

Person County Group Homes, Inc.
Performance Measurement and Management System

Performance Measurement Report for Fiscal Year 2020/2021

- I. **MISSION STATEMENT:** Person County Group Homes, Inc. (PCGH) is “Dedicated to enhancing lives while promoting independence.” It is our vision to continue improving in the areas of person-centered and outcome-focused service. We are committed to meet the ever-changing needs of the community by continuing to assess need, work collaboratively with individuals with developmental disabilities and traumatic brain injury, their family members, and our community. We work to create and encourage a culture that values each individual and that promotes acceptance and diversity. We strive to provide services that build independence and self-esteem as well as provide for opportunities for self-direction.
- II. **OVERVIEW OF THE YEAR/SUCCESS IN MOVING TOWARD REALIZING OUR MISSION AND VALUES, ENVIRONMENTAL FACTORS, EXTENUATING FACTORS:**

The fiscal year that included July 1, 2020 to June 30, 2021 was a trying and exceptionally different year for PCGH and for those for whom we deliver services. September of 2019 saw a change in the leadership of the agency due to the retirement of the Executive Director with a tenure of 35 years and an organizational change in three key positions. This was a huge change for the agency and proved to be a time when system-wide evaluation and adjustments were appropriate and necessary. Also, due to unprecedented conditions for the agency due to a global pandemic which had the ability to radically affect the health and safety of our community and service members, and due to rapidly changing conditions throughout the year, goals and focus had to change accordingly. A shift to focus on health and safety, risk management and an evolving Emergency Management Plan was necessary to meet the needs of our clients and our community. PCGH, while focused on these issues, continued to ensure that service monitoring for progress continued and that adequate staffing was maintained for all service provision. Budget adjustments and reviews, as well as finding and applying for additional funding, was also a big part of the 20/21 fiscal year for PCGH. This being done successfully led to the ability of technological advances which were necessary during the pandemic and increased ability for service delivery, virtual health care and continued involvement in the community for clients served. PCGH has, during the past fiscal year, shown its ability to change, morph and evolve not only rapidly but also successfully while keeping its focus on its core mission.

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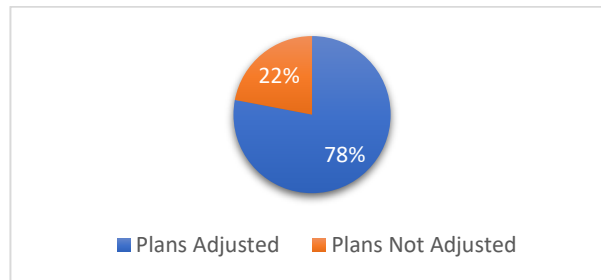
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III. SERVICE DELIVERY PERFORMANCE:

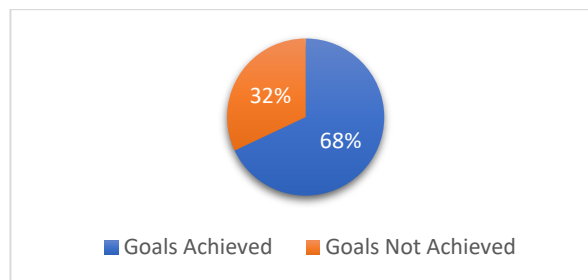
1) EFFECTIVENESS –

(COMMUNITY HOUSING – Clients living in a group home setting)

A. Quarterly assessments will be completed on 90% of Short-Term Goals and adjustments made to plan when needed.

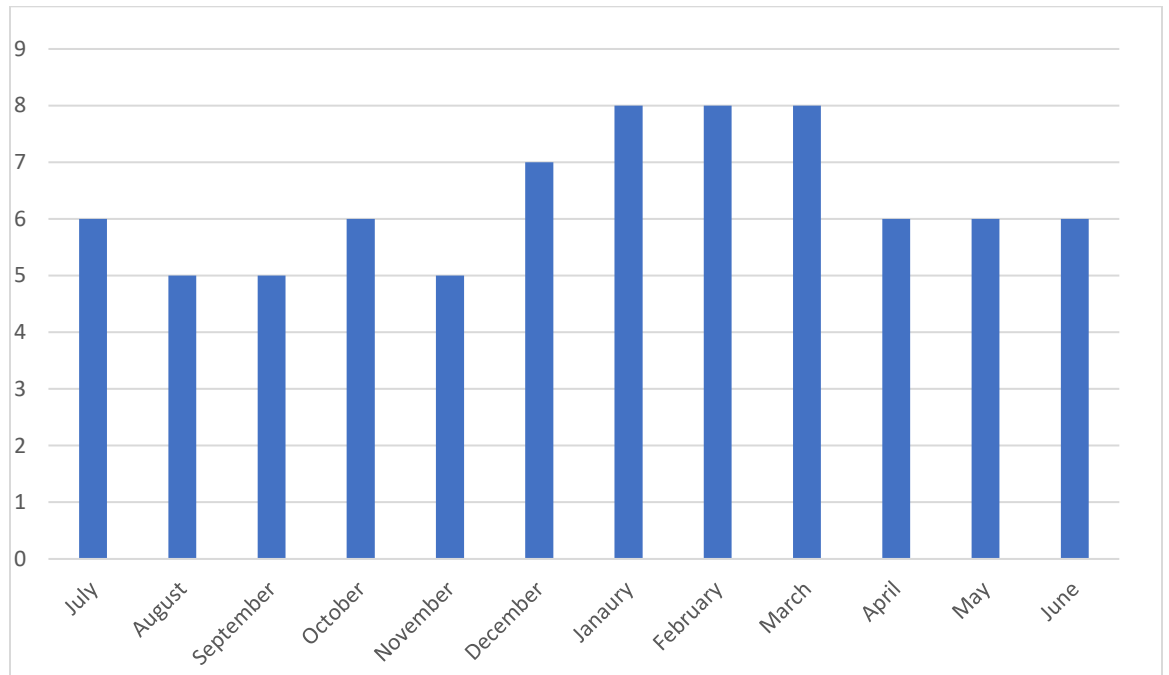


B. Completion rate of Short-Term Goals is maintained at or above 80%.



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- c. Clients will participate in 2 healthy living activities or trainings per month throughout the year.



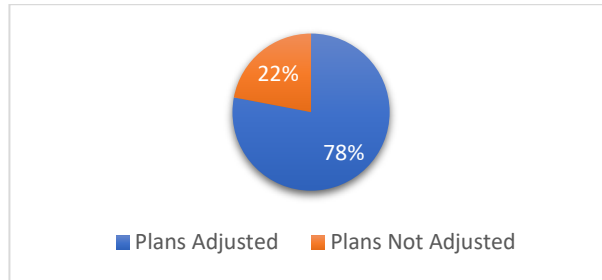
*100% of months contained 4 activities or more.

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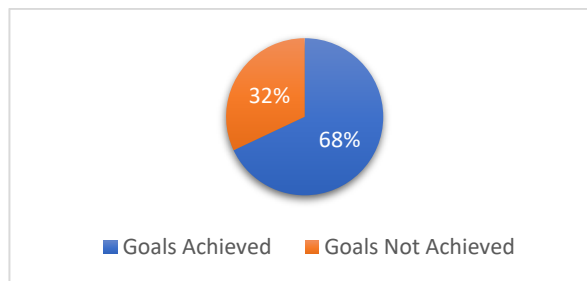
IV. SERVICE DELIVERY PERFORMANCE:

**2) EFFECTIVENESS –
(COMMUNITY HOUSING)**

D. Quarterly assessments will be completed on 90% of Short-Term Goals and adjustments made to plan when needed.

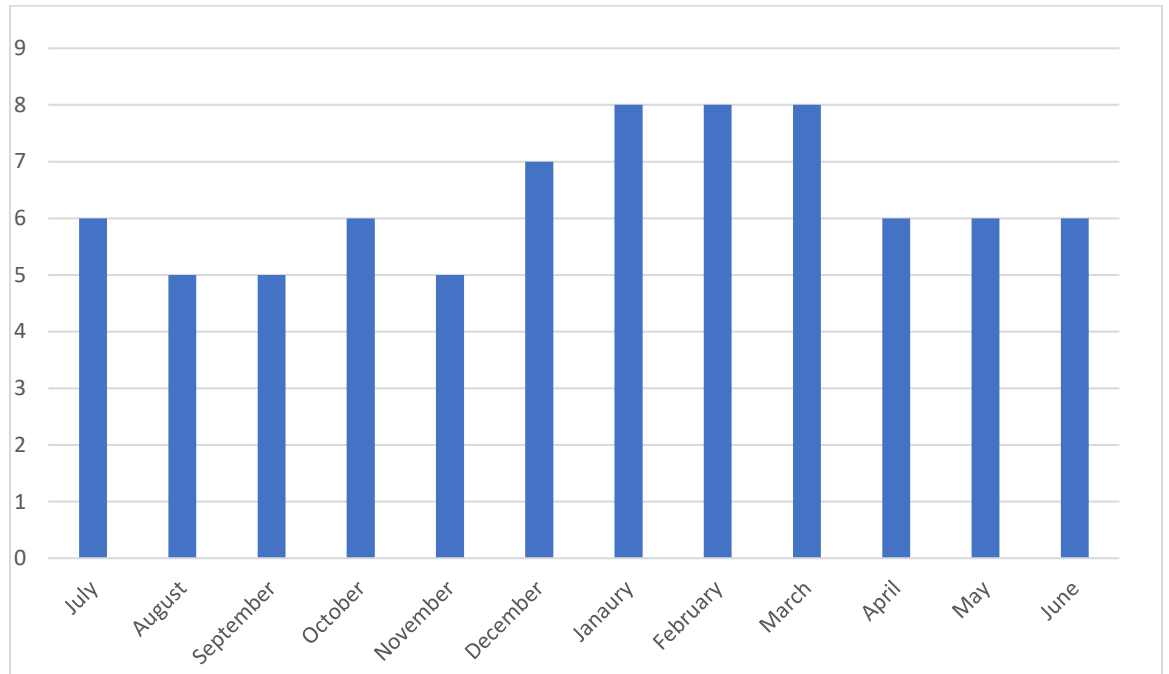


E. Completion rate of Short-Term Goals is maintained at or above 80%.



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F. Clients will participate in 2 healthy living activities or trainings per month throughout the year.

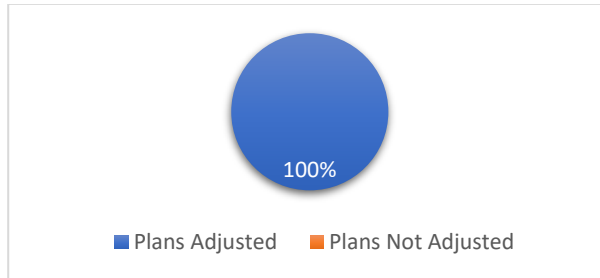


*100% of months contained 4 activities or more.

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SUPPORTED LIVING – (Clients living in their own home and receiving support services through PCGH)

A. Quarterly assessments will be completed on 90% of Short-Term Goals and adjustments made to plan when needed.

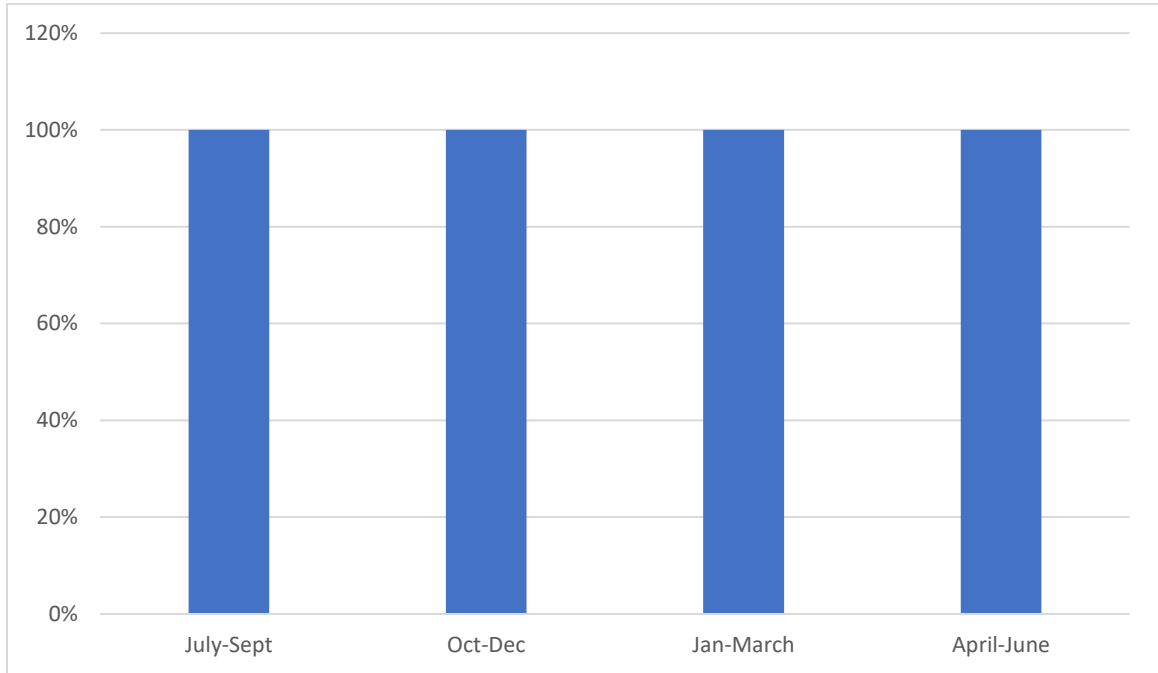


B. Completion rate of Short-Term Goals is maintained at or above 80%.



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C. Clients will participate in activities related to health and safety in 90% of opportunities quarterly.



*Percent of monthly opportunities participated in is indicated by the blue bar. Opportunities included health care and mental health appointments and exercise activities.

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3) EFFICIENCY –

COMMUNITY HOUSING AND SUPPORTED LIVING

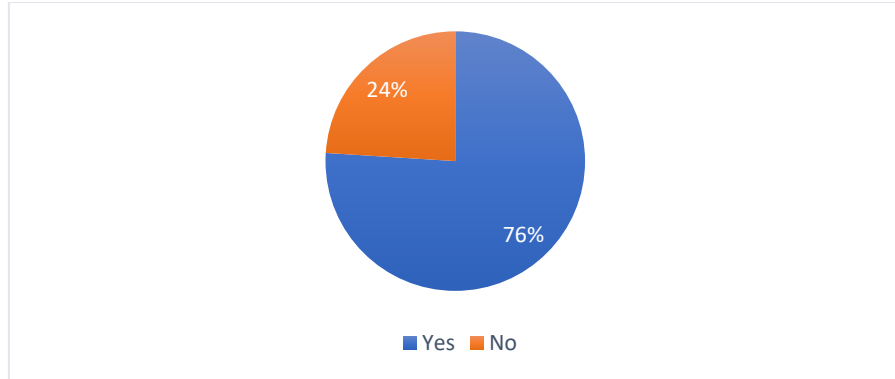
A. PCGH will deliver 95% of authorized services per billing period.

Billing Weeks (July – December) 2020	Percentage Billed	Billing Weeks (January – June) 2021	Percentage Billed
June 28-July 11	96%	Dec 27 – Jan 9	98%
July 12-July 25	100%	Jan 10 – Jan 23	97%
July 26-August 8	100%	Jan 24 – Feb 6	100%
August 9-August 22	96%	Feb 7 – Feb 20	100%
August 23 – Sept 5	99.37%	Feb 21 - March 6	100%
Sept 6 – Sept 19	100%	March 7 – March 20	100%
Sept 20 – Oct 3	100%	March 21 – April 3	100%
Oct 4 – Oct 17	100%	April 14 – April 17	98.4%
Oct 18 – Oct 31	100%	April 18 – May 1	99.63%
Nov 1 – Nov 14	100%	May 2 – May 15	97.79%
Nov 15 – Nov 28	100%	May 16 – May 29	99.26%
Nov 29 – Dec 12	100%	May 30 – June 12	98.53%
Dec 13 – Dec 26	100%	June 13 – June 26	100%

*PCGH met the 95% service delivery goal during each billing period for the 20-21 physical year.

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B. Applicants for Community Housing or Supported Living programs will be reviewed by the Admissions Committee and decision regarding intake communicated within 2 weeks of application.



There was a total of 20 applications accepted and reviewed for the FY 2020. 76% of the applications were reviewed and decision made regarding intake within 2 weeks of receiving the application.

4) ACCESS –

COMMUNITY HOUSING AND SUPPORTED LIVING

A. Computer, tablet, and internet will be secured and made available at 100% of locations for access to virtual support, health providers, family members and community access.

Facilities	Internet	Router	Computer	IPad
Morehead	7/6/20	7/23/20	8/7/20	9/29/20
Cates	7/13/20	7/23/20	8/7/20	9/29/20
Wesleyan	7/20/20	7/23/20	8/7/20	9/29/20
Main	7/15/20	7/23/20	8/7/20	9/29/20
Winhaven	7/21/20	7/23/20	8/7/20	9/29/20
SLP	7/21/20	7/23/20	8/7/20	9/29/20
Frank	7/6/20	7/23/20	8/7/20	9/29/20
Barnette	7/14/20	7/23/20	8/7/20	9/29/20
Farm	6/24/20	8/12/20	8/7/20	9/29/20
Willow Lane	6/24/20	8/12/20	8/7/20	9/29/20

*The internet, a computer, router, and iPad were secured for each facility during this FY. Above are the provided dates each task was completed. Once the equipment was received it was installed in the program by the IT team.

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B. Each Community Housing and Supported Living location will have an assigned email address and access to the Zoom platform.

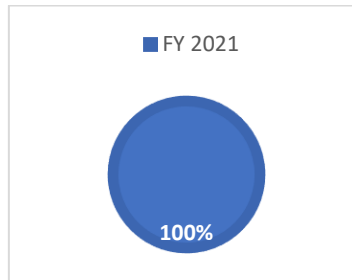
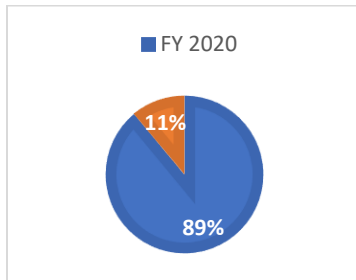
1 st Quarter (July-September) 2020	2 nd Quarter (October-December) 2020	3 rd Quarter (January-March) 2021	4 th Quarter (April-June) 2021
<p>Goal started 2nd quarter</p>	<ul style="list-style-type: none"> • Starting 10/25/20 of this quarter the Technology team started setting up emails for each facility. • By the end of this quarter the Technology team had set up all the homes an email (there were 10 emails total) • Staff received training for the use of email to and from recipients 	<ul style="list-style-type: none"> • Throughout this quarter, there continued to be connectivity issues especially with certain properties • The Free zoom platform was used during this quarter for training and beginning use. 	<ul style="list-style-type: none"> • 5/8/21 Zoom was purchased for the purpose of doctor's appointments, virtual visits with family, virtual church services, etc • Staff received training during the month of May 2021 for the use of Zoom until each facility was trained

*This goal was added after the completion of goal 3A due to the continued need for virtual access for services, health care and mental health care as well as community and family involvement.

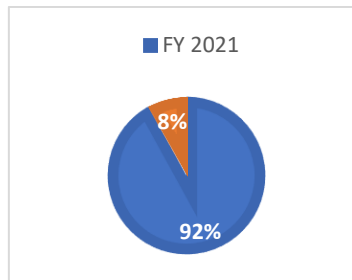
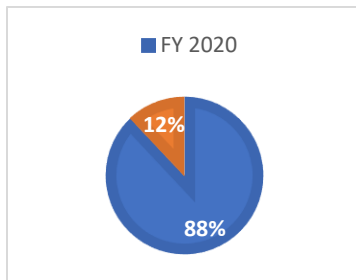
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**5) SATISFACTION –
COMMUNITY HOUSING AND SUPPORTED LIVING – Persons served**

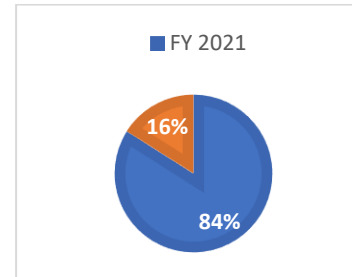
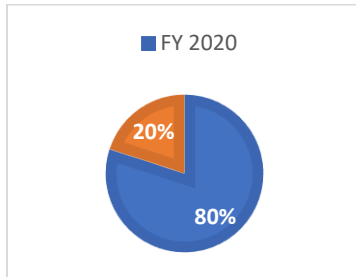
A. 100% of clients feel their voice is heard.



B. At least 90% of clients like where they live.

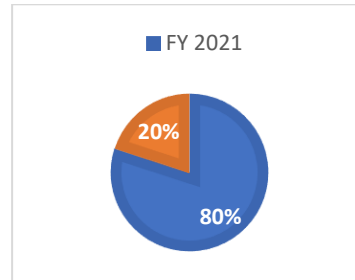
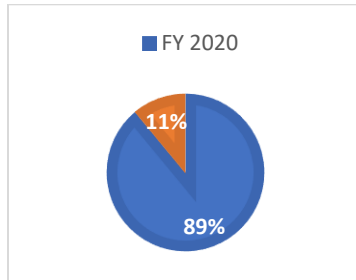


C. At least 90% of clients like the service goals they are working on.



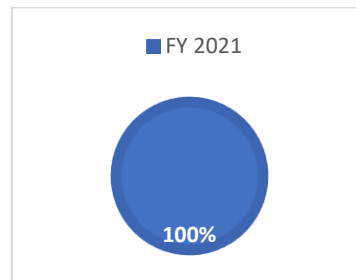
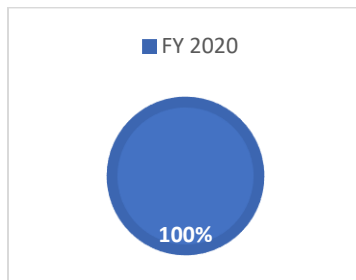
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D. At least 90% feel self-determination.



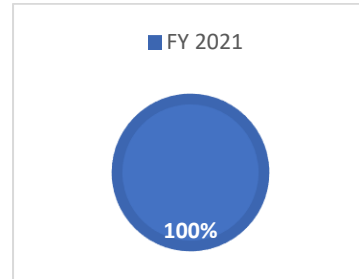
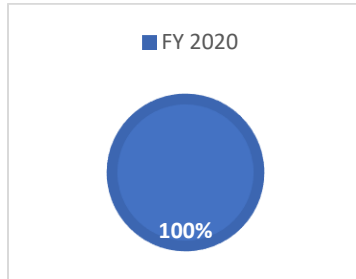
COMMUNITY HOUSING AND SUPPORTED LIVING – Community Stakeholders

A. At least 90% of community stakeholders agree that PCGH provides professional, confidential and quality service.

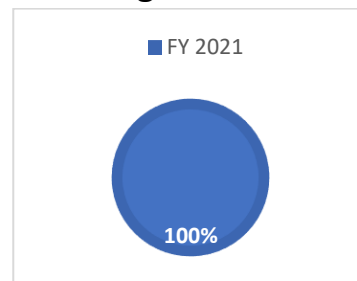
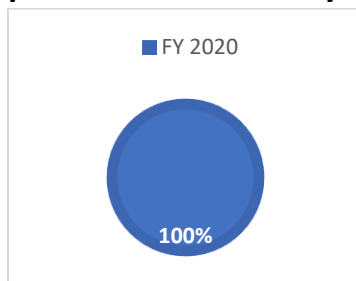


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B. At least 90% believe that PCGH responds promptly to authorized service providers regarding a request for information.



C. At least 90% reports that their organization is treated with professional courtesy when contacting PCGH.

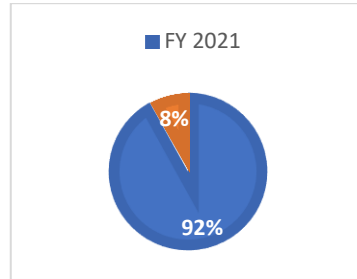
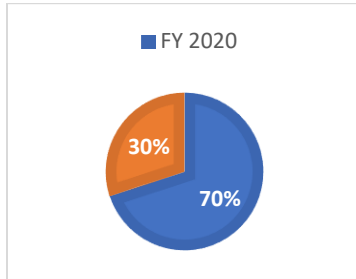


*Community stakeholders who completed the survey and returned were medical professionals, pharmacy professionals, Department of Social Services, Supported Employment employers and churches.

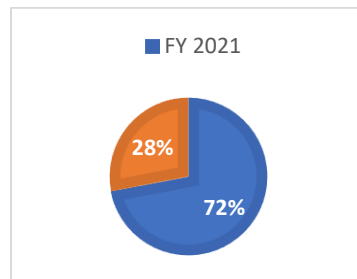
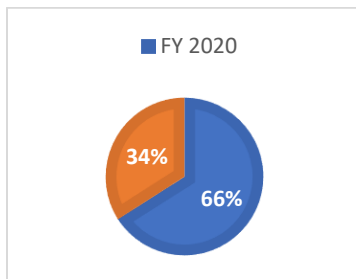
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COMMUNITY HOUSING AND SUPPORTED LIVING – Families/Guardians

A. At least 80% are happy with the care that their family member/ward received.

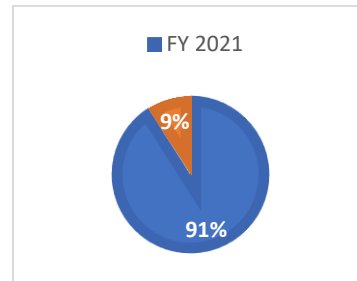
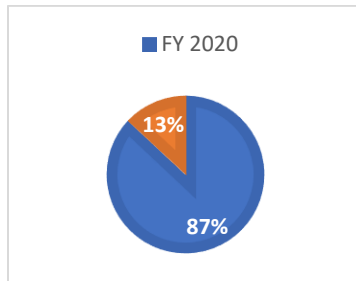


B. At least 80% of family member/guardians participate in the annual meeting to discuss family member or individual's needs.



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- C. At least 90% report that when they had a question, staff answered the question or directed them to someone in the organization that was able to answer the questions.



V. AREAS FOR IMPROVEMENT, ACTION PLAN, AND CHANGES MADE TO IMPROVE THE QUALITY OF PERFORMANCE:

Evaluation - In looking at the Performance Management System for the fiscal year of 2020 – 2021, the PCGH Management Team was able to identify areas for improvement. The area of overtime continued to be an issue of concern during this fiscal year even with measures put in place to reduce and monitor the number of overtime hours. COVID-19 has definitely had an impact in this area. Beginning in October of 2021, we began to have difficulties filling open positions. Positions once vacated were open for months and there were very few applicants. Current staff and administrative staff were being used to meet the needs of the clients and often overtime was required. Certain COVID-19 precautions that the agency had adopted, also made the need for overtime rise. The PCGH Management team has decided to implement a goal for the 2021 – 2022 fiscal year to increase the number of applicants for open positions in order to fill positions more expediently. Tracking and options for advertising and awareness will be a part of performance analysis for this goal.

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Within the area of Service Delivery Effectiveness, adjustments to the Individual Service Plan and short-term goals in a timely manner was tracked at 78% for Community Housing service area. In looking at the quarterlies, it appeared that the team would extend a goal that a client was not making significant progress on in order to attempt staff training or modification of the program method. The delay of adjustment seemed to increase related to a decrease in functioning level. In some cases, this delay did result in completion of goal or increased improvement but in the majority of cases, the short-term goal needed to be revised anyway or was not completed by the end of the plan year. The PCGH Management Team decided to continue to track this area of effectiveness and offer training with the Qualified Developmental Disability Professionals (QDDPs) on the findings of the Performance Measurement System. The Management Team will encourage the prompt revision of program method, goal criteria or discontinuation and replacement of goal when lack of progress is noted, or goal criteria is met. In the area of Supported Living, this performance area was met at 100%. The QDDPs will be asked to evaluate goals currently in place for the possibility of revision of criteria since lack of progress and need for revision seems to be more significant in clients who need more assistance. This goal will continue for the 2021 – 2022 fiscal year.

An effectiveness goal regarding achievement of short-term goals was set at 80% completion rate. In the Community Housing service area, 68% of goals established at the annual plan meeting were achieved. In the Supported Living service area, the rate of completion was at 76% which was very close to our goal of 80%. Although there will always be a need for revision, PCGH would like to strive to achieve 90% completion rate without making the goals too easy for the client just to achieve a goal. PCGH also acknowledges that if a client indicates they want to work on a skill, it may take several attempts at trying different learning strategies in order to achieve the skill set. The Management Team also considered the result of the satisfaction goal regarding the number of clients who liked their service goals. The number of clients who liked their service goals was at 84%. The connection between completion of goals that the client enjoys and the failure to complete ones that they do not was something that the Management Team considered as a factor. Everyone has activities of daily living or skills required for successful independent living that they do not enjoy working on but may be necessary to increase independence. This was considered as a factor as well. The following 2 areas were identified that may help achieve a higher rate of completion: 1) Ensure that all QDDPs are getting the highest level of involvement possible from the client in the establishment of goals,

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2) Connect completion of goals that are not enjoyable for clients with a positive incentive. This goal will continue in the 2021 – 2022 fiscal year.

In the area of efficiency, service applicants were processed within 2 weeks 76% of the time. Our goal is to have applicants processed and a decision rendered within 2 weeks of application at 100%. While some applications are held up because we may be waiting on needed information, some could have been processed more expediently. This goal will continue in the 2021 – 2022 fiscal year.

In the area of satisfaction, 80% of clients reported that they feel self-determination. This is a decrease from 89% during the 2019 – 2020 fiscal year. Factors related to restrictions due to COVID-19 are believed to have impacted this number. As the general public wrestled with COVID-19 restrictions and feeling that some control was lost, so did PCGH clients. In the 2021 – 2022 fiscal year, there will be several avenues emphasized to increase the client's feelings of self-determination including the following: 1) Suggestions made in house meetings are followed up and results brought back to the client. If the suggestion is not possible, the staff or Director of Services will get back with the client regarding when it will be possible or necessary revision made to the suggestion. 2) Staff will ensure that clients are given time every day to participate in self-determined activities. This was an area mentioned when follow-up for surveys occurred. Client forums will be an avenue investigated after COVID restrictions concerning large group gatherings are lifted.

In the area of satisfaction, 72% of families or guardians indicated that they participated in the annual meeting to discuss family member's or individual's needs. This was an improvement from the 2019-2021 fiscal year when 66% said they had not participated. Attendance is a big factor in ensuring that family and guardians feel they have a voice about what they feel is important to work toward. PCGH management feels this number has improved due to the availability of virtual meetings. A large majority of our guardians are aging or do not live close by, so virtual options have increased the number involved. It is recommended that this continue to be offered even after COVID-19 restrictions are lifted to make the meeting more convenient for the family/guardians. Being in contact before the meeting to ensure that the families/guardians can join by phone if they are not familiar with zoom or do not have computer or internet access may also increase participation. This goal will continue in the 2021 – 2022 fiscal year.

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Areas of progress were identified as follows: improving financial standing, involvement in our community, participating in activities that increase health and safety, delivering authorized services, technological advances and evolving in order to meet needs and ensure health and safety during the COVID-19 pandemic.

Do you have questions or concerns regarding the PCGH Performance Measurement System? Please feel free to email us at admin@pcghinc.org or call us at (33) 599-9421, extension 104 to speak to Melissa Day, our Clinical Director.