

**HOPE HAVEN, INC.**  
**AGENCY MEASUREMENT AND MANAGEMENT PLAN**  
**FY 2021-22**

*Report by: April Metzger, LMSW, Director of Quality Improvement*  
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*Report Period: 7-1-2021 to 6-30-2022*

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 865 individuals in FY'21-22. Of these individuals, 93 were under the age of 18 while 720 were aged 18-64, and 52 were over the age of 65. The youngest age served was 6 and the oldest person served was 77. Last fiscal year the agency served 863, so the numbers are very consistent. The number of people served in Iowa and Minnesota was 700 and 165, respectively. Of those served, 67% have a mental health diagnosis while 46% have an ID diagnosis. One-hundred-four have an Autism spectrum diagnosis.
- Hope Haven continues to serve a very homogenous population with 90% of the people falling into the White/Caucasian population.
- A program breakout includes:
  - ⌘ Employment Services: = 464 (149-MN; 315-IA)
  - ⌘ Mental Health & Recovery Services=101
    - KTS=60
    - Peer Support=58
  - ⌘ My Day (Day Habilitation) Services=218
  - ⌘ IA Community Living Services (Daily)=210
  - ⌘ IA Supported Community Living (Hourly, & Respite) =297
  - ⌘ MN Community Living Services =18
  - ⌘ Residential Care Facility (RCF)- (Adult Svc.) =21
  - ⌘ Intermediate Care Facility/ID (ICF/ID) Services (Children Svc.) =25
  - ⌘ Residential-Based Supported Community Living (Children Svc.) = 24
- In this fiscal year, 105 people were referred to Hope Haven. The largest groups of referrals were in the following categories: 87 for Community Living Services (30 SCL daily referrals, 35 SCL hourly referrals, 22 respite referrals), and 19 for Employment Services (9 IPS and 10 My Choice). Hope Haven determined 18 referrals ineligible for services in FY 2021. Six people had found placement with another agency.

**Satisfaction Survey Outcomes**

- Supported Persons, Family, Guardian Surveys:  
Satisfaction Surveys were collected throughout the fiscal year, 38ja0 responses were received. The satisfaction outcome averaged 4.3 for the agency on a 5.0 scale. Guardians Average was 4. and Person's Supported was 4.4
- Stakeholder Surveys:
  - ⌘ 10 Stakeholder surveys were returned of the over 60 requests sent out. Four of the ten respondents rated their overall satisfaction with Hope Haven at *Almost Always*, while 3 gave an *Always satisfied* rating. Three rated the overall satisfaction as *Somewhat Satisfied*.

- Employee Surveys:
  - ⌘ Exit surveys continue to be utilized by the HR department to evaluate reasons individuals exit the agency. These are shared and reviewed by the administrative team on a regular basis.
  - ⌘ Employee surveys were collected in April 2022 to review the amount of support felt from their supervisors and overall support to do their job. See Quality Improvement Plan Summary for results.

### **Quality Improvement Outcomes**

- Hope Haven completed 49 internal site audits. These reviews were broken down as follows: 43 Daily, 3 Day Hab., 2 Hourly, and 1 RCF. Of these reports 10 indicated 7 errors or more, all falling within the health and safety category. This outcome was met at 79.5%. The following indicates each area's success rate with 7 errors or less:
  - Residential:
    - HCBS (Home and Community Based Services) Settings: 46/46 (100%)
      - Health and Safety: 36/46 (78%)
      - Financial Records: 40/42 (95%)
      - Privacy: 46/46 (100%)
      - Rights and Dignity (9 Measures): 46/46 (100%)
  - Non-Residential: (Day Hab)
    - HCBS Settings: 3/3 (100%) Health and Safety: 3/3 (100%)
    - Privacy: 3/3 (100%) Rights and Dignity: 3/3 (100%)
- Incident reports for adult services 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 except for the Director of Service Planning is not part of the review process. 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 people served and/or their team involved in the incident. Monthly, the Director of Quality Improvement summarizes the # of incidents for the agency by person supported and sends that report to managers for review. As trends or issues are noted, follow-up occurs. Managers complete a tracking and trending written report semi-annually. In FY 21-22, there were a total of 2585 incidents, 1841 minor, 523 Major Non-Critical, and 221 Major Critical reports. Major-Critical reports need to be sent outside the agency to funders.
- Medication errors are tracked and trended as well by our Health Care staff. This FY the error rate was 1.7%, meeting our outcome of not wanting it to go over 2.0%.
- An agency training calendar is developed each year. The calendar contains the required training planned in each department/service area for the coming year.
- The Director of Quality Improvement tracks and trends data from emergency drills, documentation tracking, and safety drills through data submitted by DSP staff and managers. The safety needs are reviewed monthly at the safety meeting. Documentation error rates were 6.0%, this is slightly above the desired 5% outcome. We anticipate a marked improvement in documentation rates because of rules changes taking place in September 2022.

## **Quality Improvement Outcomes Continued**

- The Service Coordination team has developed a tracking system to monitor client file completion, so each file is reviewed annually. This rate of success was met this past year with the addition of these processes.
- One area Hope Haven needs to show improvement is in the completion of orientation and annual employee paperwork. This is being addressed through HR and through Management to work on improving these numbers.

## **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. These meetings are used to discuss house issues, plan activities, and review any information the residents have for their staff.
- Adolescent RB-SCL homes hold "groups" daily, and staff team meetings weekly.
- The Achievement Center (Worthington) holds monthly Hope Haven employee meetings and then quarterly meetings with people with support and staff. Information is shared at these meetings pertaining to work schedules, customer production demands and expectations, upcoming events, as well as introductions to any new enrollee/employees.
- Day Hab members at each location meet each month during which 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.
- The people served choose support team members and decide where they will hold their support team meetings. People 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. Hope Haven had wheelchair 1 distribution trip in Cuba, and 2 in Costa Rica. We also sent a load to the Philippines and supported 2 other trips with another wheelchair distributor.
- 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.
- From July 2021 to June 2022, we held a total of eleven events. Youth events attracted 31 youth; adult events attracted 229 adults in twelve month.

## **Communication/Networking:**

- Copies of the Hope Haven Annual Report and the Agency Measurement and Management Plan (AMMP) are given to individuals supported and/or reviewed in group settings. Additionally, these reports are available on Hope Haven's website.
- Seven thousand *Horizon* newsletters get sent out four times each year.
- Hope Haven's website at [www.hopehaven.org](http://www.hopehaven.org) communicates about available services, fundraising events, employment opportunities, agency outcomes, etc. Hope Haven employees have access to an employee portal that offers information on training schedules, policies and procedures, and compliance reports.
- Hope Haven utilizes social media platforms such as Facebook, Instagram, and LinkedIn to communicate news and updates happening within the organization.
- Hope Haven uses its email system, HR software, and EHR to communicate internal messages to employees.

## **EMPLOYMENT SERVICES**

### **Facility Based Employment**

Total Served: 51

- ✓ *Key Outcome:* 85% of people in this program spent time in paid work.
- ✓ *Key Stat:* 71% of the people in this program are 40 years old or older. Six are 65 or more.
- ✓ *Key Deficit:* Only 1 person in this program transitioned to working exclusively in the community.

### **Integrated Community Employment**

Total Supported: 343

- ✓ *Key Outcome:* The average hourly wage increased to \$10.55 from \$10.37 last fiscal year.
- ✓ *Key Stat:* The number of integrated community employment sites increased to 323. The number of group sites also increased from 22 to 24.
- ✓ *Key Deficit:* The average hours worked per week decreased for a second year, going down to 14.6 hours/week from 15.8 and 16.6, respectively.

### **Job Placement Services**

Total Supported: 163

- ✓ *Key Outcome:* 104 people in this program were able to find a job during this fiscal year.
- ✓ *Key Stat:* 85 companies are involved in the hiring of people supported.
- ✓ *Key Deficit:* The average wage for those working in Iowa decreased from \$9.98 to \$9.60.

### **Employment Planning Services**

Total Supported: 24

- ✓ *Key Outcome:* 83% of people completing employment planning were engaged in job placement or integrated community services within 90 days.
- ✓ *Key Stat:* 71% of those supported either attend or graduated from Special Education.
- ✓ *Key Deficit:* The total # of people supported through this program reduced 56% from the previous fiscal year. There is a steady decline in this type of service provision.

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

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

Total Supported: 190

- ✓ *Key Outcome:* Staff retention rates were 93%. This helps ensure consistent care and improves overall program function.
- ✓ *Key Stat:* 62% of people served in this program have a dual mental health diagnosis.
- ✓ *Key Deficit:* The goal is to have 80% of service time spent in the community, this was achieved at 45%. Although this is a deficit, it is markedly better than FY 20-21 wherein the result was 13%.

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

Total Supported: 28

- ✓ *Key Outcome:* 85% of the days this program was provided included at least 1 participant doing a volunteer or community activity.
- ✓ *Key Stat:* The primary diagnosis of those served falls within the Schizophrenia spectrum, making up 54%. Approximately, 40% have a dual Intellectual diagnosis.
- ✓ *Key Deficit:* The average number of days to enroll in the program exceeded 30 days threshold, coming in instead at 42 days.

## **COMMUNITY LIVING SERVICES**

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

Total Supported: 24

- ✓ *Key Outcome:* Expenses were 96% of income.
- ✓ *Key Stat:* 18 of the 24 people served are male.
- ✓ *Key Deficit:* The employee retention rate was 36%, a marked reduction from last year's 62% and well below the desired outcome of 75%.

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

Total Supported: 21

- ✓ *Key Outcome:* Expenses to income improved to 96%. This is a marked improvement from the 123% the last fiscal year.
- ✓ *Key Stat:* 57% of people supported are 50 years old and older.
- ✓ *Key Deficit:* The employee retention rate goal was 80%, this was met at 65%.

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

Total Served: 210

- ✓ *Key Outcome:* Satisfaction ratings remain high with a 4.3 average score.
- ✓ *Key Stat:* 70% of people served in this program are funded through the ID waiver.
- ✓ *Key Deficit:* Medication errors, largely due to staff not documenting accurately, were at 4% with a desired outcome of 2% or less.

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

Total Supported: Unduplicated-297, SCL-Hourly-244, Respite Individual-72, Respite Group-42

- ✓ *Key Outcome:* Individuals are started in services on an average of 27 days after acceptance.
- ✓ *Key Stat:* 74% of people served have a mental health diagnosis and 55% have an intellectual diagnosis.
- ✓ *Key Deficit:* Expenses to income was at 137%.

### **Minnesota Services**

Total Supported: 18

- ✓ *Key Outcome:* The number of individuals served remains consistent with occupancy expectations being met.
- ✓ *Key Stat:* All 18 of the people served have an intellectual disability and 8 of the 18 are 50 or older.
- ✓ *Key Deficit:* The expenses to income ratio was 109% instead of the desired 97%.

### **ICF/ID**

Total Supported: 25

- ✓ *Key Outcome:* Due to staffing patterns, the number of people served was put on a hold, resulting in occupancy being at 78%.
- ✓ *Key Stat:* This location is one of the most ethnically diverse, with 40% of the children served at this location being in the ethnic minority category.
- ✓ *Key Deficit:* The number of opportunities for integrated community activities remains below the desired reporting is at 7%. Instead of the desired 15%.

### **MENTAL HEALTH & RECOVERY SERVICES**

#### **Intensive Psychiatric Rehabilitation**

Total Supported: 60

- ✓ *Key Outcome:* The percentage of people in vocational, educational, and social environments exceeded the 30% outcome expectation to maintain or increase the level of support needed or interaction amount reported at time of enrollment.
- ✓ *Key Stat:* 19 new individuals were served in this program.
- ✓ *Key Deficit:* The outcome was met at 20% instead of the desired 30% for people participating in the living environment to require less support than what was present at the time of their enrollment.

#### **Peer Support**

Total Supported: 58

- ✓ *Key Outcome:* Satisfaction surveys by those served show an elevated level of satisfaction with the services provided, with a 4.5 out of 5.0 average.
- ✓ *Key Stat:* 29% of people served have a dual ID diagnosis along with their MI diagnosis.
- ✓ *Key Deficit:* Expenses were 147% of income.