

**Performance Quality Improvement**

**4th Quarter Report 2024**

**Introduction/Overview**

Homespace’s Performance and Quality Improvement (PQI) Plan is designed to improve services and help Homespace provide the highest quality programming. This fourth Quarterly Report for 2024 is for all stakeholders, including clients, staff, board of directors, community members, funders and any individual who is interested in the great work that we do. PQI is an integral part of our organization, and we are always open and willing for new opportunities to change and grow.

Through this report we want to provide information on both accomplishments and opportunities for improvement. At times we fall short of our goals and targets. As an organization, we seek to learn from our experiences. Being able to take ownership of our shortcomings and work to improve them is an underlying philosophy of our organization.

In this report we will share our goals and how we did in the fourth quarter of 2024, outlining the specific measures for each program and department. As we continue to strive for excellence in our programming and to improve our PQI program, we invite all feedback. We value the opportunity to improve and encourage you to contact Samantha White at 716-220-7538 with any suggestions or questions.

**Outcomes**

Homespace has three main service programs: Second Chance Home (SCH), Next Step Program (NS) and the Supervised Independent Living Program (SILP). We measure two outcomes and several outputs for each of these programs.

**Service Programs**

In 2024, we are tracking Outcomes related to “Permanency of Life Situation” and “Health, Welfare and Safety”. Specifically, we measured clients’ stability and success in our programs and clients’ feelings of safety and security. Both Outcomes are measured every 6 months.

**Permanency of Life Situation**

Goal - 75% of clients will be stable in their program, make a successful planned transition or a successful planned discharge measured every 6 months.

Results – 80% of SILP clients were stable in the program or made a successful planned transition. 31% of residential clients were stable in the program or made a successful planned transition.

While the results from our SILP Program indicate that our interventions are working in that program, we were well below the goal for our residential clients. Several client incidents in the 3rd and 4th quarters at our Next Step program resulted in immediate unplanned discharges of four Next Step residents. As a result of these incidents, we paused intakes at Next Step during the 4th quarter and revamped the entire program, revising our intake procedures and creating a 4-tiered level system that clients progress through. We are anticipating that these changes will positively affect client outcomes related to permanency. We will monitor the success of the new programming throughout 2025.

**Health, Welfare and Safety**

Goal - 75% of clients will report feeling safe and secure in their program as measured by client satisfaction surveys conduct every 6 months.

Results – Due to an error in conducting the Client Satisfaction Survey, we do not have a full data set to evaluate whether clients felt safe and secure in their program. Thus, we will conduct another survey during the 1st quarter of 2025.

**Program Outputs**

The Outputs tracked this quarter were related to the Children and Family Treatment and Support Services (CFTSS) that we provide to clients in all our programs.

**CFTSS Outputs Tracked Quarterly for all programs as follows:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Output** | **Budgeted Per Quarter** | **Actual (Q1)** | **Actual****(Q2)** | **Actual****(Q3)** | **Actual****(Q4)** | **Budgeted YTD** **(4 Quarters)** | **Actual YTD****(4 Quarters)** |
| OLP Sessions | 150, 50/month | 75 | 114 | 65 | 62 |  600 |  316 |
| OLP Groups | 6, 2/month | 10 | 17 | 18 | 9 |  24 |  54 |
| CPST Sessions | 150, 50/month | 216 | 129 | 150 | 160 |  600 | 655  |
| CPST Groups | 15, 5/month | 22 | 20 | 15 | 5 |  60 |  62 |
| PSR Sessions | 50, 17/month | 6 | 5 | 20 | 36 |  200 |  67 |
| PSR Groups | 6 | 0 | 0 | 0 | 0 |  0 |  0 |
| CASAC Sessions | 36, 12/month | 0 | 21 | 19 | 0 |  144 |  40 |
| PNP Sessions | 15, 5/month | 5 | 0 | 0 | 0 |  60 |  5 |

Year-end Output goals for several service areas were below target. Factors contributing to providing fewer services than budgeted are:

* Low census
* Staff out on leave
* Many clients are unwilling to engage with providers
* Accumedic EHR system difficult to use

During the 2nd quarter we implemented an Improvement Plan with the goal of increasing our census (see below for an update). As part of our Strategic Plan, we will be developing contingency plans to better cover staff absences and meet our billing quotas. Additionally, we identified that the use of the Accumedic EHR system was an obstacle to staff being able to bill for PSR services. In 2025 we will begin using Theranest and anticipate an increase in billable PSR services. We will continue to monitor our service outputs, evaluating the need for an Improvement Plan in the future.

**Tower Foundation CASAC Grant**

At the end of 2023 Homespace Corporation received a grant to fund a part-time Credentialed Alcoholism and Substance Abuse Counselor (CASAC) to screen clients for substance use disorder and provide individual and group counseling sessions. The outcomes are measured every six months.

The CASAC’s contract ended on 12/12/2024, however, she did not provide any services beyond September 30, 2024. We are in the process of hiring a new CASAC.

**Administration – Census, Finance and Human Resources**

Our Administrative team is also working to improve its internal processes and services to our internal and external partners. The Administrative team has set up goals to monitor and measure client census; fiscal stewardship focusing on our revenue and expenses; and employee retention rate and employee engagement.

**Census 2024 – Days of Care**

A review of year-end Census numbers revealed a significant deficit in all programs. During the 2nd quarter we implemented an Improvement Plan to address the ongoing low census numbers (see below for Improvement Plan update).



**Finance - Expenditures vs Revenue YTD through 12/31/2024**

While we ended the year with a budget deficit, a closer examination of the financials revealed a direct correlation between the deficit and unanticipated security costs during the year as well as lower than budgeted for census numbers. We implemented a Census Improvement Plan which by year’s end stabilized the census numbers at Next Step and SILP.

For 2025 the following action items will be put into place to keep us financially stable:

* Negotiated a reduced occupancy at Second Chance Home
* Negotiating higher reimbursement rate for Next Step
* 2025 budget includes more attainable census goals and was developed to mitigate variations in census
* Security costs are included in the 2025 budget
* Starting a new Health Related Social Need program which includes start-up money = $205,000+. The new programming that will provide billable services to additional populations so we remain sustainable through fluctuations in census

**Human Resources – Attrition**

Employee Attrition reports compiled quarterly to include voluntary vs involuntary leavers by department.

In the 4th Quarter of 2024, there were three total leavers all involuntary.

|  |  |
| --- | --- |
| **Attrition Rates WNY Site Total** |  |
| **Month (1st)** | **Avg HC** | **Total Leavers** | **Monthly Attrition %** | **Attrition per Qtr** |
| Jan-24 | 64 | 0 | 0.0000% | 11.34% |
| Feb-24 | 64 | 4 | 6.2500% |
| Mar-24 | 60 | 3 | 5.0000% |
| Apr-24 | 59 | 3 | 5.0847% | 10.30% |
| May-24 | 57 | 2 | 3.5088% |
| Jun-24 | 59 | 1 | 1.6949% |
| Jul-24 | 58 | 0 | 0.0000% | 3.48% |
| Aug-24 | 58 | 2 | 3.4483% |
| Sep-24 | 57 | 0 | 0.0000% |
| Oct-24 | 57 | 1 | 1.7544% | 5.36% |
| Nov-24 | 56 | 0 | 0.0000% |
| Dec-24 | 56 | 2 | 3.5714% |
|  |  |  |  |  |
| **Total:** | 59 | 18 | 30.48% |  |

Year to Date total attrition = 30.48% (annual goal of less than the national average of 60%)

Of the 18 employees who left Homespace employment:

* 6 employees were employed for more than 1.5 years
* 12 employees were employed less than 1.5 years

At year’s end there were: 57 total employees

* 3 employees more than 15yrs
* 1 employee more than 10 yrs
* 14 employees more than 5yrs
* 12 employees more than 3 yrs
* 8 employees have been with us less than a year

58% of our employees are long-term stayers

**Employee Engagement Surveys**

The 4th Quarter Employee Engagement survey was conducted with 32% of the total number of employees participating (38% in Q3). The same questions were asked in Q3 2023. The results are below.



**Case Record Review Summary**

According to Homespace’s Utilization Review (UR) Policy, case files are reviewed according to a set schedule and the results of the review are compiled into a quarterly report with an emphasis on certain quality indicators. All scheduled 90 day, annual and discharge UR’s were completed in the 4th quarter. The Case Review procedures were revised and will be operationalized in Q1 2025. Additionally, new quality indicators will be developed/identified to be measured in 2025.

**Improvement Plan Update**

Due to the continued low client census, we developed an Improvement Plan during the 2nd quarter that included the following action items:

* Increased and regularly scheduled outreach to all counties in New York State
* Quarterly updates to local DSS A-supervisors and lower-level staff with openings in our roster
* Scheduled an open house for local DSS and OCFS
* In the process of rebranding all PR materials and creating a new website
* Participation in community events to raise awareness of Homespace and the services we offer
* Increased community partnerships

At the start of 2025 all action items were completed. The census at all programs has stabilized with Next Step at capacity and SILP close to capacity. The Improvement Plan was a success, and thus we are discontinuing it.

**Strategic Plan**

The Strategic Plan was completed and adopted by Homespace’s Board of Directors. Annual action plans to be monitored through PQI as required by COA. The Management team discussed how to move forward with the plan and developed a quarterly monitoring schedule. The “Goal Champions” will coordinate with identified work group members to develop individual action plans.

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