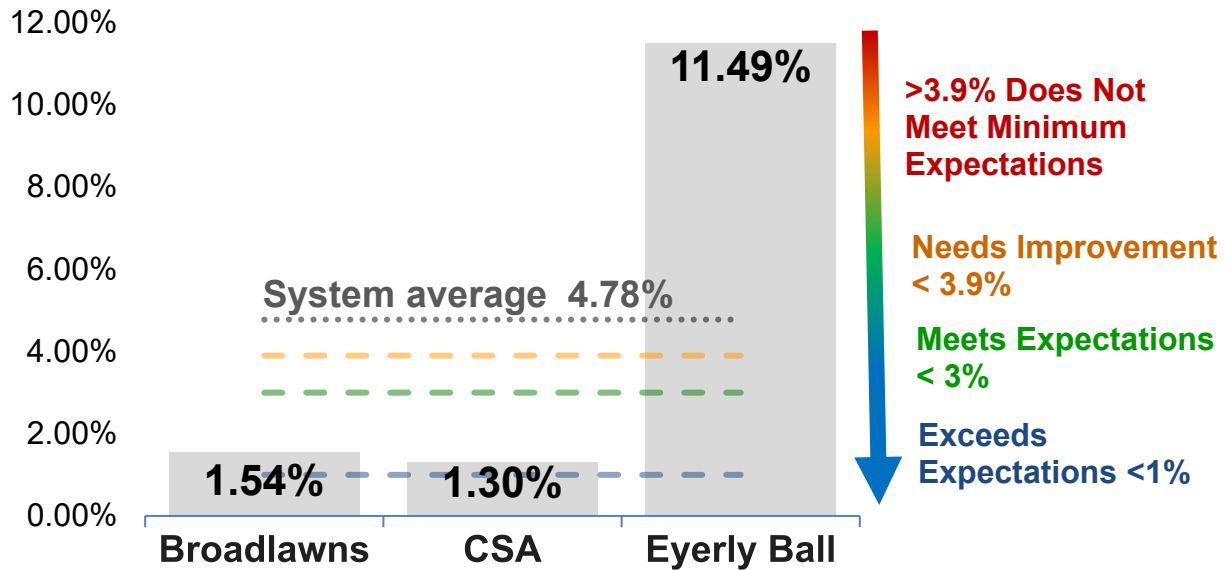
- Agencies reported that improved tracking and clearer discharge coding helped reduce negative disenrollments across the system.
- Staff emphasized the importance of accurate data entry and staff diligence in following up with participants before discharge.
- Common causes of negative disenrollment included referrals made without participant consent, inability to contact guardians, and participants declining services after referral.
- Agencies noted an increase in inappropriate referrals, often from external sources expecting service coordination to fill gaps beyond its scope.

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

For the **Negative Disenrollment** outcome, the system averaged a **Does Not Meet Minimum Expectations** rating of 4.78%.

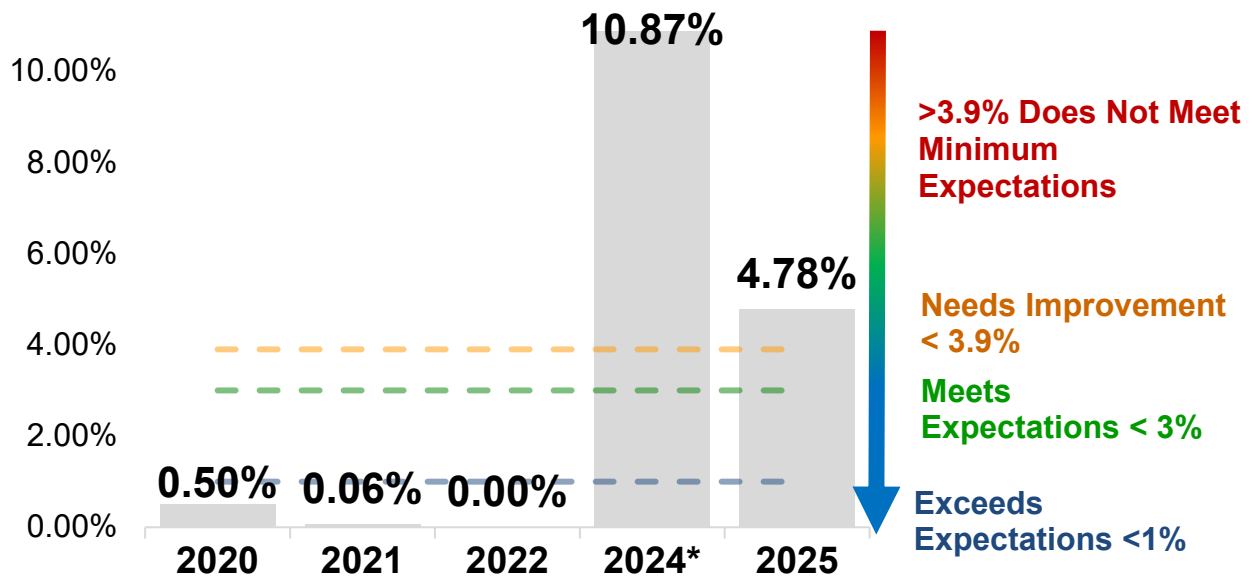
- Two agencies **Met Expectations**
- One agency **Did Not Meet Minimum Expectations**

Figure 18. Negative Disenrollment Rates by Agency 2025



For three years (2020-2022) the system earned **Exceeds Expectations** ratings in the **Negative Disenrollment** outcome. Even with a 6% decrease in **Negative Disenrollment** compared to 2024, the system maintains a **Does Not Meet Minimum Expectations** in 2025.

Figure 19. Negative Disenrollment Rates 2020-2025



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



APPROPRIATE DISENROLLMENT

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

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

PROVIDER PERSPECTIVES

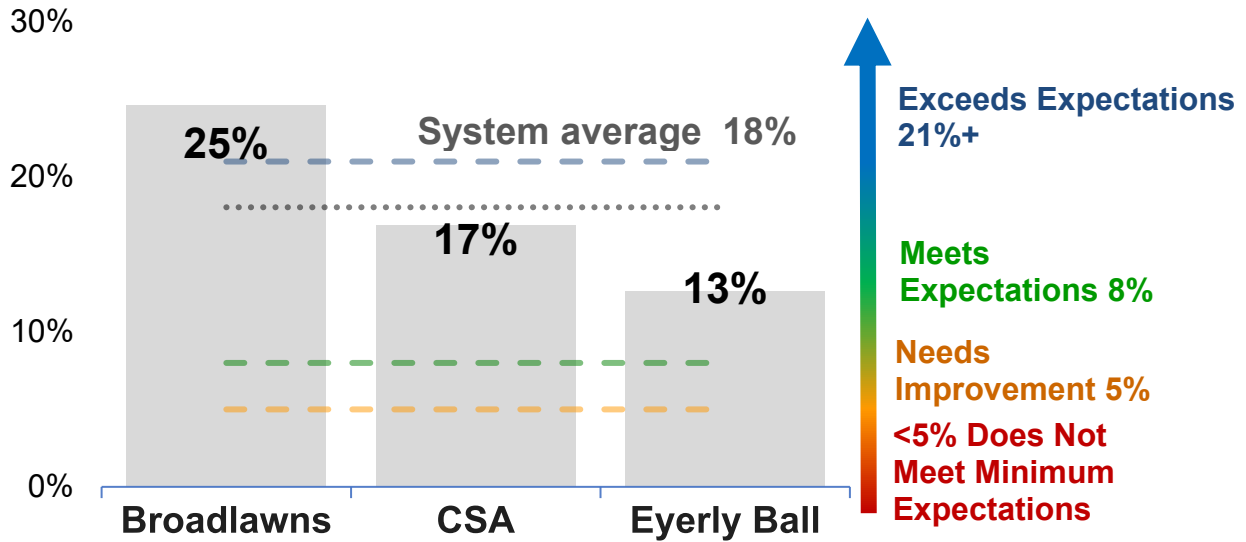
Appropriate Disenrollment

- Agencies described strong improvements in appropriate disenrollment, attributed to better tracking and use of drop-down categories to specify discharge reasons.
- Agency staff emphasized the value of warm handoffs, where staff remained involved during transitions to other services to ensure continuity.
- Staff noted that many appropriate discharges occurred during triage, which is not captured in long-term coordination data. Those who remained in long-term services typically met their goals and no longer required support.

¹⁷ Disenrollment is the termination of services due to an individual leaving the program either on a voluntary or involuntary discharge. Negative disenrollments are defined as individual refuses to participate, the individual is displeased with services, the agency initiates discharge, or the individual is discharged to prison for greater than 6 months.

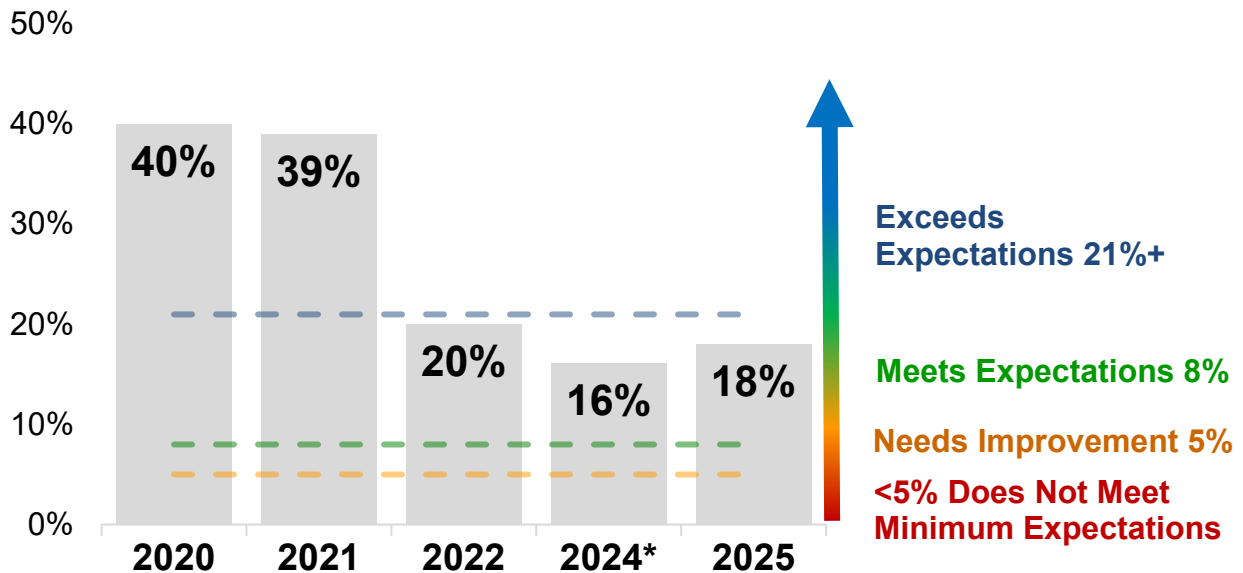
In 2025, one agency achieved an **Exceeds Expectations** rating, and two SC agencies received a **Meets Expectations** rating for **Appropriate Disenrollment**, resulting in a system average of **Meets Expectations** at 18%.

Figure 20. Appropriate Disenrollment by Agency 2025



The **Appropriate Disenrollment** outcome continued a 3-year trend of **Meeting Expectations**, a decrease from previous years (2020-2021). Compared to 2024, system-level performance in **Appropriate Disenrollment** increased by 2%, maintaining **Meets Expectations** in 2025.

Figure 21. Appropriate Disenrollment System Average 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 ^{18, 19} .
Intent	Psychiatric hospital days will be reduced. The intent is to provide adequate supports in the community so people can receive community-based services.
Rationale	Psychiatric inpatient hospitalizations can be prevented and stabilizations can be achieved by utilizing specialized 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	3	2	1
	< 2 days	2 – 3.49 days	3.50 – 4.49 days	4.49+ days

PROVIDER PERSPECTIVES

Psychiatric Hospitalizations

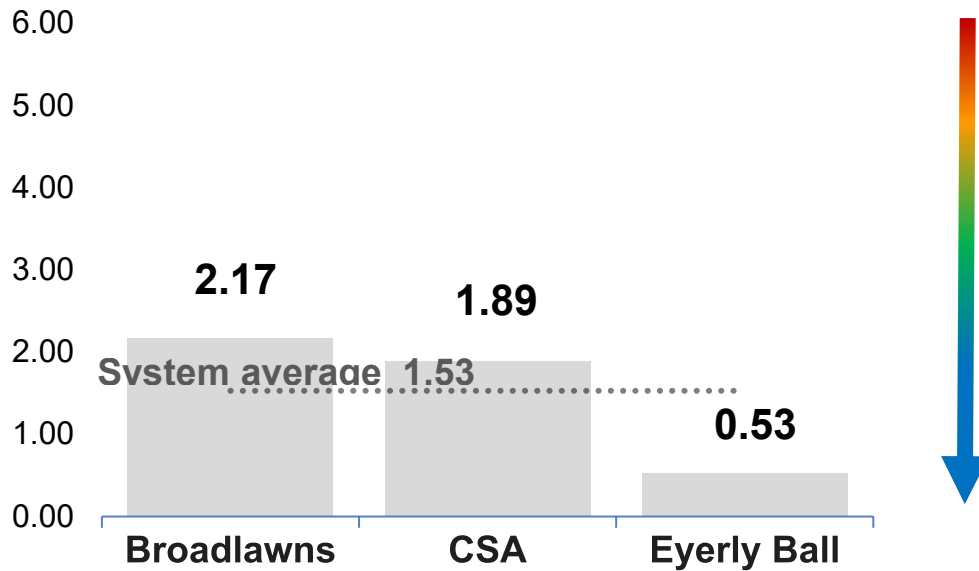
- Agencies reported an increase in hospitalizations, largely due to better tracking and a higher number of new clients entering from inpatient settings.
- One agency noted that most new intakes came directly from hospitals, and many returned shortly after discharge, increasing the total number of hospital days.
- Staff described challenges with long-term hospitalizations, including one participant who remained hospitalized due to being over-resourced and unable to qualify for Medicaid.
- Lower hospitalization rates were attributed to stable long-term clients and effective triage practices.

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

For the **Psychiatric Hospitalizations** outcome, the system averaged an **Exceeds Expectations** rating of 1.53 nights in the hospital in 2025.

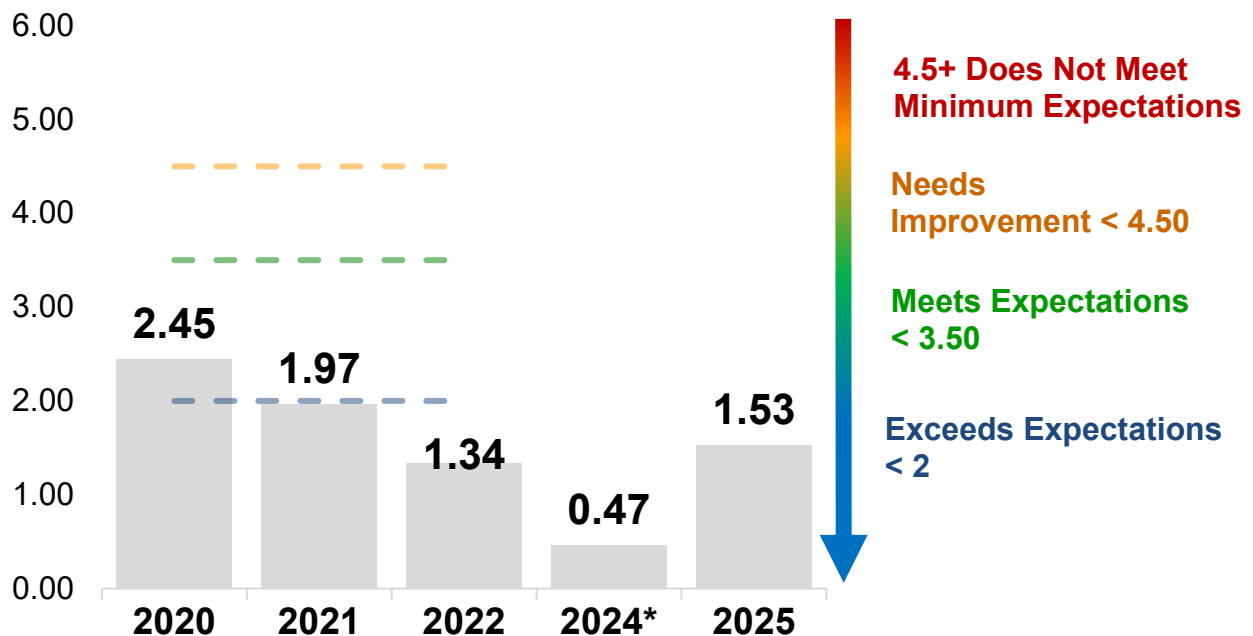
Two agencies received an **Exceeds Expectations** rating, and one agency **Met Expectations**.

Figure 22. Psychiatric Hospitalizations by Agency 2025



Overall system performance in the **Psychiatric Hospitalizations** increased by 1.06 nights in 2025, and the outcome continues a 4-year trend of **Exceeding Expectations** in 2025,

Figure 23. 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. ²⁰ per program participant per year.
Intent	Emergency room visits for psychiatric visits will be reduced. The intent is to provide adequate supports in the community, so people do not access psychiatric care through the ER.
Rationale	Approximately 4% of emergency room visits are due to mental illness or substance use (NAMI). Between 2006 and 2014, individuals with mental illness or substance abuse experienced a 44% increase in ED visits (Murrell et al., 2019). Most emergency room doctors do not specialize in mental health or addiction and will often treat the medical symptoms rather than the mental and emotional causes of a person's condition (NAMI).

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

PROVIDER PERSPECTIVES

Emergency Room Visits for Psychiatric Care

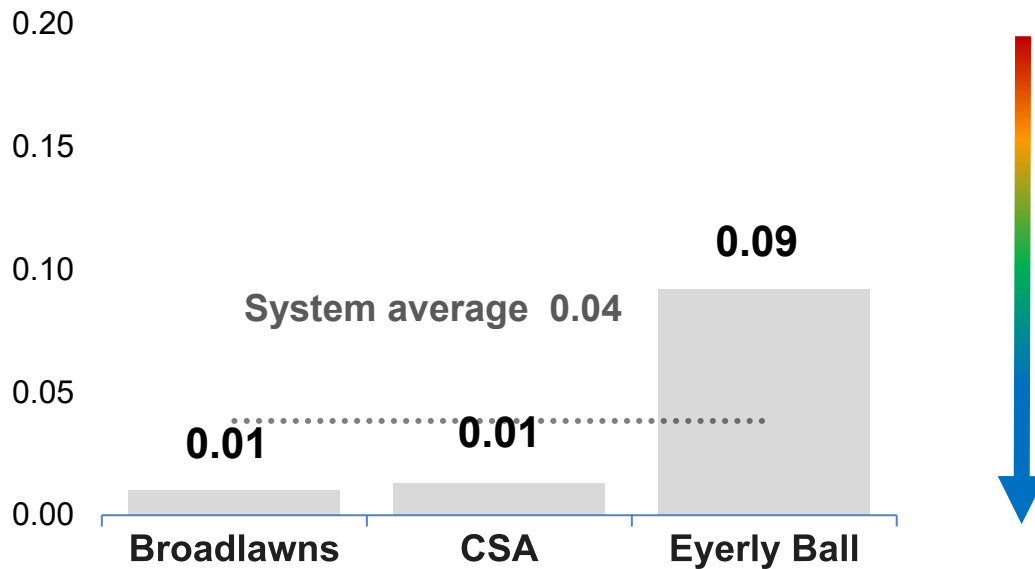
- ER visits remained low across all agencies, with staff emphasizing early intervention and use of crisis services to prevent escalation.
- Agencies noted that crisis clients use ER and urgent care more frequently, while long-term clients tend to be more stable.
- Staff spent significant time at psychiatric urgent care to stabilize clients and avoid ER visits.
- Agencies reported some long-term clients with histories of frequent ER use, but otherwise low utilization across the population.

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

For the **Emergency Room Visits for Psychiatric Care** outcome, the system averaged an **Exceeds Expectations** rating, with agency scores of zero or near-zero ER visits (0.04 visit average).

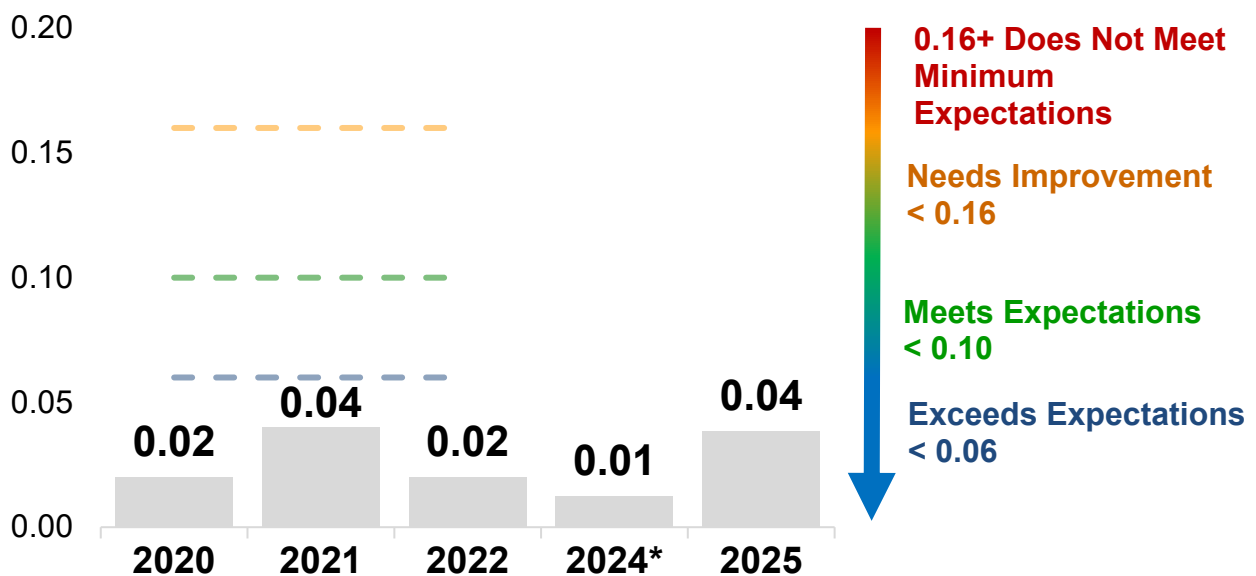
- Two received an **Exceeds Expectations** rating and one agency **Met Expectations**.

Figure 24. Psychiatric Emergency Room Visits by Agency 2025



Overall system performance in the **Emergency Room Visits for Psychiatric Care** outcome continues to maintain a strong performance –earning the 5th **Exceeds Expectations** rating over 5 years in 2025.

Figure 25. 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. ²¹ utilized per program participant per year.
Intent	The intent of this outcome is to provide adequate supports in the community to prevent offenses or re-offenses and, thus, minimize the number of days spent in jail.
Rationale	Individuals with brain health issues experience extremely high rates of co-occurring disorders, which can increase the risk of involvement in the Criminal Justice system. Criminal Justice involvement can be strongly influenced by societal factors, such as poverty (about 2.5 million people with mental health live in poverty), poor and unstable housing, adverse childhood experiences, racism, and alcohol and drug abuse (NAMI).

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

PROVIDER PERSPECTIVES

Involvement in the Criminal Justice System

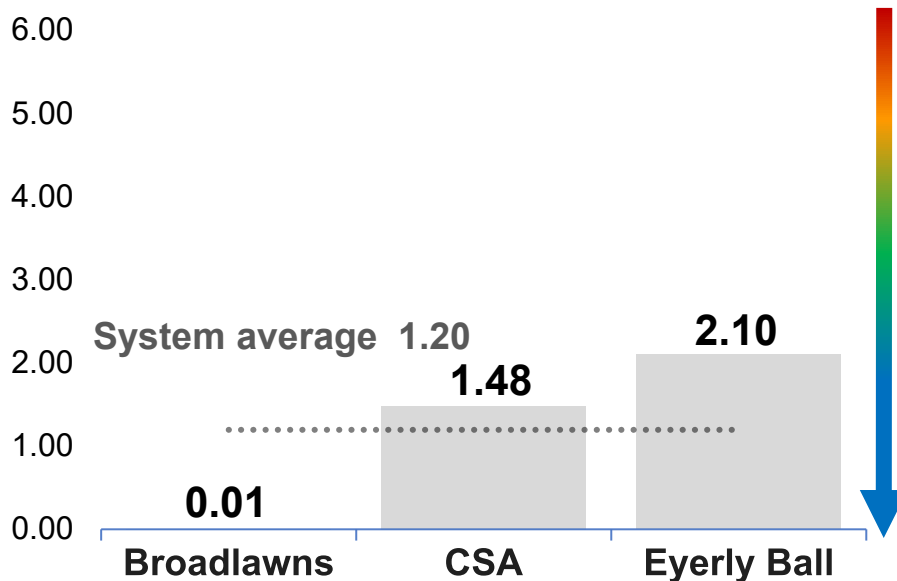
- Agencies reported that justice involvement was rare among long-term clients, and in circumstances where the majority of participants are over 65 and stably housed.
- Staff noted that most jail days were concentrated among a few individuals, often those with limited supports or unstable housing.
- Agencies emphasized that crisis clients were more likely to be involved in the justice system, often due to trespassing or behavioral issues related to homelessness.

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

For the **Involvement in the Criminal Justice System** outcome, the system averaged a **Meets Expectations** rating of 1.2 nights spent in jail on average, ranging from 0.01 – 2.10 nights spent in jail.

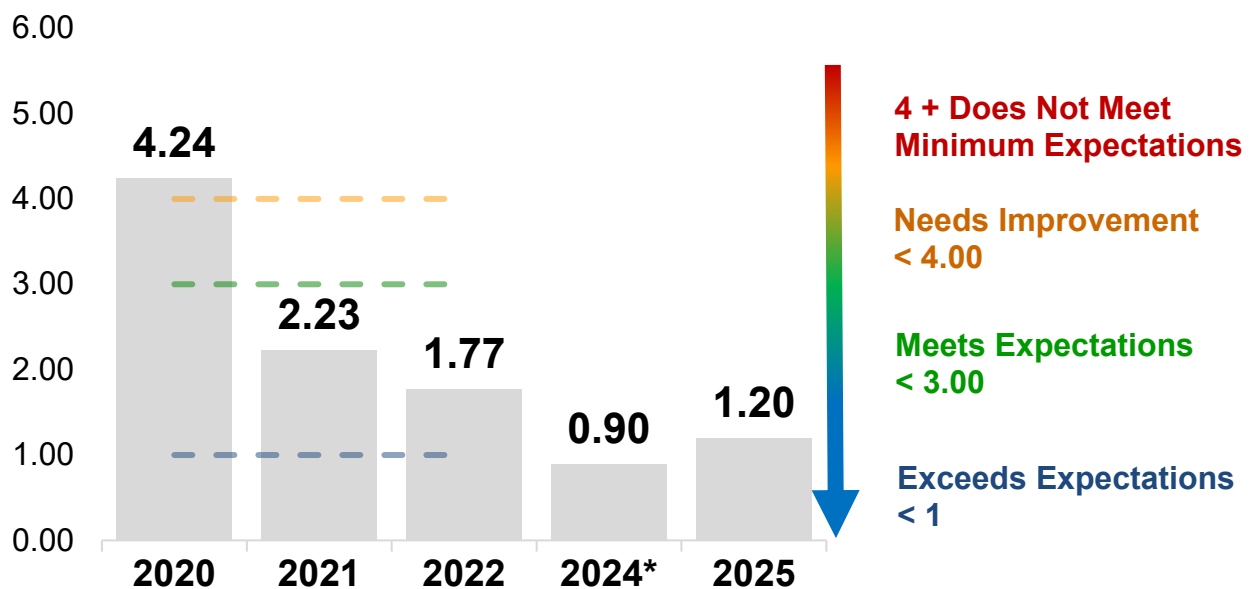
- One agency received an **Exceeds Expectations** rating.
- Two agencies received a **Meets Expectations** rating.

Figure 26. Involvement in the Criminal Justice System by Agency 2025



Overall system performance in the **Involvement in the Criminal Justice System** outcome continues a 4-year trend of **Exceeding** or **Meeting Expectations** in 2025.

Figure 27. 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	3	2	1
	< .41 night	0.41 – 1 night	1.01 – 2 nights	2+ nights

PROVIDER PERSPECTIVES

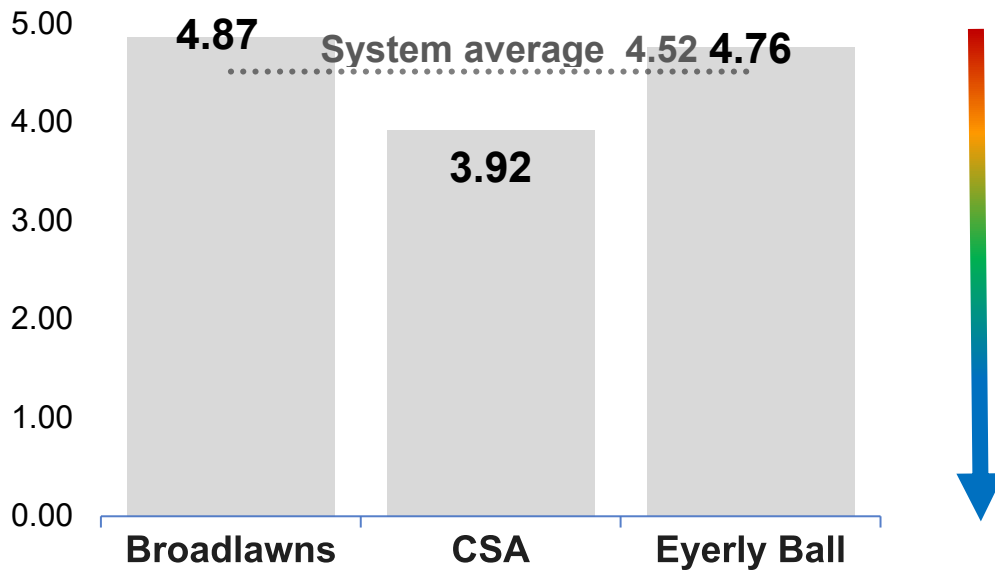
Homelessness

- Agencies described a small number of participants accounting for the majority of homeless nights, often individuals who were chronically unhoused or refused housing options.
- Staff described intensive outreach efforts, including searching for clients in wooded areas and public spaces.
- Agencies successfully housed some long-term homeless clients at Monarch Apartments, though others remained unhoused due to barriers like pet ownership or refusal to engage.
- Agencies noted that milder winter weather may have made homelessness more tolerable this year, but still required significant staff effort to locate and support clients.

For the **Homelessness** outcome, the system averaged a **Does Not Meet Minimum Expectations** rating of 4.52 nights spent without housing.

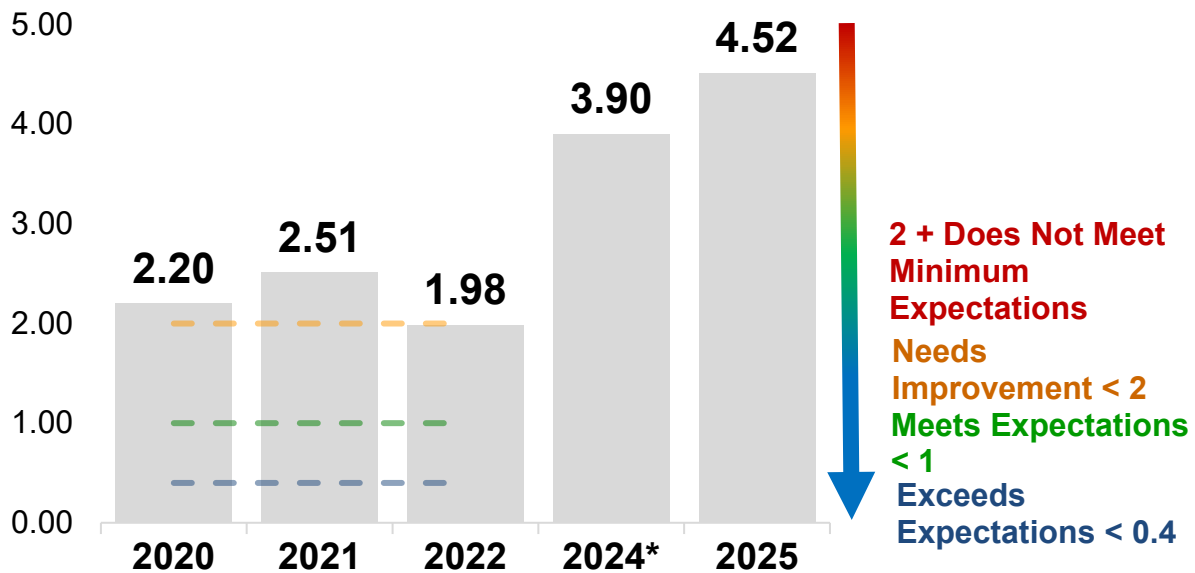
- Agencies varied in performance, with a range of 3.92 to 4.87 nights spent without housing.
- All three agencies **Did Not Meet Minimum Expectations**.

Figure 28. Homelessness by Agency 2025



Overall system performance in the **Homelessness** outcome in 2025 maintained a **Does Not Meet Minimum Expectations** (a 0.62 -night increase on average), consistent with 4 of the last 5 years.

Figure 29. 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 ²²29F 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).

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.

Rationale

Assessing the perceptions of individuals is an essential part of evaluating and planning services and an important component of respect for self-direction and autonomy. (Copeland, Luckasson &Shauger 2014)

Eliciting satisfaction from participants yields beneficial information for service providers. (Copeland, Luckasson &Shauger 2014)

Clients have a wealth of information regarding the functioning of social service programs, and client satisfaction surveys provide the client perspective on those aspects of the service that are important to them. (Spiro, Dekel & Peled, 2009)

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

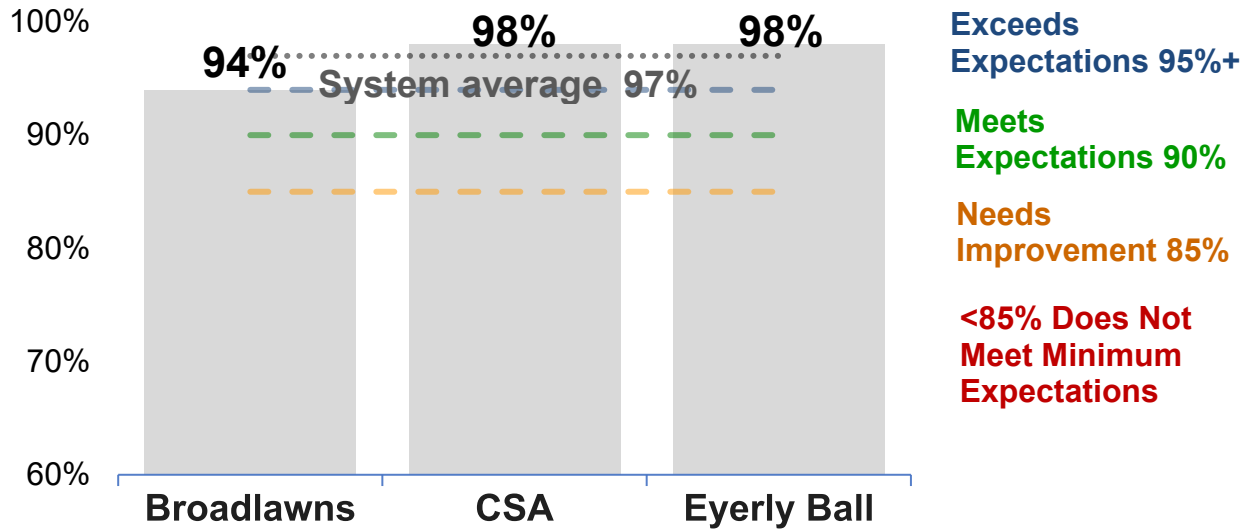
Performance Ratings	Exceeds Expectations 4 95%+	Meets Expectations 3 90% - 94%	Needs Improvement 2 85% - 89%	Does Not Meet Minimum Expectations 1 < 85%
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²² Satisfaction is determined by the independent evaluator interviewing a 10% sample of program participants. Via a survey asking program participants questions regarding access, empowerment, and service satisfaction.

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

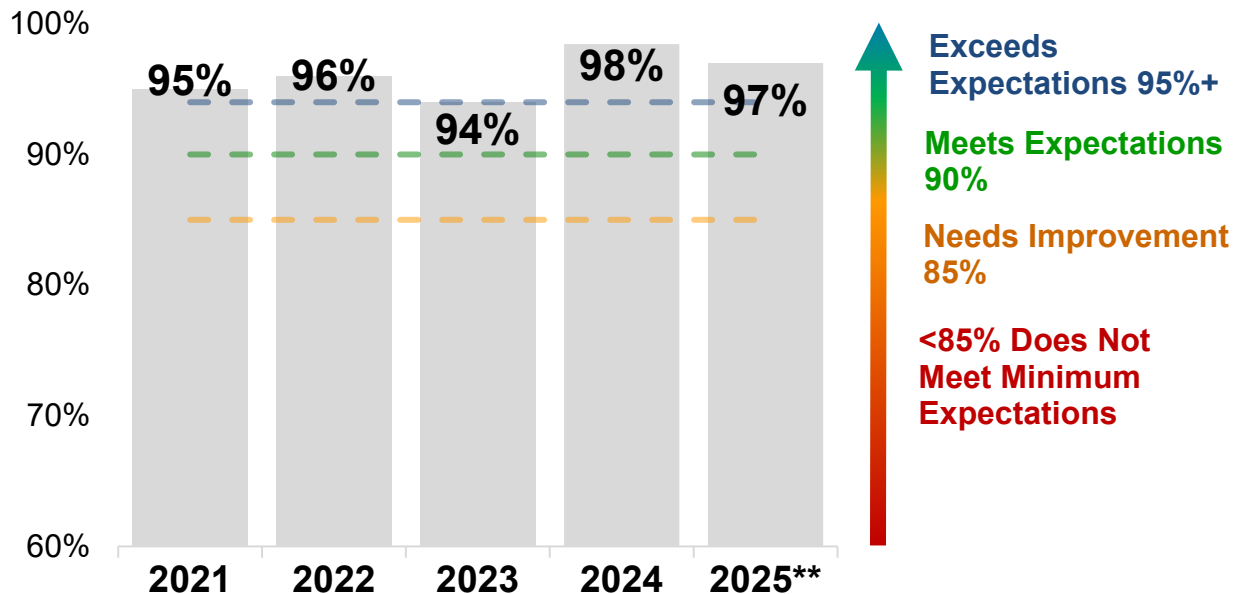
- Agencies varied in performance, with a range of 94%-98%.
- One agency received a **Meets Expectations** rating.
- Two agencies received an **Exceeds Expectations** rating.

Figure 30. Participant Satisfaction by Agency 2025



The overall system performance for the **Participant Satisfaction** outcome maintained an **Exceeds Expectations** rating for the second consecutive year in 2025.

Figure 31. Participant Satisfaction 2021-2025 System Average



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

PROVIDER PERSPECTIVES

Participant Satisfaction

- Participants reported feeling respected and supported, even if they were not engaged in employment, education, or community activities.
- Agencies noted the new survey format, which allowed for more nuanced responses and better reflected participant perspectives.
- Staff were praised for their gentle, respectful engagement, balancing encouragement with participant autonomy.

Quality of Life

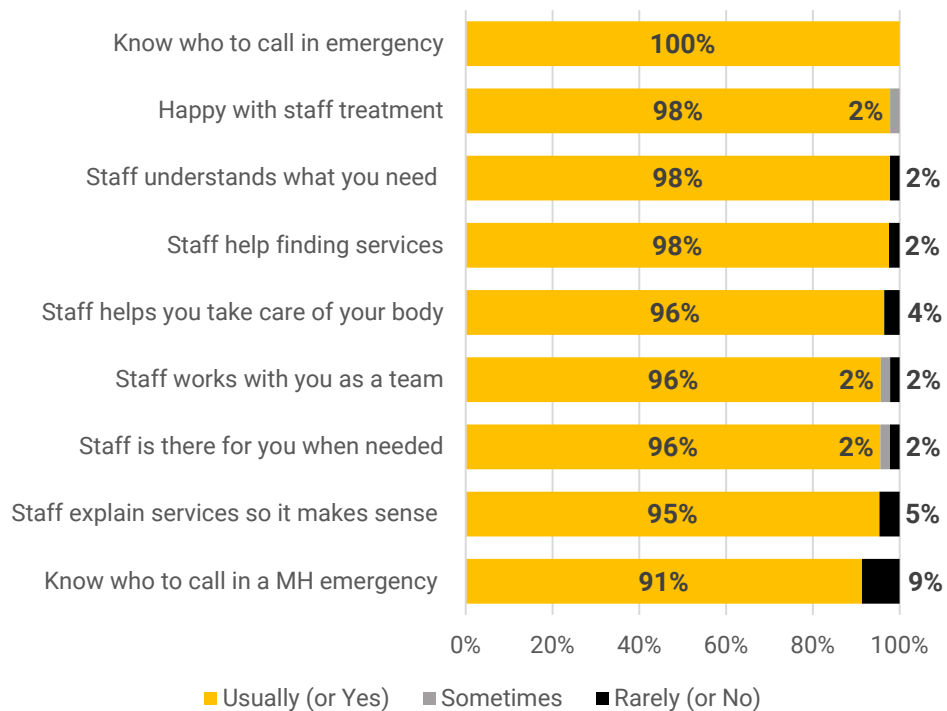
- Agencies noted that external factors like housing instability and political uncertainty affected participants' sense of control and stability.
- Despite these challenges, participants reported high levels of satisfaction with staff support, particularly in feeling heard and understood.
- Agencies emphasized that while they cannot control all aspects of participants' lives, they strive to provide consistent, person-centered support that improves overall well-being.

Figure 32 shows rates of agreement by item from the 2025 **Participant Satisfaction** outcome survey. Rates of satisfaction were high across all survey items, ranging from 91% to 100% satisfaction. Participants reported highest satisfaction related to:

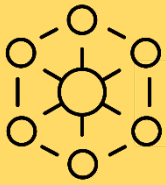
- *Knowing who to contact in a physical emergency* (100%).
- *Happiness with the way staff treated them* (98%).
- *Staff seeing and understanding what they need* (98%).
- *Happiness with staff helping them to find the services they need* (98%).

Participants were less likely to report that they *knew who to call in a mental health emergency* (91%).

Figure 32. Participant Satisfaction System Average by item ²³
N=46



²³ Full survey items listed in Appendix B



QUALITY OF LIFE

Metric

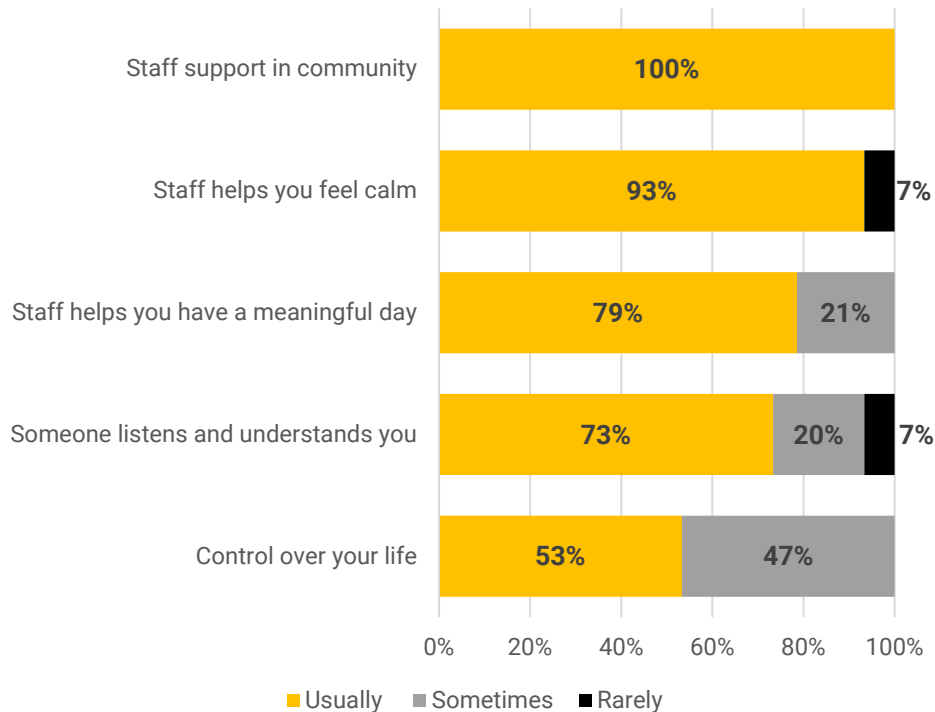
The Quality of Life outcome is based on participant interviews. This year’s survey revised the previous 7-item yes/no format to 5 items using a three-point response scale—“usually” (1 point), “sometimes” (0.5), and “rarely” (0). Scores were calculated as percentages based only on responses from participants 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
	90%+	80% - 89%	75% - 79%	< 75%

Figure 33. Quality of Life System Average by Item 2025
N=46



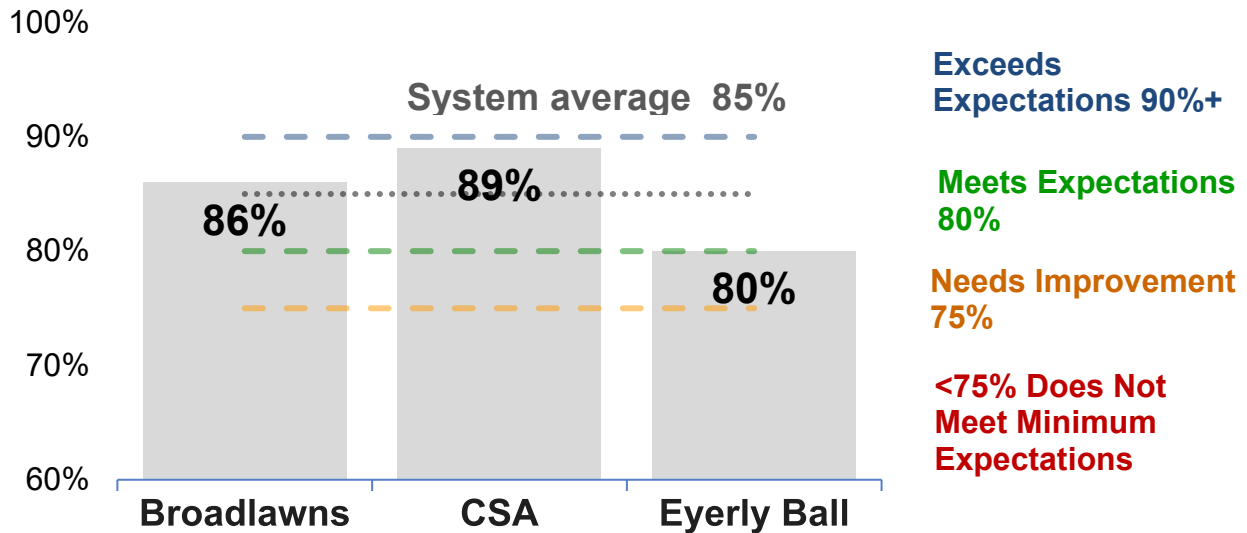
Participant **Quality of Life** measures received ratings ranging from 53% to 100% across items (Figure 33).

- 100% of participants were happy with *staff helping them get out in the community*.
- 93% of participants were happy with *staff helping them to feel calm*.
- Participant agreement was lower for measures related to *staff helping them to have a meaningful day* (79% “usually happy,” 21% “sometimes happy”), *having someone who listens and understands them* (73% “usually,” 20% “sometimes”), *having control over their life* (53% “usually happy,” 47% “sometimes happy”).

Across agencies, Quality of Life varied, ranging from 80%-89% agreement.

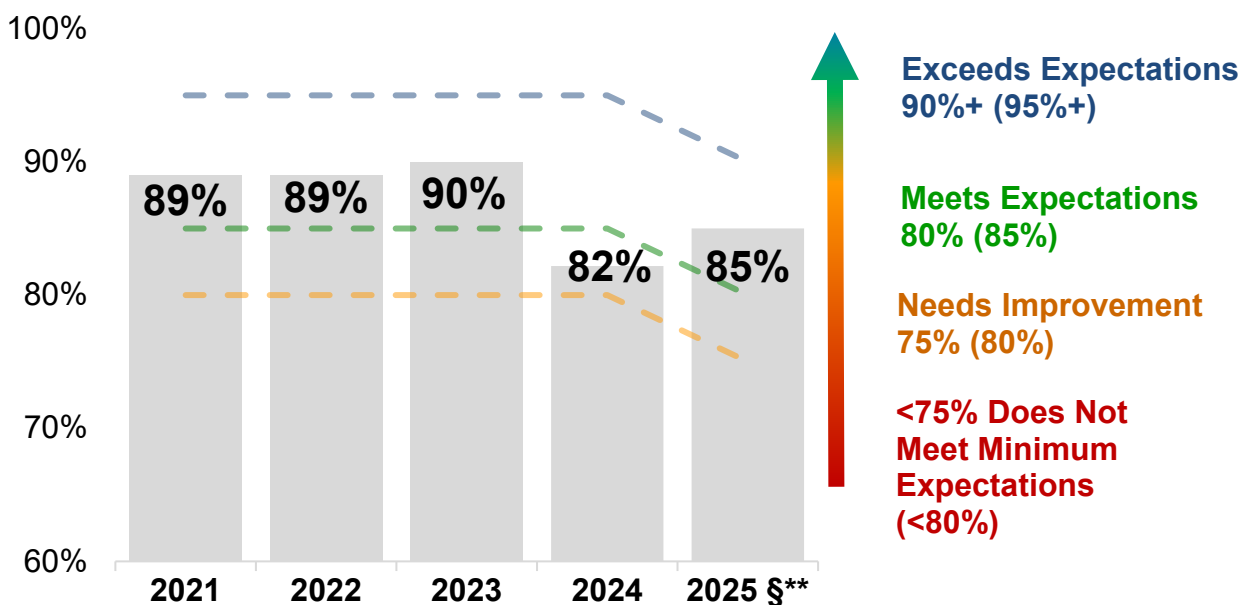
- All three agencies **Met Expectations**

Figure 34. Quality of Life by Agency 2025



The **Quality of Life** outcome returned to the **Meets Expectations** category in 2025, after falling into the **Needs Improvement** category for one year in 2024.

Figure 35. Quality of Life System Average 2021-2025



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

§ Performance threshold changed in 2025

Summary Tables

The following two tables represent a summation of the results in the report, with Table 3 showing 2025 scores and performance ratings for each outcome area by agency and system average. Table 4 shows SC System Outcome Scores and Performance Ratings over the last 5 years.

Table 3. Summary Table Outcome Scores and Performance Ratings by Agency 2025

	Broadlawns		CSA		Eyerly Ball		System Average	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	92%	4	90%	4	94%	4	92%	4
Engaged Toward Employment	24%	3	31%	3	19%	3	25%	3
Working Toward Self-Sufficiency	17%	2	22%	3	15%	2	18%	3
Education	13%	2	15%	2	5%	1	11%	2
Somatic Care §	91%	3	83%	1	68%	1	81%	1
Community Inclusion §	64%	2	54%	1	34%	1	51%	1
Participant Empowerment	100%	4	93%	3	87%	2	93%	3
Negative Disenrollment	1.54%	3	1.30%	3	11.49%	1	4.78%	1
Appropriate Disenrollment	25%	4	17%	3	13%	3	18%	3
Hospital Bed Days	2.17*	3	1.89	4	0.53	4	1.53	4
Emergency Room Visits	0.01	4	0.01	4	0.09	3	0.04	4
Jail	0.01	4	1.48	3	2.10	3	1.20	3
Homelessness	4.87	1	3.92	1	4.76	1	4.52	1
^^Participant Satisfaction	94%	3	98%	4	98%	4	97%	4
^^Quality of Life §	86%	3	89%	3	80%	3	85%	3
Agency Overall Performance	81%	3	69%	2	59%	1	63%	2

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

§ Performance threshold changed 2025

* Denotes an outlier was identified in the dataset. See Appendix D for additional information about the outlier analysis

Outcome not included in Overall Performance calculation

Table 4. 2020 - 2025 Summary Table SC 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	94%	4	96%	4			95%	4	92%	4
Engaged Toward Employment^	30%	3	34%	3	39%	4			14%	2	25%	3
Working Toward Self-Sufficiency^	15%	2	16%	2	21%	3			9%	1	18%	3
Education^	26%	3	24%	3	21%	3			9%	1	11%	2
Somatic Care §	94%	2	92%	2	92%	2			85%	1	81%	1
Community Inclusion §	86%	2	70%	2	54%	1			62%	2	51%	1
Participant Empowerment	98%	4	87%	2	90%	3			88%	2	93%	3
Negative Disenrollment	0.50%	4	0.06%	4	0.00%	4			10.87%	1	4.78%	1
Hospital Bed Days	2.45	3	1.97	4	1.34	4			0.47	4	1.53	4
Emergency Room Visits	0.02	4	0.04	4	0.02	4			0.01	4	0.04	4
Jail	4.24	1	2.23	3	1.77	3			0.90	4	1.20	3
Homelessness	2.20	1	2.51	1	1.98	2			3.90	1	4.52	1
^^ Participant Satisfaction	93%	3	95%	4	96%	4	94%	4	98%	4	97%	4
^^Quality of Life §	89%	3	89%	3	89%	3	90%	3	82%	2	85%	3
Appropriate Disenrollment	40%	4	39%	4	20%	3			16%	3	18%	3
Family and Concerned Other Satisfaction	87%	2	81%	1	81%	1	84%	2	-	-	-	-
System Overall Performance	72%	2	72%	2	72%	2	89%	4	58%	1	63%	2
Adjusted Overall Performance									50%	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. Overall Performance calculation in 2024 based on limited (4) outcome areas

◊ Overall Performance calculation in 2025 based on limited (8) outcome areas.

§ Performance threshold changed 2025

Outcome not included in Overall Performance calculation