

HOPE HAVEN, INC.
AGENCY MEASUREMENT AND MANAGEMENT PLAN
MANAGEMENT REPORT SUMMARY
FY 2020-21

Report by: April Metzger, LMSW, Director of Quality Improvement
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Report Period: 7-1-2020 to 6-30-2021

This report summarizes highlights identified by Hope Haven Managers and Directors in management reports written to describe their programs' outcomes. Upon request, a comprehensive report of all services/programs is available from Hope Haven's Director of Quality Improvement.

AGENCY-WIDE DATA

- Hope Haven served 863 individuals in FY'20-21. Of these individuals, 115 were under the age of 18 while 748 were 18 or older. The overall number of persons served is down 100 from FY'19-20 wherein 963 people were served. The largest program to be reduced was the SCL-Hourly and Respite program having 83 fewer person's served. This is due in part to COVID as we were not taking new referrals in any Hope Haven programs for several months after March of 2020 and then the hourly and respite programs were some of the last programs to re-open.
- A program breakout includes:
 - Employment Services: = 451 (108-MN; 343-IA)
 - Mental Health & Recovery Services=131
 - Community Living Services=471 (18 of which reside in a MN home)
 - My Day (Day Habilitation) Services=221
 - Residential Care Facility (RCF)-(Adult svc)=22
 - Intermediate Care Facility/ID (ICF/ID) Services (Children Svc)=31
 - Residential-Based Supported Community Living (Children Svc)= 32
- In FY 2021, 122 people were referred to Hope Haven. The largest groups of referrals were in the following categories: 86 for Community Living Services, and 34 for Employment Services.

Satisfaction Survey Outcomes

- Supported Persons, Family, Guardian Surveys:
 - Satisfaction Surveys were collected throughout the fiscal year, 480 responses were received. The satisfaction outcome averaged 4.5 for the agency on a 5.0 scale. This outcome is consistent with years past.
- Funder Surveys:
 - 10 surveys were returned, from the 60+ requests for responses.
 - When asked *How likely would you recommend Hope Haven to a friend or college?* 5 of the 10 gave a score as promoters of the agency, 2 were passive promoters, and 3 were detractors.
 - The question relating to Overall satisfaction with the agency scored 3.8 out of 5.0.

- 7 responses were collected for the question: *What was your overall level of satisfaction with Hope Haven's ability to access and use assistive technologies?* The outcome was of 4.1/5.0
- 10 responses were collected for the question: *What was your overall level of satisfaction with Hope Haven's ability to communicate agency issues and changes and/or service needs?* The outcome was 3.8/5.0
- **Employee Surveys:**
 - Smaller, informal surveys were collected this year getting feedback on things such as: preferred Hope Haven apparel, type of training management level staff preferred and how to obtain the information such as f/f or via video or web based trainings, as well as surveys on how staff were recognized throughout the agency and how team meetings were facilitated across departments. The goal was to empower staff choices, but also to work on gathering information so more consistent practices could be implemented agency wide and also ensure that communication was being shared consistently.
 - The Human Resource Department implemented exit interview surveys to gather feedback on reasons person's leave the agency. This is shared with managers and the administrative team on a regular basis.

Quality Improvement Outcomes

- Hope Haven completed 72 internal site audits. These reviews were broken down by location type as follows: 57 Community Living Daily, 3 Day Habilitation, 7 Community Living Hourly, and 1 Residential Care Facility (RCF). Of these reports, only 11 indicated 7 errors or more, thus meeting the outcome with a 90.4% success rate. Plans of correction were put in place for each error identified. The data gathered in these audits are reflected in the agency measurement and management statistics sheet used for each audited service. The overall number of audits was down this fiscal year due to COVID and not being able to enter homes.
- Incident reports are reviewed by each manager, the program's Director, the Director of Service Planning and the Director of Quality Improvement. For children services Incident Reports are reviewed in the same way with the exception of the Director of Service Planning. The client's team is notified of any major incident. When deemed necessary by the program manager or service coordinator, debriefing meetings are held with the client and/or client's team involved in the incident. Annually, the Director of Quality Improvement summarizes the # of incidents for the agency's annual report as it relates to each program and agency-wide. This year there were a total of 2067 minor incidents (falls, med errors, accidental injuries) and 887 major incidents of which 238 required reporting to the external team (MCO or IME) due to being a major-critical incident.
- Each year an agency training calendar is developed. The calendar contains the required training planned in each department/service area for the coming year. A process was implemented in FY '20-21 to track these trainings to ensure they were being completed as necessary.
- The Director of Quality Improvement has developed reporting tools for information on documentation accuracy, emergency drill issues, home safety needs, Personnel File Record completion, vehicle inspections and HCBS quality control inspection data. These are tracked and reported regularly to management teams and the safety committee members.
- The Service Coordination team has developed a tracking system to monitor client file completion so each file is reviewed annually.

Person Centered Services:

- Person-Centered principles guide the service planning process, policies and procedures are developed to direct staff in this way. Service Coordinators meet at least once a month as a team to stay abreast of local, state and national information, to brainstorm program planning ideas, and to review agency updates and changes.
- Resident meetings were held regularly in the various groups and congregate living settings. During this fiscal year, resident meetings occurred in 50 Adult waiver and Hab homes, and in 2 RCF's at least monthly. The minutes show discussion and decisions made regarding domestic necessities, safety issues, sharing chores, welcoming new residents, expectations for interactions, reviewing rights and grievance procedures, choosing food and social activities. Since March, many of the meetings included topics such as staying safe and healthy during the COVID pandemic, hand washing, hygiene, social distancing, and staying connected with family and friends during this time. Some use this meeting time for devotions as well.
- Adolescent RB-SCL homes hold "groups" daily, and staff team meetings weekly. Minutes of team meetings regularly show client requests and staff responses relative to room assignments, chores, level movement, and social outings.
- The Achievement Center (Worthington) holds weekly meetings with staff and client employees. Information is shared at these meetings pertaining to work schedules, customer production demands and expectations, upcoming special events as well as introductions to any new enrollee/employees.
- Day Hab members at each location will generally meet the third week of the month when all members provide input into activities to be scheduled each day of the month for the upcoming month.
 - During the beginning session of each day, Day Hab members refer to the monthly calendar for that days' activities and choose the activities that they desire to participate in.
 - Based on feedback and client input, revisions to the calendar are made as needed.
- Persons served choose support team members and decide where they will hold their support team meetings. Persons invited their support team members to their support team meetings.
- Support teams use strengths based assessments in the service planning process. All service plans begin with desired outcomes and preferences of the person served. Informed choice is emphasized in service planning and implementation.
- When a person is exploring living arrangements where they may receive services, visits are facilitated at the home with the residents. A proposed move is finalized only when the prospective resident and current residents are aligned.

Additional Ministry Services

- Wheelchairs manufactured and/or refurbished in 8 different workshops. Two locations were closed from the last reporting period. Throughout the year, workers logged 31,320 volunteer hours. Volunteer hours included community service completed by in-mates and court-ordered service.
- Hope Haven has 2 pastors on-staff that provide support to those served and staff through organizing agency religious retreats (see next bullet), providing regular spiritual devotional messages through emails and agency website, overseeing prayer requests, and by

providing direct support to staff or individuals supported through face-to-face engagement throughout needed situations.

- In July 2020 three events were held for youth in our service area. These events served a combined 21 children. For adults Hope Haven supports, two virtual retreats (east and west) were held in November of 2020. These events hosted a combined 166 participants. Finally, in May of 2021, two more virtual retreats (east and west) for adults were held serving 99 participants.

Communication/Networking:

- Copies of the Hope Haven Annual Report and PMS Summary Report are given to individuals supported and/or these reviewed in group settings. Additionally, these reports are available on Hope Haven's website.
- Nine thousand *Horizon* newsletters get sent out four times each year.
- Hope Haven maintains a website at www.hopehaven.org to communicate about available services, fundraising events, employment opportunities, agency outcomes, etc. Additionally, staff are able to access an employee portal that offers information on training schedules, policies and procedures, and compliance reports.
- Hope Haven utilizes social media platforms like Facebook, Instagram and LinkedIn to communicate news and updates happening within the organization.

EMPLOYMENT SERVICES

Facility Based Employment

Total Served: 45

Key Outcome: Satisfaction reports indicated a score of 4.5 out of 5 rating.

Key Stat: Of persons served 49% have an Intellectual Disability and 36% have a Mental illness.

Key Deficit: No persons in this program were transitioned to exclusive community employment.

Integrated Community Employment

Total Supported: 335

Key Outcome: The average hourly wage increased to \$10.37 from \$8.88 last fiscal year.

Key Stat: The number of integrated community employment sites increased to 245. The number of group sites reduced from 23 to 22.

Key Deficit: The average hours worked per week decreased from 16.6 hour last fiscal year to 15.8 hour this fiscal year. This was impacted in part by COVID.

Job Placement Services

Total Supported:

Key Outcome: In Iowa, the average starting wage for persons increased from 9.05 to 9.98.

Key Stat: There were 105 companies involved in the jobs obtained through this program, up from 92 last fiscal year.

Key Deficit: The percentage of persons served that obtained a job this fiscal year was 65% instead of the desired outcome of 70%.

Employment Planning Services

Total Supported: 56

Key Outcome: 84% of people completing employment planning were engaged in job placement or integrated community services within 90 days.

Key Stat: The largest age group served in this program was those between the ages of 18 and 21 (39%). The second highest group was those between the ages of 40 and 54 (23%).

Key Deficit: The number of persons receiving a readiness assessment was down from 28 to 10, this was a 64% decrease from FY '19-'20.

MY DAY (DAY HABILITATION) SERVICES

Day Habilitation(ID)

Total Supported: 192

Key Outcome: The average days to be accepted into the program was 14, meeting the outcome which was set at 30 days or less.

Key Stat: In addition to all person's supported having an ID diagnosis, many also have a dual mental health diagnosis: 14% Anxiety, 19% Depression, 10% have a dual Schizophrenia spectrum disorder.

Key Deficit: 47% of days instead of 85% of days, persons served **participated** in a volunteer or community integrated activity. This was a decrease over the previous year and we would have been on track to meet the goal if we hadn't been relegated to non-community activities due to COVID-19 restrictions.

Day Habilitation (MI)

Total Supported: 29

Key Outcome: Program Satisfaction was reported at 5.0 out of a 5.0 possible rating.

Key Stat: At least 34% of persons supported had a dual Intellectual Disability diagnosis.

Key Deficit: The goal was for people supported to be in the community for program time at least 80% of the time. This fiscal year the percentage was measured at 38%. This was largely due to COVID related restrictions.

COMMUNITY LIVING SERVICES

Residential-Based Supported Community Living

Total Supported: 32

Key Outcome: Expenses were 89% of income.

Key Stat: The average days from acceptance to enrollment was 47.

Key Deficit: The employee retention rate was 61%.

RCF/ID Group Homes

Total Supported: 22

Key Outcome: RCF occupancy rates remained high at 95%.

Key Stat: 64% of those served (22 people) fall into the age category of 40-65.

Key Deficit: The employee retention rate goal was 80%, this was met at 66%.

Daily SCL / HAB Homes

Total Served: 188

Key Outcome: The Access to service outcome of having new referrals served within 60 days was met with the average days between acceptance and admission being 20 days.

Key Stat: Eight of the 48 homes have overnight supports provided through remote technology.

Key Deficit: The employee retention rate goal set at 80% was met at only 66%.

Supported Community Living / Hourly & Respite

Total Supported: Unduplicated-265, SCL-Hourly-205, Respite Individual-83, Respite Group-48

Key Outcome: The access to service goal set at persons being served within 60 days was met at an outcome rate of 43 days.

Key Stat: The Intellectual Disability Waiver funds 52% of those served, followed by Habilitation funding at 28%, The Brain Injury Waiver pays for 7% of services.

Key Deficit: The expenses to income ratio was 112%.

Minnesota Services

Total Supported: 18

Key Outcome: The employee retention rate goal set at 80% was met at 80%.

Key Stat: Five of the 18 people supported are 65 or older.

Key Deficit: The expenses to income ratio was 101% instead of the desired 97%.

ICF/ID

Total Supported: 31

Key Outcome: Satisfaction Scores indicated an average score of 4.4 out of 5 for those surveyed.

Key Stat: 32% of the children served are of an ethnic minority status. This is the highest percentage in the agency.

Key Deficit: Due to COVID restrictions, the percentage of community engagement dropped to 1%.

MENTAL HEALTH & RECOVERY SERVICES

Intensive Psychiatric Rehabilitation

Total Supported: 57

Key Outcome: Forty-four percent of the people working on a living goal are living in a less restrictive environment than they were at the beginning of services.

Key Stat: Twelve percent of people served have an ethnic minority status.

Key Deficit: Twenty-eight percent, instead of the desired 30% of people, increased their employment status since enrolling into the program.

Peer Support

Total Supported: 74

Key Outcome: This program met its access to service outcome of enrolling people within 30 days of acceptance with an outcome of 18 days.

Key Stat: 74% of person's supported have a GED, high school diploma, or higher education level.

Key Deficit: Expenses were 121% of income.