

ADAPT, Inc.
OUTCOME DATA: FISCAL YEAR 2019/20
OUTCOME GOALS: FISCAL YEAR 2020/21

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) 2018/19 and establishes targets for FY 2019/20. 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 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 18/19		TARGET 19/20		ACTUAL 19/20		TARGET 20/21	
	% YES	# Of RESP	% YES	# Of RESP	% YES	# Of RESP	% YES	# Of RESP
A1. Overall satisfaction (individual program surveys combined except IHS)	94%	99	95%	110	94%	75	95%	110
A1. Overall satisfaction, CLS (Formerly Day Prog.)	99%	49	95%	50	100%	26	99%	50
A1. Overall satisfaction, Residential	97%	23	95%	30	100%	28	99%	30
A1. Overall satisfaction, Emp. Res.	81%	7	90%	15	78%	7	90%	15
A1. Overall satisfaction, Clubhouse	98%	20	96%	20	98%	14	98%	20
A2. Staff treat with respect (all programs except IHS)	99%	50	96%	110	97%	75	97%	110
G1. Making progress with work goals (Employment Resources)	90%	7	92%	15	91%	7	92%	15
G2. Making progress with personal goals (Clubhouse)	98%	20	95%	20	98%	13	98%	20
D2. Enjoy community activities (CLS)	99%	50	96%	50	99%	27	99%	50
E1 Likes community work (Emp Res.)	100%	7	96%	15	100%	7	98%	15
E3 Satisfied with work hours and pay (Emp Res.)	81%	7	85%	15	81%	7	85%	15
R3. Home Supervisor is helpful	100%	25	96%	30	99%	28	98%	30

A1. Overall satisfaction, In-Home Supports	90%	28	93%	40	92%	22	93%	40
H2. Home and community activities meaningful	87%	28	90%	40	91%	22	91%	40
H3. Worker treats with respect	100%	28	97%	40	100%	22	98%	40

Stakeholder Satisfaction Survey

SERVICE AREA QUESTION	ACTUAL 18/19		TARGET 19/20		ACTUAL 19/20		TARGET 20/21	
	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	84	4.8	80	4.8	54	4.8	80
A6. Branch, Overall (excludes Club.)	4.8	38	4.8	45	4.8	34	4.8	45
A6. St. Joe, Overall	4.6	46	4.7	45	4.6	28	4.6	45
A6. Clubhouse, Overall satisfaction	4.4	11	4.6	16	4.7	3	4.7	16
A1. Staff treat consumer with respect	4.7	86	4.8	80	4.9	58	4.9	80
A2. Staff interact respectfully with stakeholder	4.8	87	4.8	80	4.9	59	4.9	80
A3. Services meet consumers' needs	4.6	85	4.7	80	4.7	58	4.7	80
R1. Satisfied with overall quality of consumer's home	4.5	36	4.7	40	4.6	22	4.6	40
D1. Community activities are beneficial to consumer	4.6	45	4.7	52	4.6	34	4.7	55
A6. Both Counties, Overall satisfaction -IHS	4.8	8	4.8	20	4.7	14	4.8	20
H1. Both Counties, Staff treat consumer with respect - IHS	5.0	8	4.9	20	4.9	14	4.9	20
H2. Both Counties, Satisfied with quality of communication with worker - IHS	4.9	8	4.8	20	4.8	14	4.8	20
H3. Both Counties, Current services meeting expectations - IHS	4.9	8	4.8	20	4.6	14	4.8	20
H4. Both Counties, Making progress toward goals - IHS	4.7	7	4.8	20	4.5	13	4.8	20

RESULTS

The results of the stakeholder and consumer surveys yielded excellent results, as is the case from year to year. For the first time in this report, 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 indicators not achieved, three were just 1% below the target. The level of satisfaction with Adapt overall (all programs except In-Home Supports) was very high at 94%, which is the same as last year. Results for the Consumer Survey ranged from 78% to 100% satisfaction. Employment Resources results were 78% overall satisfaction (it was 81% last year), 91% believed they were making progress with work goals (it was 90% last year), and 81% were satisfied with work hours and pay (which is the same as last year). The overall numbers are good considering some people had their work schedules interrupted because of the Covid-19 Stay-At-Home order. The number of consumers willing to respond to the survey was the same as last year. 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 92% satisfaction rate, compared with 90% last year. There was a smaller number of respondents for the In-Home Program for the second consecutive year (28 last year and 22 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 (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, 100% of consumers responded that their Adapt staff treats them with respect, which has been the case for the last three (3) years.

The Stakeholder survey also had high satisfaction rates. As with the Consumer Survey, some of the target figures for the indicators were not achieved (8/14 targets achieved). The targets were high – all equal to 90% satisfaction or greater. Overall (excludes Clubhouse and In-Home Supports) satisfaction with Adapt was 4.8 (96% and the same as last year). Results for individual programs ranged from 4.5 to 4.9 (90% to 98%).

The results are a pleasant reminder of the positive relationship Adapt as an organization has with its stakeholders, even when surveying people during a difficult and challenging year due to the Covid-19 health crisis.

B. PROGRAM EFFECTIVENESS

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

GOAL B-1 PROVIDE A SAFE AND HEALTHY PROGRAM ENVIRONMENT

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

EVALUATION STRATEGY

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

PROGRAM	INDICATOR	ACTUAL 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Branch Co.	# Behavior incidents	199	175	116	115
Branch Co.	# Behavioral/Medical incidents (injury or PRN)	5	6	5	2
Branch Co.	# Medication errors	115	90	61	60

Branch Co.	# Medical incidents (major, minor, falls, etc.)	147	135	133	130
Branch Co.	# ULOA's	16	0	0	0
Branch Co.	# Other incidents	97	75	52	50
St. Joseph Co	# Behavior incidents	458	450	222	220
St. Joseph Co	# Behavioral/Medical incidents (injury or PRN)	132	105	53	50
St. Joseph Co	# Medication errors	80	70	50	40
St. Joseph Co	# Medical incidents (major, minor, falls, etc.)	380	375	275	250
St. Joseph Co	# ULOA	5	0	0	0
St. Joseph Co	# Other incidents	127	140	78	70
Residential (Both counties)	% Of Emergency drills held as required	96%	98%	94%	100%
Clubhouse (Branch) and CLS (both counties)	% Of Emergency drills held as required	100%	100%	100%	100%

RESULTS

The target numbers set for each year are based on the previous year's numbers and are not considered to be absolute standards. Many variables change from year to year (in both counties), such as the 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 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 2018/19, there were 579 Unusual Incident Reports (UIR's) written in Branch County. For Fiscal Year 2019/20, there were 367 UIR's written. There was a reduction in the number of incidents in all areas except the Behavioral/Medical category which remained the same as last year. The administrative team has discussed possible explanations for such a drastic decrease in written UIR's. The people we serve in our Residential program have adjusted very well to the limitations placed on us all with Michigan's Stay-At-Home Order and the continuing restrictions resulting from the Covid-19 pandemic. In several cases, it appears there may be fewer behavioral challenges occurring, which could possibly be explained by fewer transitions in the daily routine. Everyone is mostly staying home and there are fewer opportunities for unusual incidents. Most of our residents have been with us for many years, and as people age, we notice fewer behavioral issues. An individual who accounted for PRN medications and behavioral challenges left the Adapt system during the last fiscal year. The day programs were closed for several months during the fiscal year, so there were not any UIR's written. Additionally, the Home Supervisors have been reminded about the importance of ensuring employees are writing UIR's when necessary.

For St. Joe County, the total number of incidents decreased significantly this year from last year, just as it did with Branch County. For Fiscal Year 2018/19, there were 1,182 Unusual Incident Reports (UIR's) written in St. Joe County. For Fiscal Year 2019/20, there were 678 UIR's written. There was a significant decrease in Behavioral incidents which continues the downward trend of Behavioral incidents over the last four years. Last year there

were 458 Behavioral incidents and this year there were 222, which is better than a 50% reduction in Behavioral UIR's. Many of the people we serve who have had behavioral challenges in the past are simply not having as many issues as they did in previous years. The age of the person served, the stability of the staffing in the homes, and medical status all play a role. Another contributing factor may be a gradual change from writing an Incident Report for every single behavioral episode versus grouping multiple incidents that may occur on one day or during a block of several hours. Changes in reporting typically occurs when the Recipient Rights Officer for the county instructs Adapt to do so, but County Directors need to periodically check with their County's Rights Officer on preferences as employees sometimes make changes over time. The number of UIR's written in each category was well below each target. In both counties, with day programs having been closed and fewer community outings having occurred, the consumers in the Residential program had fewer transitions in their daily routines to manage. Transitions can be a source of stress and result in behavioral incidents.

The number of medication errors is closely monitored every year and there was a significant decrease from last year for both counties. In Branch County, there were 61 this year and 115 last year. In St. Joe County, there were 50 medication errors this year and 80 last year. One of the contributing factors suspected in the overall decrease of UIR's written is the fact that the Residential program in both counties has been under the Governor's Stay-At-Home Order since March 2020. The residents of the homes really do not go very many places or have visitors, with few exceptions. The schedule is less hectic in each home, and there may be less cause for behavioral issues (as mentioned above), less rushing around for falls, lack of pressure in passing medications as there is during the normal routine, and less contact with others to contract illnesses. Home Supervisors should continue to educate employees about writing Incident Reports to ensure proper reporting and monitor their environments for possible changes that have contributed to such a significant reduction in written UIR's. 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 fire drills. Each County Director (overseeing the Residential Programs of each county) was instructed to remind home supervisors of the importance of fire drill completion. This is an area where periodic reminders are necessary. This year, the Residential program ran 94% of required drills. 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 and Clubhouse ran 100% of required drills.

GOAL B-2 INCREASE CONSUMER LEVEL OF CHOICE

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

EVALUATION STRATEGY

Data for consumers feeling they are making progress toward their personal outcomes are based on consumer response to the satisfaction survey. Data for job preference 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.

PROGRAM	INDICATOR	ACTUAL 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Clubhouse	% Of consumers who feel they are making progress toward outcomes	98%	96%	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	87%	92%	88%	90%
Clubhouse	% Of members who would like to be employed	87%	90%	87%	90%
Clubhouse	% Of members who feel participation is preparing them for future employment	95%	92%	95%	95%
Employment Resources	% Of workers with their preferred job	71%	76%	86%	90%
All programs	# Consumers on board, committees, and special event planning groups	139	120	162	160
All programs (except Clubhouse)	# Consumers participating self-advocacy training events or education by program staff	107	120	157	160
Clubhouse	# Of TYPES self-advocacy/training events and the average number of consumers attended per event	15 types of events- 15 members/ event	12 types of events- 10 members/ event	9 types of events- 9 member/event	30 types of events- 15 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.

The Clubhouse consumer survey yielded excellent results for the second consecutive year, with all three (3) indicators from the survey having the same satisfaction rate as the year before. It is unusual to have the exact same figures two years consecutively, but it is not surprising since the overall membership has not changed much over the last couple of years. 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 remained at 87%. 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 2019/20, it was nine (9) types of events with an average of nine (9) members per event.

Examples of events Clubhouse members participated in include:

- Wellness classes
- Orienting new members
- Clubhouse collaboration calls
- Luncheon with MDHHS rep
- 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

For Employment Resources, the percentage of participants who feel they are making progress towards their outcomes remains at 90%, which is the same as last year. The percentage of participants working at their preferred job increased to 86% this year up from 71% last year. The latter indicator tends to fluctuate from year to year, and it is much higher this year than last year.

GOAL B-3. INCREASE COMMUNITY INTEGRATION

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

EVALUATION STRATEGY

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

PROGRAM	INDICATOR	ACTUAL 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Branch CLS	Average # of consumer community integration hours	532/month	575/month	441/month	440/month
Clubhouse	Average # of consumer community integration hours	85/month	75/month	78/month	75/month
St. Joe CLS	Average # of consumer community integration hours	837/month	875/month	680/month	650/month
Branch Residential	Average # of consumer community integration hours (per resident)	22/month	25/month	21/month	20/month

St. Joe Residential	Average # of consumer community integration hours (per resident)	27/month	30/month	21/month	20/month
Branch In-Home Supports	Average # of hours of community-based services provided to consumers (whole program)	2880/month	2300/month	2290/month	2350/month
St. Joe In-Home Supports	Average # of hours of community-based services provided to consumers (whole program)	1660/month	1400/month	1463/month	1500/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 Year 2019/20, the Covid-19 pandemic put community participation almost to a complete stop. Considering this, the average number of hours per month for all programs is very good. The Residential program was higher than expected after the onset of the health crisis, although lower than the target which was set prior to the onset of Covid-19 and the Stay-At-Home orders by Michigan’s Governor. The day programs were closed mid-March through early August of 2020. Those programs reopened in August and closed again in mid-November. Even while the programs were open, community outings and involvement remained low for health and safety reasons. As the Covid-19 pandemic persists, and as new strains of the virus continue to emerge, Adapt’s mission of community integration will continue to be balanced with following health mandates and making safe choices with consumers. The average number of hours in the community for Fiscal Year 2020/21 will very likely be low and target figures are a guess.

Indicators for the In-Home Supports program were added in Fiscal Year 2017/18 to demonstrate how a major Adapt program promotes community participation. This program provides services enabling people with a variety of functioning levels to remain in their homes and access their local communities as fully as possible. In Branch County, this program provided an average of 2,880 hours/month last fiscal year and decreased to 2,290 this fiscal year. In St. Joe County, the monthly average was 1,660 hours/month last fiscal year and decreased to 1,463 hours/month. While the Branch County program provides significantly more hours of service overall, the St. Joe program provides more service in the community. In Branch, there are more services provided in consumers’ homes, which enables people to remain in their own homes and/or with family. One program is not better than the other, there is simply a different focus dictated by the persons served and the referring agencies. The health crisis is the cause of lower numbers this year. It is reasonable to expect the number of hours to be lower for FY 2020/21 as the entire fiscal year has been impacted thus far and does not look to change any time soon.

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 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Employment Resources	Total # of participants placed in jobs	18	25	19	20
Employment Resources	# of new referrals for fiscal year	3	10	24	24
Employment Resources	# of new referrals placed in job during fiscal year	9	15	7	14
Employment Resources	# of new referrals opting not to continue with services after intake	3	5	19	5
Employment Resources	Total # of local employers contacted	247	200	152	100
Employment Resources	# of new referrals placed in job and successfully closed with MRS (90-day). (not closed by ER)	9	10	10	10
Employment Resources	# of community presentations, job fairs, etc.	4	5	4	3
Employment Resources	Total # of placements receiving ongoing supports	7	12	9	12
Clubhouse	# of people place in community jobs		Obtain baseline	3	2
Branch CLS Program	# of new referrals to supported employment from program	0	2	0	2
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	0	2
Employment Resources	% In Supported Employ. 6+ consecutive months	42%	50%	77%	80%
Branch CLS Program	% Of consumers who wanted a community job and did not have one	9%	5%	0%	0%
St. Joe CLS Program	% Of consumers who wanted a community job and did not have one	6%	4%	1%	1%
Branch CLS Program	The average # of consumers involved in volunteer work through CLS program per month	23	25	26	13
St. Joe CLS Program	The average # of consumers involved in volunteer work through CLS program per month	8	12	12	6

Branch In-Home Supports	% of consumers who have a job	10%	12%	6%	10%
Branch In-Home Supports	% of consumers who would like a job and do not have one	5%	4%	0%	0%
Branch In-Home Supports	# of referrals to Supported Employment	3	5	0	2
St. Joe In-Home Supports	% of consumers who have a job	15%	17%	41%	30%
St. Joe In-Home Supports	% of consumers who would like a job and do not have one	5%	4%	4%	4%
St. Joe In-Home Supports	# of referrals to CMH for Supported Employment Services	3	5	0	2

RESULTS

The Employment Resources program yields consistent numbers from year to year in all areas, indicating the program has remained strong through tough economic times and a thriving economy. Locally, there continues to be an abundance of jobs available in the community. The health crisis we have all endured since approximately March of 2020, is best reflected by the number of business contacts made by the Employment Resources staff. With a significantly improved local economy, the focus on creating opportunities for community employment increases. In Fiscal Year 2018/19, there were 247 contacts and in Fiscal Year 2019/20, there were 152 contacts. This is still a significant number of contacts considering the restrictions placed on most businesses, the complete shutdown of other businesses, and the overall social distancing requirements expected during the Covid-19 pandemic. As we continue to endure the Covid-19 crisis, we expect far fewer contacts for Fiscal Year 2020/21.

Overall, the level of community employment and referrals is very good, considering the current health situation. We are hopeful referrals and placements will remain steady, and possibly increase, as more people receive the Covid-19 vaccination, and the overall risk of spread is reduced. 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 Program Excellence Advocate will continue focusing on the employment piece of the pre-planning document, which is used in preparation for the consumer's annual Individual Plan of Service (IPOS) meeting.

Volunteer work continues to play an important role in the CLS program experience for those who are interested. The number of consumers who volunteer through the CLS Day Programs in each county has remained consistent over the years. Both counties saw a nice increase in the number of different volunteers. The data reflects months the program operated and when volunteering was an option. It remains to be seen if any volunteering will occur during Fiscal Year 2020/21 due to the pandemic.

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 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Employment Resources	% In SE earning at least minimum wage	100%	100%	100%	100%
Employment Resources	Average hourly wage	\$10.31	\$10.50	\$10.70	\$10.75
Employment Resources	% In SE at least 10 hours per week	100%	100%	100%	100%
Employment Resources	Total wages paid to program participants	\$2,199	\$0	\$1,658	\$3,000
Sheltered Workshop	Total wages paid to core workers	\$345,576	\$310,000	\$318,519	\$325,000

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 who works at a church. The church requested Adapt be the employer and we complied to make the employment possible for that person served. That individual worked about half of last fiscal year due to the pandemic and his targeted earnings for the current fiscal year are approximately \$3000. It is also a goal for CLS Day Program participants to not earn wages in the workshop, but in community employment. The CLS Day Program earned \$0 working in the shop last fiscal year and the indicator was removed since this is not a primary activity of the day program. It is no longer Adapt's practice to encourage the 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 newly introduced *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 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
CLS (St. Joe)	Days from first referral call (from CMH) to first scheduled appointment or intake	2.5	3	5	3
Clubhouse	Days from first referral call (from CMH) to first scheduled appointment or intake	6.5	6	4	3
Employment Res. (Branch)	Days from first referral call (from CMH) to first scheduled appointment or intake	21	16	17	10
CLS (Branch)	Days from first referral call (from CMH) to first scheduled appointment or intake	21	14	13	10
CLS (St. Joe)	Days from first appointment or intake to start of service	8.5	8	12	10
Clubhouse	Days from first appointment or intake to start of service	14	12	8	5
CLS (Branch)	Days from first appointment or intake to start of service	21	20	4	2
In-Home (Branch)	Days from first appointment or intake to start of service	3	5	3	2
In-Home (St. Joe)	Days from first appointment or intake to start of service	17.7	15	5	3
Employment Resources	Average # days between intake for individual job placement and start of work	35	30	35	30
All programs (except residential)	# Of denials of <u>ADAPT</u> service occurred	1	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	100%	100%	93%	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%
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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. With the Covid-19 pandemic, there were not many referrals to programs providing group services.

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 St. Joe County, and a couple of follow-up reports were missing for Branch County, which was addressed with the appropriate personnel.

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 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
Branch CLS	Annual cost per consumer	\$13,118	\$13,500	\$10,923	\$12,000
Clubhouse	Annual cost per consumer	\$21,862	\$20,000	\$18,429	\$18,000
St. Joe CLS	Annual cost per consumer	\$11,405	\$11,500	\$10,689	\$11,000

Employment Resources	Cost per new placement	\$6,156	\$6,200	\$5,393	\$5,600
Branch In-Home Supports	Annual cost per consumer	\$36,886	\$36,000	\$37,745	\$36,000
St. Joe In-Home Supports	Annual cost per consumer	\$45,016	\$45,000	\$43,579	\$44,000

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.

The cost per consumer for each program was below the target figure except for Branch In-Home Supports, which was approximately \$900 higher than the target. Although Adapt was not paying wages to employees of these programs during the shutdown (which was a significant cost savings), all employees maintained their insurance benefits. Also, the programs were open in August, September and October of 2020 and the cost of serving people was higher than the revenue. The Executive Director and Financial Controller discuss Adapt's financial status at least monthly when reviewing financial statements. The Clubhouse has remained opened since reopening in August since there are far fewer program participants than the day programs. The Day Programs were closed for second time in mid-November of 2020 and reopened on February 1, 2021. If the programs continue to operate at a more partial capacity, the cost will likely be higher, even with the limited number of staff for each 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. 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 18/19	TARGET 19/20	ACTUAL 19/20	TARGET 20/21
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	One-year Provisional Accreditation	Three-year Accreditation	Achieved Three-year Accreditation	Maintain Three-year Accreditation
All Programs	Meet CARF standards	Three-year Accreditation	Achieve three-year Accreditation in 2020	Achieved Three-year Accreditation	Maintain Three-year Accreditation

RESULTS

Programs continue to stay 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 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 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

	VERY GOOD					NOT GOOD					
	5	4	3	2	1	St. Joe			Branch		
						Actual 2018	Actual 2019	Actual 2020	Actual 2018	Actual 2019	Actual 2020
What do you think about ADAPT overall in terms of the quality of the programs offered?						4.1	4.1	4.1	4.5	4.4	4.6
What do you think about ADAPT overall in terms of commitment to consumers/residents?						4.2	4.2	4.0	4.6	4.5	4.4
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?						3.8	4.2	3.9	4.1	4.3	4.4

Do you think you make a positive difference in the lives of the people you serve?	4.7	4.8	4.5	4.8	4.8	4.8
Do you enjoy your job?	4.5	4.4	4.2	4.6	4.6	4.7
When ADAPT makes significant changes to schedules, job requirements, etc., do you think those changes are explained to you clearly?	3.8	d/c	d/c	4.4	d/c	d/c
When ADAPT makes significant changes to policies, benefits, etc., do you think those changes are explained to you clearly?	3.8	*See below	*See below	4.3	*See below	*See below
How would you rate the quality and type of the initial training that is offered to employees?	3.9	3.7	3.9	4.3	4.2	4.3

***New Survey Question – Note the different scoring scale (which will be adjusted for 2021)**

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

Annual In-Home Supports Staff Survey

VERY GOOD 5 4 3 2 1 NOT GOOD	St. Joe			Branch		
	Actual 2018	Actual 2019	Actual 2020	Actual 2018	Actual 2019	Actual 2020
How do you feel about ADAPT’s In-Home Supports program overall in terms of quality of services and commitment to consumers?	4.7	4.5	4.7	4.7	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?	4.7	4.4	4.7	4.7	4.5	4.6
Do you understand the chain of command at ADAPT – do you know who to talk with regarding your questions and concerns?	4.8	4.4	4.6	4.7	4.5	4.7
When you have questions or concerns, do you feel the In-Home Supports leadership is responsive?	4.5	4.1	4.7	4.7	4.3	4.5
How do you feel about the quality and type of training you have received at Adapt?	4.5	4.4	4.5	4.7	4.5	4.4
Have you been provided the necessary tools and information to be successful with the individuals with whom you work?	4.6	4.4	4.4	4.6	4.7	4.9
Do you understand the goals of the individuals with whom you work?	4.9	4.9	4.9	4.7	4.9	4.7

Employee Statistics	Adapt, Inc.		
	Actual 2018	Actual 2019	Actual 2020
Number of employees (all services, all counties)	281	293	255
Average number of years employed with Adapt.	6.2	7.0	6.9
Annual staff turnover rate	33%	32%	30%

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 3.9 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 78% to 96% which is very good overall. The lowest score in Branch was the question about training which was 4.4 and still very good. In St. Joe County the lowest score of 3.9 was for the questions

regarding training and if employees feel their suggestions are heard by their supervisors. The actual training program for new employees is the same for both counties. After much discussion over the past year to year-and-a-half, 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 and the Home Supervisors 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.

The results of the general staff survey (do not include the In-Home Support 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. This past year was a tough one 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 very low this year (57 compared with 137 last year which was an extraordinarily high return rate).

The old question about if employees think changes are explained clearly was discontinued and was 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. This question was based on a scale of "4" rather than "5", with four being the highest score, which will be changed to the 5-point scale for the 2021 survey. Responses ranged from 3.2 to 3.7 which are good. The numbers are lower in St. Joe which is consistent with the previous assessment that the less experienced home supervisors in St. Joe County are learning to work with employees. There are also more schedule changes in St. Joe and there is not always time to explain changes.

The In-home 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 4.4 and a high score of 4.9. These results are an improvement over last year.

The staff turnover rate has been monitored for several years. The overall turnover rate was 30% this year compared with 32% the previous fiscal year. The turnover rate reflects both counties. The average length of employment for Adapt staff is 6.9 years which is down from 7.0 years last fiscal year. A few very long-term employees retired which may have impacted the number, along with having less employees overall. The number of employees includes full and part-time people from St. Joe and Branch Counties. Adapt closed the Grant Street Home in January 2020 and St. Joe has temporarily closed the Mercury Home due to a lack of residents to fill that three-bed home. This has been beneficial in fulfilling staffing requirements. Overall, we have fewer employees and fewer applicants, making schedule changes more frequent and finding coverage more difficult. Closing Mercury results in one less home needing to be staffed.

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. 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.)

ULOAs – 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.

Created: 2/13;
Reviewed 2/15; 1/17; 12/2020; 2/2021
Revised 12/15; 2/19; 1/2020