

**Performance Quality Improvement**

**4th 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 fourth 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 continue to 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. Community SILP clients do not always engage in groups and are not required to participate.

For 2023, many of the tracked outputs will have specific target goals written into our logic models that will be tied to agency-wide financial goals.

**Program Outcomes**

**Independent Living Outcomes and Behavioral Health Outcomes for Residential and SILP**

Outcomes focus on sustainable change that demonstrate that our interventions work, and that clients and the Homespace team are making progress toward their goals. Through 4 quarters, we have determined that our outcome measurements are not statistically significant due to a small sample size. So while clients in our Residential and SILP Programs regularly received both Independent Living training and Behavioral Health Services and were assessed using evidence-based assessment tools, the outcome measurements do not illustrate whether our interventions are working or not. We are developing new Logic Models for 2023 with more meaningful outcome measurements.

**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 operating revenue and expenses, and other income and expenses.

The following was noted:

Homespace’s attrition rate for the 4th quarter was 12% coming close to our goal of 10%. Our YTD attrition rate is 50.26%. The national average for agencies like Homespace is over 60%. We will continue to monitor for upward trends.

Review of 4th quarter operating revenue versus operating expenses revealed a surplus of $226,697.64. When factoring in other uncontrollable income and expenses, Homespace saw a year-end total net income of $61,547.64.

**Improvement Plan Update**

During the 1st quarter of 2022 we implemented an Improvement Plan to address low census numbers. All action items were completed on the current Improvement Plan including the following items since the last report:

* The SSP application was approved, expanding the definition of what is considered a SILP
* Homespace continues to reach out to DSS’s outside of Erie County and have received referrals from throughout New York State

Homespace has seen a marked increase and stability in census numbers across programs. Additional measures to increase census have been rolled into the 2023 annual action items in the Strategic Plan and will be monitored through management meetings. The Improvement Plan can be retired.

|  |  |
| --- | --- |
| **2022 Q3 Census Data** | **2022 Q4 Census Data** |
| SILP – 19 clients | SILP - 19 |
| Community SILP – 12 clients | Community SILP – 8 clients |
| Next Step – 7 clients | Next Step – 8 clients |
| Second Chance Home – 9 clients | Second Chance Home – 10 clients |

**Other Action Items Update**

2022 Fundraising/Grant Award Update

* Fundraising goals were surpassed in 2022
* Tower Foundation – Pass Cards and Security System replacement
* Evans – $5,000 Unrestricted for Behavioral Health
* East Hill - $23,911 for Exterior Door at SILP
* Cummings Foundation - $10,500 Unrestricted will be used for Flooring at SILP
* 3rd Generation Fund - $5,000 for Medication Administration Training.

YSS staff have been trained and have begun providing PSR and CPST services. We will begin tracking those services in 2023. Additionally, we have received a few referrals from non-Homespace residents for CFTSS services. While we have not yet provided these services to clients outside of the agency, we anticipate doing so in 2023.

**Employee Satisfaction**

In November of 2022 Employee Engagement Surveys were distributed to all 60 employees. We received 12 responses.  The survey consisted of 19 questions, including 15 of the same questions from 2021 to tract year over year trends. These were sent out both by email with a link and through Survey Monkey. However, with only 20% of the staff responding, we have decided to make a change in our procedure. In 2023 will be sending quarterly surveys that will consist of 3 or 4 questions focusing on culture and relationships, employee needs and provide a comment section for feedback. The surveys will take employees no longer than 2 minutes to complete.

As for 2022, we saw a downward trend as reported by percentage of responders, however, of those employees who responded over 67% thought our work has a positive impact in the community, 83% of employees feel they get to use their skill set/strengths at work each day, 67% feel appreciated, 91% of employees enjoy our agency flexibility and 100% are receiving regular supervisions. An area that was identified as needing improvement was overall job satisfaction.

**Client Satisfaction**

Client satisfaction surveys were distributed in October of 2022 to all clients residing in a Homespace program. During the survey period a combined 27 clients were being served at Next Step, Second Chance Home, SILP, and Community SILP. Out of these 27 clients, 19 of them completed the survey.

The majority of clients reported overall satisfaction with Homespace; feeling safe and secure; reported that their medical, educational and mental health needs were being met; and that they were being helped to meet their personal goals.

**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.

The Clinical team (Case Planner, Nursing team, and Behavioral Health) are responsible for ensuring the clinical binders have the most up-to-date information. In past reviews there were issues related to a delay in filing and printing information out of connections and Accumedic. During the 4th quarter review, all available information was printed and filed in client binders/folders to ensure an accurate review of data.

Measures related to medical information have shown some improvement. File reviews showed increased information related to annual medical assessments and immunization records. Measures related to vision and dental assessments remained the same.

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 – a signed and current FASP and a signed Behavioral Health Treatment Plan. For the Residential files, 100% of the files contained a current and signed FASP, and while 100% of the files contained a Behavioral Health Plan, 2 plans required a signature due to the clients being new in the program. For the SILP files, 80% percent of the files contained a current FASP and 75% of files that contained the current FASP had the client signature. While 100% of the files contained a Behavioral Health Plans, 2 plans required a signature due to the clients being new in the program.

**Strategic Plan**

Good progress was made on the completion of the 2022 Annual Plan from the Strategic Plan. Currently, the agency is creating a 2023 Annual Plan with items that were not completed in 2022.

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.