##### ADAPT, Inc.

##### OUTCOME DATA: FISCAL YEAR 2020/21

#### OUTCOME GOALS: FISCAL YEAR 2021/22

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 make improvements. ADAPT’s Outcome Report summarizes the results of the outcome goals established for Fiscal Year (FY) 2020/21 and establishes targets for FY 2021/22. 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 important 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 a high 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 AREA  QUESTION | ACTUAL  19/20 | | TARGET  20/21 | | ACTUAL  20/21 | | TARGET  21/22 | |
|  | %  YES | # Of  RESP | %  YES | # Of  RESP | %  YES | # Of  RESP | %  YES | # Of  RESP |
| A1. Overall satisfaction (individual program surveys combined except IHS) | 94% | 75 | 95% | 110 | 97% | 83 | 95% | 90 |
| A1. Overall satisfaction, CLS (Formerly Day Prog.) | 100% | 26 | 99% | 50 | 98% | 27 | 98% | 35 |
| A1. Overall satisfaction, Residential | 100% | 28 | 99% | 30 | 97% | 30 | 97% | 30 |
| A1. Overall satisfaction, Emp. Res. | 78% | 7 | 90% | 15 | 96% | 8 | 93% | 15 |
| A1. Overall satisfaction, Clubhouse | 98% | 14 | 98% | 20 | 98% | 18 | 98% | 20 |
| A2. Staff treat with respect  (all programs except IHS) | 97% | 75 | 97% | 110 | 97% | 74 | 97% | 90 |
| G1. Making progress with work goals (Employment Resources) | 91% | 7 | 92% | 15 | 92% | 8 | 15 | 92% |
| G2. Making progress with personal goals (Clubhouse) | 98% | 13 | 98% | 20 | 98% | 18 | 98% | 20 |
| D2. Enjoy community activities (CLS) | 99% | 27 | 99% | 50 | 98% | 27 | 98% | 35 |
| E1 Likes community work (Emp Res.) | 100% | 7 | 98% | 15 | 92% | 8 | 92% | 15 |
| E3 Satisfied with work hours and pay (Emp Res.) | 81% | 7 | 85% | 15 | 92% | 8 | 92% | 15 |
| R3. Home Supervisor is helpful | 99% | 28 | 98% | 30 | 100% | 29 | 98% | 30 |
| A1. Overall satisfaction, In-Home Supports | 92% | 22 | 93% | 40 | 93% | 18 | 93% | 22 |
| H2. Home and community activities meaningful | 91% | 22 | 91% | 40 | 89% | 18 | 90% | 22 |
| H3. Worker treats with respect | 100% | 22 | 98% | 40 | 98% | 18 | 98% | 22 |

**Stakeholder Satisfaction Survey**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE AREA  QUESTION | ACTUAL  19/20 | | TARGET  20/21 | | ACTUAL  20/21 | | TARGET  21/22 | |
|  | 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) | 4.8 | 54 | 4.8 | 80 | 4.8 | 56 | 4.8 | 60 |
| A6. Branch, Overall (excludes Club.) | 4.8 | 34 | 4.8 | 45 | 4.8 | 21 | 4.8 | 30 |
| A6. St. Joe, Overall | 4.6 | 28 | 4.6 | 45 | 4.8 | 28 | 4.8 | 30 |
| A6. Clubhouse, Overall satisfaction | 4.7 | 3 | 4.7 | 16 |  | 0 | 4.7 | 8 |
| A1. Staff treat consumer with respect | 4.9 | 58 | 4.9 | 80 | 4.8 | 55 | 4.8 | 60 |
| A2. Staff interact respectfully with stakeholder | 4.9 | 59 | 4.9 | 80 | 4.8 | 55 | 4.8 | 60 |
| A3. Services meet consumers’ needs | 4.7 | 58 | 4.7 | 80 | 4.6 | 56 | 4.7 | 60 |
| R1. Satisfied with overall quality of consumer’s home | 4.6 | 22 | 4.6 | 40 | 4.8 | 21 | 4.8 | 25 |
| D1. Community activities are beneficial to consumer | 4.6 | 34 | 4.7 | 55 | 4.8 | 37 | 4.8 | 40 |
| A6. Both Counties, Overall satisfaction -IHS | 4.7 | 14 | 4.8 | 20 | 4.9 | 16 | 4.8 | 20 |
| H1. Both Counties, Staff treat consumer with respect - IHS | 4.9 | 14 | 4.9 | 20 | 5.0 | 17 | 4.9 | 20 |
| H2. Both Counties, Satisfied with quality of communication with worker - IHS | 4.8 | 14 | 4.8 | 20 | 4.8 | 17 | 4.8 | 20 |
| H3. Both Counties, Current services meeting expectations - IHS | 4.6 | 14 | 4.8 | 20 | 5.0 | 17 | 4.8 | 20 |
| H4. Both Counties, Making progress toward goals - IHS | 4.5 | 13 | 4.8 | 20 | 4.4 | 16 | 4.6 | 20 |

**RESULTS**

The results of the stakeholder and consumer surveys yielded excellent results, which has continued from year to year. The previous fiscal year results are included for easier comparison. The Consumer Satisfaction Survey results revealed 10/15 indicators meeting or surpassing the target figure. Of the five (5) indicators not achieved, two (2) were just 1% below the target and another two (2) indicators were 2% below the target figure. The level of satisfaction with Adapt overall (all programs except In-Home Supports) was very high at 97%, which is a 3% increase from last year. The number of respondents increased from 75 last year to 83 this year. Results for the Consumer Survey ranged from 89% to 100% satisfaction compared with last year’s range of 78% to 100%.

Employment Resources results were 96% overall satisfaction (it was 78% last year), 92% believed they were making progress with work goals (it was 91% last year and 90% the previous year), and 92% were satisfied with work hours and pay (it was 81% last year). The overall numbers are good considering some people had their work schedules interrupted because of the Covid-19 pandemic. The number of Employment Resources consumers willing to respond to the survey increased from seven (7) to eight (8). Efforts to increase participation did not yield better results. The overall satisfaction rate for the In-Home Supports program was evaluated separately from the other programs and resulted in a 93% satisfaction rate, compared with 92% last year. There was a smaller number of respondents for the In-Home Program (22 last year and 18 this year). This change is not surprising considering the continuing health crisis has impeded face-to-face contact with people, which generally yields better participation.

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 (97% in 2021, 99% in 2019, 93% in 2018, 94% in 2017, 92% in 2016, 92% in 2015, 93% in 2014 and 2013, 95% in 2012, and 97% in 2011). In the In-Home Supports program, 98% of consumers responded that their Adapt staff treats them with respect, which means one (1) did not respond affirmatively.

The Stakeholder survey also had high satisfaction rates. As with the Consumer Survey, some of the target figures for the indicators were not achieved (9/14 targets achieved). The targets were high – all equal to 92% satisfaction or greater. Overall (excludes Clubhouse and In-Home Supports) satisfaction with Adapt was 4.8 (96% and the same as the previous two years). Results for individual programs ranged from 4.4 to 5.0 (88% to 100%). The lowest area of satisfaction was in the In-Home Supports Program and specifically, if consumers felt they were making progress toward their goals. The level of satisfaction was 4.4 (88%). Although this is still fairly high, it is not surprising this area was the lowest. The In-Home Supports program has an intense focus on community participation. The Covid crisis has significantly impacted the ability of consumers and staff members to fully engage in the community and in social activities.

The results continue to be a pleasant reminder of the positive relationship Adapt has with its stakeholders, even when surveying people during a two-year long pandemic.

### 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 | ACTUAL  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
|  | Branch Co. | # Behavior incidents | 116 | 115 | 85 | 80 |
|  | Branch Co. | # Behavioral/Medical incidents (injury or PRN) | 5 | 2 | 7 | 5 |
|  | Branch Co. | # Medication errors | 61 | 60 | 52 | 50 |
|  | Branch Co. | # Medical incidents (major, minor, falls, etc.) | 133 | 130 | 106 | 110 |
|  | Branch Co. | # ULOA’s | 0 | 0 | 0 | 0 |
|  | Branch Co. | # Other incidents | 52 | 50 | 0 | 15 |
|  | St. Joseph Co | # Behavior incidents | 222 | 220 | 378 | 325 |
|  | St. Joseph Co | # Behavioral/Medical incidents (injury or PRN) | 53 | 50 | 95 | 80 |
|  | St. Joseph Co | # Medication errors | 50 | 40 | 69 | 50 |
|  | St. Joseph Co | # Medical incidents (major, minor, falls, etc.) | 275 | 250 | 333 | 295 |
|  | St. Joseph Co | # ULOA | 0 | 0 | 6 | 2 |
|  | St. Joseph Co | # Other incidents | 78 | 70 | 86 | 70 |
|  | Residential  (Both counties) | % Of Emergency drills held as required | 94% | 100% | 99% | 100% |
|  | Clubhouse (Branch) and CLS (both counties) | % Of Emergency drills held as required | 100% | 100% | 86% | 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 some between the two counties, and at times, changes to reporting requirements occur mid-year.

For Branch County, the number of incidents decreased significantly this year from last year. For Fiscal Year 2019/20, there were 367 Unusual Incident Reports (UIR’s) written and in Fiscal Year 2020/21 there were 250. There was a reduction in the number of incidents in all areas except the Behavioral/Medical category which increased by two (2) from the previous year. The people we serve in our Residential program continue to do very well with the limitations placed on us all resulting from the Covid-19 pandemic. Most of our residents have been with us for many years, and as people age, we notice fewer behavioral issues. In Branch County, we do not serve any individuals who are struggling behaviorally on a regular basis. Medications Errors continue to slowly decline. Considering the many times employees in some of the homes have worked short-staffed, this is a remarkable fact that highlights the dedication and excellence of many of Adapt’s employees.

For St. Joe County, the total number of incidents increased significantly this year from last year. For Fiscal Year 2019/20, there were 678 UIR’s written and this year there were 967. For Fiscal Year 2018/19, there were 1,182 Unusual Incident Reports (UIR’s) written in St. Joe County to put this year’s number of UIR’s in perspective. There was a significant increase in Behavioral incidents which interrupts the downward trend of Behavioral incidents during the previous four years. Last year there were 222 Behavioral incidents and this year there were 378, which is a 70% increase. There is one newer resident who displayed a lot of challenging behavior, including the majority of the Unauthorized Leave of Absences (ULOA’s). Transitions and unpredictability can be a source of stress and result in behavioral incidents. There has been a staffing shortage – people leaving, illness, etc., and this can create higher levels of stress for some residents. There have been a lot of medical issues, which is reflected in the higher number of medical UIR’s.

The number of medication errors is closely monitored every year. In St. Joe County, there were 69 medication errors this year and 50 last year. There were 80 medication errors for Fiscal Year 2018/19 for comparative purposes. Adapt continues to work at training staff regarding medication passing, safety precautions, and interacting with consumers to limit behavioral challenges. Adapt continues to focus on relationships and rapport-building with the people we serve, along with promoting personal choice and independence, which has had a positive impact on the behavior of consumers and overall quality of life. This is a strategy we will continue to implement.

Most programs ran all fire drills as required. One or two homes (from each county) missed a fire drill. 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. This year, the Residential program ran 99% of required drills, up from 94% 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 in both counties ran 100% of required drills, while the Clubhouse missed some this year which is reflected in the 86% achievement rate.

**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 are 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 | ACTUAL  19/20 | TARGET 20/21 | ACTUAL  21/20 | TARGET  21/22 |
| Clubhouse | % Of consumers who feel they are making progress toward outcomes | 98% | 98% | 98% | 98% |
| Employment Resources | % Of consumers who feel they are making progress toward outcomes | 90% | 92% | 90% | 92% |
| In-Home Supports | % of consumers participating in home and community activities they like | 88% | 90% | 91% | 92% |
| Clubhouse | % Of members who would like to be employed | 87% | 90% | 94% | 92% |
| Clubhouse | % Of members who feel participation is preparing them for future employment | 95% | 95% | 95% | 95% |
| Employment Resources | % Of workers with their preferred job | 86% | 90% | 83% | 90% |
| All programs | # Consumers on board, committees, and special event planning groups | 162 | 160 | 178 | 160 |
| All programs (except Clubhouse) | # Consumers participating self-advocacy training events or education by program staff | 157 | 160 | 150 | 160 |
| Clubhouse | # Of TYPES self-advocacy/training events and the average number of consumers attended per event | 9 types of events- 9 member/event | 30 types of events- 15 member/event | 11 types of events- 8 member/event | 12 types of events- 10 member/event |

RESULTS

Indicators in this area pertain to Clubhouse members and 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 very good for the second consecutive year, although not all target figures were achieved.

The Clubhouse consumer survey yielded excellent results for the second consecutive year. The percentage of members who believe they are making progress on their personal outcomes was 98% this year. The percentage of members who would like to be employed increased to 94%. And the percentage of members who feel Clubhouse participation is preparing them for employment was 95%. 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. For Fiscal Year 2020/21, it was 11 types of events with an average of eight (8) members per event. The target for this year seems to be a typing error; 30 types of events during a pandemic is an unreasonable goal.

Examples of events Clubhouse members participated in include:

* Wellness classes
* Orienting new members
* Clubhouse collaboration calls
* Clubhouse accreditation Webinars
* Volunteer for Food Pantry
* Pines board meetings (Tuesday nights)
* Pines advisory board meeting (during daytime hours- different from Tues evenings)
* Accreditation meetings
* Capitol for Mental Health Awareness
* Virtual Conference with Massachusetts Clubhouse Coalition

For Employment Resources, the percentage of participants who feel they are making progress towards their outcomes was 90%, which is the same as last year. The percentage of participants working at their preferred job decreased from 86% to 83% this year. It was 71% for FY 2018/19, which demonstrates a surprising overall improvement during the pandemic.

**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  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
| Branch CLS | Average # of consumer community integration hours | 441/month | 440/month | 85/month | 125/month |
| Clubhouse | Average # of consumer community integration hours | 78/month | 75/month | 36/month | 50/month |
| St. Joe CLS | Average # of consumer community integration hours | 680/month | 650/month | 599/month | 650/month |
| Branch Residential | Average # of consumer community integration hours (per resident) | 21/month | 20/month | 12/month | 18/month |
| St. Joe Residential | Average # of consumer community integration hours (per resident) | 21/month | 20/month | 7/month | 16/month |
| Branch In-Home Supports | Average # of hours of community-based services provided to consumers (whole program) | 2290/month | 2350/month | 2572/month | 2600/month |
| St. Joe In-Home Supports | Average # of hours of community-based services provided to consumers (whole program) | 1463/month | 1500/month | 1660/month | 1700/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, and vehicle issues, etc. For Fiscal Years 2019/20 and 2020/21, the Covid-19 pandemic resulted in limited community activities and participation in order to protect the health of the people we serve. The average number of hours per month for the homes in both counties was quite low but expected as the pandemic continued, and the target figures quickly became obsolete. There has also been a staffing shortage in the Residential program since the summer of 2020 (and possibly longer than that). The majority of the Residents in both counties have been vaccinated (January/February 2021) and boosted (December 2021), but additional precautions have continued to be necessary due to the fragile state of many of the people served in the Residential program.

The Day Programs were closed all of October and half of November 2021 and were open throughout the remainder of the fiscal year. There is a significant difference in community hours between St. Joe and Branch Counties. St. Joe disregarded some of the recommendations regarding precautions against Covid-19 in vehicles and took larger groups out into the community, they have twice as many people attending on a daily basis, and the staffing ratio was higher than Branch. Branch County has been more cautious. Neither program had an outbreak of Covid amongst participants and there is a high vaccination rate amongst the people we serve in these programs in both counties. Branch County has been working with three employees due to the low attendance. However, there is a person who attends the program who requires 1:1 care at different times throughout the day and this limits the availability of staff. Two of the three employees have been working with significant physical limitations. The administration has a plan to alleviate this problem, but it depends on an employee who has been working in a home being able to leave that position and return to day program. Due to Medicaid restrictions, any employee who works in a Residential site is not allowed to work in a day program setting. This is a ridiculously prohibitive rule that was not adjusted to account for the pandemic and staffing shortages seen around the country. Regardless of some very good reasons for low community participation in Branch County, the average monthly number needs to steadily increase this fiscal year, especially as the weather improves. It should be noted that participants in Branch County’s day program have not expressed a desire to be out more than they have been. It should be further noted that the St. Joe program is flourishing and doing a wonderful job.

Indicators for the In-Home Supports program were added in Fiscal Year 2017/18 to demonstrate how a major Adapt program promotes community participation. In Branch County, this program provided an average of 2,572 hours/month compared with last year’s number of 2,290 hours/month. In St. Joe County, the monthly average was 1,463 hours/month last year and increased to 1,660 hours/month this year. This is a 1:1 service so the risk involved of being with a group of people does not exist in vehicles. The target figures were exceeded in both counties.

**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 supports 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  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
|  | Employment Resources | Total # of participants placed in jobs | 19 | 20 | 17 | 20 |
|  | Employment Resources | # of new referrals for fiscal year | 24 | 24 | 31 | 25 |
|  | Employment Resources | # of new referrals placed in job during fiscal year | 7 | 14 | 13 | 16 |
|  | Employment Resources | # of new referrals opting not to continue with services after intake | 19 | 5 | 3 | 5 |
|  | Employment Resources | Total # of local employers contacted | 152 | 100 | 59 | 75 |
|  | Employment Resources | # of new referrals placed in job and successfully closed with MRS (90-day). (not closed by ER) | 10 | 10 | 7 | 10 |
|  | Employment Resources | # of community presentations, job fairs, etc. | 4 | 3 | 3 | 3 |
|  | Employment Resources | Total # of placements receiving ongoing supports | 9 | 12 | 7 | 10 |
|  | Clubhouse | # of people place in community jobs | 3 | 2 | 4 | 4 |
|  | Branch CLS Program | # of new referrals to supported employment from program | 0 | 2 | 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 | 0 | 2 | 2 | 3 |
|  | Employment Resources | % In Supported Employ. 6+ consecutive months | 77% | 80% | 49% | 60% |
|  | Branch CLS Program | % Of consumers who wanted a community job and did not have one | 0% | 0% | 1% | 1% |
|  | St. Joe CLS Program | % Of consumers who wanted a community job and did not have one | 1% | 1% | 15% | 10% |
|  | Branch CLS Program | The average # of consumers involved in volunteer work through CLS program per month | 26 | 13 | 0 | 5 |
|  | St. Joe CLS Program | The average # of consumers involved in volunteer work through CLS program per month | 12 | 6 | 7 | 10 |
|  | Branch In-Home Supports | % of consumers who have a job | 6% | 10% | 1% | 3% |
|  | Branch In-Home Supports | % of consumers who would like a job and do not have one | 0% | 0% | 1% | 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% | 30% | 35% | 38% |
|  | St. Joe In-Home Supports | % of consumers who would like a job and do not have one | 4% | 4% | 8% | 6% |
|  | St. Joe In-Home Supports | # of referrals to CMH for Supported Employment Services | 0 | 2 | 0 | 1 |

RESULTS

The Employment Resources program yields fairly consistent numbers from year to year. The Covid-19 health crisis, which we have all endured since approximately February of 2020, has impacted networking and job development to some degree. There were 59 business contacts made by the Employment Resources staff during FY 2020/21. There were 247 contacts in FY 2018/19 and 152 contacts in FY 2019/20. This is still a good number of contacts considering the restrictions placed on most businesses, the complete shutdown of other businesses, people experiencing illness, and the overall social distancing requirements expected during the Covid-19 pandemic. There continues to be an overall shortage of workers in many industries as people opt not to work due to Covid-19. Although jobs are available, the health crisis continues to pose limitations on moving about in the community and meeting with people.

Overall, the level of community employment and referrals is very good, considering the current health situation. Referrals and placements remained steady during FY 2020/21. There was a total of 17 participants placed in employment and 13 of those were new referrals (up from seven last year). There were 31 referrals last year which is an increase of seven (7).

The overall 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 suggest there are more program participants interested in supported employment in St. Joe County, though there is some interest in Branch County. In St. Joe County, Adapt does not do the intakes and job development pieces of supported employment – this is under the purview of CMH. Adapt provides job coaching and ongoing supports in this arena. Volunteer work has played a minor role in the Day Programs in both counties. It is time to assess the value of and demand for this activity by the program participants. It is natural that Covid would limit the volunteering opportunities in both communities over the last two years.

**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 | ACTUAL  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/20 |
|  | Employment Resources | % In SE earning at least minimum wage | 100% | 100% | 100% | 100% |
|  | Employment Resources | Average hourly wage | $10.70 | $10.75 | $10.42 | 10.60 |
|  | Employment Resources | % In SE at least 10 hours per week | 100% | 100% | 100% | 100% |
|  | Employment Resources | Total wages paid to program participants | $1,658 | $3,000 | $3,896 | $4,000 |
|  | Sheltered Workshop | Total wages paid to core workers | $318,519 | $325,000 | $367,689 | $375,000 |

RESULTS

The numbers in this area reflect the trend for persons served to obtain competitive community employment. The goal is to seek employment where all workers are paid at least minimum wage and are paid by their employer. Adapt is not the actual employer of record for these jobs, apart from one person in Branch County and one person in St. Joe County. 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. There is not much interest from Day Program participants in community employment, but we continue to discuss the possibility and educate persons served on their options.

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. While the push for this seemed to be on the “backburner” for a while, the *Raise the Wage Act* has put this issue back in the spotlight. This development leaves the future of the workshop uncertain as we await the result of the legislative process. The workshop has remained opened throughout the pandemic except for one week. There are fewer workers in the shop because of social distancing protocol, but they are completing a lot of work and earning money beyond the target figure for that indicator.

### 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  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
| CLS (St. Joe) | Total # of referrals to the program | N/A | N/A | N/A | Baseline |
| Clubhouse | Total # of referrals to the program | N/A | N/A | N/A | Baseline |
| CLS (Branch) | Total # of referrals to the program | N/A | N/A | N/A | Baseline |
| In-Home (Branch) | Total # of referrals to the program | N/A | N/A | N/A | Baseline |
| In-Home (St. Joe) | Total # of referrals to the program | N/A | N/A | N/A | Baseline |
| CLS (St. Joe) | Days from first referral call (from CMH) to first scheduled appointment or intake | 5 | 3 | 4 | 3 |
| Clubhouse | Days from first referral call (from CMH) to first scheduled appointment or intake | 4 | 3 | 8 | 6 |
| Employment Res.  (Branch) | Days from first referral call (from CMH) to first scheduled appointment or intake | 17 | 10 | 32 | 25 |
| CLS (Branch) | Days from first referral call (from CMH) to first scheduled appointment or intake | 13 | 10 | NA | 10 |
| CLS (St. Joe) | Days from first appointment or intake to start of service | 12 | 10 | 3.5 | 3 |
| Clubhouse | Days from first appointment or intake to start of service | 8 | 5 | 10 | 8 |
| CLS (Branch) | Days from first appointment or intake to start of service | 4 | 2 | NA | 2 |
| In-Home (Branch) | Days from first appointment or intake to start of service | 3 | 2 | 8 | 6 |
| In-Home (St. Joe) | Days from first appointment or intake to start of service | 5 | 3 | 8.5 | 6 |
| Employment Resources | Average # days between intake for individual job placement and start of work | 35 | 30 | 53 | 45 |
| All programs (except residential) | # Of denials of ADAPT service occurred | 0 | 0 | 0 | 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 | 93% | 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. Therefore, it makes sense to look at each program individually in order to have a more accurate picture of timely service delivery. Generally, 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, in St. Joe County, 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 services. Overall, access to Adapt’s programs was very good and there were not significant delays in connecting people to services.

TheBranch County Day Program did not have any new referrals start this fiscal year due to the limitationsresulting from Covid. All pending referrals are on a waitlist as we work to fully staff the homes and day program. The Clubhouse had referrals from three (3) different CMH agencies. When breaking down referrals from each CMH agency, the average days from first referral call (from CMH) to first scheduled appointment or intake for Pines was six (6) days with 12 referrals, SJCMH was 11 days with two referrals, and Summit Pointe (Calhoun County) was six (6) days with two (2) referrals. The average days from first appointment/intake to start of service per CMH was Pines two and half (2.5), SJCMH 22, and Summit Pointe four (4). For FY 2021/22, we will begin to track the number of referrals to each program in this report. Referrals for Employment Resources are reported in a previous area of this report.

As CMH agencies continue to scrutinize the services they authorize, the referral, intake and date services begin may delay the intake process longer. Adapt employees will strive to expedite the start of services for consumers. Currently, the overall numbers are acceptable, and people are not waiting an unreasonable amount of time to begin services. All exit summaries and follow-up reports were completed for all Adapt services.

**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 active placements as of September 30th.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | PROGRAM | INDICATOR | ACTUAL  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
|  | Branch CLS | Annual cost per consumer | $10,923 | $12,000 | $17,804 | $18,000 |
|  | Clubhouse | Annual cost per consumer | $18,429 | $18,000 | $16,317 | $16,500 |
|  | St. Joe CLS | Annual cost per consumer | $10,689 | $11,000 | $14,027 | $14,000 |
|  | Employment Resources | Cost per new placement | $5,393 | $5,600 | $4,214 | $4,300 |
|  | Branch In-Home Supports | Annual cost per consumer | $37,745 | $36,000 | $43,048 | $43,000 |
|  | St. Joe In-Home Supports | Annual cost per consumer | $43,579 | $44,000 | $47,321 | $47,000 |

RESULTS

Overall, Adapt remains in good financial shape. The CMH agencies continue looking at services provided and must utilize certain criteria when determining the type and quantity 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. It is not surprising that the cost per consumer for both day programs exceeded the target figures. We knew the costs would go up with lower attendance and wages increasing for all direct care workers. In addition to a higher hourly wage, Adapt paid out more bonuses last year than any other year. These expenses are part of the cost per consumer and were necessary to retain employees by compensating them financially and demonstrating appreciation for continuing to work while having their own concerns about Covid-19. Despite higher wages paid to employees in the Clubhouse program, the cost per consumer decreased as employee health expenses dropped considerably early in the Fiscal Year.

The Executive Director and Financial Controller discuss Adapt’s financial status at least monthly when reviewing financial statements. Adapt will continue with some bonus programs during this fiscal year in order to incentivize employees. Hiring new workers continues to be a struggle. The discontinuation of generous unemployment benefits nationwide has not had the positive impact on hiring in Branch and St. Joe Counties that we had cautiously anticipated.

**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  19/20 | TARGET  20/21 | ACTUAL  20/21 | TARGET  21/22 |
|  | 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 | Achieved  Three-year  Accreditation | Maintain  Three-year  Accreditation | Maintain  Three-year  Accreditation | Maintain  Three-year  Accreditation |
|  | All Programs | Meet CARF standards | Achieved  Three-year  Accreditation | Maintain  Three-year  Accreditation | Maintain  Three-year  Accreditation | Maintain  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 HCBS Transition Rule has added a whole new layer of change and compliance issues over the last few years. Adapt has met all requirements set forth thus far in the HCBS process either with compliance or with corrective action plans, as appropriate.

Specialized homes licensed by the State of Michigan continue to be reviewed every two years and all reviews have been highly successful. ADAPT earned a 3-year accreditation from CARF in June 2020. The entire CARF survey was completed through virtual meetings, phone calls, and emails.

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 an important 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 2019 2020 2021 | | | **Branch**  Actual Actual Actual 2019 2020 2021 | | |
| What do you think about ADAPT overall in terms of the quality of the programs offered? | 4.1 | 4.1 | 4.2 | 4.4 | 4.6 | 4.4 |
| What do you think about ADAPT overall in terms of commitment to consumers/residents? | 4.2 | 4.0 | 4.3 | 4.5 | 4.4 | 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? | 4.2 | 3.9 | 4.3 | 4.3 | 4.4 | 4.2 |
| Do you think you make a positive difference in the lives of the people you serve? | 4.8 | 4.5 | 4.8 | 4.8 | 4.8 | 4.7 |
| Do you enjoy your job? | 4.4 | 4.2 | 4.5 | 4.6 | 4.7 | 4.4 |
| How would you rate the quality and type of the initial training that is offered to employees? | **3.7** | 3.9 | 4.1 | **4.2** | 4.3 | 4.2 |

\*New Survey Question – Note the different scoring scale for Fiscal Year 2020/21. The results for 2021 in the table below are on a 5-point scale. The previous years are on a 4-point scale.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EXCELLENT POOR  4 3 2 1 | **St. Joe**  Actual Actual Actual  2019 2020 2021 | | | **Branch**  Actual Actual Actual  2019 2020 2021 | | |
| Rate how you think significant changes are explained to you by your supervisor in the areas listed below: | | | | | | |
| Schedule Changes | 3.4 | 3.2 | 4.5 | 3.5 | 3.6 | 4.6 |
| Job Requirements | 3.2 | 3.2 | 4.7 | 3.5 | 3.7 | 4.6 |
| Care for Consumers | 3.5 | 3.3 | 4.7 | 3.6 | 3.7 | 4.7 |
| Operation of Home | 3.2 | 3.2 | 4.6 | 3.4 | 3.5 | 4.5 |

Annual In-Home Supports Staff Survey

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| VERY GOOD NOT GOOD  5 4 3 2 1 | **St. Joe**  Actual Actual Actual 2019 2020 2021 | | | **Branch**  Actual Actual Actual 2019 2020 2021 | | |
| How do you feel about ADAPT’s In-Home Supports program overall in terms of quality of services and commitment to consumers? | 4.5 | 4.7 | 4.5 | 4.5 | 4.5 | 4.5 |
| 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? | 4.4 | 4.7 | 4.6 | 4.5 | 4.6 | 4.2 |
| Do you understand the chain of command at ADAPT – do you know who to talk with regarding your questions and concerns? | 4.4 | 4.6 | 4.9 | 4.5 | 4.7 | 4.6 |
| When you have questions or concerns, do you feel the In-Home Supports leadership is responsive? | 4.1 | 4.7 | 4.5 | 4.3 | 4.5 | 4.5 |
| How do you feel about the quality and type of training you have received at Adapt? | 4.4 | 4.5 | 4.6 | 4.5 | 4.4 | 4.6 |
| Have you been provided the necessary tools and information to be successful with the individuals with whom you work? | 4.4 | 4.4 | 4.7 | 4.7 | 4.9 | 4.7 |
| Do you understand the goals of the individuals with whom you work? | 4.9 | 4.9 | 4.9 | 4.9 | 4.7 | 4.8 |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Statistics | **Adapt, Inc.**  Actual Actual Actual  2019 2020 2021 | | |
| Number of employees (all services, all counties) | 293 | 255 | 229 |
| Average number of years employed with Adapt. | 7.0 | 6.9 | 7.46 |
| Annual staff turnover rate | 32% | 30% | 38% |

RESULTS

All direct care employees 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 4.1 to a high score of 4.8. The numbers fluctuate a bit from year to year, but results remain consistent. These scores convert to a satisfaction rate of 82% to 96% which is very good overall. The lowest score in both counties was the question about training which was 4.1 for St. Joe and 4.2 for Branch. The Branch County score is the same as the previous year. For St. Joe County, the score of 4.1 is an improvement from 3.9 the previous year. In fact, all scores improved a little in St. Joe County except the question about employees thinking they make a positive difference in the lives of the people they serve, which is the same at 4.8 (96%). The actual training program for new employees is the same for both counties. After much discussion over the past year two (2) years, and a lot of attention on the training program, it appears there should be increased focus on the orientation in the homes and on-the-job training. It is likely to be more of an issue in St. Joe County as there continues to be a higher turnover rate with direct care employees. The issue of training and adequate support is related to the struggle to hire employees. The Home Supervisors in St. Joe County are a less experienced group when it comes to orienting new employees and ensuring the permanent staff members are providing proper support to the new hires. A Residential Supervisor was added to the administrative team for St. Joe County in January 2022. This person will supervise the subs and provide more direct orientation and ongoing support. The numbers for Branch County were very close to the previous year.

The results of the general staff survey (do not include the In-Home Supports Staff Survey) indicates respondents are satisfied overall, especially when one considers the long hours and many tasks involved with being a Direct Care Worker. Adapt employs many dedicated and caring people. These past two year have been tedious and challenging with the Covid-19 health crisis. The threat to each employee’s health increased, which impacted some more than others emotionally. Many employees continued to come to work and help where they could, while others had a difficult time coming to work at all. It is not surprising that the survey return rate was low again this year.

The old question about if employees think changes are explained clearly was discontinued and broken down to identify the areas some employees felt were not clearly explained. The areas involved are 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. These results are listed on a separate table. This question was mistakenly based on a scale of “4” rather than “5”, with four being the highest score, on the 2020 Survey. It was changed to the 5-point scale on the 2021 survey for consistency in making comparisons. Responses ranged from 4.5 to 4.7 which reflects an overall improvement. The numbers are similar between the two counties which is an improvement over last year where St. Joe seemed to have notably lower scores.

The In-Home Supports program employees completed a separate survey. There are significant differences in the programs between the two counties, but the survey results are more similar than in years past. Overall, the numbers in both programs are excellent with a low score of 4.5 and a high score of 4.9 (90% to 98%). These results are an improvement over last year.

The staff turnover rate has been monitored for several years. The overall turnover rate was 38% this year compared with 30% the previous fiscal year. The turnover rate reflects both counties. The average length of employment for Adapt staff is 7.46 years which is up from 6.90 years last fiscal year. Most of the employees who left were not longer-term employees which explains why the average length of employment increased. Overall, we have seen a steady decline in our total number of employees over the last couple of years. This information can be found on the Employee Statistics table. The decline in the number of total employees was expected as we face staffing shortages. Adapt has closed a home in each county, though the administrative team is hopeful the home closed in St. Joe County is temporary.

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 a 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**

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 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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