

Appendix A. Agency Level Summaries

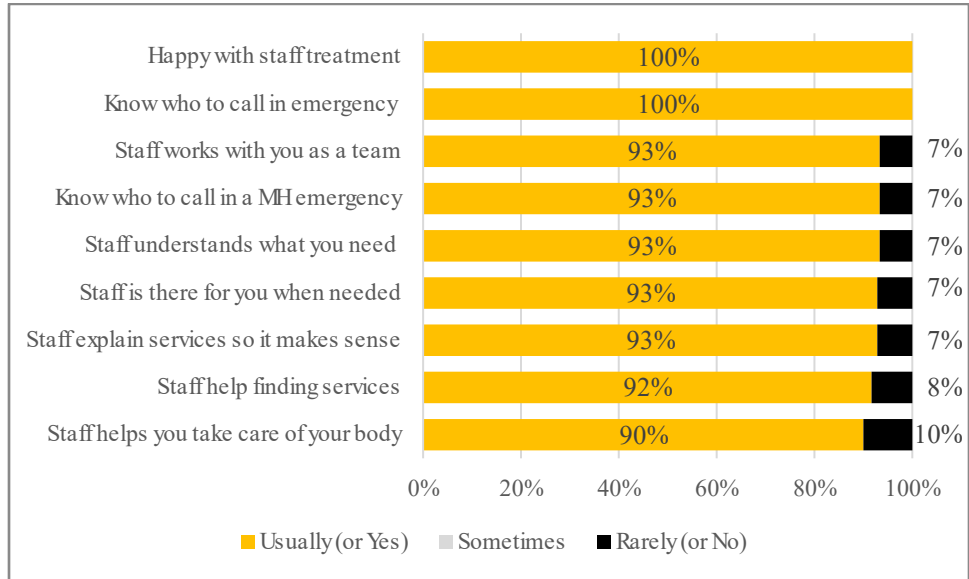
Broadlawns

Table 1. Broadlawns Performance by Outcome 2022-2025

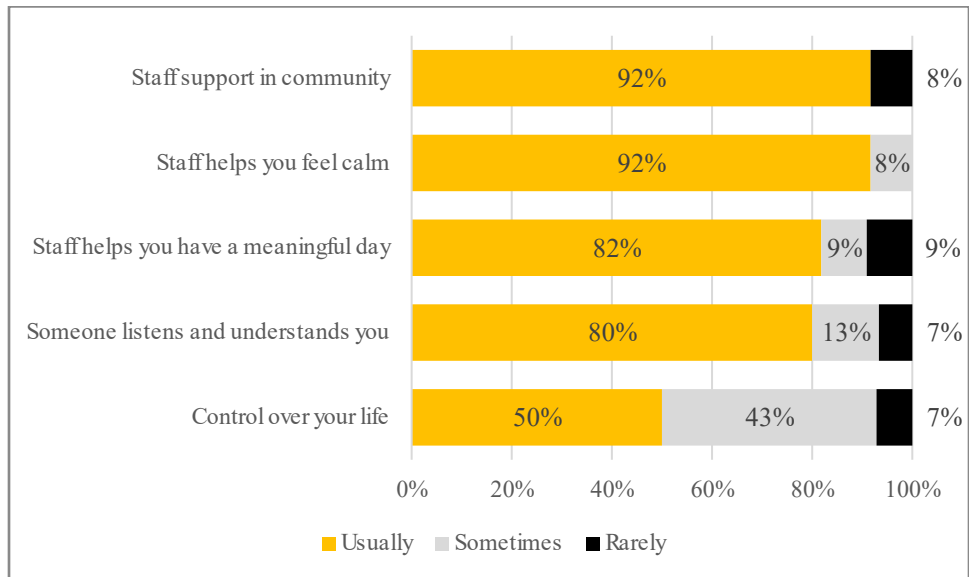
	2022		2023		2024		2025	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	99%	4	-	-	92%	4	92%	4
Engaged Toward Employment^	20%	3	-	-	10%	1	24%	3
Working Toward Self-Sufficiency^	10%	1	-	-	5%	1	17%	2
Education^	35%	3	-	-	11%	2	13%	2
Somatic Care §	92%	2	-	-	79%	1	85%	2
Community Inclusion §	54%	1	-	-	66%	2	61%	2
Participant Empowerment	86%	2	-	-	73%	1	100%	4
Negative Disenrollment	0.45%	4	-	-	5.44%	1	1.54%	3
Hospital Bed Days	3.15	3	-	-	0.84	3	2.17*	3
Emergency Room Visits	0.02	4	-	-	0.01	4	0.01	4
Involvement in the Criminal Justice System	1	3	-	-	0.53	4	0.01	4
Homelessness	0.88	3	-	-	5.06	1	4.87	1
^^Participant Satisfaction	95%	4	93%	3	99%	4	94%	3
^^Quality of Life §	88%	3	88%	3	86%	3	86%	3
Appropriate Disenrollment	12%	3	-	-	20%	3	25%	4
Agency Overall Performance	73%	2	87%	3	60%	1	78%	3
Adjusted Overall Performance	-	-	-	-	56%	1	-	-

* Denotes an outlier was identified in the dataset. See Appendix D for additional information about the outlier analysis for FY25.

Broadlawns Participant Satisfaction Results by Item (N=15)



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

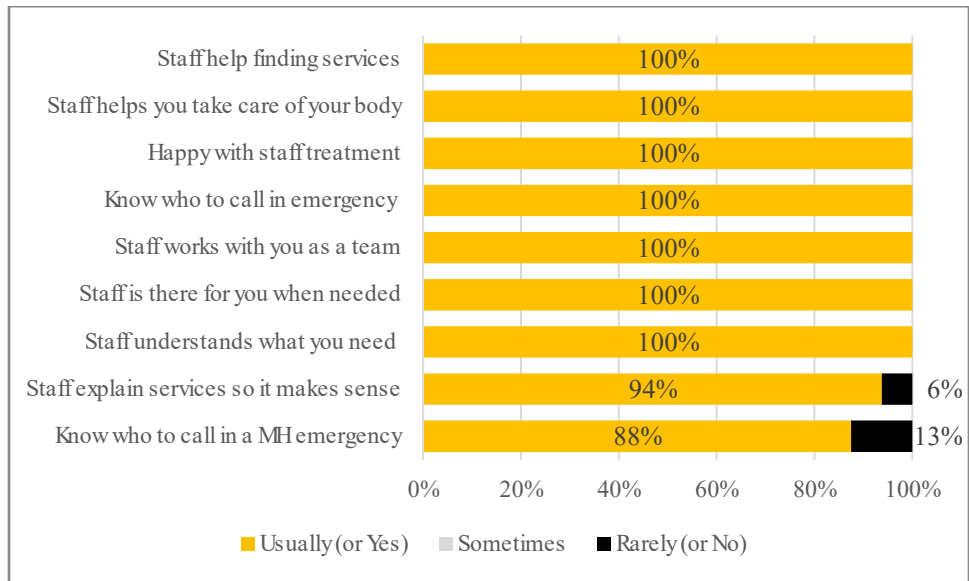


CSA

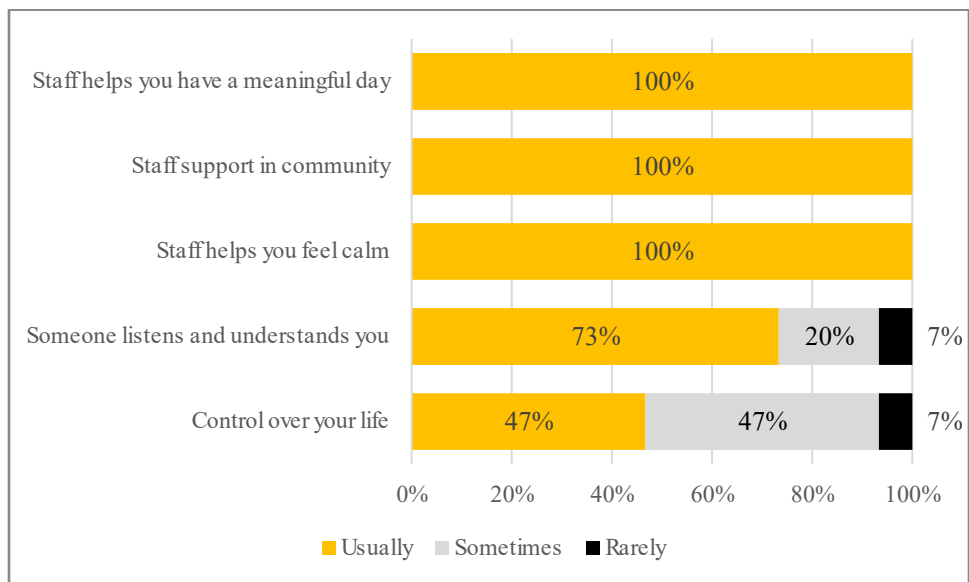
Table 2. CSA Performance by Outcome 2022-2025

	2022		2023		2024		2025	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	91%	4	-	-	98%	4	90%	4
Engaged Toward Employment^	28%	3	-	-	19%	3	31%	3
Working Toward Self-Sufficiency^	21%	3	-	-	13%	2	22%	3
Education^	26%	3	-	-	7%	1	15%	2
Somatic Care §	79%	1	-	-	87%	1	80%	1
Community Inclusion §	59%	1	-	-	70%	2	54%	1
Participant Empowerment	90%	3	-	-	78%	1	93%	3
Negative Disenrollment	0.00%	4	-	-	3.65%	2	1.30%	3
Hospital Bed Days	1.23	4	-	-	0.03	3	1.89	4
Emergency Room Visits	0.06	3	-	-	0	4	0.01	4
Involvement in the Criminal Justice System	1.75	3	-	-	0.31	4	1.48	3
Homelessness	1.73	2	-	-	1.1	2	3.92	1
^^Participant Satisfaction	97%	4	97%	4	99%	4	98%	4
^^Quality of Life §	91%	3	91%	3	89%	3	89%	3
Appropriate Disenrollment	20%	3	-	-	19%	3	17%	3
Agency Overall Performance	78%	3	92%	4	67%	2	69%	2
Adjusted Overall Performance	-	-	-	-	56%	1	-	-

CSA SC Participant Satisfaction Results by Item (N=16)



CSA SC Quality of Life Results by Item (N=16)

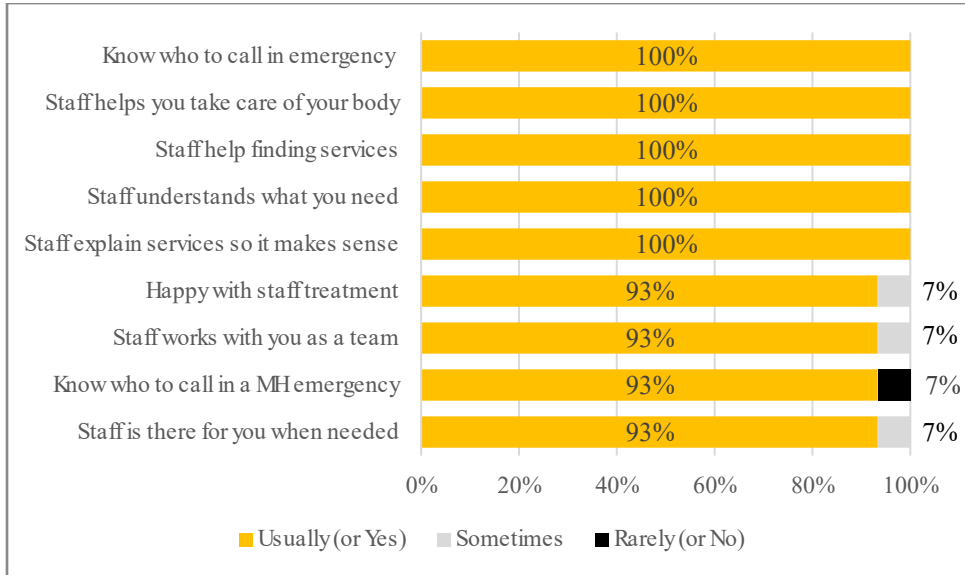


Eyerly Ball

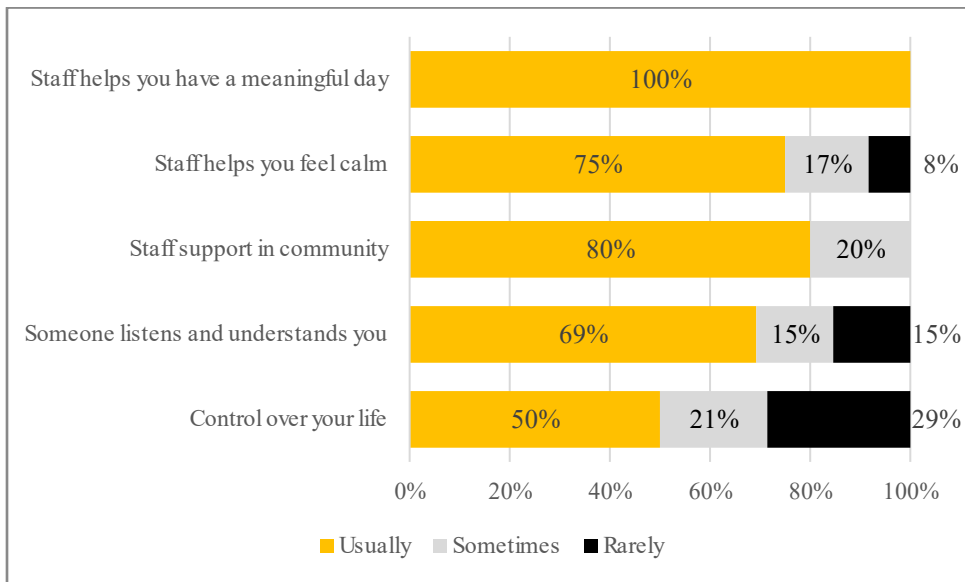
Table 3. Eyerly Ball Performance by Outcome 2022-2025

	2022		2023		2024		2025	
	Performance	Score	Performance	Score	Performance	Score	Performance	Score
Housing	97%	4	-	-	93%	4	94%	4
Engaged Toward Employment^	21%	3	-	-	13%	2	19%	3
Working Toward Self-Sufficiency^	12%	2	-	-	8%	1	15%	2
Education^	9%	1	-	-	9%	1	5%	1
Somatic Care §	89%	1	-	-	89%	1	68%	1
Community Inclusion §	55%	1	-	-	49%	1	34%	1
Participant Empowerment	74%	1	-	-	75%	1	87%	2
Negative Disenrollment	0.95%	4	-	-	23.53%	1	11.49%	1
Hospital Bed Days	1.21	4	-	-	0.54	3	0.53	4
Emergency Room Visits	0.01	4	-	-	0.03	4	0.09	3
Involvement in the Criminal Justice System	1.6	3	-	-	1.85	3	2.10	3
Homelessness	2.03	1	-	-	5.55	1	4.76	1
^^Participant Satisfaction	97%	4	96%	4	98%	4	98%	4
^^Quality of Life §	89%	3	93%	3	68%	1	80%	3
Appropriate Disenrollment	21%	4	-	-	9%	1	13%	3
Agency Overall Performance	72%	2	92%	4	98%	1	59%	1
Adjusted Overall Performance	-	-	-	-	44%	1	-	-

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



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



Appendix B. Interview Scripts

Participant Interview Script

Full Survey item (<i>Participant Satisfaction</i>)	Abbreviated Survey item
How often are you happy with [staff] helping you to take care of your body?	Staff helps you take care of your body
How often are you happy with [staff] working with you as a team to help you?	Staff works with you as a team
How often are you happy with the way [staff] treats you?	Happy with staff treatment
Do you feel like [staff] sees and understands what you're good at?	Staff understands what you need
How often do you feel [staff] is there for you when you need them?	Staff is there for you when needed
Does [staff] explain their ideas about your services so it makes sense to you?	Staff explain services so it makes sense
How often are you happy with how [staff] helps you find the services you need?	Staff help finding services
Do you know who to call in an emergency (for example, in case of a fire or medical emergency)	Know who to call in an emergency
Do you know who to call during times when you feel like you might hurt yourself or someone else, or you feel like you can't care for yourself?	Know who to call in a MH emergency
Full Survey item (<i>Quality of Life</i>)	Abbreviated Survey item
In the last year, how often have you been happy with your ability to control your own life?	Control over your life
How often are you happy with [staff] helping you to feel calm?	Staff helps you feel calm
How often do you have people who listen and understand you when you need to talk?	Someone listens and understands you
In the last year, how often have you felt happy about staff helping you do things out in the community?	Staff support in community
How often are you happy with [staff] helping you to have meaningful days	Staff helps you have a meaningful day

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 SC System, one agency had participants with unusually high outcomes, which qualified as outliers:

- **Broadlawns ISA:**
 - ***Hospital Bed Days:*** One participant spent 273 days in the hospital.

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>

Previous Abbreviated Item	Revised FY25 Abbreviated Item
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.