

HOPE HAVEN, INC.
AGENCY MEASUREMENT AND MANAGEMENT PLAN
FY 2023

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Report Period: 7-1-2022 to 6-30-2023

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 877 individuals in FY'23 compared to 865 in FY'22. Of these individuals, 94 were under the age of 18 while 726 were aged 18-64, and 57 were over the age of 65. The youngest age served was 6 and the oldest person served was 78. The number of Iowa members was 689 while Minnesota supported 187. Of those served, 68% have a mental health diagnosis while 52% have an ID diagnosis. The number of people with a diagnosis of Autism represented 15% which is up from 12% last year. Approximately 22% had some type of medical condition.
- € Hope Haven continues to serve a very homogenous population with 89% of the people falling into the White/Caucasian population.
- € A program breakout includes:
 - ⊘ Employment Services: = 459 (142-MN; 317-IA)
 - ⊘ Mental Health & Recovery Services=100
 - KTS=52
 - Peer Support=64
 - ⊘ My Day (Day Habilitation) Services=216
 - ⊘ IA Community Living Services (Daily)=193
 - ⊘ IA Supported Community Living (Hourly, & Respite) =308
 - ⊘ MN Community Living Services =17
 - ⊘ Residential Care Facility (RCF)- (Adult Svc.) =13
 - ⊘ Intermediate Care Facility/ID (ICF/ID) Services (Children Svc.) =22
 - ⊘ Residential-Based Supported Community Living (Children Svc.) = 21

Referral Summary

In FY 2023, 153 people were referred to Hope Haven. The largest groups of referrals were in the following categories: 103 for Community Living Services (43 SCL hourly referrals, 40 Daily SCL referrals, 22 respite referrals, 18 Hourly HAB referrals), and for Employment Services (8 IPS and 10 My Choice). Hope Haven determined we could not meet the needs of 60 of the 153 referrals due to the level of care and the availability of resources.

Satisfaction Survey Outcomes

- € Supported Persons, Family, Guardian Surveys:
The number of Satisfaction Surveys collected was 343. The satisfaction outcome averaged 4.1 for the agency on a 5.0 scale. Both guardians and members averages were 4.1. Our largest department, Supported Community Living-Daily Sites averaged 4.0

- € 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.

Quality Improvement Outcomes

- We meet 6 of the 8 HCBS established outcomes. These included our outcomes relating to incident reports, medication error rates, HCBS settings, member file records maintenance, grievances, and satisfaction. We didn't meet expectations in overall documentation error rates and personnel orientation training record maintenance.
- We continue to appear strong in meeting the settings rules established by the state and federal entities. We reviewed 51 unique sites this past year, by doing 114 different reviews. These established outcomes that showed us meeting the HSCB settings expectations 98% of the time, the Health and Safety expectations 80% of the time, financial expectations, 67% of the time, Privacy expectations at 100%, and rights and dignity expectations at 99%.
- Medication errors are tracked and trended as well by our Health Care staff. This FY the error rate was 0.21%, meeting our outcome of not wanting it to go over 2.0%.
- The agency is working to implement a new EHR that will hopefully assist with documentation and improve on medication administration record keeping.
- Incident Reports are reviewed monthly by management teams to review for any trends or needs that may have not already been clear to the teams.
- The Manager of Quality Improvement is consistently working with billing to maintain accurate records and ensure payments are received consistently and accurately. As well this staff member does QI checks in the home upon request as well as part of our annual reviews. This is instrumental in capturing areas we need to improve upon as well as highlighting things staff are doing well.
- 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. In the past fiscal year, 89% of emergency drills were completed without a noted concern. Of these reported concerns, the majority related to individuals needing support from staff to access safety in the case of a true emergency.
- The Quality Improvement Plan includes remediation steps to improve upon the 2 areas that didn't meet outcomes which includes documentation error rates that were 8% instead of the desired 5% and the personnel training and orientation tracking success rates.

Person Centered Services:

1. Person-Centered principles guide the service planning process.
2. It is the decision of the person supported as to who is on the Support team and where the support team meetings occur. Persons supported invite their support team members to their support team meetings.
3. Support teams use strengths-based assessments, begin with the desired outcomes and preferences of the person served, and emphasize informed choice making.

Additional Ministry Services

- Wheelchairs manufactured and/or refurbished in 7 different workshops. Hope Haven had 2 wheelchair distribution trips in Vietnam and 2 in Costa Rica. We assisted on distributions in Philippines, Mexico, Kenya and the Pine Ridge Reservation with trusted partners. Wheelchairs were sent for future distributions in Cuba and Ethiopia. We sent close to 4400 wheelchairs in total.

- 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 2022 to June 2023, we held a total of nine events. Youth events attracted 43 youth; adult events attracted 214 adults in twelve months.

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.
- Around 6500 *Horizon* newsletters are sent out four times each year.
- Hope Haven's website at 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: 49

- ✓ *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: 360

- ✓ *Key Outcome:* The average hourly wage increased to \$11.21 from \$10.55 last fiscal year.
- ✓ *Key Stat:* The number of integrated community employment sites was 301. This is a decrease of 22 sites reported last fiscal year. The number of group sites remained at 24.
- ✓ *Key Deficit:* At 3.9 the satisfaction survey average dropped just below the desired 4.0 score.

Job Placement Services

Total Supported: 194

- ✓ *Key Outcome:* 77% of people (or 150) obtained a job during this fiscal year.
- ✓ *Key Stat:* 86 different companies are involved in the hiring of people supported.
- ✓ *Key Deficit:* The number of people on the hiring employer's payroll at time of placement reduced to 118 from 137 the previous fiscal year.

Employment Planning Services

Total Supported: 27

- ✓ *Key Outcome:* 85% of people completing employment planning were engaged in job placement or integrated community services within 90 days.
- ✓ *Key Stat:* Male to female percentages is 30 and 70 percent, respectively.
- ✓ *Key Deficit:* The number of worksite readiness assessments reduced 38% this fiscal year. The desired outcome was to have a 10% increase.

MY DAY (DAY HABILITATION) SERVICES

Day Habilitation (ID)

Total Supported: 193

- ✓ *Key Outcome:* Expenses for this program were met at 94%, this is better than the desired 97%.
- ✓ *Key Stat:* Satisfaction Surveys indicated a 4.1 on 5.0 scale for satisfaction.
- ✓ *Key Deficit:* The goal is to have 80% of the individuals in this program have a meaningful community connection in at least 80% of service days. This was met at 41%.

Day Habilitation (MI)

Total Supported: 23

- ✓ *Key Outcome:* 95% of members met their objectives at least 65% of the months in the program.
- ✓ *Key Stat:* 96% of persons supported remained free of any mental health hospitalization.
- ✓ *Key Deficit:* The goal is to have 80% of the individuals in this program have a meaningful community connection in at least 80% of service days. This was met at 65%.
- ✓

COMMUNITY LIVING SERVICES

Residential-Based Supported Community Living

Total Supported: 21

- ✓ *Key Outcome:* 100% of the newly enrolled individuals had contact with their family within the first 60 days of enrollment.
- ✓ *Key Stat:* Satisfaction result was 4.2 on a 5.0 scale.
- ✓ *Key Deficit:* Expenses were 109% of the budget.

RCF/ID Group Homes

Total Supported: 13

- ✓ *Key Outcome:* The RCF was 100% occupied.
- ✓ *Key Stat:* 100% of the individuals supported are men.
- ✓ *Key Deficit:* The employee retention rate goal was 80%, this was met at 57%.

Daily SCL / HAB Homes

Total Served: 193

- ✓ *Key Outcome:* Expense to income percentage was met at 93%, surpassing the 97% goal.
- ✓ *Key Stat:* 72% of people served in this program are funded through the ID waiver.
- ✓ *Key Deficit:* Employee retention percentage was 68%, when the goal is 80%.

Supported Community Living / Hourly & Respite

Total Supported: SCL-Hourly-269, Respite Individual-74, Respite Group-42

Unduplicated: 308

- ✓ *Key Outcome:* Individuals are started in services on an average of 23 days after acceptance.
- ✓ *Key Stat:* 49% of individuals have an ID diagnosis and 64% have a mental health diagnosis.
- ✓ *Key Deficit:* Expenses to income was at 132% for Hourly and 99% for Respite.

Minnesota Services

Total Supported: 17

- ✓ *Key Outcome:* 87% of employees were retained for 2 or more years.
- ✓ *Key Stat:* The average satisfaction score was 4.1 on a 5.0 scale.
- ✓ *Key Deficit:* The expenses to income ratio was 119% instead of the desired 97%.

ICF/ID

Total Supported: 22

- ✓ Key Outcome: Community Engagement events were met at a 19% rate, which is above the desired goal of 15%.
- ✓ Key Stat: 41% of the children at this location are between the ages of 11 and 14. 73% are male.
- ✓ Key Deficit: Expenses are 133% above income. This program will be closed by the end of 2023.

MENTAL HEALTH & RECOVERY SERVICES

Unduplicated count in mental health services:100

Intensive Psychiatric Rehabilitation

Total Supported: 52

- ✓ *Key Outcome:* The percentage of people in vocational, 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. 55% and 30% respectively.
- ✓ *Key Stat:* 23% of people served have a dual Intellectual Disability and Mental Health Diagnosis.
- ✓ *Key Deficit:* The outcome was met at 10% 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: 64

- ✓ Key Outcome: 95% of the members in this program remain hospital free this fiscal year.
- ✓ Key Stat: Satisfaction Survey's note a high level of satisfaction with a 4.3 out of 5.0.
- ✓ Key Deficit: Expenses were 175% of income.