ADAPT, Inc.
OUTCOME DATA: FISCAL YEAR 2024/25
OUTCOME GOALS: FISCAL YEAR 2025/26

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) 2024/25 and establishes targets for FY 2025/26. 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:

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

B. 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.

C. 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)	Outlook Clubhouse (Branch)
Residential Services (St. Joseph)	Sheltered Employment (Branch)
Residential Services (Branch)	Employment Resources (Branch)
Community Living Supports (CLS - 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 was approximately 37% this year. 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. We surveyed electronically this year which resulted in a reduced return rate.

Consumer Satisfaction Survey

SERVICE AREA QUESTION	ACTUAL 23/24		TARGET 24/25		ACTUAL 24/25		TARGET 25/26	
	% YES	# Of RESP	% YES	# Of RESP	% YES	# Of RESP	% YES	# Of RESP
A1. Overall satisfaction (individual program surveys combined except IHS)	94%	139	95%	130	NA	NA	95%	100
A1. Overall satisfaction, CLS (Formerly Day Prog.)	98%	79	98%	80	99%	46	99%	60
A1. Overall satisfaction, Residential	91%	39	94%	45	NA	0	94%	35
A1. Overall satisfaction, Emp. Res.	94%	31	96%	35	NA	0	96%	25
A1. Overall satisfaction, Clubhouse	94%	21	96%	25	100%	15	98%	20
A2. Staff treat with respect (all programs except IHS) *day programs & clubhouse only this year	95%	143	100%	130	100%	48	100%	100
G1. Making progress with work goals (Employment Resources)	89%	4	95%	10	NA	0	95%	25
G2. Making progress with personal goals (Clubhouse)	93%	20	95%	22	91%	15	95%	20
D2. Enjoy community activities (CLS)	100%	80	100%	80	97%	48	100%	60
E1 Likes community work (Emp Res.)	100%	4	100%	10	NA	0	100%	25
E3 Satisfied with work hours and pay (Emp Res.)	100%	4	100%	10	NA	0	100%	25

R3. Home Supervisor is helpful	87%	42	95%	40	NA	0	95%	35
A1. Overall satisfaction, In-Home Supports	98%	31	95%	30	NA	0	95%	30
H2. Home and community activities meaningful	93%	28	95%	30	NA	0	95%	30
H3. Worker treats with respect	98%	28	100%	30	NA	0	100%	30

Stakeholder Satisfaction Survey

SERVICE AREA QUESTION	ACTUAL 23/24		TARGET 24/25		ACTUAL 24/25		TARGET 25/26	
	Result 5 Point Scale	# Of Resp.	Result 5 Point Scale	# Of Resp.	Result 5 Point Scale	# Of Resp.	Result 5 Point Scale	# Of Resp.
A6. Adapt, Overall satisfaction (not program specific; excludes Clubhouse and IHS)	4.7	53	4.7	55	4.6	36	4.6	50
A6. Branch, Overall (excludes Club.)	4.7	24	4.7	30	4.8	20	4.8	25
A6. St. Joe, Overall	4.6	32	4.7	35	4.4	16	4.4	25
A6. Clubhouse, Overall satisfaction	5.0	6	5.0	12	4.0	1	4.5	5
A1. Staff treat consumer with respect	4.8	54	4.8	55	4.7	36	4.7	50
A2. Staff interact respectfully with stakeholder	4.7	54	4.8	55	4.7	36	4.7	50
A3. Services meet consumers' needs	4.6	54	4.7	55	4.7	36	4.7	50
R1. Satisfied with overall quality of consumer's home	4.8	30	4.8	30	4.8	13	4.8	20
D1. Community activities are beneficial to consumer	4.5	29	4.6	35	4.9	25	4.9	30
A6. Both Counties, Overall satisfaction -IHS	4.8	29	4.7	30	4.8	13	4.8	20
H1. Both Counties, Staff treat consumer with respect - IHS	4.8	29	4.8	30	5.0	13	5.0	20
H2. Both Counties, Satisfied with quality of communication with worker - IHS	4.7	29	4.8	30	4.7	13	4.7	20
H3. Both Counties, Current services meeting expectations - IHS	4.8	29	4.8	30	4.6	13	4.6	20
H4. Both Counties, Making progress toward goals - IHS	4.8	27	4.8	30	4.8	13	4.8	20

RESULTS

The results of the stakeholder and consumer surveys yielded excellent results, which we typically see every year. Unfortunately, there was miscommunication between administrative staff, and some surveys were not completed this year. This explains the missing data in the consumer survey table and the low number of responses for some of the stakeholder indicators. The people served in the Day Programs in both counties and the Clubhouse in Branch County were the only Consumer surveys completed. Steps have been taken to prevent this from recurring in the future.

The previous fiscal year results are included for easier comparison. The target figures were all between 94 and 100%, which are fantastic results. Of the indicators for which we have data, 3/5 were achieved, ranging from 91% to 100% satisfaction. There were 46 responses to the Day Program survey (both counties). This is a remarkably high participation rate (well over 90%). There was an overall 99% satisfaction rate with the programs and 97% satisfaction rate with community activities. The Clubhouse membership reported 100% satisfaction with the program overall, and 91% think they are making progress with their goals. And combining the Clubhouse and both Day Programs, 100% of respondents think staff members treat them with respect, which is up from 95% the previous year.

The Stakeholder survey also had high satisfaction rates. However, there were fewer surveys returned this year. Using new software, there was an issue of accessing stakeholder addresses coupled with personnel time constraints and the miscommunication mentioned above. There were 143 Stakeholder surveys mailed or distributed. Of those, 45 were for the In-Home Supports and Supported Employment programs and 13 were returned, and three (3) were for Clubhouse, with one (1) survey returned. The other 95 surveys were for the Residential and Day programs in both counties with 36 returned. As with the Consumer survey, the targets were high – between 4.6 and 5.0 (or 92-100%). Responses ranged from 4.0 to 5.0 (80% to 100%). The 4.0 response was the one person who responded to the Clubhouse Stakeholder survey. The next lowest response was St. Joe's overall satisfaction at 4.4 or 88%, which is a decrease from 4.7 or 94% last year. There were 35 responses to that question on the survey for Fiscal Year 2024/25 compared with 30 responses the previous year. Overall satisfaction with Adapt (excluding Clubhouse and In-Home Supports) was 4.6 (92%), changing from 4.7 last year. There were 36 responses this year and 53 the previous year.

The In-Home Supports responses for both counties combined ranged from 4.6 to 5.0 (92% to 100%). These numbers 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. Last year, stakeholders rated the quality of communication with the direct care worker the lowest of the five indicators at 4.7 or 94%. That number was the same this year, which is a high satisfaction rate. The lowest number this year for the In-Home Supports program for Stakeholders is if services are meeting expectations, and respondents indicated gave a 4.6 rating or 92% satisfaction rate. That was the only area where there was no improvement or satisfaction remained the same. There was significant improvement in 4/5 indicators regarding In-Home Supports.

The results continue to be a pleasant reminder of the positive relationship Adapt has with its stakeholders and consumers. This is an unusual year in which consumers were not surveyed as they have been historically. This is not expected to happen in the future.

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.

PROGRAM	INDICATOR	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Branch Co.	# Behavior incidents	183	170	93	80
Branch Co.	# Behavioral/Medical incidents (injury or PRN)	23	12	121	75
Branch Co.	# Medication errors	61	50	57	48
Branch Co.	# Medical incidents (major, minor, falls, etc.)	297	275	198	165
Branch Co.	# ULOA's	2	0	8	0
Branch Co.	# Other incidents	65	45	41	40
St. Joseph Co	# Behavior incidents	500	425	208	170
St. Joseph Co	# Behavioral/Medical incidents (injury or PRN)	302	250	175	150
St. Joseph Co	# Medication errors	56	50	30	28
St. Joseph Co	# Medical incidents (major, minor, falls, etc.)	292	275	139	130
St. Joseph Co	# ULOA	5	0	2	0
St. Joseph Co	# Other incidents	73	50	64	50
Residential (Both counties)	% Of Emergency drills held as required	98%	100%	100%	100%
Clubhouse (Branch) and CLS (both counties)	% Of Emergency drills held as required	100%	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 people we serve, the physical and emotional status of each person served, the level of experience Direct Care Workers (DCW's) a.k.a. Direct Support Professionals (DSP's) have and their learning curve, requirements dictated by CMH or the Office of Recipient Rights, individual medical conditions/events, 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 total number of incidents decreased to 518 this fiscal year from 631 Unusual Incident Reports (UIR's) the previous fiscal year. Behavioral incidents decreased by almost 50%, while Behavioral-Medical incidents increased significantly(from 23 the previous year to 121 this year). Behavioral and Behavioral/Medical Incidents are connected or can be connected in that a Behavioral/Medical incident can be a behavioral incident that results in an injury, or it is when a person served receives a medication to address behavioral challenges called a "PRN." Medication Errors decreased by four (4) from the previous year (down by 18 the year before). While this is not a large decrease, we continue to move in the right direction. Medical incidents decreased by 99, Unusual Leave of Absences (ULOA's) increased by six (6) incidents, and Other incidents decreased by 24 from the previous fiscal year. It makes sense with fewer residents overall in Branch County, eventually leading to the closure of the Quimby Home, Branch County would see a decrease in Incident Reports. Westbrook AFC also closed during the last quarter of Fiscal Year 2024/25.

For St. Joe County, the total number of incidents was 618 this year down from 1,228 the previous year. The behavioral incidents decreased from 500 the previous year to 208 this fiscal year. And Behavioral/Medical incidents decreased from 302 to 175. It makes sense that these two categories would see a decrease in the total number of incidents with three residents leaving the Adapt system halfway through fiscal year 2023/24 – contributing to the high number of Behavioral incidents. These three people presented with daily behavioral challenges. There were 30 medication errors last year and 56 the previous year. The number of medication errors has steadily decreased over the past few years. Incidents decreased in all categories. This makes sense as the supervisory team gains experience, there are fewer residents who are behaviorally challenging leading to less behavioral and behavioral/medical incidents, medical incidents, and other incidents. Overall, things are more stable in St. Joe County.

In all programs 100% of emergency drills were completed this fiscal year. This is a nice improvement after one or two drills being missed in the Residential program for several years. All day services continue to complete 100% of emergency drills.

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 is 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.

PROGRAM	INDICATOR	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Clubhouse	% Of members who feel they are making progress toward outcomes	93%	94%	91%	92%

Employment Resources	% Of consumers who feel they are making progress toward outcomes	89%	92%	NA	90%
In-Home Supports	% of consumers participating in home and community activities they like	90%	92%	NA	90%
Clubhouse	% Of members who would like to be employed	83%	90%	60%	75%
Clubhouse	% Of members who feel participation is preparing them for future employment	89%	92%	90%	92%
Employment Resources	% Of workers with their preferred job	67%	85%	NA	90%
All programs	# Consumers on board, committees, and special event planning groups	173	160	192	185
All programs (except Clubhouse)	# Consumers participating self-advocacy training events or education by program staff	176	185	203	195
Clubhouse	# Of TYPES self-advocacy/training events and the average number of consumers attended per event	15 types of events- 9 members/event	15 types of events-12 members/event	15 types of events-12 members/event	16 types of events-13 members/event

RESULTS

This section is also impacted by the lack of consumer surveys for the In-Home Supports and Employment Resources programs. The number of people completing these surveys is typically lower and these programs are smaller to start. However, it is useful to have data on these programs to guide decision-making.

There are two indicators in this section regarding all programs except Clubhouse. One of them is the number of consumers participating in self-advocacy training or education. The goal was 185 consumers, and the actual number of participants was 203. The other indicator is the number of consumers on boards, committees, and special event planning groups, which was 192 (the target was 160). All other indicators in this section that have data pertain to the Clubhouse. For the Clubhouse, members participated in 15 types of advocacy/training events and averaged 12 members per event. Examples of events Clubhouse members participated in include:

-CMH employee Orientation
-Strawberry Fest
-Employment Symposiums (Lansing)
-New Member Orientation
-Branch County Fair booth
-Colleague training
-Clubhouse collaboration calls
-Clubhouse accreditation Webinars
-Volunteer Food Pantry
-Applefest
-Pines advisory board meeting
-Mental Health Awareness Training
-Accreditation meetings
-Clubhouse Michigan General meeting
-Genesis Clubhouse
-Weekly employment, communication, and advocacy zoom meetings with Michigan Clubhouses
-Out of State Training (Clubhouse International Training: 1 Member, 1 Staff, Clubhouse Supervisor)

The other indicators in this section: The number of Clubhouse members who feel they are making progress toward their outcomes was 91%, which was below the target of 94%. The percentage of Clubhouse members who would like to be employed was 60%, which was far below the target of 90% and

the result of 83% the previous year. Interestingly enough, 90% of Clubhouse respondents indicated their participation in the program was preparing them for future employment. This is a 1% improvement from last year.

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.

PROGRAM	INDICATOR	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Branch CLS	Average # of consumer community integration hours	221/month	230/month	337/month	340/month
Clubhouse	Average # of consumer community integration hours	87/month	85/month	91/month	92/month
St. Joe CLS	Average # of consumer community integration hours	664/month	670/month	714/month	720/month
Branch Residential	Average # of consumer community integration hours (per resident)	19/month	21/month	21/month	23/month
St. Joe Residential	Average # of consumer community integration hours (per resident)	14/month	17/month	17/month	20/month
Branch In-Home Supports	Average hours of community-based services provided to consumers (whole program)	2788/month	2800/month	2071/month	2000/month
St. Joe In-Home Supports	Average hours of community-based services provided to consumers (whole program)	1318/month	1400/month	1145/month	1100/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, vehicle issues, the number of persons served in the Residential program, etc. For Fiscal Year 2024/25, all but two target figures were met or surpassed. The two programs not meeting the community-based hours were the In-Home Supports programs in Branch and St. Joe Counties, and this number is actually different than the other programs. This number reflects the average number of services provided in the community each month, which depends directly on the CMH

agencies authorizing those services. Both counties authorized fewer one-on-one CLS services during Fiscal Year 2024/25. It is impressive that the Residential programs met the targets in each county with there being fewer residents overall. There was also a nice increase in the monthly average in both Day Programs, as well as a small increase in the Clubhouse's monthly average.

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 to 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.

PROGRAM	INDICATOR	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Employment Resources	Total # of participants placed in jobs	21	25	32	35
Employment Resources	# of new referrals for fiscal year	41	45	50	55
Employment Resources	# of new referrals placed in job during fiscal year	15	18	25	28
Employment Resources	# of new referrals opting not to continue with services after intake	19	15	27	20
Employment Resources	Total # of local employers contacted	44	50	38	45
Employment Resources	# of new referrals placed in job and successfully closed with MRS (90-day). (not closed by ER)	11	13	15	20
Employment Resources	# of community presentations, job fairs, etc.	5	6	6	6
Employment Resources	Total # of placements receiving ongoing supports	8	10	13	16
Clubhouse	# of people place in community jobs	4	4	6	7
Branch CLS Program	# of new referrals to supported employment from program	2	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	1	2	1	2

Employment Resources	% In Supported Employ. 6+ consecutive months	58%	65%	63%	70%
Branch CLS Program	% Of consumers who wanted a community job and did not have one	1%	1%	0%	0%
St. Joe CLS Program	% Of consumers who wanted a community job and did not have one	13%	10%	19%	15%
Branch CLS Program	The average # of consumers involved in volunteer work through CLS program per month	15	16	22	23
St. Joe CLS Program	The average # of consumers involved in volunteer work through CLS program per month	8	10	10	12
Branch In-Home Supports	% of consumers who have a job	0%	2%	0%	2%
Branch In-Home Supports	% of consumers who would like a job and do not have one	0%	0%	2%	1%
Branch In-Home Supports	# of referrals to Supported Employment	0	2	0	1
St. Joe In-Home Supports	% of consumers who have a job	41%	45%	18%	20%
St. Joe In-Home Supports	% of consumers who would like a job and do not have one	9%	5%	9%	8%
St. Joe In-Home Supports	# of referrals to CMH for Supported Employment Services	4	5	5	6

RESULTS

The Employment Resources program is a small program with a significant presence in the Outcomes Report. Many indicators are measured because of the importance of work for all people, including those we serve at Adapt. We continue to measure work goals and encourage people to work if it is their desire because we do not want people to settle for doing the same thing simply because they are comfortable or have a fear of trying something new. The total number of participants placed in jobs increased significantly from last year from 21 to 32 this year. There were also more new referrals – 50 this year compared with 41 last year. The new referrals placed into jobs increased from 15 last year to 25 this year. The number of new referrals opting to NOT continue with supported employment services went from 19 last year to 27 this year. There were 44 business contacts made by the Employment Resources personnel during FY 2023/24 and 38 contacts made in FY 2024/25. Initiating and maintaining contact with area businesses is key to ensuring a strong supported employment program in Branch County. It is also important to know when to stop asking area employers if they would like to partner with us, in an effort to preserve any future chance of partnering with a business. Of the 50 new referrals, 23 continued with services after intake. This is an area to investigate further – to determine if the referrals are not appropriate or is there something we can do to encourage a higher participation rate after intake.

Overall, the level of community employment and referrals is particularly 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). The number of new referrals placed successfully in a job and closed with MRS within 90 days was 15 this year, up from 11 last 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. The Clubhouse had six people referred to employment services and the Workshop referred one person. The St. Joe In-Home Supports program had a large decrease in the percentage of people working in that program (41% last year and 18% this year). There were a couple of program participants who tried multiple jobs and were unsuccessful and eventually discontinued employment services. The percentage of people served in that program wanting a job and do not have one has remained the same at 9%, which falls short of the target of 5%. In answer to this desire for employment, there were seven (7) referrals made to supported employment from this program and the target figure was five (5). The Branch In-Home Supports program serves many people who are medically fragile or require a lot of support. There is no one in that program with a job, but 2% said they would like a job (that would be one person) – there was no referral made because that person Adapt left services. In the Branch CLS program, 0% wanted a job who did not have one, which is down from 1% last year. In the St. Joe Day Program, 19% of participants wanted a job and did not have one which is an increase from 13% last year. The supervisor is actively working to create employment opportunities and work with Pivotal personnel to facilitate employment services for those who desire it. The average number of volunteers from the Day Program increased in Branch County to 22 per month and in St. Joe County to 10 per month.

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 Financial Controller or designee will compile data for this goal.

PROGRAM	INDICATOR	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Employment Resources	% In SE earning at least minimum wage	100%	100%	100%	100%
Employment Resources	Average hourly wage	$13.00	$13.15	$13.00	$13.73
Employment Resources	% In SE at least 10 hours per week	100%	100%	100%	100%
Employment Resources	Total wages paid to program participants	$9,471	$9,500	$4,864	$7,000
Sheltered Workshop	Total wages paid to core workers	$384,311	$325,000	$332,854	$280,000

RESULTS

Part of Adapt's mission is to educate the people we serve about 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 of Employment Resources' consumers earning minimum wage remains at 100% for the fourth consecutive year. The average hourly rate remained at $13.00/hour. Again, 100% of Supported Employment program participants work at least 10 hours per week (same as last year). 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 ($4,864) reflects one adult program participant and the Summer Youth Program participants – in this situation, Adapt is the employer of record. The number of youths involved in

the Summer program was lower than the previous year due to some issues with the MRS counselors involved with the program. It is expected that these issues have been resolved and the number of youths participating in the program will be higher next year.

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 complete 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. This effort has been re-energized and the movement to eliminate the 14(c)-certificate program is active. Workers will be encouraged to look for community employment more actively in calendar year 2026, as the future of the workshop remains uncertain. Wages paid to core workers decreased by over 50k, and the shop has had a decrease in jobs available. The number of core workers working on a regular basis is lower. The target for wages paid will be lower than the actual wages paid for 2024/25, assuming the organization chooses to continue operating the workshop. The Board of Directors and Administration have been analyzing the financial status of the workshop, the organization's Mission Statement, and the people working in the shop. These factors, combined with the national trend and movement to terminate all subminimum wage employment for all citizens, including people with disabilities, are being considered in the decision-making process. Although there are people working in the shop who will be upset if the shop is no longer operated by Adapt, all of those people have the opportunity to receive Supported Employment services, which Adapt has offered for the past 40 years and information on these services is included in the annual counseling.

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 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
CLS (St. Joe)	Total # of referrals to the program	6	5	11	10
Clubhouse	Total # of referrals to the program	18	15	12	15
CLS (Branch)	Total # of referrals to the program	1	5	5	8

In-Home (Branch)	Total # of referrals to the program	20	20	18	20
In-Home (St. Joe)	Total # of referrals to the program	1	4	7	10
CLS (St. Joe)	Days from first referral call (from CMH) to first scheduled appointment or intake	15	12	9	7
Clubhouse	Days from first referral call (from CMH) to first scheduled appointment or intake	13	10	19	12
Employment Res. (Branch)	Days from first referral call (from CMH) to first scheduled appointment or intake	37	25	60	45
CLS (Branch)	Days from first referral call (from CMH) to first scheduled appointment or intake	12	10	7	5
CLS (St. Joe)	Days from first appointment or intake to start of service	11	7	15	9
Clubhouse	Days from first appointment or intake to start of service	4	4	19	8
CLS (Branch)	Days from first appointment or intake to start of service	7	7	6	5
In-Home (Branch)	Days from first appointment or intake to start of service	12	10	21	14
In-Home (St. Joe)	Days from first appointment or intake to start of service	51	10	23	16
Employment Resources	Average # days between intake for individual job placement and start of work	59	52	120	70
All programs (except residential)	# Of denials of ADAPT service occurred	1	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	100%	100%	100%	100%
All programs – St. Joe	% Of Exit summary reports for people who leave a service	100%	100%	100%	100%
All programs - St. Joe	% Of Follow-up reports (attempted) for people who leave a service	100%	100%	100%	100%

RESULTS

Each program receives referrals from the CMH agencies differently. 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. There are 21 indicators in this section and 11 of the targets were achieved. After examining a few of the targets more closely, it appears they were set too high when looking at the previous year's data. Regardless, almost half of the goals were not achieved. Both Day Programs met/surpassed the target number for referrals to the program. The Clubhouse had 12 referrals to the program and the goal was 15 – there were 18 referrals the previous year. The Branch In-Home Supports Program had 18 referrals, down from 20 the previous year and the St. Joe In-Home program had seven (7) referrals which is up from only one (1) the previous year. Overall, the number of referrals to the programs in the table above is good, and generally in line with the target figures.

When it comes to the number of days between the first call/referral and first scheduled appointment or intake and the number of days between the intake and start of services, the Clubhouse and St. Joe Day Program did not meet the target figures, and the Branch Day Program did. With both In-Home Supports programs, the goals were not met for the number of days between the intake and the start of service. This is more typical as it can be difficult to find staff to work with the referred person or there might be another hold-up on the family/consumer's end.

Employment Resources had two (2) indicators in the section that were not achieved. It averaged 60 days between the referral call and first scheduled appointment or intake (last year it was 37 days, and the target was 25 days, which may have been too few days). And the average number of days between intake for individual job placement and start of work was 120 days (it was 59 days last year and the target was 52 days). The operation of the Summer Youth Program created the large number of days between intake and job placement, which may be unavoidable.

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. When people leave Adapt services, it is important to follow-up with the person to help ensure continuity of care. In both counties, 100% of exit summaries and 100% of follow-up summaries were completed, which is the same as last 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	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
Branch CLS	Annual cost per consumer	$24,702	Baseline	$24,197	$23,000
Clubhouse	Annual cost per consumer	$27,522	Baseline	$28,500	$29,000
St. Joe CLS	Annual cost per consumer	$13,758	Baseline	$15,118	$16,000
Employment Resources	Cost per new placement	$3,142	Baseline	$3,815	$4,000
Branch In-Home Supports	Annual cost per consumer	$49,797	Baseline	$53,990	$54,000
St. Joe In-Home Supports	Annual cost per consumer	$51,328	Baseline	$58,691	$58,000

RESULTS

The cost to serve people in every program except Employment Resources and the St. Joe Day Program were high. The cost to serve people in Employment Resources is typically low and the St. Joe Day Program has a large number of program participants. At this point, it is expected this cost may increase as a small decrease in attendance has been noted during the first quarter of Fiscal Year 2025/26. These high costs are related to higher consumable and gas prices, and especially staff expenses, which include exceedingly high health care expenses. Fiscal Year 2023/24 was the last year Adapt assigned the actual employee health insurance cost to individual programs. For example, if the Administrative employees have health insurance expenses of $50,000, it will not be itemized or identified as such. The overall cost of health insurance expenses will be weighted according to the number of employees in a program and then distributed among all programs, therefore we have baseline figures for the program costs with this new way of distributing the medical insurance costs.

As expected, the cost to serve in all programs, except for the Branch Day Program, is higher. That program has worked pretty lean as far as the number of employees. Health insurance costs for employees are remarkably high, and this is directly tied to program costs. Staffing ratios for all programs were looked at closely and will be examined on a quarterly basis during fiscal year 2025/26.

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	ACTUAL 23/24	TARGET 24/25	ACTUAL 24/25	TARGET 25/26
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-year Accreditation	Maintain Three-year Accreditation	Maintain Three-year Accreditation	Obtain Three-year Accreditation
All Programs	Meet CARF standards	Maintain Three-year Accreditation	Maintain Three-year Accreditation	Maintain Three-year Accreditation	Obtain Three-year Accreditation

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 Fall of 2026. The Outlook Clubhouse conducted its accreditation survey with Clubhouse International in February 2023. A three-year accreditation was achieved once again, and Outlook will be surveyed once again in 2026.

GOAL C-4 MAINTAIN QUALITY EMPLOYEES

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 on 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 on quality of care.

Annual Employee Survey

VERY GOOD 5 4 3 2 1 NOT GOOD	St. Joe			Branch		
	Actual 2023	Actual 2024	Actual 2025	Actual 2023	Actual 2024	Actual 2025
What do you think about ADAPT overall in terms of the quality of the programs offered?	3.6	4.5	4.2	4.6	4.5	4.4
What do you think about ADAPT overall in terms of commitment to consumers/residents?	3.4	4.7	4.3	4.6	4.5	4.4
Are you confident in sharing your opinions with management, even when they contradict the "norm"?	NA	4.7	4.5	NA	4.3	4.0
Do you think you make a positive difference in the lives of the people you serve?	4.7	4.9	4.7	4.8	4.7	4.7
Do you enjoy your job?	4.0	4.6	4.6	4.4	4.4	4.4
How would you rate the quality and type of initial training that is offered to employees?	3.9	4.3	4.2	4.4	4.4	4.3

EXCELLENT 5 4 3 2 1 POOR	St. Joe			Branch		
	Actual 2023	Actual 2024	Actual 2025	Actual 2023	Actual 2024	Actual 2025
Rate how you think significant changes are explained to you by your supervisor in the areas listed below:						
Schedule Changes	4.5	4.7	4.5	4.8	4.5	4.4
Job Requirements	4.5	4.8	4.6	4.7	4.3	4.3
Care for Consumers	4.6	4.9	4.6	4.7	4.5	4.4
Operation of Home	4.4	4.8	4.4	4.6	4.4	4.4

Annual In-Home Supports Employee Survey

VERY GOOD 5 4 3 2 1 NOT GOOD	St. Joe			Branch		
	Actual 2023	Actual 2024	Actual 2025	Actual 2023	Actual 2024	Actual 2025
How do you feel about ADAPT's In-Home Supports program overall in terms of quality of services and commitment to consumers?	4.6	4.7	4.8	4.4	4.4	4.6
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	4.7	4.8	4.1	4.1	4.5
Do you understand the chain of command at ADAPT – do you know who to talk with regarding your questions and concerns?	4.6	4.8	5.0	4.8	4.6	4.6
When you have questions or concerns, do you feel the In-Home Supports leadership is responsive?	4.5	4.4	5.0	4.4	4.2	4.6
How do you feel about the quality and type of training you have received at Adapt?	4.4	4.6	4.7	4.7	4.5	4.8
Have you been provided with the necessary tools and information to be successful with the individuals with whom you work?	4.6	4.6	4.8	4.8	4.5	4.8
Do you understand the goals of the individuals with whom you work?	4.7	4.9	4.8	4.9	4.8	4.9

Employee Statistics

	Adapt, Inc.		
	Actual 2023	Actual 2024	Actual 2025
Number of employees (all services, all counties)	223	229	194
Average number of years employed with Adapt.	7.14	7.11	7.38
Annual staff turnover rate	43%	38%	43%

RESULTS

All DSP's are encouraged to complete the Annual Employee 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 4.0 to a high score of 4.7 (80% to 94%). There were zero (0) indicators yielding a result of less than 4.0, which is a highly desirable result. The overall range is lower than the previous year with the lowest score being a little lower and the highest score being a little lower. The employee survey is distributed electronically through the MITC employee database. Any response below a "4.0" automatically elicits an explanation from the respondent regarding why they gave less than a 4.0. There was not a common theme or complaint amongst employees on the survey.

Residential employees continue to work under difficult conditions, with ever increasing regulations and rules, less support from the CSM's from the CMH agencies, learning new documentation procedures for client goals and clocking in/out for payroll on the MITC software, and it continues to be challenging to hire an adequate number of quality employees. Although hiring has eased over the past few years, it has not returned to pre-Covid status. There is a different mindset about work, and it is more difficult to find people who have a strong work ethic, meet all criteria, have a driver's license, and are flexible with the hours they will work. The challenge is maintaining the balance of quality and an adequate workforce. It remains more difficult to find people to work the nightshift.

The Branch County scores ranged from 4.0 to 4.7 (80% to 94%), with one indicator having a result of 4.0 and the rest being 4.3 and higher. Employees who completed the survey gave a rating of 4.0 to the question, "Are you confident in sharing your opinions with management, even when they contradict the 'norm'?" In Branch County, three indicators yielded a response of 4.4 and they were: 1) overall quality of programs offered, 2) overall commitment to consumers/residents, 3) and do employees enjoy their jobs. The indicator with the highest result was if employees think they make a positive difference in the lives of the people they serve at 4.7, which is the same number for St Joe County and also the highest number for that county. It is <u>always</u> the survey question yielding the highest rating, and it is why people do direct care work – because they believe they are making a positive difference in the lives of the people we serve. In St. Joe County, the lowest score was 4.2 (84%) and two indicators received that score: 1) the quality and type of initial training offered to employees and 2) what do you think about Adapt overall in terms of the quality of the programs offered. The St. Joe County scores ranged from 4.2 to 4.7 (84% to 94%), which is a tighter range than the previous year. Interestingly, the training question typically yields a lower rating and yet none of the St. Joe supervisory team has been part of the training team for several years because none of those supervisors want to be trainers.

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 4.3 to 4.6 (86% to 92%), which reflects a continuation of incredibly good scores. When analyzed by county, St. Joe decreased in every area with a range of 4.4 to 4.6 (88% to 92%). Branch maintained two scores and decreased two scores, with a range of 4.3 to 4.4 (86% to 88%). The Branch scores are still good, but it indicates a need for Supervisors to take more time to listen and explain things to employees. Branch County Supervisors, in some cases, supervise two homes and are Trainers (part of the Training program for Adapt new hires and employees). St. Joe does not have any Supervisors who are also Trainers. This is the same as last year, except St. Joe's scores have decreased some. We are in the process of streamlining training which will lighten the load on the supervisors in Branch County who are also trainers. Care for consumers was the biggest decrease in score in St. Joe County (which it is still a high score). Both tables in this section have indicators with decreased scores regarding how employees perceive programs or quality of care consumers/residents receive. Since employees rated the impact they have on the people they serve highly, it makes sense that this decreased satisfaction is about the organization, administrative personnel/practices, and/or management.

The In-Home Supports program employees completed a separate survey because their jobs are quite different in that they work one-on-one with people in the community. Overall, the numbers in both programs are excellent with a low score of 4.5 and a high score of 5.0 (90% to 100%), which is an increased range from last year. Branch County had a range of 4.5 to 4.9 (90% to 98%) and St. Joe County had a range of 4.7 to 5.0 (94% to 100%). The lowest score in Branch County was whether the employee believed their suggestions and ideas were considered by the Program Supervisor – which was the lowest score at least since 2023, but this rating increased from 4.1 the previous two years, which is nice improvement. The highest score for Branch County was whether the employee understood the goals of the person they served, with a 4.9. This was also the highest score of the previous year. In St. Joe County, the lowest score pertained to the quality of training provided to In-Home Supports employees at 4.7. There were two indicators with a score of 5.0 and they were: 1) do you understand the chain of command and 2) do you feel the In-Home Supports leadership is responsive (last year's lowest score). This reflects an effort by the In-Home Supports program supervisor to be responsive to the employees and is notable improvement.

The staff turnover rate has been monitored for several years. The overall turnover rate was 43% this year compared with 38% the previous fiscal year. The turnover rate was 43% in 2023. While we would like to see this number closer to 30%, it is not out of line with what we have been seeing over the last few years. The average length of employment for Adapt DSP's is 7.38 years, which is higher than last year at 7.11 years, signifying many of the employees who left employment were newer employees. The number of employees decreased from 229 to 194.

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 represents 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 reviewing 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., the appropriate supervisor addresses it.

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 is 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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