

PIONEER RESOURCES

OUTCOMES REPORT

2024



www.PioneerResources.org

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OUTCOMES REPORT & PERFORMANCE INDICATORS

INTRODUCTION

our **MISSION**

Pioneer Resources' mission is to help people with disabilities and seniors attain independence and dignity by creating opportunities for participation in the community.

People in pursuit of:

A Place to Live: Affordable housing and specialized homes, Supported Independent Living

A Place to Learn: ABA Services, Community Living Supports, Vocational Services

A Place to Grow and Play: Camping and Recreation programs

A Way to Get There: Transportation Services



Pioneer Resources is accredited through CARF International.

our **VISION**

is to be the premier service provider in the community, powered by the highest level of quality and caring workforce dedicated to creating meaningful differences in the lives of those we serve.

our **VALUES**

Listen

Pioneer Resources will listen to the needs of our employees, participants, and people we serve to provide high quality services to individuals in need;

Empathy

Pioneer Resources employees and volunteers will be empathetic and recognize the humanity in each person that we have contact with by treating everyone with respect and kindness;

Acknowledge

Pioneer Resources will acknowledge persons served to best meet their individual needs.

Dignity

Pioneer Resources employees and volunteers will take every step possible to show compassion to each other and persons served to respect the inherent value and worth of each person.

EVALUATING IMPACT

Evaluating ourselves is one tool we utilize to assure that the work we do is of quality and is effective to the persons served. Pioneer Resources works with an accrediting body to ensure a focus of continuous improvement; this is a philosophy that our leadership and employees strive for.

Person Centered Planning (PCP) processes provide individuals served the ability to define their goals and set a pathway for success. Pioneer Resources staff attend PCP sessions to collaborate with the team on how best to support the person served. Through this process, the goals of the person served are clearly defined to better allow us to serve each person's unique needs. Data and information is entered into our electronic health record system, Therap. Staff can easily track authorizations, record goals, and track outcomes and feedback in real-time for each participant's progress.

MEASUREMENTS

The performance measurement system we have adopted for vocational services, community living supports, transportation, ABA services, SED, and residential services encompasses the variables below. By necessity, different programs require different variables. For each service provided by Pioneer Resources, we attempt to provide a measure of efficiency and effectiveness.

The following are some of the efficiency variables we have measured either currently or in past years. Please refer to charts elsewhere in this report for selected measures.

- Number of persons served
- Revenue and expenses: The bottom line compared to budget, or financial performance compared to inflation

Below are examples of measures of effectiveness Pioneer Resources has adopted:

- Satisfaction rates of persons served and/or family members
- Satisfaction rates of persons or organizations making referrals to Pioneer Resources
- Satisfaction rates of other stakeholders
- Number of persons served making progress toward goals as measured by staff

The daily documentation is the responsibility of the staff working directly with the participants. The responsibility for monitoring and accumulating the data is held with the Program Manager or Director and is reported monthly.

Please review this report for our rates of success from the past fiscal year for each program and service.

PLANNING, MANAGING, IMPROVING QUALITY AND SERVICE OUTCOMES

Pioneer Resources' well-established program evaluation system measures mission related service outcomes. Annual performance measures are established within each component's outcomes goals, data is collected quarterly, and annual management reports are written based on outcome results in relation to established measures.

Our Process begins with an ...

Agency-Wide Assessment By Outside Consultants

Next is ...

Development of Three Year Strategic Plan

and ...

Establishment of Agency-Wide Annual Goals and Work Plan

Now we can implement ...

Program Outcome Goals

and ...

Participant Plans of Service Goals

The next essential step is ...

Data Collection using 3 important tools

MDHHS Licensing & LRE Audits

Internal Monitoring*

People Served and Family Satisfaction Surveys

Evaluation focuses on ...

Annual Outcome Program Evaluation

and ...

Management Reports Based on Service Outcomes

now we can ...

Evaluate Progress on Strategic Plan and Quality Indicators

*Internal Monitoring

The performance Improvement Committee meets monthly and will review program outcomes. The Board of Directors will also review the outcomes report. The Performance Improvement Committee and the Board evaluate and monitor different aspects of service through agency-established quality indicators.

APPLIED BEHAVIOR ANALYSIS (ABA)



APPLIED BEHAVIOR ANALYSIS (ABA)

MEASURES OF SATISFACTION

Surveys are distributed each year to measure family and stakeholder satisfaction. The ABA program set a goal for 2024 for one hundred percent satisfaction with services provided by the ABA program for both families and clinicians. Seven families responded to this year's survey and all respondents were 100% satisfied with services of the program. Respondents agreed they have seen their child make progress towards his or her goals, were able to easily communicate with clinicians, Pioneer staff treat them with respect, feel informed regarding changes with scheduling and would recommend the ABA Center to other families.

Suggestions for improvement included:

- "Communication among staff."
- "Nothing at this moment."
- None, but will reach out if any come to mind.

Achievements family members expressed wishing to celebrate included:

- "Using her skills and self-calming techniques that she has learned in ABA" Mannerism (please and thank you), much more sociable, repeating words he can now project verbally. Patience is getting so much better. Interest in PECS at home.
- "A little willingness to participate and a little progress with decision making."
- "My child is enjoying being around other peers."
- "All the goals that are set for my son he reaches! ABA has taught my son how to put on his shoes. ABA got my son fully potted trained before school and my son transitions more smoothly from one thing to the next."

Families also commented:

- "Communication about my child is great. Updates, concerns and feedback are awesome also with instructors."
- "I consider this at an introductory phase and I am not ready to evaluate the program at this point."
- "Very friendly"
- "Truly, thank you all for caring and teaching my son with so much compassion."
- "How well staff works with my child. Improvement my child has with the program."
- "Flexibility. My little one is treated with care."
- "They don't just care about the children. They care about the whole family. They have made amazing progress with my son, and he loves going to ABA."

- “The communication is awesome and seeing my son’s progress is amazing!”
- “I love Pioneer Resources and would recommend them to anyone.”

Stakeholder surveys were also sent to ABA Case Managers in Muskegon County at HealthWest to measure how satisfied they are working with the Pioneer Resources ABA program. Three responses were returned for 2024, indicating 100 percent satisfaction with all areas surveyed and agreed that:

- ABA staff interact in a professional manner
- Are available to answer questions in a timely manner
- Treat family members with dignity, respect and offer opportunities for choice
- Participants appear to be satisfied with ABA services received from Pioneer Resources
- Program documentation on goals and outcomes is effective,
- Staff members are involved in the person-centered planning process when requested
- The ABA program meets the participants’ program needs.



Comments included in the case manager survey were:

- “I find it very helpful when we get the schedule of our clients' sessions!”
- “Clinicians, directors, and staff have been easy to work and coordinate with. Staff respond to emails in a timely manner. They provide required/needed documentation promptly. Staff have always been welcoming and provide great information on client progress.”

MEASURES OF EFFECTIVENESS

During this past fiscal year, Pioneer Resources ABA Center provided services to twenty-one youth from ages 2 years to 18 years old. Three children graduated from services by meeting their individual goals. ABA services were provided to children at the Pioneer Resources ABA center, in the community and in family homes. This year’s measure of effectiveness focused on participant attendance. This goal measured the percentage of children who attended at least 75 percent of their scheduled hours. Consistent attendance is necessary for children to make progress on their goals. The state of Michigan requires Medicaid insured children to maintain a minimum attendance

rate of at least 75 percent of authorized services. Families have many obligations and barriers which can affect attendance. When families are no longer able to meet the attendance requirements, they are no longer eligible for services. The ABA program of Pioneer Resources set the goal for 90% of participants served to maintain the required attendance rate of 75 percent of authorized services. This year, 86% of families served met the attendance rate to remain eligible for services. The lowest month of attendance was January 2024 due to illness and inclement weather. Transportation challenges and illness continue to be attendance barriers for some families.

A second effectiveness goal was for 80% of participant parents or guardians to meet with clinicians at least once a month to provide family training. The results from this goal was 81% of families met with clinicians at least once a month. Families identify work and school as the most common barriers to scheduling family training. This is a service area in which clinicians will continue to try to engage with families to identify a consistent schedule for family training. This year parents were asked in the annual survey for suggestions of family training topics, and none were identified at that time.



Family training is an important service that is critical to the growth and success of each participant. This service is provided in the environment parents identify as most beneficial or assessable and included trainings in the ABA center, the community and family homes. Training includes opportunities for the assigned BCBA or BCaBA to model to family members present how programs are implemented or how to respond to problem behaviors. Family coaching extends beyond parents and included grandparents and siblings when clinically appropriate. Clinicians met formally with parents to complete scheduled assessments, update and review treatment plans and model data collections for family goals. Clinicians also met informally for regular check-ins with families as they dropped off or picked up their child for direct ABA services. The BCBAs and BCaBA also provide supervision and observation of behavior technicians during a minimum of ten percent of weekly ABA services to model, guide and provide feedback to ensure programming is implemented correctly.

MEASURES OF EFFICIENCY

One of 2024's efficiency goals focused on billable hours. The goal was for all technicians to average at least 70% productivity of direct ABA billable hours. This means technicians are directly leading ABA sessions for youth for at least 70% of the time they are working. This goal was met with a result of 76% of hours worked being

billable. The lowest productivity numbers were seen during months when new technicians began training and not yet providing direct, billable hours. The strongest month was July when all behavior technicians were fully trained and children were not enrolled in school. ABA leadership staff also routinely led direct ABA billable services when needed due to not having enough behavior technicians to meet program needs.

Another efficiency goal was retaining the valuable resource of ABA staff members. Retaining the highly trained Behavior Analysis Technicians is key to providing quality services and program capacity to accept new referrals. The efficiency goal for 2024 stated 70% of program staff will remain employed for more than 12 months. This goal was not met with 76% percent of program staff remaining employed in the ABA department for 12 or more months. This was a slight improvement from last year's retention of staff. Staffing concerns continue to challenge the agency as a whole. As a program, we are continually recruiting candidates who are interested in employment lasting for over one year due to the intensive training required for this program. Retaining trained staff is critical to a stable program, quality service and the capacity to grow with new referrals.

SERVICE ACCESS

This year's goal for Service Access focused on minimizing the number of business days between referrals and scheduling services. The 2024 goal for Service Access was for 100% of all families to be contacted to schedule services less than five working days after referral. This goal was met. The ABA department received six new referrals this year, with five individuals beginning ABA services.

The process of beginning service includes family interviews and assessments. Parents or guardians meet with clinicians, identify concerns and schedule appointments for assessments and observations with clinicians. Family response time varies due to variety of circumstances including transportation, work hours and other family obligations. Family preference, need and individual goals are considered when determining the best environment for services to be held. While ABA services were primarily provided in the Pioneer ABA center, services were also provided in family homes and the community to meet individual goals.

MEASURE OF SAFETY

A safety goal that continued this year was for employees to maintain safety by being observed wearing appropriate safety gear and levels of PPE when needed 90% of the time, upon reviews two times monthly. The ABA staff met this goal with 100% success. This year's safety goal emphasized dressing appropriately and being prepared for the specific safety protocol for each individual according to each treatment plan. appropriate PPE for health as well as dressing safely for assigned sessions, such as Preparing to keep everyone safe in sessions includes wearing closed toed shoes, bite sleeves when needed, and pulling hair back. Safety preparations also include setting up

the space for individual sessions such as having program materials ready including bite sticks, squeeze balls and reinforcers. Technicians continue to follow health and safety guidelines for washing hands, wearing PPE as needed, and disinfecting work spaces.

21 Participants Served in ABA & Their Characteristics:

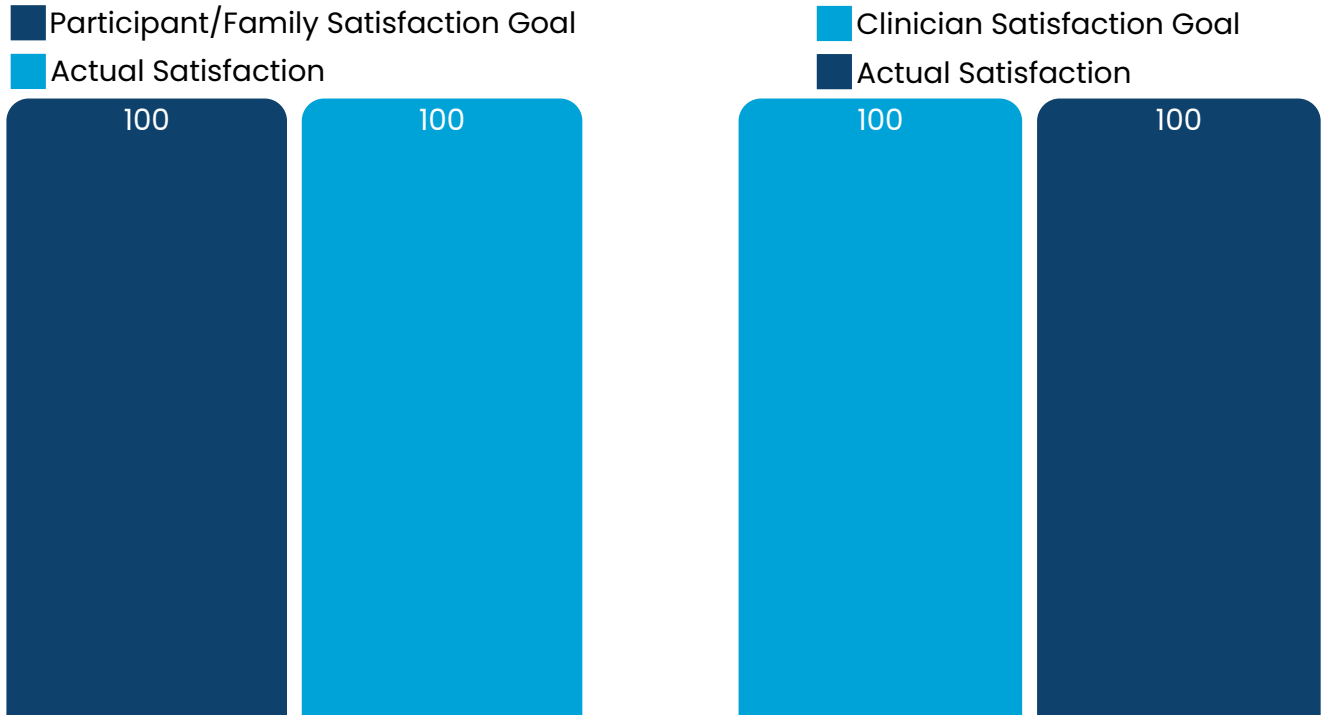


Applied Behavior Analysis (ABA) Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Stakeholder Survey – ABA Program Families Maximize satisfaction with services provided by the ABA program	Percentage of people who express satisfaction with services being delivered	All participants	Annually	Surveys	Program Director	100%	100% satisfaction of services by the ABA program expressed by families returning surveys.	100%
Stakeholder Survey – Case managers Maximize satisfaction with services provided by the ABA program	Percentage of expressed satisfaction with services delivered	All ABA Supports Coordinators	Annually	Survey	Program Director	100%	100% satisfaction of services by the ABA program expressed by case managers returning surveys.	100%
Measure of Effectiveness								
Best outcomes of services to be provided by consistent attendance	Percentage of sessions attended	All participants	Monthly	Data review, variance reports	ABA Program Director	86%	90% of program participants will meet the required 75% attendance variance	86%
Increased independence and generalization of skills to home environment through training of families	Number of hours of family training provided	All clinicians	Monthly	Data review Therap	ABA Program Manager or Supervisor	82%	Clinicians will provide at least 1 hour of family training hours each month for 80% of participants	81%

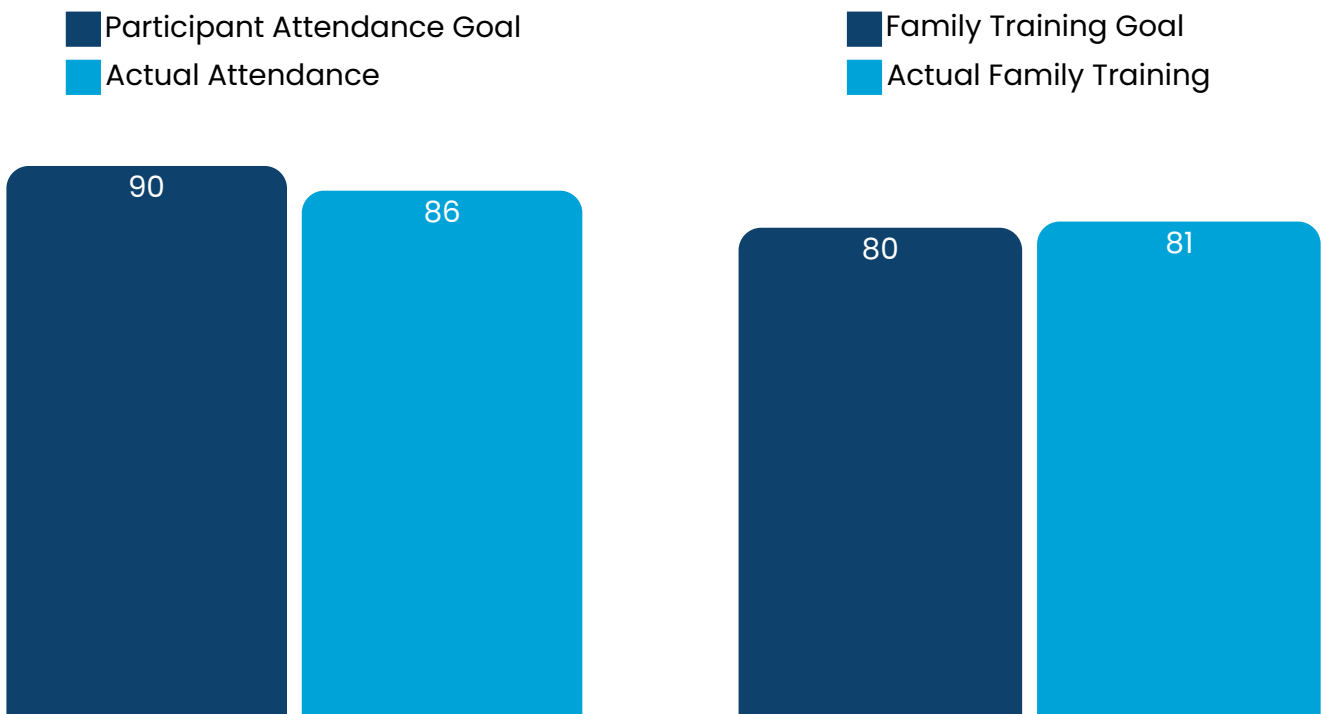
Applied Behavior Analysis (ABA) Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Efficiency								
To maintain consistency with employees in order to provide better outcomes and reduce costs	Employee numbers monthly	All employees of ABA dept.	monthly	Report from ADP	ABA Program Manager or Supervisor with help from HR	65%	70 percent of program staff will remain employed for more than 12 months	76%
To ensure best utilization of paid employee time in order to obtain best outcomes for participants	Technicians billable time	All BATS hours worked	monthly	Report of billable hours of technicians Therap and ADP payroll	ABA Program Manager or Supervisor	71%	Technicians will average at least 70% productivity of direct ABA billable hours provided for 2 consecutive hours	76%
Service Access								
To ensure best service time delivery	Number of days	All new referrals for services	Monthly	Reporting referrals	ABA Program Manager or Supervisor	100%	100 % of all participants will be contacted to schedule services less than five (5) working days after referral	100%

Applied Behavior Analysis (ABA) Program: 2024 Results as compared to 2023 results							
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal 2024 Outcome
Safety							
Employees will be viewed wearing the defined level of appropriate safety setup for their position and all PPE is worn properly	Percentage of times of the twice a month review	All employees	Monthly	Supervisor Review/ Fidelity Checks	Program Manager or Supervisor	100% of staff followed covid safety protocol, safety goal adjusted for 2024	Employees will follow safety protocols of behavior plans for individuals by wearing appropriate safety gear, as observed 2 times monthly, goal of 90% follow rate 98%

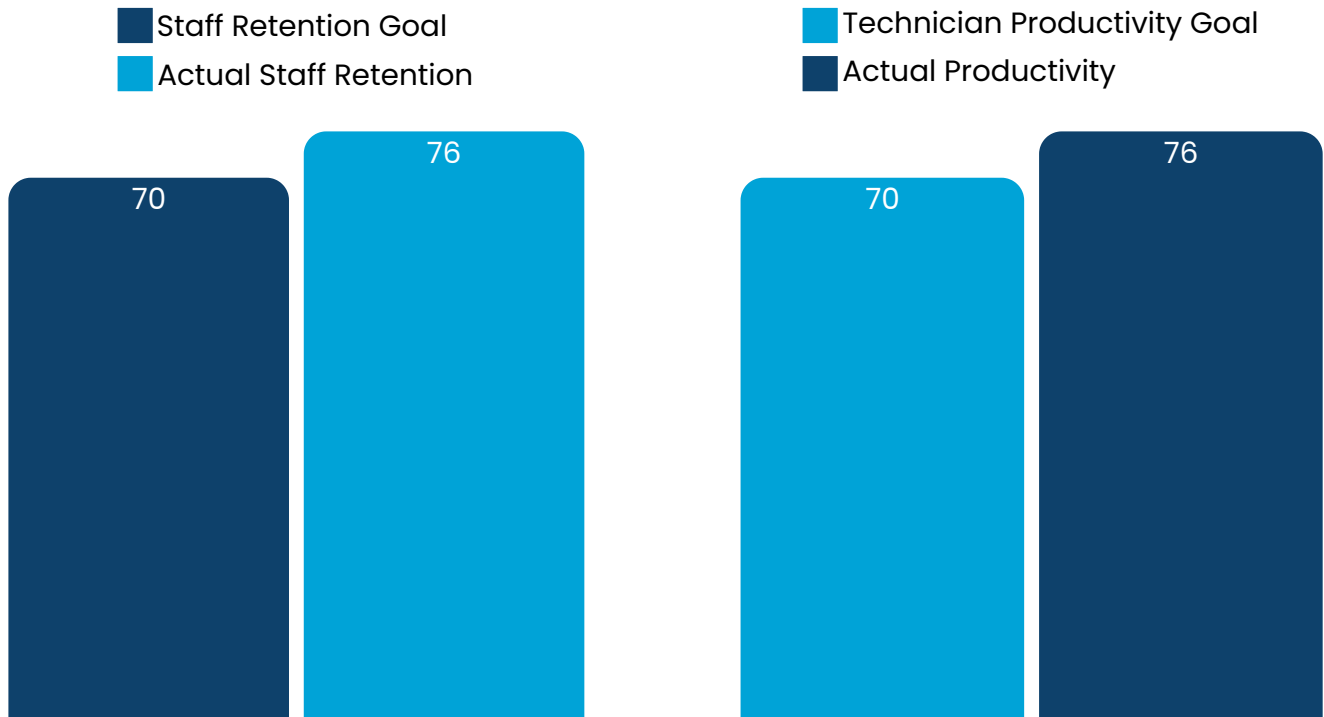
ABA: Measures of Satisfaction



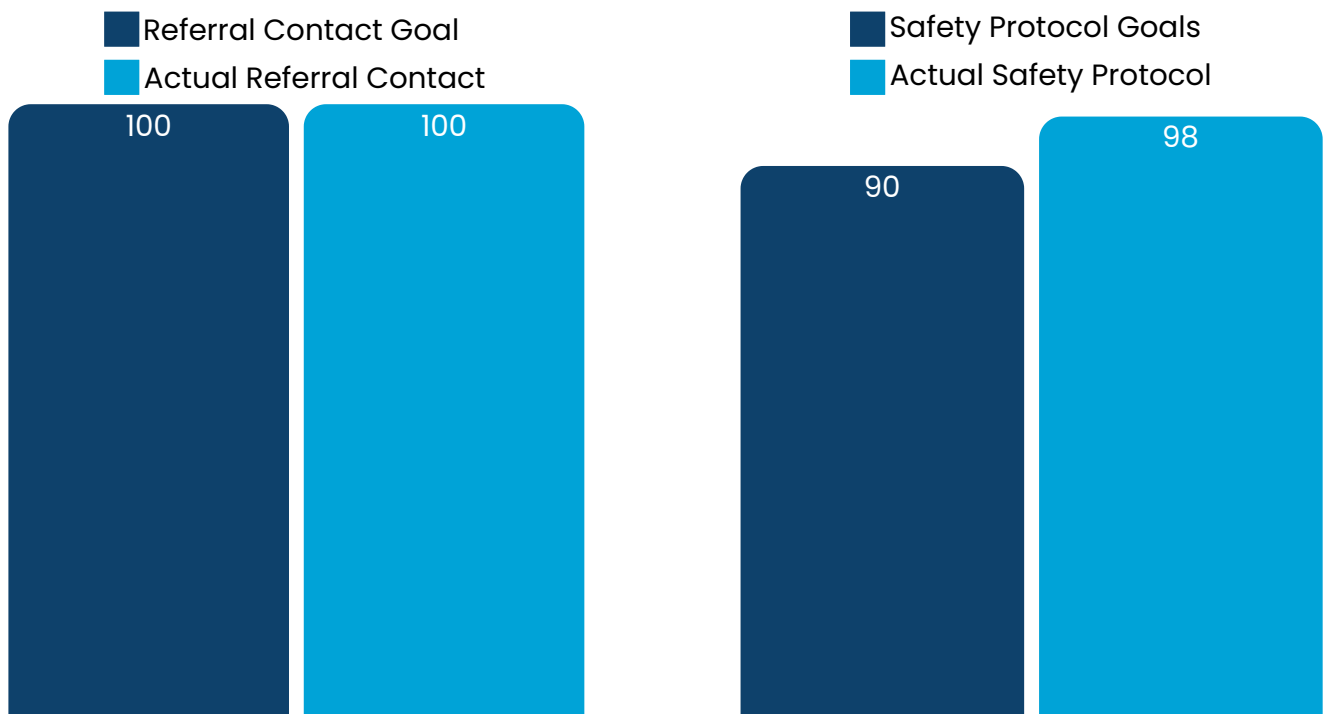
ABA: Measures of Effectiveness



ABA: Measures of Efficiency



ABA: Measures of Service Access & Safety



GROUP COMMUNITY LIVING SUPPORTS (CLS)



GROUP COMMUNITY LIVING SUPPORTS (CLS)

The Group CLS program provided essential support to 44 individuals with higher medical needs, helping them work toward their community integration goals. Although participation only increased slightly from 43 the previous year, participants improved their social skills by attending social events, engaged in healthy living practices, and took part in community outings through a range of tailored activities. These experiences not only fostered greater independence but also promoted physical and emotional well-being. As a result, participants experienced a noticeable enhancement in their overall quality of life, while also becoming more actively involved and integrated within their communities. The program successfully bridged the gap between individual needs and meaningful community participation.

Group CLS participants, stakeholders, and family members reported 100% satisfaction with the services received.

Group CLS participants had the following response to the services they receive:

- “I like everything”
- “Cleaning and having lunch at the park”
- “I like the outings and worksites”
- “Volunteering at Goodwill, arts and crafts, collecting pop cans”
- “Socializing with others”
- “I am happy with the services I receive”
- “The activities”
- “Learning math, cooking, cleaning, and reading”
- “Staff are great”
- “Doing class work and learning new skills”



Stakeholders and family members had the following response to the services their person served receives:

- “They always try and make the participants happy and taken care of. Also, so nice that they take them out into the community on outings when they can”
- “Community activities and variety of activities”
- “Park visits, getting outside and exploring”
- “My son really enjoys it. He’s always happy”
- “Participant comes home happy and tell us what he did. Gets excited when it’s time to go get on the bus.”

44 Participants Served in Group CLS & Their Characteristics:

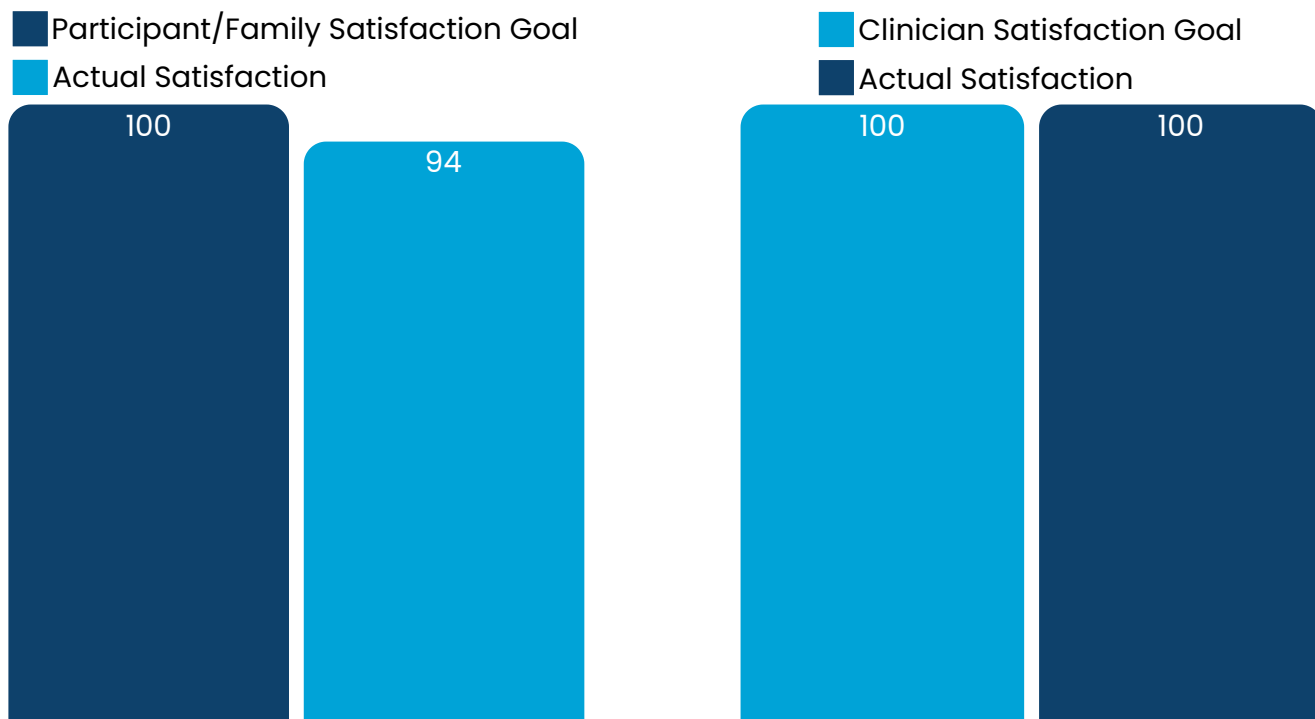


Group CLS Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Survey – Maximize satisfaction with services provided by program	Survey	Program Participants	Yearly	Survey	Program Services Manager	99%	100% satisfaction of services by the Group CLS program expressed by families returning surveys	94%
Survey – Maximize satisfaction with services provided by program	Survey	Clinicians	Yearly	Survey	Program Services Manager	99%	100% satisfaction of services by the Group CLS program expressed by clinicians returning surveys.	100%
Measure of Effectiveness								
Providing new, innovative best practices to expand our vision of being a premier provider and setting apart from other agencies	Number of new innovative best practices implemented	Program Services Manager	9 months	Implementation	Program Services Manager	New Goal for 2024	Three new innovative, best practices will be introduced into the program that improve the quality of life of persons served	2 new practices

Group CLS Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Effectiveness								
Community Integration – ensure that individuals are receiving some or all of services in community settings	Percentage of documentation of goals each month	All program staff	Monthly	Documentation of services	Program Services Manager	66%	100% of documentation indicating that staff assisted persons with goals toward community integration following their IPOS	69%
To ensure that program staff are invited to PCP meetings to provide meaningful feedback for participants	Percentage of meetings invited to and attended	Program Coordinator & Supervisor	Monthly	PCP – auth tracking, PCP letters	Program Services Manager	New Goal for 2024	Staff will attend 100% of person centered planning meetings providing family communication one month in advance	100%
Measure of Efficiency								
To ensure that documentation is completed each day and submitted into Therap	Percentage of accurate documentation each month	All program staff	Monthly	Documentation of services	Program Services Manager	100% of staff documentation is entered into Therap and accurate on service logs to ensure that all claims are filed.	93%	

Group CLS Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Service Access								
Referral Response Time - To ensure best service delivery and professional response time	Percentage of how many people who were referred were contacted within 5 business days	Program Supervisor & Manager	Monthly	Referral Tracking	Program Services Manager	100%	100% of persons referred will have family contact within 5 business days.	100%
Referral Response Time - To ensure best service delivery and professional response time	Percentage of persons served that had no wait time	Program Supervisor & Manager	Monthly	Referral Tracking	Program Services Manager	New Goal for 2024	100% of persons authorized will have no wait time to receive services once admission process is complete.	100%

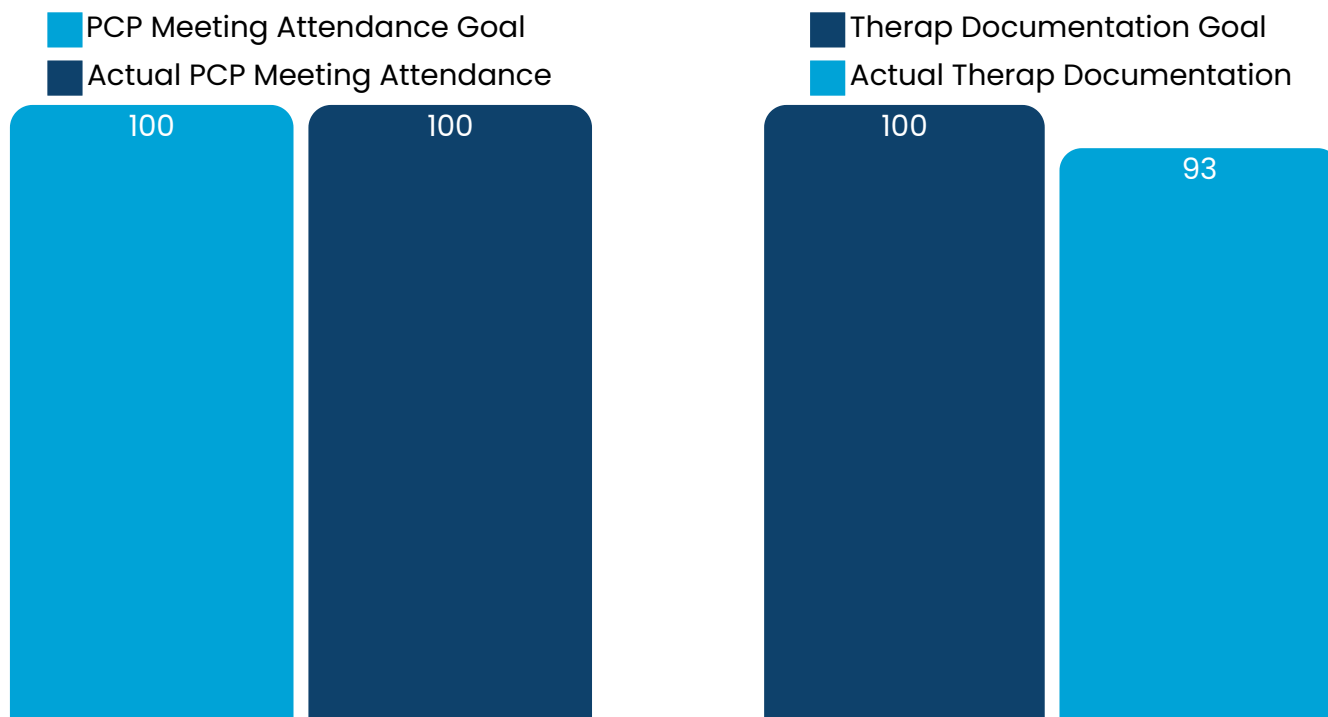
Group CLS: Measures of Satisfaction



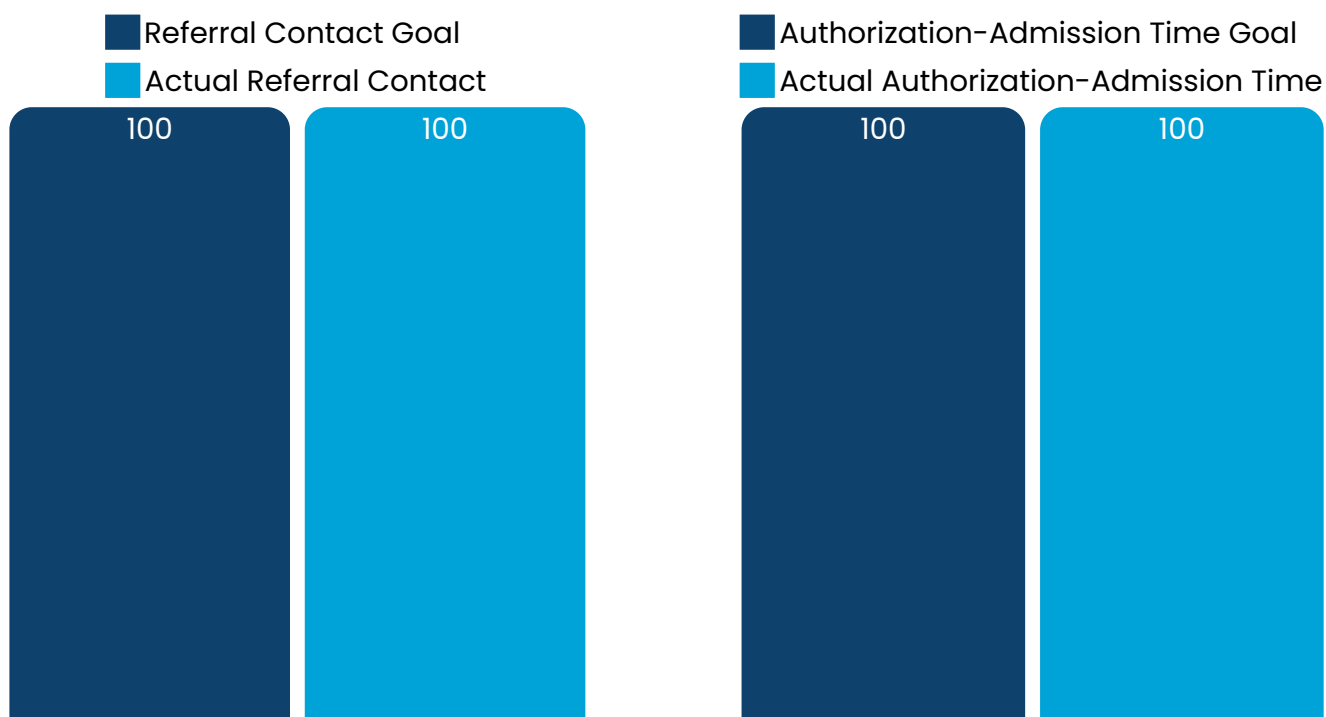
Group CLS: Measures of Effectiveness



Group CLS: Measures of Effectiveness and Efficiency



Group CLS: Measures of Service Access



LEISURE & RECREATION CLUB (LARC)



LEISURE AND RECREATION CLUB (LARC)

LARC events take place across both Ottawa and Muskegon Counties, offering free or low-cost, community-based activities such as museum visits, trips to local farmers markets, holiday celebrations, bowling outings, and arts and crafts sessions. The program thrives on member input, with scheduled events shaped by their suggestions and feedback to ensure engagement and relevance.

This year, our LARC programs experienced significant growth, serving 77 individuals in Muskegon and Ottawa Counties—an impressive 40% increase from the 55 participants we served last year. This growth highlights the increasing demand for inclusive, community-oriented activities and reflects our ongoing commitment to creating meaningful experiences that foster connection, creativity, and community involvement. As we continue to grow, we remain focused on expanding access and opportunities, ensuring every event brings value to participants and their families.

The Leisure and Recreation Club proudly supported the following businesses and organizations this fiscal year:

Applebee's	Lakeshore Marketplace
Art Creation Station	Lakeshore Museum Center
BAM Bowling	Lakeshore Quest Escape Rooms
Bat N Club	Lewis Farms
Beachwood Park	MADL
Big Boy	Maranatha
Boatwerks	Margaret Drake Elliot Park
Buffalo Wild Wings	McGraft Park Concert Series
Captain Custard	Mission Thrift Store
Captain Sundae	Muskegon Farmer's Market
Critter Barn	Muskegon Lumberjacks
Crust 54	Northway Lanes
Culver's	Ol' Asian Bistro
Firehouse Subs	Olive Garden
Frank's Restaurant	Out of the Box
Frauenthal	Pioneer Trails
Garsnett Beacon	Pizza Ranch
Goodwill	Pizza Ranch
Grand Haven 9	Post Family Farm
Holland 7	Russ'
Holland Museum	Socibowl
Hope's Outlet	Steak N Egger
Hungry Dutchman	Toasted Pickle
Jackie's Place	U.S.S. Silversides
Kollen Park	Waggle Dance Honey Bees
Lake Harbor Park	Webb Chemical
Lake Harbor United Methodist Church	Zoup

LARC participants reported 100% satisfaction with the services they receive. 100% would recommend the program to others



LARC participants had the following response to the services they receive:

- “LARC is excellent”
- “I love the program”
- “We like the variety of activities”
- “Thank you for planning activities that my person served can participate in “
- “We get meals and activities”
- “I like bowling, bingo, and Yahtzee”
- “Breakfast and spending time with friends”
- “Painting, arts and crafts, library”

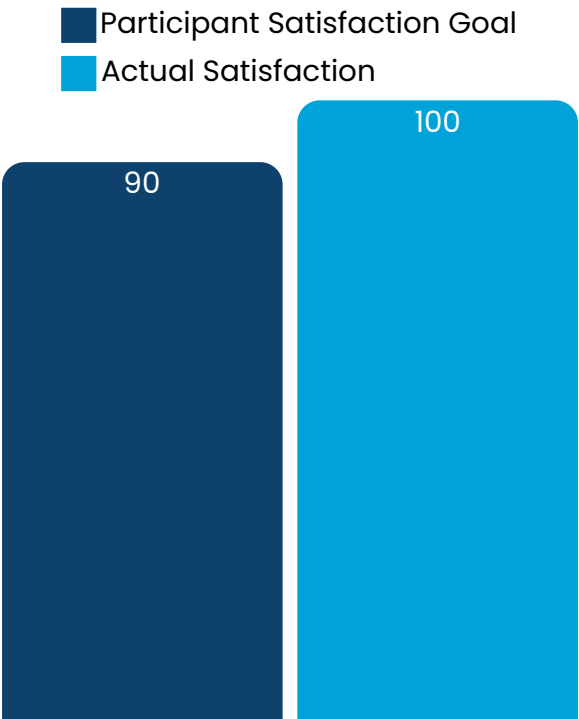
77 Participants Served in the LARC Program & Their Characteristics:



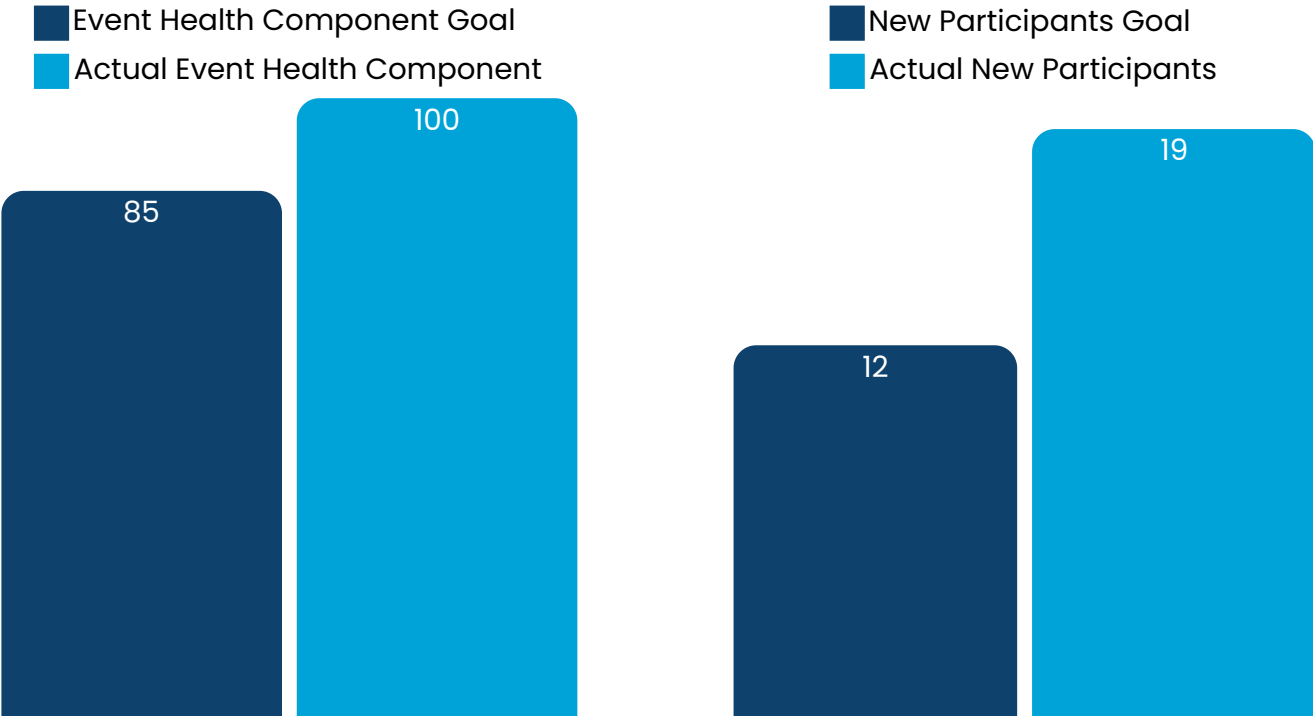
LARC: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Survey - Maximize satisfaction with services provided by Senior Programs	Percentage of participants that express satisfaction with planned events	All Program Participants	Fiscal Year	Survey	Program Services Manager	100%	90% satisfaction of services by the senior program expressed by participants returning surveys	100%
Measure of Effectiveness								
Type of Event Offered – ensure that the programs that are offered are of benefit to participants physically, emotionally and or mentally	Percentage of events that provide a health component	All Active Program Participants	Monthly	Event Calendar	Program Services Manager	94%	85% of LARC events will provide a physical, mental or emotional health component	100%
Marketing – updating brochures, increasing Facebook presence, and attending community engagement opportunities	Number of individuals newly enrolled	All Recreation Staff	Fiscal Year	Intake Forms/Sign in Sheets	Program Services Manager	23 new participants	Increase the number of individuals enrolled in LARC by 12 at the end of the fiscal year.	19 new participants

LARC: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Efficiency								
Responsible financial steward – to ensure money spent in programs is being used appropriately	Cost of program and event expenses	All Recreation Staff	Fiscal Year	Blackbaud	Program Services Manager	8 out of 12 months did not exceed budget	11 out of 12 months the expenditures will not exceed the budget amount for program and event expenses	12 out of 12 months did not exceed budget
Measure of Service Access								
Referral Response Time - To ensure best service delivery and professional response time	Number of days	All new referrals for services	Cost of program and event expenses	All Recreation Staff	Cost of program and event expenses	100%	100% of all participants will be provided service information in less than seven working days after application	100%

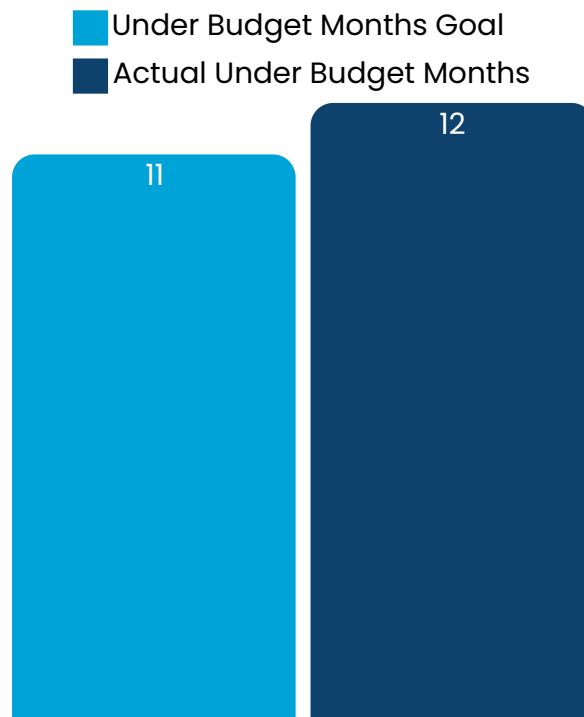
LARC: Measure of Satisfaction



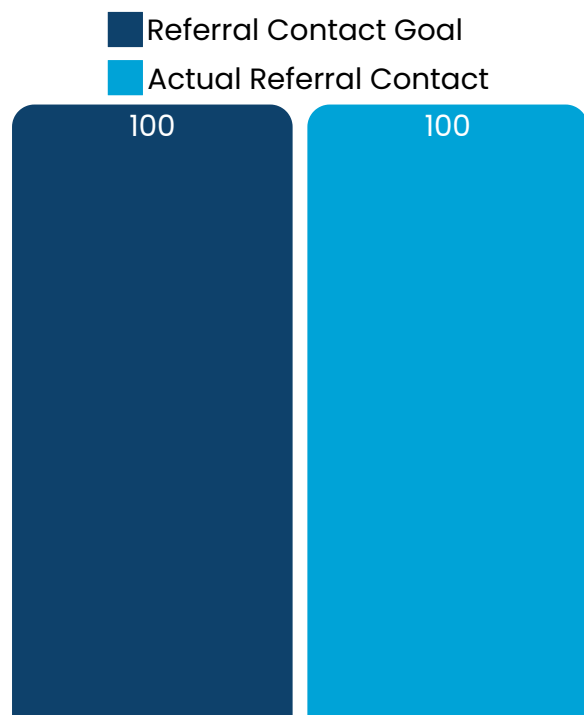
LARC: Measures of Effectiveness



LARC: Measure of Efficiency



LARC: Measure of Service Access



PIONEER TRAILS



PIONEER TRAILS

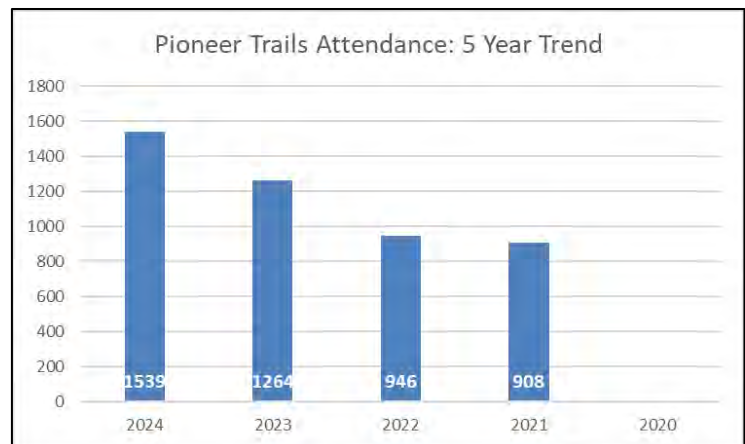
Located in northern Muskegon County, Pioneer Trails borders beautiful Big Blue Lake on the edge of the Manistee National Forest. The camp is rustic, yet has been uniquely designed to be barrier-free and offers a wonderful environment for fun and growth. Paved trails and gentle slopes make the woods, waterfront, and buildings accessible for people of all abilities.



Pioneer Trails is the host site for camp programs serving many specialized populations. This year we hosted many groups including school camps, Bold Eagle, LARC and senior services, Lion's Club, group homes, and several family camps.

In 2024, a total of 1,539 people were served at Pioneer Trails. In comparison, 1264 persons were served last year (2023) and 908 in 2021. All camp programs were canceled in 2020 due to Covid.

Mission campers indicate people with disabilities or seniors. Detailed characteristics of campers are not tracked.



Our senior enrichment group is enjoying a boat ride on Big Blue Lake during their day camp at Pioneer Trails

RESIDENTIAL SERVICES



RESIDENTIAL SERVICES

Licensed Residential Services includes the following programs:

Specialized Residential

- Lawrence
- Mill Iron
- Riverwood
- Ruddiman
- Sheridan

General Adult Foster Care (AFC)

- Pioneer House

Participant Characteristics:

During the 2024 fiscal year, 44 people were supported within licensed Residential Services. The majority of the persons served were between the ages of “46-65”, female, Caucasian, need ambulation assistance, and have a primary diagnosis of “developmental disability”.

MEASURES OF SATISFACTION

We strive to provide the highest level of care to the people we support, and we ask our stakeholders to let us know what they feel we are doing well, and in what areas they feel we could improve. This information is gathered informally throughout the year during meetings and phone calls, as well as an annual survey.

Family/Guardian Survey

A total of 33 surveys were distributed; 11 surveys were returned. The satisfaction rate was 99%.

Our goal for 2025 is 100% satisfaction with the services provided.

Comments from family members and/or guardians include:

- Consistency and love
- Person caring connections with residents. Encouraging independence
- They have a lot of patience

Additional Comments:

- Stay the course
- Resident bathrooms need to be cleaned more often
- I know it's hard to keep up with everyone's schedule, but they need to pay more attention

Clinician Survey

This survey was distributed via Survey Monkey, and included sections for all programs operated by

Pioneer Resources. A total of surveys were completed for licensed residential, and the satisfaction rate was 91.67%. No comments were included with the surveys.

The goal for 2025 is 100% satisfaction with the services provided.

MEASURES OF EFFECTIVENESS

Individual Plans of Service (IPOS) Goal

Each person served by Pioneer Resources in a residential setting has an Individual Plan of Service (IPOS). These plans outline how each person wishes to spend their time; including leisure and recreation, learning new skills, interaction with family and friends, etc.

To help measure our effectiveness in assisting each person with their IPOS goals, we first provide staff training regarding how to assist each person with their goals, and then we monitor the data documented by home staff, which indicates the goals that were worked on with each person served.

Our goal for documentation completion was 100%. The 2024 compliance percentage was 97.69%.

The 2025 goal is 100% compliance in documentation to indicate that staff provided assistance with IPOS goals to each person served.



Family and Friends Contact

We believe that keeping in contact with family and friends is important. Our home staff assist the people we serve in setting up visits, phone calls, and sending cards and letters to their loved ones.

Our goal for 2024 was 100% compliance in assisting the persons served to maintain family and friend contact. We did not achieve the goal this year as the compliance percentage was 98.92%.

For 2025, our goal is 100% compliance in assisting the persons served to maintain contact with their families and friends.

MEASURES OF EFFICIENCY

Individual Plans of Service (IPOS) – Staff In-services

At least annually, each person we serve reviews their current goals for the past year, and their IPOS is updated.

To effectively assist each person we serve, home staff need to know what is contained in each

IPOS and what level of assistance they are to provide. We set a goal that 100% of home staff will be in-serviced on each updated IPOS within 14 calendar days of the initial in-service. We achieved that goal for 2024.

This goal will continue in 2025, however we will no longer formally report the outcome.

Medication Administration Records

There are many steps that our trained staff must follow to properly administer medications and treatments - the "Seven R's":

Right Person, Right Medication or Treatment, Right Dosage, Right Time, Right Route, Right Reason, and Right Documentation.

Residential managers are consistently reviewing each person's Medication Administration Record (MAR) to make sure that proper documentation was completed after staff administered all medications and treatments. We gathered information each month to show the number of times staff were required to sign for medications and treatments versus the number of times documentation was missing. Our goal is 100% compliance in proper MAR documentation

Our compliance percentage for 2024 was 99.61%. While we did not meet the goal of 100%, improvement was made over the 2023 results of 99.48%

This goal will continue in 2025, however, we will no longer formally report the outcome.

Resident Meetings

It is important to obtain feedback from the people we serve. We want to know if the service we provide is meeting their needs, and also to find out if there is anything else we can help with.

In addition to the daily conversations staff have with the people we serve, we set a goal of conducting more formal "resident meetings".

The 2024 goal was 100% compliance in holding resident meetings at least one time per quarter, and this goal was achieved. Emergency procedures, cough etiquette, and hand washing were also reviewed during these meetings.

For 2025, our goal is to maintain 100% compliance in holding resident meetings at least one time per quarter.

MEASURE OF SERVICE ACCESS

Our 2024 goal was that 100% of service start dates (move-in dates) are within seven days of program acceptance.

Four new residents were admitted to licensed homes during this time. In all four instances, the home and staff were ready for immediate admission of the resident.

Our 2025 goal will be to maintain 100% of service start dates (ready for move-in) occur within seven days of program acceptance.

44 Residents Served in Residential Services & Their Characteristics:



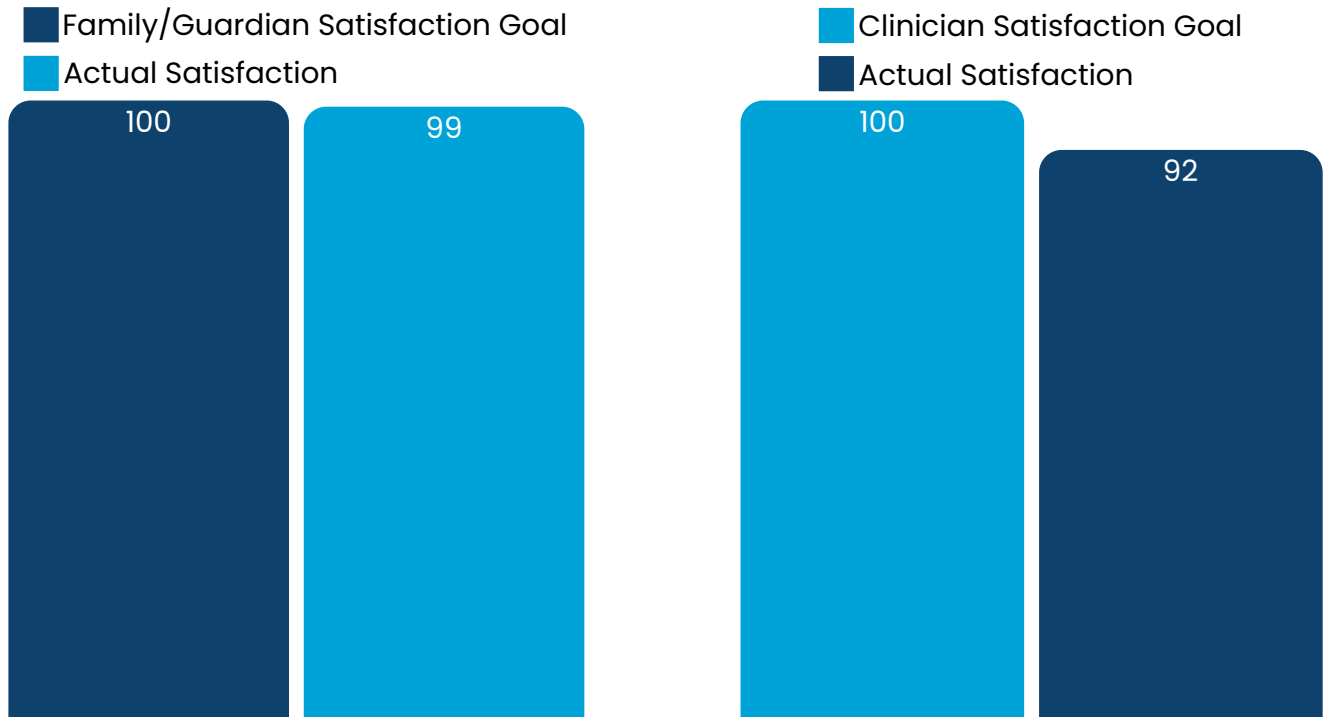
Residential Services: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Stakeholder Survey - Family/Guardian Maximize satisfaction with services provided by the Residential program	Percentage of expressed satisfaction with services delivered	Parents or Guardians of persons served	Annually	Survey of parents, guardians	Director of Residential Services	100% distributed 41% completed 99% satisfied	100% distributed 100% completed 100% satisfied	99%
Stakeholder Survey – Clinicians Maximize satisfaction with services provided by the Residential program	Percentage of expressed satisfaction with services delivered	Case managers and RNs assigned to assist the persons served	Annually	Survey of contract case managers, RNs	Survey Monkey	100% distributed 35% completed 87% satisfied	100% distributed 100% completed 100% satisfied	92%
Measure of Effectiveness								
IPOS Goals Measure the progress of staff assisting the persons served with goals as outlined in each person’s IPOS (Individual Plan of Service)	Percentage of goals data sheets with documentation indicating that home staff assisted the person served with their IPOS goals	All persons served in Residential	Monthly	Data records maintained in group homes	Residential Managers, Director of Residential Services	99% documentation indicating that staff assisted the persons served with IPOS goals	100% documentation indicating that staff assisted the persons served with IPOS goals	98%

Residential Services: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Effectiveness								
Family Contact Maximize the percentage of persons served who wish to maintain contact with family and friends and assist as needed	Percentage of completed activities that were chosen, e.g. sending cards, phone calls & visits	All persons served	Monthly, Quarterly, Annually	Data records maintained in group homes	Residential Managers, Director of Residential Services	98% achievement in assisting the persons served with sending cards or letters to their friends and family, phone calls and visits	100% achievement in assisting the persons served with sending cards or letters to their friends and family, phone calls and visits	99%
Measure of Efficiency								
IPOS In-services Minimize the amount of time it takes to have all home staff to be in-serviced on each person's Individual Plan of Service (IPOS) goals.	Track the length of time it takes until all home staff have completed training in each person's IPOS	All persons served	As Occurs (minimum of 1 per person)	IPOS In-service signature sheets	Residential Managers, Director of Residential Services	100% of home staff training was completed within 14 days of initial IPOS in-service	100% of home staff training completed within 14 days of initial IPOS in-service	100%

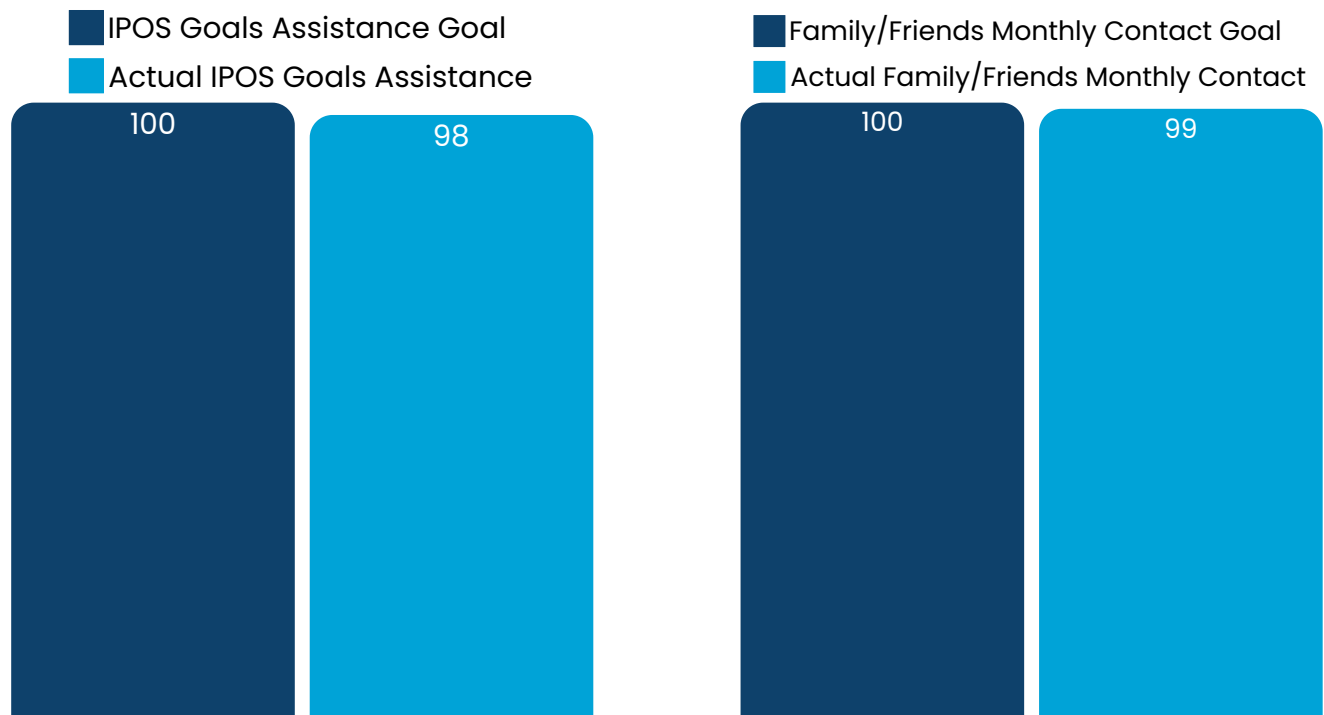
Residential Services: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Efficiency								
Medication Administration Records (MAR) Charting Errors Maximize staff efficiency in consistently documenting o each person’s MAR when administering medications	Decrease the number of MAR charting errors by 10% from prior year	All homes	Monthly	MARs	Residential Managers, Director of Residential Services	99.48% accuracy in charting in MARs	At least a 10% decrease from prior year in the number of MAR charting errors	99.61% accuracy (goal met)
Resident Meetings Gather information: satisfaction, ideas for improvement, conduct safety and rights trainings	Maximize the satisfaction with services provided	All homes	Quarterly	Resident Meeting Notes	Residential Managers, Director of Residential Services	New Goal for 2024	100% compliance in holding resident meetings at least quarterly	100%

Residential Services: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Service Access								
Minimize the amount of time from program acceptance to program start date	Number of days between the date of program acceptance and start of service	All new program participants	Annually	Service Access Tracking Log	Residential Managers, Director of Residential Services	There were no new residents admitted during this reporting period.	100% of service start dates are within seven days of program acceptance	100%
Safety								
Employees will be viewed wearing the defined level of appropriate safety setup for their position and all PPE is worn properly	Percentage of times of the twice a month review	All employees	Monthly	Supervisor Review/ Fidelity Checks	Program Manager or Supervisor	100% of staff followed covid safety protocol, safety goal adjusted for 2024	Employees will follow safety protocols of behavior plans for individuals by wearing appropriate safety gear, as observed 2 times monthly, goal of 90% follow rate	98%

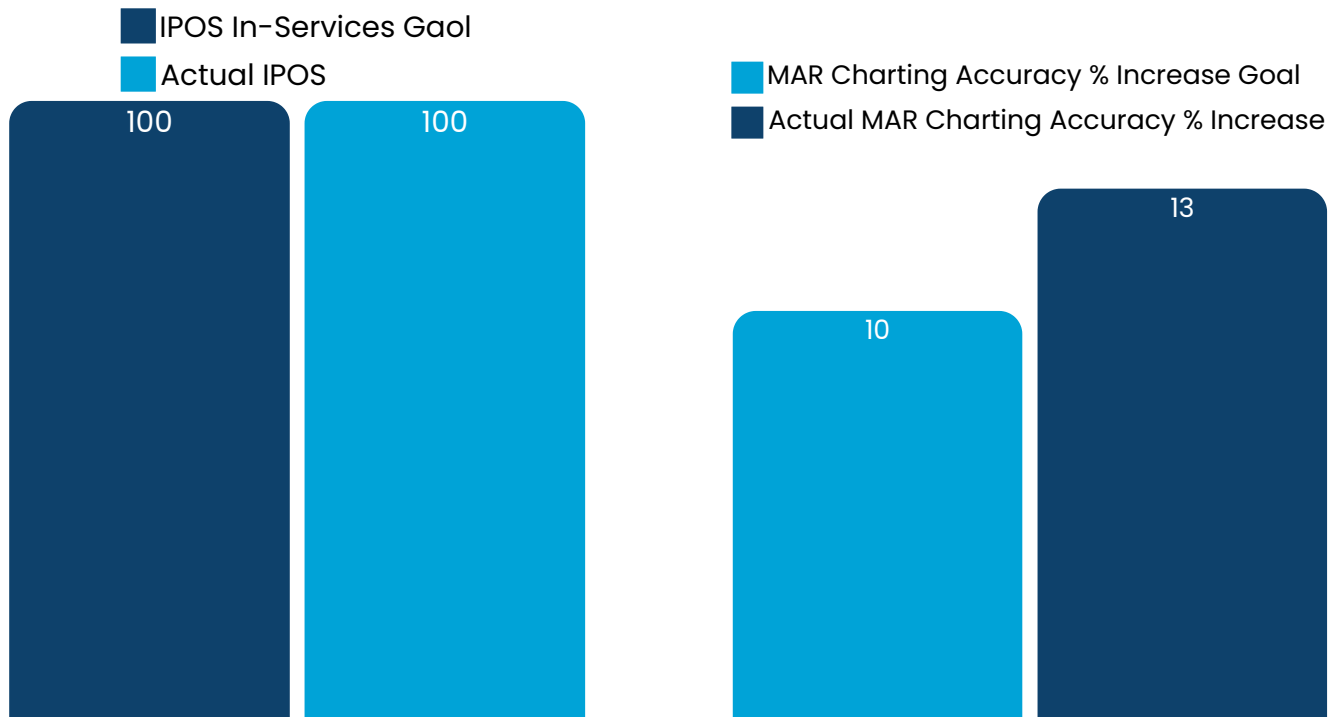
Residential Services: Measures of Satisfaction



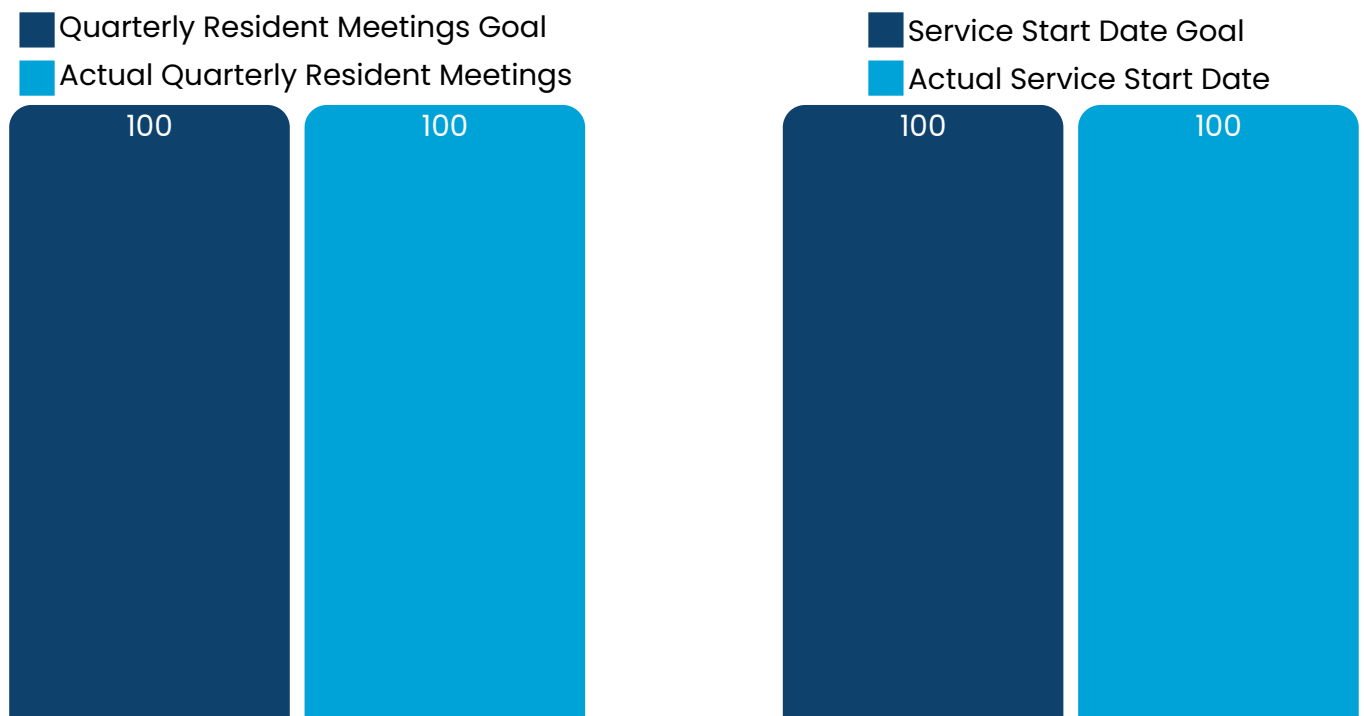
Residential Services: Measures of Effectiveness



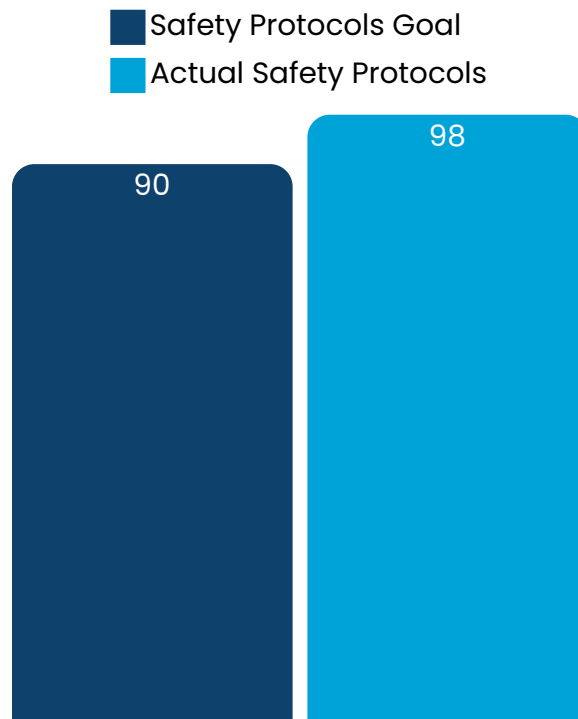
Residential Services: Measures of Efficiency



Residential Services: Measures of Efficiency & Service Access



Residential Services: Measures of Safety



SENIOR ENRICHMENT



SENIOR ENRICHMENT

The Senior Enrichment Program is funded by the Muskegon County Senior Millage and is designed to provide engaging, community-based events for individuals aged 60 and older who reside in Muskegon County. The program is divided into two service areas:

1. **Eastern Muskegon County** – Hosting 15 events, this area serves residents in Ravenna, Bailey, Conklin, Coopersville, and Hudsonville.
2. **Northern Muskegon County** – With 10 events, this area includes Muskegon, Norton Shores, Muskegon Heights, Fruitport, Nunica, North Muskegon, Montague, Whitehall, Holton, and Twin Lake.



This year, the program experienced significant growth, serving 115 participants compared to 96 the previous year—an impressive 20% increase. This growth demonstrates the program's increasing impact and the value it provides to Muskegon County seniors, offering opportunities for connection, enrichment, and community involvement.

Event Numbers

Eastern: 15 events, 299 participant count
Northern: 10 events, 205 participant count
Participant Count Total: 115 (individual services provided, participant count unduplicated)

The Senior Enrichment program proudly supported the following businesses and organizations this fiscal year:

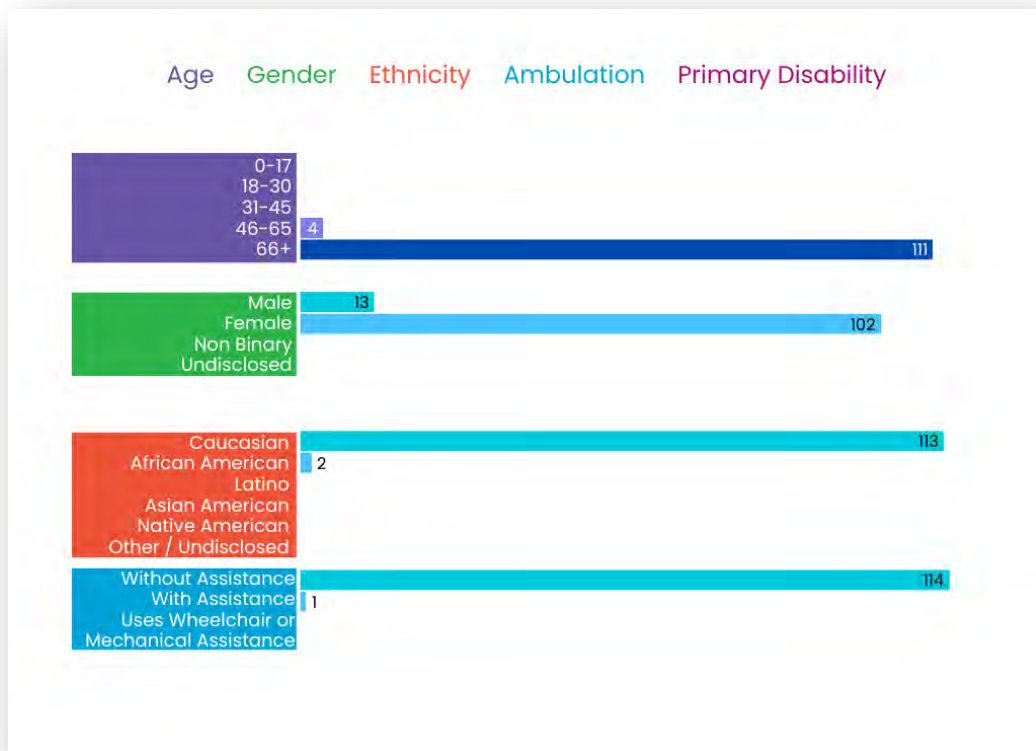
Art Creation Station
Bat N Club
Beachwood Park
Bob Evan's
Buffalo Wild Wings
Firehouse Subs
Frauenthal
KFC
Lake Harbor United Methodist Church
Lakeshore Museum Center
McGraft Park Concert Series

Northway Lanes
Panera
Pioneer Trails
Qdoba
Red Lobster
Schoeborn's Farm
Senior Marketing Group – Muskegon
Senior Resources
Steak N Egger
U.S.S. Silversides

Senior Enrichment participants reported 98% satisfaction with the services they receive.
100% would recommend the program to others

- “You are doing a great job!”
- “I have enjoyed everything I have participated in”
- “You do a good job, I’m very happy with the program”
- “I have enjoyed all, we have a good variety”
- “Really enjoy all events”
- “Really enjoy these outings, helps couples to get out and single people also”
- “Very good program to keep people involved and not being alone”
- “Thank you for having this program”
- “All the workers are kind and helpful”
- “You have done a great job”

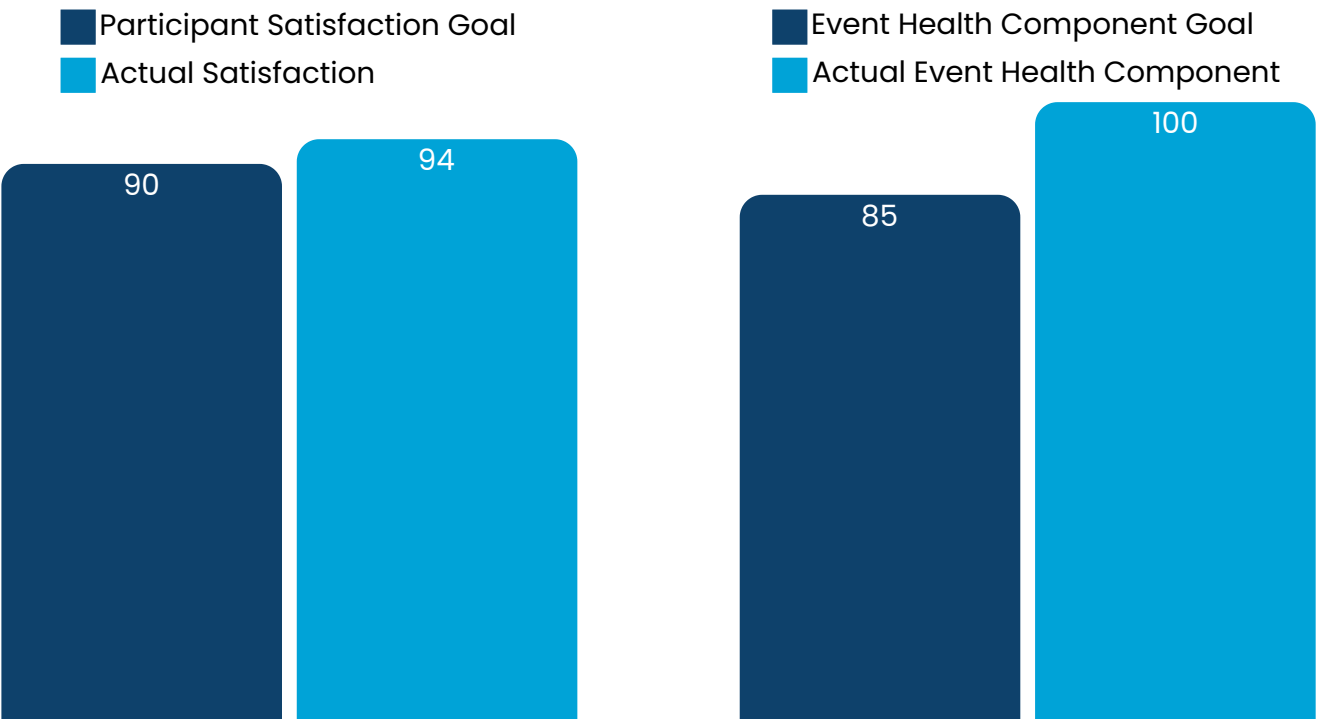
115 Seniors Served in Senior Enrichment & Their Characteristics:



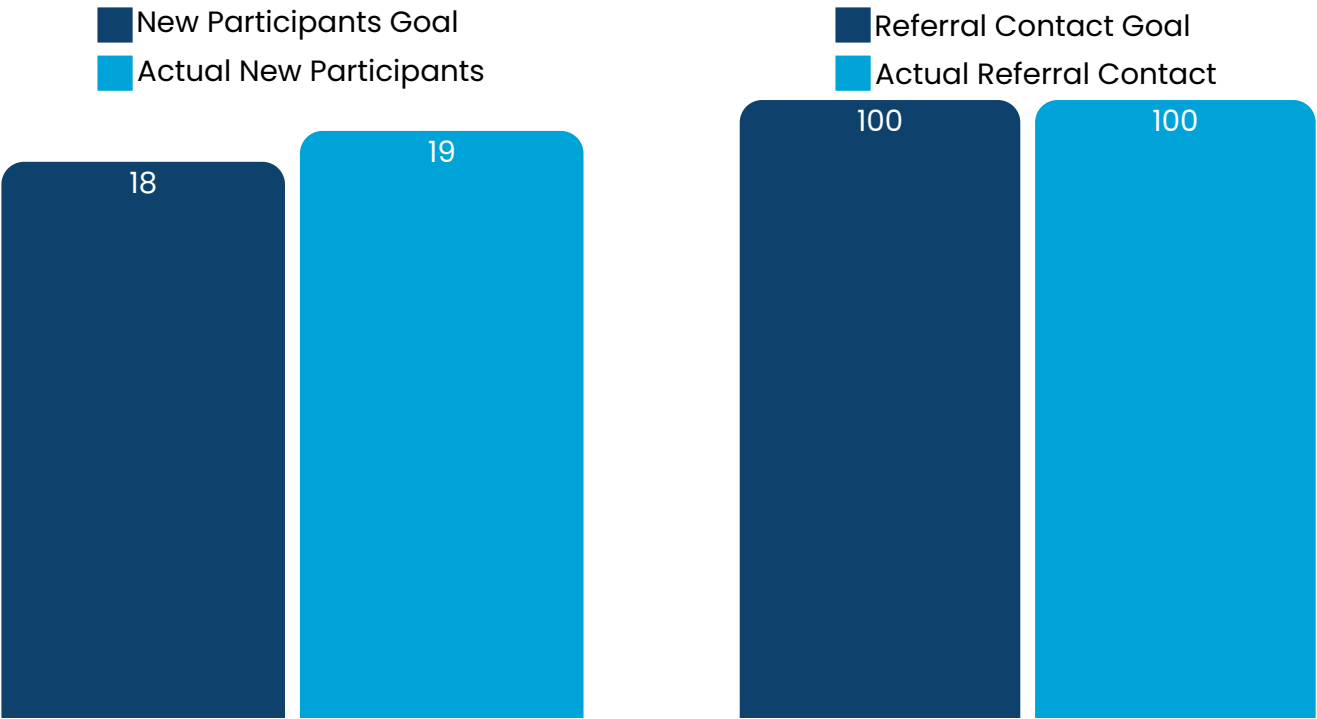
SENIOR ENRICHMENT: 2024 Results as compared to 2023 results							
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Outcome
Measure of Satisfaction							
Survey - Maximize satisfaction with services provided by Senior Programs	Percentage of participants that express satisfaction with planned events	All Program Participants	Fiscal Year	Survey	Program Services Manager	100%	94%
Measure of Effectiveness							
Type of Event Offered – ensure that the programs that are offered are of benefit to participants physically, emotionally and or mentally	Percentage of events that provide a health component	All Active Program Participants	Monthly	Event Calendar	Program Services Manager	100%	100%
						85% of senior events will provide a physical, mental or emotional health component such as a healthy meal, exercise and/or education regarding health	

SENIOR ENRICHMENT: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Efficiency								
Marketing – updating brochures, increasing Facebook presence, and attending community engagement opportunities	Number of individuals newly enrolled	All Recreation Staff	Fiscal Year	Intake Forms/Sign in Sheets	Program Services Manager	52 new participants	Increase the number of individuals enrolled in senior enrichment by 18 at the end of the fiscal year.	19 new participants
Measure of Service Access								
Referral Response Time - To ensure best service delivery and professional response time	Number of days	All new referrals for services	Cost of program and event expenses	All Recreation Staff	Cost of program and event expenses	100%	100% of all participants will be provided service information in less than seven working days after application	100%

Senior Enrichment: Measure of Satisfaction & Effectiveness



Senior Enrichment: Measures of Efficiency & Service Access



SKILL BUILDING



SKILL BUILDING

The Skill Building program, aimed at enhancing participants' abilities and skill sets, achieved notable success this year, with 16 individuals showing significant improvements in their competencies. While there was a slight decline in overall participation compared to the previous year's 18 enrolled participants, the program's impact remained robust. Participants are not only developing valuable skills but also gaining practical experience that will empower them to pursue both paid and volunteer opportunities within the community. This continued progress underscores the program's effectiveness in fostering personal and professional growth among its participants.

Skill Building participants, stakeholders, and family members reported 93% satisfaction with the services received.

Skill Building participants had the following response to the services they receive:

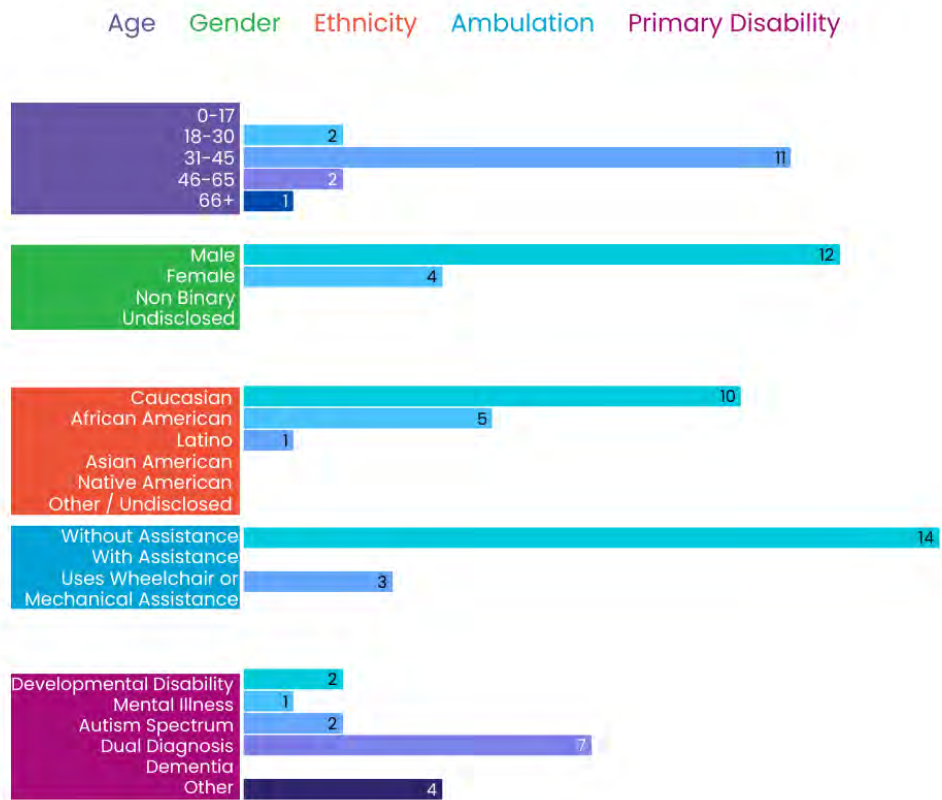
- "Math, reading, and writing"
- "I enjoy coming to Skill Building"
- "I enjoy everything"
- "I like the outings, taking walks as a group"
- "Friends and engaging with others"

Stakeholders and family members had the following response to the services their person served was receiving:

- "The one on one time and group participation"
- "Interaction with community"
- "Transportation and flexibility"
- "Helpful staff"
- "The staff who interact with participant are kind and friendly"
- "My ward is very happy with the program"
- "This program gives my son the change to participate with friends, volunteer, and learn. I feel it makes him feel good to be a helper; he's also helping around the house nicely."



16 Participants Served in Skill Building & Their Characteristics:



Skill Building Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Survey – Maximize satisfaction with services provided by program	Survey	Program Participants	Yearly	Survey	Program Services Manager	95%	100% satisfaction of services by the Skill Building program expressed by families returning surveys	84%
Survey – Maximize satisfaction with services provided by program	Survey	Clinicians	Yearly	Survey	Program Services Manager	95%	100% satisfaction of services by the Skill Building program expressed by clinicians returning surveys.	100%
Measure of Effectiveness								
To ensure that program staff are invited to PCP meetings to provide meaningful feedback for participants	Percentage of meetings invited to and attended	Program Coordinator & Supervisor	Monthly	PCP – auth tracking, PCP letters	Program Services Manager	100%	Staff will attend 100% of PCP meetings providing family communication one month in advanced and encouraging in person meetings.	100%

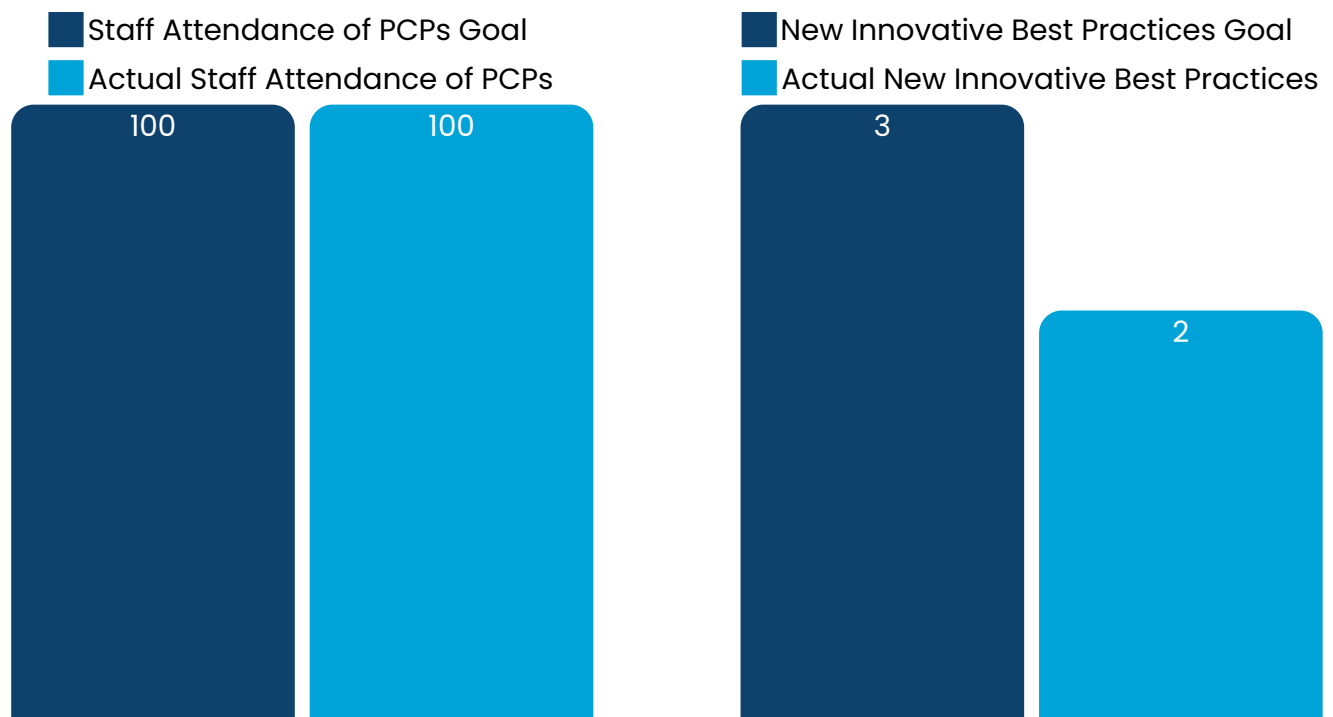
Skill Building Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Effectiveness								
Providing new, innovative best practices to expand our vision of being a premier provider and setting apart from other agencies	Number of new innovative best practices implemented	Program Services Manager	9 months	Implementation	Program Services Manager	New goal for 2024	Three new innovative, best practices will be introduced into the program that improve the quality of life of persons served	66% of goal. 2 new practices whereas goal was 3
Community Integration – ensure that individuals are receiving all of services in community settings	Percentage of documentation of goals each month	All program staff	Monthly	Documentation of services	Program Services Manager	100%	100% of documentation indicating persons served received all services in a community setting	100%
Measure of Efficiency								
To ensure that documentation is completed each day and submitted into Therap	Percentage of accurate documentation each month	All program staff	Monthly	Documentation of services	Program Services Manager	100%	100% of staff documentation is entered into Therap and accurate on service logs to ensure that all claims are filed.	100%

Skill Building Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Service Access								
Referral Response Time - To ensure best service delivery and professional response time	Percentage of how many people who were referred were contacted within 5 business days	Program Supervisor & Manager	Monthly	Referral Tracking	Program Services Manager	100%	100% of persons referred will have family contact within 5 business days.	100%
Referral Response Time - To ensure best service delivery and professional response time	Percentage of persons served that had no wait time	Program Supervisor & Manager	Monthly	Referral Tracking	Program Services Manager	100%	100% of persons authorized will have no wait time to receive services once admission process is complete.	100%

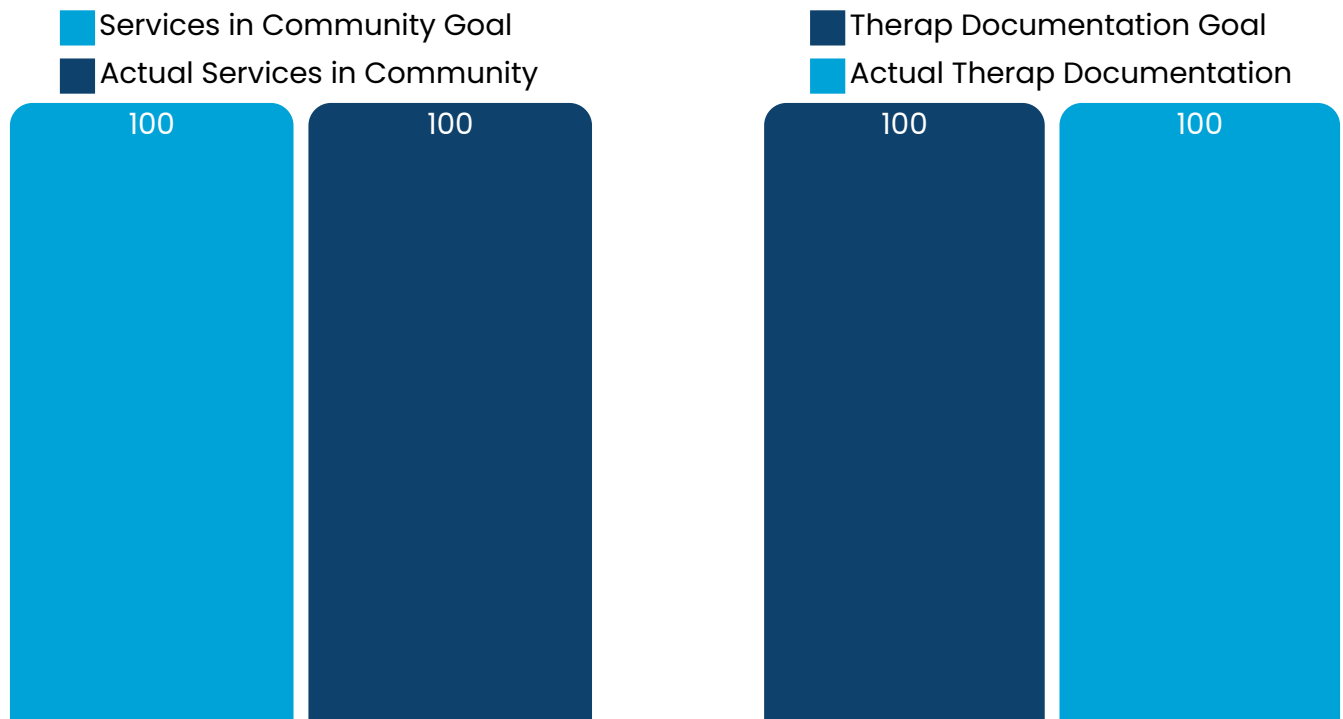
Skill Building: Measures of Satisfaction



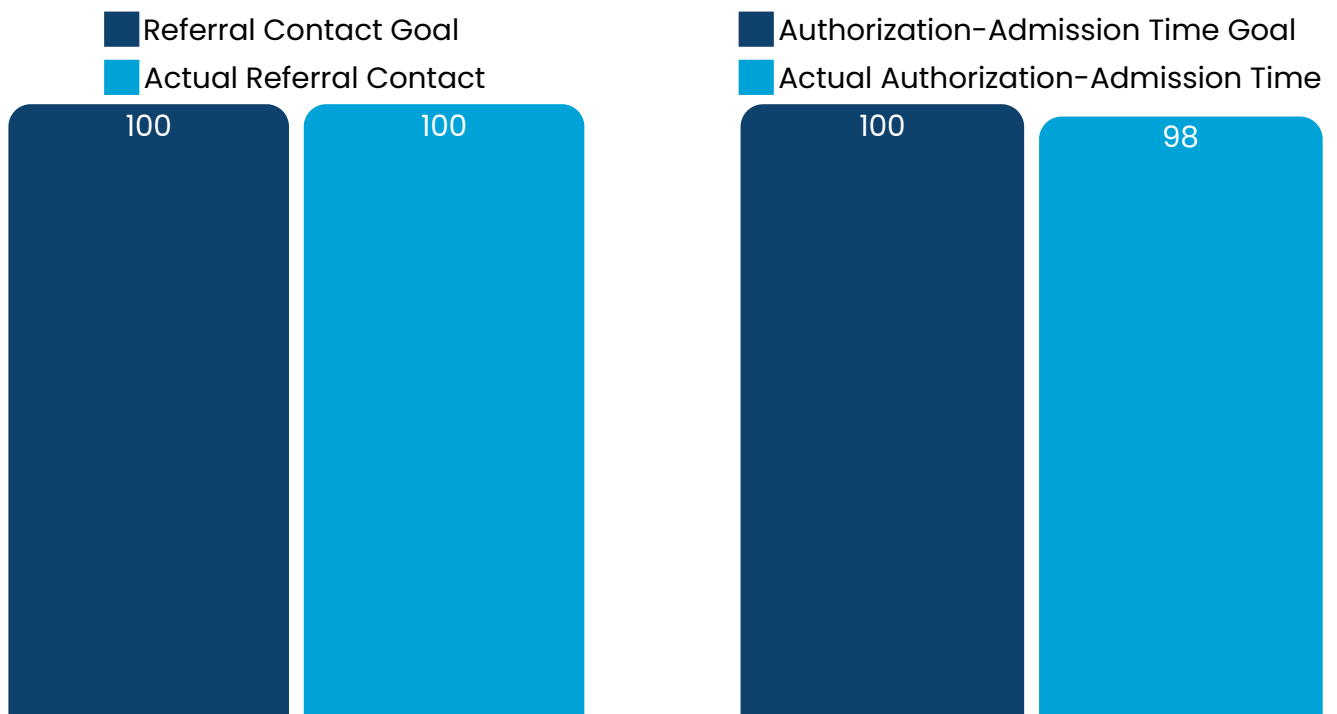
Skill Building: Measures of Effectiveness



Skill Building: Measures of Effectiveness and Efficiency



Skill Building: Measures of Service Access



SUPPORTED INDEPENDENT LIVING



SUPPORTED INDEPENDENT LIVING (SIL)

Currently the SIL homes our offering support to 8 individuals. The SIL program highlights focusing on addressing unique needs and personalized care. Our unwavering commitment to fostering independence through tailored support remains central to our mission, ensuring each individual receives the guidance they need to thrive in their own way.

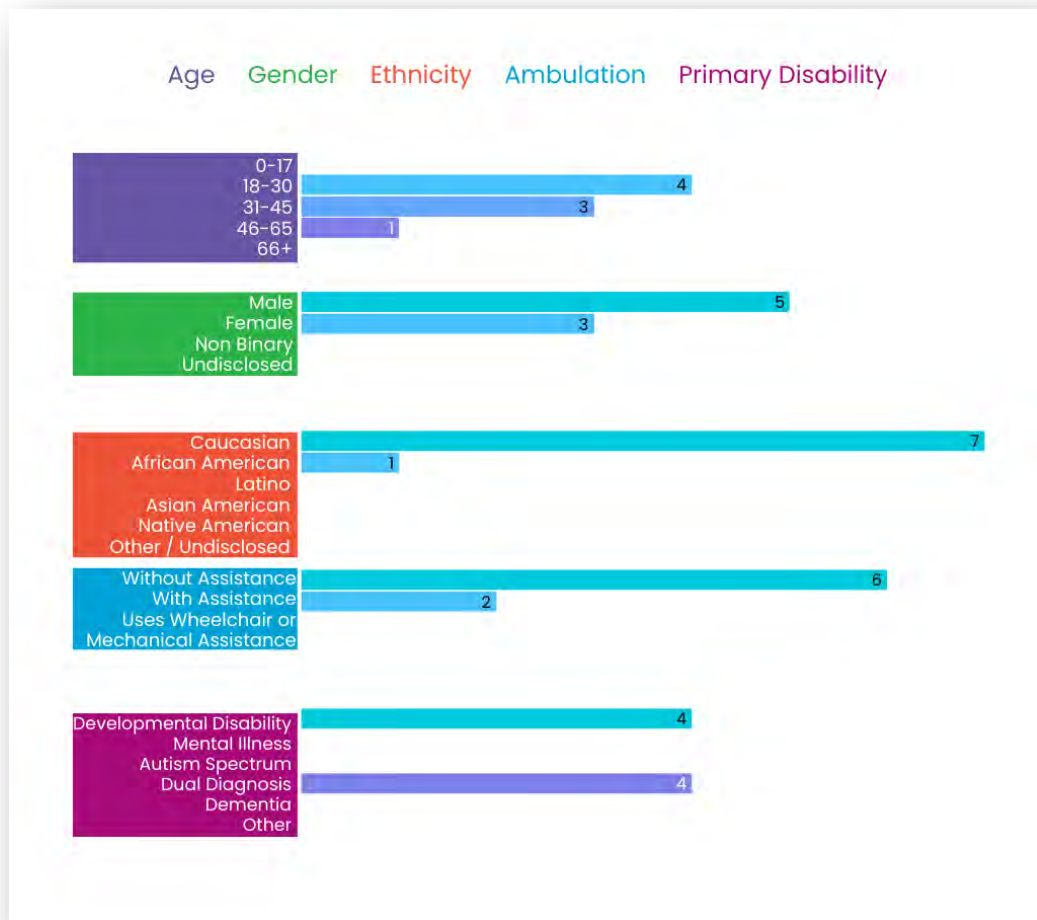
SIL participants reported 99% satisfaction with services received inside the homes and in their community.

These were some of the resident comments:

- The house is nice
- Helpful staff and they care about me
- Staff are very understanding and helpful
- Staff are nice and they help us cook meals
- Staff are good
- Staff care about me
- Staff are always free if I need to talk about anything
- Staff are helpful



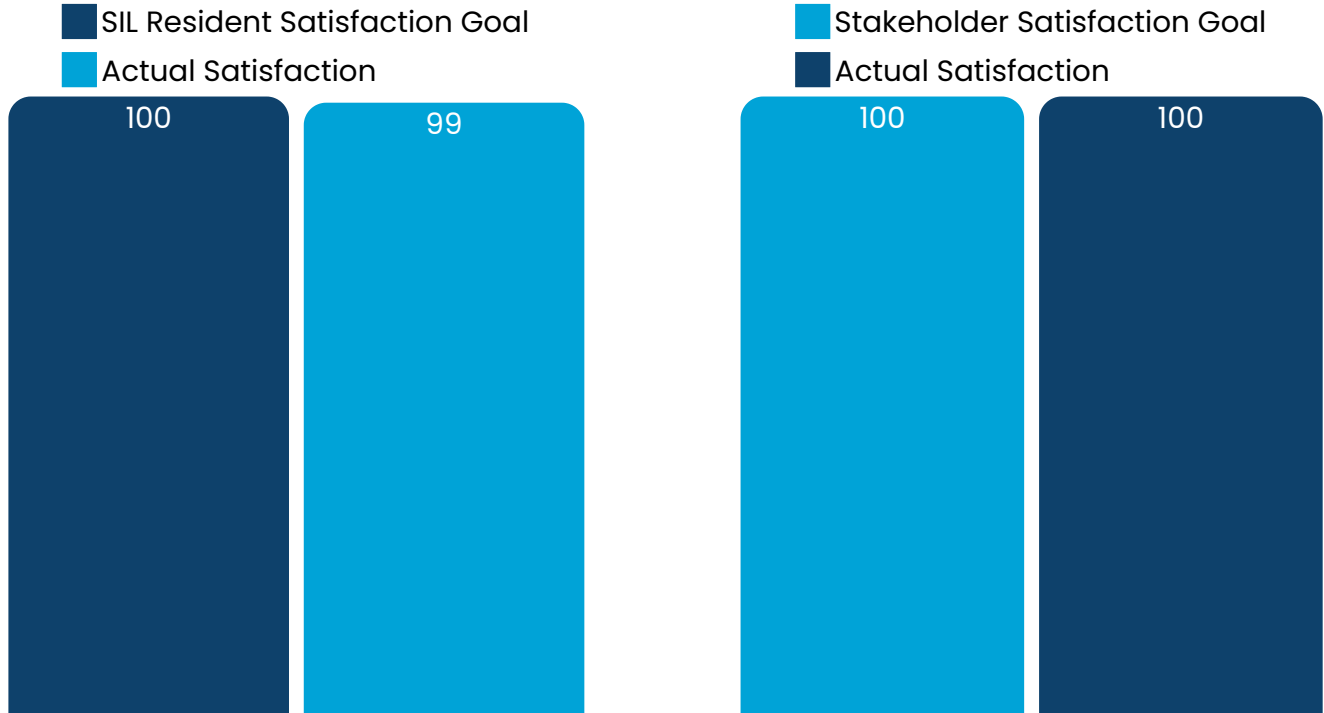
8 Residents Served in Supported Independent Living:



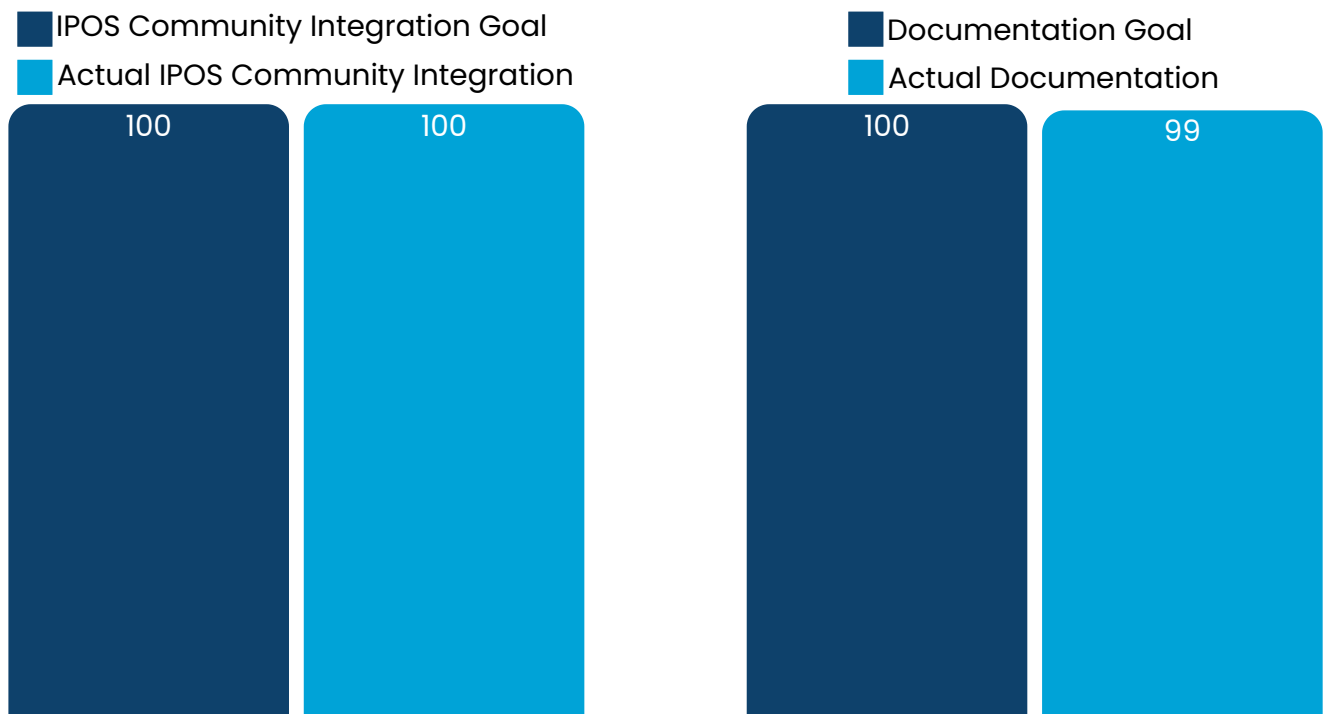
Support Independent Living Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Satisfaction								
Survey – Maximize satisfaction with services provided by program	Survey	SIL Residents	Yearly	Survey	SIL Manager	100%	100% satisfaction of services by the Support Independent Living program expressed by families returning surveys	99%
Survey – Maximize satisfaction with services provided by program	Survey	Clinicians	Yearly	Survey	SIL Manager	100%	100% satisfaction of services by the Support Independent Living program expressed by clinicians returning surveys.	100%
Measure of Effectiveness								
Community Integration – ensure that individuals are receiving some or all of services in community settings	Percentage of documentation of goals each month	All program staff	Monthly	Documentation of services	SIL Manager	92%	100% of documentation indicating that staff assisted persons with goals defined by their IPOS	100%

Support Independent Living Program: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Efficiency								
Staff documentation is accurate on service logs to ensure that all claims are filed	Percentage of accurate documentation each month	All program staff	Monthly	Documentation of services	SIL Manager	96%	100% of staff documentation is entered into Therap and accurate on service logs to ensure that all claims are filed.	99%
Service Access								
Residents Decisions for services as defined by IPOS	Percentage of how many people who were referred were contacted within 5 business days	All program staff	Monthly	Documentation of services	SIL Manager	95%	Residents will be able to define the days/times they receive services at the level defined in their IPOS.	100%

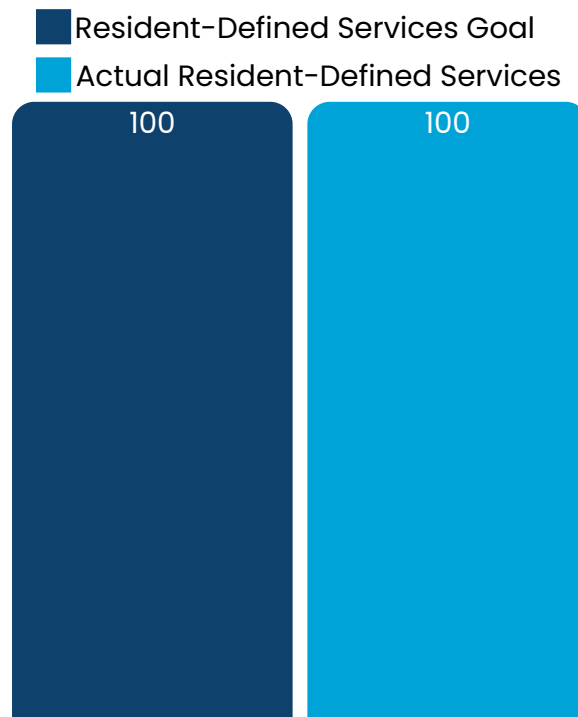
SIL: Measures of Satisfaction



SIL: Measures of Effectiveness & Efficiency



SIL: Measures of Service Access



TRANSPORTATION SERVICES



TRANSPORTATION SERVICES

The Pioneer Resources Transportation Services is integral to supporting accessible transportation in Muskegon and Ottawa Counties. Pioneer Resources provided 126,848 rides in FY 24 and drove 725,331 miles. We have grown our services and include transportation to work and on demand transportation to seniors. We have wonderful drivers provide supportive, safe transportation to individuals with some significant barriers to public transportation general transportation.

MEASURES OF EFFECTIVENESS

Our goal of effectiveness of is measured both by the number of vehicle accidents and driver training compliance. Our goal for accidents was no more than 1.5 accidents per month and our final results showed that we averaged less than one accident (0.83) per month. Our goal for training compliance was to ensure that all staff maintain a 100% completion of all required trainings. We met that goal.

MEASURE OF EFFICIENCY

Our goal for efficiency was to have 10 out of 12 months actuals not exceeding the amount budgeted for overtime hours. The Transportation department had 10 out of 12 months in which the revenue exceeded the expenses.

MEASURE OF SERVICE ACCESS

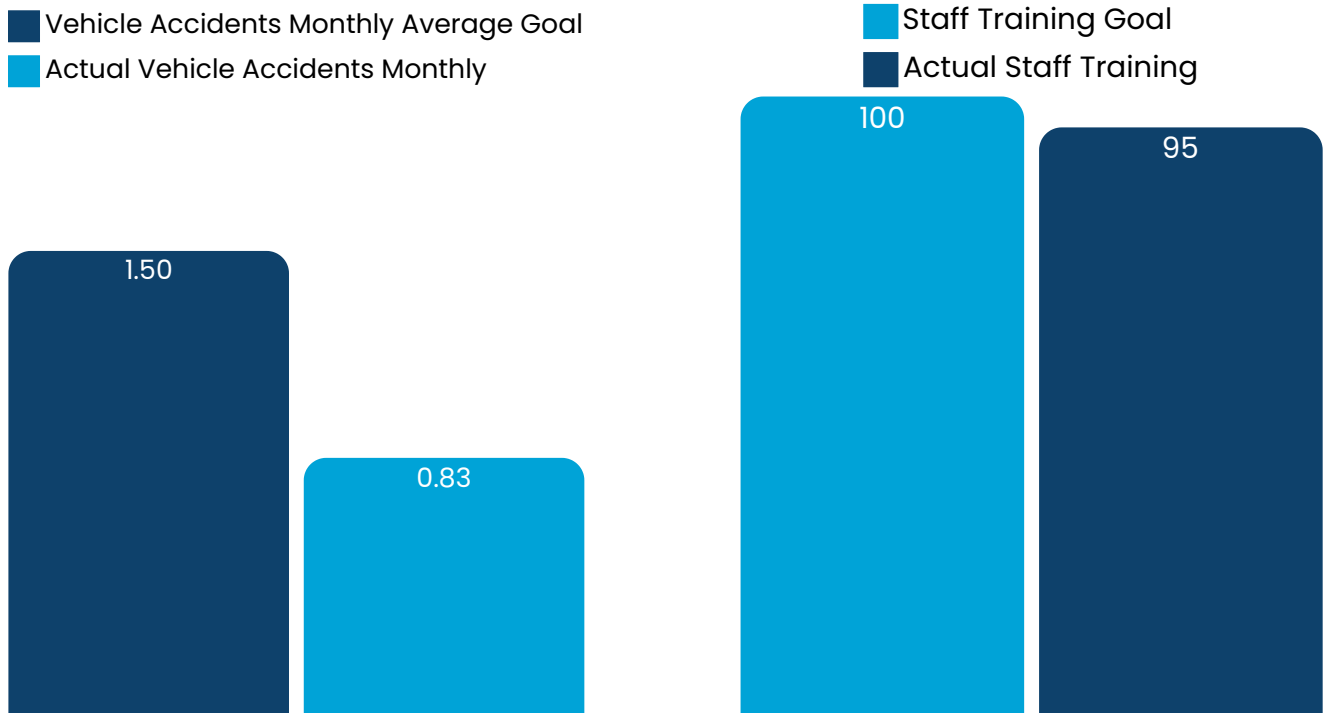
Our goal for service access was for 100% of service start dates to be within seven days from the referral date. We met that goal!

873 riders were served by our transportation department. Characteristics of riders are tracked by our contracted partners.

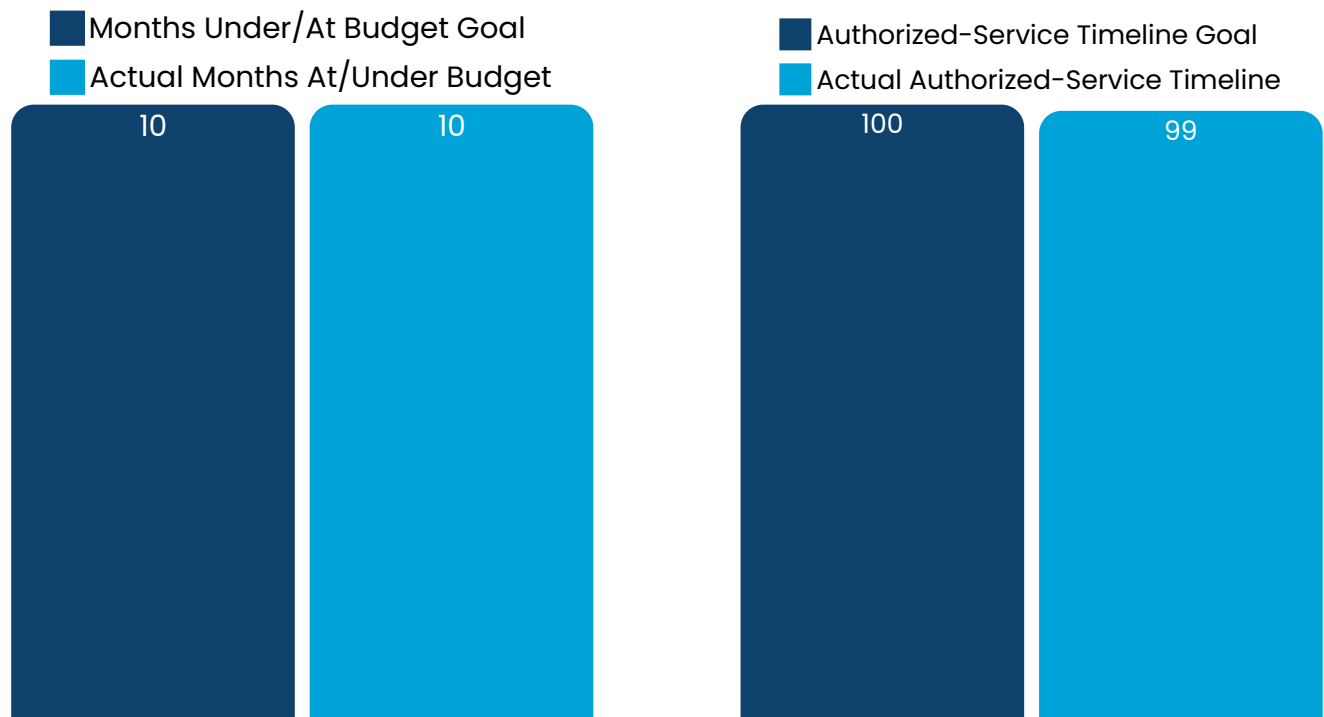


Transportation: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Effectiveness								
Keep Vehicle Accidents at a Minimum to maintain safe transportation	Reduction in the number of accidents from previous year	All Transportation vehicles	Monthly	Accident Reports	Director of Business	Average of 1 accident per month	Limit the number of vehicle accidents to 1.5 per month	Average of 0.83 vehicle accidents a month
To ensure safe services	Number of trainings completed versus number of required trainings	All Transportation Staff	Annually	Staff training records	Director of Business	92%	100% staff completion of required training	95%
Measure of Efficiency								
Reduce expenses in department spending	Budget vs actuals	Transportation Department	Monthly	Financial Statements	Director of Business	9 out of 12 months did not exceed budget	10 out of 12 months actuals do not exceed the budgeted 2023-2024 amount of expenses outside of wages	Met Goal, 10 out of 12 months under budget
Service Access								
100% of services start within seven days of referral or authorization	Percentage of passengers that receive service within 7 days	Trans Dept	Monthly	RM	Transportation Director or Designee	100%	100% of service start dates within seven days of referral or authorization	100%

Transportation: Measures of Effectiveness



Transportation: Measures of Efficiency & Service Access



VOCATIONAL SERVICES



VOCATIONAL TRAINING

In 2024, the program experienced more referrals, with 71 individuals referred compared to 68 in the previous year. Despite this referral growth, the program faced a slight decrease in placements, with 23 participants securing competitive, integrated employment, compared to 28 in 2023. While the referral increase did not directly translate to a proportional rise in placements, the program remained committed to achieving its core mission—equipping individuals with the skills and support necessary for long-term success in the workforce.

One of the standout achievements this year was the remarkable growth of the Supported Employment Program, which saw a 45% increase in participation—from 11 participants at the end of 2023 to 16 in 2024. This growth underscores the program's ability to help individuals retain employment by applying the valuable skills and training they acquired at Pioneer. The program's emphasis on skill reinforcement and continued support has proven instrumental in fostering job retention and career advancement for participants.

Additionally, the Job Readiness course delivered outstanding results, with 11 out of 12 participants completing the program. This exceptional graduation rate highlights the program's effectiveness in preparing individuals for the demands of the modern workforce, offering them the tools, confidence, and knowledge needed to succeed. The sustained achievements in employment outcomes and the growth of program offerings reflect the continued commitment to empowering individuals, overcoming barriers, and fostering meaningful employment opportunities.

Vocational Training participants, stakeholders, family members, and Healthwest clinicians reported 100% satisfaction with the services received.



Vocational Training Participants reported:

- “Am very happy with Pioneer Resources and the job coaching services they provide”
- “Showing me how to do things and staying patient with me”
- “I liked my job coach and how I felt supported, respected, and encouraged”
- “Good people to talk too!”
- “They provide very good training”
- “I like Tim when he helped me out and he is a nice person”.

Stakeholders and family members had these responses to the services their loved one was receiving:

- “Receiving notes of what was worked on with my son each session”
- “Meeting my son where he’s at and building upon his strengths as well as weak areas”

PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)

Pre-Employment Transition Services (Pre-ETS) are provided in partnership with local educational agencies and community organizations. These services, authorized by Michigan Rehabilitation Services (MRS) or the Bureau of Services for Blind Persons (BSBP), serve as an early step in career exploration, helping students identify potential career paths to further explore through additional vocational rehabilitation (VR) services.

This year, the Pre-Employment Transition Services (Pre-ETS) program experienced substantial growth, serving 266 students compared to 140 the previous year—an outstanding 90% increase. This growth reflects the program's expanding reputation and effectiveness in meeting the needs of students preparing for the workforce.



The significant rise in participation demonstrates a growing demand for Pre-ETS services and highlights the program's success in building partnerships with schools, families, and community organizations. By providing tailored workshops, hands-on learning experiences, and career exploration opportunities, Pre-ETS continues to empower students with the skills and confidence needed to transition successfully into employment or further education. This increase also underscores the commitment to inclusivity and outreach, ensuring that more students, regardless of barriers, have access to vital resources for their future success.

The Pre-ets program supported students at the following schools this fiscal year:

- | | |
|------------------------------|-----------------------------|
| • Craig Transition Center | • Newaygo High School/EAC |
| • Fruitport High School/MOCI | • North Muskegon |
| • Grand Haven High School | • Oakridge High School |
| • Holton High School | • Orchard View High School |
| • Hudsonville YAS | • Orchard View Adult Ed |
| • Jenison High School | • Pentwater High School |
| • Mona Shore High School | • Reeths-Puffer High School |
| • Montague High School | • White Cloud High School |
| • Muskegon High School | • Whitehall High School |

Businesses that hosted students from our summer work experience program include:

- Weesies's Greenhouse
- Every Woman's Place
- Barry's Greenhouse
- Pound Buddies
- Pioneer Resources'
Transportation
- Pita Place

71 Participants Served in Vocational Services & Their Characteristics:



VOCATIONAL SERVICES: 2024 Results as compared to 2023 results							
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal
Measure of Satisfaction							
Survey - Maximize satisfaction with services provided by Vocational Department	Percentage of participants and families that express satisfaction with Vocational Training	All Program Participants and family members	Fiscal Year	Survey	Job Development Supervisor	98%	100% satisfaction in services provided in Vocational Training from families and participants.
Survey - Maximize satisfaction with services provided by Vocational Department	Percentage of Case Managers and Counselors that express satisfaction with Vocational Training	All Case managers and Counselors	Fiscal Year	Survey	Job Development Supervisor	98%	100% satisfaction in Vocational Training services from Case Managers and Counselors.
Measure of Effectiveness							
Maximize effectiveness of services provided by providing target support, training, and employer engagement.	Number of placements per month	Individuals authorized for job placement services	Monthly	Services tracking	Job Development Supervisor	NA – New goal for 2024	People authorized for job placement will obtain employment within 90 days.
							46%

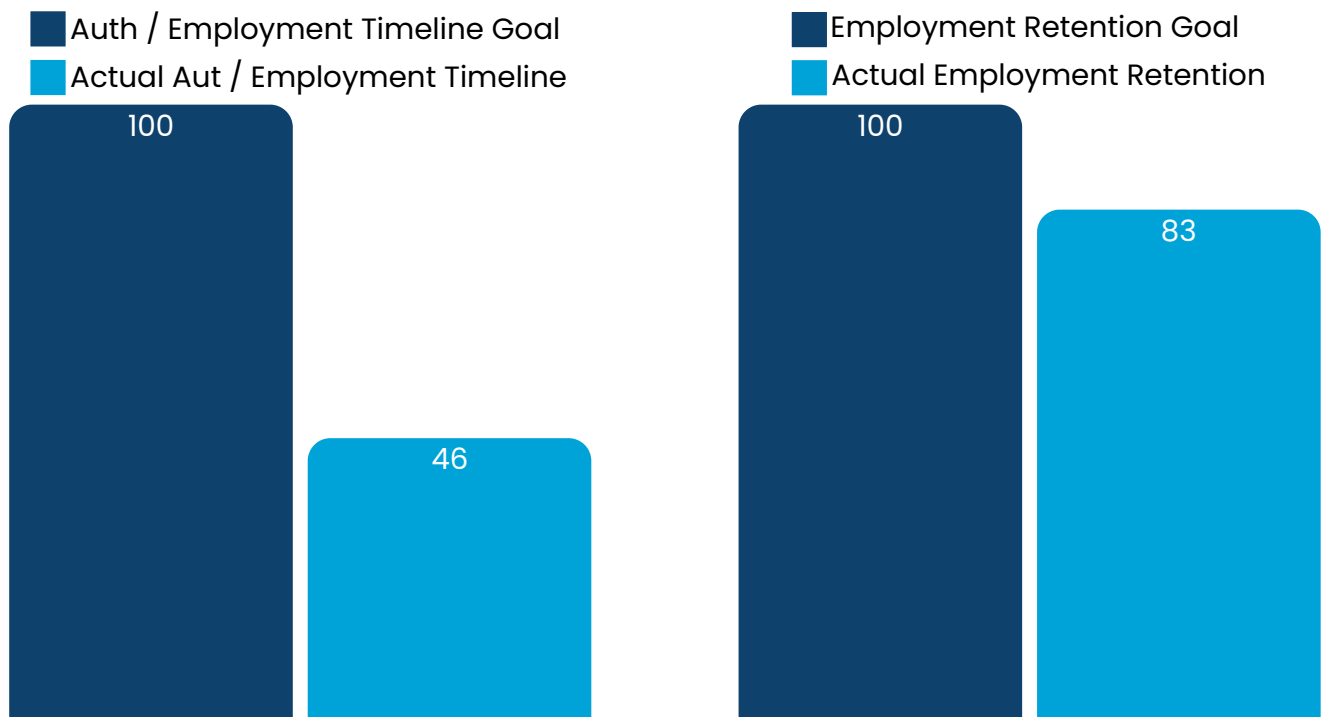
VOCATIONAL SERVICES: 2024 Results as compared to 2023 results								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome
Measure of Effectiveness								
Track the number of participants in Placement Follow-Up who complete 90 days of Competitive Integrated Employment, reported monthly.	Number of individuals per month	Individuals authorized for placement follow up	Monthly	Services tracking	Job Development Supervisor	NA – New goal for 2024	People authorized for placement follow up will retain employment for 90 days.	83%
Maximize effectiveness of services provided by providing target support, training, and employer engagement.	Number of individuals employed	Individuals authorized for employment	Fiscal year	Services tracking	Job Development Supervisor	26	The number of people working in competitive employment will increase by 25% from 26.	50% (39 participants)
Measure of Efficiency								
To ensure that billing is completed accurately and in a timely manner.	Percentage of accurate data entered	All staff	Monthly	Therap	Job Development Supervisor	98%	100% of services are authorized and accurate for billing to ensure that all claims invoiced are paid for all MRS, BSBP, and HealthWest Supported Employment	99%

VOCATIONAL SERVICES: 2024 Results as compared to 2023 results									
Measure of Service Access									
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Outcome	2024 Goal	2024 Outcome	
Referral Response Time - To ensure best service delivery and professional response time	Number of Days	All new referrals for services	Monthly	Referral tracking	Job Development Supervisor	98%	Ensure that 100% of individuals authorized for services are contacted within 5 business days of receiving the referral.	99%	
Referral response time – to ensure best service delivery and professional response time	Number of days	New individuals referred	Monthly	Follow Along Template	Job Development Supervisor	99%	100% of individuals referred in Vocational Training will begin receiving services within 14 days of receiving authorization	80%	

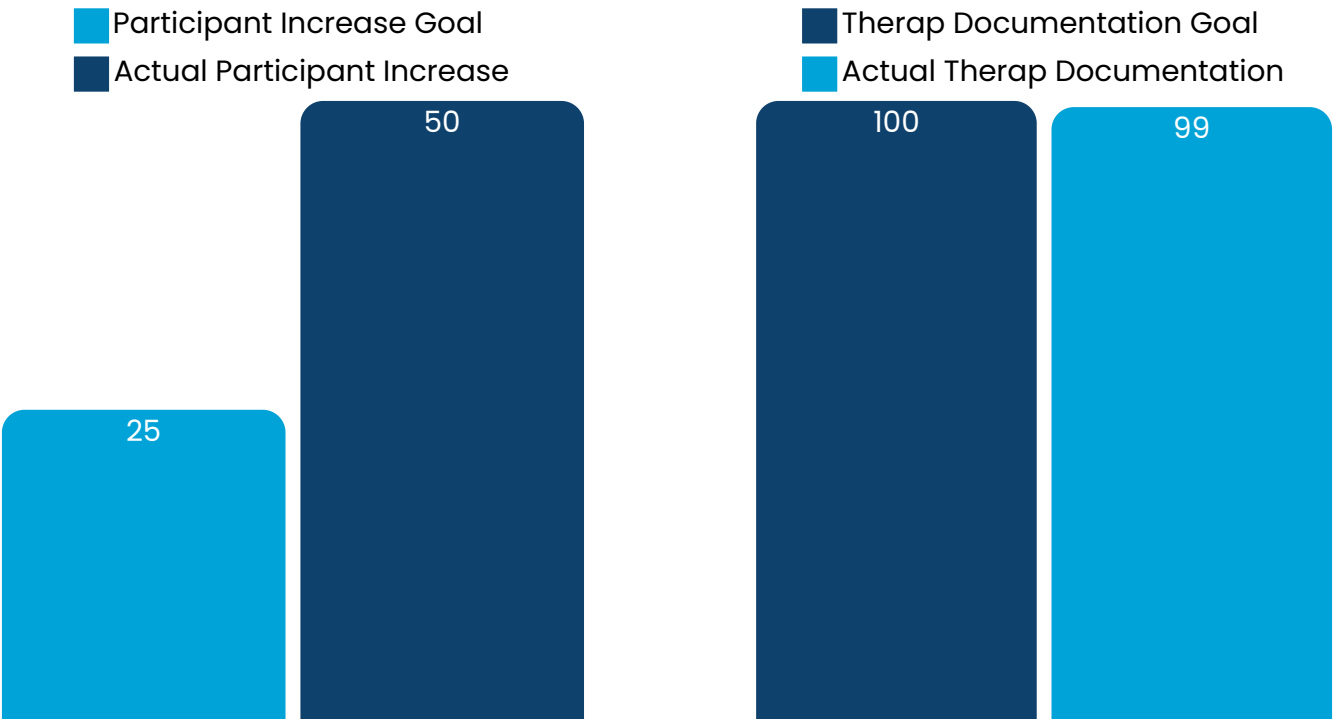
Vocational Services: Measures of Satisfaction



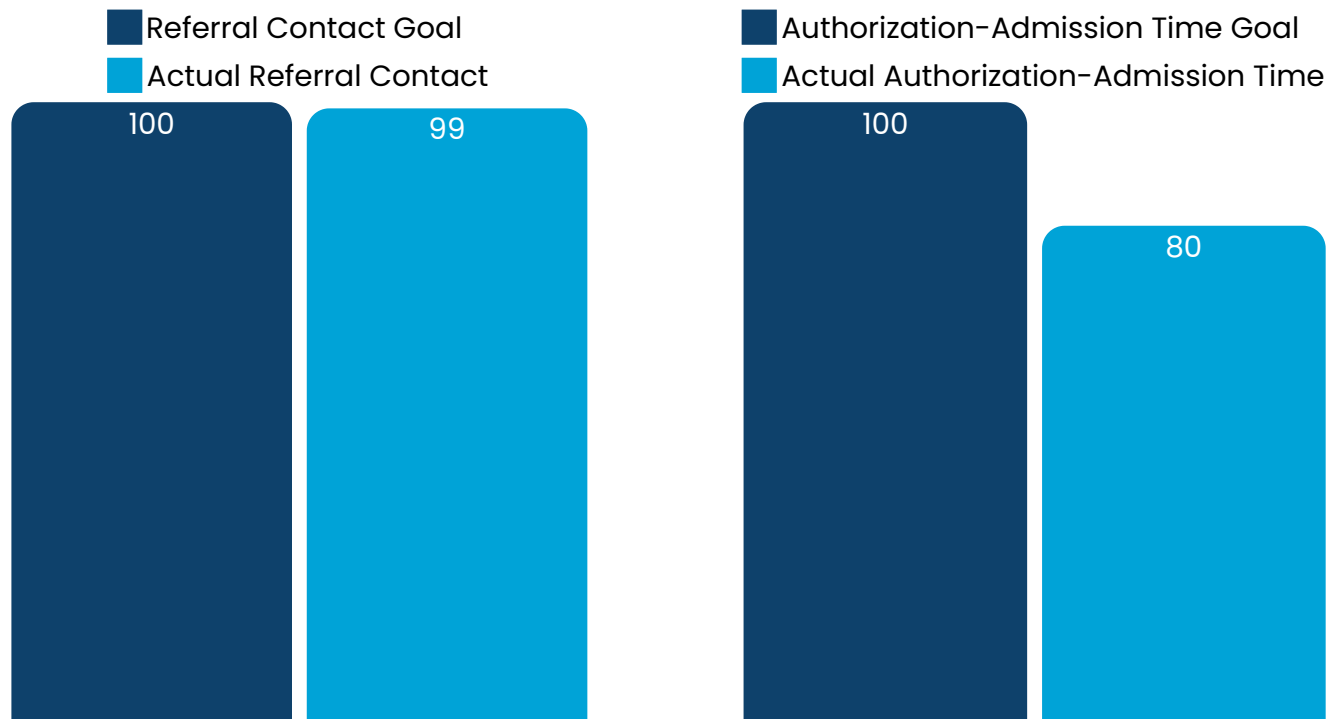
Vocational Services: Measures of Effectiveness



Vocational Services: Measures of Effectiveness & Efficiency



Vocational Services: Measures of Service Access



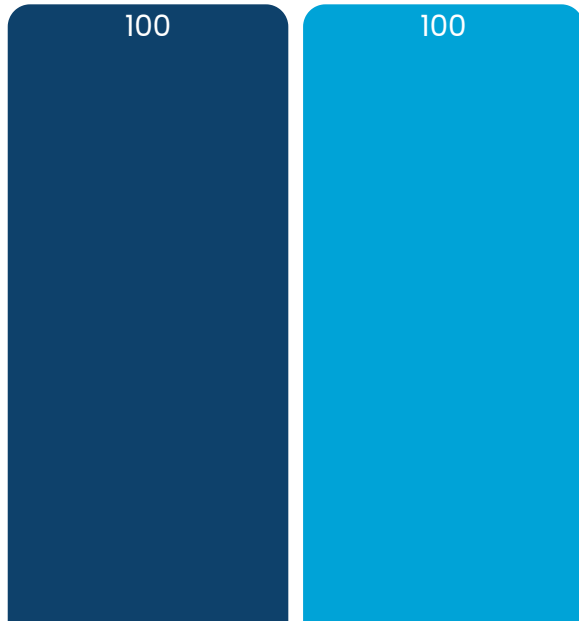
Pre-Employment Transition Services: 2024 Results*								
Measure of Satisfaction								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Stats For Comparison	2024 Goal	2024 Outcome
Survey - Maximize satisfaction with services provided by pre-ets department	Percentage of participants and teachers that express satisfaction with pre-ets	All Program Participants and teachers	Fiscal Year	Survey	Vocational Services Manager	100%	100% satisfaction in services provided in Pre ETS from students and teachers.	100%
Measures of Effectiveness								
To expand outreach and partnership efforts to engage and collaborate with new schools through relationship building and program enhancement.	Number of schools served	Program participants	Fiscal Year	Number of schools served	Vocational Services Manager	15	Increase the number of schools served by 50% by the end of the 2024 school year.	20 schools. An increase of 33%, under our goal of 50% increase
To expand outreach and partnership efforts to engage and collaborate with new schools through relationship building and program enhancement.	Number of students served	Program participants	Fiscal Year	Number of students served	Vocational Services Manager	140	Increase the number of students served by 50% by the end of the 2024 school year.	90% increase in students served (266 total)
To identify emerging needs, gather feedback from stakeholders, and expand educational opportunities by offering additional courses.	Number of program offerings	Program participants	Fiscal Year		Vocational Services Manager	4 Classes	Add one new course offering for the 2024 school year.	2 new courses offered: Setting Boundaries & Dealing with Confrontation. Exceeded Goal

Pre-Employment Transition Services: 2024 Results*								
Measures of Efficiency								
Objective	Measures	Applied To	Time of Measure	Data Source	Obtained By	2023 Stats For Comparison	2024 Goal	2024 Outcome
To ensure that billing is completed accurately and in a timely manner.	Percentage of accurate data entered	All program staff	Fiscal Year	Service tracking	Vocational Services Manager	98%	Ensure that all service notes are submitted for billing within two weeks after the class is completed	40%
To expand summer work-based learning opportunities for students by developing partnerships with local businesses and organizations	Number of worksites offered	Program participant	Summer	Service tracking	Vocational Services Manager	4	Ensure to have 6 summer work-based learning opportunities available for students, an increase from 4 in 2023.	100% (2 new sites offered totaling 6)
Measure of Service Access								
Referral Response Time - To ensure best service delivery and professional response time	Number of days attended	Program participant	Daily	Services tracking	All pre-ets staff	77%	Students will participate in offerings at 85% capacity of authorization.	84%

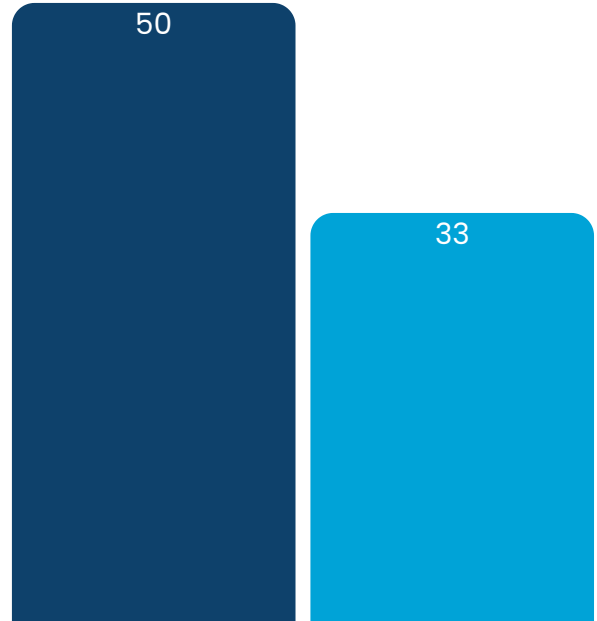
*Separate KPI tracking for Pre-ETS program (outside of Vocational Services) is new in 2024.

Pre-ETS: Measures of Satisfaction & Effectiveness

■ Participant/Teacher Satisfaction Goal
■ Actual Satisfaction

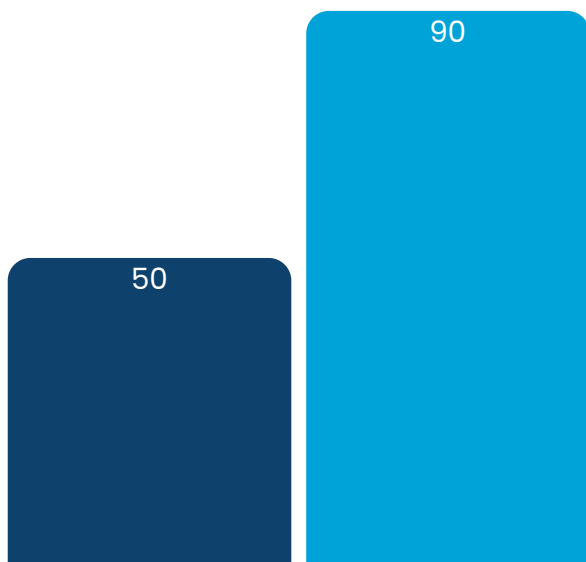


■ Schools Served % Increase Goal
■ Actual Schools Served % Increase

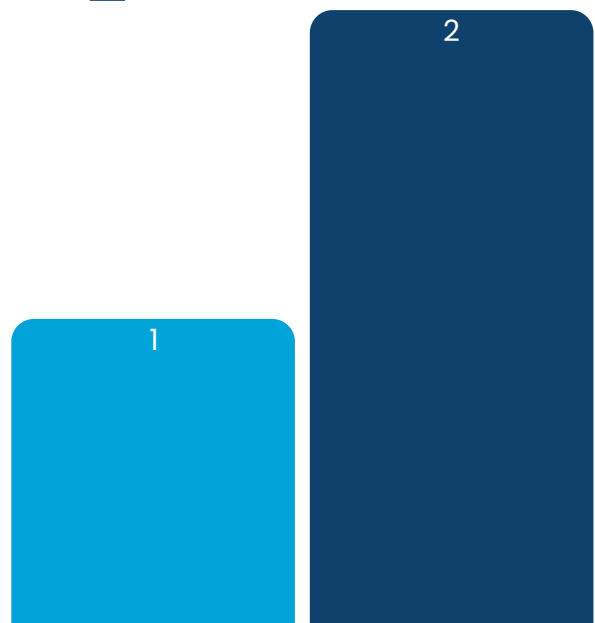


Pre-ETS: Measures of Effectiveness

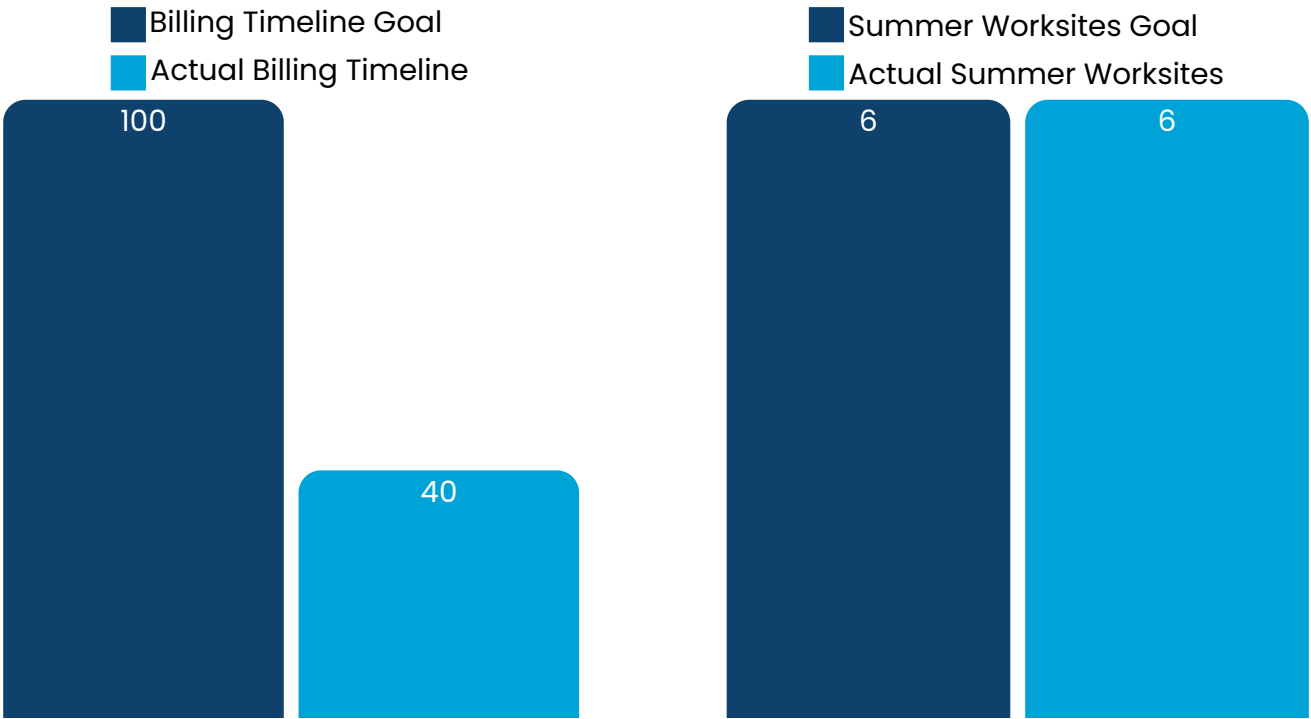
■ Students Served % Increase Goal
■ Actual Students Served % Increase



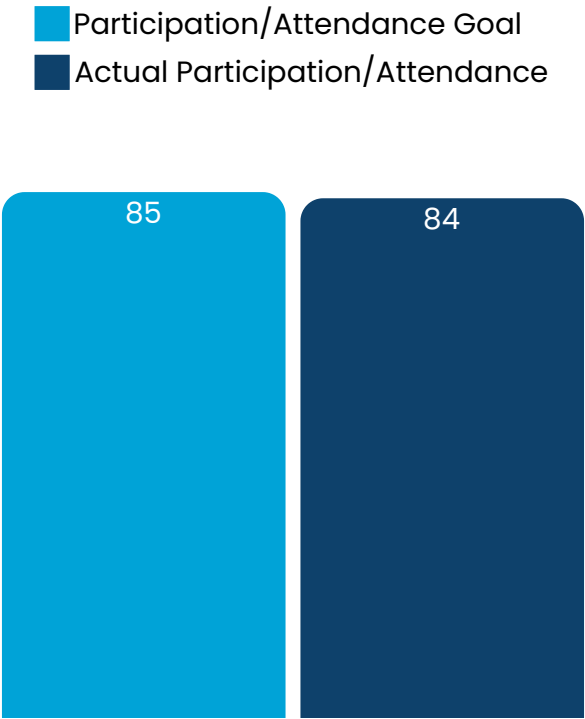
■ New Courses Offered Goal
■ Actual New Courses



Pre-ETS: Measures of Efficiency



Pre-ETS: Measures of Service Access

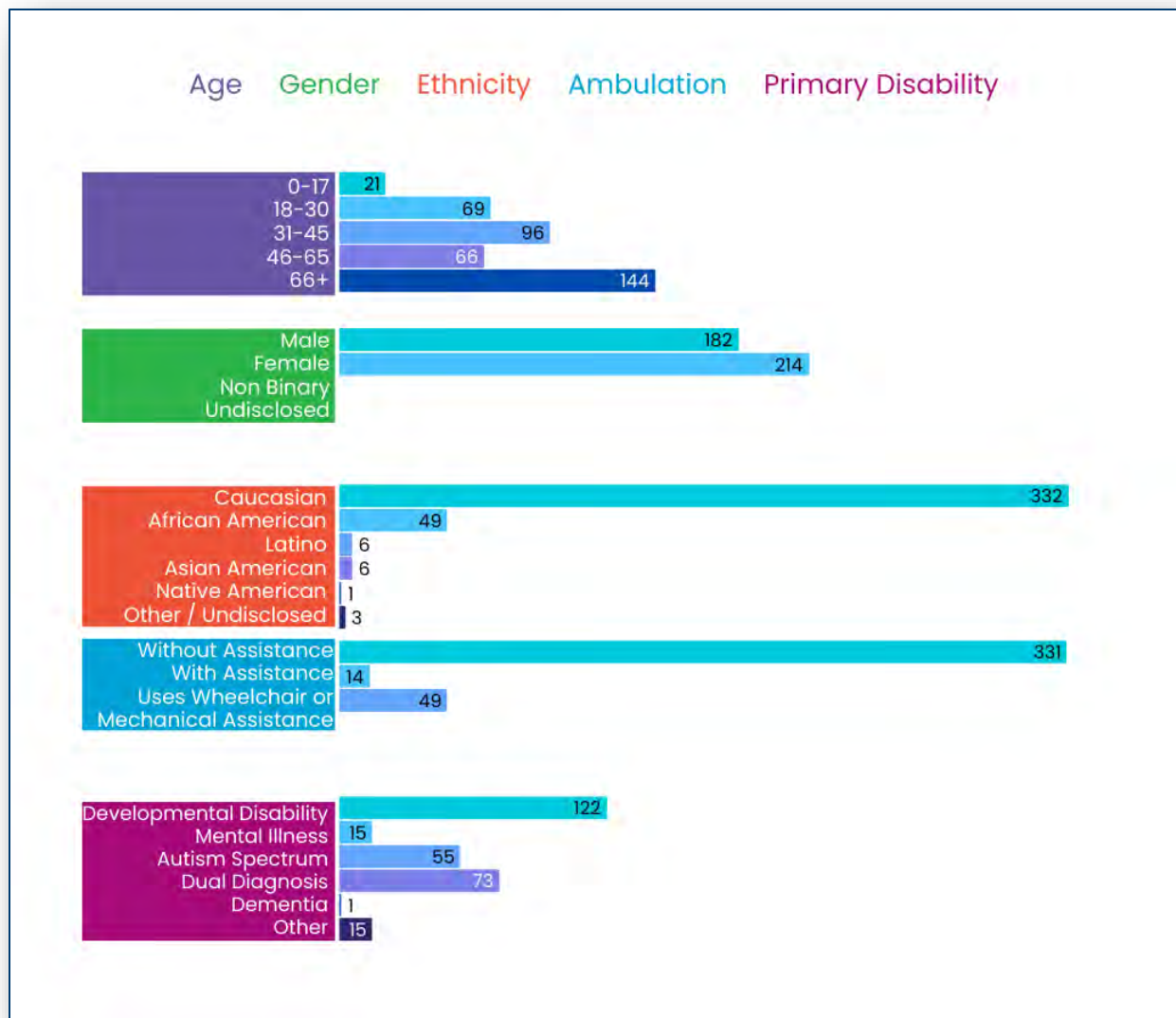


CUMULATIVE DATA



2,808 Persons Served

Characteristics* of Persons Served:



**Not all programs track all data*

10/01/23 – 09/30/24 Substantiated Recipient Rights Complaints Investigations Summary

Category: Abuse Class III, Marcoux, 08/30/24

Allegation: A staff member borrowed money from a program participant.

Outcome: The responsible staff member's employment was terminated.

Category: Dignity and Respect, Transportation, 04/18/24

Allegation: Inappropriate verbal communication by a driver in front of a person served (not directed at person).

Outcome: Transportation staff received additional training to promote respectful and professional communication, ensuring that interactions, even those not directed at persons served, maintain a positive and supportive environment.

Category: Fingerprints, Audiotapes, One-Way Glass, CLS, 07/29/24

Allegation: Consent forms for cameras used inside the program building were outdated.

Outcome: All program participants' consent forms were reviewed and updated to ensure compliance.

Category: Dignity and Respect, Riverwood, 06/04/24

Allegation: Door alarms were not activated, a butter knife was used to secure the half door to the laundry room, and a staff member raised her voice to a person served.

Outcome: Two staff members were on duty at the time of the incident, and both received corrective action for failing to ensure door alarms were properly activated. The Office of Recipient Rights substantiated the allegation that one staff member raised her voice to a person served, despite conflicting accounts. This staff member also received corrective action for improperly securing a door using a butter knife.

Category: Abuse Class III, Riverwood, 05/30/24

Allegation: A staff member was accused of failing to attend to a person served in a timely manner, yelling at a person served, and spending excessive time outside smoking.

Outcome: Although the incident involved conflicting accounts, the Office of Recipient Rights substantiated the allegations. The staff member was reminded to be mindful of tone and volume when communicating with residents, to limit smoking to designated break times, and to maintain clear communication with fill-in staff to ensure continuity of care and awareness of residents' habits and communication styles.

Category: Neglect Class III, Riverwood, 05/30/24

Allegation: A staff member was accused of using FaceTime while attending to a resident, failing to meet the needs of a person served in a timely manner, and eating food leftover after lunch.

Outcome: The staff member denied using FaceTime or neglecting a resident's needs, but admitted to listening to music on her phone while assisting a resident, and consuming leftover food. Despite conflicting accounts, the Office of Recipient Rights substantiated all three allegations. The staff member was counseled to refrain from phone use for personal reasons while assisting residents, to avoid consuming leftover food, and to ensure clear communication

with fill-in staff to support continuity of care and awareness of resident's habits and communication styles.

Category: Mental Health Services Suited to Condition, Riverwood, 06/04/24

Allegation: Staff members failed to check that the half door leading into the kitchen was locked.

Outcome: The staff members received verbal counseling and were reminded to ensure that the half door remains locked as required.

Category: Safe, Sanitary, Humane Treatment Environment, Riverwood, 05/13/24

Allegation: A staff person was sleeping while on duty.

Outcome: The responsible staff received a 3-day suspension without pay.

Category: Services Suited to Condition/Medication, Sheridan, 03/08/24

Allegation: A medical appointment for a person served was not completed in a timely manner.

Outcome: The residential manager assisted in developing and implementing a new tracking system to monitor appointments from scheduling to completion, ensuring timely follow-through moving forward.

Each complaint is reviewed by program managers/supervisors/directors, with corrective action taken for substantiated allegations. Strategies to prevent future incidents are discussed and may include retraining in areas such as Mandt, staff responsibilities, recipient rights, individual behavioral support plans and professional workplace conduct. No obvious trends have been identified.