HOPEWELL

A Therapeutic Farm Community

2019 OUTCOMES REPORT

Winter at Wellman Pond at Hopewell 2019

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Outcomes Research Program

In 2006, with support from The Margaret Clark Morgan Foundation (now renamed Peg's Foundation) and in consultation with Hiram College faculty, Hopewell began a systematic data collection program of outcomes research to guide its efforts to help the seriously mentally ill. As part of this program, Hopewell tracks attendance and participation of each Resident on a daily basis and collects periodic systematic measurements of each Resident's progress. The data recorded includes participation in work crews, therapeutic clinical groups, social activities, and exercise and community meetings.

When Residents are admitted to Hopewell, a baseline of information is collected for assessing outcomes, including: Connectedness to Nature Scale, Quality of Life-Self Assessment, Trauma Symptom Checklist 40, Quick Inventory of Depressive Symptomology (QIDS-SR16), Hopewell Discharge Survey, Beck Hopelessness Scale, Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression Scale (CGI), Overall group surveys, individual surveys for each clinical/therapeutic group, Sheehan Disability Scale, WHODAS 2.0 Disability Scale and Resident Satisfaction Surveys.

View from the David Cutler Conservatory

Although each Resident's situation differs, common areas of need upon admission to Hopewell include: understanding and acceptance of their own mental illness; help in developing socially acceptable behavior; support in attending to activities of daily living, including hygiene, interpersonal skills, improving family relationships, emotional regulation, education and vocational goals/needs; experience in participation in the community, peer interactions, creative expression and self-care; and management of psychiatric symptoms and impairment.

Length of Stay and Phase System

Evaluating the appropriate length of stay, in close consultation with the Resident and his/her family, is one of the primary ongoing tasks of the Hopewell staff. Length of stay averages: Autism Spectrum Disorders, 18 months; Mood disorders, 6-9 months; Schizophrenia/schizoaffective disorders, 20 months. Length of stay is sometimes short of optimal because of individual circumstances. Our overall average length of stay is 7 months.

Hopewell's system for encouraging and rewarding socially positive behaviors is a 4-phase system where new admits start at the Entry Phase, the most restricted in terms of privileges. Starting at the Entry Phase allows the newly admitted to be safe in the community while the staff and other Residents get to know them. Residents earn the right to move into other phases by higher levels of attendance and participation in community activities, and attention to activities of daily living, such as eating, bathing, dressing, toileting, transferring (walking) and continence. Utilization of basic social values and modeling of behaviors for other Residents are needed to move from Entry Phase to Phase 1, 2, 3 and eventually Transitional Phase.

Motivating Aspects of Hopewell's Program

The primary motivating factors for Residents at Hopewell are the experience of success, self-worth and self-control in a social environment where all these factors are socially respected and publicly recognized. The phase system and programming at Hopewell provide Residents with regular opportunities to engage in these experiences.

Mental Health Outcomes Management/Data

As previously noted, outcomes data are routinely reviewed with the Residents, and their feedback is encouraged concerning improvements in programming. As a result of such feedback, we have implemented a number of suggested changes including the addition of therapeutic groups, changes to the program schedule, posting of menus in the cottages and meal and snack choices.

Outcomes data are shared with Clinical Staff to apprise them of progress that Residents are making and where additional assistance is needed. As noted, outcomes information is regularly shared with individual Residents to assist them in tracking their own progress and goal achievements.

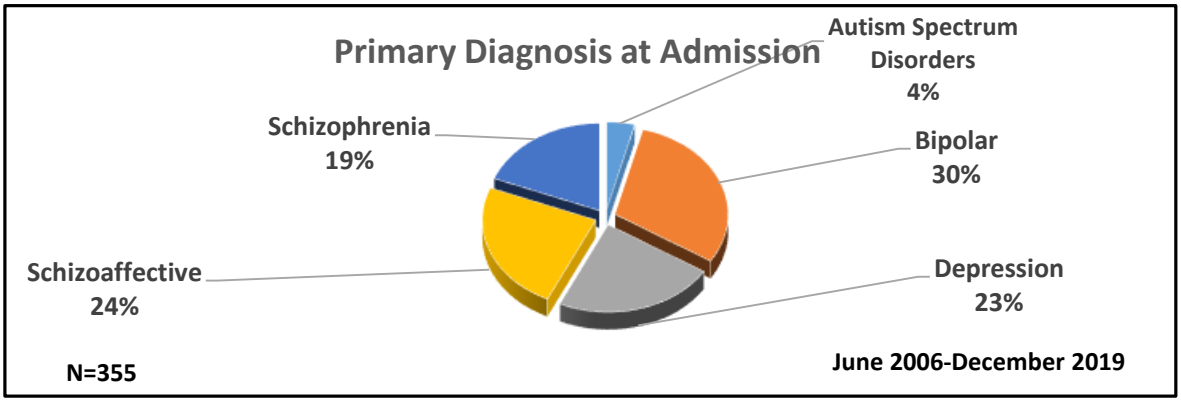
Preliminary Study Implications

The preliminary results indicate that significant measureable improvements are being experienced by most of the Residents at Hopewell. The observed improvements include a general reduction in negative psychiatric symptoms, an improvement in overall social functioning and a greater readiness for community reintegration. Specific examples of these improvements include successful integration of Residents into their homes and families while securing employment, advancing their education and building new social relationships.

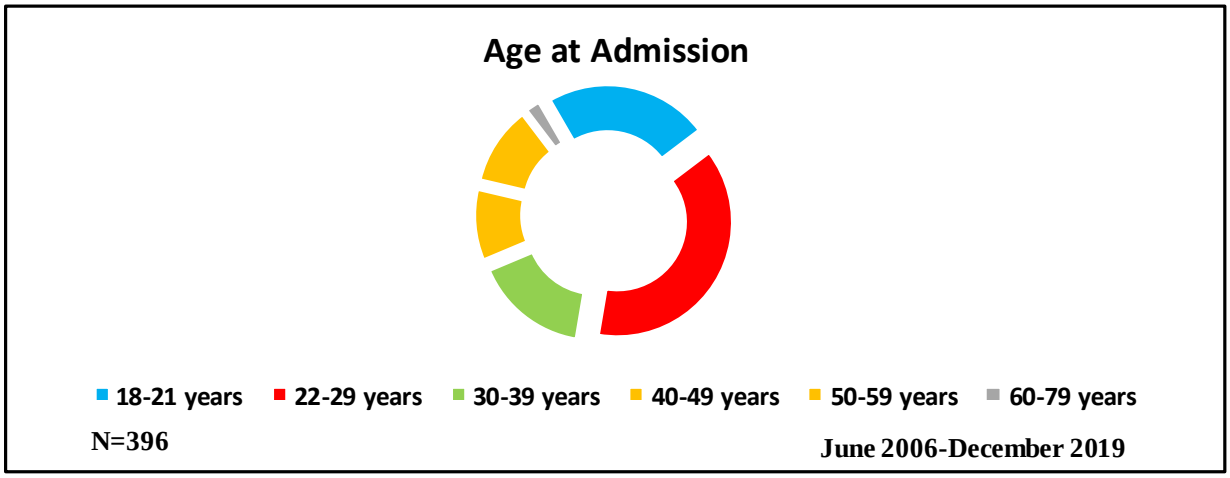
With a foundation in nature, the therapeutic farm setting offers a safe, tranquil and work-based environment. Hopewell is able to successfully incorporate concepts of the *mind-body-spirit* philosophy found in early "moral-based treatment" to provide a modern recovery-based healing model. In conjunction with effective medication, this research supports the conviction that Hopewell and similar therapeutic communities can, in fact, effectively generate measureable and positive recovery results for individuals experiencing serious mental illnesses.

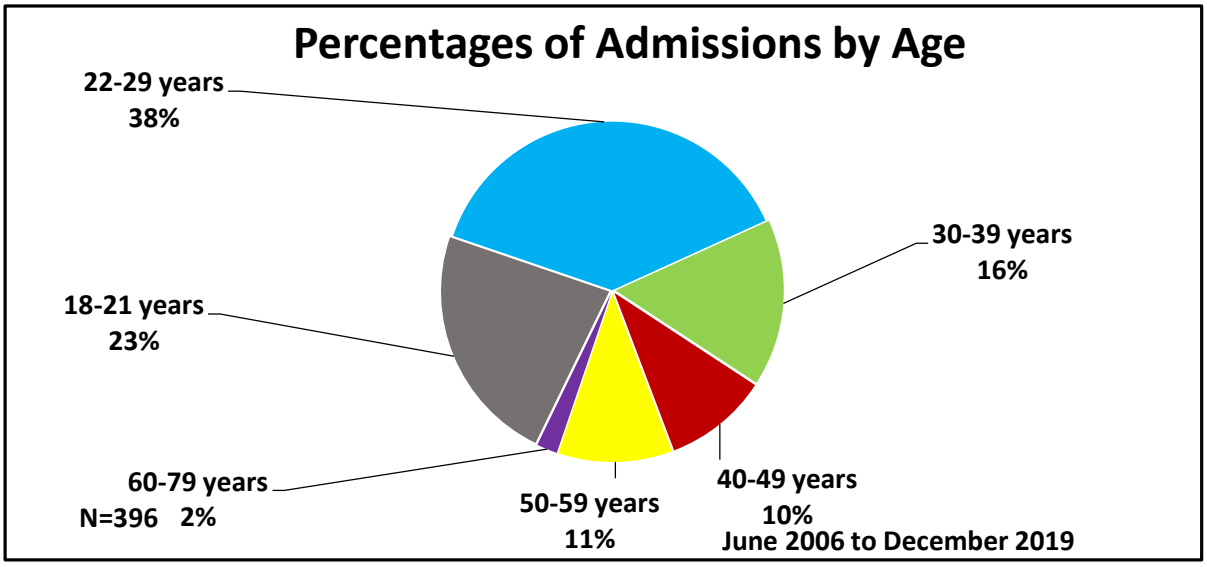
Summary/Findings
Demographics of Hopewell Populations Served

The Hopewell Outcomes study data has been collected from June 2006 to December 2019. The graph below shows the frequency of primary diagnoses for the Residents in the Hopewell outcomes study and shows that Bipolar Disorder and Schizophrenia have the majority percentages of primary diagnoses for Residents. These results were compiled by information from Residents' diagnostic assessments.

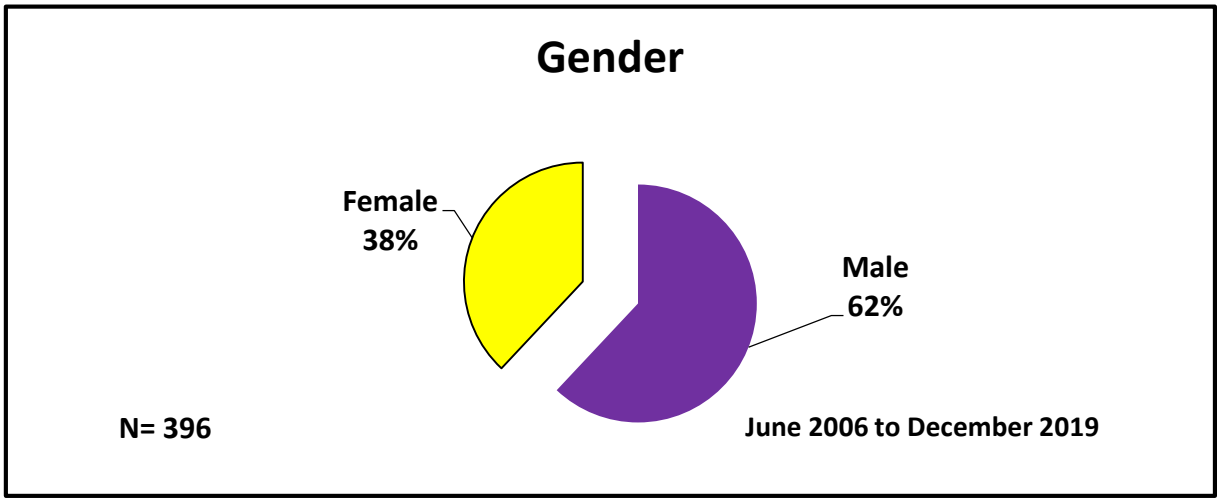


Age spread was done in groupings with 21-30 year grouping having the most Residents. The grouping of 61-70 and 70+ had the least amount of Residents in them.



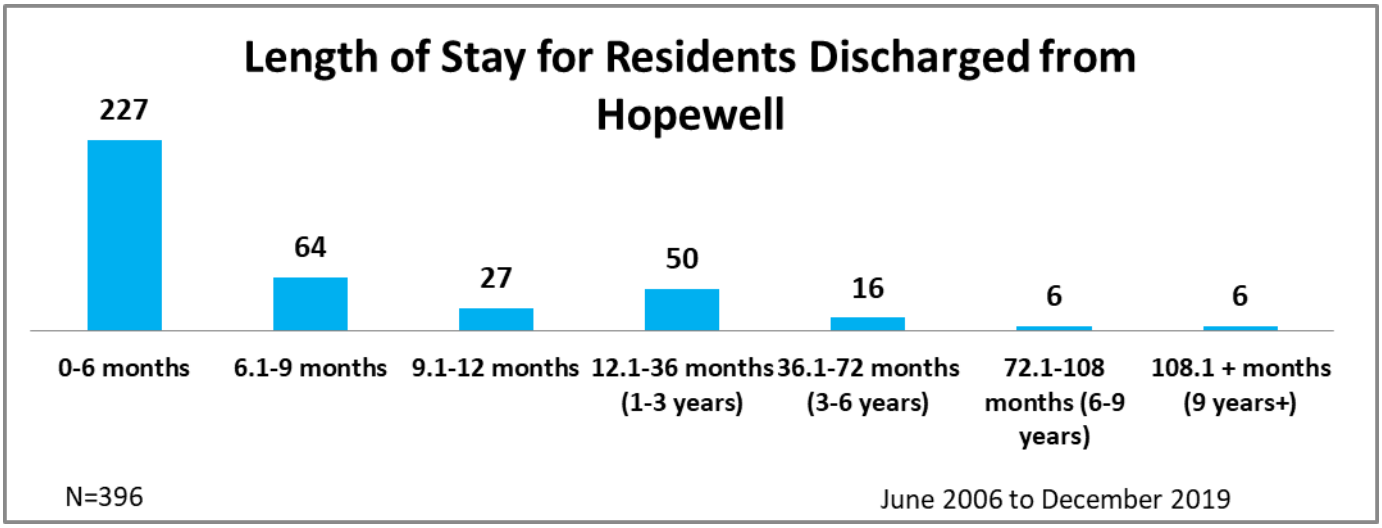


Gender Spread by percentages. These results were obtained from information collected from Residents on their diagnostic assessments.



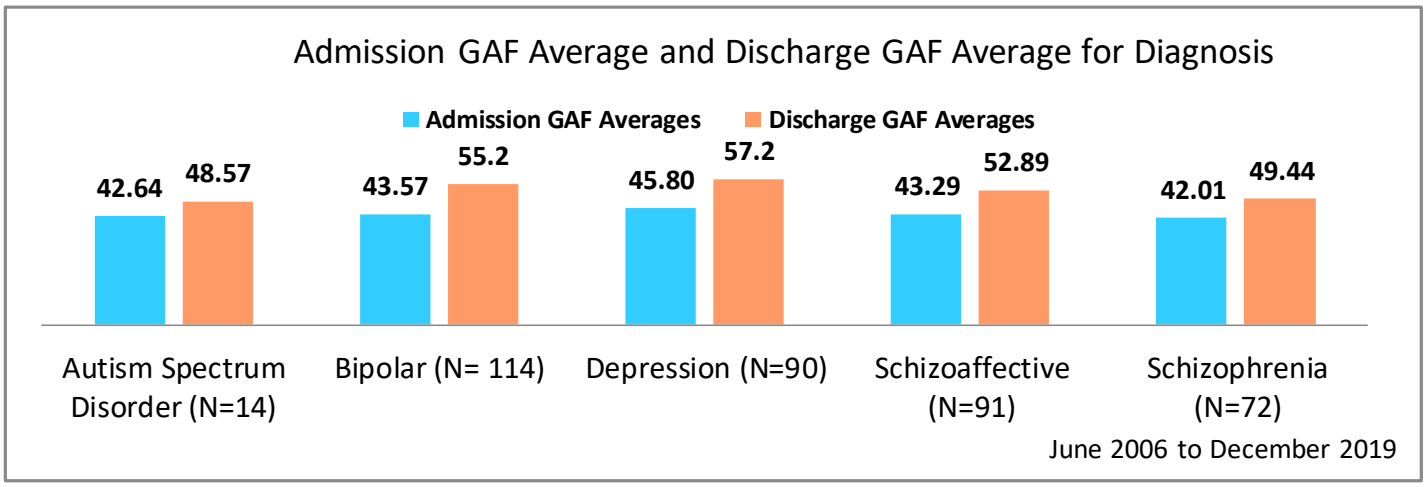
Average Length of Stay at Hopewell

The graph below examines the length of stay at Hopewell for Residents in our study.



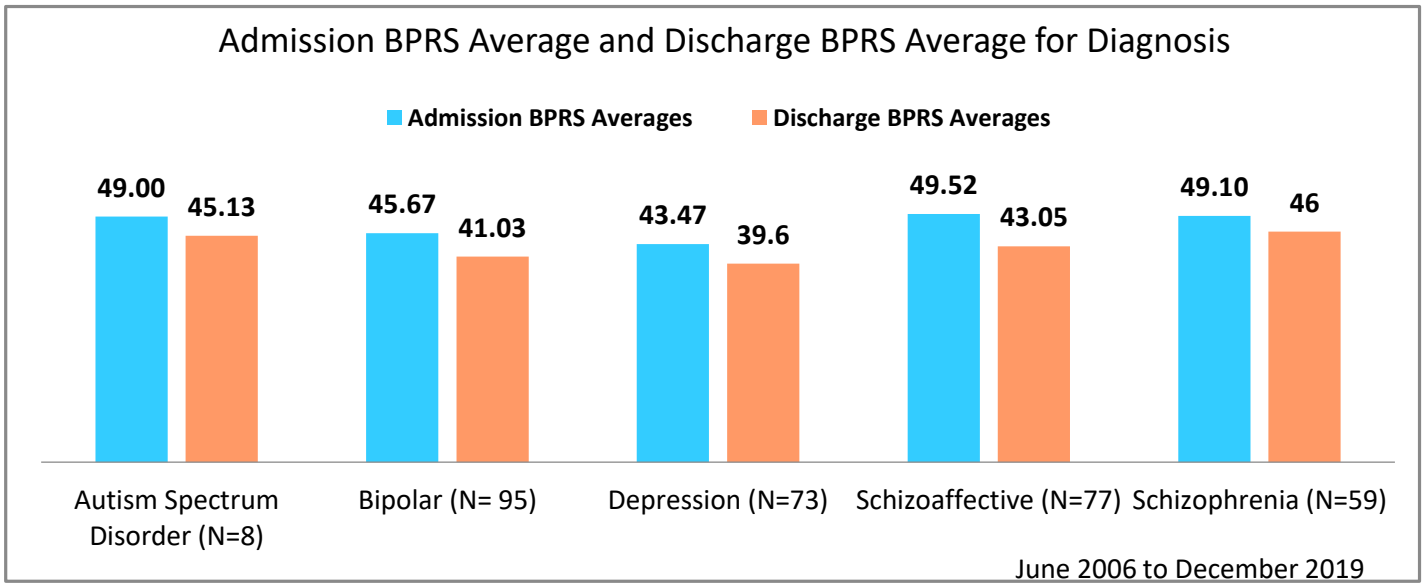
Hopewell Graph Showing Improvement of Functionality of Residents

This graph shows GAF averages at admission and discharge per diagnosis. The GAF (Global Assessment of Functioning) is a numeric scale used by mental health clinicians and physicians to rate subjectively the social, occupational and psychological functioning of an individual. The Scores range from 100 (extremely high functioning) to 1 (severely impaired). The scale was included in the DSM-IV but was replaced with the WHODAS (WHO Disability Assessment Schedule). Hopewell started using the WHODAS 2.0 Disability scale in 2017 and will continue to collect GAF scores because we find them a valuable measure in our outcomes.



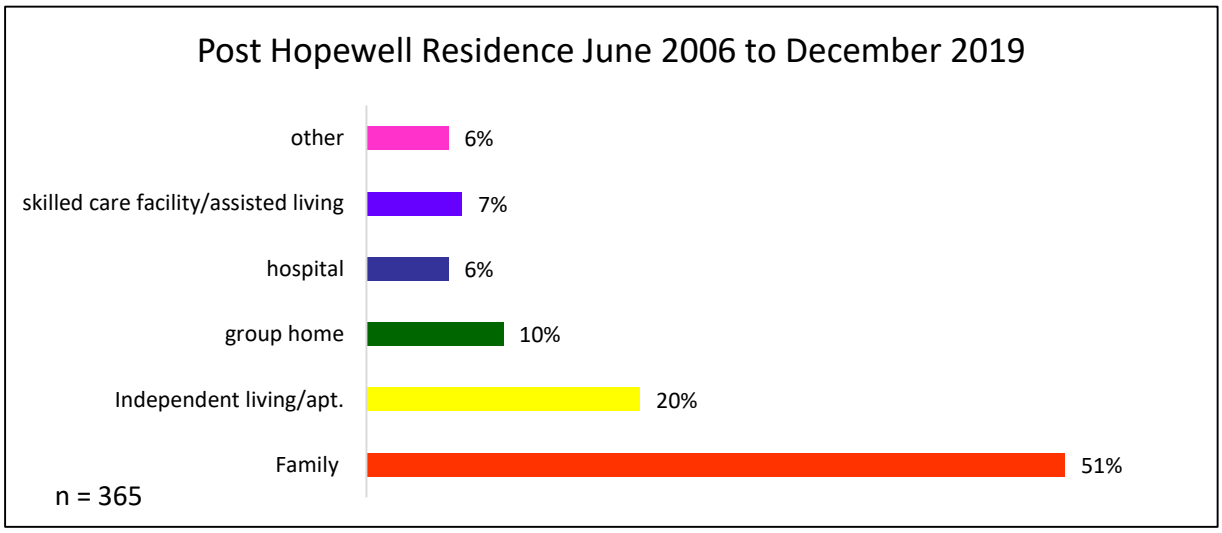
Symptom Reduction for Residents

The BPRS (Brief Psychiatric Rating Scale) is a standardized test that measures and assesses the positive, negative and affective symptoms of residents. The BPRS measures 24 different areas of concern with a Likert scale of 1-7 including 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately severe, 6 = severe and 7 = extremely severe. This instrument is administered at admission and upon discharge. The instrument is administered by a clinician through an interview with the resident taking into account the clinician's observations during the interview. The average difference in BPRS Scores is computed by taking the Discharge BPRS Total Score and subtracting the Admissions BPRS Total Scores and then averaging them by diagnosis. According to our graph below, as long as the score is positive this is showing improvement in symptom management.



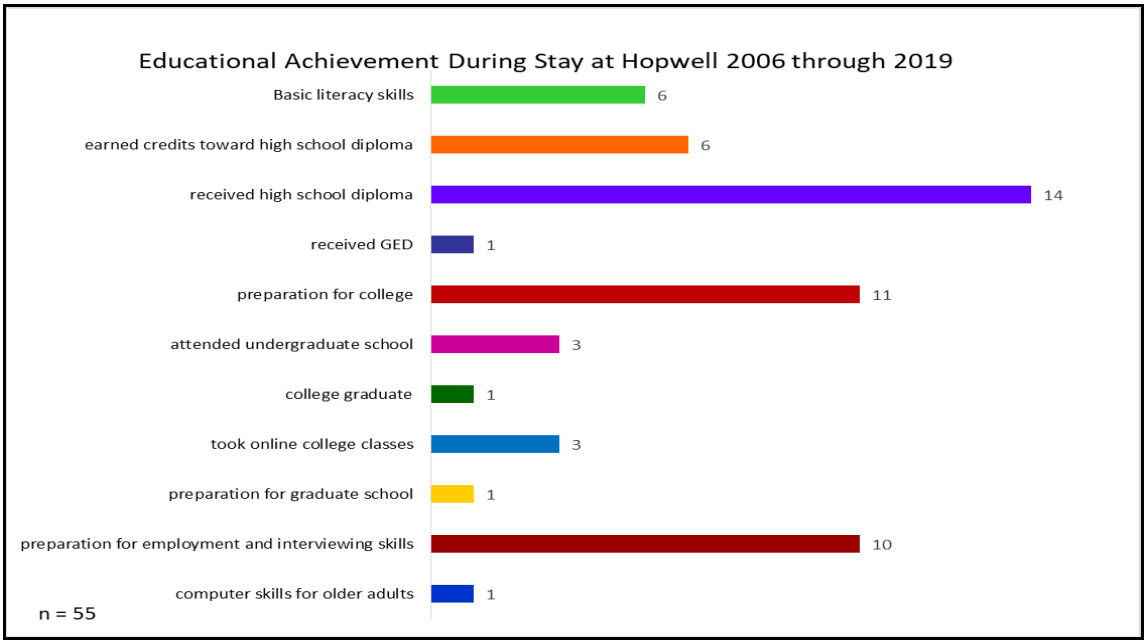
Where Residents go from Hopewell

This graph represents the Residents who were discharged from June 2006 through December 2019. This graph examines where Residents lived immediately after leaving Hopewell. There are six categories that describe the living situations for post-discharges.



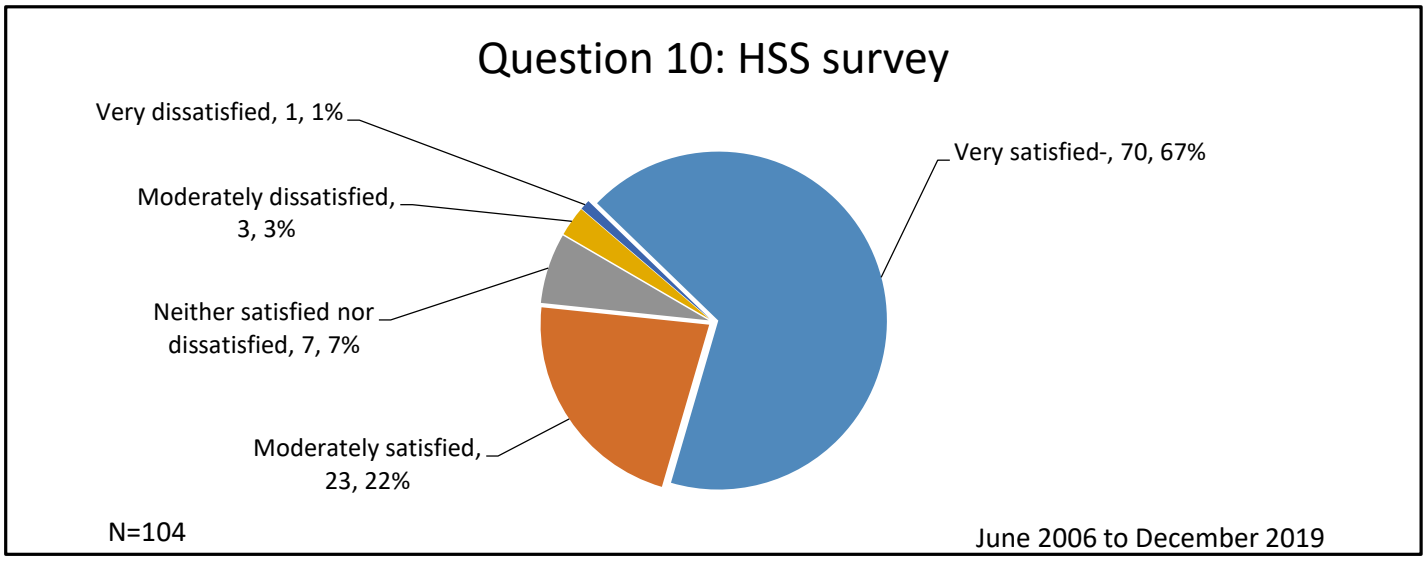
Educational Opportunities at Hopewell

Hopewell offers assistance to residents who are interested in furthering their education by giving them opportunities to receive their high school diploma through our education program. The graph below shows that 14 Residents have received their high school diploma through Hopewell's education program. One person received his GED with preparation assistance through the program. Four Residents who did not receive their high school diplomas did receive credits toward their diploma. Two Residents attended a local college in an undergraduate program and received assistance from staff. One resident graduated with an associate's degree and is working toward a bachelor's degree. One former Resident who went to graduate school began the preparation process with the assistance from staff at Hopewell.



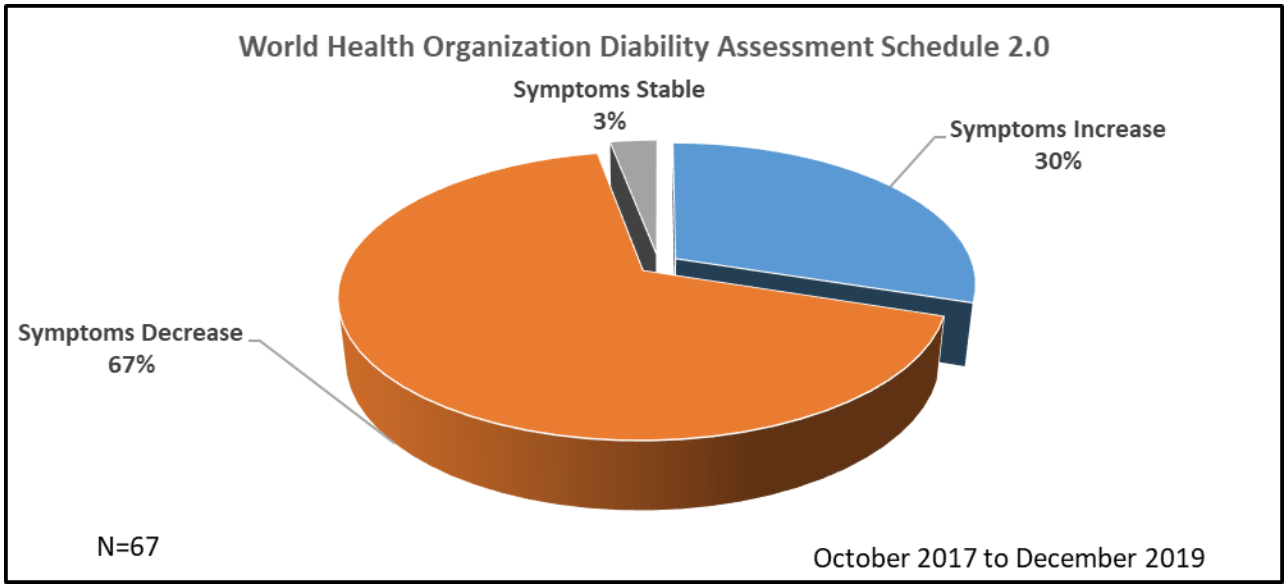
Overall Satisfaction from Residents of Hopewell

The graph below represents the reported overall satisfaction from residents about their experiences at Hopewell through 2019. These results come from the Hopewell Resident Satisfaction Surveys that are administered every 3 months.

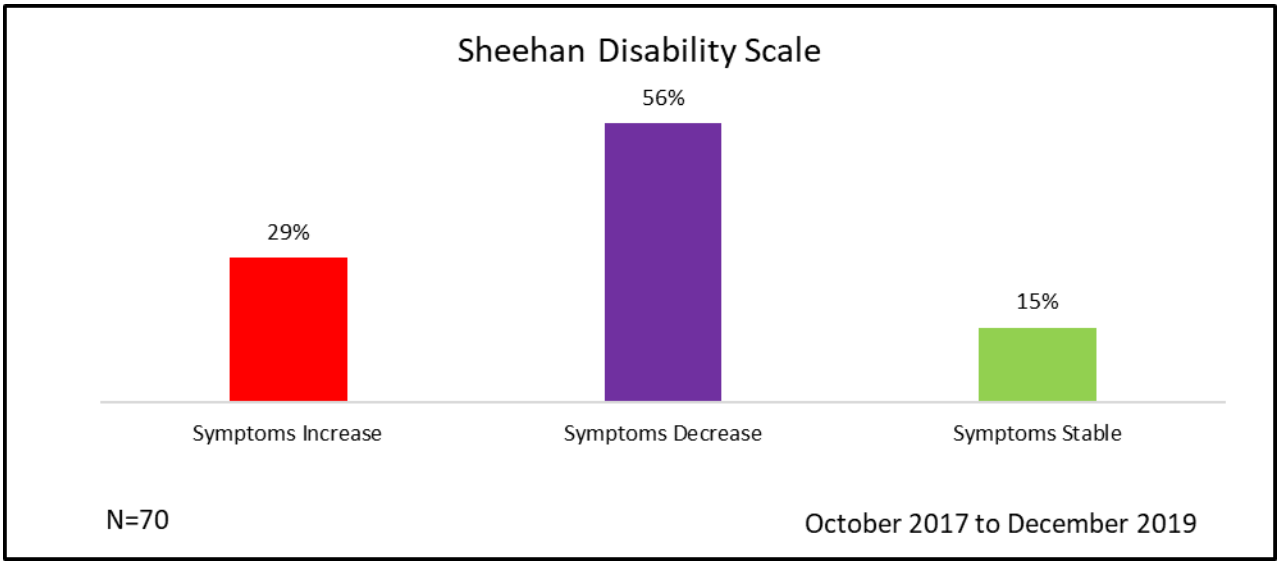


Self-Reported Instruments from Hopewell Residents

The scale below is the WHODAS 2.0 Disability Scale, which is a self-rated thirty-six item assessment developed by the World Health Organization for a measure of functional impairment. It measures the following health concepts: cognition, mobility, self-care, getting along, life activities and participation. Hopewell started it in July 2017 and the instrument is given out at admission, quarterly after admit, and at discharge. The results show a 67% decrease in impairment, 3% stayed the same and 30% had an increase in impairment.

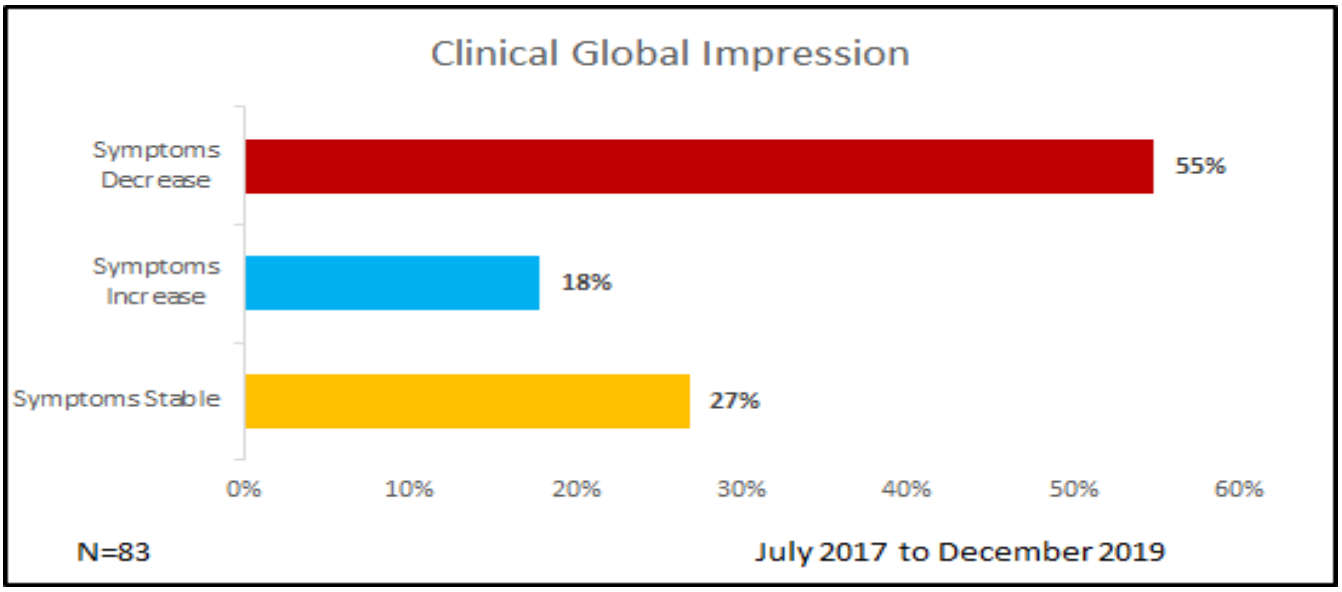


Below is the Sheehan Disability Scale, which is three-self rated items designed to measure the extent which his or her 1)work, 2) social or leisure activities, and 3) home life or family responsibilities are impaired by his or her symptoms on a l0 point visual analog scale. This scale was started in October 2017 and given out at admission, quarterly after admit, and at discharge. The results show that 56% of residents have decreased their impairment, 15% stayed the same in their impairment and 29% had an increase in their impairment.



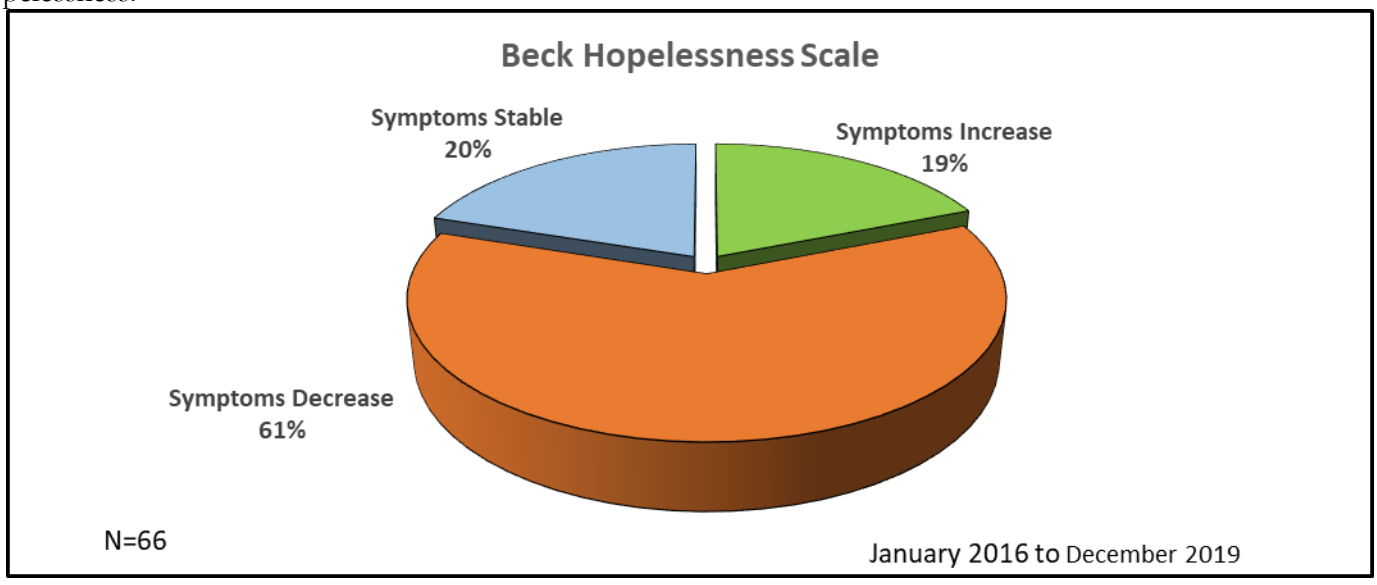
Clinician Rated Instruments

Below is the CGI (Clinical Global Impression), a clinician-rated scale designed to rate the severity of illness, change over time, and efficacy of medication, taking into account the patient's clinical condition and the severity of side-effects. This scale has three global subscales: severity of illness, global improvement and efficacy index. The assessment was started in 2017 given out at admit, quarterly, and discharge; in 2019, it was changed to a monthly assessment. The results up until 2019 showed that 55% had a decrease of severity of illness, 27% stayed the same and 18% increased in severity of illness.

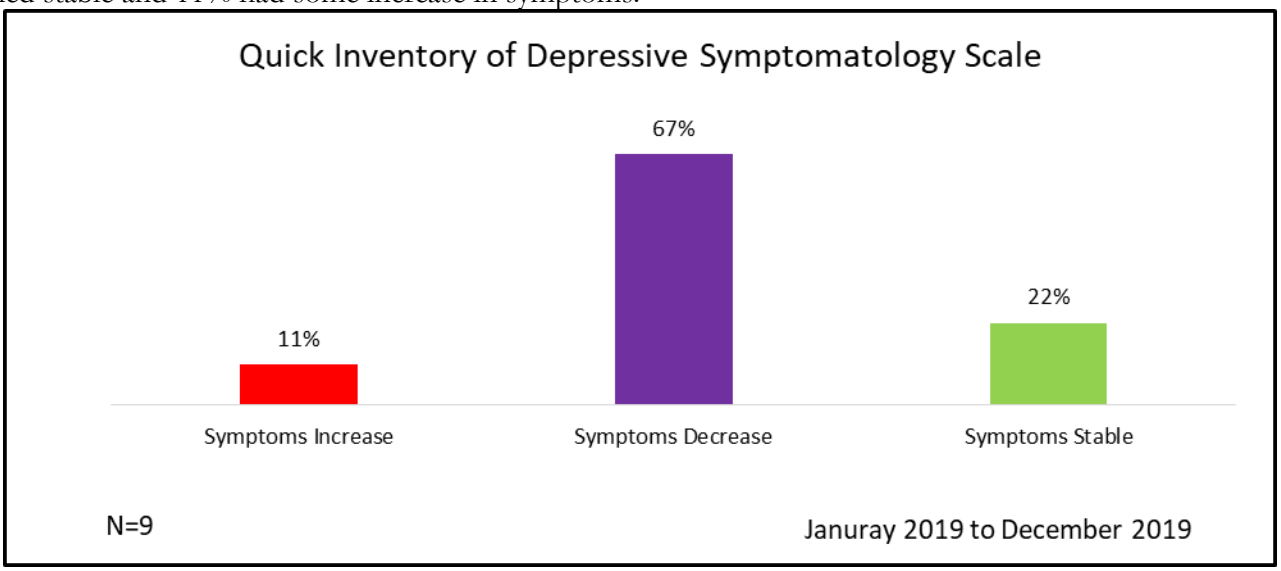


Scales for Individual Diagnoses

Beck Hopelessness Scale, self-reports 20 true and false statements started in 2016 that examines the symptoms of hopelessness. Hopewell collects this data at admission and discharge and we assess whether a resident's symptoms of hopelessness decreases while at Hopewell. Our results showed that 61% of residents showed a decrease in symptoms of hopelessness during their stay at Hopewell, 19% stayed the same, and 20% increased in symptoms of hopelessness.



The Quick Inventory of Depressive Symptomatology Scale is a 16 item self-report measure of depression. Questions include the following: sleep disturbance, sad mood, decrease/increase in appetite/weight, concentration, self-criticism, suicidal ideation, interest, energy/fatigue, and psychomotor agitation/retardation. The results show that 67% of residents with depressive symptoms had a decrease over time, 22% of residents had symptoms that remained stable and 11% had some increase in symptoms.



Conclusion

Ongoing studies and data collection will continue to explore and refine the impressions of Hopewell's treatment model and continue to strive for continual performance improvement and measurement. This report included a variety of data: demographics about Hopewell's populations served, length of stay, where residents go from Hopewell after discharge and overall satisfaction of services while residents are at Hopewell. Data will continue to be collected with the new measurement instruments including: the WHODAS, Sheehan Disability Scale, and CGI (Clinical Global Impression). Data will also continue to be collected from the MADRS (Montgomery-Asberg Depression Rating Scale), Beck Hopeless Scale, HAM-A (Hamilton Anxiety Scale) and the YMRS (Young Mania Rating Scale).

All of the new instruments currently have a small number of residents but this will increase over time. These instruments are difficult to generalize but do show overall improvement with most residents. These instruments measure increases and decreases in symptoms throughout a resident's stay and it is not uncommon for some symptoms to increase at times during a residential treatment stay as residents are learning new coping mechanisms and adjusting to medication changes. Other instruments show the general overall improvement from the time of admission to time of discharge for most residents of Hopewell. The fluctuations in symptoms are looked at on an individual basis and information shared with clinicians to best assist the resident in decreasing symptoms.