

**Performance Quality Improvement**

**2nd Quarter Report 2022**

**Introduction**

In November of 2021 Homespace Corporation’s Board of Directors (BOD) approved Homespace’s agency-wide 2022 Performance and Quality Improvement Plan, designed to improve services and help Homespace provide the highest quality programming.

Homespace values a culture of continual improvement as a process that facilitates growth and positive change. The Performance and Quality Improvement (PQI) Program is still in the early phases of development, but adequately supports the collection of data from many of its stakeholders. The BOD and Senior Leadership of Homespace are committed to allocating resources, both monetary and human, to ensure innovative programming based on data.

Homespace has several programs and departments, each with goals and outcomes that are measured as part of PQI. Each program and department has developed separate logic models, identifying areas of measurement. In this report we will share our goals and how we did in the second quarter of 2022. As we continue to strive for excellence in our programming and to improve our PQI program, we invite any and all feedback. We value the opportunity to improve and encourage you to contact Samantha White at 716-220-7538 with any suggestions or questions.

**Overview**

In this report we outline the specific measures for each program and department. As we progress in our understanding and evaluating measures, we will include information that is valuable to all our stakeholders, including client satisfaction surveys, employee satisfaction surveys, progress on the organization’s annual plan and other relevant information.

Homespace has three main programs: Second Chance Home (SCH), Next Step Program (NS) and the Supervised Independent Living Program (SILP). Our Administrative team supports all of our programs.

**Program Outputs**

Homespace measures several outputs and two outcomes for each program. The Outputs tracked this quarter for all programs were:

* # of individual Independent Living (IL) sessions conducted with clients
* # of group Independent Living sessions conducted with clients
* # of individual Other Licensed Practitioner (OLP) sessions conducted with clients
* # of individual Psychosocial Rehabilitative Services (PSR) sessions conducted with clients
* # of individual Community Psychiatric Support and Treatment (CPST) sessions conducted with clients
* # of group Behavioral Health sessions conducted

Most of our Independent Living and Mental Health Outputs were on target for frequency with the exception of some outputs for the Community SILP and PSR services agency-wide. Community SILP clients don’t always engage in groups and are not required to participate.  However, staff do make monthly attempts to engage clients. PSR services have not been provided for the last 2 quarters, however, new staff have been trained and will begin providing services in the 3rd Quarter.

**Program Outcomes**

Outcomes focus on sustainable change that demonstrate our interventions work, and that clients and the Homespace team are making progress toward their goals. These outcomes are evidence based and are dependent upon the specific tool that is being used by the program. Outcomes information is collected quarterly. Please note that not all goals are measured quarterly and will be reported on in future reports.

The following are the outcomes and the second quarter progress by department:

**Second Chance Home (SCH)** and **Next Step Program**

*Clients will improve their Independent Living (IL) skills by an average of 10% as measured by the Casey Life Skills assessment tool every 3 months.*

Results – on average clients showed a 6% increase in IL skills (last quarter showed a 3% decrease)

* There were 6 total clients at Next Step and 6 total clients at Second Chance Home during this quarter. 5 clients had 2 assessments. 5 clients out of 12 were discharged before their 2nd assessment. 2 clients out of 12 were new intakes, thus they only had 1st assessment. Next Step’s roster was more stable with only 1 discharge during the quarter. Second Chance had 4 discharges.

*60% of clients will show a decrease in mental health symptoms as measured by the PHQ-9 and GAD-7 every 3 months.*

Results – 50% of clients showed an improvement of anxiety symptoms as measured by the GAD-7. 75% of clients showed an improvement of depression symptoms as measured by the PHQ-9. 2 clients showed an improvement of both anxiety and depression symptoms.

* There were 12 total clients during this quarter. 4 clients had 2 assessments. 4 clients out of 12 were discharged before their 2nd assessment. 2 clients out of 12 were new intakes, thus they only had 1st assessment. 2 clients out of 12 had 0 or 1 assessments although they have been in the program for more than 3 months.

There continue to be too few clients to make either of these measurements statistically meaningful. We currently have an Improvement Plan to address low-census. We will continue with these outcomes with the goal of increasing the census thus increasing the sample size.

**Supervised Independent Living Program (SILP)**

*Clients will improve their IL skills by an average of 10% as measured by the Casey Life Skills assessment tool every 6 months.*

Results – on average clients showed a 1.5% decrease in IL skills (SILP +2.28%, Com SILP -4.21%)

* There were 19 total clients (SILP 9, COM 10). 12 clients total had 2 assessments. 7 clients had 0 or 1 assessment even though they have all been in the program for at least 6 months.

*60% Clients will show a decrease in mental health symptoms as measured by the PHQ-9 and the GAD-7 assessment tools every 3 months.*

Results – 50% of clients showed an improvement of anxiety symptoms as measured by the GAD-7. 33% of clients showed an improvement of depression symptoms as measured by the PHQ-9. 33% of clients showed an improvement in both anxiety and depression symptoms.

* There were 19 total clients (SILP 9, COM 10). 6 of 19 clients total had 2 assessments. 2 clients had only 1 assessment. 9 out of 19 clients had 0 assessments due to not receiving Behavioral Health services from Homespace.

9 out of 19 clients had no assessments completed because they are not receiving Behavioral Health Services. They are not required to engage in services and have refused such. All new intakes to the SILP program are required to be evaluated for Behavioral Health Services and offered services, however, they do not have to accept these services. Behavioral Health staff continue to reach out monthly to try to engage the clients. 5 clients are aging out this summer and all new intakes will be offered services.

**Administration**

Our Administrative team is also working to improve its internal processes and services to our internal (programs) and external partners. The Administrative team has set up goals to help us measure employee satisfaction and retention, and fiscal stewardship. This quarter we specifically tracked our retention rate, our actual revenue versus the budget and looked to see that 90% of all budget categories were within 10% (+ or -) as of June 30, 2022.

The following was noted:

Homespace’s attrition rate tracked over the last two quarters averaged 15%. Of the 15%, 4.5% were involuntary leavers and 8.5% were voluntary leavers. Additionally, 50% of the current employees during the 2nd quarter have been employed at Homespace for over 2 years.

The attrition rate of 15% was above our goal of 10%. We will continue to monitor for upward trends.

Review of Homesapace’s actual spending/revenue versus the budget revealed significant deficits each month throughout the last two quarters primarily due to low census numbers. During the 1st quarter there was a deficit of $362,573. During the 2nd quarter the was a deficit of $578, 016. We are currently working through an Improvement Plan to address low census numbers.

In addition to our Improvement Plan the following actions have been initiated:

* There are grant applications in process that will likely be approved this year that are not currently reflected in the budget.
* The Administrative Director is conducting a cash flow analysis each month to keep a close eye on monthly revenue vs expenses.
* All departments have cut expenses, reducing unnecessary spending.
* The Development Associate has worked on local funding opportunities and we have received some donations from her efforts.
* YSS and other staff have been trained to provide PSR and CPST services to increase billable services thus increasing revenue. Billing for those additional services is expected to begin in the 3rd quarter.
* The Director of Services is looking into providing CFTSS services to non-Homespace clients.
* As mentioned above, an Improvement Plan was implemented last quarter to address low census.

We were on target for the goal of 90% of all budget categories within 10% (+ or -) as of June 30, 2022.

**Case Record Review Summary**

According to Homespace’s Utilization Review (UR) Policy, case files are reviewed according to a set schedule and the results of the review are compiled into a quarterly report with an emphasis on certain quality indicators.

As a result of a recent COA review and having one dedicated person conducting URs, all programs are up to date with URs.

For both the SILP and Residential files the same issue was identified as last quarter – many files missing medical information. When the LPN is hired this will be their responsibility to gather medical documentation where possible. The SILP clients are responsible for their own medical appointments and may not be inclined or required to provide Homespace copies for their files.

During the first quarter many of the missing items from the files actually existed, however, they had not been filed or printed. Since the COA review, most documents have been filed. Once the Clinical Support Specialist returns, they will assist with the filing going forward.

This quarter we added two Quality Indicators to the UR – signed FASP and signed Behavioral Health Treatment Plan. For the Residential files while 75% of the files contained a current FASP only 17% were signed by the client. 71% of the files contained a signed Behavioral Health Plan. For the SILP files 78% percent of the files contained a current FASP but only 43% had the client signature. 100% of the files contained the signed Behavioral Health Plans. Since these items have just recently been added to the UR, we will monitor next quarter with the expectation that compliance will improve.

**Improvement Plan Update**

Last quarter we implemented an Improvement Plan to address low census numbers. The following actions occurred since the last report:

* The PPP was approved effective July 1, 2022 expanding eligibility at Second Chance Home.
* The SSP application is in process and once approved will expand the definition of what is considered a SILP.
* We identified and remedied a communication barrier with ECDSS that was affecting referrals.
* We have reached out to other Departments of Social Service and voluntary agencies outside of Erie County and are now accepting referrals from all over New York State.

|  |  |
| --- | --- |
| **2022 Q1 Census Data**  | **2022 Q2 Census Data**  |
| SILP – 12 clients, 4 children  | SILP – 11 clients, 5 children |
| Community SILP – 9 clients, 6 children  | Community SILP – 7 clients, 5 children |
| Next Step – 6 clients  | Next Step – 6 clients |
| Second Chance Home – 3 clients, 4 children  | Second Chance Home – 6 clients, 3 children |

Next Step’s census continues to be close to or at capacity. As we noted in the last quarter’s report Second Chance Home’s census has been far below capacity since January 2021. Due to some initiatives employed through our Improvement Plan, there has been an increase in the referrals and thus the census.

**Next Steps**

In the 3rd quarter of 2022 in addition to reporting on the outputs and outcomes contained in this report, we intend to include results of client satisfaction surveys.

We value our Stakeholders. If you would like to share your thoughts on any of our PQI reports, please contact our PQI Coordinator, Samantha White at 716-220-7538 or Samantha.white@homespacecorp.org with any comments, suggestions or questions.