

**Performance Quality Improvement**

**3rd 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 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 third 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 Behavioral 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 do not always engage in groups and are not required to participate.  However, staff do make monthly attempts to engage clients. Staff have now been trained to provide PSR services and have begun billing. We will develop a process for tracking those services and report on such in 2023.

**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 third 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 6% increase)

* There were 7 total clients at Next Step and 8 total clients at Second Chance Home during this quarter. 6 clients had 2 assessments. 5 clients out of 15 were new intakes, thus they only had 1st assessment. 4 clients declined to receive IL services. Next Step’s roster was stable with only 1 discharge during the quarter. Second Chance had 2 discharges.

There was an increased number of clients served compared to last quarter (15 vs 12). While on average the improvement of IL skills was the same as last quarter, it should be noted that all clients improved, none showing a decrease in skills.

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

Results –2 clients showed an increase in anxiety symptoms and no change in depression symptoms.

* There were 12 total clients during this quarter. 2 clients had 2 assessments. 2 clients out of 12 were discharged before their 2nd assessment. 2 clients out of 12 were new intakes, thus they only had 1st assessment. 7 clients out of 12 had 0 or 1 assessments although they have been in the program for more than 3 months.

**Supervised Independent Living Program (SILP)**

*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 – 2 clients showed an improvement in depression symptoms, 1 client showed an improvement in anxiety symptoms and 1 client showed an increase in anxiety symptoms

* There were 19 total clients (SILP 12, COM 7). 2 of 19 clients total had 2 assessments. 2 clients had only 1 assessment. 15 out of 19 clients had 0 assessments due to not receiving Behavioral Health services.

For both the Residential and the SILP programs, there were too few clients receiving behavioral health services to draw any meaningful conclusions from the data. For 2023 we will revise our Logic Models and explore the value in creating an Improvement Plan to engage more clients in behavioral health 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 and our actual revenue/expenditures versus what was budgeted.

The following was noted:

Homespace’s attrition rate for the 3rd quarter was 8% meeting our goal 10% or less. Our YTD attrition rate is 37.7%. The national average for agencies like Homespace is between 50% and 60%. We will continue to monitor for upward trends.

Review of Homesapace’s actual spending/revenue versus the budget revealed variances each month throughout the last two quarters partly due to low census numbers. During the 2nd quarter there was a variance of $578,016. During the 3rd quarter there was a variance of $485,479. We are currently working through an Improvement Plan to address low census numbers with the goal of increasing revenue. For 2023 we will explore developing a new Improvement Plan to increase client engagement with billable Behavioral Health Services.

**Improvement Plan Update**

During the 1st quarter of 2022 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. There has been an increase in client enrollment since that time.
* The SSP application is in process and once approved will expand the definition of what is considered a SILP with the goal of increasing enrollment. Approval expected in the 4th quarter.
* We continue to reach 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.

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| **2022 Q2 Census Data**  | **2022 Q3 Census Data**  |
| SILP – 11 clients, 5 children  | SILP – 14 clients, 5 children |
| Community SILP – 7 clients, 5 children  | Community SILP – 6 clients, 7 children |
| Next Step – 6 clients  | Next Step – 7 clients |
| Second Chance Home – 6 clients, 3 children  | Second Chance Home – 8 clients, 1 children |

Next Step’s census continues to be close to or at capacity. The SILP and Second Chance Home programs showed an increase with both programs being close to or at capacity. During the 4th quarter we will evaluate whether our Improvement Plan to increase census was successful and whether we need to employ additional initiatives to maintain our census across programs.

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

* There are four (4) outstanding grant applications for which we are awaiting a determination.
* The Administrative Director continues to conduct 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. Still awaiting notification from three (3) Walmart stores for possible donations.
* YSS and other staff have been trained to provide PSR and CPST services and have begun billing for those services with the goal of increasing revenue.
* It is expected that in the 4th quarter Homespace will begin providing CFTSS services to non-Homespace clients in the community.

**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.

For both the SILP and Residential files the same issues were identified as the last two (2) quarters: 1) many files missing required medical information; 2) required documents missing due to not being printed and/or filed.

Homespace has hired a Medical Support Specialist who, as part of her job description, will be tasked with obtaining the missing medical documentation for the residential files. The SILP clients are responsible for their own medical appointments and may not be inclined or required to provide Homespace copies for their files. Additionally, once the new Clinical Supervisors are in place, we will revamp the UR System and the supervisors will incorporate case file compliance into their supervision practice.

In addition to ensuring that all files contain required documentation, through the UR process we assess the quality of services through two (2) Quality Indicators – signed and current FASP and signed Behavioral Health Treatment Plan. For the Residential files, 100% of the files contained a current and signed FASP, and 100% of the files contained a signed Behavioral Health Plan. For the SILP files, 75% percent of the files contained a current FASP but only 33% had the client signature. 100% of the files contained the signed Behavioral Health Plans. Since these indicators were added just last quarter, we will monitor next quarter with the expectation that compliance will improve.

**Next Steps**

In the 4th quarter of 2022 in addition to reporting on the outputs and outcomes contained in this report, we intend to include results of client and employee satisfaction surveys and progress with the Strategic Plan.

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.