HOPEWELL

A Therapeutic Farm Community

2022 OUTCOMES REPORT

Apple Trees at Hopewell 2023

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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 the 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 being 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 the Entry Phase to Phases 1, 2, 3 and, eventually theTransitional 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 several 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

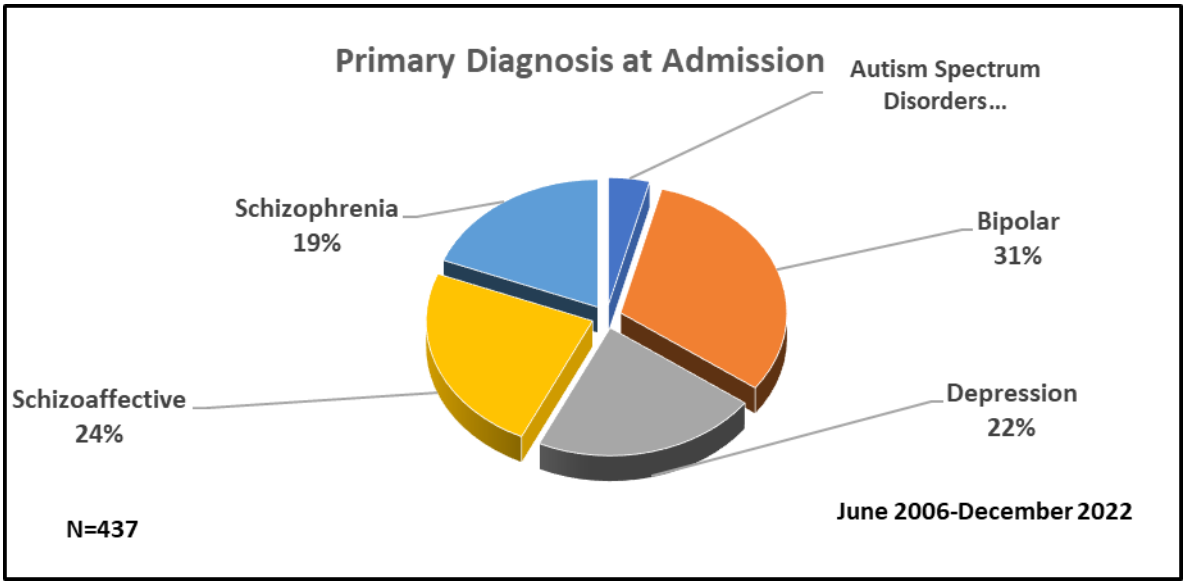
The preliminary results indicate that significant measurable improvements are being experienced by most of the Residents at Hopewell. The observed improvements include a general reduction in negative psychiatric symptoms, an improvement in overall social functioning, and a greater readiness for community reintegration. Specific examples of these improvements include successful integration of Residents to 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 can 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.

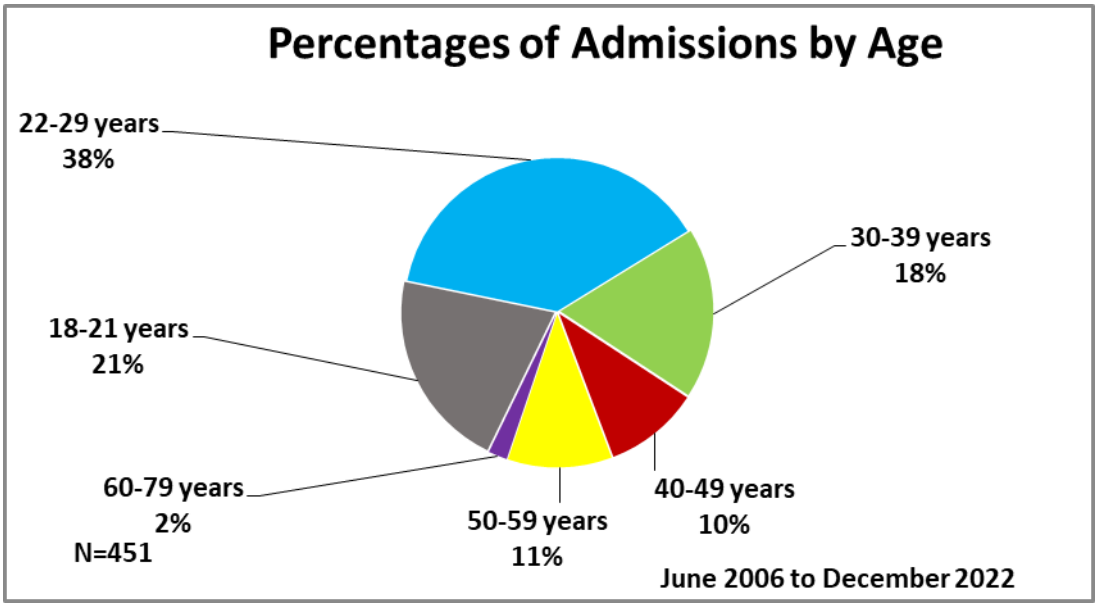
Summary/Findings

Demographics of Hopewell Populations Served

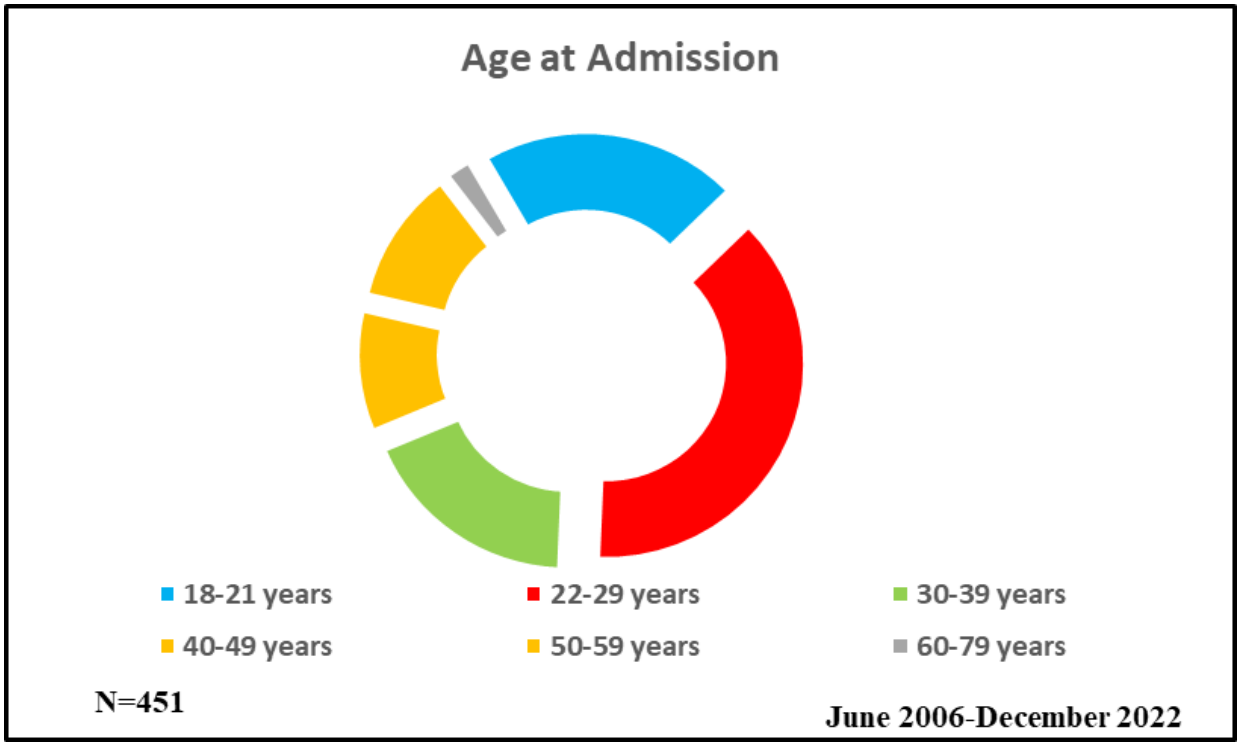
The Hopewell Outcomes study data has been collected from June 2006 to December 2022. The graph below shows the frequency of primary diagnoses for the Residents in the Hopewell outcomes study and shows that Bipolar Disorder and Schizophrenia have the majority percentages of primary diagnoses for Residents. These results were compiled with information from Residents' diagnostic assessments.



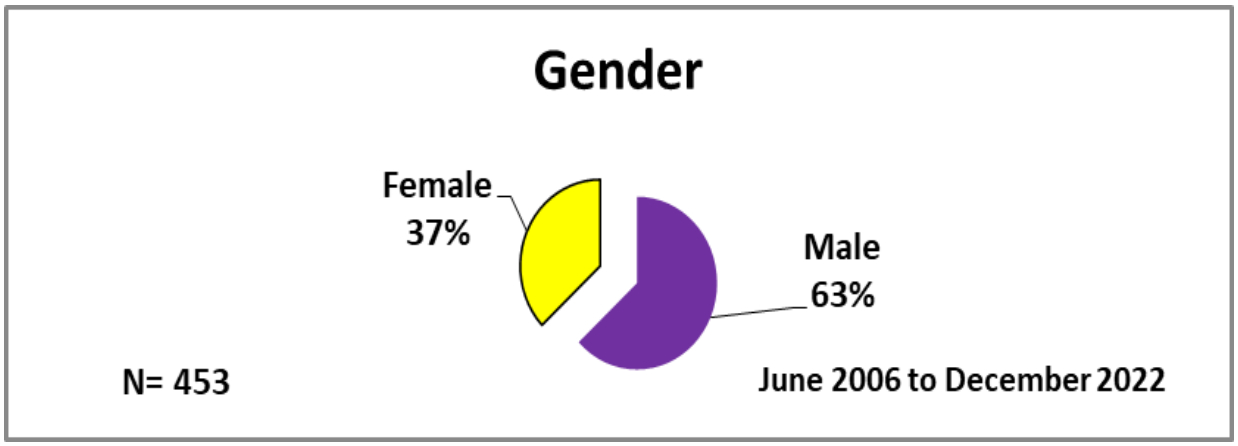
Age spread was done in groupings with 22-29-year grouping having the most Residents. The grouping of 60-79 and 70+ had the least number of Residents in them.



The graph below includes the percentages of admissions by age.

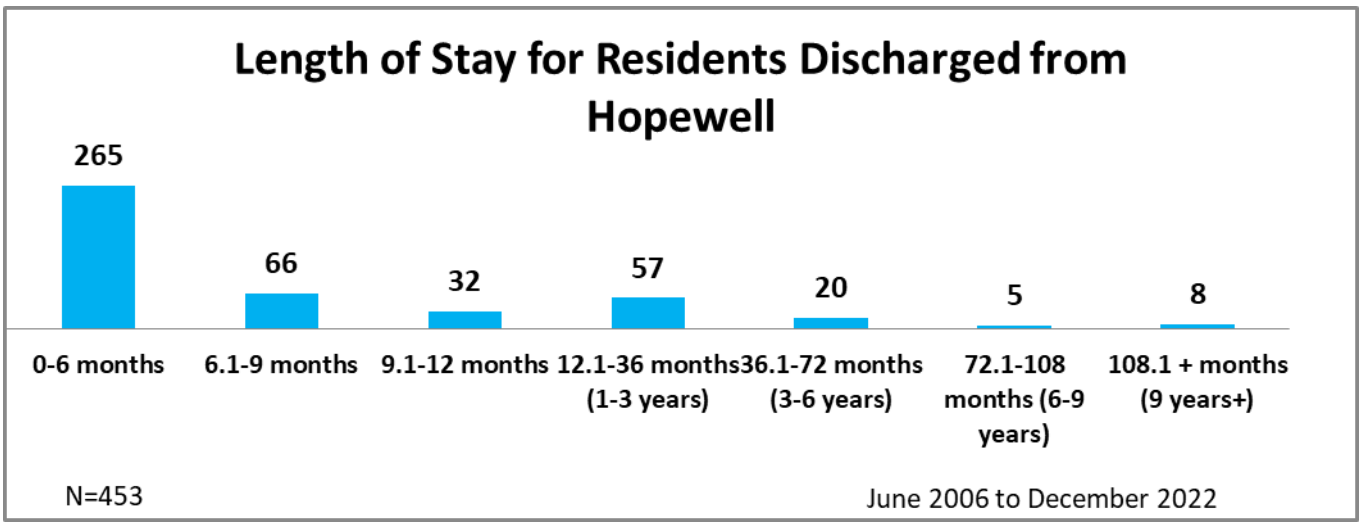


Gender Spread by percentages. These results were obtained from information collected from Residents on their diagnostic assessments.



Average Length of Stay at Hopewell

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



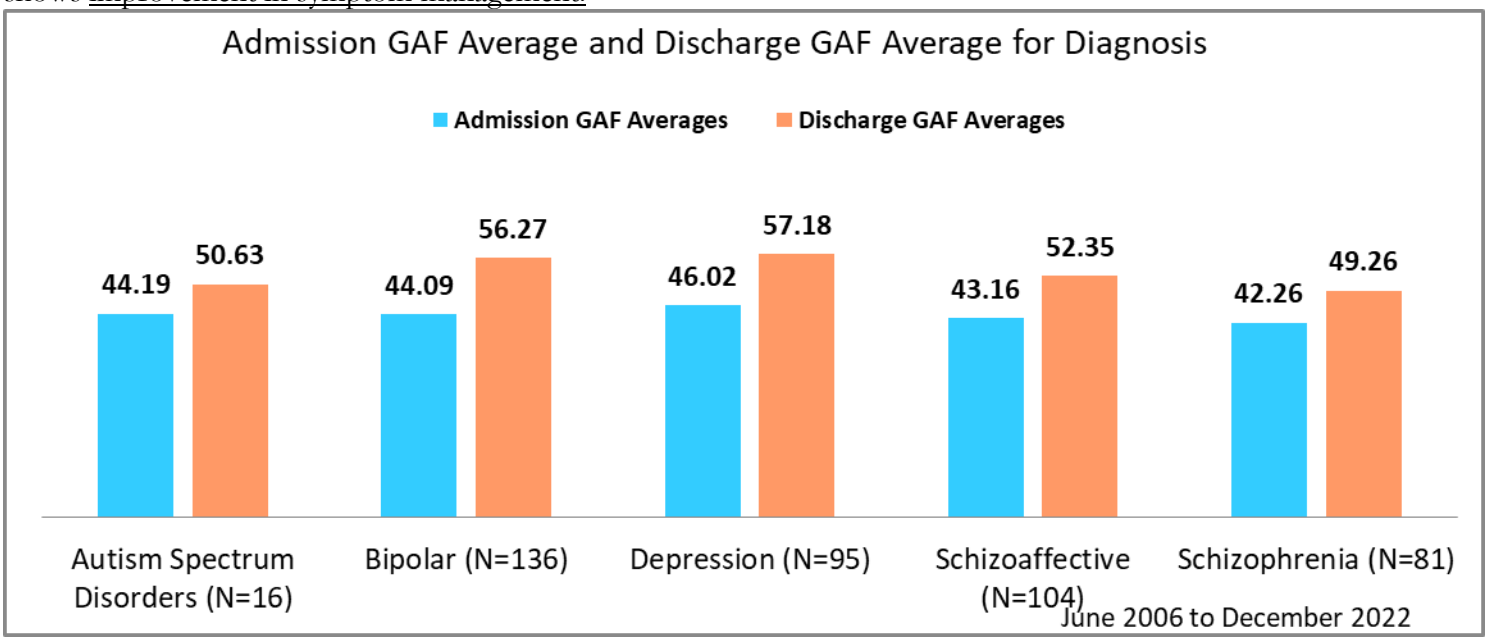
Hopewell Graph Showing Improvement of Functionality of Residents

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

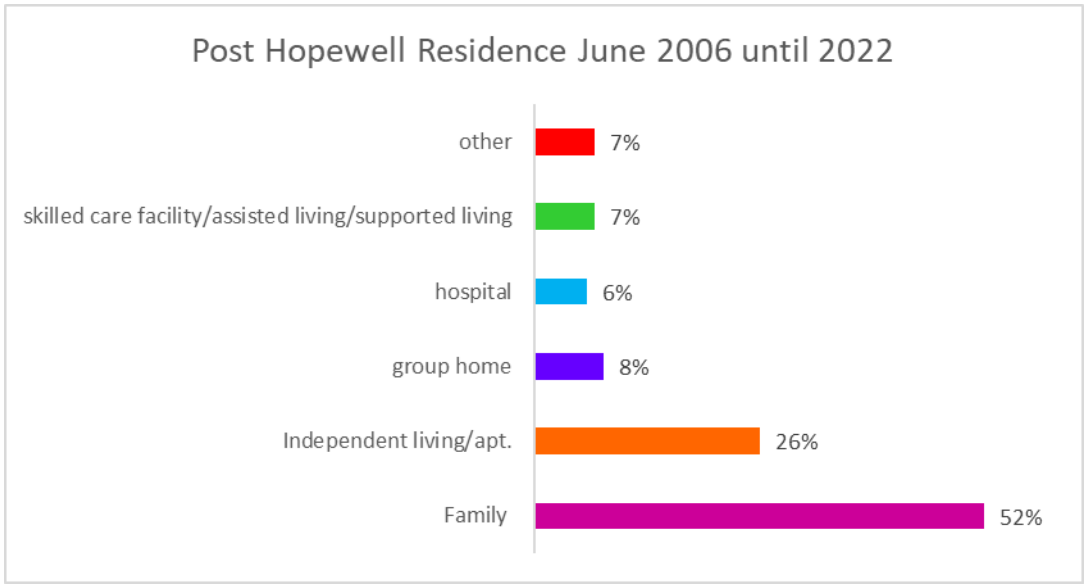
The BPRS (Brief Psychiatric Rating Scale) is a standardized test that measures and assesses the positive, negative, and affective symptoms of residents. The BPRS measures 24 different areas of concern with a Likert scale of 1-7 including 1 = not present, 2 = very mild, 3 = mild, 4 = moderate, 5 = moderately 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 considering 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, if the score is positive this shows improvement in symptom management.



Where Residents Go from Hopewell

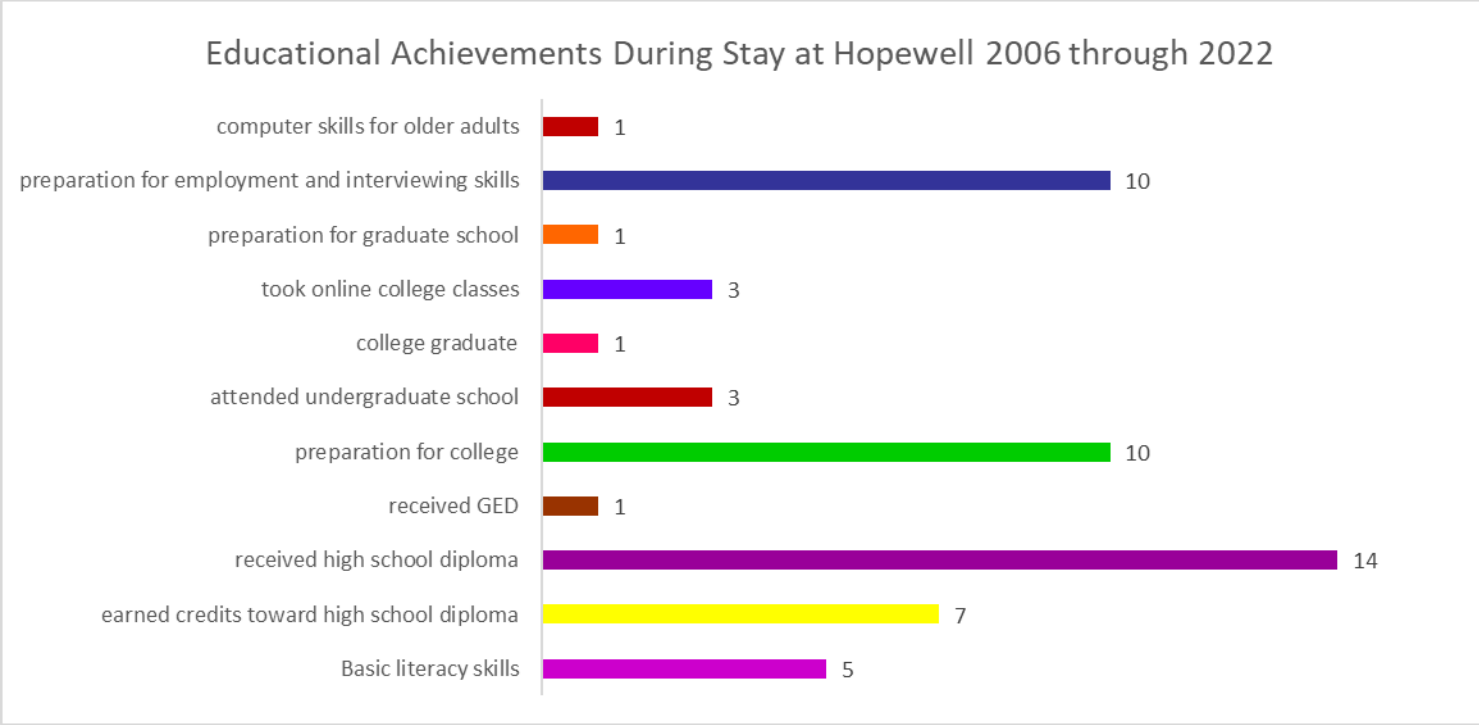
This graph represents the Residents who were discharged from June 2006 through December 2022. This graph examines where Residents lived immediately after leaving Hopewell. There are six categories that describe the living situations for post-discharges.



Educational Opportunities at Hopewell

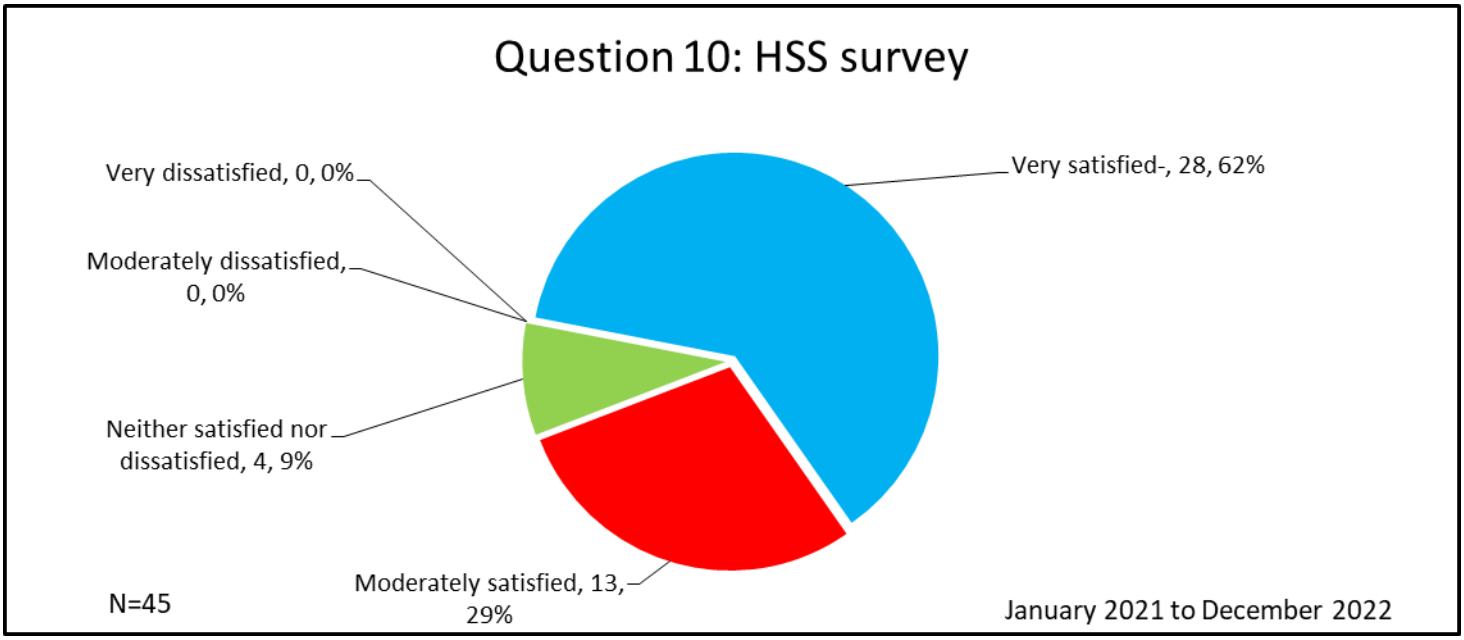
Hopewell offers assistance to residents who are interested in furthering their education by giving them opportunities to receive their high school diplomas through our education program. The graph below shows that 14 Residents have received their high school diplomas through Hopewell's education program. 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 diplomas. Two Residents attended a local college in an undergraduate program and received assistance from staff. One resident graduated with an associate 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

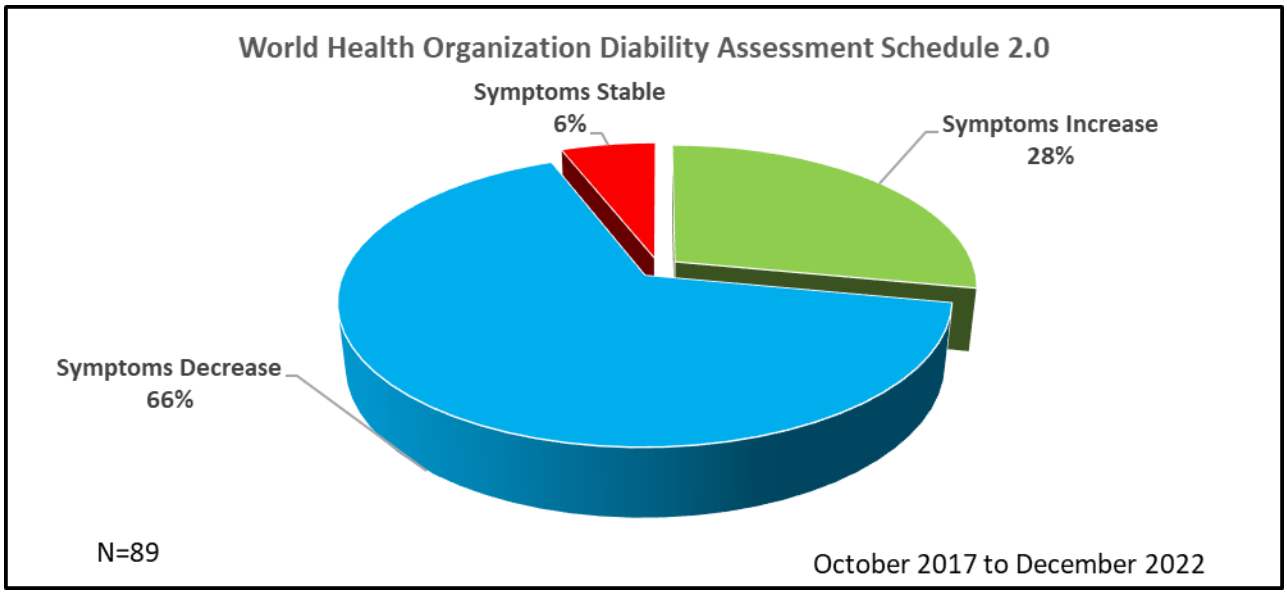
The graph below represents the reported overall satisfaction from residents about their experiences at Hopewell through 2022. These results come from the Hopewell Resident Satisfaction Surveys that are administered every 3 months.



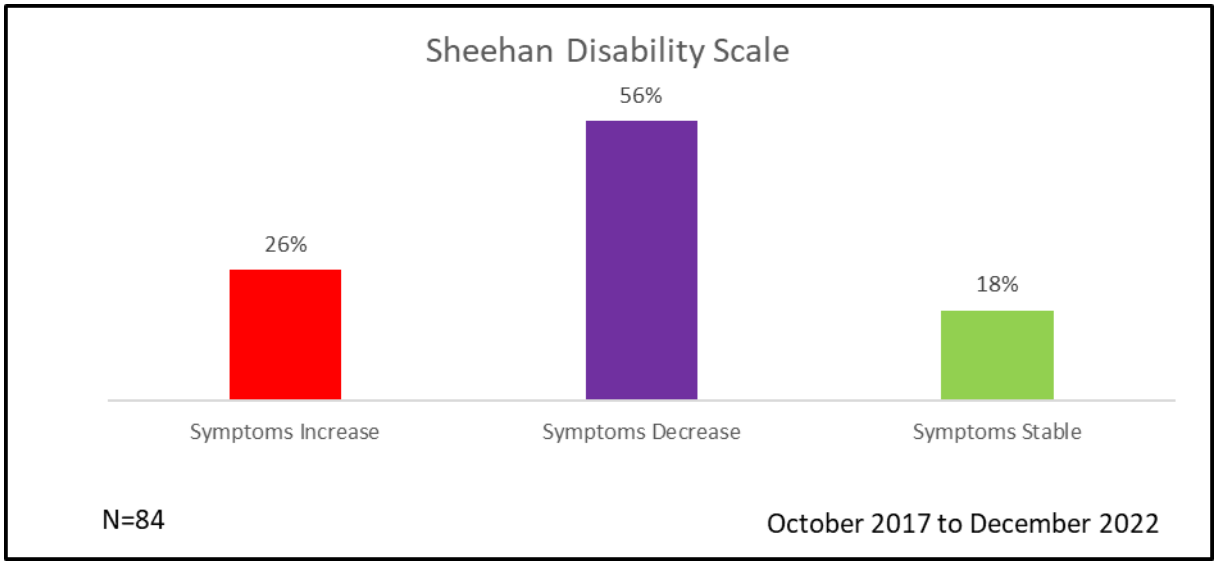
Self-Reported Instruments from Hopewell Residents

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 admission, and at discharge. The results show a 66% decrease in impairment, 6% stayed the same, and 28% had an increase in impairment.



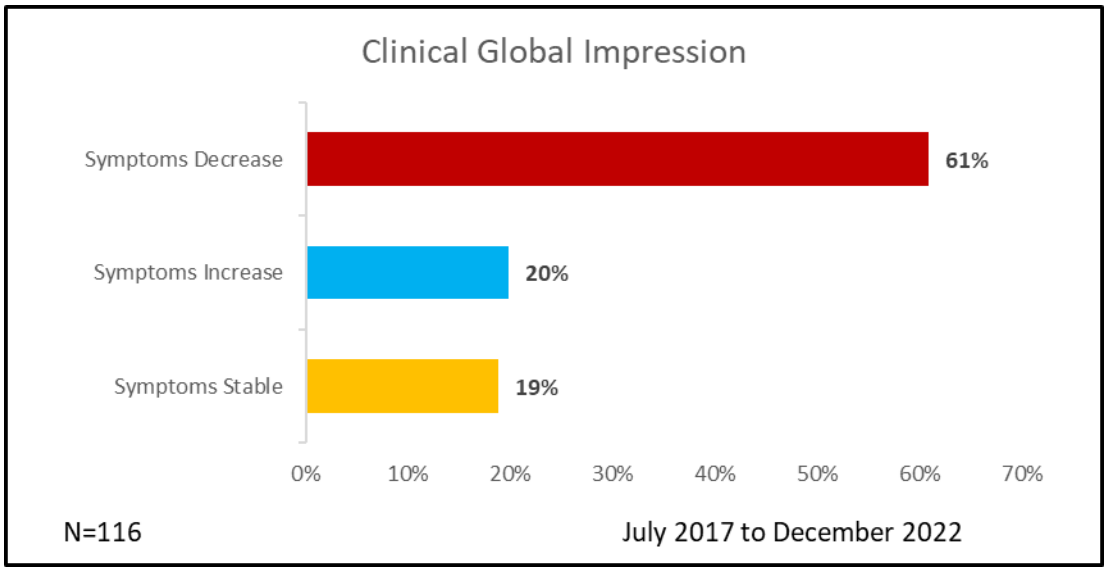
Below is the Sheehan Disability Scale, which is three-self rated items designed to measure the extent to which his or her 1) work, 2) social or leisure activities, and 3) home life or family responsibilities are impaired by his or her symptoms on a l0 point visual analog scale. This scale was started in October 2017 and given out at admission, quarterly after admission, and at discharge. The results show that 56% of residents have decreased their impairment, 18% stayed the same in their impairment, and 27% had an increase in their impairment.



Clinician Rated Instruments

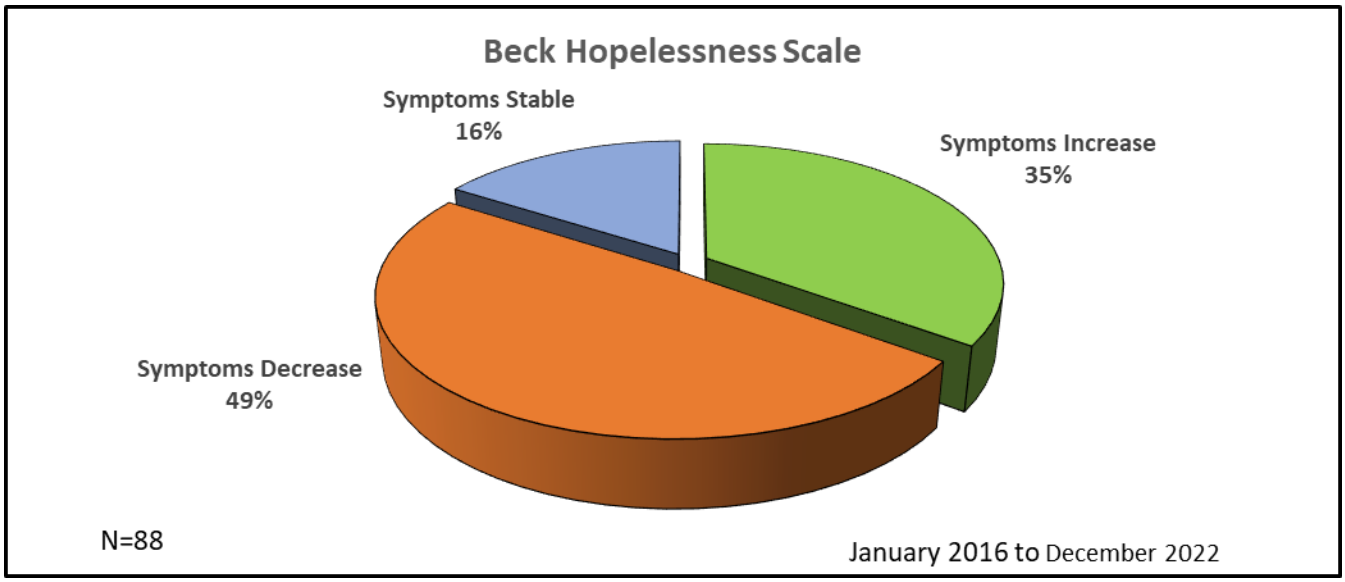
Below is the CGI (Clinical Global Impression), a clinician-rated scale designed to rate the severity of illness, change over time, and efficacy of medication, considering the patient's clinical condition and the severity of side-effects. This scale has three global subscales: severity of illness, global improvement, and efficacy index. The assessment was started in 2017 and given out at admit, quarterly, and discharge; in 2019, it was changed to a monthly assessment. The results

up until 2020 showed that 61% had a decrease of severity of illness, 27% stayed the same, and a 22% increase in severity of illness.

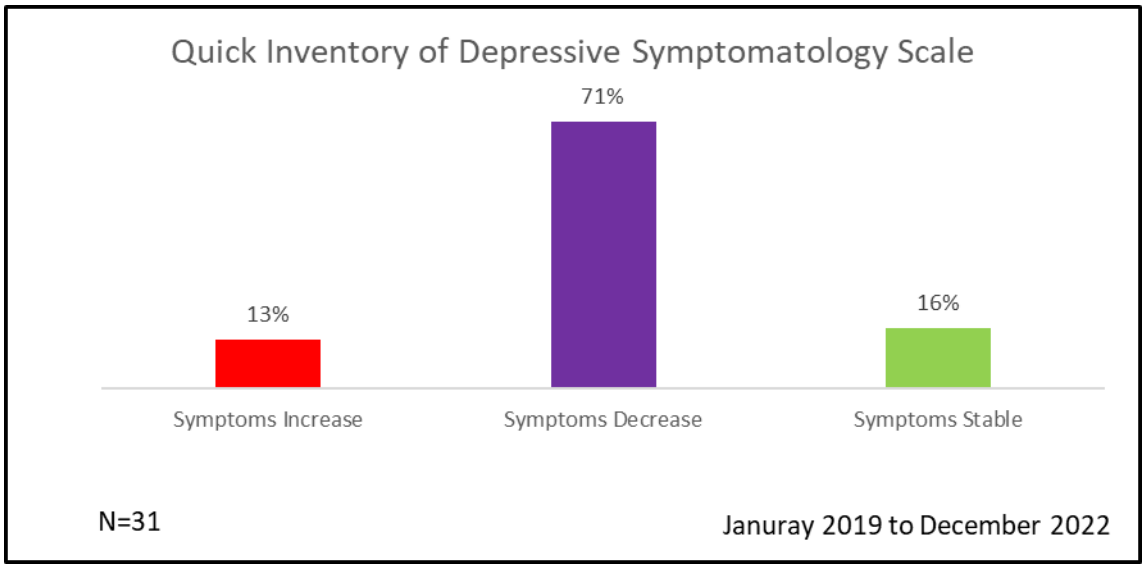


Scales for Individual Diagnoses

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 decrease while at Hopewell. Our results showed that 49% of residents showed a decrease in symptoms of hopelessness during their stay at Hopewell, 16% stayed the same, and 35% 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 71% of residents with depressive symptoms had a decrease over time, 16% of residents had symptoms that remained stable, and 11% had some increase in symptoms.



New Programming: ERP Program for OCD

Hopewell has been exploring the viability of treating Obsessive Compulsive Disorder (OCD) and related disorders at Hopewell utilizing the treatment modality of Exposure & Response Prevention therapy (ERP). This initiative came out of our discussions with Dr. Paul Keck from the Linder Center of Hope during his evaluation of our clinical program and capabilities in November of 2018. Subsequently, we contracted with Charles Brady, PhD, to consult with us on this matter. Dr. Brady was the Clinical Director of Outpatient Services and the Director of the OCD & Anxiety Program at Linder Center of Hope and is now the Director of Kitsap Peninsula OCD and Anxiety Services in Washington State.

After Dr. Brady visited the farm on a couple of occasions it was determined that including individuals with OCD and related disorders would be an excellent fit for our therapeutic community model of residential treatment.

Dr. Brady has worked with our clinical team to implement a comprehensive ERP program at Hopewell including providing 3 hours of ERP therapy a day. There are 5 ERP groups per week, individual ERP sessions, and ERP opportunities during work crews and on their own as homework assignments. We have implemented this with four of our current residents that have co-occurring OCD diagnoses or traits.

This pilot program was initiated with our first ERP group on 3/2/2021 and continues presently in Hopewell programming. It has been going very well and we have formally started admitting individuals with a primary diagnosis of OCD and related disorders. We administered the FOCI – Florida Obsessive Compulsive Inventory with all the participating residents. The FOCI is a self-report questionnaire that has separate scales for a number of symptoms (The Checklist) and severity of symptoms (Severity Scale).

UCT – Transitional Program

We have developed a transitional services program set up in University Circle in Cleveland. The program features supported independent apartments, community integration and peer support, a Hopewell office, and structured day programming. The program is partnering with the many cultural, educational, and medical organizations in the circle. In addition to UCI, partnerships have begun with Magnolia Clubhouse, Holden Forests and Gardens, The Cleveland Music Settlement, and the Cleveland Institute of Art. Outcome measures will continue with currently used instruments and additional instruments for community integration measurement.

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 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 the time of discharge for most residents of Hopewell. The fluctuations in symptoms are looked at on an individual basis and is information shared with clinicians to best assist the resident in decreasing symptoms.