

**ADAPT, Inc.**  
**OUTCOME DATA: FISCAL YEAR 2015/16**  
**OUTCOME GOALS: FISCAL YEAR 2016/17**

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. ADAPT's Quality Improvement Plan follows this report in order to demonstrate the agency's strategy for using the information gathered. ADAPT's Outcome Report summarizes the results of the outcome goals established for Fiscal Year (FY) 2015/16, and establishes targets for FY 2016/17. 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:

**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 all of 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 many 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 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 50%. 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 in order 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 are tallied and divided by the number of responses for each question in order 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 in order to make the survey process as convenient as possible for stakeholders.

ADAPT’s Staff Survey will be 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	TARGET 15/16		ACTUAL 15/16		TARGET 16/17	
	% YES	# Of RESP	% YES	# Of RESP	% YES	# Of RESP
A1. Overall satisfaction (individual program surveys combined except IHS)	96%	150	91%	190	93%	170
A1. Overall satisfaction, CLS (Formerly Day Prog.)	96%	65	97%	77	96%	70
A1. Overall satisfaction, Residential	90%	52	90%	72	92%	60
A1. Overall satisfaction, Emp. Res.	94%	16	82%	17	86%	18
A1. Overall satisfaction, Clubhouse	92%	22	79%	24	85%	22
A2. Staff treat with respect (all programs except IHS)	94%	150	92%	189	94%	165
G1. Making progress with work goals (Employment Resources)	72%	16	69%	16	72%	18
G2. Making progress with personal goals (Clubhouse)	88%	22	92%	24	94%	22
D2. Enjoy community activities (CLS)	95%	65	95%	74	95%	70
D4. Like work from shop (Branch-CLS)	94%	30	97%	32	96%	30
E1 Likes community work (Emp Res.)	88%	16	63%	16	70%	18
E3 Satisfied with work hours and pay (Emp Res.)	75%	16	56%	16	70%	18
R3. Home Supervisor is helpful	96%	55	94%	72	95%	60
A1. Overall satisfaction, In-Home Supports	98%	35	95%	65	96%	55
H2. Home and community activities meaningful	88%	35	88%	64	90%	55
H3. Worker treats with respect	98%	35	100%	64	98%	55

### Stakeholder Satisfaction Survey

SERVICE AREA QUESTION	TARGET 15/16		ACTUAL 15/16		TARGET 16/17	
	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	110	4.8	111	4.8	100
A6. Branch, Overall (excludes Club.)	4.7	48	4.9	47	4.8	42
A6. St. Joe, Overall	4.7	48	4.8	64	4.8	58
A6. Clubhouse, Overall satisfaction	4.8	12	4.7	19	4.8	15
A1. Staff treat consumer with respect	4.8	90	4.8	110	4.8	100
A2. Staff interact respectfully with stakeholder	4.8	90	4.8	110	4.8	100
A3. Services meet consumers' needs	4.7	90	4.7	110	4.8	100
R1. Satisfied with overall quality of consumer's home	4.8	50	4.6	44	4.7	45
D1. Community activities are beneficial to consumer	4.8	60	4.7	73	4.8	60

## RESULTS

The results of the stakeholder and consumer surveys yielded excellent results. Thirteen (13) out of 25 indicators from the surveys exceeded the target figures. The levels of satisfaction with programs and with Adapt overall were generally quite good. The results change a couple of percentage points either way from

year to year, but overall results remain consistently high. The past several years have demonstrated that satisfaction with employment goals and pay have a tendency to fluctuate with the jobs available and the number of survey respondents, and Clubhouse is impacted by one or two members on any given day, which may account for lower level of overall satisfaction. The percentage of Clubhouse members who indicated they were making progress with their personal goals was 92%. Even though this was a decline from last year (100%), this is an excellent result. (Last year was the only time 100% of respondents thought they were making progress with personal goals). Satisfaction levels were lower in some areas for Supported Employment. Adapt has a new Job Developer and it is expected that there will be changes made to the program and job placement process, and as more employment opportunities become available in the area.

Throughout the organization, consumers continue to feel staff members treat them with respect as evidenced by a 92% satisfaction. Adapt has a long track record of high marks in this area (92% in 2015, 93% in 2014 and 2013, 95% in 2012, 97% in 2011, 94% in 2010 and 95% in 2009). The overall satisfaction rate for the In-Home Supports program was evaluated separately and resulted in a 95% satisfaction rate, compared with 90% last year. In the In-Home Supports program, 100% of consumers responded that their Adapt staff treats them with respect

The *Stakeholders* survey revealed an overall satisfaction score of 4.8 (with 5 being perfect) with ADAPT. This translates to a satisfaction rate of 96% and is in line with what Adapt typically receives in this area. Last year's score was 4.7 (94%). Scores on the stakeholder survey ranged from 4.6 to 4.9 (92% to 98%). These consistently high ratings truly demonstrate the high quality services Adapt provides and the organization's willingness to be responsive to the needs of stakeholders.

**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 DD/MI Services in St. Joseph and Branch Counties, who tally and report data quarterly to the safety committee, the Rights Officer (St. Joe County only), and the Executive Director. 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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Branch Co.	# Behavior incidents	450	337	400
Branch Co.	# Behavioral/Medical incidents (injury or PRN)	40	4	15
Branch Co.	# Medication errors	95	117	100
Branch Co.	# Medical incidents (major, minor, falls, etc.)	235	225	220
Branch Co.	# ULOA's	0	1	5
Branch Co.	# Other incidents	170	138	150
St. Joseph Co	# Behavior incidents	400	648	500
St. Joseph Co	# Behavioral/Medical incidents (injury or PRN)	200	250	150
St. Joseph Co	# Medication errors	65	113	100

St. Joseph Co	# Medical incidents (major, minor, falls, etc.)	375	449	420
St. Joseph Co	# ULOA	0	0	2
St. Joseph Co	# Other incidents	175	242	210
Residential (Both counties)	% Of Emergency drills held as required	100%	93%	100%
Clubhouse (Branch) and CLS (both counties)	% Of Emergency drills held as required	100%	100%	100%

## RESULTS

The target numbers set for each year are based on the previous year's numbers and are not considered to be absolute standards. Many variables change from year to year (in both counties), such as the consumers we serve, the status of each consumer, new staff learning curve, requirements dictated by CMH or the Office of Recipient Rights, etc. The goal is always to reduce the number of incidents in all areas to promote safety and security for each consumer. 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.

For Branch County, the number of incidents was lower than expected in all categories except medication errors and Unauthorized Leave of Absences (ULOA's). Behavioral incidents decreased for the first time in two years (from 409 in 2014, 473 in 2015 to 337 in 2016). A resident who engaged in a significant number of behaviors and appeared to be the catalyst for his housemates to engage in negative behaviors moved out of his Adapt home during the year and moved in with a family member. This has been an excellent change for that individual as well as the people who continue to live in the home. Medication errors continue to be an issue management looks for ways to address. With a new Training Program Coordinator, there is a set of fresh eyes on the training and we will continue to seek improvement in this area.

For St. Joseph County, the only target figure achieved was the ULOA category. In the behavioral category, it is no surprise that there has been such a significant increase. In one home, two (2) 18-year olds, who had never lived in a group home setting, moved in over the course of the fiscal year (one (1) in November and one (1) in April). Behavioral challenges increased significantly with the second person moving into the home. This move was questionable due to the individual's needs as well as increasing the occupancy of the home to four (4) people from three (3). With four (4) men living in the home, each person does not have his own bedroom. This is a problem in a house of this size, where private space is especially valuable. Adapt is waiting for CMH to place one of the residents with a different provider. For the medical and behavioral/medical categories, it is expected we will see a sizable decrease with these types of incidents. During last fiscal year, three (3) residents from the Zenith home died in a span of four (4) months. There were many medical incidents associated with these individuals prior to their deaths. One of the deceased had historically accounted for a large number of the behavioral/medical incidents due to the regular use of PRN medications for agitation. This should be a much lower number next year. With regard to medication errors, a change in reporting is suspected, in part, to the significant increase in medication errors.

Adapt continues to work at training staff regarding medication passing, safety precautions, and interacting with consumers during behavioral challenges. The population in the homes is an aging one, and medical issues will continue to rise. In behavioral homes, we may see improvement with one or two individuals, someone might move out, but there is often another individual who will begin to struggle. Adapt continues to encourage the practices and an overall Culture of Gentleness, which is one strategy for improving in overall number of incidents. With regard to new residential placements, there appears to be an increasing need for homes/staff that can handle younger residents with more behavioral challenges and adults with chronic mental illness.

Most programs ran all fire drills as required. One or two homes (from each county) missed fire drills. Each County Director (overseeing the Residential Programs of each county) was instructed to remind home supervisors of the importance of fire drill completion. At 93%, this was the lowest level of compliance for

drills the residential program has had in at least 15 years. It should be noted that most homes run additional drills beyond what is required. The day programs in both counties and Clubhouse ran 100% of required drills.

Adapt has a gym on-site at the main office in Branch County which was implemented at the end of fiscal year 2012-13. The facility is used, but most people are not logging in the time spent. The desire to use the equipment has lessened over the years. Adapt has set days to use the Robert Browne Aquatic Center, which is more in line with Adapt’s mission of community integration. In both counties, an indoor track is available to anyone in the community.

**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 individual, 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 particular 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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Clubhouse/Employment Resources	% Of consumers who feel they are making progress toward outcomes	92%	83%	D/C
Clubhouse	% Of consumers who feel they are making progress toward outcomes		92%	94%
Employment Resources	% Of consumers who feel they are making progress toward outcomes		69%	72%
Clubhouse	% Of members who feel participation is preparing them for future employment	90%	81%	85%
Employment Resources	% Of workers with their preferred job	72%	47%	60%
All programs	# Consumers on board, committees, and special event planning groups	125	106	100
All programs (except Clubhouse)	# Consumers participating self-advocacy training events or education by program staff	135	137	125
Clubhouse	# Of self-advocacy/training events and the average number of consumers attended per event	22 events- 8 members/ event	D/C	D/C
Clubhouse	# Of TYPES self-advocacy/training events and the average number of consumers attended per event	N/A	9 types of events- 13 members/ event	10 types of events- 15 members/ event

**RESULTS**

Indicators in this area pertain to Clubhouse members and consumers participating in the Employment Resources program. Results in these program areas tend to fluctuate more than other areas. The number of respondents is typically small (15-25) and a small number of negative responses have more impact on overall numbers than our programs with many respondents. For 2016, the Clubhouse and Employment Resources results were separated to more accurately reflect the sentiment of respondents in each program (for the

indicator regarding making progress with personal outcomes) rather than combining the two programs, which are quite different.

The Clubhouse numbers are not particularly concerning as they are not low, and we know that a couple members were in a negative frame of mind when they completed the survey. The issues with which they expressed dissatisfaction have been addressed. It is worth adding a new question to the Clubhouse Consumer Survey regarding employment preparation. A logical question to ask would be if the respondent is interested in obtaining employment in the future. The answer to this question might tell us something about the percentage of people who believe Clubhouse is helping them prepare for future employment. The focus of the Clubhouse is shifting to include preparation for International Clubhouse Accreditation. Some of the members (or colleagues) may fail to see how the new focus of the Clubhouse meshes with their personal goals. Several members appear anxious or overwhelmed by the process, as evidenced by displayed avoidance. It is hoped that the next fiscal year will see more members at ease and inclined to participate more fully in the process. The Clubhouse has been assigned a “sister” Clubhouse program in Holland, MI that has already been accredited. The purpose of this is to mentor and support the Adapt Outlook Clubhouse as we work through preparation for accreditation.

The indicator regarding Clubhouse members participating in advocacy and training events was altered this year in order to be more easily understood. The number of TYPES of events is reported along with the average number of members attending that type of event. For example, one type of event was Wellness Class. It was held 12 times, but is one type of event. For fiscal year 2015/16, nine (9) types of events were attended with an average number of 13 members participating in that type of event.

The result for consumers in the Employment Resources program who believe they are making progress with their outcomes was 69% for 2016 (96% in 2015 and 76% in 2014). This number is fluctuating significantly from year to year. The reason is unknown. Employment Resources program participants indicated they are working in their preferred job at a level of 47% which is a decrease of 20% from last year (67% in 2015 and 72% in 2014). Although this is typically an area in which Adapt sees a lower level of satisfaction, 47% is much lower than the norm. It is expected that the new Job Developer will work to ensure people are placed in the types of jobs they desire and that more contacts will be made during this fiscal year for potential employment opportunities.

Consumers in all programs continue to participate in a variety of advocacy, planning and health-focused groups, according to what is personally desired by the individual.

**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, send the community logs to the Program Evaluation Coordinator, 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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Branch CLS	Average # of consumer community integration hours	740/month	714/month	725/month
Clubhouse	Average # of consumer community integration hours	145/month	159/month	160/month

St. Joe CLS	Average # of consumer community integration hours	760/month	516/month	600/month
Branch Residential	Average # of consumer community integration hours (per resident)	15/month	21/month	20/month
St. Joe Residential	Average # of consumer community integration hours (per resident)	25/month	20/month	20/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.

The CLS day programs continue to yield high hours in the community. Branch County averaged 714 hours per month compared with 720 hours per month last fiscal year. There is a slight downward trend of the number of hours, and this may be reflective of minor cuts in the number of days people attend the program and attrition. Also, the winter months yielded some very low community hours with severe weather conditions. St. Joe County averaged 740 hours per month last year and dropped to 516 hours per month this fiscal year. The Branch County program is larger and it is logical there would be more overall community hours. However, this is a significant decrease from last year for the St. Joe program and it will be addressed by management in order to determine potential issues with spending time in the community.

The Clubhouse has a work-ordered day focus and the normal routine and advocacy/health-focused activities naturally bring members into the community. The Clubhouse did not have a particularly high active membership for a good part of last fiscal year and this is reflected in the decrease of average community hours per month from 196 in 2015 to 159 in 2016. As members become more involved in transitional employment, this number may increase as the number of hours worked will be included in the number of hours spent in the community.

**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 in order 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 in order 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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Employment Resources	Total # of participants placed in jobs	50	40	45
Employment Resources	# of new referrals for fiscal year	30	35	38
Employment Resources	# of new referrals placed in job during fiscal year	15	17	20
Employment Resources	# of new referrals opting not to continue with services after intake	5	12	10
Employment Resources	Total # of local employers contacted	50	37	45



Employment Resources	# of new referrals placed in job and successfully closed with MRS (90-day). (not closed by ER)	15	17	18
Employment Resources	# of community presentations, job fairs, etc.	4	5	5
Employment Resources	Total # of placements receiving ongoing supports	38	23	28
Clubhouse	# Of supported employment placements	4	2	D/C
Branch CLS Program	# of new referrals to supported employment from program	3	0	2
Branch CLS Program	# of new referrals placed in job during fiscal year	1	0	1
Employment Resources	% In Supported Employ. 6+ consecutive months	90%	90%	92%
Branch CLS Program	% Of consumers who wanted a community job and did not have one	10%	7%	6%
St. Joe CLS Program	% Of consumers who wanted a community job and did not have one	10%	10%	8%
Branch CLS Program	The average # of consumers involved in volunteer work through CLS program per month	20	19	20
St. Joe CLS Program	The average # of consumers involved in volunteer work through CLS program per month	10	3	6

## RESULTS

Employment Resources (ER) is a program that has evolved over the last 30+ years. The Employment Resources program yields consistent numbers from year to year in all areas, indicating the program has remained strong through tough economic times. With a significantly improved local economy, the focus on creating opportunities for community employment increases. With the addition of a new Job Developer, the outlook for creating new opportunities and improving the quality of services is quite positive.

For fiscal year 2014/15, the number of Branch County CLS consumers wanting a community job was 0%. The percentage increased to 7% this last fiscal year. Consumers had fewer opportunities to work in the shop for much of last fiscal year, as evidenced by a significant drop in wages paid out for the year (listed later in this report). In St. Joe County, Adapt does not provide employment services other than some job coaching. St. Joseph County CMH hired an in-house job developer during last fiscal year. We look for community employment opportunities to increase over the coming years. Adapt supervisors complete a PCP pre-planning form, which addresses employment with consumers, and that information is shared with the CSM at the PCP meeting. This is done in an effort to promote employment opportunity for those who desire it.

Impacting the supported employment program as well as the work shop, is the Workforce Innovation and Opportunities Act (WIOA). This federal mandate requires all individuals working at sub-minimum wage to receive career counseling prior to engaging in work for less than the minimum wage. While this legislation is positive for younger people transitioning from school and people with significant work and social skills, it is not necessarily positive for people who have very little aptitude for community employment and who have come to count on the work in the shop for a sense of accomplishment, enjoyment and earning extra spending money. The future of Adapt's sub-minimum wage certificate expires in September of 2018.

Volunteer work continues to play an important role in the CLS program experience for those who are interested. The average number of consumers participating in volunteer work has remained stagnant in the sense that there have not been significant increases in participation or the types of experiences offered. The number has been consistent in Branch County from year to year. St. Joe County has not had a very vital volunteer program. Increasing volunteer opportunities continues to be a goal. Consumers who do volunteer in St. Joe County do it outside of their participation in the CLS Day program.

**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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Employment Resources	% In SE earning minimum wage	55%	37%	45%
Employment Resources	Average hourly wage	\$8.50	\$8.00	\$8.35
Employment Resources	% In SE at least 10 hours per week	95%	100%	100%
Employment Resources	Total wages paid to program participants	\$140,00	\$185,365	\$200,000
Sheltered Workshop	Total wages paid to core workers	\$240,00	\$188,823	\$200,000
CLS (Branch)	Total wages paid to program participants	\$18,000	\$7,723	\$12,000

**RESULTS**

The number of consumers earning minimum wage maintained at 37%. This is a result of the increase in the federal minimum wage in combination with the overall number of new placements, several of which have been at Wal-Mart D.C. at sub-minimum wage. However, the average hourly pay rate increased from \$7.26/hour in 2015 to \$8.00/hour in 2016. The overall amount of wages paid to Employment Resources workers increased by almost \$50,000 for the year. the overall wages paid to the core workers in the workshop decreased by over \$40,000 and the wages paid to consumers from the day program working in the shop decreased by almost \$12,000 for the year.

**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	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
CLS (St. Joe)	Days from first referral call (from CMH) to first scheduled appointment or intake	6	5	5
Clubhouse	Days from first referral call (from CMH) to first scheduled appointment or intake	4	4	4
Employment Res.	Days from first referral call (from CMH) to first	5	5	5

(Branch)	scheduled appointment or intake			
CLS (Branch)	Days from first referral call (from CMH) to first scheduled appointment or intake	10	19	16
CLS (St. Joe)	Days from first appointment or intake to start of service	28	7	6
Clubhouse	Days from first appointment or intake to start of service	5	5	5
CLS (Branch)	Days from first appointment or intake to start of service	8	6	6
In-Home (Branch)	Days from first appointment or intake to start of service		16	12
In-Home (St. Joe)	Days from first appointment or intake to start of service		No data	
Employment Resources	Average # days between intake for individual job placement and start of work	28	35	32
All programs (except residential)	# Of denials of <u>ADAPT</u> service occurred	0	0	0
All Programs (except residential)	# Of times a denial of service is appealed and denial is overturned	0	0	0
All programs - Branch	% Of Exit summary reports for people who leave a service	100%	100%	100%
All programs - Branch	% Of Follow-up reports (attempted) for people who leave a service	100%	100%	100%
All programs – St. Joe	% Of Exit summary reports for people who leave a service	100%	100%	100%
All programs - St. Joe	% Of Follow-up reports (attempted) for people who leave a service	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. Target figures were either achieved or within an acceptable range. Delays between intake and start of service or from referral call to intake appointment are rarely due to the unavailability of Adapt personnel (e.g. the number of days from intake to start of services for St. Joe CLS). It is usually the case manager (CSM), consumer, or guardian/care provider who has a scheduling conflict, or is the result of advanced planning for starting a new service. 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. Although this action negatively impacts the number, it is good practice and planning for service provision. It makes more sense to have the indicator be the number of days between the consumer's desired start date and the actual start of services, and this change will be made for the next reporting period. Adapt staff will continue to strive to expedite the start of services for consumers. All exit summaries and follow-up reports were completed in both counties.

## 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 30<sup>th</sup> (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 30<sup>th</sup>.

PROGRAM	INDICATOR	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Branch CLS	Annual cost per consumer	\$11,400	\$11,550	\$11,000
Clubhouse	Annual cost per consumer	\$11,000	\$13,500	\$13,000
St. Joe CLS	Annual cost per consumer	\$11,000	\$12,234	\$12,000
Employment Resources	Cost per new placement	\$4,100	\$3,729	\$4,000

## RESULTS

The overall financial picture of Adapt remains good. Expenses such as gas, food, activity money and staff wages continue to rise. Even with rising costs, the Branch CLS program saw a slight decrease in cost per consumer of \$109 per consumer and the Employment Resources program had a decrease of \$580 per consumer. The Clubhouse had an increase of \$2,209 per member and the St. Joe CLS program saw an increase of \$982 per consumer. The Clubhouse cost per member is likely to continue to increase as the program enters into the training phase for international accreditation. Pines management has expressed commitment to maintaining the program.

## 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.

## EVALUATION STRATEGY

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

PROGRAM	INDICATOR	TARGET 15/16	ACTUAL 15/16	TARGET 16/17
Residential	Meet MDHHS and licensing standards	Compliance	Compliance	Compliance
CLS (both counties)	Meet MDHHS standards	Compliance	Compliance	Compliance
Southwest Michigan Behavioral Health (SWMBH) St. Joe County	Meet CMH standards	98%	98.8%	96%
Southwest Michigan Behavioral Health (SWMBH) Branch County	Meet CMH standards	92%	97.8%	96%
All Programs	Meet CARF standards	Maintain 3-year accreditation	3-year accreditation	Maintain 3-year accreditation

## RESULTS

Programs continue to be in compliance and meet all applicable standards. ADAPT continues to work cooperatively with both St. Joe and Branch County CMH agencies to meet the ever-changing expectations with regard to appropriate service provision and training requirements, as evidenced by completed plans of correction for CMH/regional affiliate audits and on-going correspondence with quality improvement/compliance staff at the respective agencies. Both Branch and St. Joseph County Community Mental Health (CMH) agencies joined the regional affiliate, Southwest Michigan Behavioral Health

(SWMBH) as of January 1, 2014. Having both counties under the purview of SWMBH has simplified some administrative issues.

Both counties have good working relationships with the licensing consultant and maintain communication in order to ensure safety and compliance. Licensed homes continue to be reviewed every two years and all reviews have been highly successful. ADAPT earned a 3-year accreditation from CARF in June 2014. The next CARF survey is planned for the summer of 2017.

**GOAL C-4 MAINTAIN QUALITY STAFF**

The quality of Adapt’s staff directly impacts the quality of services provided to consumers. A staff member’s level of satisfaction with Adapt may impact the employee’s work performance. Additionally, the rapport a consumer and staff member develop is an important factor regarding quality of services; building a positive rapport takes time spent with the consumer. Therefore, staff turnover appears to affect quality of care.

**Annual Residential Staff Survey**

St Joe = 40 Responses      Branch = 51 Responses

VERY GOOD 5      4      3      2      1 NOT GOOD	St. Joe			Branch		
	Actual 2014	Actual 2015	Actual 2016	Actual 2014	Actual 2015	Actual 2016
How do you feel about ADAPT overall in terms of programs offered, quality of services, and commitment to consumers?	4.4	4.3	D/C	4.1	4.6	D/C
What do you think about ADAPT overall in terms of the quality of the programs offered?			4.4			4.3
What do you think about ADAPT overall in terms of commitment to consumers/residents?			4.5			4.6
Do you, as an employee feel that you are able to offer suggestions and/or ideas to your supervisor and that those suggestions are listened to and considered?	4.3	4.4	4.4	3.8	4.2	4.3
Do you understand the Chain of command at ADAPT, and would you, if necessary, address concerns/problems to someone else in the chain of command?	4.8	4.7	D/C	4.5	4.6	D/C
Do you think you make a positive difference in the lives of the people you serve?			4.8			4.8
Do you enjoy your job?			4.7			4.6
When ADAPT changes schedules, benefits, policies, etc. do you feel those changes are explained to you?	4.1	3.9	D/C	4.0	4.3	D/C
When ADAPT makes significant changes to schedules, job requirements, etc., do you think those changes are explained to you clearly?			4.2			4.3
When ADAPT makes significant changes to policies, benefits, etc., do you think those changes are explained to you clearly?			4.3			4.3
How do you feel about the quality and type of initial and on-going training that is offered to employees?	4.3	4.1	D/C	4.1	4.3	D/C
How would you rate the quality and type of the initial training that is offered to employees?			4.3			4.4

How do you feel about the various rewards and recognition systems that ADAPT has in place?	3.9	3.9	D/C	3.3	4.0	D/C
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### Annual In-Home Supports Staff Survey

St Joe = 23 Responses      Branch = 21 Responses

VERY GOOD 5      4      3      2      1	NOT GOOD	St. Joe			Branch		
		Actual 2014	Actual 2015	Actual 2016	Actual 2014	Actual 2015	Actual 2016
How do you feel about ADAPT’s In-Home Supports program overall in terms of quality of services and commitment to consumers?		4.8	4.6	4.7	4.6	4.6	4.8
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?		4.8	4.8	4.8	3.6	4.3	4.9
Do you understand the chain of command at ADAPT – do you know who to talk with regarding your questions and concerns?		4.9	4.8	4.9	4.0	5.0	4.8
When you have questions or concerns, do you feel the In-Home Supports leadership is responsive?		4.6	4.9	4.8	4.0	4.6	4.9
How do you feel about the quality and type of training you have received at Adapt?		4.6	4.5	4.7	3.4	4.8	4.9
Have you been provided the necessary tools and information to be successful with the individuals with whom you work?		4.7	4.7	4.7	4.0	4.5	5.0
Do you understand the goals of the individuals with whom you work?		4.9	4.9	4.7	3.6	5.0	4.9

### Employee Statistics

Employee Statistics	Adapt, Inc.	
	Actual 2015	Actual 2016
Number of employees (all services, all counties)	363	354
Average number of years employed with Adapt.	5.7	6.1
Annual staff turnover rate	21%	21%
Average age (in years) of Adapt employees	41.8	42.2
Gender breakdown of Adapt employees – percentage of female/male	88/12%	86/14%

### RESULTS

All direct care staff members 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 ranged from a low score of 4.2 to a high score of 4.8, which is an overall improvement from last year. The numbers bounce up and down a bit from year to year, but results remain fairly consistent. The general staff survey (does not include the In-Home Support Staff Survey) was revised this year to ask some different questions about job

satisfaction. Also, some of the old questions were loaded and the new survey breaks these down for more specific information. In addition to some changes to the questions, each question was followed up with a request for more detailed information if a respondent gave a “3” or lower. The idea is to find out why someone isn’t as satisfied as we would like to see. Overall, staff members appear to be fairly satisfied, especially when one considers the long hours and many tasks involved. Adapt employs many dedicated and caring people.

The In-home program staff 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 4.7 and a high score of 5.0.

The staff turnover rate has been monitored for several years. The overall turnover rate remains consistent from year to year, and the figure of 21% represents both counties and is the same as last year. The average length of employment for Adapt staff is 6.1 years. The demographic information included about gender breakdown and the average age of an Adapt employee is only important or interesting insofar as it tells us who works for Adapt and those numbers are very similar to last year.

## **DEFINITIONS OF INDICATORS**

### ***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.

### ***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.

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.

# Consumer hours in gym – a sign in/out sheet will be used to track the number of hours consumer spend in the gym, which will track by visit – not by individual.

### ***GOAL B-2***

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

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

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

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

Recommendations achieved from Accessibility Plan – refer to plan and compare to physical buildings, actions taken, etc.

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 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.

### ***GOAL B-4***

ER total number of participants placed in jobs for fiscal year (Oct. 1<sup>st</sup> – Sept. 30<sup>th</sup>) – 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 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)

**GOAL B-5**

Employment Resources, % earning min wage - payroll records

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

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

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

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

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

**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 30<sup>th</sup> (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 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 cost per placement – divide the program cost (as defined above) by the total number of active placements as of September 30<sup>th</sup>.

**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. On-going preparation for CARF surveys. 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 by the Executive Director using the QuickBooks accounting database of residential employees.

Created: 2/13;  
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