

**HOPE HAVEN, INC.**  
**PERFORMANCE MEASUREMENT SYSTEM**  
**MANAGEMENT REPORT SUMMARY**  
*FY 2020*

*Report by:* April Metzger, LMSW, Director of Quality Improvement  
*Date:* August 2020  
*Report Period:* 7-1-2019 to 6-30-2020

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 963 individuals in FY'20. Of these individuals, 147 were under the age of 18 while 816 were 18 or older. This breaks down to a 15% to 85% split. The overall number of persons served is down approximately 41% from FY'19 wherein 1626 people were served. This is due in large part to the closing of our Therapy program in June 2019. In FY '19, persons supported in the mental health program numbered 714 while in FY'20 that number was only 139.
- A program breakout includes:
  - Employment Services: = 499
  - Mental Health & Recovery Services=139
  - Community Living Services=563 (19 of which reside in a MN home)
  - My Day (Day Habilitation) Services=218
  - Residential Care Facility (RCF)-(Adult svc)=25
  - Intermediate Care Facility/ID (ICF/ID) Services (Children Svc)=34
  - Residential-Based Supported Community Living (Children Svc)= 30
- In FY 2020, 155 people were referred to Hope Haven. The largest groups of referrals were in the following categories: 81 for Community Living Services, and 67 for Employment Services.

**Satisfaction Survey Outcomes**

- Supported Persons, Family, Guardian Surveys:
  - Five hundred and three surveys were collected. They continue to illustrate a strong level of satisfaction with the overall average being 4.5 on a 5.0 scale.
  - Positive Comments included:
    - *The process was easy and explained and executed well.*
    - *'Client' is very satisfied with his life at Hope Haven.*
    - *We are happy with the care.*
    - *Job Coaching is wonderful! We like his communication.*
    - *It is a good experience and living situation. We appreciate his team that works with him.*
- Funder Surveys:
  - Only 10 surveys were returned, from the 60+ requests sent out.
  - The overall satisfaction rating was 4.0 out of 5.0.
  - Three people indicate the website was satisfactory (4.3 average)

- 5 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 3.6/5.0
- 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 3.5/5.0
- 3 people responded to a question around recommending Hope Haven to others, this outcome was 7.8/10.
- **Employee Surveys:**
  - 317 Surveys were collected, 139 of which were received from persons working at the agency between 1 and 5 year, 50 less than a year, 57 between 6 and 10 years, and 71 from persons working here 11+ years. Nearly 55% were from persons working in the role of Direct Support Professional (DSP).
  - The # 1 answer when asked to rate the reason people like their job was because they like to be with the people they support.
  - 79% of staff indicated they strongly agreed or agreed to the question: *I am satisfied with my current employment.*
  - 75% of staff indicated that they strongly agree or agree to the question: *I feel my coworkers have respect for each other.*
  - 68% indicated that they strongly agree or agreed that the agency lives by its organizational values.
  - 67% strongly agreed or agreed that the agency is dedicated to diversity and inclusiveness.

### **Quality Improvement Outcomes**

- Hope Haven completed 116 internal site audits. These reviews were broken down by location type as follows: 84 Community Living Daily, 6 Day Habilitation, 17 Community Living Hourly, and 7 Residential Care Facility (RCF). Of these 116 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 PMS statistics sheet used in the management reports of the services that were audited.
- Incidents reports are reviewed by each manager, the program's Director, the Director of Service Planning (with the exception of RBSCL and ICF Services), and the Director of Quality Improvement. Service Coordinators are also notified of any major incidents for review. 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.
- Each year an agency training calendar is developed. The calendar contains the required training planned in each department/service area for the coming year.

### **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 manufacture and/or refurbish in 10 different workshops. Throughout the year, workers logged 38,984 volunteer hours. Volunteer hours included community service completed by in-mates and court-ordered service.
- From July 2019 to June 2020, three events were held for the youth in our service area during the summer months, and three for adults that we serve—all three in the fall of 2019. Hope Haven canceled the three adult spiritual retreats scheduled for the spring of 2020 because of COVID 19.

### **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](http://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.

## **EMPLOYMENT SERVICES**

### **Facility Based Employment**

Total Served: 57

*Key Outcome:* 42% of clients receiving employee development services are engaged in integrated community employment.

*Key Stat:* ID to MI percentages were 47% and 40% respectively.

*Key Deficit:* All outcomes reached.

### **Employee Development Services**

Total Supported: 36

*Key Outcome:* 56% of clients receiving employee development services are engaged in integrated community employment.

*Key Stat:* 65% of people supported through Employee Development Services hold a mental health illness diagnosis compared to 31% with an ID diagnosis.

*Key Deficit:* 56% of persons in this program engaged in Integrated Employment within 12 months, where the desired outcome was 75%.

Note: This is the last time we will track Employment Development Services.

### **Integrated Community Employment**

Total Supported: 374

*Key Outcome:* The average hours worked per week increased to 18.14 hours from 16.6 last FY.

*Key Stat:* The average hourly wage increased from \$8.88 to \$10.15.

*Key Deficit:* All outcomes were met, but an increase in the overall number of Satisfaction Surveys collected will be accessed to increase these numbers next fiscal year.

### **Job Placement Services**

Total Supported: 219

*Key Outcome:* The average starting wage increased from \$8.88 in FY'19 to \$9.05 this fiscal year.

*Key Stat:* The average # of hours worked per week was 17.7.

*Key Deficit:* All performance indicators were met.

### **Employment Planning Services**

Total Supported: 73

*Key Outcome:* 94% of EPS completers who moved into job placement services or directly into community employment following EPS, did so within 90 days.

*Key Stat:* Dickinson, Clay and Sioux were the top 3 counties served at 26%, 22% and 19%, respectively.

*Key Deficit:* There were a low # satisfaction surveys collected to evaluate the program's level of satisfaction by those supported.

## **MY DAY (DAY HABILITATION) SERVICES**

### **Day Habilitation (ID)**

Total Supported: 196

*Key Outcome:* Retention rate for employees was 85%.

*Key Stat:* 86% of new persons served received their first date of service within 60 days.

*Key Deficit:* 67% of days, person served participated in a volunteer or community integrated activity. Impacted largely by COVID.

### **Day Habilitation (MI)**

Total Supported: 22

*Key Outcome:* 100% of persons supported were hospital free due to a mental health reason.

*Key Stat:* 59% of persons supported have a diagnosis in the schizophrenia spectrum.

*Key Deficit:* Access to services within 30 days from referral was met at 20%.

## **COMMUNITY LIVING SERVICES**

### **Residential-Based Supported Community Living**

Total Supported: 30

*Key Outcome:* Expenses were 91% of income.

*Key Stat:* 80% are diagnosed with a mental health disability and 90% have an ID diagnosis. So many are dually diagnosed.

*Key Deficit:* The employee retention rate was 61%.

### **RCF/ID Group Homes**

Total Supported: 25

*Key Outcome:* The occupancy rate of homes was 96%, meeting the 95% outcome measure.

*Key Stat:* Employee retention rate was 72%, the goal was 75%.

*Key Deficit:* Expenses were 116% of the income generated.

### **Daily SCL / HAB Homes**

Total Served: 212

*Key Outcome:* Expenses were 95% of income.

*Key Stat:* 94% of persons starting services were started within 60 days of acceptance.

*Key Deficit:* Only 62% of employees were retained for 2 years or more.

### **Supported Community Living / Hourly & Respite**

Total Supported: Unduplicated-348, SCL-Hourly-277, Respite Individual-114, Respite Group-67

*Key Outcome:* Medication error rates were reduced by 62%.

*Key Stat:* 62% of the persons supported at done so with ID Waiver funding

*Key Deficit:* Expenses were 129% of our income

### **Minnesota Services**

Total Supported: 19

*Key Outcome:* 92% retention rate for all MN SLS employees.

*Key Stat:* Program is 100% occupied.

*Key Deficit:* Expenses were 104% of income.

### **ICF/ID**

Total Supported: 34

*Key Outcome:* Occupancy rate was 97% at the time of this review.

*Key Stat:* 94% clients with diagnosis of speech/language impairment

*Key Deficit:* Not enough satisfaction surveys were collected to determine the actual level of satisfaction.

## **MENTAL HEALTH & RECOVERY SERVICES**

### **Intensive Psychiatric Rehabilitation**

Total Supported: 62

*Key Outcome:* 92% of persons were hospital free for at least 6 months during services.

*Key Stat:* 100% of persons supported maintained or increased their residential status when compared to their status upon enrollment.

*Key Deficit:* Expenses were 170% above income.

### **Peer Support**

Total Supported: 77

*Key Outcome:* 91% of the people supported were hospital free due to mental health issues.

*Key Stat:* 77 people were served by Peer Support services.

*Key Deficit:* Expenses were 147% above Income