##### ADAPT, Inc.

##### OUTCOME DATA: FISCAL YEAR 2022/23

#### OUTCOME GOALS: FISCAL YEAR 2023/24

The Outcomes reporting process is designed to assist staff members, management, and the Board of Directors in evaluating the results of our services to consumers and planning for continued quality improvement. The information is intended to be shared with consumers and stakeholders with the primary purpose of eliciting feedback. ADAPT’s Quality Improvement Plan follows this report to demonstrate the agency’s strategy for using the information gathered and making improvements. ADAPT’s Outcome Report summarizes the results of the outcome goals established for Fiscal Year (FY) 2022/23 and establishes targets for FY 2023/24. The format of the report includes a brief explanation of the indicator, the evaluation strategies used to obtain the data, the results for each indicator, and an analysis of the data collected. *Attachment A* is included at the end of this report, which provides a detailed description of each indicator.

ADAPT’s evaluation system serves as a means of monitoring and measuring program outcomes in three critical areas. Those areas and the program goals are listed below:

1. **Consumer Satisfaction**.

 Goal 1**:** Consumers and stakeholders will be highly satisfied with Adapt programs.

1. **Program effectiveness (Quality of Life measures)**

Goal 1**:** Provide a safe and healthy program environment.

 Goal 2: Increase consumers’ level of choice.

 Goal 3: Increase community integration.

 Goal 4:Consumers will progress to work.

 Goal 5: Increase consumer income.

1. **Program efficiency (Quality of Service measures)**

###  Goal 1: Provide timely access to services.

 Goal 2: Maximize program cost effectiveness.

 Goal 3: Meet or exceed program standards.

 Goal 4: Maintain quality staff.

The following programs are evaluated and included in the Outcomes Report:

|  |  |
| --- | --- |
| Community Living Supports (CLS - St. Joseph)Residential Services (St. Joseph)Residential Services (Branch)Community Living Supports (CLS - Branch) | Outlook Clubhouse (Branch)Sheltered Employment (Branch)Employment Resources (Branch)In-Home Supports (both counties) |

##### *RELIABILITY, VALIDITY, COMPLETENESS & ACCURACY OF DATA*

This section addresses the reliability, validity, completeness, and accuracy of the indicators chosen and data used by Adapt to measure consumer/stakeholder satisfaction with services, and the effectiveness and efficiency of services. Adapt uses a direct approach with its evaluation and planning tools.

*Reliability* of the evaluation process is sought through the implementation of the Outcomes Management Policy and Procedure, which calls for a staff member who does not provide services directly to assist consumers with the completion of their program survey whenever possible. In some cases, a staff member who knows the consumer well is the appropriate person to assist the consumer in expressing his/her opinion about Adapt. Staff members who assist consumers with the survey read the question from the survey and offer all response options prior to recording the answer. Additionally, staff members attempt to survey consumers during routine or ordinary times, avoiding conditions that will be difficult to duplicate the following year. The *inter-rater reliability* of the consumer survey will continue to be addressed through review of the proper method of administration. Regarding the stakeholder survey, every stakeholder has an annual survey mailed to them with a self-addressed and stamped return envelope. The return rate is approximately 40%. Indicators unrelated to the survey process are defined at the end of the Outcomes Report in the *Definition of Indicators* section. This section promotes consistent measurement by providing the methods used to obtain data and enables different people to measure items in the same manner every year.

Adapt ensures the *validity* of its measures, indicators, and data elements by asking questions that directly elicit the information sought throughout the evaluation process. In other words, is the Adapt administration measuring what is intended? The answer appears to be “yes.” For example, we want to know if consumers perceive Adapt staff as treating them with respect. The question used to obtain the percentage of consumers who feel they are treated with respect is “Do Adapt staff members treat you with respect?” Consumers who answer this question may choose “Yes” or “Sometimes” or “No” as an answer. This format and type of question is simple and direct, and it is representative of all consumer surveys.

Adapt ensures the *completeness* of the data used in its evaluation process by utilizing a database of consumers by program, which includes stakeholder information. Efforts are made to include all consumers and stakeholders in the evaluation process, although there are some who choose not to participate. The database is updated periodically and prior to the annual survey. Several forms and reports are used to track information regarding services, including survey results.

Adapt seeks *accuracy* in its reporting through careful collection, analysis, and reporting of data. Each program supervisor is responsible for providing the Program Evaluation Coordinator with specific information. The method for obtaining needed data is reviewed with supervisors periodically and is provided to them in written form. Data yielding unusual results are discussed with the appropriate program supervisor, and the executive director, if necessary, for accuracy in reporting. The *Definition of Indicators* section at the end of the Outcomes Report has proven helpful to staff when determining figures from year to year.

##### A. CONSUMER AND STAKEHOLDER SATISFACTION

**GOAL A-1) CONSUMERS/STAKEHOLDERS WILL BE HIGHLY SATISFIED WITH ADAPT PROGRAMS.**

ADAPT strives to maintain an elevated level of Consumer and Stakeholder satisfaction. ADAPT utilizes an annual satisfaction survey to obtain information directly from consumers, stakeholders, and staff members. Examples of *Stakeholders* include, guardians, parents/family members, caregivers, AFC providers, teachers, and professionals from funding sources (case managers, therapists, etc.).

**EVALUATION STRATEGY**

### Some survey questions pertain to ADAPT overall, and others are program specific. Surveys are collected and data tabulated. Areas in which a program yields a low score are prioritized for improvement in the coming year. The scores for the *Consumer* surveys are based on the number of responses that indicate satisfaction, mixed/neutral feelings, or dissatisfaction in a particular area divided by the total number of responses for that question. For example, if 55/60 respondents indicate they are satisfied with ADAPT in a particular area, that is a satisfaction rate of 92%. The scores for the *Stakeholder* survey are determined by a rating of 1 –5, with 5 being the most favorable response and 1 being the least favorable response, and point values being equal to the response (a score of 5 = 5 points, etc.). The number of points is tallied and divided by the number of responses for each question to determine the average response. ADAPT surveys staff members on an annual basis and the 1 – 5 rating system is utilized for scoring.

ADAPT’s Consumer Satisfaction Survey will be administered individually to consumers once a year by a staff member, and when possible, one who does not directly provide program services to the consumer (i.e., the program evaluation coordinator). The survey administrator will assist the consumer with recording answers and will explain the questions in alternate language as needed.

ADAPT’s Stakeholder Satisfaction Survey will be mailed annually to stakeholders with a self-addressed, stamped envelope to make the survey process as convenient as possible for stakeholders.

ADAPT’s Staff Survey will be administered to staff members by the program evaluation coordinator whenever possible or given to program supervisors to distribute to employees. Instructions are provided to staff on how to return the survey and maintain confidentiality.

Consumer Satisfaction Survey

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICE AREAQUESTION | ACTUAL 21/22 | TARGET22/23 | ACTUAL23/22 | TARGET 23/24 |
|  | %YES | # OfRESP | %YES | # OfRESP | %YES | # OfRESP | %YES | # OfRESP |
| A1. Overall satisfaction (individual program surveys combined except IHS) | 98% | 112 | 98% | 115 | 97% | 98 | 98% | 100 |
| A1. Overall satisfaction, CLS (Formerly Day Prog.) | 100% | 66 | 100% | 70 | 98% | 44 | 98% | 50 |
| A1. Overall satisfaction, Residential | 92% | 20 | 95% | 25 | 95% | 29 | 97% | 45 |
| A1. Overall satisfaction, Emp. Res. | 100% | 8 | 100% | 10 | 100% | 3 | 98% | 15 |
| A1. Overall satisfaction, Clubhouse | 100% | 18 | 100% | 20 | 97% | 22 | 98% | 25 |
| A2. Staff treat with respect (all programs except IHS) | 98% | 115 | 98% | 120 | 97% | 82 | 100% | 100 |
| G1. Making progress with work goals (Employment Resources) | 100% | 8 | 100% | 10 | 93% | 5 | 95% | 15 |
| G2. Making progress with personal goals (Clubhouse) | 93% | 18 | 95% | 20 | 95% | 20 | 96% | 25 |
| D2. Enjoy community activities (CLS) | 97% | 67 | 98% | 70 | 97% | 44 | 98% | 50 |
| E1 Likes community work (Emp Res.)  | 96% | 8 | 96% | 10 | 100% | 5 | 98% | 15 |
| E3 Satisfied with work hours and pay (Emp Res.) | 100% | 8 | 100% | 10 | 100% | 5 | 98% | 15 |
| R3. Home Supervisor is helpful  | 98% | 22 | 99% | 25 | 96% | 28 | 98% | 30 |
| A1. Overall satisfaction, In-Home Supports  | 100% | 33 | 100% | 40 | 95% | 22 | 97% | 30 |
| H2. Home and community activities meaningful  | 93% | 32 | 95% | 40 | 94% | 22 | 95% | 30 |
| H3. Worker treats with respect  | 100% | 33 | 100% | 40 | 98% | 22 | 100% | 30 |

**Stakeholder Satisfaction Survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SERVICE AREAQUESTION | ACTUAL 21/22 | TARGET22/23 | ACTUAL22/23 | TARGET23/24 |
|  | Result5 Point Scale | # OfResp. | Result5 Point Scale | # OfResp. | Result5 Point Scale | # OfResp. | Result5 Point Scale | # OfResp. |
| A6. Adapt, Overall satisfaction (not program specific; excludes Clubhouse and IHS)  | 4.8 | 50 | 4.8 | 65 | 4.7 | 25 | 4.8 | 50 |
| A6. Branch, Overall (excludes Club.)  | 4.9 | 21 | 4.9 | 25 | 4.7 | 24 | 4.8 | 30 |
| A6. St. Joe, Overall  | 4.9 | 29 | 4.9 | 35 | 4.6 | 30 | 4.7 | 30 |
| A6. Clubhouse, Overall satisfaction | 4.8 | 4 | 4.8 | 8 | 5.0 | 3 | 4.9 | 10 |
| A1. Staff treat consumer with respect  | 4.8 | 55 | 4.9 | 58 | 4.9 | 58 | 4.9 | 60 |
| A2. Staff interact respectfully with stakeholder  | 4.8 | 56 | 4.9 | 60 | 4.9 | 57 | 4.9 | 60 |
| A3. Services meet consumers’ needs | 4.7 | 55 | 4.8 | 58 | 4.9 | 56 | 4.9 | 60 |
| R1. Satisfied with overall quality of consumer’s home | 4.7 | 20 | 4.8 | 22 | 4.9 | 30 | 4.9 | 30 |
| D1. Community activities are beneficial to consumer  | 4.7 | 36 | 4.8 | 38 | 4.7 | 35 | 4.8 | 40 |
| A6. Both Counties, Overall satisfaction -IHS | 4.9 | 23 | 4.9 | 25 | 4.3 | 26 | 4.5 | 30 |
| H1. Both Counties, Staff treat consumer with respect - IHS | 4.9 | 23 | 4.9 | 25 | 4.9 | 26 | 4.9 | 50 |
| H2. Both Counties, Satisfied with quality of communication with worker - IHS | 4.9 | 23 | 4.8 | 25 | 4.5 | 26 | 4.6 | 50 |
| H3. Both Counties, Current services meeting expectations - IHS | 4.7 | 23 | 4.8 | 25 | 4.5 | 25 | 4.6 | 50 |
| H4. Both Counties, Making progress toward goals - IHS | 4.7 | 21 | 4.8 | 25 | 4.2 | 23 | 4.5 | 50 |

**RESULTS**

The results of the stakeholder and consumer surveys yielded excellent results, which have continued from year to year. The previous fiscal year results are included for easier comparison. Many of the target figures were not achieved; the targets were all between 95 and 100%, which is remarkably high. The Consumer Satisfaction Survey resulted in 5/15 indicators being met or surpassed. Target figures are an educated guess. More importantly, the scores on the Consumer survey were 93% and higher, which is about the same as last year. The level of satisfaction with Adapt overall (all programs except In-Home Supports) was exceedingly high at 97%. There were fewer respondents overall when compared with last year. We will focus on increasing the number of respondents with the next survey.

Employment Resources results were 100% overall satisfaction (100% last year), 93% believed they were making progress with work goals (100% last year), and 100% were satisfied with work hours and pay (100% last year). These are excellent results. There were only five (5) Employment Resources consumers willing to respond to the survey. This is less than last year. Increased efforts need to be made in hearing from the people served in this program. The overall satisfaction rate for the In-Home Supports program was evaluated separately from the other programs and resulted in a 95% satisfaction rate, compared with 100% last year. There were fewer respondents (22) for the In-Home Program than last year (33).

Throughout the organization, consumers continue to feel employees treat them with respect as evidenced by a 97% affirmative rate. Adapt has a long track record of high marks in this area (98% in 2022, 97% in 2021, 97% in 2020, 99% in 2019, 93% in 2018, 94% in 2017, 92% in 2016, 92% in 2015, 93% in 2014 and 2013, and 95% in 2012). In the In-Home Supports program, 98% of consumers responded that their Adapt staff treats them with respect.

The Stakeholder survey also had high satisfaction rates. As with the Consumer Survey, several target figures for the indicators were not achieved (6/14 targets achieved). As with the Consumer survey, the targets were high – all equal to 96% satisfaction or greater. Responses ranged from 4.2 to 5.0 (84% to 100%). Overall (excludes Clubhouse and In-Home Supports) satisfaction with Adapt was 4.7 (94%), which is a 2% decrease from the previous four years. There were only 25 respondents this year – half as many as the previous year, so one negative response has a greater impact. The In-Home Supports responses for both counties combined ranged from 4.2 to 4.9 (84% to 98%). These numbers mostly indicate a high level of satisfaction with services, and that Adapt is providing the level of service in the home and/or community the person served desires. Stakeholders rated satisfaction with making progress on goals the lowest at 4.2 or 84%. This is a good score but an area where improvement is desired.

The results continue to be a pleasant reminder of the positive relationship Adapt has with its stakeholders and consumers. Overall, the number of survey respondents decreased, and this is an issue to work on during the next survey.

### B. PROGRAM EFFECTIVENESS

Direct measurement of Quality of Life is difficult, but it is possible to measure program effectiveness indicators that are highly correlated to Quality of Life.

**GOAL B-1 PROVIDE A SAFE AND HEALTHY PROGRAM ENVIRONMENT**

ADAPT will maintain acceptable levels for health, safety, behavior, and rights related events and incidents. Consumers must first have their optimal health and feel safe in their environment before they can focus on improving their skills and learning new tasks.

### EVALUATION STRATEGY

Copies of all incident reports are sent to the Directors of Services in St. Joseph and Branch Counties, and the Program Excellence Advocate, who tally and report data quarterly to the safety committee, the Rights Officer, and the State of Michigan Licensing Consultant in some cases. Incident Reports involving a safety issue and quarterly reports for both counties are forwarded to the Chair of the Safety Committee for review and follow-up action. Program supervisors track the number of consumers attending health/safety training. The number of emergency drills for each program will be tabulated from drill reports.

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| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM  | INDICATOR  | ACTUAL21/22 | TARGET22/23 | ACTUAL 22/23 | TARGET23/24 |
|   | Branch Co. | # Behavior incidents | 130 | 100 | 176 | 170 |
|  | Branch Co. | # Behavioral/Medical incidents (injury or PRN) | 32 | 20 | 9 | 5 |
|  | Branch Co. | # Medication errors | 78 | 50 | 79 | 60 |
|  | Branch Co. | # Medical incidents (major, minor, falls, etc.) | 185 | 150 | 286 | 200 |
|  | Branch Co. | # ULOA’s | 0 | 0 | 4 | 0 |
|  | Branch Co. | # Other incidents  | 81 | 75 | 56 | 50 |
|  | St. Joseph Co | # Behavior incidents | 372 | 325 | 650 | 350 |
|  | St. Joseph Co | # Behavioral/Medical incidents (injury or PRN) | 131 | 100 | 259 | 175 |
|  | St. Joseph Co | # Medication errors | 110 | 75 | 49 | 60 |
|  | St. Joseph Co | # Medical incidents (major, minor, falls, etc.) | 250 | 200 | 238 | 215 |
|  | St. Joseph Co | # ULOA | 7 | 2 | 3 | 0 |
|  | St. Joseph Co | # Other incidents | 81 | 70 | 61 | 55 |
|  | Residential(Both counties) | % Of Emergency drills held as required | 81% | 100% | 81% | 100% |
|  | Clubhouse (Branch) and CLS (both counties) | % Of Emergency drills held as required | 89% | 100% | 100% | 100% |

### RESULTS

The target numbers set for each year are based on the previous year’s numbers and are not considered to be absolute standards. Many variables change from year to year (in both counties), such as the consumers we serve, the status of each consumer, inexperienced staff learning curve, requirements dictated by CMH or the Office of Recipient Rights, individual medical conditions, etc. The goal is always to reduce the number of incidents in all areas to promote safety and security for each person served. Each incident is reviewed by the program supervisor and action is taken, when possible, to prevent future occurrences. Each CMH agency has a Rights Officer and the requirement for reporting incidents varies between the two counties, and at times, changes to reporting requirements occur mid-year.

For Branch County, the number of incidents increased (610) this fiscal year. There were 506 Unusual Incident Reports (UIR’s) written during Fiscal Year 2021/22. There was an increase in behavioral incidents, medication errors, medical incidents, and Unusual Leave of Absences (ULOA’s). The increase in behavioral incidents is primarily attributed to one resident who struggled with symptoms associated with mental illness most of the year. That resident was placed in another facility (outside of Adapt) after being hospitalized close to the end of the fiscal year. The medical incidents increased due to a resident new to Branch County last year having frequent seizures. Medication errors increased by 29 incidents. There were 25 documentation errors and 54 passing errors. With increased medical episodes, there are frequently increased medications prescribed. There are more opportunities for errors, along with newer employees, resulting in greater chances for medication errors. Reporting of errors in Branch County is also particularly good, indicating an accurate count. Medication counseling sessions were provided to the employees who made the errors, as a form of corrective action. One person accounted for the ULOA’s. Typically, there are zero in Branch County. That resident moved back to a previous home with a fenced in yard and less traffic. We have observed an improvement in hiring toward the end of the fiscal year – more people following through on interviews and training. This situation is slowly improving, but we continue to require more Direct Care Workers, as employees are more likely to make errors when we are short-staffed, or they are working extra hours for extended periods of time.

For St. Joe County, once again, it was more of a mixed result. The total number of incidents was 1,260, up significantly from 951 the previous year. there are two primary factors contributing to this increase. The behavioral incidents increased from 372 to 650. St. Joe County had to move residents around to different homes more than once during fiscal year 2022-23. There were issues with homes that required a whole residence to move from once house to another, which was made possible by having one home empty during the year. Maintenance issues were part of the reason to move, along with moving the group from Midas to Mercury to deal with an issue of not having separation with a fence in the backyard. It was also a better fit to have this group at Mercury because that home is on the same property as Polaris. During times of being short-staffed, the homes were able to share resources to promote safety. Moving people – even if it serves them better overall – can be stressful for the residents. There were increased behaviors resulting from the moves. The biggest contributor to the increased behavioral incidents is one resident in particular at Polaris. There were multiple incidents of property damage, targeting peers and staff, as well as other aggressive acts. Many attempts and resources were provided to help this resident. This resident is waiting to move to a home with greater resources and where she will fit in with the population of the home (outside of Adapt). Behavioral/Medical incidents increased as they tend to go hand-in-hand with behavioral incidents. Medical incidents were down a little, but we still had 238, as we have many fragile people, and many people are aging into health issues. Other incidents decreased by 20 from the previous year.

The number of medication errors is closely monitored every year. In St. Joe County, there were 49 medication errors this year and 110 last year. This number does not reflect the number of medication errors that actually occurred. St. Joe County employees were not consistently reporting documentation errors in three of the four homes. Argosy was correctly reporting medication errors that were documentation errors. Some supervisors claimed they were trained in a way that documentation errors do not constitute medication errors. This is not correct and not how we train our employees. The Residential Supervisor had the responsibility of ensuring employees were trained on this once the employees are trained and work in the homes. The idea was somehow perpetuated resulting in inaccurate reporting of errors. This was corrected after the end of the fiscal year when it was realized. Reporting of incidents will be monitored more closely.

Adapt continues to focus on relationships and rapport-building with the people we serve, along with promoting personal choice and independence, which will have a positive impact on the behavior of consumers and overall quality of life. This is a strategy we will continue to implement. Considering the staffing shortage, administration will work with Home Supervisors to provide more support to staff during medication passing time. In St. Joe, the Residential Supervisor position was eliminated, as the position did not render the desired result of having a knowledgeable person in the homes at least 75% of the time and training staff as issues arose. Two Lead Residential Direct Support Professionals (RDSP’s) were hired to assist the two home supervisors of the four Specialized Residential Homes in St. Joe County. These Lead RDSP’s do hands-on direct care and assist with supervisory duties such as payroll and on-call, along with other tasks. This is a newly created position and he goal is for these two workers to develop into Home Supervisors over the next year or so.

Most programs ran all fire drills as required. One or two homes (from each county) missed some fire drills. Each County Director (overseeing the Residential Programs of each county) was instructed to remind home supervisors of the importance of fire drill completion. This is an area where periodic reminders are necessary and continue to NOT result in 100% success. It is expected, with changes in St. Joe County, and reminders from the Executive Director starting in the first quarter of the fiscal year, that we will see improvement in this area. This year, the Residential program ran 81% of required drills, which is the same as the previous year. We are striving for 100%. It should be noted that most homes run additional drills beyond what is required. The CLS day programs and Clubhouse improved to 100%.

**GOAL B-2 INCREASE CONSUMER LEVEL OF CHOICE**

The Person-Centered Planning process ideally places the consumer in the lead role of pursuing their personal goals, with other people providing support. Self-advocacy training, fully accessible programs and facilities, and community work (when desired by the consumer), with the proper degree of support for each person, generally allow for more personal choice and control in one’s life.

### EVALUATION STRATEGY

Data for consumers feeling they are making progress toward their personal outcomes are based on consumer response to the satisfaction survey. Data for job preference are based on consumer reporting in the satisfaction survey or polling. Data for the indicator addressing the Clubhouse members feeling they are preparing themselves to work in the community in the future is taken directly from the satisfaction survey. The chair or leader of any committee tracks consumer participation in meetings, committees, and special events. Information regarding the steps completed from the accessibility review is taken from the Accessibility Plan.

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| --- | --- | --- | --- | --- | --- |
| PROGRAM  | INDICATOR  | ACTUAL21/22 | TARGET 22/23 | ACTUAL22/23 | TARGET 23/24 |
| Clubhouse | % Of consumers who feel they are making progress toward outcomes | 93% | 98% | 95% | 96% |
| Employment Resources | % Of consumers who feel they are making progress toward outcomes | 96% | 98% | 93% | 95% |
| In-Home Supports | % of consumers participating in home and community activities they like | 95% | 95% | 91% | 94% |
| Clubhouse | % Of members who would like to be employed | 83% | 90% | 74% | 80% |
| Clubhouse | % Of members who feel participation is preparing them for future employment | 90% | 95% | 92% | 95% |
| Employment Resources | % Of workers with their preferred job | 92% | 95% | 100% | 100% |
| All programs | # Consumers on board, committees, and special event planning groups | 120 | 125 | 131 | 130 |
| All programs (except Clubhouse) | # Consumers participating self-advocacy training events or education by program staff | 193 | 175 | 212 | 210 |
| Clubhouse | # Of TYPES self-advocacy/training events and the average number of consumers attended per event | 12 types of events- 16 member/event | 12 types of events- 18 member/event | 9 types of events- 10 members/event | 12 types of events- 16 member/event |

RESULTS

Indicators in this area pertain to Clubhouse members, Employment Resources, and In-Home Supports program participants. Results in these program areas tend to fluctuate more than other areas from one year to the next. The number of respondents is typically small (10-25), and a small number of negative responses has more impact on overall numbers than our programs with many respondents. All results were good for the fourth consecutive year, although three target figures were not achieved.

The Clubhouse consumer survey yielded positive results. The percentage of members who believe they are making progress on their personal outcomes was 95% this year compared with 93% the previous year. The percentage of members who would like to be employed decreased once again to 74% from 83% the previous year. And the percentage of members who feel Clubhouse participation is preparing them for employment was 92% up from 90% the previous year. Although there have been many opportunities for employment through the Clubhouse program, a change in membership by one or two people, and how they respond, impacts these scores. Many members have tried employment and may no longer desire to work toward employment. These numbers tend to fluctuate from year to year, again depending on the membership – and even on how a member is feeling on the day of the survey. The indicator regarding Clubhouse members participating in advocacy and training events includes the number of TYPES of events reported along with the average number of members attending that type of event. Fiscal Year 2022/23 saw a decrease in this area (9 types of events with 10 members attending on average).

Examples of events Clubhouse members participated in include:

-Orienting community mental health employees -Advocacy with Target Corporation

-Orienting new members -Representative Andrew Fink visit

-Clubhouse collaboration calls  -Clubhouse accreditation Webinars

-Volunteer for Food Pantry  -Pines advisory board meeting (different from Tues evenings)

-Accreditation meetings -Capitol for Employment Celebration

-Clubhouse Michigan General meeting -World Seminar

-Advocacy with Target Corporation

For Employment Resources, the percentage of participants who feel they are making progress towards their outcomes was 93%, down from 96% the previous year. The percentage of participants working at their preferred job increased from 92% last year to 100% this year, which is a nice improvement.

**GOAL B-3. INCREASE COMMUNITY INTEGRATION**

A consumer’s degree of community participation may impact his/her overall quality of life. Adapt programs enable people with disabilities to participate in their communities during Community Living Supports (CLS) and Clubhouse program hours, as well as within the residential program, with support from staff members.

### EVALUATION STRATEGY

Community activity logs are used to track days and hours of community living assistance in the community and a monthly average of hours is calculated. Supervisors from all programs, except Employment Resources and In-Home Supports, send the community logs to the Program Excellence Advocate, who tabulates the number of consumer hours in the community. Community participation is not a primary function of the Clubhouse, although it is important in helping members develop appropriate social skills and confidence in utilizing community resources.

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| --- | --- | --- | --- | --- | --- |
| PROGRAM  | INDICATOR  | ACTUAL 21/22 | TARGET22/23 | ACTUAL 22/23 | TARGET23/24 |
| Branch CLS | Average # of consumer community integration hours  | 173/month | 200/month | 220/month | 250/month |
| Clubhouse | Average # of consumer community integration hours | 37/month | 45/month  | 62/month | 70/month |
| St. Joe CLS | Average # of consumer community integration hours | 875/month  | 925/month | 637/month | 650/month |
| Branch Residential | Average # of consumer community integration hours (per resident)  | 13/month | 18/month | 11/month | 18/month |
| St. Joe Residential | Average # of consumer community integration hours (per resident) | 8 /month | 16/month  | 12/month | 18/month |
| Branch In-Home Supports | Average # of hours of community-based services provided to consumers (whole program) | 2538/month | 2600/month  | 2313/month | 2400/month |
| St. Joe In-Home Supports | Average # of hours of community-based services provided to consumers (whole program) | 1473/month | 1525/month | 1181/month | 1200/month |

RESULTS

Adapt is a community-focused service provider. There are several factors impacting a home’s average number of community hours, including health status of the residents, behavioral challenges presented by the residents, personal interests of the residents, adequate staffing, and vehicle issues, etc. Covid has had some degree of impact on outings for almost four years. Its impact is much less at this time and during Fiscal Year 2022-23, but it persists.

There are mixed results with programs reaching target figures. The number of people served in any program, including Residential, impacts community hours. The Residential program is smaller than in past years, but the numbers for both counties are pretty low monthly averages and require improvement. Clubhouse increased community hours significantly from 37 to 62 on average per month. Both day programs had a high number of community outing hours. Branch County in particular, improved and surpassed the target. This program saw a slight increase in attendance but remains about half the size of the St. Joe County program, which had a high number of hours but fell short of the target figure. Both programs did well in this area.

In Branch County, the In-Home Supports program provided an average of 2,538 hours/month last year and 2,313 hours/month this year. This decrease in hours is greater than last year, but still within a typical range. In St. Joe County, the monthly average was 1,473 hours/month last year and 1,181 hours/month this year. Setting target figures is based on the services provided the previous year. If one or two people served in this program change the amount of services they receive, the number of average hours will decrease or increase depending on the circumstances. Particular attention will be given to the St. Joe County program which provides half the hours the Branch program provides but has twice the mileage and staff expenses. An audit of mileage and outings will occur.

**GOAL B-4 CONSUMERS WILL PROGRESS TO COMMUNITY WORK**

### ADAPT provides services that promote the consumer’s ability to work successfully in the community, for those who desire community employment. Consumers need to be in their preferred job/work environment to say that this outcome has been completely achieved.

### EVALUATION STRATEGY

### In Branch County, Employment Resources staff will keep a list of persons newly referred and placed in jobs during the fiscal year. The consumer database/files will provide a count of people in community sites, as well as the use of ongoing support and MRS services. Employment Resources staff will utilize a database to obtain a consumer’s length of employment in the community. Employment Resources staff will provide all data to management. The number of consumers from CLS day programs in both counties who indicate they want community employment will be documented on the Adapt Pre-Planning form and tracked by designated personnel. The Employment Resources supervisor will track the number of local employers contacted during the fiscal year, as well as the number of community presentations/job fairs in which the program participates.

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| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM  | INDICATOR  | ACTUAL21/22 | TARGET 22/23 | ACTUAL22/23 | TARGET23/24 |
|  | Employment Resources | Total # of participants placed in jobs | 16 | 20 | 26 | 28 |
|  | Employment Resources  | # of new referrals for fiscal year | 32 | 32 | 60 | 55 |
|  | Employment Resources  | # of new referrals placed in job during fiscal year | 21 | 22 | 18 | 20 |
|  | Employment Resources  | # of new referrals opting not to continue with services after intake | 5 | 8 | 16 | 12 |
|  | Employment Resources  | Total # of local employers contacted | 61 | 70 | 72 | 75 |
|  | Employment Resources | # of new referrals placed in job and successfully closed with MRS (90-day). (not closed by ER) | 6 | 10 | 9 | 10 |
|  | Employment Resources | # of community presentations, job fairs, etc. | 4 | 5 | 6 | 6 |
|  | Employment Resources | Total # of placements receiving ongoing supports | 4 | 6 | 6 | 8 |
|  | Clubhouse | # of people place in community jobs  | 4 | 6 | 1 | 2 |
|  | Branch CLS Program | # of new referrals to supported employment from program | 1 | 1 | 0 | 1 |
|  | Branch CLS Program | # of new referrals placed in job during fiscal year | 0 | 1 | 0 | 1 |
|  | Workshop | # of new referrals placed in job during fiscal year | 3 | 5 | 1 | 3 |
|  | Employment Resources | % In Supported Employ. 6+ consecutive months | 44% | 50% | 20% | 40% |
|  | Branch CLS Program | % Of consumers who wanted a community job and did not have one | 10% | 1% | 1% | 1% |
|  | St. Joe CLS Program | % Of consumers who wanted a community job and did not have one | 6% | 5% | 11% | 8% |
|  | Branch CLS Program | The average # of consumers involved in volunteer work through CLS program per month | 6 | 10 | 16 | 18 |
|  | St. Joe CLS Program | The average # of consumers involved in volunteer work through CLS program per month | 8 | 10 | 8 | 12 |
|  | Branch In-Home Supports | % of consumers who have a job | 2% | 3% | 10% | 10% |
|  | Branch In-Home Supports | % of consumers who would like a job and do not have one | 0% | 1% | 2% | 1% |
|  | Branch In-Home Supports | # of referrals to Supported Employment | 1 | 2 | 2 | 2 |
|  | St. Joe In-Home Supports | % of consumers who have a job | 20% | 30% | 51% | 50% |
|  | St. Joe In-Home Supports | % of consumers who would like a job and do not have one | 10% | 7% | 0% | 0% |
|  | St. Joe In-Home Supports | # of referrals to CMH for Supported Employment Services | 5 | 7 | 5 | 5 |

RESULTS

The Employment Resources program yields fairly consistent numbers from year to year. There were 61 business contacts made by the Employment Resources staff during FY 2021/22 and 72 contacted in FY 2022/23. Initiating and maintaining contact with area businesses is key to ensuring a strong supported employment program in Branch County. Although Covid persists in being a health concern, the restrictions once in place have been lifted and people are in contact with others to a much greater degree than a few years ago. There continues to be an overall shortage of workers in many industries. This atmosphere is conducive to job development and placement for persons served in the supported employment program.

Overall, the level of community employment and referrals is very good, considering Pines does not often refer people to Employment Resources. Much of Adapt’s work with supported employment is funded by Michigan Rehabilitation Services (MRS). There was a total of 26 participants placed in employment at the end of the fiscal year (up from 16 the previous year) and there were 60 referrals, which is an increase of 28 from the previous year. Of the 26 referrals, 18 were new referrals placed in employment during the year.

One goal of the agency is to increase referrals to the supported employment program from the other Adapt programs for those interested in obtaining community employment. The data suggests there are program participants interested in supported employment in both counties, but not a considerable number. Overall, looking at all the programs and how many have a job and how many want a job that do not have one, the pattern appears to be the people who want to work have a job. St Joe has more people in its In-Home Supports program working (51%) of people served in that program. The population served in that program is smaller than Branch and more independent overall. The Branch In-Home program serves many people who are medically fragile, and largely have no interest in employment. Although there is almost no interest in employment in the Branch CLS program, the average number of volunteers rose from six (6) to 16. St. Joe day program maintained its monthly average at eight (8). The workshop is an area where increased focus on community employment is needed, as we consider the future of the workshop and promote community integration as fully as possible.

**GOAL B-5 INCREASE CONSUMER INCOME**

An increase in income can have a significant impact on a person’s quality of life, and this is true for Adapt consumers.

### EVALUATION STRATEGY

Payroll records and statistical reports are used to obtain data. The Executive Director or designee will compile data for this goal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM  | INDICATOR  | ACTUAL21/22 | TARGET22/23 | ACTUAL22/23 | TARGET 23/24 |
|  | Employment Resources  | % In SE earning at least minimum wage | 100% | 100% | 100% | 100% |
|  | Employment Resources  | Average hourly wage  | $12.53 | $12.75 | $13.00 | $13.15 |
|  | Employment Resources | % In SE at least 10 hours per week | 100% | 100% | 100% | 100% |
|  | Employment Resources | Total wages paid to program participants | $8,209 | $8,300 | $6,613 | $6,250 |
|  | Sheltered Workshop  | Total wages paid to core workers | $312,378 | $325,000 | $282,003 | $275,000 |

RESULTS

It is no longer Adapt’s practice to encourage Branch County Day Program participants to work in the shop and we do not provide staffing for this function. We continue to discuss the possibility and educate persons served on their options regarding community employment and the workshop. The goal is to seek employment where all workers are paid at least minimum wage and are paid by their employer. The indicator for the percentage Employment Resources’ consumers earning minimum wage remains at 100% for the second consecutive year. The average hourly rate jumped from $12.53/hour to $13.00/hour. This is in keeping with what we have seen with most wages for all workers across a variety of industries and is an exciting development. In most cases, Adapt is not the actual employer of record for these jobs. The indicator regarding total wages paid to persons served in Employment Resources ($6,613) reflects the 2-3 people who had Adapt as their employer of record, which is not the norm.

Adapt continues its participation in the 14(c) Certificate program through the Department of Labor (DOL). Core workers are part-time employees and Adapt does not receive any type of funding for these individuals. The core workers must attend annual career counseling training provided by Michigan Rehabilitation Services (MRS) dictated by the Workforce Innovation and Opportunity Act (WIOA) aimed at encouraging people to seek competitive community employment. The national and state trend has been to eliminate all 14(c) Certificate programs, so all workers are earning minimum wage. Regardless of the national trend and mandates, Adapt must seriously consider the future of the workshop. It has been a financial liability for 2-3 years and some of the 15-20 people working there are not the primary population Adapt serves. Adapt personnel, including the workshop supervisor, need to prepare shop workers for community employment.

### C. PROGRAM EFFICIENCY

A consumer’s quality of life can be impacted by the efficiency of programs offered to them.

### GOAL C-1 TIMELY ACCESS TO SERVICES

People in need of and eligible for services require prompt access to programs. People should not receive unnecessary services, and the programs should not serve people outside of the specified target population. Timely response to referrals and entry into service, and appeals mechanisms are important protections for consumers. Also, exit summaries allow for further program evaluation, by assessing how the person benefited from receiving services and reason(s) for discharge. Follow-up reports encourage a continuum of responsible care for consumers.

### EVALUATION STRATEGY

The ADAPT Program Access Report is used to track a consumer’s date of referral/authorization (from CMH), date of first scheduled intake/appointment, date services began, if services were denied, if the denial was appealed by the consumer/guardian, and if the appeal overturned the denial. The ADAPT, Inc. Termination, Exit, Follow-Up Report is used when a consumer is discharged and to document follow-up after discharge. Occasionally, it is not possible to locate the person, or they choose not to respond to follow-up questions. Unsuccessful efforts to communicate with the discharged consumer will be documented. The data analyzed in this report regarding completed follow-up reports will naturally exclude deceased consumers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROGRAM  | INDICATOR | ACTUAL 21/22 | TARGET22/23 | ACTUAL22/23 | TARGET 23/24 |
| CLS (St. Joe) | Total # of referrals to the program | 21 | 22 | 6 | 5 |
| Clubhouse | Total # of referrals to the program | 2 | 4 | 19 | 15 |
| CLS (Branch) | Total # of referrals to the program | 2 | 4 | 9 | 10 |
| In-Home (Branch) | Total # of referrals to the program | 16 | 17 | 29 | 20 |
| In-Home (St. Joe) | Total # of referrals to the program | 4 | 5 | 3 | 6 |
| CLS (St. Joe) | Days from first referral call (from CMH) to first scheduled appointment or intake | 11 | 5 | 8 | 5 |
| Clubhouse | Days from first referral call (from CMH) to first scheduled appointment or intake | 33 | 5 | 13 | 10 |
| Employment Res.(Branch) | Days from first referral call (from CMH) to first scheduled appointment or intake | 30 | 25 | 40 | 25 |
| CLS (Branch) | Days from first referral call (from CMH) to first scheduled appointment or intake | 90 | 10 | 10 | 10 |
| CLS (St. Joe) | Days from first appointment or intake to start of service | 6.75 | 5 | 10 | 7 |
| Clubhouse | Days from first appointment or intake to start of service | 5 | 3 | 6 | 5 |
| CLS (Branch) | Days from first appointment or intake to start of service | 5 | 3 | 22 | 7 |
| In-Home (Branch) | Days from first appointment or intake to start of service | 17.5 | 10 | 60 | 10 |
| In-Home (St. Joe) | Days from first appointment or intake to start of service | 15 | 10 | 13 | 10 |
| Employment Resources | Average # days between intake for individual job placement and start of work | 39 | 35 | 60 | 40 |
| All programs (except residential) | # Of denials of ADAPT service occurred | 2 | 0 | 1 | 0 |
| All Programs (except residential) | # Of times a denial of service is appealed, and denial is overturned | 0 | 0 | 0 | 0 |
| All programs -Branch | % Of Exit summary reports for people who leave a service | 100% | 100% | 100% | 100% |
| All programs - Branch  | % Of Follow-up reports (attempted) for people who leave a service | 95% | 100% | 99% | 100% |
| All programs – St. Joe  | % Of Exit summary reports for people who leave a service | 94% | 100% | 100% | 100% |
| All programs - St. Joe  | % Of Follow-up reports (attempted) for people who leave a service | 93% | 100% | 100% | 100% |

RESULTS

Each program receives referrals from the CMH agencies differently. Therefore, it makes sense to look at each program individually in order to have a more accurate picture of timely service delivery. Adapt does an excellent job of providing timely services. Delays between intake and start of service or from referral call to intake appointment are rarely due to the unavailability of Adapt personnel. It is usually the case manager (CSM), consumer, or guardian/care provider who has a scheduling conflict or there is an issue with service authorization. In some cases, advanced planning is the reason for the delay. For example, with the CLS Day Programs, a CSM may bring a new person to visit the program in April, but plan for the person to begin attending when school lets out in June. With the In-Home Supports program, seeking an appropriate employee to work with an individual may cause delays to the start of service, which occurred this fiscal year in Branch County, with the program averaging 60 days between intake and the start of services.

For the past 2-3 years, there seems to have been a disruption in case management with turnover, new hires, and extended leaves coupled with guardians/family/consumer creating delays as well. Adapt continues to be responsive to referrals and strives to start services as quickly as possible. Adapt has and always will be dependent upon the expediency of others. As CMH agencies continue to scrutinize the services they authorize, the referral, intake and date services begin may further delay services. In Branch County, exit summaries were completed for all programs and one follow-up summary was not completed, which is the same as last year. In St. Joe County, 100% of exit summaries and 100% of follow-up summaries were completed, which is a nice improvement from the previous year.

**GOAL C-2 MAXIMIZE PROGRAM COST EFFECTIVENESS**

If ADAPT is to remain a viable provider of services, fiscal responsibility is essential. Controlling the cost of services is a primary function of management.

### EVALUATION STRATEGY

The annual cost per consumer for the Branch and St. Joe CLS programs and the Clubhouse is the actual expenses for each program as of September 30th (before adjustments) divided by the FTE’s in September. Transportation, consumer wages, and consumer FICA will be deducted from the expenses. FTE’s will be determined by the total units provided in September divided by 22, and then divided by the number of days the program was open in September. Actual expenses divided by total units of service for the year divided by 22, and then divided by the number of days the programs were open equals the number of FTE’s for the fiscal year. Employment Resources cost per placement – divide the program cost (as defined above) by the total number of placements as of September 30th.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM  | INDICATOR  | ACTUAL21/22 | TARGET22/23 | ACTUAL 22/23 | TARGET23/24 |
|  | Branch CLS | Annual cost per consumer  | $19,038 | $19,000 | $16,753 | $16,300 |
|  | Clubhouse | Annual cost per consumer  | $21,250 | $21,000 | $18,810 | $18,500 |
|  | St. Joe CLS | Annual cost per consumer  | $14,638 | $14,500 | $12,999 | $12,200 |
|  | Employment Resources | Cost per new placement | $4,621 | $4,600 | $5,297 | $5,000 |
|  | Branch In-Home Supports | Annual cost per consumer | $43,439 | $43,000 | $56,456 | $45,000 |
|  | St. Joe In-Home Supports | Annual cost per consumer | $50,184 | $50,000 | $49,553 | $45,000 |

RESULTS

Overall, Adapt remains in good financial shape due to many good years prior to Fiscal Year 2021/22 and 2022/23. Fiscal 2022/23 was a particularly bad year. Due to a sizable cash reserve, the agency has remained viable. Fiscal Year 2023/24 is shaping up to be better, as we have all beds full that we budgeted for in the Residential program or in the case of St. Joe County, the rates have been adjusted to accommodate vacancies, which typically are filled quickly in that county. The Residential Program is not included in the table above, but it is the most significant source of revenue when considering the overall financial health of the agency and subsidizes the smaller programs some years. A significant factor in the financial status of Adapt has been healthcare expenses. It is apparent in the cost per consumer for the Branch In-Home Supports program. Otherwise, the cost per consumer decreased for all program except Employment Resources and Branch In-Home Supports.

The CMH agencies continue analyzing service usage and must utilize certain criteria when determining the type and frequency of services to authorize for consumers. Expenses such as gas, food, activity money, and staff wages continue to rise. Adapt continues to look at staffing ratios and any factor that can be adjusted within each program to control costs. The County Directors have been directed to monitor the consumables for all homes and programs more closely. The In-Home Supervisors will be directed to audit mileage and activities during the coming year more than they have in the past, especially St. Joe County, which is a smaller program with twice the staff expenses.

The Executive Director and Financial Controller discuss Adapt’s financial status at least monthly when reviewing financial statements. Adapt will continue the retention/referral bonus programs during this fiscal year in order to incentivize employees, although the amounts and parameters for paying the bonus were adjusted to decrease the overall expense. Hiring new workers continues to be difficult, but there seems to be an improvement over the last few months. Locally, there has been a gradual and small slowdown of available jobs in other industries; we remain hopeful Adapt eventually benefits markedly from a changing job market.

**GOAL C-3 MEET OR EXCEED CERTIFICATION STANDARDS**

ADAPT's homes must meet a variety of licensing and DCH standards, with a wide range of procedures and policies for home operation. The CLS programs must meet DCH standards when billing for services. All programs must meet CARF standards and are audited every three (3) years by CARF.

### The Clubhouse must meet the Clubhouse International Standards per Medicaid guidelines.

### EVALUATION STRATEGY

Programs receive external audits annually. Evaluation will be based on the reports of those audits.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM | INDICATOR | ACTUAL21/22 | TARGET22/23 | ACTUAL22/23 | TARGET23/24 |
|  | Residential (both counties) | Meet MDHHS and licensing standards | Compliance | Compliance | Compliance | Compliance |
|  | CLS (both counties) | Meet MDHHS standards | Compliance | Compliance | Compliance | Compliance |
|  | SWMBH St. Joe County | Meet CMH standards | 100% | 100% | 100% | 100% |
|  | SWMBH Branch County | Meet CMH standards | 100% | 100% | 100% | 100% |
|  | Clubhouse International | Meet Clubhouse International Standards  | Maintain Three-yearAccreditation | Meet Clubhouse International Standards | Meet Clubhouse International Standards | Maintain Three-year Accreditation  |
|  | All Programs  | Meet CARF standards | Maintain Three-yearAccreditation | Meet CARF standards | Meet CARF standards | Maintain Three-yearAccreditation |

RESULTS

Programs remain in compliance and meet all applicable standards. ADAPT continues to work cooperatively with both St. Joe and Branch County CMH agencies to meet the expectations regarding appropriate service provision and training requirements, as evidenced by completed plans of correction for CMH/regional affiliate (Southwest Michigan Behavioral Health – SWMBH) audits and on-going correspondence with compliance staff at the respective agencies. The Home and Community-Based (HCBS) Transition Rule added a multitude of requirements over the last several years. Adapt has met all requirements set forth thus far in the HCBS process.

Specialized homes licensed by the State of Michigan continue to be reviewed every two years and all reviews have been successful. ADAPT earned a 3-year accreditation from CARF in June 2023 and will have its next survey during the summer of 2026. The Outlook Clubhouse had its accreditation survey with Clubhouse International in February 2023. A three-year accreditation was achieved once again.

GOAL C-4 MAINTAIN QUALITY STAFF

The quality of Adapt’s employees directly impacts the quality of services provided to consumers. A staff member’s level of satisfaction with Adapt may impact work performance. Additionally, the rapport a consumer and staff member develop is a key factor regarding quality of services; building a positive rapport requires spending time with the people served. Therefore, staff turnover appears to impact quality of care.

Annual Residential Staff Survey

|  |  |  |
| --- | --- | --- |
|  VERY GOOD NOT GOOD 5 4 3 2 1 | **St. Joe** Actual Actual Actual 2021 2022 2023 | **Branch** Actual Actual Actual 2021 2022 2023 |
| What do you think about ADAPT overall in terms of the quality of the programs offered? | 4.2 | 4 | 3.6 | 4.4 | 4.5 | 4.6 |
| What do you think about ADAPT overall in terms of commitment to consumers/residents? | 4.3 | 3.9 | 3.4 | 4.6 | 4.5 | 4.6 |
| Do you, as an employee feel that you are able to offer suggestions and/or ideas to your supervisor and that those suggestions are listened to and considered? | 4.3 | 3.8 | 4.0 | 4.2 | 4.4 | 4.2 |
| Do you think you make a positive difference in the lives of the people you serve? | 4.8 | 4.7 | 4.7 | 4.7 | 4.9 | 4.8 |
| Do you enjoy your job? | 4.5 | 4 | 4.0 | 4.4 | 4.6 | 4.4 |
| How would you rate the quality and type of the initial training that is offered to employees? | 4.1 | 4.1 | 3.9 | 4.2 | 4.3 | 4.4 |

|  |  |  |
| --- | --- | --- |
|  EXCELLENT POOR 5 4 3 2 1 | **St. Joe** Actual Actual Actual  2021 2022 2023  | **Branch** Actual Actual Actual  2021 2022 2023  |
| Rate how you think significant changes are explained to you by your supervisor in the areas listed below: |
| Schedule Changes | 4.5 | 4.6 | 4.5 | 4.6 | 4.6 | 4.8 |
| Job Requirements | 4.7 | 4.6 | 4.5 | 4.6 | 4.9 | 4.7 |
| Care for Consumers | 4.7 | 4.6 | 4.6 | 4.7 | 4.8 | 4.7 |
| Operation of Home | 4.6 | 4.6 | 4.4 | 4.5 | 4.5 | 4.6 |

Annual In-Home Supports Staff Survey

|  |  |  |
| --- | --- | --- |
|  VERY GOOD NOT GOOD 5 4 3 2 1 | **St. Joe** Actual Actual Actual 2021 2022 2023 | **Branch** Actual Actual Actual 2021 2022 2023 |
| How do you feel about ADAPT’s In-Home Supports program overall in terms of quality of services and commitment to consumers? | 4.5 | 4.6 | 4.6 | 4.5 | 4.5 | 4.4 |
| Do you feel, as an In-Home Supports employee, that you are able to offer suggestions and/or ideas to your supervisor and that those suggestions/ideas are listened to and considered? | 4.6 | 4.6 | 4.6 | 4.2 | 4.4 | 4.1 |
| Do you understand the chain of command at ADAPT – do you know who to talk with regarding your questions and concerns? | 4.9 | 4.9 | 4.6 | 4.6 | 4.6 | 4.8 |
| When you have questions or concerns, do you feel the In-Home Supports leadership is responsive? | 4.5 | 4.3 | 4.5 | 4.5 | 4.6 | 4.4 |
| How do you feel about the quality and type of training you have received at Adapt? | 4.6 | 4.6 | 4.4 | 4.6 | 4.7 | 4.7 |
| Have you been provided the necessary tools and information to be successful with the individuals with whom you work? | 4.7 | 4.8 | 4.6 | 4.7 | 4.7 | 4.8 |
| Do you understand the goals of the individuals with whom you work? | 4.9 | 5 | 4.7 | 4.8 | 4.8 | 4.9 |

|  |  |
| --- | --- |
| Employee Statistics | **Adapt, Inc.**   Actual Actual Actual 2021 2022 2023 |
| Number of employees (all services, all counties) | 229 | 213 | 223 |
| Average number of years employed with Adapt. | 7.46 | 7.46 | 7.14 |
| Annual staff turnover rate | 38% | 28% | 43% |

RESULTS

All Direct Support Professionals (or Direct Care Workers) are encouraged to complete the annual staff satisfaction survey. With a score of “5” being perfect, scores for individual questions from Branch and St. Joseph Counties for the general staff survey ranged from a low score of 3.4 to a high score of 4.8. The numbers always fluctuate a bit from year to year, but the range of scores remains consistent when looking at a three-year period, with the exception of some areas in St. Joe County. These scores convert to a satisfaction rate of 68% to 96% which is “mixed” overall. The scores in St. Joe County ranged from 3.4 to 4.7 (68% to 94% satisfaction rate). Three indicators yielded results less than 4.0, regarding Adapt overall in terms of the quality of the programs offered (3.6), overall commitment to consumers/residents (3.4), and the overall quality of the initial training for new hires (3.9). There was a lower return rate from employees this year and when this happens, a handful of negative responses have a notable impact.

There is no doubt that current Residential employees are working under more difficult conditions between the continuation of Covid ( periodic outbreaks), a staffing shortage, and changes to working locations in St. Joe County. In Fiscal Year 2022/23, more than once, residents were moved individually, as well as whole homes moved to different homes that were more suitable for the residents or to accommodate major maintenance/repair issues. Although these new placements were made carefully and with much deliberation, there are employees who do not know all the reasons behind decisions and may not agree and the employees may be unhappy about the change in their job site. On a positive note, the highest score for St. Joe employees is the question about if they feel they make a positive difference in the lives of the people they serve. The score for this indicator remained at 4.7 (94%). We have made some changes to administrative/supervisory personnel in St. Joe with the expectation of more support to the DSP’s and better use of resources.

The Branch County scores ranged from 4.2 to 4.8 (84% to 96%), which is excellent considering the staffing situation. Historically, Branch County has had more stable staffing and supervisory teams. This continues to be the case, even as we lose long-term employees through attrition. This does not mean Branch County has not struggled with turnover and hiring new people – it has. There is a trend over the last four (4) years of people engaging in discourteous behavior regarding job interviewing etiquette. People don’t show up for first interviews, they don’t show up for second interviews, they can’t drive, they can’t pass a background check, they hire in but don’t show up for training, or they go through training and never come to work. Adapt has experienced all these issues in the past, but it has increased in frequency since 2020.

The second table in this section involves questions about Schedule Changes, Job Requirements, Care of Consumers, and the Operation of the Home/Program and how Significant Changes in these areas are explained to employees. Responses ranged from 4.4 to 4.8 (88% to 96%) which reflects a continuation of excellent scores, although small decreases occurred with the majority of indicators in this section. This is solid evidence of the foundation of effective communication being present between supervisors and employees, which should lead to improvements in other areas. The numbers are similar between the two counties.

The In-Home Supports program employees completed a separate survey. Overall, the numbers in both programs are excellent with a low score of 4.1 and a high score of 4.9 (82% to 98%). These results are consistent with scores from the previous year, with the exception of the low score of 4.1 regarding the leadership being responsive to employees of this program in Branch County. With the lower number of respondents, this change could reflect the opinion of one employee. This will be reviewed with the supervisor of that program.

The staff turnover rate has been monitored for several years. The overall turnover rate was 43% this year compared with 28% the previous fiscal year. This is not surprising in the least. There were many people hired in 2022/23. The turnover rate is reflective of both counties. This is a significant jump from last year but similar to the turnover rate in 2021. The average length of employment for Adapt staff is 7.14 years, which is lower than the last fiscal year at 7.46 years and expected with the number of people hired. The number of employees increased from 213 to 223, which is a positive development.

DEFINITIONS OF INDICATORS – ATTACHMENT A

**GOAL A-1**

Consumer, Stakeholder, and Staff satisfaction is measured with an annual survey, which is conducted in August/September. Scoring varies from the consumer to the stakeholder survey. Consumers have “Yes,” “Sometimes,” and “No” as options for responses to questions. These responses are more in line with how consumers traditionally answer questions. The stakeholder survey gives a number range (5 – 1), with 5 meaning “Yes” and 1 meaning “no”. The numbers between 5 and 1 indicate the degree to which a person is satisfied and represent point values. A new Staff Survey question regarding the explanation of significant changes was added for Fiscal Year 2018/19 and a scale of 1-4 is being used, with “4” being the highest score.

## **GOAL B-1**

Each county has a staff member who reviews all incident reports (IR’s). The reports are classified in one of the categories listed below. They are tallied and the data are analyzed in a quarterly report. The quarterly reports are kept in the *Program Evaluation* binder in Branch County. The tally can be done by spreadsheet or by hand. The staff member(s) reviewing the IR’s are responsible for noting trends and addressing them with the appropriate people. The IR’s for all programs (separated by county) are reported together for the outcomes report. However, if there is a trend in a particular home, program, etc., it is addressed by the appropriate supervisor.

Behavior incidents – physical/verbal aggression toward self or others, property destruction, refusal to follow daily programs/routine, etc.

Behavioral/Medical incidents – physical aggression resulting in any type of injury to the person behaving aggressively and when a consumer receives a PRN (as needed) medication with the intention of altering behavior, such as anxiety, etc.

Medication errors – medication not passed, passed but not signed for, signed for but not passed, administered to the wrong person, incorrect dosage, etc.

Medical incidents – major medical issues (i.e., trips to the ER, surgeries, first time seizure, etc.) and minor issues (i.e. scrapes, cuts, bruises, etc.)

ULOA – unauthorized leave of absences from community integration program, work site, and/or homes.

Other incident – any other incident that is unusual but does not fall within the above listed categories.

#of required emergency drills completed by residential and day services – each program supervisor documents drills and reports data

## **GOAL B-2**

Employment Resources and Clubhouse consumers who feel that they are making progress with work/personal outcomes – consumer satisfaction survey

In-Home Supports % of consumer survey respondents who like the home and community activities in which they participate

Employment Resources (ER). Consumers with preferred job – consumer satisfaction survey

Clubhouse members who feel they are preparing to one day have a job – consumer satisfaction survey

Consumers on boards, committees, and special event planning groups – gather from committee chairs, program supervisors, meeting minutes from board meetings

Consumers attending advocacy trainings – program supervisors (education provided through Adapt programs and other organizations, individuals, etc.

The number of self-advocacy training events and the average number of Clubhouse consumers per event – clubhouse supervisor

## **GOAL B-3**

Consumer hours in community, both counties, all programs (excluding Employment Resources) – calculate consumer hours in the community from community logs turned in monthly from all programs and homes. From the activity logs, multiply the number of consumers by the number of hours for each outing in order to calculate the number of hours per outing. (i.e., 2 (consumers) x 3 (hours) = 6 consumer community hours.) Gather monthly averages from spreadsheet.

Number of community-based service hours provided through the In-Home Supports Program – the number of hours billed for September divided by the number of billable days for that month

## **GOAL B-4**

ER total number of participants placed in jobs for fiscal year (Oct. 1st – Sept. 30th) – program supervisor maintains database

ER number of new referrals for fiscal year – supervisor maintains tracking system

ER number of new referrals placed in jobs during fiscal year – supervisor maintains tracking system

ER number of new referrals opting NOT to continue with services – supervisor maintains tracking system

ER total number of local employers contacted during fiscal year – supervisor maintains list

ER number of new referrals placed in job and successfully closed with MRS (90-day) (not closed by ER) – supervisor maintains tracking system

ER number of community presentations, job fairs, etc. participated in during fiscal year – supervisor maintains list

ER total number of placements receiving ongoing supports – supervisor maintains database

Clubhouse supported employment placements for fiscal year– ER database

Number of Branch CLS day program new referrals to ER – ER supervisor maintains list

Number of Branch CLS day program new referrals to ER placed in jobs during fiscal year – ER supervisor maintains list

Number of “Core workers” from the workshop that were new referrals to ER – ER program supervisor tracks

Number of ER consumers working in community 6 months or longer – ER database

Percentage of CLS consumers who want to work in the community, but did not have a job – PCP Input forms, discussion with consumers

Average number of CLS consumers participating in volunteer work on a monthly basis – monthly CLS data sheets (to be tracked on a spreadsheet to begin in December 2005)

% of In-Home Supports consumers who have a job - ER program supervisor tracks

% of In-Home Supports consumers who want a job and do not have one - ER program supervisor tracks

Branch In-Home Supports # of referrals to ER - ER program supervisor tracks

St. Joe In-Home Supports # of referrals to CMH for Supported Employment – IHS supervisor tracks

## **GOAL B-5**

Employment Resources, % earning min wage - payroll records

Employment Resources wages paid – Program supervisor has the number of workers and their wages and uses these statistics for an average.

Employment Resources, % working at least 10 hours – payroll records

Employment Resources wages – statistical report (total paid out to program participants)

Sheltered workshop (core workers) wages – statistical report (total paid out to program participants)

CLS Program wages – statistical reports (total paid out to program participants)

## **GOAL C-1**

Total number of referrals to a program for fiscal year. The supervisor tracks.

Days from first referral call/authorization (from CMH) to first scheduled appt/intake and day from first appt/intake to start of service – includes all programs except residential. Refer to Program Access Report (an ADAPT form).

The number of days it takes from intake to start of work – for ER and for individual placements only (when an individual requests a job at an individual site) – data from ER supervisor/database

How often a denial of ADAPT services occurs, how often the denial is appealed, and how often the appeal overturns the denial of service – refer to Program Access Report from each program. Excludes residential.

Exit summary and Follow-up for all programs - The number of exit summaries completed is divided by the total number of exits. The total number of follow-up reports divided by the total number of exit summary reports. All programs. Program supervisor or designee to complete follow-ups, etc. Refer to Discharge Summary (ADAPT’s form).

***GOAL C-2***

Community Living Supports (CLS) Program (Branch and St. Joe Counties) and Clubhouse annual cost per consumer – the annual cost per consumer is the actual expenses for the programs as of September 30th (before adjustments) divided by the FTE’s in September. Transportation, depreciation, consumer wages, and consumer FICA will be deducted from the ACTUAL expenses. FTE’s will be determined by the total units provided in September divided by 22 divided by the number of days the program was open in September. Actual expenses divided by Total Units for the Year divided by 22 divided by the number of days we were open = the number of FTE’s for the fiscal year.

Employment Resources and In-Home Supports cost per placement – divide the program cost (as defined above) by the total number of active placements as of September 30th.

## **GOAL C-3**

Meet DCH standards – report generated from DCH and/or Pines identifying corrective actions required. Meet CARF standards – participate in audit, review written recommendations in the report. Meet Clubhouse International Standards to maintain Accreditation (3-Year is optimal). SWMBH – CMH agencies will generate reports. Contact QI person for reports and with questions.

***Goal C-4***

Maintain Quality staff – use questions/results from the annual staff satisfaction survey. Residential turnover statistics generated using the QuickBooks accounting database of residential employees.

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