

Outcomes and Performance Analysis Report

Fiscal Year 2021-2022



Skill Creations, Inc.

Mission Statement:

The Mission of SCI is to provide Support and Care that promotes Independence.

Motto:

***Support-Care-Independence
Creating Life Skills With Those We Serve***

Contents

<u>Section</u>	<u>Page</u>
I. Business Outcomes Review.....	3
II. Program and Service Delivery Outcomes Review	4

I. Business Outcomes Review 2021-2022

Goal 1: Revamp the fundraising committee and goals to reflect the current financial and pandemic environment. (Continued from last year's plan)

Result: This goal was met.

Analysis: Since his retirement, Paul Hackmann has assumed the role of Fundraising Coordinator. The pandemic severely affected fundraising, however, this year's contributions were almost double those of the previous year. There is also a major fundraiser underway with proceeds appearing in the 2022-2023 fiscal year finances.

Goal 2: Monitor ICF vacant bed days to ensure rate does not drop below budgeted 98.5%. (Continued from last year's plan)

Result: This goal was not met.

Analysis: Average occupancy rate for the year was 96.6%. This was a decrease from last year (97.9%). Efforts are ongoing and addressed in the Risk Management Plan.

Current year: Last Year:

1 st Q: 96.3%	98.2%
2 nd Q: 96.7%	98.3%
3 rd Q: 96.4%	98%
4 th Q: 97.1%	97%

Corrective Action Plan: A new position, "Director of Admissions", has been hired to address this issue in the next fiscal year. The goal will continue next year.

Goals 3: Monitor EVV development and processes to prevent cash flow disruption-new to this year's plan due to the implementation of the new state-wide system. This strategy is also monitored in the Risk Management Plan.

Result: This goal was not met.

Analysis: Implementation date was moved to 8/31/21 by the state. After that date, implementation was inconsistent between MCO's across the state. There was a retroactive rate increase late in the year driving AR higher than last year although AR days were lower.

Corrective Action Plan: We will continue to monitor this for the next fiscal year now that rates and expectations are more consistent.

II. Program and Service Delivery Outcomes Review 2021-2022

***Program 1: Community Employment Services: Job Development, Employment Supports, Self-Employment Services (Community Operations Supported Employment)**

Effectiveness Outcome(s) 1A: Clients with a job will maintain their employment.

Result: Target Not Met 80% (goal is 100%)

Analysis: There were 5 clients receiving SE at end of year and 4 are employed. One continues to search for employment. While many were affected in their employment due to pandemic, the %'s show people are getting back out and working.

Corrective Action Plan: Continue moving forward with supporting folks finding jobs and keeping them. The one person not employed is looking into a microenterprise so identifying the supports needed and building them around this person. Continue to identify areas of need for currently employed folks and troubleshooting any problems that come along in an effort to do the best job possible and sustain employment.

Efficiency Outcome(s) 1B: Maximize service utilization

Result: Target not met 80% (goal is 85%)

Analysis: When someone is not employed they are most likely not using all of the units even if looking for work. We need to ensure people's plans are reflecting what they really need. During the pandemic we saw a decrease in utilizing units but the units were still authorized.

Corrective Action Plan: Review service delivery vs authorization. We need to identify if folks being over authorized or units being underutilized. QP's should be very involved with families as they meet with the team for plan development based on participants wishes and needs. QP should provide oversite and monitoring of service delivery and advocate for adjustments based on need.

Service Access Outcome(s) 1C: Timely service implementation: Clients with this service will be employed within 4 months.

Result: Target Met at 100%.

Analysis: There was only 1 new client in this year and they were employed within a few weeks of being authorized for SE.

Service Access Outcome(s) 1D: Serve More Supported Employment Clients.

Result: Target Met (increase by 1)

Analysis: Within this planning year the number of clients increased by 1.

Stakeholder Input/Satisfaction Outcome(s) 1E - Person Served: Supported

Employment Client: 90% overall satisfaction of persons served.

Result: Target Met at 100%

Analysis: Having the help of others get these out to clients helps get them all completed and returned.

Stakeholder Input/Satisfaction Outcome(s) 1F - Other Stakeholder: Client's

Employer and/or Vendors: 90% overall satisfaction

Result: Target Met at 100%

Analysis: A new survey is being developed for the next fiscal year.

***Program 2: Family-Based/Shared Living Supports: Host Family/Shared Living Services (Community Operations AFL's)**

Effectiveness Outcome(s) 2A: Maintain placement in same residence.

Result: Performance Target met at 96% (target 95%)

Analysis: There were changes in placement 3 out of 4 quarters due to death, retirement and AFLs switching providers – all normal activity in the ebb and flow of this service.

Efficiency Outcome(s) 2B: Reduce medication Errors by 25% from last year in all AFL homes.

Result: Performance Target met with 1 med error which is less than the 25% from '20-21' year.

Analysis: Target was set for 25% less than the year before which had 5 med errors. There was only 1 med error for the entire year.

Service Access Outcome(s) 2C: AFL Staff will receive annual feedback in November.

Result: Performance Target met at 100% (target 100%)

Analysis: All 62 staff received annual feedback.

Service Access Outcome(s) 2D: All private vehicles transporting clients contain emergency procedures/first aid kits.

Result: Performance Target Met at 100%.

Analysis: Goal was set for 100% which was met every quarter. At annual walkthrough vehicles are checked.

Service Access Outcome(s) 2E: Compliance with AFL Requirements

Result: Performance Target Met at 100% (target 100%)

Analysis: There were no deficiencies cited.

Stakeholder Input/Satisfaction Outcome(s) 2F: Person Served: Clients/Legal

Guardian - 85% overall satisfaction (Question #11 Periodics Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

Stakeholder Input/Satisfaction Outcome(s) 2G: External Stakeholder satisfaction survey – (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

***Program 3: Community Housing (ICF Homes and Community Operations Group Home**

Effectiveness Outcome(s) 3A: Reduce the number of level 2 and 3 (critical) incidents due to injury

Result: Target not met

Analysis: The target was 21 and there were 37 this year (a 21% increase).

Corrective Action Plan: We are increasing staffing in our facilities as more applicants are available. We are also increasing staff to client ratios in facilities that have clients with more intense needs.

Effectiveness Outcome(s) 3B: Reduce the time it takes from hire date to starting in the facility for new employees.

Result: Target not met

Analysis: The first quarter started off in the right direction, but numbers declined as the year progressed. We will continue this goal next year but we will change the target to 85% and instead of starting in the facility, the goal will be to finish Part 1 of orientation.

Corrective Action Plan: We have restructured the orientation process which will begin 8/1/22. Employees will begin their orientation immediately in-house and will be paid hourly for Relias rather than a bonus upon completion.

Efficiency Outcome(s) 3C. Staff retention

Result: Target not met

Analysis: Staffing is still an ongoing concern in the workforce as a result of the pandemic.

Corrective Action Plan: We have revamped our orientation process and increased starting pay. We are looking at outside agencies to expedite TB testing so new hires can start in the facility sooner. We are also offering potential new hires tours of the building so that they can get a feel for the job environment prior to accepting the position.

Efficiency Outcome(s) 3D: Limit the length of vacant beds post-discharge

Result: Target not met

Analysis: There have been very few appropriate referrals this year. Several facilities are at their max number of non-ambulatory clients. Several are also limited by gender needed.

Corrective Action Plan: We have hired a new position dedicated to filling vacancies and admissions. This person is also responsible for building relationships with referring agencies.

Efficiency Outcome(s) 3E: Reduce medication errors by 25% from last year in all residential facilities.

Result: Target met

Analysis: We have increased staffing and implemented a new 2 staff check within 2 hour window to ensure no missed doses.

Efficiency Outcome(s) 3F: All facility vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target met

Analysis: Target met at 100%.

Service Access Outcome(s) 3G: Reduce time from screening a new client to admission

Result: Target not met

Analysis: 60% of new clients were admitted within 30 days, however, most were due to things out of our control (outside evaluation scheduling, guardian delay by choice, etc.)

Corrective Action Plan: We will continue this goal for next year but reduce the target to 90% to allow for things outside of our control and monitor at that level.

Stakeholder Input/Satisfaction Outcome(s) 3H- Person Served: Residential Clients/Guardian: 85% overall satisfaction of persons served (Question #10).

Result: Target was met

Analysis: 100% answered they were overall satisfied.

Stakeholder Input/Satisfaction Outcome(s) 3I- Other Stakeholder: Employees: 85% overall satisfaction (Question #7)

Result: Target was met.

Analysis: 90% reported overall satisfaction

***Program 4: Respite Services (Community Operations Facility-Based and Community Respite)**

Effectiveness Outcome(s) 4A: Assure client safety during service

Result: Target was met.

Analysis: Even though the goal was met we would like to continue this outcome as it is important we keep our clients' safety top priority, especially during a world-wide pandemic.

Effectiveness Outcome(s) 4B: All vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target was met.

Analysis: All vehicles are checked regularly to ensure all have emergency procedures and first aid kits at the Respite Facility.

Efficiency Outcome(s) 4C: Staff retention

Result: Target not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: Once businesses begin to reopen from closing during the pandemic we are hopeful we will see an increase in hiring and retention will be seen. This outcome will be discontinued for Respite Services for the 2022-2023 fiscal year as we are addressing this company wide.

Service Access Outcome(s) 4D: Serve more people at the ENRC

Result: Target not met

Analysis: During the 2020-2021 fiscal year, we only occupied 80% of our ENRC beds due to having one quarter where there wasn't enough staff to maintain all 4 beds at one time.

Corrective Action Plan: Increase our amount of staff so we can provide enough staff to clients in our 4 bed ENRC.

Service Access Outcome(s) 4E: Serve more people at the Morganton Respite Center

Result: Target not met.

Analysis: Due to COVID-19 the Bethel Respite home has remained closed, keeping the number of people lower than in the past we have served. Another contributing factor is people not wanting to have their individuals staying somewhere other than their home due to the pandemic.

Corrective Action Plan: This goal will be discontinued in 2022-2023 due to the home remaining closed at this time. Hopefully, we will be able to re-open sometime in the 2022-2023 fiscal year, but without knowing for sure it is not useful to include this as an outcome.

Stakeholder Input/Satisfaction Outcome(s) 4F: Person Served: Clients/Legal Guardian: 85% overall satisfaction (Question #11 Periodics Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

Stakeholder Input/Satisfaction Outcome(s) 4G: Other Stakeholder: External Stakeholder satisfaction survey – 90% Overall satisfaction (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

***Program 5: Community Integration (Community Operations and ICF Day Programs and ICF working clients)**

Effectiveness Outcome(s) 5A: Consistent Attendance - Number of clients typically attending vs number who should be attending

Result: Target not met.

Analysis: Due to COVID many individuals were still not back in day programs during this period of time. Services were still provided but due to Appendix K exceptions, day supports services could be provided in alternative locations such as residential facilities, family homes, etc.

Corrective Action Plan: This goal will be discontinued due to an updated service definition that no longer requires individuals to attend physical day programs, thus making this outcome not applicable as stated.

Effectiveness Outcome(s) 5B: Day program clients will participate in monthly scheduled community integration activities per activity calendar.

Result: Target not met.

Analysis: During the height of Covid, many outings were cancelled or postponed to keep individuals protected from outside sources. Community integration activity locations were limited also as many places prohibited visitors.

Corrective Action Plan: This goal will be discontinued due to difficulty in data collection accuracy and effectiveness. Also, the service definition has changed as noted above for Outcome 5A.

Efficiency Outcome(s) 5C. Staff retention

Result: Target not met.

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic. Goal was not met during the previous year. Team determined that new strategies needed to be analyzed and put into place to increase staff retention.

Corrective Action Plan: Goal will continue to allow new measures to be employed and analyzed.

Efficiency Outcome(s) 5D: Minimize number of deficiencies from regulatory agencies. (Look at regular and complaint based)- 75% of facilities with zero complaint surveys and zero deficiencies

Result: Target was met

Analysis: There were no complaint surveys this year.

Service Access Outcome(s) 5E: Timely service implementation (within our control)-90% within 30 days of admission assessment

Result: Target not met.

Analysis: There were many contributing factors to delay service implementation within 30 days of the admission assessment for new clients. Processes were severely delayed to begin new client services and staff were difficult to obtain and have trained within the thirty daytime period.

Corrective Action Plan: Goal discontinued at this time due to unrealistic timelines, staffing and other issues outside of our control.

Service Access Outcome(s) 5F: All facility vehicles transporting clients contain emergency procedures/first aid kits.

Result: Target was met

Analysis: Emergency kits are in facility vehicles.

Stakeholder Input/Satisfaction Outcome(s) 5G - Person Served: Client/Legal Guardian: 85% overall satisfaction of persons served.

Result: Target was met

Analysis: 100% of clients/guardians reported satisfaction with services.

Stakeholder Input/Satisfaction Outcome(s) 5H - Other Stakeholder: Employees: 85% overall satisfaction of employees

Result: Target was met

Analysis: 100% reported overall satisfaction

***Program 6: Personal Supports Services (Community Operations Periodics Services-Community and In-Home)**

Effectiveness Outcome(s) 6A: Clients maintaining services

Result: Target not met

Analysis: We are currently at 98%, just shy of meeting this goal 100%. Since COVID has improved we have been able to staff our clients more and provide them their services.

Corrective Action Plan: It has been decided to discontinue this goal for 2022-2023 as we feel that we have maintained close to 100% of our clients during a very difficult 2 years.

Efficiency Outcome(s) 6B: Reduce overbilling of services. (Providing more units than authorized)

Result: Target not met

Analysis: There has been an issue with overbilling units that are not authorized due to lack of monitoring authorizations for each client. Also with the new Appendix K where AFL's and parents are able to work with their clients or children on a more consistent basis, it has caused some units to be missed and overbilled.

Corrective Action Plan: Increase in monitoring authorizations by implementing a check in schedule of checking how many units are left to bill on an authorization every 3 months. Hopefully this will decrease the number of units overbilled.

Service Access Outcome(s) 6C: Staff retention

Result: Target not met

Analysis: Staffing is unfortunately challenging across the board in this field as well as others. This is felt to be due in part to the pandemic.

Corrective Action Plan: Once the Appendix K sunsets in Jan. 2023, we look for more positions to open up and have more hours to provide for potential DSPs.

Service Access Outcome(s) 6D: All private vehicles transporting clients contain emergency procedures/first aid kits

Result: Not met

Analysis: We feel that private vehicles are not being checked as often as facilities due to only having monthly supervision from QPs.

Corrective Action Plan: QPs will check their subordinates' vehicles more often to ensure their private vehicles have emergency procedures/first aid kits. Also, any new employees will be given a kit at orientation to place in their vehicles. This goal is being discontinued for 2022-2023 as it being tracked by staff development.

Stakeholder Input/Satisfaction Outcome(s) 6E: Person Served: Clients/Legal

Guardian: 85% overall satisfaction (Question #9 Periodics Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.

Stakeholder Input/Satisfaction Outcome(s) 6F Other Stakeholder: External

Stakeholder satisfaction survey – 90% Overall satisfaction (Question #10 External Survey)

Result: Target was met.

Analysis: 100% of returned surveys noted they were completely satisfied.