

THRESHOLDS 2019 ANNUAL OUTCOMES MANAGEMENT REPORT

INTRODUCTION

This Annual Outcomes Management Report summarizes the Continuous Quality Improvement (CQI) outcomes and quality improvement activities for the 2018 Fiscal Year (FY) (10/1/18 to 9/30/19). It provides a summary of the CQI-related work of the Clinical Services and Residential Services Programs and a summary of progress made toward selected program objectives for the same period. These results are discussed in the Report and are also presented in the attached Outcomes Measurement Chart.

As highlighted in the Report, there are also several other committees that work in partnership with the total continuous quality improvement work of the Agency. The work of each of these committees is described and summarized in the Report.

In addition to specific program information contained in the Report, other changes occurred during the fiscal year that are related to programs and services, outcomes, and quality assurance, as described below.

HIGHLIGHTS OF THE 2019 FISCAL YEAR

- The CARF survey occurred in June 2019, at which time 869 standards were reviewed. Thresholds received a Three-Year CARF Accreditation.
- Satisfaction with services remains high. Results from 2019 indicate that overall satisfaction with services, across all services, was at 95%.
- Network180 Board of Directors made the decision to not contract out supports coordination and to provide the service internally. Thresholds began the transition from being the largest I/DD support's coordination agency in Kent County, to transitioning individuals to other agencies for the service.
- Thresholds Supports Coordination program worked endlessly, to distribute caseloads and assure the monitoring of individuals still-served continued, as supports coordinators rapidly left Thresholds employment.
- Thresholds provided an after-hours on call system for individuals-served and quickly revamped the system, during the transition of supports coordination, to assure that all individuals-served remained supported.
- Thresholds worked diligently with the newly designated supports coordination agencies to assist the individuals-served to transfer to the support's coordination agency of their choice.
- Thresholds began the interviewing process and hiring of our current President/CEO; Jacquie Johnson. Her first day, at Thresholds was May 13, 2019.

- President/CEO; Tom Ferch retired April 2019, after 40-years of service with Thresholds. Seventeen-plus years of his service, he served as President/CEO.
- Our Clinical Director; Fredrick P. Ward, retired on Wednesday, July 10th, 2019, after serving in this role, since March 6, 1989, a total of 30 years. He had started his employment at Thresholds (formerly known as Kent Client Services) in 1981.
- Thresholds began to explore a new vision, with the pending closure of Supports Coordination services. The beginning stages of restructuring our Community Services Programs started, all while Residential Services was continuing to deal with the aftermath of Specialized Residential Utilization Management, Tier I Reviews and Appeal Hearings.
- OBRA (Omnibus Budget Reconciliation Act of 1987) provided Targeted Case Management services to 36 adults who have a developmental disability and reside in nursing homes within Kent County. While there has been an increase in the number of OBRA Pre-Admission Screenings and Annual Resident Reviews by 6%.
- As of October 1, 2019, Thresholds' Respite Aide Program was providing Respite Aides and support to 106 individuals and their caregivers. The program employs approximately 61 part-time Respite Aides.
- The Special Acton Advisory Committee, a self-advocacy group of individuals who receive services, continues to provide important input to Thresholds regarding accessibility to services as well as feedback on how the agency can improve its processes and practices. In September of 2019, SAAC completed its 21st year of operation.
- Plymouth Home closed and the property was sold. Residential Administrators and Thresholds supports coordinators worked to transition residents to new housing as seamlessly as possible.
- Thresholds' participated in several community resource fairs that included a resource fair at Pine Grove Learning Center, and meeting with students from Kent Transition Expo.

CLINICAL SERVICES PROGRAM

The Clinical Services Program provided supports coordination services to approximately 792 adults who reside in Kent County and have a developmental disability.

The Clinical CQI Committee is chaired by the Quality Assurance Specialist. Its members include the Director of Clinical Services, one Supports Coordination Supervisor, four Supports Coordinators (one from each team) and one support staff. Meetings are held quarterly, and the chairperson attends the Agency-Wide CQI meeting every January.

Efficiency Outcome 1a: Minimize the number of authorization grids that are returned by the Access Center for being incorrect or not complete.

This year, the goal was to not exceed an average of 10 grid errors per month. We met this goal and averaged 6.5 grid errors per month. This information is tracked by support staff that submit the grids to Network180, and errors are reviewed once a month during the Clinical Supervisors

Meeting. During this meeting, trends are highlighted, and Supports Coordination Supervisors then discuss and review these trends during team meetings. This goal will not continue for FY2020, due to the ending of our support's coordination contract with network180.

Efficiency Outcome 1b: Minimize the number monthly of face to face contacts with individuals missed by supports coordinators.

This data is tracked in TIER, our Electronic Health Record. At the start of FY2019, the CQI committee thought it would be a good idea to reduce the goal from 2% to 1% or less missed contacts. This is to assure our individuals are receiving the appropriate services that are authorized to be medically necessary. This goal has been a focus for the past 3 years. In FY2018, the goal of 1% or less was met, which compares favorably with the result of 1.2% in FY2017. This goal will not be continued in 2020 due to the ending of our support's coordination contract with network180.

Effectiveness Outcome 2: Maximize the number of SPR's completed on time.

This was a new goal for FY 2019. The average for the first three quarters of the fiscal year was 84%. During the fourth quarter the number of supports coordinators leaving employment increased, and the number of SPR's being completed on time declined, as the supports coordinators still employed, were holding larger caseloads.

Access to Services Outcome 3: Maximize the number of individuals served being monitored in all settings (i.e.: residential, life skills, work skills, etc.).

This was a new goal for FY2019, and the purpose of this goal was to ensure the individuals we serve are being monitored in all authorized settings. The goal was to have 95% success. During the first quarter the Clinical CQI committee discussed narrowing this objective down to maximize the number of individuals served being monitored in Community Placement AFC Homes with 15-minute rate. The change in objective was not implemented and data was only collected for the last two quarters of the fiscal year. This goal will not be continued for FY2019.

Persons-Served/Guardian Satisfaction Outcome 4a: Maximize the satisfaction of persons-served and guardians

This information is obtained from the Lakeshore Regional Entity's (LRE) Quarterly Satisfaction Survey that Thresholds sends to guardians and consumers. The goal is to meet a 97% Satisfaction Rate. For this fiscal year, 66 total surveys were returned and 64 of the respondents rated being either "Strongly Satisfied" or "Satisfied" with overall services. Overall positive feedback was provided by respondents.

Stakeholder Satisfaction Outcome 4b: Maximize the satisfaction of individuals receiving clinical services from Thresholds.

Guardians and persons served received life skills services through Thresholds were surveyed this fiscal year. Fifty surveys were mailed out (25 persons served and 25 guardians), with a total of seventeen surveys returned for a response rate of 34%.

Other Areas of Quality Improvement:

In fiscal year 2019, the Clinical Services Program continued to focus on the following areas of quality improvement:

- Medicaid Verification Audits
Beacon Health Options is continuing the Medicaid Verification Audits that Network180 implemented in FY15, and that the LRE completed prior. Once the Clinical Quality Assurance Specialist receives the sample list of cases to be audited, the proper documents are collected. An auditor from the LRE then schedules a visit with the QA Specialist to review the documents at the agency. Results for the most recent review were shared during the audit; indicating that there were no concerns. Thresholds had no paybacks for the 2019 fiscal year; representing 100% compliance to audited services for the past three years.

CQI Goals for FY2020 include:

- Improve timeliness of OBRA Annual Record Review (ARR) and Pre-Admission Screenings (PAS's)
- Monitor timeliness in referrals for community services
- Maximize the satisfaction of individuals, guardians and stakeholders
- Minimize Life Skills attendees cancelations

Summary

The Clinical Services Program staff continued to work to ensure the Clinical Program is up to date on the changes in policies and procedures as Beacon Health Options continues to coordinate responsibilities with Network180.

Overall, the Clinical Program met a challenging year head-on, and finished with improvements in efficiency.

SPECIAL ACTION ADVISORY COMMITTEE

Advisory Committee (SAAC) is a self-advocacy committee of persons served by Thresholds. The committee's long-term goals are to educate others about this group and its purpose; to identify and address transportation issues at a systems level; to provide feedback to Thresholds on how it could improve supports it provides; and the challenges individuals face, to educate others about persons with Intellectual and Developmental disabilities, to add members to this group; and to provide feedback to the Thresholds agency regarding policies and survey tools, such as the Safety and Access Tool. In September of 2019, SAAC completed its 21st year of operation. This committee meets quarterly, although in 2019, the committee met 7 times to see if more meetings offered access to potential new members.

During the 2019 fiscal year, SAAC focused on:

- We explored sharing our training titled "Trying on a Disability training" to outside agencies.
- We maintained 6 well committed members.
- Discussed if there are other trainings SAAC could host.

- Members had also shown an interest in creating a social group/coffee club to discuss different issues such as handling conflict, independence, and system wide transportation issues.

During the 2020 fiscal year, SAAC plans to:

- Meet with the Thresholds Community Services Team and Residential Team to discuss the purpose and goals of the group while identifying ways to assist those programs.
- We will continue to recruit new members and maintain our current members.
- Members have expressed interest in participating in a community outreach event to share information about Thresholds.
- Design a curriculum for Thresholds Life Skills class and teach the class to participants.
- We are also hopeful that we can hold a meeting when CARF is at the Thresholds agency, as members enjoyed sharing about the group when CARF members last visited in 2019.

RESIDENTIAL SERVICES PROGRAM

It continues to be the expectation that the residents of most homes have the opportunity to provide input through Resident Meetings, at least once per quarter. This allows home supervisors and/or assistant home supervisor to hear from them directly, if they have any concerns or suggestions to improve the services provided to them in their homes. During these meetings, residents are able to make suggestions as to activities they would enjoy, foods they would like to have included on the menu, activities in the home and chores they might want to assist with. They also receive useful information on topics such as safety, hygiene and ways to get along with each other and live compatibly with their house mates.

Staffing issues continue to be a great concern for the Residential Program, and this includes supervisory positions. There have been several management changes in the program throughout the past year.

The staffing shortage in our homes continues, although it does appear to be somewhat better than it has been in the past couple of years. Currently, most homes have at least one or more open shifts.

The Residential Support Supervisor continues to be an asset to our program. This position provides oversight of medication administration in the homes as well as providing support in that area. The Support Supervisor also fills in for open management positions within the program and works very closely with administration to train and support new supervisors as well those that have been around for a while.

The Training Coordinator continues the challenging task of working to ensure that all direct care and administrative staff are completing the required trainings within the appropriate time frames. The importance of this, along with the number of trainings that are required, has significantly increased over the past few years with intense focus from the state on ensuring that direct care staff are trained completely, including IPOS's, BSP's, Nursing Care Plans, OT/PT plans, etc. This is on top of what is already required by network180, the LRE and Licensing. Staff that do not complete their training within the time frames are put on hold until the training is completed or terminated if too much time has passed with no effort to complete training requirements. Training of new staff also can put a burden on homes already short staffed as new staff are not allowed to

work alone until certain trainings are completed. This means that at times, a home that might normally have one staff on during a shift, may need two until the training requirements are met.

The Residential QA Administrator continues to focus on ensuring that documentation of program goals and objectives is completed thoroughly and accurately. The monthly program documentation for each resident is submitted by home supervisors and reviewed for completeness (signatures, names, dates, etc.) and on-going issues or concerns. Feedback is provided to each home supervisor after documentation has been reviewed so that they can share with their staff what is going well and what needs improvement. Although this is a time-consuming task each month, it appears that knowing that someone will actually be looking at the documentation and providing follow-up, has encouraged supervisors to review more carefully before submitting and to pay more attention to the documentation through-out the month to ensure that it is being completed daily and accurately. The documentation for program goals/objectives completed by home staff continues to show significant improvement in regard to being complete and that no signatures and or dates are missing. This is a great achievement for our supervisors and staff on top of all the other things that they are expected to do. The QA administrator also reviews IPOS and addendums packets before they are sent to the homes. This is to provide another check to make sure all necessary documents are provided at the time the packet is implemented and that follow up for missing documents is done.

In order to provide an opportunity for Thresholds residents to come together and share a fun and meaningful activity on a regular basis, the Residential Program continues to hold a resident party/dance most months. The party is held in the large community space at the Kalamazoo office. Each home is asked to provide a dish to share and a beverage for their consumers and staff. One particular home supervisor has taken on the responsibility of organizing the events and ensuring that the proper supplies are available to ensure a fun time for all. These parties are very informal and little effort goes into them but the reaction from the residents and the staff has been very positive.

The Residential Services Program's CQI Committee meets on a quarterly basis to assure continuous quality by monitoring and evaluating operations related to the care and safety of residents and ensuring the delivery of positive and active supports. The Committee membership includes the Director of Residential Services, the Quality Assurance Administrator, the Facilities Maintenance Manager, the Special Projects Administrator, and the Training Coordinator.

REVIEW OF RESIDENTIAL SERVICES PROGRAM OUTCOMES

The **efficiency** objective was to minimize the number of workplace injuries that impact the Residential Program through loss of work time or restrictions. The residential program looked at the percent of residential staff that missed work or had restrictions due to workplace injuries over the total number of workplace injuries within the program. Data was collected and the information from the OSHA logs for FY 19 were reviewed. As reported by the HR Assistant, there were a total of 17 reported workplace injuries within the Residential program during FY 19. This shows an increase of 2 from the previous fiscal year. Of incidents reported, 5 incidents (29%) impacted the Residential Program through loss of work or work restrictions. Although the total number of workplace injuries increased this year, the number that impacted the program was less, resulting in the overall percentage decreasing from 40% the previous year to 29% this year. The goal of 30% or less was met for FY10. The goal will continue for FY 20 but the goal will be decreased to 25% or less. Workplace injuries can cause major disruptions to our program and result in financial loss, so this remains an area that is important to track and monitor.

This year's **effectiveness** outcome again focused on maximizing the number of new hire direct care staff that complete all of their required trainings within the 90-day training period. During fiscal year 2019, 32 new direct care staff were hired. Of those new staff, 22 of them were employed through-out the entire training time period. Based on those staff, an average of 72% of them completed their new hire trainings within the required time frames. The goal that we were aiming for was 60% so we did meet our goal, however, the optimum goal would be 100%. Due to meeting the goal of 60%, the goal for 2020 will be increased to 75%, with a minimum expectancy of 60%.

The objective that focused on **access** to services was to ensure that residents receive their medications as prescribed within the guidelines/procedures by reducing the number of incidents that result in incorrect medication administration to less than 50. Med errors as reported on Incident Reports from 2019 were tracked by type of med error, by home, and entered into a spread sheet. Types of medication errors that are included are: staff error (dose, time, route, medication, person), documentation error, medication not available in the home, medication not available from pharmacy, found/spit-out/contaminated meds and other. Medication refusals are also tracked by home, but not included as a medication error as these are not the fault of staff. The goal for FY 2018 was set at less than 40 which was not met as the total number of reported medication errors was 69, (not including med refusals). Med errors for FY19 actually increased 46% from the previous year. For FY 2020, the optimum expectancy of 0 will remain, but the goal will remain at less than 40 with a minimum expectancy of 60 or less medication errors.

Stakeholder Satisfaction was completed and measured by an 18-question survey that was made available to guardians of all Thresholds residential consumers. Of the 88 surveys that were sent out, 41 were completed and returned, showing a return rate of 47%. The results showed that overall, an average of 93% of respondents reported that they were "always" or "usually" satisfied in response to the questions. Some of the areas that were addressed in the survey included how welcome the guardian feels when visiting the home, the overall quality of care their person receives, has their person made progress, and do they feel communication with the home supervisor and administration is adequate. Respondents that noted questions or concerns or asked for follow up, were contacted by the home administrator. The results for FY 2019 that the overall satisfaction is the same (93%) as it was for the last guardian satisfaction survey that was completed in 2017. The return rate, however, was not as good in 2019 as it was in 2017 (63%). Areas that showed lower guardian satisfaction were those regarding the level of staffing in the home, the ability for their person to go into the community and the staff's ability to implement the service objectives.

GOALS FOR FISCAL YEAR 2020

- Continue to ensure that all Residential Program direct care and administrative staff complete all necessary trainings within the required time frames. The goal is to have 100% of all residential staff in compliance with on-going training requirements through- out the year.
- The Thresholds Residential Program will continue to work to minimize the number of work-related injuries that have an impact on the Residential Services Program through loss of work or work restrictions.
- In regard to access to services, the Residential Program strives to provide our residents with the service of complete and accurate medication administration. Considering that, the Residential Program will continue to work to minimize the number of medication errors

across the program. Although the ideal would be to have absolutely no medication errors, given the number of residents, number of newly trained staff working in the homes at a given time, hours worked in a week by staff and the work load that they are expected to manage, that ideal is not realistic. The goal to reduce medication errors will continue with the goal being no more than 60 medication errors over the course of the next year with the minimum goal being 60 or less. Incident reports regarding medication errors will be reviewed by the Residential QA administrator on a quarterly basis and results will be tracked and recorded to be reported annually.

- The Thresholds Residential Program will measure the satisfaction of stake holders in FY20 by surveying direct care staff working with individuals living in Thresholds Residential Treatment homes, regarding their level of satisfaction related to their job duties and the support they receive from administration.
- Community Integration and enhancing relationships for all residents will continue to be a focus of our direct care staff and Residential Program.
- Continue with **Residential Administrative Team (R.A.T.S)** meetings on a regular basis to improve communication among the administrators of the Residential Program and focus on areas of improvement within the homes/program.
- Thresholds Administration will continue to try to find new ways to recognize and acknowledge the efforts of staff so that they feel appreciated for the wonderful work that they do to ensure a good quality of life for our residents.

SUMMARY

The primary focus of the Thresholds Residential Program is to ensure that all individuals served through the program have a safe, caring environment in which to live and that provides them with the support they need to reach their highest level of independence. The Residential Program Administration works through-out the year to provide the support needed to the direct care staff to be able to meet the needs of the residents adequately and in a manner that promotes independence, acceptance and worth. All of the policies, procedures and activities implemented by the Residential program will continue to promote this focus in order to continue to provide the quality of life our residents have come to expect and enjoy.

RISK MANAGEMENT COMMITTEE

The Health and Safety Committee continues to meet 9-10 times each year. The committee oversees organizational safety in the areas of fire safety, vehicle/driver safety, OSHA/workman's compensation issues, emergency preparedness, hazards communications, trainings and general safety maintenance. The committee is comprised of representatives from maintenance, residential administration, human resources, clinical support, and home supervisors and clinical administration.

The committee is in frequent contact and collaboration with Threshold's insurance carriers Buiten & Associates, and Accident Fund with the representatives of each attending risk management meetings or meeting with the risk management chair individually to report any issues or just give

a year-to-date report. The committee reviews and implements any recommendations given by the fire marshal or the contracted companies Engineered Protections Systems, Inc. (EPS) and Fire Fighters Inc. who oversee the fire panels, sprinkler systems, and fire extinguishers in Thresholds facilities.

No Significant developments occurred in the past fiscal year however;

1. Thresholds Inc. was recognized by Accident Fund (workman's comp insurance for the agency) for minimal claims for a 2-year period.

Goals for 10/1/18 to 9/30/19:

1. Reduce overall vehicle related incidents e.g., accidents, incidental damage, by 10% from the previous year.

For FY2018 Thresholds submitted 5 claims to the auto insurance, in FY2019 3 claims were submitted. This is a 60% decrease.

2. Further develop the Workplace Violence Inservice, and tailor it to the agency, including a policy & procedure.

This is still in development as resources for training has changed to an online format.

Goals for 10/1/19 to 9/30/20:

Thresholds, along with the Health & Safety Committee, will continue to keep the safety of its employees and individuals served a top priority. However, with the global pandemic of the Covid-19 virus, Thresholds Inc.'s priorities will include keeping employees and individuals served safe by implementing new procedures as directed by CDC, WHO, Federal and State governments, and other regulatory entities, which will be a work in progress at this time.

DIVERSITY CONNECTIONS COMMITTEE

The Diversity Connections Committee continued to meet on a quarterly basis during FY 2019 to implement the agency's Affirmative Action and Cultural Competency Plan. Committee members represent program divisions at Thresholds as well as a cross section of minority groups.

The committee continues to host the Agency Thanksgiving potluck and provide relevant trainings throughout the year. Deborah Bayard from DPB Consulting came and spoke to all staff in May on Gender Bias, and staff retention.

Our Cultural Competence Strategic Plan was revised to include religion, sexual orientation, socio-economic status, and spiritual beliefs to Thresholds' Policy and Procedure, and Strategic Plan, to reflect the trainings we are providing.

The committee analyzes hiring trends and turnover rates for minority groups compared to the agency as a whole, as well as the Metropolitan Statistical Area Goals. Staff turnover for 2019 was 39.24% compared to 37.50% in 2018.

Goals for the 2019 Calendar year.

- Administer a survey to assess Cultural Intelligence
- Continue to develop ways to include residential staff in on-going trainings
- Keep open and on-going discussions on various cultural diversity concerns and needs of consumers and co-workers
- Continue to look for creative ways to draw culturally diverse employees.

Goals for the 2020 Calendar Year

- Administer a survey to assess Cultural Intelligence
- Keep open and on-going discussions on various cultural diversity concerns and needs of individuals and co-workers
- Continue to look for creative ways to draw culturally diverse employees, i.e. Hispanic.
- Continue to look for trainings to increase employee Cultural Intelligence.

RECIPIENT RIGHTS COMMITTEES

Critical Incident Reports Committee

The Critical Incident Report Review Committee meets on a semi-annual basis to review Incident Report trends for the individuals we serve. Members include the Agency Recipient Rights Advisor, the Director of Residential Services, the Residential Program Assistant for Quality Assurance, the Residential Home Administrators, and the Director of Clinical Services.

Information concerning unexpected events is reported through different formats depending on the type of residential setting responsible for reporting. Thresholds' Residential Program utilizes the network180 Critical Incident Report for external reporting and an internal Incident Report for those events that fall outside the requirements for the Critical Incident Report. Other residential settings, such as licensed adult foster care homes that receive Community Placement funds, utilize the Adult Foster Care (AFC) Incident Report. Regardless of format, all incidents and data are reviewed by the Committee.

From October 1, 2018 to September 30, 2019, there were 1117 incidents and three deaths. This number is down slightly from the number of reported incidents in 2018 of 1210.

Trends and areas of concern are similar to those noted last year. One trend is in the area of slip and fall accidents. The review of incidents shows that some older individuals have declining health conditions that contribute to slips and falls. Also, some individuals occasionally attempt to use their wheelchairs or walkers independently, without seeking staff assistance.

We also continue to see many incident reports related to challenging behaviors. It is also important to note that challenging behaviors are decreased, in general, if individuals have their own bedrooms. This provides privacy and a place to reduce stress for many individuals. It is also invaluable if Thresholds can continue to provide consistent direct-care staff in each home and of assisting individuals with transitions in their daily schedules and activities in the homes. Many individuals have difficulty expressing their needs and preferences and need additional time or assistance in communication.

Over the last year, the training requirements for all staff has increased. Our monthly

orientation now incorporates several of these trainings, which has extended the time of orientation. Thresholds is looking into having a trainer assigned to orientation.

Recipient Rights Complaints Committee

The Recipient Rights Complaints Committee meets on a minimum of a yearly basis to review rights complaints that have been filed as well as the outcomes of the investigations that have been completed by the Office of Recipient Rights at network180. The committee includes the President/CEO, the Director of Residential Services, and the Community Services Supervisor and the Agency's Recipient Rights Advisor.

The Recipient Rights Committee met on February 19, 2019 to review complaints for the calendar year 2018 and also met again on May 23, 2019. The purpose of the May 23 meeting was to discuss whether Committee functions would change due to the transfer of supports coordination services to network180. After discussion, it was determined that the Committee will still need to review recipient rights complaints for those we serve in any program.

Many significant factors have played out since the May meeting, including the retirement of our Director of Clinical Services and our Recipient Rights Advisor leaving Thresholds for a different employment opportunity. At that time, Thresholds reached out to network180 to discuss the continued need for an on-site Rights Advisor. Based on those discussions, Thresholds no longer has an on-site advisor, but directs all questions or concerns related to recipient rights directly to the network180 Recipient Rights Office.

There was a total of 12 complaints in 2019, a slight increase from 10 complaints in 2018. Only one report was substantiated in 2019. In all cases, corrective action is documented and plans of correction and follow-up are coordinated with the Office of Recipient Rights at network180. Thresholds continues to educate staff in the Culture of Gentleness, Mandt, and Recipient Rights in order to provide proper treatment for the individuals we serve.

Along with training, Thresholds has continuous open communication with the Office of Recipient Rights, and often is able to take proactive measures in resolving problems before a violation occurs. This has also helped reduce substantiated complaints. Thresholds will continue to work closely with network180's Office of Recipient Rights.

DEMOGRAPHICS

During the third quarter of the 2019 Fiscal Year (June 30, 2019), Thresholds was providing services to a total of 792 individuals. This included 36 persons who receive supports coordination or case management services within a nursing home, and an additional 106 individuals who receive respite services (and receive supports coordination from other agencies). Of the total number served, 87 individuals were residing in one of Thresholds' specialized residential homes. The number of individuals who receive supports coordination or case management services decreased from 809 in 2018 to 792 during the third quarter of the 2019 fiscal year. This decrease in the overall number of cases served is related to a reduction in the number of new referred cases, tied to the pending transition of all supports coordination cases to one of the two-available supports coordination agencies.

The age distribution of persons receiving supports coordination or case management services is:

FY 2019

Age Ranges	Number of Persons-Served	Percentage of Total Persons-Served
18-24	64	8%
25-34	190	24%
35-44	156	20%
45-55	130	16%
Over 55	252	32%
Total	792	100%

As shown in the table, below, Thresholds continues to serve more males than females. This trend has been present for many years.

Gender Distribution: FY2019

	Number	Percentage of Total
Female	336	42%
Male	456	58%
Total	792	100%

With respect to ethnicity, the percentage of persons-served who identify themselves within a minority group has also stayed consistent at approximately 23% as shown in the chart, below:

FY2019

Ethnicity/Race	Number Served	Percentage of Total Served
Asian	13	2%
Black or African American	110	14%
White	608	77%
American Indian/Alaska Native	1	<1%
Other	17	2%
Unknown	43	5%
Total	792	100%

SUMMARY

During the 2019 fiscal year, Thresholds continued to implement and report on a wide range of quality improvement activities ranging from formal CQI measures, contract-related performance indicators, and our Strategic Plan, to fewer formal initiatives within each program and service. Overall satisfaction with all services remains high at 95%. For the 2020 fiscal year, we look forward to continuing our work toward increasing the effectiveness, efficiencies, and accessibility of our services and programs.

Respectfully submitted,

Kathy S. Polise LMSW, QIDP
Community Services Supervisor

**THRESHOLDS
OUTCOMES MEASUREMENT CHART
2019 FISCAL YEAR.**

CLINICAL SERVICES PROGRAM

Outcome	Goal	Actual	Difference (Goal)	Status	Comments/Recommendations
1a. Minimize the number of authorization grids that are returned by Access for being incorrect or not complete, per month	10 8 0	6.5	1.5	Exceeded Goal	This goal was met.
1b. Minimize the number monthly of face to face contacts with individuals missed by supports coordinators	1% or less of contacts	1%	0	Goal Met	This goal was met as Supports Coordinators completed face to face contacts at an average rate of 98.9% for the fiscal year.
2a. Maximize the number of SPR's completed on time	90% 95% 100%	84%	-11 percentage points	Goal Not Met	This goal was not fully achieved.
3a. Maximize the number of individuals served being monitored in all settings (i.e.: residential, life skills, work skills, etc.)	90% 95% 100%	62%	-33 percentage points	Goal Not Met	This goal was not achieved. There was not a clear way to assure measurement was occurring in all settings (i.e. residential, life skills, work skills). As authorizations changed the number of settings changed, per individual.
4a. Maximize overall rating of clinical services per Consumer Annual Satisfaction Survey	90% 95% 100%	97%	+2 percentage points	Exceeded Goal	This goal was exceeded with 97% of respondents expressing overall satisfaction with services. This is higher than the result obtained in 2017 (96).
4b. Maximize overall rating of clinical services per Stakeholder Annual Satisfaction Survey	90% 95% 100%	93%	-2 percentage points	Goal Not Met	Surveys were sent to 25 individuals who receive life skills services and 25 guardians.

THRESHOLDS RESIDENTIAL SERVICES PROGRAM FY19
OUTCOMES MEASUREMENT SYSTEM REPORT

October 1, 2018- September 30, 2019

Objective	Expectancies	Actual	Difference (Goal)	Status	Comments
Minimize the number of workplace injuries that impact the residential program through loss of work or restrictions	40% 30% 20%	29%	1%	Goal Met	Of incidents reported, 5 incidents (29%) impacted the Residential Program through loss of work or work restrictions. Although the total number of workplace injuries increased this year, the number that impacted the program was less, resulting in the overall percentage decreasing from 40% the previous year to 29% this year. The goal of 30% or less was met for FY19
Maximize the number of new hire Direct Care staff that complete all required trainings within the appropriate time frames.	50% 60% 100%	72%	12%	Goal Met	During fiscal year 2019, 32 new direct care staff were hired. Of those new staff, 22 of them were employed through-out the entire training time period. Based on those staff, an average of 72% of them completed their new hire trainings within the required time frames. The goal that we were aiming for was 60% so we did meet our goal, however, the optimum goal would be 100%.
Reduce the number of incidents that result in incorrect medication administration to less than 40.	<61 <40 0	69	-29	Goal Not Met	The goal for FY 2019 was set at less than 40 medication errors which was not met, as the total number of reported medication errors was 69, (not including medication refusals). Medication errors for FY19 actually increased 46% from the previous year. For FY 2020, the optimum expectancy of 0 will remain, but the goal will remain at less than 40 with a minimum expectancy of 60 or less medication errors.
Maximize overall rating of Residential Program per Stakeholder Annual Satisfaction Survey	90% 95% 100%	93%	-2%	Minimum Expectancy Met	Of the 88 surveys that were sent to guardians, 41 were completed and returned, showing a return rate of 47%. The results showed that overall, an average of 93% of respondents reported that they were "always" or "usually" satisfied in response to the questions. The minimum expectancy of 90 was met.