# HOPE HAVEN, INC. AGENCY MEASUREMENT AND MANAGEMENT PLAN FY 2025

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Report Period: 7-1-2024 to 6-30-2025

This report summarizes highlights identified by Hope Haven Managers and Directors in management reports written to describe their programs' outcomes. Upon request, a comprehensive report of all services/programs is available from Hope Haven's Director of Quality Improvement.

#### **AGENCY-WIDE DATA**

- ∉ Hope Haven served 817 individuals in FY'25 compared to 912 in FY'24. Programs that saw
  a decline in overall numbers include Hourly Community Living, Respite, Day Hab, Job
  Placement, Community Employment, and Facility Based Employment (FBE). The FBE
  program is being phased out so this reduction is expected and will continue.
- € Of the 817 individuals served, 59 were under 18, 694 were 18-64, and 64 were 65 years old or older. The youngest person served by staff was 7 years old and the oldest was 80. The number of lowa members was 678 while Minnesota supported 139. Gender was split 42% to 58%, female to male, respectively.
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  Hope Haven has 637 total employees, including Double HH and Hope Haven International Ministry. The number of service employees is around 589 of which 331 are full-time and approximately 400 of the total service employees are Direct Support Professionals (DSP) and/or lead staff. Service employees include those directly providing care and support to our members. Our average retention rate for DSP staff is 54%, which is above the national average, which falls between 44-51%.
- ∉ Hope Haven continues to serve a very homogenous population with over 80% of the people served falling into the White/Caucasian population. This is consistent with past years.
- ∉ A program breakout includes:
  - ∠ Employment Services: = 422 (139-MN; 283-IA)
  - ✓ Mental Health & Recovery Services
    - Intensive Psychiatric Rehabilitation (IPR)=51
    - Peer Support=122
  - ∠ My Day (Day Habilitation) Services
    - Day Hab ID: 198Day Hab MI: 35
  - ∠ IA Community Living (Daily)=203
  - ∠ IA Supported Community Living (Hourly SCL & Respite) =244/50 respectively
  - ∠ MN Community Living =18 (2 of these are respite individuals)
  - ∠ Residential-Based Supported Community Living (RBSCL-Children Svc.) = 32

#### **Referral Summary**

- In FY 2025, 175 people were referred to Hope Haven. The largest groups of referrals were in the following categories: 71 for RBSCL Services, 71 for Community Living Services (31 SCL hourly referrals, 32 Daily SCL referrals, 8 respite referrals), and 36 referrals for Employment Services. The number of referrals is up from the 199 referrals last fiscal year.
- Hope Haven determined we could not meet the needs of 30 of the 175 referrals due to
  the level of care and the availability of resources. Some people had found placement
  with another agency. Many referrals asked to stay on Hope Haven Inc.'s waiting list for a
  community living opening to meet their needs, therefore have not been determined

ineligible. If an individual is deemed ineligible after a formal review, a letter is sent out to notify them and the referral worker of that decision.

Satisfaction Survey Outcomes: (Scale is 1: Very Unsatisfied to 5: Very Satisfied.)

- <u>Guardian/Family</u>: 152 satisfaction surveys were collected specifically from this group of individuals. The scores averaged an outcome of 4.0 on a 5.0 scale.
- <u>Members:</u> There were 286 surveys collected directly from members served. The average score result was 4.0 on a 5.0 scale.
- ∉ Agency Wide Survey Results: We collected 438 member and/or guardian surveys agencywide, which averaged 4.0 on a 5.0 scale. This met our set outcomes of 4.0 or higher.
- Accessibility and Barriers Survey: Seventy Guardians or Caretakers responded to a survey about this issue. Sixty-one percent (43 surveys) noted no barriers, which is up 8 percentage points from last year's survey results. Transportation barriers dropped from 22% last fiscal year to 16%. Community Integration and Employment both had 9 reported concerns. These were the 3 highest issues areas. Three surveys indicated a request for follow-up. This was completed by the Service Coordinators assigned to each situation. Seventy-one percent of surveys indicated a high or very high level of satisfaction with Hope Haven facilities. Seventy-Five percent indicated a high level of satisfaction with Hope Haven services.
- <u>Employee Exit Surveys:</u> Forty-five exit surveys were collected in FY25. Twenty-one of these were individuals who worked for Hope Haven for less than a year. Eighteen (40%) worked for Hope Haven from 1-5 years. Forty percent were staff from Community Living Services. 76% were DSP level employees. 67% noted that they strongly agreed or agreed with the question: Would you recommend this workplace to others. 11% Disagreed or Strongly Disagreed with that statement. Approximately 68% strongly agreed or agreed when asked if adequate training was provided.

#### **Quality Improvement Outcomes**

- Hope Haven met 5 of the 8 HCBS established outcomes which included those around incident reports, medication error rates, HCBS settings, response to grievances, and agency satisfaction. Documentation error rates, service record completion, and personnel orientation training record maintenance fell below desired outcomes. Remediation plans are in place to address each area that didn't meet the desired outcomes.
- A new Training and Compliance Manager position was developed. This person's key role is
  to assist in manager new hire training day, assist in tracking that employees are meeting
  training requirements and when not, communicate to the appropriate personnel, and to
  support the Director of Quality Improvement and Service Planning with other compliancebased activities. This position has been instrumental in developing better tracking and
  reporting information.
- The agency has also been utilizing its EHR, HR, and General Ledger software to improve communications with staff, and develop ways to share information better across these systems. For example, the HUB, a centralized communications portal, is now active and available to all staff, this is on the HR system. Also, the EHR system has been used to streamline forms and minute meetings tracking for some of the departments within Hope Haven. This is especially so in the children's community living departments.
- The Quality Improvement team has also been expanded to assist in a more consistent and
  effective review of staff documentation. The staff's ability to get information completed on
  time is also being tracked and trended and is now tied into the staff's wages.

#### **Person Centered Services:**

Person centered planning services at Hope Haven are rooted in principles that prioritize the individual's voice and choice in every aspect of their support journey. The planning process is

guided by the unique goals, preferences, and dreams of each person served, ensuring that they are at the center of decision-making. Individuals supported by Hope Haven are empowered to select their own support team members and determine where and when their team meetings take place, inviting those they trust to participate. This approach helps create a collaborative environment, where the person supported leads the direction of their services, and support teams work together to foster informed choices and personal growth.

# **Additional Ministry Services**

- Wheelchairs manufacture and/or refurbish in 11 different workshops. Throughout the year, workers logged 38,941 volunteer hours. Volunteer hours included community service completed by in-mates and court-ordered service.
- Hope Haven has 2 pastors on-staff that provide support to those served and staff through organizing agency religious retreats, providing regular spiritual devotional messages through emails and agency website, overseeing prayer requests, and by providing direct support to staff or individuals supported through face-to-face engagement throughout needed situations.
- From July 1, 2024, to June 30, 2025, we held nine spiritual retreats. Youth retreats were held in Spencer, Storm Lake and Sioux Center and attracted a total of 36 young people. Adult events attracted 244 adults in the fall and the spring events. In November of 2024, we held three retreats for adults in Worthington, MN, Milford and Orange City, IA, and 117 people attended. In March and April 2025, we again held three retreats for adults in Worthington, MN, Spencer and Hull, IA, and 127 attended.
- We began a new cohort of churches in Storm Lake—10 people/2 churches-- learning together how their churches can provide more accessible ministry. The first two meetings were in February and May of 2024. The next two meetings are planned for October 2025 and January of 2026.

### Communication/Networking:

- Hope Haven's Annual Report and the Agency Measurement and Management Plan (AMMP)
  are given to individuals supported and/or reviewed in group settings. A summary of the
  AMMP report and the agency's annual report are always accessible through Hope Haven's
  website.
- 5600 Horizon newsletters are sent out four times each year.
- Hope Haven's website at www.hopehaven.org communicates about available services, fundraising events, employment opportunities, agency outcomes, etc. Hope Haven employees have access to an employee portal that offers information on training schedules, policies and procedures, and compliance reports. The website was updated this past year to support a cleaner approach to making donations as well as to streamline some of the content.
- Hope Haven utilizes social media platforms such as Facebook, Instagram, and LinkedIn to communicate news and updates happening within the organization.
- Hope Haven a variety of tools to directly community with staff, from mailings, to emails, to the use of the HUB on DayForce, to having regular team meetings within the departments.

## **Extenuating and Influencing Factors that Impacted the Agency/Programs**

On June 22, 2024, just prior to this fiscal year's start, several of the communities that Hope Haven serves experienced catastrophic flooding. Reorganizing, and ensuring the safety and security of all our members took priority. By the end of the fiscal year, all members were in permanent housing with the exception of 4 individuals in Rock Valley, lowa. These gentlemen were in long-term housing, with plans for a new home to be built within the next 6 to 9 months. Outside of community living services, other services were provided as much as possible and as quickly as possible to ensure stability. The agency is working with local and federal entities, such as FEMA, to redevelop housing options that were destroyed.

- Fiscal Year 25 saw no grievances and no formal litigations.
- Staff shortages in certain areas continue to be a factor for our agency and the entire
  industry. Due to these ongoing needs, Hope Haven explored and started Remote
  Support services in a variety of locations and will continue to look at how technology can
  support our services in an effective way.

# **EMPLOYMENT SERVICES**

# **Facility Based Employment**

Total Served: 31

- ✓ Key Outcome: 100% of people in this program spent time on paid work.
- ✓ Key Stat: 65% of the people in this program are 50 or over.
- ✓ *Key Deficit:* Satisfaction scores fell below desired outcome. The average was 3.5 on a 5.0 scale, with a 4.0 or higher the desired result.

# **Integrated Community Employment**

Total Supported: 283

- ✓ Key Outcome: The average hours worked per week increased from 14.7 to 17.07.
- ✓ Key Stat: The number of integrated community employment sites was 294. Of these, 275 were individual locations and 19 were group sites. After December 2024, Hope Haven no longer had group supported employment locations in lowa.
- ✓ Key Deficit: The average hourly wage decreased from \$12.98 in FY 24 to \$11.55.

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#### **Job Placement Services**

Total Supported:139

- ✓ Key Outcome: Access to service was readily available with the average days between enrollment and first date of service being 11 days.
- ✓ Key Stat: 91 different employers hired individuals. This is up from 85 last fiscal year.
- ✓ Key Deficit: The average hourly rates of pay for program participants dropped from FY 24 to FY 25 in both Iowa and MN. In FY 25, the average rate was \$0.94 less in MN and \$0.93 less in IA.

# **Employment Planning Services**

Total Supported: 59

- ✓ Key Outcome: 81% of people completing employment planning were engaged in job placement or integrated community services within 90 days.
- ✓ Key Stat: This program served 27 more people this past fiscal year than compared to FY 24.
- ✓ Key Deficit: There were no Worksite Readiness Assessments completed this year. This outcome is being updated to better reflect service delivery.

### MY DAY (DAY HABILITATION) SERVICES

# Day Habilitation (ID)

Total Supported: 198

- ✓ Key Outcome: The goal is to have 80% of the individuals in this program have a meaningful community connection in at least 80% of service days. This was met at 74%, which is a marked improvement from the 52% achieved last fiscal year.
- ✓ *Key Stat:* The age group with the most members is those between the ages of 40 and 54, this is 27%. Additionally, those aged 22 to 29 make up another 21%.

✓ Key Deficit: The expense to income percentage did meet the desired 97%, instead it was met at 106%, this is an increase of 6% from last fiscal year.

#### Day Habilitation (MI)

Total Supported: 35

- ✓ *Key Outcome:* 89% of members met their objectives at least 65% of the months in the program, improving from last years result of 85%.
- ✓ Key Stat: 94% of members remained free of any mental health hospitalization.
- ✓ *Key Deficit:* Member and guardian satisfaction surveys noted a decrease in satisfaction going from 4.3 last year to 3.2. However, this is a small program and only 7 surveys were completed.

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#### **COMMUNITY LIVING SERVICES**

### **Residential-Based Supported Community Living**

Total Supported: 32

- ✓ Key Outcome: Expenses met outcomes due to a significant rate increase.
- ✓ Key Stat: 44% of the children in this program have a diagnosis of severe intellectual disability, 31% have a moderate diagnosis.
- ✓ Key Deficit: Enrollment time has increased due to a guideline requiring a variance to services. Additionally, we have done a lot of expanding within this service, so it has taken time to acquire houses and update them to the desired standards. Our average enrollment time is 62 days, falling just short of the goal of 60 days or less.

# **Daily SCL / HAB Homes**

Total Served: 203

- ✓ *Key Outcome:* Medication error rates met outcomes with a 1.1% error rate. The desired outcome is 2% or less.
- ✓ *Key Stat:* 74% of people served in this program are funded through the ID waiver and approximately 24% are funded by Habilitation, 2% are funded through the Brain Injury Waiver.
- ✓ Key Deficit: Employee retention percentage was 57%, when the goal is 80%. This is the third year in a row we have decreased our retention numbers going from 69%, to 64%, now to 57%.

#### **Supported Community Living / Hourly & Respite**

Total Supported: SCL-Hourly-244, Respite Individual-38, Respite Group-13 Unduplicated Total: 262 Unduplicated Respite: 50

- ✓ Key Outcome: The average number of days for a person to be enrolled in services was 12.
- ✓ Key Stat: 154 individuals are funded through ID funds and 90 were served through Habilitation services. The habilitation numbers were down from 123 last year. The number of people served in respite also dropped from 85 to 50.
- ✓ Key Deficit: Expenses to income were at 119%, going above the desired 97%. This did not meet the expectation, but it was an improvement from last year which was at 135% for the program combined.

#### Minnesota Services

Total Supported: 18

- ✓ Key Outcome: Service Satisfaction is at 4.2 on a 5.0 scale, where 5.0 is highly satisfactory.
- ✓ Key Stat: 4 members served are over the age of 65 and 2 are between the ages of 18 and 21.
- ✓ Key Deficit: The expenses to income ratio was 121% instead of the desired 97%.

#### **MENTAL HEALTH & RECOVERY SERVICES**

# Unduplicated in these 2 programs: 145

# Intensive Psychiatric Rehabilitation

Total Supported: 51

- ✓ Key Outcome: 40% of the members working on their living environment goal moved to a less restrictive environment than what they were in at time of enrollment to the program and 55% of those working on improving their socialization skills made improvement.
- ✓ Key Stat: 57% of the members deal with anxiety or depression issues and 51% have a diagnosis that falls along the Schizophrenia spectrum of disabilities.
- ✓ Key Deficit: None of the members working toward increasing their employment or educational status met this outcome.

# Peer Support

Total Supported: 122

- ✓ Key Outcome: Key Outcome: The goal was for 90% of people served in this program to remain hospital free due to mental health needs. Although this target was not met, a high rate of 83% was achieved.
- ✓ Key Stat: 122 individuals were served in this program. Just 2 years ago the number was 24.
- ✓ Key Deficit: Expenses were 119% of income, this is an improvement from 126% last fiscal year.