



PERFORMANCE MEASUREMENT AND MANAGEMENT REPORT

October 2019 - September 2020 Review



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Summary of Program

Progressive Residential Services, Inc. (PRS) opened their doors in 1982 to provide services for individuals diagnosed with intellectual disabilities and mental illness. PRS, Inc. operates programs in five counties across Michigan. Funding sources for these programs are Macomb County Community Mental Health Authority, Monroe County Community Mental Health Authority, Washtenaw Community Health Organization and Summit Pointe Behavioral Health Services.

Services are provided to individuals in residential living sites, including nursing care, personal care, healthcare, psychosocial development, recreation, respite, community orientation, vocational training and transportation. Additionally, PRS offers supported living and management services to individuals who reside in their own community placement setting.

Progressive Residential Services, Inc. is CARF accredited in the areas of Community Housing and Supported Living.

MISSION

To provide Individuals with certain disabilities and other disabling conditions opportunities to achieve goals, to more fully participate in their community and to enable them to live and grow at their optimum potential with all the rights afforded to them as full citizens.

VISION

It is the vision of PRS, Inc. that individuals have full inclusion in the community, opportunities to achieve goals and acceptance in the community without judgment.

VALUES

**Independent, Individualism, Community Inclusion,
Respect,
Quality Standards of Care, Clean & Safe Environments**

PRS analyzes its program areas through strategic planning, outcomes, risk management planning, assessment of barriers to service, incident report analysis, technology planning, cultural competency and diversity, turnover trends, review of grievances and referrals for program services.

The grievance process is provided to protect residents and their advocates/guardians who come forward in good faith to report issues of concerns or complaints regarding services provided by PRS, Inc. and the agency's professionals. PRS, Inc. adheres to a no reprisal stance for grievances and complaints filed and will not take any retaliatory action and/or reduce/eliminate services to residents and/or their advocates or guardians during and after the process. A copy of the grievance form is in the back of The Roadmap to Services, or you may get a copy at any PRS location.

All responses to complaint/grievances will be timely, and in a manner that is understandable to the person making the complaint. All complaints, grievances and response to such; will be in writing and part of the person's case record.

Services

COMMUNITY HOUSING AND SUPPORTED LIVING SERVICES

Development of Residential Programs

Services offered in a community setting are participant-driven.

Nursing and Support Services

Serving adults requiring care with licensed nurse on site, in company managed homes.

Supported Living and Management Services

Personal care, health care, psychosocial development, recreation, community orientation, transportation, assistance with vocational training and employment.

Quality Assurance Monitoring and Program Development

Satisfaction surveys, employment and parent advisory councils, and professional staff reviews.

Compliance Consultation

CARF accredited, AFC licensed facilities with specialized certification.

Professional Training

State Required Training, Participant Specific Training, CPR, First Aid and Funding Source Required Training.

Gaps and Opportunities

Strengths	Gaps	Opportunities	Threats
<p>1. Mature Staffing with longevity in company.</p> <p>2. Longevity of individuals in programs.</p> <p>3. Program philosophy embraces choice and empowerment of individuals.</p> <p>4. Personalized home environments.</p> <p>5. Multiple Three Year CARF Accreditations.</p> <p>6. Longevity of program and services provided.</p> <p>7. Services offered in multi-county area.</p> <p>8. Agency is contemporary/forward thinking, flexible and able to adapt to change easily.</p> <p>9. Strong support from families served.</p> <p>10. Consistent quality service in broad geographical area.</p> <p>11. Quality Assurance Process helps program managers stay connected to peers in a sharing process.</p> <p>12. Continuous quality improvements based on outside audits/reviews.</p> <p>13. Good Reputation within funding source contacts.</p>	<p>1. Service population is limited by funding source or referring agencies.</p> <p>2. Budgets are dependent of funding Source and State financial outlook.</p> <p>3. High employee turnover for Direct Support Professionals.</p> <p>4. Incoming pool of quality staff is limited.</p> <p>5. Longevity of individuals in programs (loss of aging individuals)</p> <p>6. Multiple counties therefore multiple funding source requirements</p> <p>7. Technology service carriers are limited in rural areas.</p>	<p>1. Increase Community Awareness to promote more acceptance of our individuals.</p> <p>2. Increase involvement of individual's and employee's families into programming.</p> <p>3. Explore alternate programs and diversity of funding sources.</p> <p>4. The ability to hire employees without a high school diploma no GED.</p> <p>5. Explore employment/volunteer opportunities through colleges, universities and internship programs.</p> <p>6. Opportunity to improve services based off adherence to the Home and Community Based Services Waiver.</p> <p>7. Increase Direct Support Professional pay rates through the strength of the Provider Alliances we are in and advocating with.</p> <p>8. Have a better educated group of staff by continuing to increase staff knowledge regarding proper documentation of services provided.</p>	<p>1. Future State budget cuts.</p> <p>2. Decrease in services authorized from funding sources.</p> <p>3. Aging individuals which can lead to open beds and non-payment from funding sources.</p> <p>4. Competition of other Providers within catchment area.</p> <p>5. Unidentified areas of Risk.</p> <p>6. Increase in cost of living and operating costs.</p> <p>7. Funding source guidelines for authorizations and payment.</p> <p>8. Quality of Person Centered Plans and lack of training from supports coordination on new plans.</p> <p>9. Not always a quality streamlined process for referrals and transitions into our program.</p> <p>10. Minimum wage increases versus no increases in reimbursement rates.</p> <p>11. Health Care system is more difficult to navigate for Medicaid/Medicare individuals also medical treatment.</p> <p>12. FBI fingerprinting costs shifting the to providers when previously paid for by MDHHS.</p> <p>13. Sick time legislation in Michigan to add more reasons for paid family medical time.</p> <p>14. Covid-19 Pandemic. *Added April, 2020.</p> <p>15. Unemployment Insurance Increase limiting ability to hire *Added April, 2020.</p>

Characteristics of Progressive Residential Services, Inc. Residents

Gender	
Female	31
Male	50
Age	
6-17 years	0
18-40 years	26
41-65 years	42
66-85 years	13

Other Info	
Autism Spectrum Disorder	12
Persons with Acquired Brain Injury	3
Persons with Dementia	5
Persons with Developmental Disabilities	40
Persons with Hearing Impairments	5
Persons with Mental Illness	14
Persons with Physical Disabilities	50
Persons with Visual Impairments/Blind	15
Unemployed/Underemployed	81
Persons with dual diagnosis Mental Illness/Developmental Disability	27

Social Determination of Health Survey Analysis

Home Totals

Survey Question	Borg	Judd	Sterling	Romeo	SIL's	Homer	Pennfield	Beachfield	Boyer	Walters	Total
Think about your future. Do you need help getting any of the following?											
Checking/savings bank account	0	0	0	0	1	0	0	0	0	0	-
Job or job training or volunteering	0	0	0	0	6	0	0	0	0	0	6
A GED or other educational courses	0	0	2	0	1	0	0	0	0	0	3
Budgeting for future needs and wants	0	0	0	0	12	6	0	0	0	0	18
New friendships or relationships/natural supports	0	6	1	0	10	6	0	0	0	0	23
Access to online services	0	0	0	0	2	0	0	0	0	0	2
I don't need help getting any of these things	6	0	2	4	7	5	5	5	6	6	6
Think about your groceries. Do you feel like you are buying and or getting the right food for your diet or desired health needs?											
Yes	6	6	4	4	25	6	5	0	0	6	62
No	0	0	0	0	1	0	0	0	6	0	7
Do you need assistance with meal planning or cooking	0	0	0	4	11	6	0	0	0	6	27
Need help getting food from food banks	0	0	0	0	1	6	5	5	0	0	17
Think about the place you live. Do you have problems with any of the following?											
Losing your housing	0	0	0	0	0	0	0	0	0	0	-
Mold or water leaks	0	0	0	0	3	0	0	0	0	0	3
Lead paint/pipes	0	0	0	0	0	0	0	0	0	0	-
Bugs or rodents	0	0	0	0	0	0	0	0	0	0	-
Do you have access to your living environment (yard, garage, etc)	0	0	0	0	0	0	0	0	0	0	-
Unclean water	0	0	0	0	0	6	0	0	0	0	6
Mobility issues due to construction of your living environment	0	0	0	0	3	0	0	0	0	0	3
Broken heat or air conditioning	0	0	0	0	0	0	0	0	0	0	-
Do you have access to your living environment(yard, garage, etc)	0	0	0	0	0	6	0	0	0	0	6
I don't have problems with any of these things	6	6	4	4	23		5	5	6	6	65
Think about your money. Do you need help getting any of the following?											
Food stamps	1	0	0	0	2	6	0	0	0	0	9
Benefits entitlements	0	0	0	0	1	6	0	0	0	0	-
Veterans' benefits (VA)	0	0	0	0	0	6	0	0	0	0	6
Free tax help	0	0	0	0	1	6	0	0	0	0	7
I was recently denied one of these and want help	0	0	0	0	0	1	0	0	0	0	1

I don't need help getting any of these things	5	6	4	4	24	0	5	5	6	6	65
Think about your transportation. Do you miss community activities, ability to vote, family visits, religious events, jobs or anywhere else you want to go?											
Yes	0	0	0	0	6	0	0	0	0	0	6
No	6	6	4	4	20	6	5	5	6	6	68
Think about your neighborhood. Are any of these not accessible to you?											
Being in your yard/on your sidewalks	0	0	0	0	0	0	0	0	0	0	-
Using your local park	0	0	0	0	0	0	0	0	0	0	-
Visiting your local library	0	0	0	0	0	0	0	0	0	0	-
Waiting at your community transportation location	0	0	0	0	0	0	0	0	0	0	-
Shopping at your grocery store	0	0	0	0	0	0	0	0	0	0	-
Going for a walk	0	0	0	0	1	0	0	0	0	0	1
I feel safe doing all of these things	6	6	4	4	25	6	5	5	6	6	73
Think about your community. Would you like information about any of the following?											
Registering to vote, where to go, etc.	0	0	0	0	3	0	0	0	0	0	3
Getting an ID, Library Card, DL, etc.	0	0	0	0	2	0	0	0	0	0	2
Fairs, festivals, community outings etc.	0	0	3	0	12	0	0	0	0	0	15
Joining affordable sports activities (□ youth)	0	0	0	0	0	0	0	0	0	0	-
Joining affordable sports activities (□ adult)	0	0	0	0	2	0	0	0	0	0	2
Joining affordable sports activities(□ senior)	0	0	0	0	0	0	0	0	0	0	-
Joining social clubs (□ youth)	0	0	0	0	0	0	0	0	0	0	-
Joining social clubs (□ adult)	0	0	1	0	4	0	0	0	0	0	5
Joining social clubs (□ senior)	0	0	0	0	0	0	0	0	0	0	-
I don't need information about these things	6	6	1	4	13	6	5	5	6	6	58

Is there anything we missed that you would like to add?	N/A	N/A	N/A	1 reported we go everywhere we want, and one said we are registered to vote.	N/A	n/a	n/a	6 said no
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New outcomes were created to assist in areas identified in the Social Determination of Health Survey. These new outcomes were Increased independence in completing Adult Daily Living Skills, helping to find a new job, volunteer site or day program for people in the independent living settings, and making it so all individuals must utilize the intake and safety assessments to further individualize services rendered.

Strategic Plan Analysis 2019-2020

To assist in meeting the mission of the organization, the strategic plan is reviewed annually by supervisors, member of the Administrative Management Company and the Board of Directors. The Strategic Plan identifies goals the organization worked toward in fiscal year 2019-2020.

The organization continues to focus in areas of human resources, financial management, technology, and program expansion and sustainability. There is constant evaluation of programs and services to ensure informed decision making by the Board of Directors, the Administrative Management Company and Program Directors as to the allocation of resources to meet the needs of the organization.

Human Resource Strategy

Objective:	Utilize new Orientation Updates to create companywide competent Managers and Direct Support Professionals.
Purpose:	PRS, Inc. believes that well trained management staff provides the background for developing well trained direct support professionals.
Rationale or Threats:	To strengthen effective team interaction between agency managers and agency staff. <ul style="list-style-type: none"> • Develop a better dissemination process when sharing information • Develop consistent organization of the Google drive • Orientation tracking forms
Action Plan:	Develop a formal orientation process for new managers To strengthen effective team interaction between agency managers and agency administrative staff. Maintain management level trainings in the following areas: <ul style="list-style-type: none"> • Contract compliance and funding source requirements • Individual funds and processes including MDHHS paperwork for food stamps & home help, Social Security process for applying for Representative Payee and the Representative Payee Report. • Completing documentation/Billing Verification Audits • Communicating with all employees and managing difficult employees. Employee Relations.
Target Date:	End of Fiscal Year
Who's Responsible:	Policy & Procedures Committee and State Operations Administrator
Financial Burden:	Approximately \$20,000 annually
Results:	The formal orientation process for new managers has been tabled due to time and personnel limitations because of the Covid-19 Pandemic. That was a huge extenuating circumstance last year. PRS has continued to maintain Management level training in all of the following areas though. <ul style="list-style-type: none"> • Contract compliance and funding source requirements • Individual funds and processes including MDHHS paperwork for food stamps & home help, Social Security process for applying for Representative Payee and the Representative Payee Report. • Completing documentation/Billing Verification Audits • Communicating with all employees and managing difficult employees. Employee Relations.

Program Expansion Strategy

Objective:	Increase programs and new revenue opportunities by expanding territories and services.
Purpose:	<ul style="list-style-type: none"> • PRS, Inc. needs to identify program options for individuals in other Counties that we do not already provide services in. • Small four to six bed congregate living facilities are not part of Michigan Mental Health priority development. PRS, Inc. needs to expand the development of service delivery to areas outside of this arena.
Rationale or Threats:	<ul style="list-style-type: none"> • Consistent quality service in broad geographical area • Decrease in services authorized by funding sources • Aging population which can lead to open beds and non-payment from funding sources
Action Plan:	<ul style="list-style-type: none"> • Identify best alternative when current placement is not suitable • Explore additional programs for aging individuals • Research options for development outside current service delivery
Target Date:	End of Fiscal Year
Who's Responsible:	State Operations Administrator and Management Company
Financial Burden:	Approximately \$5,000 annually
Results:	<ul style="list-style-type: none"> • PRS has assisted in searching for proper placement, when the current placement is not suitable. • Exploring additional programming was put on hold due to focusing on the Covid-19 Pandemic. • Outside development was also delayed due to the Pandemic.

Financial Sustainability

Objective:	Recoup money from one of the Funding Sources for services rendered.
Purpose:	Recoup the money to offset any budget or payroll issues that may arise due to money being owed beyond a time frame that the contract indicates.
Rationale or Threats:	<ul style="list-style-type: none"> • Offset any budget or payroll issues • Get paid for services rendered according to the contract • Prevent any further delays in payment
Action Plan:	<ul style="list-style-type: none"> • Work with Executives at the County to coordinate a plan • Reach out for possible legal representation
Target Date:	End of Fiscal Year
Who's Responsible:	State Operations Administrator and Management Company
Financial Burden:	Work Time and cost of legal representation
Results:	<p>This goal was met, but not by the Target date. Payments will continue through next fiscal year, until complete.</p> <ul style="list-style-type: none"> • A payment plan has been implemented to collect the money owed to PRS, Inc, and to prevent future delays in payment.

Risk Management Plan Analysis 2019-2020

This plan was developed to recognize the risks inherent to providing services to persons served and day-to-day operations of the organization in Fiscal Year 2019-2020. The plan summarizes areas of risk to the organization and is reviewed annually.

The purpose of the Risk Management Plan is to:

- Identify risk to Progressive Residential Services, Inc., the persons served and the agency staff
- Minimize the overall risk and increase awareness by identifying risks.
- Assist in preventing critical incidents
- Protect the persons served of the agency.
- Provide continuity of care by the agency.
- Protect the agency and its assets.

Inevitably, there are risks that the agency seeks to minimize by following MIOSHA standards, State Licensing guidelines, CARF Standards and Medicaid guidelines. Additionally, the Administrative Management Company provides a Corporate Compliance Officer and Chief Human Resource Officer.

On a daily basis, the agency seeks to minimize risk by implementing standard operating procedures, staff trainings, maintenance checklists, internal quality assurance reviews and general supervision.

Area of Risk	Level of Risk	Area of Impact	Action Plan to Reduce Risk	Actual Results
Staff Turnover, Over Time and Staff Shortages leading to program instability.	High	Health & Safety Financial Operational	<ul style="list-style-type: none"> • Develop marketing strategy for recruitment of qualified staff • Offer flexible schedules to assist with staffing needs • Build a staff that is confident and independent in their work • More advertisements of job postings 	<ul style="list-style-type: none"> • Marketing Strategy delayed due to pandemic and HR change. • Managers are very flexible with shifts now. • Training of new staff is more in depth. • More advertisements were delayed because of money shortages due to the Pandemic.
Safety risk for individuals due to increase in Medication Errors	High	Health & Safety Operational	<ul style="list-style-type: none"> • Most errors are refusals and missed documentation so training and reviews need to be increased. • Implement more med checks and a med watcher during med passes at sites where we are able to. • Add Med passing to every staff meeting to bring more focus to it. 	<ul style="list-style-type: none"> • Training focused on documentation, and how to handle refusals. • More med checks and watchers were put into place. • Med passing is discussed every staff mtg.

Other Fields of Work are Starting Entry Level Workers with Higher Wages causing us not to be able to hire new employees	High	Financial Operational	<ul style="list-style-type: none"> Continue to enhance our already good benefits package Promote the rewarding aspects jobs that we offer Work to increase all revenue to attempt to increases starting and top out wages company wide Offer more purpose and responsibilities to current employees so they do not leave solely for more money 	<ul style="list-style-type: none"> We are always working on benefits improvements. This is put in every staff meeting and job posting. Revenue increases are delayed due to high costs of the Pandemic. Responsibilities were spread out this year to more direct support professionals.
Infectious Diseases causing worse health issues, financial impacts or program instability/*Covid-19 Added April, 2020	High	Health & Safety Operational Financial	<ul style="list-style-type: none"> Follow the Governor's executive orders and CDC Guidelines Daily health screenings Enhanced Disinfecting Increased PPE usage 	<ul style="list-style-type: none"> We have followed all orders and guidelines. We have done all daily screenings, all enhanced cleaning and wore all enhanced PPE.
Vehicle accidents	Moderate	Health & Safety Financial Operational Reputational	<ul style="list-style-type: none"> Continue driver's education training efforts to promote safe driving and continue to utilize our road safety program Do annual driving record checks Seek prompt repairs of company vehicles Monitor the type of outings, and discuss the possible risk of each individual outing 	<ul style="list-style-type: none"> All trainings have been continued. Checks have been completed. This is being done as quickly as possible. This has been delayed due to not being able to integrate into the community.
Decrease in Food Stamps funds cause concerns with availability of food and access to healthier foods.	Moderate	Financial Operational	<ul style="list-style-type: none"> Utilizing food banks where available to supplement decreased food card amounts Training staff to prepare meals from scratch rather than utilizing processed foods 	<ul style="list-style-type: none"> We have started to use more food banks. Staff are slowly getting better at preparing home cooked meals.
Workman's Comp Issues	Moderate	Health & Safety Financial Operational	<ul style="list-style-type: none"> Evaluate program site for health and safety risks ongoing Use training related activities to educate and inform employees to minimize risk for items such as: safe lifting 	<ul style="list-style-type: none"> Site checks are completed at least quarterly. We are retraining on all of these possible risks. All injuries are being reported.

			<p>techniques and behavioral concerns.</p> <ul style="list-style-type: none"> All injuries, major or minor should be documented/ reported to the manager even if no medical attention. 	
<p>Unknown or undetectable communicable Diseases such as Bed Bugs/Scabies/Lice</p>	Moderate	<p>Health & Safety</p> <p>Financial</p> <p>Operational</p> <p>Reputational</p>	<ul style="list-style-type: none"> Take preventative measures to combat the infestation. Have the cleanest sites possible. Do not share hats, clothing or anything else with others 	<ul style="list-style-type: none"> Preventative measures have been put in place. Sites are very clean and organized. No sharing of anything.
<p>Needing to maintain different standards and certifications because of HCBS, Licensing, HAB Waiver and CARF Compliance while not having oversight of any requirements.</p>	Moderate	<p>Health & Safety</p> <p>Financial</p> <p>Operational</p> <p>Reputational</p>	<ul style="list-style-type: none"> Annual review of changes in requirements in HCBS, Contracts and CARF Annual Corporate Compliance training Monitor adherence to staff trainings Attend Provider Meetings 	<ul style="list-style-type: none"> These are done yearly. This has been continued. Staff trainings are up to date. We are attending Provider meetings and Provider Alliance Mtgs.
<p>Not utilizing the more in-depth information provided in the new intake and safety risk assessment forms.</p>	Low	<p>Health & Safety</p> <p>Operational</p>	<ul style="list-style-type: none"> Utilize improved Intake Packet to provoke more thoughtful and in depth analyses. Utilize new Risk Assessment to personalize services to new individuals, and reduce new risks. 	<ul style="list-style-type: none"> This was done for new intakes, will extend to all individuals next year. This was done for new intakes, will extend to all individuals next year.
<p>Funding Source Financial Struggles with which we are contracted.</p>	Low	<p>Financial</p> <p>Operational</p>	<ul style="list-style-type: none"> Advocate with Funding Sources to end budget cuts and pursue increases. Work with other providers and provider alliances to advocate for the necessary money. 	<ul style="list-style-type: none"> We are working with them on rates as much as possible. We are also making sure we are advocating with the strongest voices in the field.

Barriers Plan Analysis 2019-2020

Progressive Residential Services, Inc. reviews the Barriers Plan quarterly and completes an Accessibility Checklist annually to assess issues at the program site and the community in general. PRS, Inc. desires to identify and remove barriers so persons served may have access to their home and their community. These are the areas identified for Fiscal Year 2019-2020.

Progressive Residential Services, Inc. addresses barriers such as: architectural, environmental, attitudinal, financial, employment, communication, community integration, media and transportation.

Persons in charge of implementation and upkeep: State Operations Administrator, Program Managers.

Identification of Barriers

Progressive Residential Services, Inc. utilizes input from several sources in the development of its Barriers Plan, such as:

- The management staff from each program site collectively reviews the current Barriers Plan quarterly. This information is utilized to make modifications to the Barriers Plan throughout the year and is used to develop a new Barriers Plan.
- The management staff completes an Accessibility Checklist annually for each of their program sites.
- Persons served provide input at consumer meetings.
- Direct service personnel provide input on barriers at staff meetings.
- Monthly maintenance checklists are completed at each program site and issues are routinely identified and in most cases addressed by management staff.
- Management staffs identify program site needs on monthly reports to direct supervisor and the Administrative Management Company.

Architectural Barriers

Barrier	Solution
1. Limited Community areas to accommodate medically fragile individuals and allow for us to provide the appropriate services.	1. Contact Community sites to arrange areas for privacy or to get discounts for reserved areas. Build relationships with local vendors to increase possibilities of outings there.

Estimated Costs Associated: Paid work hours for Managers.

Actual Results: Progress has been delayed due to Pandemic, will continue to work on this.

Community Integration was all but eliminated last year due to State and Federal Guidelines.

Environmental Barriers

Barrier	Solution
1. Rural location of Judd, Walters and Homer to limit access to public transportation and ability of staff to drive to the homes in the winter. 2. Covid-19 causes the change in programming and services due to new requirement and restrictions. *Added April, 2020.	1. Improving onboarding process, offer ride share options, utilize company vehicles, offer gas cards as incentives. 2. Follow the CDC recommendations regarding visitors, outings, social distancing, wear masks, daily screenings, handwashing, sanitizing, PPE, Quarantines.

Estimated Costs Associated: \$5,000.00

Actual Results: Did not work on this due to financial restraints from the Covid-19 Pandemic.

Attitudinal Barriers

Barrier	Solution
<ol style="list-style-type: none"> 1. Staff not realizing the full potential of individuals. 2. Staff choosing to do things for individuals instead of allowing them to do them which limits development. 	<ol style="list-style-type: none"> 1. Train staff on the abilities of the individuals. Involve staff in more meetings with stakeholders to share capabilities. 2. Teach staff patience and uplift the ease of their job without having to perform these tasks for individuals, and educate them of the individuals' abilities.

Estimated Costs Associated: Paid work hours for Managers and Staff.

Actual Results: We have improved this with more in-depth intake tools for new individuals. This needs to be done for all current individuals next year.

Financial Barriers

Barrier	Solution
<ol style="list-style-type: none"> 1. Referral Shortages and timeliness from Funding Sources when vacancies are present. 2. Budget Cuts to this field. 	<ol style="list-style-type: none"> 1. Constant communication when there is a vacancy with Funding Source. Make sure they know the specifics of the home, the license and the needs. 2. Help advocate for increases with other providers and the funding source. Promote the good that these services do as much as possible.

Estimated Costs Associated: Paid work hours for Management Team.

Actual Results: Both of these Barriers were exacerbated by the Covid-19 Pandemic.

Employment Barriers

Barrier	Solution
<ol style="list-style-type: none"> 1. Low number of applicants for direct support professional positions. *Worsened even further by Covid-19 Pandemic. Added April, 2020. Also, entry level jobs at other companies pay more upon hire. 2. Too many employees having to be non-drivers or part-time due to poor driving records or not having a current license. 3. Increases to Unemployment during pandemic and stimulus checks. *Added April, 2020 	<ol style="list-style-type: none"> 1. Try new ways of advertising job postings. Continue Incentive/Bonus Programs. Educate employees of the good benefits we offer and new ones that are added each year. Utilize the new ability to hire without diploma or GED. Continue to advocate with other providers and funding sources for more money into the Medicaid system. Accommodate Schedules of employees for flexibility and needs. 2. Discuss the importance of having a valid Driver remind new applicants that failure to have these items prior to hire date can result in conditional job offer being revoked and/or may experience a decrease in hours if they are unable to drive the home vehicle. 3. Utilize the premium pay offered by the state, and continue advertising the needs while promoting the rewarding essential jobs we perform.

Estimated Costs Associated: \$20,000.00

Actual Results: Finding enough Direct Support Professionals has become an even more extremely difficult task than last year. We have to hire whether employees can drive or not currently, to make sure we have proper coverage.

Communication Barriers

Barrier	Solution
1. Educate individuals on safety protocols and why we do them and promote more safety independence in them.	1. Add more individuals to the safety committee, and get more in depth in safety discussions at advocacy meetings and site specific education on safety.

Estimated Costs Associated: Paid work hours.

Actual Results: We will continue to educate the individuals on safety, but we face a new barrier for family communication due to quarantine and visitor protocols. Individuals have expressed knowing much more regarding safety after this year.

Transportation Barriers

Barrier	Solution
1. Aging fleets are costing more money and limiting availabilities to integrate because of repair times. 2. Limited access to public transportation. 3. Not every vehicle can accommodate every resident at the site.	1. Continue routine maintenance and repairs as necessary. Look into transportation grants. Research volunteers or natural supports. 2. Transporting to public transportation ports if able and seek help from volunteers or natural supports. 3. Evaluate the ability of vehicles at sites to accommodate every person and evacuation, evaluate ability to shuffle locations of vehicles.

Estimated Costs Associated: \$25,000.00

Actual Results: The need for transportation has lessened this year, and allowed us to catch-up on repairs. Public transportation is still an issue, but was not needed as much this year due to the Pandemic.

Community Integration Barriers

Barrier	Solution
1. Cost of Outings and Activities. 2. Not being able to integrate as well at medically fragile homes because we can't have enough staff to provide services.	1. Research cheaper or free options in the community. Look into grants and fundraising. 2. Advocate for increased ratios and rates to integrate, and maybe find other groups to assist natural supports or volunteers.

Estimated Costs Associated: \$2,000.00

Actual Results: We were not able to address these Barriers due to not being able to integrate last year because of the Covid-19 Pandemic.

Technology/Media Barriers

Barrier	Solution
1. Lack of computers or tablets in the homes. 2. Individuals lack of knowledge to safely operate social media. 3. High costs of technology needed to operate programs efficiently.	1. Research grants and ways to get lightly used tech products. 2. Teach internet/social media safety in advocacy meetings. 3. Research Grants, talk with funding sources and try to raise funds. Network with other providers and funding sources. Research servers or online storage formats.

Estimated Costs Associated: \$15,000.00

Actual Results: Looking into what are the best options to place in group homes for individual use, but price is still hindering us. We have started reviewing safe internet browsing at Advocacy Meetings.

Technology Plan Analysis 2019-2020

Progressive Residential Services, Inc. has increased its reliance on computers and other electronic information over the last five years to improve its daily function and efficiency. It is vital that the organization maintain policies and procedures for maintaining the security of electronic information; ensure regular back-ups of information and to maintain working technology equipment.

Progressive Residential Services, Inc. Technology Plan addresses the areas of hardware, software, virus protection, assistive technology, confidentiality & security, needed technology training and identifies technology equipment needs.

The Technology Plan is reviewed quarterly and updated at a minimum annually.

Persons in charge of implementation and upkeep: CIO, Regional Manager, State Administrator, Program Managers.

Technology Plan for 2019-2020

Areas of Assessment	Sensitive data
Objective	Add more ability to password protect sensitive data
Purpose:	To give all employees ways to properly protect and share information
Current Practices:	We use encryption on all our Kyocera printers for scanning/faxing. We use encryption when sharing any documents for word/excel.
Actions plan	Add 2-step to our company issued cell phones, 2-step to all our google nonprofit emails, and we have SSL certificates added to all our websites keeping everything secure. All outlook email setups are also given a 2-STEP sent to the staff's company phone when logging in. It assures the staff that they are safe. Persons Responsible: State Operations Administrator and C.I.O. Associated Costs: Work Time of Administrative Employee. Target Date: End of 2020 and as new employee's start Results: All documents and scans shared in a secure manner.

Area of Assessment:	Assistive Technology
Objective:	Offer more assistive technology to our individuals
Purpose:	To enhance independence for our individuals in their physical or communitive areas of need
Current Practices:	We offer braille keyboards and larger keyboards for typing. We also have headsets available for each consumer using our technology.

	We have lifts, wheelchairs, toilet assists, shower chairs/beds. We have implemented communication boards, reaching devices, pillows and wedges for repositioning.
Action Steps:	Continue to enhance independence of the individuals requiring use of assistive technologies by assessing needs of each individual at our sites and creating a list of possible assistive technologies Persons Responsible: State Operations Administrator/Managers Associated Costs: Assessed per each item. Target Date: End of the year 2020 Results: Did not do due to covid-19 and financial restrictions

Areas of Concern	Hardware and Software
Objective	Update all manager level agency owned computers with the latest software
Purpose	To allow employees to be as efficient as possible by using the latest software available to them.
Current practice	Update all new manager computers with new software as the need or as soon as the role is filed
Action Steps	Gather all software and hardware needs and report them in the monthly report which then goes to the CIO. Persons Responsible: State Operations Administrator and CIO Associated Costs: Approximately \$100 per computer per year Target Date: End of the year 2020 Results: Kept software and hardware up to date throughout the year

Areas of Concern	Communication Technologies
Objective	Enhance the quality of virtual communication via virtual visits
Purpose	To allow individuals access to virtual visits with others due to the lack of onsite visits due to COVID-19.
Current practice	We did not have anything in place before COVID-19 as individuals were allowed in person visitors.
Action Steps	Utilize Zoom or Microsoft teams at each location to maintain a level of community integration and visitation abilities. Each site has the ability to use these services, but would need to create a training for

	<p>guardians and or loved ones that want to visit. Staff assisting with these services would also need to be trained.</p> <p>Persons Responsible: State Operations Administrator, Managers and CIO</p> <p>Associated Costs: Zoom/Microsoft Teams are free to download. Time and training will be an associated cost at around \$15 per hour needed to train.</p> <p>Target Date: September 2020</p> <p>Results: We utilized Zoom and Teams to set up many meetings.</p>
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Areas of Concern	Services purchase or contracted
Objective	Cut down costs of printer and scanner capabilities
Purpose	Lower costs and stream line the ability to print and or scan information
Current practice	Each site has their own printer/scanner although some are not able to scan larger items
Action Steps	<p>Our 2 Kyoceras are leased through a contract and paid monthly. They are used when larger documents need to be shared or cataloged.</p> <p>Contact other providers for quotes or to see if there are better, more cost effective options out there. Compare new findings with current company to see if we are utilizing them to the best of our abilities as well.</p> <p>Persons Responsible: State Operations Administrator, Managers and CIO</p> <p>Associated Costs: Monthly lease price for both units and for ink and paper.</p> <p>Target Date: September 2020</p> <p>Results: Did not do due to covid-19 and financial restrictions</p>

Cultural Diversity Plan Analysis 2019-2020

	Persons Served	Personnel	Other Stakeholders
<p>Culture (holidays, food & diets, clothing, attitudes, habits, mannerisms)</p>	<ul style="list-style-type: none"> • Offer services according to each individual's cultural needs and wants. • Encourage and educate individuals to participate in the cultural celebrations, holidays or events of others. • Utilize Outings and Activities to explore other cultures. • Beyond considering health needs and wants in menus, we promote more diverse and cultural foods. • All individuals are able to decorate their rooms and celebrate the holidays and listen to the music of their culture and choosing. 	<ul style="list-style-type: none"> • Employees are able to work or not work days of importance to their culture. • Employees are encouraged to express their individuality. • Education of Holidays and customs and foods of individuals are reviewed at staff meetings. • Employees are encouraged to share their culture with individuals while respecting theirs. 	<ul style="list-style-type: none"> • Encourage Stakeholders to attend all celebrations, holidays and cultural events. • Out intake process promotes getting as much cultural information as possible from stakeholders to offer the most comfortable and accepting setting to our individuals and their families.
<p>Age</p>	<ul style="list-style-type: none"> • Gear Outings and Activities towards age appropriateness. These are chosen by individuals. 	<ul style="list-style-type: none"> • Reasonable job accommodations for aging employees. • Educate staff on different point of 	<ul style="list-style-type: none"> • Preference o the age of staff provided to individuals in discussed annually with stakeholders.

	<ul style="list-style-type: none"> Utilize Adaptive Equipment as needed. Educate on appropriate clothing and hair styles for age. Individuals are encouraged to tell us the age of staff that makes them most comfortable. Have alternative outings or activities ready if something ends up being not age appropriate. 	<p>views of different generations.</p> <ul style="list-style-type: none"> Hiring employees of any age beyond 18. 	<ul style="list-style-type: none"> We make accommodations for families to see and talk to each other if there are restrictions due to an individual's or family member's ages. Plan meetings around stakeholder's schedules.
Gender	<ul style="list-style-type: none"> Individuals can specify the gender of the staff they prefer at intake and annually. In mixed gender homes there are activities or outings planned that are suitable for both genders or alternatives are considered. Decorations are selected by the individuals based on their gender preferences. Gender specific topics are discussed and taught. 	<ul style="list-style-type: none"> Equal Opportunity Employer. Male staff are not to work with female individuals, unless by specific request and approval. Staff self-identify. We hire our applicants regardless of gender. 	<ul style="list-style-type: none"> Preferred Gender for staffing is discussed with stakeholders initially and annually. We place gender appropriate staff at sites per specific requests.
Sexual Orientation	<ul style="list-style-type: none"> Individuals are supported to have 	<ul style="list-style-type: none"> Employee's significant others are invited to events 	<ul style="list-style-type: none"> All Stakeholders are invited to events

	<p>relationships and privacy.</p> <ul style="list-style-type: none"> • Support groups are located for anyone having difficulties with their orientation. • PRS is judgement and discrimination free. 	<p>regardless of orientation.</p> <ul style="list-style-type: none"> • Sexual Orientation is never considered when hiring staff. • PRS is judgement and discrimination free. 	<p>regardless of their orientation.</p> <ul style="list-style-type: none"> • Gender appropriate staff are provided based of requests of stakeholders due to sexual orientation.
Spiritual Beliefs	<ul style="list-style-type: none"> • Individuals can attend any religious services of their choosing, and staff will take them if needed. • All Spiritual Holidays that individuals wish to participate in are accommodated • Community Outings and Activities for specific beliefs are encouraged. • PRS will assist any individual with acquiring information on any religions they wish to learn about. • Offer alternatives if someone does not wish to participate in one that is of a specific belief. 	<ul style="list-style-type: none"> • Schedules are adjusted to accommodate important spiritual days or holidays of staff. • Staff are excused from any event that is against their spiritual beliefs. • Reasonable accommodations are made for spiritual practices. 	<ul style="list-style-type: none"> • Initially, annually and at any time the stakeholders are encourage to educate PRS on their and their individual's beliefs. • We want all stakeholders to be as comfortable as possible when around and at all events.

<p>Socioeconomic Status</p>	<ul style="list-style-type: none"> • Research and attend free or low cost outings and activities. • Assist in finding appropriate and affordable housing. • We encourage outside relationships with all people in the community. 	<ul style="list-style-type: none"> • We direct staff to places of support in time of need. • Collect donations for staff in need and consider incentives to help staff in need. • We do not hire based off socioeconomic status. • We educate the staff of customs of all socioeconomic statuses in staff meetings. 	<ul style="list-style-type: none"> • Stakeholders are never discriminated against due to their socioeconomic status. • We get input into the living conditions that the individuals are used to from stakeholders.
<p>Language</p>	<ul style="list-style-type: none"> • PRS will offer translators as needed. • Limited English Proficiency training is required. • We have created or adopted communication boards or other forms of communication. • Forms and papers have been simplified for understanding when needed. • PRS will assist with locating or creating alternative formats to anything for increased understanding. 	<ul style="list-style-type: none"> • Interpreters or translators will be researched if needed. • Staff are frequently trained in Limited English Proficiencies. • Some forms are offered in other languages, and can be researched for new languages if needed. 	<ul style="list-style-type: none"> • We provide Limited English Proficiency training, and further resources can be researched upon request. • Translation services are provided by request.

Cultural Diversity Plan Analysis 2019-2020 cont.

Progressive Residential Services, Inc. believes in promoting cultural diversity in all aspects of the organization and will be sensitive and respectful to the culture and diversity of persons served, staff and stakeholders in regards to: culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status and language. This is Progressive Residential Services, Inc.'s Fiscal Year 2019-2020 plan.

Specific Strategies Developed to Address Cultural Diversity

Goal 1: To be consistently culturally responsive to persons served across the organization.

- Develop a list of cultural events, holidays, etc. for programs to celebrate/recognize throughout the year.
- Ensure all programs are capturing cultural practices during intake and annual IPOS meetings.
- Verify interpreter information is current and up to date for all programs.
- Promote cultural experiences in the organization newsletter.
- Educate staff on various ethnic groups and the characteristics of interaction.

Goal 2: To ensure all organization materials recognize/promote cultural competency and diversity.

- Incorporate a cultural awareness section into the PRS newsletter.
- Ensure company materials represent a diverse population.

Goal 3: To become more culturally responsive to PRS employees.

- Obtain input from employees regarding the challenges of providing direct support to people with intellectual disabilities, mental illness and chronic medical conditions and/or significant behavioral issues.
- Discuss at staff meetings how the organization can become more culturally competent.

Comments/Follow-up Completed

The Managers have implemented various aspects of culture and diversity into staff meetings. They recognize the diversity in ages of the persons served and develop activities.

The program sites develop events in the home that recognize cultural differences and select events to attend in the community that provide exposure to various cultures. This has resulted in staff cooking various ethnic meals and discussing the ethnicity, as well as, attending different cultural festivals in the community.

Program sites attempt to recognize the various cultural practices and religious beliefs of persons served and employees.

Proposed Action Plan

This plan is reviewed quarterly and updated annually.

Summary

PRS, Inc. embraces all cultures and prides itself upon full inclusion for everyone. Though we feel this is a strong point for our company, we strive to improve every year. We have increased cultural teachings and events in the homes, we have a more diverse workforce, and we have tried to incorporate all cultures when creating and editing our organizational materials.

Incident Report Analysis 2019-2020

To comply with contracting agency and accreditation sources PRS has reviewed all incident reports. Incident reports were reviewed for the period of October 1, 2019 through September 30, 2020. Aggregated data from all programs Licensed AFC homes and Supported Independent Living (SIL) programs were completed during a twelve-month reporting period.

Incidents occurred in the following areas for the period of time data was collected:

	Licensed 2019-2020		Unlicensed SIL 2019- 2020
Falls	28		2
Aggression/Violence	12		8
Incidents of Discovery	21		
Medication Refusal	1		8
Neglect	1		
Med scripts didn't match	1		
Sentinel Events	2		
Medication Error	16		20
Safety Related	10		3
Incidents with injury	39		11
Serious Injury/ER Care	17		
G/J Tubes came out	4		
Vehicle Accident			1
Law Enforcement	2		
Choking	2		
Total	156		53

Trends and Causes:

- Aggression/Violence – Total of 20 incidents with aggression and violence. three people, in the licensed setting, were responsible for all 12 of these incidents, and two people in unlicensed accounted for the other 8. No serious acts of violence or injuries from these incidents.
- Medication Refusal – 9 total refusals, and most of which was because of one resident in the unlicensed program.
- Medication Error – Most of the medication errors were from not documenting on the MARs, and these were found by Management in the unlicensed program during site checks. Other examples of errors were one pill being missed in the bubble packs during a med pass, pills falling on the floor, and some fluid left after breathing treatments. One was scripts from the doctor not matching and was categorized alone.
- Incidents of Discovery – We had 21 incidents where bruises or cuts were found during body checks.
- Safety Related – Most of these were from staff or clients not following safety protocols, i.e. shuffling feet while using walker leading to a trip but no fall. Improper transfers of individuals, leaving items out that should have been locked up.
- Serious Injury/ER Care – There were 17 of these incidents and most were from one individual that was drastically declining in health, most of the other incidents were from another individual reporting pain in body or chest the others were minor head bumps.
- Neglect – The only incident was staff not using enough cream around G tube entry causing skin to crack.
- Sentinel event- The 2 events in this category was a death of natural causes.

- Incidents with injury - Individuals bumped their arms or legs on something, stubbed their toe, or got a cut. These were all minor injuries where basic first aid was utilized.
- Choking – 2 incidents where abdominal thrusts were used and EMS was called.
- Vehicular accident – Only one, and it was a minor fender bender in a parking lot with one client and no injuries.
- G/J Tubes coming out- These 4 were all from one individual.
- Law enforcement was contacted 2 times for the same individual that was agitated.

Significant changes from previous reporting period:

Overall, the number of incident reports from the previous reporting period decreased slightly for two years in a row. Safety related IRs have decreased this year as well. We have focused on safety related issues and awareness of surroundings in advocacy meetings. Medication errors was another big focus of last year, and those have substantially decreased again this year. Emergency room visits also dropped significantly, which is even more impressive with the on-set of the Covid-19 Pandemic.

Areas Needing Improvement:

Goal: Lower the number of falls again, these have slightly risen this year.

Action Plan:

- Managers will check the homes for any possible trip/fall hazards.
- Managers will continue to discuss spatial awareness and consciousness while walking and transferring in individual advocacy meetings.

Goal: To decrease the number of incidents of discovery.

Action Plan:

- Site managers will check the homes for any possible hazards that may injure someone.
- Site managers will track injuries found to try to establish a correlation for what is causing the injuries in hopes we can reduce some hazards.

Turnover Trend Report 2019-2020

Number of Employees

According to Human Resources reports and payroll reports, there were a total of 145 employees on payroll for the fiscal year ending on September 30, 2020.

Turnover Rate

During this fiscal year, the program incurred a total loss of 133 employees. The total turnover rate was 92%. The total number of losses increased by 80 employees this year. The turnover rate increased by 66%.

Summary and Remediation Goals

The increase in the turnover rate from the previous year was substantial.

Satisfaction surveys and Exit Surveys are used to determine areas for improvement. These tools are also used by the administrative management office as training tools for directors and managers to continue to address concerns and strengthen the PRS program.

The Human Resources department continues to review the job descriptions annually to capture the performance expectations of all positions and the expected skill level and experience required for success in any given role. The Directors and Managers regularly work with Human Resources whenever an employee has violated company policy. Policies are reviewed and updated annually to ensure that goals for remediation are met and that staff concerns and preferences have been considered.

Review of Persons Served Referrals 2019-2020

There were 12 referrals made to PRS through the referral tracking procedure. There were 5 of 12 referrals placed with Progressive Residential Services, Inc. The referrals not placed in the program were either determined not eligible for services, selected another provider or were just seeking information about services.

The number of referrals to program sites are all submitted to the Administrative Management Company on a monthly report basis. PRS will continue to track referrals and work to capture all referrals made to the agency.

Review of Rights Complaints, Internal/External Grievances 2019-2020

There were no formal PRS internal grievances filed during this reporting period. Family member and person served issues are typically resolved informally with the appropriate administrative staff. PRS director and staff are working with the respective guardians, persons served and case manager to continually improve communication and service.

There were a total of 17 Recipient Rights Complaints filed for 2019-2020. 5 were substantiated and, of those substantiations, all resulted in PRS East taking action to address the issue through in-servicing, retraining staff or staff were disciplined, (suspended, discharged, resigned or were placed on a corrective action plan). All substantiated reports require a corrective action plan to assist in preventing reoccurrence of an incident. 12 investigations were not substantiated. The next section will give a specific break down of PRS' Rights Substantiations categories and trends.

PRS & SILs Programs ORR Trends Report 2019-2020 Quarters 1-4

Quarter 1:

Neglect III: Abandonment in a Semi-Independent Living setting for part of the shift.

Neglect III: Emergency Medical Care was not sought until the next day.

Restraint: An individual was gently held to try to comfort them and prevent self-harm.

Quarter 2:

Neglect Class III: Abandonment in a Semi-Independent Living setting for part of the shift.

Quarter 3:

None

Quarter 4:

Abuse III: A staff was verbally abusive to an individual in the Semi-Independent Living Program.

Totals and Trends:

Total of 3 substantiated investigations for 1st Quarter

Total of 1 substantiated investigation for 2nd Quarter

Total of 0 substantiated investigations for 3rd Quarter

Total of 1 substantiated investigation for 4th Quarter

Trends and Areas Needing Improvements: Shift abandonment, inappropriate communication with individuals, restraining a behavioral individual and seeking medical attention too late.

Action Plan: Discuss Rights Trends at Manager and Staff Meetings. Review all current Procedures, and make any suggested changes to reduce Rights investigations to Compliance.

Performance Improvement Plan Analysis 2019-2020

Experience of Service: Progressive Residential Services, Inc. values and uses the input from individuals/stakeholders/professionals in the evaluation of the quality and effectiveness of services and operations. PRS uses this information in a number of activities, including program/service modification and development, and performance improvement. On an annual basis, PRS leadership meets, reviews, and analyzes input and feedback data from the individual satisfaction surveys and shares this information with agency staff and stakeholders.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Experience of Service

Objective A: Maximize satisfaction of experience of services for individuals with PRS MI services.

Indicator: Average percent of individuals who respond "yes" to overall satisfaction of experience of services questions on surveys.

Timing: Annually

Data Source: Satisfaction Survey

Applied to: Community Housing and Supported Living

Obtained by: Program Managers collecting completed surveys, or assisting with completion, if necessary.

Target: 95% of answers responding with a yes.

ACTION TAKEN:

- Distribute Satisfaction Surveys to every site.
- Manager will pass out Surveys to anyone capable of completing independently, and will assist anyone that needs help to complete.
- Manager then sends completed surveys to administrative office.
- Answers are reviewed, and populated.
- Administrative Office, Regional Manager, State Operations Officer, and Program Managers meet annually to implement changes based off gathered results.

ANALYSIS OF OBJECTIVE:

- Actual Results: 97% of individuals satisfied with services.
- Experience of Service & Feedback from Individuals and Stakeholders: Very high satisfaction rate, and no formal complaints.
- Characteristics of Individuals (if applicable): There was 57% return rate for all of the individual surveys distributed.
- Impact of Extenuating or Influencing Factors: Low return rate for surveys, and no comments given beyond the multiple choice answers. Having individuals that are non-verbal and or other limitations prevented that ability to answer some of the questions.

- Comparative Analysis: PRS received a result of 96.5% satisfaction in 2018-2019, but we had a lower return rate for surveys this year.
- Trends: Of the few unsatisfactory answers, most were that individuals did not think we were properly keeping their information private, and a couple people marked that they didn't think they chose their own goals and that we didn't help them achieve said goals.
- Identifications of Causes: Individuals may not fully understand our Privacy Policies, and how we implement them. We will review privacy at all Individual's Advocacy Meetings this year, and seek input to how we can improve how we handle their information. We will also put an emphasis in our Pre-Plan of Service Meetings to make sure that individuals do provide input into their own goals and advise us on the best ways to assist them.
- Suggestions for improvement: A new system of collection, tracking and administrating needs to be developed. Meeting with the CIO to come up with solutions will enable us to gather more results. Additionally, a focus on how to allow individuals with limited capability of understanding and verbal responses to answer these surveys by using pictures or yes and no cue cards.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Experience of Service

Objective B: Maximize satisfaction of experience of services for parents/relatives/guardians of individuals with PRS MI services.

Indicator: Average percent of parents/relatives/guardians who respond "yes" to overall satisfaction of experience of services questions on surveys.

Timing: Annually

Data source: Satisfaction Survey

Applied to: Community Housing and Supported Living

Obtained by: Administrative Office mailing surveys to parents and guardians.

Target: 95% of answers responding with a yes.

ACTION TAKEN:

- Distribute Satisfaction Surveys to every representative via mail.
- Parents and or guardian's complete surveys and send back with envelope with proper postage provided by PRS.
- Answers are reviewed, and populated.
- Administrative Office, Regional Manager, State Operations Officer, and Program Managers meet annually to implement changes based off gathered results.

ANALYSIS OF OBJECTIVE:

- Actual Results: 91% of Guardians are satisfied with services.
- Experience of Service & Feedback from Stakeholders: High Satisfaction Rates, Open Door Policy for Guardians to meet with us or to call any time. Constant feedback received all throughout the year.
- Resources Used to Achieve Results: Satisfaction Surveys.

- Impact of Extenuating or Influencing Factors: The low return rate of surveys from Guardians may have been influenced by the consistent communication with program managers as they may think the survey is repetitive information.
- Comparative Analysis: 95% satisfaction rate last year, but we had a higher return rate of surveys this year.
- Trends: The very few unsatisfactory answers we received were about the cleanliness of the homes and sites, and that PRS was not assisting the individuals reach their goals.
- Identifications of Causes: Companywide, PRS will remind all sites of the importance of cleanliness at every location at all times, and enhanced cleaning protocols are in place for the Covid-19 pandemic as well. We will continue to include Guardians in the discussions of the goals, the individuals have chosen, to also get their input regarding how to help their individual be most successful.
- Suggestions for improvement: A new system of collection, tracking and administrating needs to be developed. Meeting with the CIO to come up with solutions will enable us to gather more results.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Experience of Service

Objective C: Maximize satisfaction of experience of services for Professionals/Stakeholders associated with PRS MI services.

Indicator: Average percent of Professionals/Stakeholders who respond "yes" to overall satisfaction of experience of services questions on surveys.

Timing: Annually

Data source: Satisfaction Survey

Applied to: Community Housing and Supported Living

Obtained by: Administrative Office mailing surveys to professional stakeholders.

Target: 95% of answers responding with a yes.

ACTION TAKEN:

- Distribute Satisfaction Surveys to every professional stakeholder via mail.
- The professional stakeholder's complete surveys and send back with envelope with proper postage provided by PRS.
- Answers are reviewed, and populated.
- Administrative Office, Regional Manager, State Operations Officer, and Program Managers meet annually to implement changes based off gathered results.

ANALYSIS OF OBJECTIVE:

- Actual Results: 100% of Professionals are satisfied with our services.
- Experience of Service & Feedback from professional stakeholders: High satisfaction rate, but no comments or feedback provided on surveys.
- Resources Used to Achieve Results: Annual surveys.
- Impact of Extenuating or Influencing Factors: regular on going communication.

- Comparative Analysis: Two years in a row of 100% satisfaction from professionals. This category always has the lowest return rate of all surveys distributed. Only two sites received responses last year, this year we were able to acquire responses representing four sites.
- Trends: Constant low return rate of these surveys.
- Identifications of Causes: Some employees of the funding sources have expressed that they don't believe they are allowed to complete these surveys. We will seek clarification from the funding sources about this. Also, perhaps utilizing an easier online format via email would also encourage more responses.
- Suggestions for improvement: A new system of collection, tracking and administrating needs to be developed. Meeting with the CIO to come up with solutions will enable us to gather more results.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Experience of Service

Objective D: Maximize satisfaction of experience of services for employees of PRS MI services.

Indicator: Average percent of employees who respond "yes" to overall satisfaction of experience of services questions on surveys.

Timing: Annually

Data source: Satisfaction Survey

Applied to: Community Housing and Supported Living

Obtained by: Administrative Office mailing Surveys to sites with envelopes with pre-paid postage so surveys never have to go back to the Managers once they are completed.

Target: 95% of answers responding with a yes.

ACTION TAKEN:

- Distribute Satisfaction Surveys to every employee at every site. Employees complete surveys and send back with envelope with proper postage provided by PRS.
- Answers are reviewed, and populated.
- Administrative Office, Regional Manager, State Operations Officer, and Program Managers meet annually to implement changes based off gathered results.

ANALYSIS OF OBJECTIVE:

- Actual Results: 84% of employees are satisfied with PRS.
- Experience of Service & Feedback from employees: An increase of 11% in satisfaction this year. We have offered better training and tools, including but not limited to: Enhanced Person Center Plan document, Health and Safety Risk Assessment and an updated Intake Assessment. All of these will enhance the quality of care for the individuals.
- Resources Used to Achieve Results: Anonymous Surveys that provide ambiguity, thus more reliable results.
- Impact of Extenuating or Influencing Factors: Historically, surveys were completed by staff only when they were very happy or very angry. This year seems to show more middle ground with answers. Covid-19 also could have effected responses due to causing more stressful home and work environments.

- Comparative Analysis: in 2018-2019 we had 73% of employees whom were satisfied compared to 84% for this fiscal year.
- Trends: There is a consistent negative remark based off of the feeling that the employees do not feel recognized for the work they do. Also, employees do not think there is good communication and they expressed that they do not feel like any change comes from the information they provide on these surveys.
- Identifications of Causes: PRS will ask the employees how they will feel more recognized beyond what we already do, and we will review implementing some of the best ideas. PRS will also ask them all where they think the communication breakdown is and try to fix it. All of this information will be collected monthly at staff meetings where we will tell them that these trends were identified in the annual surveys.
- Suggestions for improvement: A new system of collection, tracking and administrating needs to be developed. Meeting with the CIO to come up with solutions will enable us to gather more results. Additionally, providing more employee recognition through meetings while addressing their issues and improving ideas in a meaningful proactive way will benefit the program.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Experience of Service

Objective E: Maximize satisfaction of experience of services for individuals exiting or changing services with PRS MI.

Indicator: Average percent of individuals leaving or changing services who respond "yes" to overall satisfaction of experience per the Exit Survey.

Timing: After any individual leaves or changes their services with PRS.

Data source: Exit Survey

Applied to: Community Housing and Supported Living

Obtained by: Program site mailing exit surveys to individuals that have exited or changed services.

Target: 95% of answers responding with a "Very Satisfied" answer.

ACTION TAKEN:

- Distribute Satisfaction Surveys to every individual via mail.
- Individuals complete surveys and send back with envelope with proper postage provided by PRS.
- Answers are reviewed, and populated.
- Regional Manager, State Operations Officer, and Program Managers meet annually to implement changes based off gathered result

ANALYSIS OF OBJECTIVE:

- Actual Results: 0 of 6 Exit/Discharge Surveys were returned.
- Resources Used to Achieve Results: Exit Survey

- Impact of Extenuating or Influencing Factors: Covid-19 Pandemic has slowed the mail service, increased stress at home and changed priorities for people.
- Comparative Analysis: Last year, 3 of 8 Exit/Discharge Surveys were returned with 100% satisfaction with services.
- Trends: Many exit discharge surveys are not being completed at the time of discharge, thus making it difficult to follow up once they have left the program.
- Identifications of Causes: Mail system delayed and overloaded this year. People not wanting to do surveys like this after leaving the company. PRS will be looking into effectiveness of phone or online surveys for these in the future.
- Suggestions for Improvement: A new system of collection, tracking and administrating needs to be developed. Meeting with the CIO to come up with solutions will enable us to gather more results.

Service Access: CARF’s definition of service access is the organization’s capacity to provide the services requested to those who desire or are in need of receiving them. PRS does everything we can to see to it that all services requested by individuals, are provided. PRS believes that Integration/Inclusion into the community for our individuals is a top priority for quality of life.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Service Access

Objective F: Increase the number of in-home and out of home activities provided to individuals.

Indicator: Number of in-home and out of home activities introduced to individuals not experienced in last quarter, as chosen by individuals.

Timing: Quarterly (Q1 - Oct 1 - Dec 31 2019; Q2 - Jan 1 - March 31 2020; Q3 - April 1 - June 30 2020; and Q4 - July 1 - Sept 30 2020)

Data source: Data Collection Log

Applied to: Community Housing and Supported Living

Obtained by: Program Managers

Target: 4 in house and 4 outings per month *Changed to 8 meaningful in home or virtually integrated activities for 3rd and 4th Quarter due to Covid-19. *Added April, 2020

ACTION TAKEN:

- Get input from individuals and other stakeholders about what outings and activities they would like to participate in.
- Schedule the outings and activities.
- Participate in the monthly activities.
- Document quarterly what outings and activities were completed on Data Collection Logs.

ANALYSIS OF OBJECTIVE:

- Actual Results: 81% of Outings/Activities completed this year.
- Experience of Service & Feedback from Individuals: Activities are all chosen by individuals to help increase participation and enjoyment. Some individuals do not want to do any activities or outings. PRS will also encourage more ideas to hopefully spark more interest.

- Resources Used to Achieve Results: Monthly individual advocacy meetings, general conversation, Plan of service meetings.
- Characteristics of Individuals (if applicable): Homes with more active individuals are able to integrate within the community compared to our population of individuals with medical or behavioral challenges.
- Impact of Extenuating or Influencing Factors: Covid-19 pandemic which lead to this outcome being altered, individuals who are medically fragile or individuals with behavioral challenges and individuals that do not wish to participate in outings/activities.
- Comparative Analysis: Last year we had different requirements for numbers of outings/activities based off location. All sites had a goal of less outings/activities than this year. They accomplished those goals at 91%.
- Trends: 12% decrease from last year, but more outings/activities were required this year and we had the Covid-19 Pandemic limiting us this year as well.
- Identifications of Causes: PRS will review and make appropriate changes for sites with individuals who are medically fragile and present behavioral challenges. We will still check with Plans of Service to at least meet goals for required outings and activities.
- Suggestions for Improvement: Brain storms ways to integrate within the community or have the community integrate with our program. This could include volunteering, fundraising or integrating virtually.

Results Achieved(Effectiveness): CARF’s definition of effectiveness is results achieved and outcomes achieved for individuals. PRS utilizes data collection logs to track the effectiveness of the services we provide to our individuals by tracking important measurements to gather independence and promote quality of life. Effectiveness goals are reviewed and changed often to measure in a variety of different ways.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Results Achieved (Effectiveness)

Objective G: Increase independence of individuals tracking health improvements, and teaching the ability to complete Adult Daily Living tasks (ADL’s) more independently.

Indicator: New abilities learned to increase independence (i.e.: dressing one's self, combing their own hair, etc.) and health breakthrough (independence from a medical device or medication, etc.).

Timing: Quarterly

Data source: Data Collection Log

Applied to: Community Housing and Supported Living

Obtained by: Program Managers

Target: 1 new ability or health breakthrough annually per site

ACTION TAKEN:

- Managers and Direct Support Professionals guide and instruct completion of Adult Daily Living Skills, and the importance of maintaining one’s health.

- Transport all individuals to stores for items needed for ADL's, and take them to all medical appointments and review all medical orders with them.
- Document Quarterly what health improvements and breakthroughs in ADL's have taken place.

ANALYSIS OF OBJECTIVE:

- Actual Results: 73% was achieved. 3 of 11 sites did not meet this goal.
- Resources Used: Medical Charts, Plan of Services, individual's abilities and data collection logs.
- Impact of Extenuating or Influencing Factors: Covid-19 limited many Doctor visits and our ability to assist individuals in progressing in any community based adult daily living skills while we waiting for them to add virtual services.
- Comparative Analysis: 3 of 11 sites did not complete this goal. The 8 sites that did complete the goal had 34 new skills or medical breakthrough accomplishments.
- Trends: More independent sites saw higher results, but all types of settings did yield results. The three sites without any results were not due to any type of an individual's or site challenges. i.e. medical, geriatric, behavioral, etc.
- Identifications of Causes: PRS will review with Managers, Direct Care Professionals, and the individuals to better help them understand this goal and give a list of examples. Hopefully any effects of this Pandemic are lessened next year.
- Suggestions for Improvement: The three sites that could not complete this goal were made up of our most at risk, a lesser capability level, and individuals who have medical frailty. We need to train our staff more effectively as breakthroughs may be harder to recognize and track for this specific population. Additionally, meeting with other stakeholders to create more direct and attainable goals will aide in potential breakthroughs.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Results Achieved(Effectiveness)

Objective H: Improve and personalize services to effectively create a more individualized focus. Also, to decrease the risk of incidents, and actual incidents reported throughout the year.

Indicator: Services changed based of an individual's needs

Timing: Quarterly

Data source: Data Collection Log

Applied to: Community Housing and Supported Living

Obtained by: Program Managers

Target: 100% of new individuals and 1 specific example how services were personalized

ACTION TAKEN:

- Managers will complete the new Intake and Risk and Safety Assessment forms for all current and new individuals.
- Managers will take note of any service changes that can be made to provide more personalized services to the individual.

- Managers will meet with Regional Manager and the State Operations Administrator to devise a plan to implement the necessary changes.
- After approval, the programming changes will be made for the site/individual.
- Status reports will be provided by Manager to tweak plan if necessary.

ANALYSIS OF OBJECTIVE:

- Actual Results: 83%
- Resources Used to Achieve Results: Revamped Intakes and a new Health and Safety Risk Assessment.
- Impact of Extenuating or Influencing Factors: One site was unable to complete this goal as the intake process was held up at different stages due to unforeseen circumstances that were out of our control. They also had difficulties getting information back from the guardians. The guardians were given all the information to complete, and were offered assistance with completing everything.
- Comparative Analysis: This helped us better personalize services for new individuals as well as help identify more health and safety risks.
- Trends: As these resources used were new to this year, and as well as they were completed when managers could within the timeframe restraints due to COVID, we hope FY20-21 will be better suited to see if risks and incidents will decrease next year.
- Identifications of Causes: More in depth questions provoking more thoughtful and accurate answers during the intake process. PRS would like to review our Pre-plan of service meeting questions to better tie them into these new summaries.
- Suggestions for Improvement: Staff now have an increased knowledge of individual's health and safety risks and we need to continue to build upon them by using the tools we have to better educate our employees.

Resources Used to Achieve Results(Efficiency): CARF's definition of efficiency is the relationship between resources used and results or outcomes obtained. Resources can include time, money, or staff/FTEs. This can apply at the level of the individual, program, or groups of individuals, or at the level of the organization as a whole.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Resources Used to Achieve Results(Efficiency)

Objective I: Maximize retention rates of individuals in PRS.

Indicator: Individuals remaining with PRS for services annually.

Timing: Annually

Data source: Data Collection Log

Applied to: Community Housing and Supported Living

Obtained by: Program Managers

Target: 90% of individuals remaining with PRS from last Fiscal Year.

ACTION TAKEN:

- Each Manager will complete the Data Collection Log at the end of the Fiscal Year to track which individuals have remained with PRS from last Fiscal Year.

ANALYSIS OF OBJECTIVE:

- Actual Results: 93% of all individuals retained in PRS programs.
- Characteristics of Individuals (if applicable): Due to our aging and at risk population 2 of the people we lost passed away due to natural causes.
- Comparative Analysis: Most sites were able to continue to provide service to all individuals living there. Very few people left our services and they did either due to passing away or a need beyond our scope of services. No individuals reported leaving due to dissatisfaction this year.
- Trends: People leave for medical needs or more appropriate settings due to their unique medical needs.
- Identifications of Causes: Declining health and the need for more or less restrictive settings that were not viable at that time caused individuals to leave our services.
- Suggestions for Improvement: Look into increasing the at risk/medically fragile capacities and capabilities of our program. The individuals who left, other than of natural causes, were due to our ability to not provide based on their needs. Which, although small is still an area of potential growth.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Resources Used to Achieve Results(Efficiency)

Objective J: Upon receiving the PCP from the funding source we will implement individuals plans within 7 days. Allowing individuals to begin on their new goals in a timely fashion. (Implement individual's PCP's in a timely manner)

Indicator: Treatment Plan Review Sessions

Sample: Individual Plan of Service Review Sessions

Timing: Quarterly

Data source: Data Collection Log

Applied to: Community Housing and Supported Living

Obtained by: Program Managers

Target: 100% of all new plans will be implemented within 7 days of date received from Funding Source.

ACTION TAKEN:

- Managers will receive new updates on Individual Plans of Service and any accompanying information.
- Manager's will have 7 days to review new changes and update the Enhanced Person Centered Planning and in-service training forms.
- The new entire Plan of Service and the Enhanced PCP forms will be reviewed and signed off on by all staff.
- Managers will complete the Quarterly Data Collection Log with their results.

ANALYSIS OF OBJECTIVE:

- Actual Results: 94% of trainings of the new plans of services were completed within 7 days of receiving them and 100% of trainings were completed before the new Authorization date. 3 sites of 11 did not get 100%.
- Resources Used to Achieve Results: Plan of service dates, Plan of services, data collection logs and in-service and training sign-offs.
- Comparative Analysis: Covid-19 slowed progress of this outcome. Prior to the pandemic every site had a 100% completion rate.
- Trends: Of the three sites that did not complete this goal, all of them were severely short staffed that led to the inability to train on time.
- Identifications of Causes: More attention paid to dates and time frames with this new goal, and the Covid-19 pandemic.
- Suggestions for Improvement: Identifying a trainer for each site or sites so that not only is the training done on time, but it done to the quality and consistency needed for proper implementation. Creating a schedule of these training will also help us track which employee have not yet been trained.

Business Function: PRS is, in part, using the following Outcomes to measure Business Functions. Billing Verification Audits (BVA's): These are audits performed by the accounting agency to track results of Billing submission, and the process for gathering required documentation. Quality Assurance Reviews (QA's): Internal Audits to check compliance in all areas.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Business Function

Objective K: Increase percentage (overall scores) of all Billing Verification Audits (BVAs).

Indicator: Average percentage on all PRS MI Billing Verification Audits

Timing: Annually

Data source: Audit Scores

Obtained by: Safeguard Accounting Solutions

Target: An average score of 95% or higher for PRS.

ACTION TAKEN:

- Accounting will schedule annual audits with each individual site.
- The information needed is chosen at random, and notice of what information the sites need to gather is sent the day prior to the audit. The date of the audit is known well in advance.
- Program Managers submit the requested data, and the scores are calculated.
- The scores of all sites are gathered and averaged for the final report.

ANALYSIS OF OBJECTIVE:

- Actual Results: 92% average on all Billing Verification Audits.
- Comparative Analysis: 93% average last year on these audits, with far less extenuating circumstances.

- Trends: Sites with fewer staff, newer managers and more individuals receiving services scored slightly lower.
- Identifications of Causes: Staffing crisis, more data to track, managers with less experience not knowing how to prep or what is needed as well.
- Suggestions for Improvement: Enhance the BVA training so that all new and old employees are aware of the expectations. Additionally, having an employee that has gone through the process help prep the employee that has less experience could be beneficial.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Business Function

Objective L: Increase scores on all PRS MI Peer Quality Assurance Reviews(QAs)

Indicator: Average percent of all PRS MI internal Peer Quality Assurance Reviews

Timing: Annually

Data source: Audit Scores

Obtained by: Compliance, Regional Manager and State Operations Administrator

Target: An average score of 95% or higher for PRS.

ACTION TAKEN:

- Compliance, Regional Manager and State Operations Administrator will schedule annual audits with each individual site.
- The tools utilized for these audits are updated annually to meet any changes or updates to service requirements.
- The Quality Assurance team goes to the site to gather information on every item needed.
- The scores of all sites are gathered and averaged for the final report.

ANALYSIS OF OBJECTIVE:

- Actual Results: 97% average on all Quality Assurance Audits.
- Impact of Extenuating or Influencing Factors: Covid-19 caused us to change our whole Peer Audit system this year. Managers audited their own location this year due to not being able to have visitors and the lack of staff, time and resources.
- Comparative Analysis: Last year we had a 92% average score when the original peer review system was in place.
- Trends: Scores were higher with the Managers checking their own sites. I want to see if scores level out next year, or remain this high.
- Identifications of Causes: Covid-19 and less oversight to fix things as the audit was being completed.
- Suggestions for Improvement: As this year was an outlier year as it is difficult to come up with any possible changes as the way we conduct the QA's would be different in 2021-2022. Perhaps we can investigate the ability to do these virtually, taking stress off of the manager to do them alone.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Business Function

Objective M: Utilize program budget efficiently by monitoring use of overtime (All Counties – excluding SIL Programs)

Indicator: Average percent of overtime hours

Timing: Annually

Data source: Payroll and Labor Distribution Reports

Obtained by: Safeguard Accounting Agency

Target: Keep Overtime at 3% or less

ACTION TAKEN:

- Managers submit payroll to accounting.
- Overtime hours are tracked.
- A report is generated to show annual overtime percentages.

ANALYSIS OF OBJECTIVE:

- Actual Results: 14.14% Over-time.
- Impact of Extenuating or Influencing Factors: Covid-19 Pandemic on top of an already existing staffing crisis.
- Comparative Analysis: Last year we had 7.09% over-time.
- Trends: Extreme increase in medical leaves this year due to the pandemic, people leaving work due to being high-risk for the Covid-19 virus, increased difficulties to hire with unemployment stimulus, more stressful work environments due to the virus and lack of staffing.
- Identifications of Causes: People making more money on unemployment even with the premium pay from the state which has allowed us to pay everyone \$2 more an hour. Additionally, multiple staff having to take time off due to Covid-19.
- Suggestions for Improvement: It is difficult to have anticipated something like COVID-19 and the implications it had on almost every sector of services. With that being said, to reduce over time means increase the amount of staff we have currently. This means enhancing onboarding, increase wages and benefits. We have visited those solutions prior to COVID-19, but re-visiting them after would give us better baseline data.

OUTCOMES MEASUREMENT SYSTEM GRID

Domain: Business Function

Objective N: Maintain compliance with all funder required annual trainings & refreshers - within 30 days of expiration date.

Indicator: Percent of DSP funder required training refreshers completed within 30 days of expiration date (Recipient Rights, CPR/FA, Medications), as applicable.

Timing: Monthly

Data source: Data Collection Log

Obtained by: Program Managers

Target: 95% of all training updates occurring on time

ACTION TAKEN:

- Managers will track dates for initial training, and dates that training updates are required to be completed by.
- Managers are responsible for either training or scheduling training for all staff.
- Managers will complete Data Collection Log with the percentage of trainings/in-services attended by all staff.

ANALYSIS OF OBJECTIVE:

- Actual Results: 93% of staff trainings were done on time this year.
- Impact of Extenuating or Influencing Factors: Covid-19 Pandemic causing funding sources to cancel many trainings and offer or extend grace periods.
- Comparative Analysis: The increase of 86% to 93% is partially due to the increase of availability of trainings that went virtual.
- Trends: As more trainings are going virtual the number of completed trainings are rising.
- Identifications of Causes: Retraining dates were pushed back and grace periods offered or extended due to the pandemic.
- Suggestions for Improvement: As some of the free or reduced cost training available from the funding sources fades out as services, hopefully return to normal, we will need to address the ongoing issue of available training. A committee that we are a part of disused the option to create a training department, but that needs attention as that plan was created prior to COVID-19.