

# Hopewell Center Performance Analysis Fiscal Year 2008

## 1. Programmatic

### **HOMESTART EARLY LEARNING PROGRAM**

#### INTRODUCTION

This management report examines information gathered for the Homestart Early Learning Program for the period beginning July 1, 2007 and ending June 30, 2008. This report was compiled to share the results of specific program objectives. It was created by Julianne Jarrell, Children's Services Director, from data gathered to measure these objectives. The objectives have been designed to indicate the programs effectiveness, efficiency, consumer satisfaction and future development.

#### CLIENT DESCRIPTORS

During the twelve month period from July 1, 2007 to June 30, 2008, 139 children and their families participated in the Homestart Early Learning Program. All children served by this program are between the ages of birth and 36 months. Each child demonstrates a developmental delay or is considered "at-risk" for developing such a delay. Of the 139 participants, 64% were Medicaid eligible, 63% lived within Anderson city limits, 69% were Caucasian and 17% were African American. There have been 43 new referrals in the past six month period, for a total of 90 referrals this program period. Children participating in the program have a variety of disabilities. Seventeen percent of children served were communication handicapped, 3% multiply handicapped, 55% mildly handicapped and 19% moderate.

#### PRIMARY OBJECTIVES

During this report period, the program's effectiveness was measured by the following two objectives:

- 1) 90% of family identified outcomes will be met.  
Results show that 80% of outcomes were met.
- 2) 100% of children will demonstrate progress towards all outcomes.  
The result was 95% of the children measured made progress.

The program's efficiency was measured by the objectives stating:

- 3) An average of 75% of scheduled home visits will be made.  
Results show that 73% of home visits were made.

- 4) The second measure indicates the average number of hours billed per Developmental Therapist (FTE).  
Results show that 46 hours was the average number billed per month.

The satisfaction of families being served was measured by our consumer satisfaction surveys with the goal that:

- 5) 95% of families surveyed will rate homebased services as good or excellent.  
95% of families rated homebased services as good or excellent.

### SUPPLEMENTAL MEASURES

- 6) The first supplemental measure indicates the average number of days between referral date and the date of the first therapy visit.  
Results show that there was an average of 9.5 days between the two dates.
- 7) The second measure indicates the number of children referred to the program.  
For this program period, a total of 90 children were referred to the program.

### DISCUSSION

During the past twelve months client descriptors have continued to be monitored and trends or changes evaluated. The Homestart Early Learning Program shows an all time high percentage of children listed as moderately mentally handicapped at 19%. This number was at 13% in FY07 and 9% in FY06. The year also shows an all time low figure for children at-risk (1%) and a slight decrease in communication handicapped to 16%, as compared to 22% and 24% in FY06 and FY05 respectively. With the increase in the percentage of moderately impaired children we noted a decrease in the mild category from 60% to 55% and a slight decrease in the severe and profound children from 4% to 3%. We believe much of this can be explained by the fact that the more specialized therapists (PT, OT, Speech) have been less available county wide. Our Developmental Therapists (those with education/child development backgrounds) have been working with children that are more significantly handicapped as the more specialized therapists are less available. The continued decrease in children categorized as at-risk can be attributed to the Systems Point of Entry more closely monitoring for legitimate, possibly qualifying referrals, and the change in eligibility criteria.

We also monitor other population statistics. The percentage of children in the Caucasian race category has continually decreased to an all time low of 69% from 75% and 74% the last two years. The African American population almost doubled this year, from 9% to 17%, and the "Other" race category has continually remained around 8% the last few years. The Hispanic percentage increased only slightly (to 5% from 3%). "Quick facts" from the US Census Bureau indicate that approximately 8% of the population in Madison county (2006) and 15% of the population in the city of Anderson (2000) were African American, so we feel that we are effectively serving the population in our area. The percentage of families served living within the

Anderson limits has decreased to 63% from 68% last year and 67% in FY06. We feel we are effectively working with referral sources outside of the city limits, and are pleased to see the number in the outlying community remain relatively high.

The percentage of families qualifying for Hoosier Healthwise, 64%, has shown a somewhat significant increase from 50% and 58% the last two years. Part of the increase could be that the documentation we are receiving from First Steps is more specific and we are more accurately capturing the correct information.

Program Effectiveness goals showed continued developmental progress for the clients again this year. 95% of children measured showed progress toward all of their outcomes for this program period. Families are also responsible for developing goals for their children. During this twelve month period we show that 80% of goals developed by the families have been met. This is a decrease from last years figure of 96%. We had, however, reported this figure at 72% for the first half of the program period, and it increased to 90% for the second half of the year. We do feel that the decrease in outcomes met may be due to the increase in children categorized as moderately handicapped. We have also discussed the way outcomes are written with the First Steps staff. We had hoped to see that 100% of children would progress towards all outcomes, but are still pleased with the figure of 95%. We do note that the 5% not progressing towards all goals did make progress towards some goals, and we also note that they were categorized as being moderately or severe and profoundly handicapped.

The Programs efficiency is measured by the percentage of home visits made. Our goal is to make 75% of scheduled home visits. This year we had an average attendance rate of 73%. Therapists have helped parents understand the importance of consistent visits, and are always monitoring the rescheduling of visits whenever possible. It is often challenging to reschedule visits when caseloads are full, but therapists make it a priority to do so whenever possible, keeping within State guidelines.

Our efficiency measure indicates the number of hours billed by Developmental therapists. We hope to achieve an average of 50 hours per therapist per month. We did have an increase the second six months to 47 hours average from 45 hours the first half of the program year, for an average of 46 hours for the year. Billable time is also tracked – this year it ranged from 20-37%. The Developmental Therapists have done an excellent job of tracking their time and rescheduling visits. In this department face to face contact with the children and family is the only billable activity.

We have recently completed our annual satisfaction surveys. Results indicate that 95% of individuals surveyed rate homebased services as good or excellent. It is always interesting to read the specific comments parents share, and we do use these comments to improve or change therapy activities. Families appreciate the knowledge and expertise our therapists share during therapy sessions. Some indicate that the therapists are patient and do well keeping the Childs attention focused on activities. Many have noticed improvements in their Childs development, and they like the individualized activities that are presented during home sessions. A few parents also noted that they appreciate the ideas the therapists give them for activities to work on throughout the week. Quite a few parents indicated that they wish the therapy sessions could be

longer and more often throughout the week. We especially appreciate the positive comments about individual therapists, including that they are friendly, helpful, “awesome” and “great”!

The Homestart program also continues to monitor the number of days between date of referral and date of first visit. The average this program period was 9.5 days. This number decreased from the 12 days reported last year. Therapists will continue to make the first contact just as soon as possible after referral. First Steps staff is doing a better job indicating a “start date” for services that is close in time to the therapists next opening. Staff frequently contact us and ask us to “hold” an opening for a child on a waiting list. Our PT, OT, and Speech therapists always have children waiting for their next opening. The Developmental Therapists keep full as well, but may have the rare occasion that they have a couple openings. Hopewell Center employees four of thirty one developmental therapists available in the county, so there is a lot of competition in that area.

We also closely monitor the number of children served, the number referred and “market share” served by Hopewell Center. The Homestart Early Learning program served 139 children this past twelve months, with a total of 90 referrals this year. It should be noted that this number is duplicative at times – there are occasions when one therapist receives a referral early in the year, and that same child may be referred to another therapist later in the year. The total number of children served, 139, has increased slightly from last years number of 134 and compares to 144 children from the year before. We did receive a few more referrals – 90 this year as compared to 83 in FY07 and 79 in FY06. We do continue to closely monitor the number of children served. We again note this year that one therapist has been participating on an eligibility team in another county. She continues to maintain billable time recommendations, but is serving fewer on-going children in the Homestart program. The developmental therapist did keep busy evaluating 145 different children last program year. Typically 3-5 children are evaluated each week, and on-going visits then occur by a therapist in that county. We will continue to work closely with the local early intervention referral site and strive to ensure that we meet the needs of the families and the children referred.

The Homestart Program also measures the “market share” of children served in the community. We measure the number of children served by Hopewell Center as compared to the total number enrolled in services in the entire county. We had previously used figures combined from both the Service Coordination and Homestart program, showing much higher figures. Our market share for this program period was 39%, the same figure reported last year. We also compare the number of therapists at Hopewell Center to the total number of providers in the county. Hopewell Center therapists make up 8 of the 62 available providers in the county, indicating 13% of available therapists in the county. We saw an increase of four providers throughout the county, while the Hopewell number remained the same. Therapists continue to work on ensuring that families and referral sources are aware they can choose Hopewell Center when given options from the Systems Point of Entry. Caseloads for all therapists have been consistently full this year.

The Children’s Services Director continues to monitor and evaluate the impact of State changes and proposals upon the Homestart Program. One change we continue to monitor has been the move to “clustering” or regionalization four years ago. Coordinators now have a significantly

higher caseload and are not as available to the families. Also many staff were new to First Steps and needed training to understand the system. Hopewell Center does continue to maintain a good working relationship with the fiscal agent staff, and therapists have been more available to families during this transition time. We continue to work with the group throughout the changes and will remain involved with local planning councils.

We have also seen recent changes in eligibility categories, making fewer children eligible, and an increase in the family “co-pay” has been implemented. This change occurred two years ago, and we have not seen as significant an impact as expected. All of these changes could potentially affect the Homestart Early Learning Program and will continue to be monitored closely.

## **EARLY HEAD START**

Early Head Start (EHS) in Madison County is an initiative created in 1996 to provide early, continuous, comprehensive child development and family support services to low-income families with pregnant women and/or children under the age of three years. Aimed at addressing both parenting and child development needs, EHS is based on the belief that a child’s first and most important teacher is that parent. A major function is to educate the parent on how to teach the child and to recognize appropriate developmental milestones.

### **CLIENT DESCRIPTORS**

The EHS program has worked with a total of 138 children and pregnant women during this program year (98 during the last 6 months). Children are involved in the program from birth to thirty-six months; pregnant women are enrolled until the birth of their child (both are considered clients). All clients were determined to be living below the poverty level as defined by federal guidelines at the time of enrollment.

A brief look at the clients showed them to be 43% Caucasian, 33% African-American, and 18% Hispanic. 49% were male and 51% female. 110 clients were normally-developing, while 28 children were diagnosed with communication problems or mild to moderate developmental delays. All clients are Medicaid and/or Hoosier Healthwise recipients.

87% of the families reside in Anderson. Of those families, 36% were two parent households, 57% were single parent households, and 6% of the clients were children in foster or guardianship care. The majority of our clients are self-referred, by calling us directly about enrollment. Enrollment is ongoing throughout the twelve months, and open to anyone in Madison County.

The annual demographics for the 2007-08 program year further show:

- 74% of the current parents or guardians are in their twenties, 4% are in their teens, 19% in their thirties, and 3% are 40 or over;
- at least 43% of the parents have not yet completed their high school or GED programs. Six parents are currently active in the GED program at the Ebbertt Center;
- 66% identified themselves as unemployed at the time of enrollment; and

- 81% of the households had an income level below \$9,000 per year at the time of their enrollment.
- 14 clients were pregnant women (two were teenagers), a higher than normal number.

62 children (45% of the 138) were also enrolled in one of four playgroups for two-year-olds during the year. Twenty of those served had a diagnosed disability and all but one were transported on the EHS bus.

### PRIMARY OBJECTIVES

During this program year, outcome data was collected to measure the following performance objectives regarding program effectiveness.

- 1) 95% of family identified outcomes will be met for those with children exiting the program due to age or because they no longer qualify.  
The goal was not met for the six- or twelve-month periods. 100% of the outcomes written by the families were completed by the time they left the program for the first period, but only 92% met the goal for the second, and full year periods. This percentage represents three families who left EHS with a single incomplete goal on their charts.
- 2) 100% of children will have all possible required immunizations at the time of program exit when they had been in the program for 90 days or more.  
The goal was not met for the first (90%), but was met for the second six-month period (100%). Overall, 90% (72 of 80) of the children were in compliance with the measurement when they exited the program. It was reported that the immunizations had been given to some of the remaining eight, but no documentation had been received.
- 3) Families will increase knowledge and skills that enhance self-sufficiency and parenting. 100% of families will participate in educational activities.  
The goal was met for both six-month periods, and for the year. 100% of the families received educational information and/or participated in one or more education activities during this period.  
The monthly EHS Toddler Times newsletter is given to each family monthly and the articles are reviewed during home visits. In addition, there are trainings during parent committee meetings, and individualized instruction offered throughout the year by their home visitors. GED, nutrition, budgeting, and CPR classes are offered regularly.
- 4) Families will show increased independence. 100% of families will access support independently.

The goal was met for all three periods. 100% of the families were able to access new and appropriate resources independently. Home Visitors specifically focus on helping parents to do for themselves, rather than doing tasks for them in an ongoing training process. Distribution of and access to the resource directories is important in this process.

Program efficiency was measured by the following performance objectives.

- 5) Playgroup attendance will be maintained at 80% capacity.  
The goal was not met. Playgroup attendance averaged 72% for the first 6-month period, 80% for the second 6-month period, and 76% overall for the program year. In addition to the routine absences for appointments, and childhood illnesses, the first 4 months had several weeks when the bus was not available for operation. Attendance during those repairs was much lower (54%, 69%).
- 6) Families will be home 75% of the time for scheduled visits.  
The goal was met. Completion of scheduled home visits averaged 76% for both the first and second 6-month periods, as well as for the 12-month program year. Special emphasis has been placed by the Office of Head Start on completion rates and the number of visits made per family in a 12-month period. Attention has been given to scheduling make-up visits, and working with families to ensure consistency of visits. When visits are canceled and not rescheduled, a monthly report documents the reasons for the cancellation.

A survey of families was taken in May, 2008 to evaluate consumer satisfaction regarding Early Head Start. The survey revealed that following information. The results reflect little change over the past years.

- 7) 100% of families surveyed will rate home-based services to be good or excellent (81% said they were excellent).
- 8) 100% of families surveyed will rate the playgroups helpful or very helpful (74% said they were very helpful).
- 9) 100% of families surveyed will rate the degree to which needs are being met as good or excellent (74% said excellent).

A survey of transportation services further showed that 100% of those responding always found the driver and monitor to both be very friendly and courteous. The responses revealed the belief that the driver usually or always drives safely, the children are always secured in a car seat, and that the transportation rules are understandable and reasonable.

Objectives reflecting program development measures were:

- 10) 100% of the Early Head Start staff will participate in training and development activities equal to an average of at least once per month.  
The goal was met. The average was 7.54 trainings per employee during the first six months, and all full-time employees completed a minimum of 12 activities

during the full program year. The average for all employees was 12.77 trainings, with an individual range from twelve to 15 trainings each.

- 11) Early Head Start staff will participate in community activities equal to an average of at least twice a month over a six-month period.

The goal was met. 5 staff members represented EHS in a total of 17 events or community meetings during the first 6-month period, and 3 members participated in 17 events during the second half of year for a total of 34, and an average of 2.8 per month. Included were Parenting Fairs, community collaborative meetings, EHS presentations, Transition meetings, and Healthy Family Board meetings.

### UPDATES:

In January, 2008, Early Head Start was assessed through completion of a mandated Triennial Review by a federally appointed team of evaluators. The Overview of Findings and cover letter following this assessment were dated May 29, 2008, and stated that there were no deficiencies, and no areas of noncompliance in eight of 10 service components. There were three findings in two areas that are currently being addressed. Two of those findings requested improved tracking of specific actions and will be resolved by 1) the creation of a lesson plan for each EHS Socialization activity, and 2) one addition to the monthly reporting form that will state whether the visit was cancelled by the parent or by a staff member, and whether an attempt was made to reschedule the visit.

Lastly, we are being required to participate in the Child and Adult Care Food Program (CACFP). In the past we have opted to not participate because of the excessive amount of paperwork required for little cash return in what is not a center-based program. Since the review however, we have participated in a CACFP training activity on March 25, and have submitted an application, currently in the signing process in Indianapolis.

Our program has for many years overenrolled a number of children, maintaining an enrollment of 90 to 94 rather than the 75 for which we were funded. Recently however, a policy clarification indicated that programs should not enroll more than their funded allotment. Based on that clarification and because of the reduced staff size, we were able to lower our overall caseload, and continue serving our funded enrollment of 75 clients without significant service impact other than number of clients.

## Sheltered Workshop

### INTRODUCTION

This report covers the Sheltered Workshop program during the report period July 1, 2007 through June 30, 2008. Program effectiveness, efficiency and development along with client

descriptors will be presented in this report. This report is submitted by Reina Shelton, Work Center Manager.

## **CLIENT DESCRIPTORS**

The workshop served a total of 158 individuals during the report period. However, we saw a significant decline in the program participants January 2008 from 158 to 133. Seventeen (17) of the 25 individuals who exited the program changed Day Service providers while the other 8 left due to various reasons such as increased support needs due to aging, death and change in residential providers and consequently the Work Center they attend. Also in the past year, 7 new individuals were admitted to the program. Most of them have funding through the Waiver. We anticipate to see more individuals enter the program as consumers gain access to service through the priority Waivers.

As mentioned in previous reports, a pattern of decline in the number of program participants is seen. In 2003, 179 individuals participated in the workshop program, 164 individuals in 2004, 166 in 2005 159 in 2006, 156 in 2007 and currently 133.

The majority of individuals we served live in Anderson (138 or 87.34%) The rest live in outlying areas such as Middletown, Alexandria, Lapel, Fortville and Elwood. 33% of people we served are diagnosed with severe/profound mental handicaps, 33% is in the moderate range and 44% is mildly mentally handicapped. Of the 158, 134 are Caucasian, 22 are African-American and 1 is Native American. There were 98 males enrolled in the program during the this report period and 60 females. 51% of service recipients live in group homes, 25% live in their natural homes and 20% receive residential supports from Supported Living programs. 111 individuals (71%) are multiply handicapped. The average age of clients in the shop is 45, the youngest is 20 and the most senior is 81. Last year one of our consumers who is 90 years old retired from the workshop.

## **PRIMARY OBJECTIVES AND DISCUSSION**

### **1) Ten individuals will be accepted to community employment services (each year).**

***12 individuals were accepted into the community employment services this year.***

In addition to the 4 individuals who started receiving community employment services between July and December 2007, 8 more people were accepted into the program between January and June 2008. We are very pleased that we were able to refer this number of individuals, especially in the last six months. In addition, we were pleasantly surprised at how fast the referrals sent to the Office of Vocational Rehabilitation were processed and forwarded to employment services providers. Of the 12 individuals who were referred, about 50% of them live in group homes while the others have funding through the Waiver.

In the past few years, we anticipated a continuing increase of individuals with higher support needs entering the program. This consequently meant fewer individuals being community ready, at least soon after admission. However, with the emergence the priority Waiver for those people with disabilities aged 18-24, that trend appears to have been interrupted. Especially in the last 6-8 months, we have seen several young, relatively skilled individuals access adult services for the first time. Many of them desire community based employment. We hope to see this trend continue as more Support Service Waivers are granted.

We have also noted that there seems to be a growing popularity of part-time community employment and part-time attendance in the Work Center. Many consumers and families have identified this as a good mix for them as this allows individuals to experience and reap the rewards of a community job while maintaining their vocational skills, friendships and connections in the Work Center.

As before, there continues to be a concern regarding the longevity of people in their community jobs. We continue to see individuals who become community employed, lose their jobs for various reasons and come back to the workshop full-time.

## **2) 90% of clients will demonstrate progress in at least 2 outcomes.**

***82% of consumers demonstrated progress in at least 2 outcomes in the past year.***

We continue to be pleased with the progress our clients make with their programs and desired outcomes. This year, eighty-two (82%) percent of individuals in the workshop met at least 2 outcomes in each of the two six month-periods included in this report period. This indicates a 2% increase from the average obtained in 2007 and a 32% increase from 2006. While falling short of the targeted 90%, we continue to be pleased by the improvements we see in our numbers. In addition, the raw data indicate that many individuals have made significant progress in some of their goals. A good percentage of clients have met several steps and as many as 12 in 1 goal. As before, we continue to work on developing more individualized and measurable goals. Through continuous training and mere longevity in their jobs, direct support staff continue to improve in their ability to work with consumers according to their individual needs, implement strategies consistently and record data accordingly. Equally important is the improved communication between the support staff who implement the programs and the Program Coordinators who develop these.

## **3) Subcontract revenue will meet or exceed budgeted amount.**

***88% of budget met.***

It has been a very challenging year for the workshop in terms of subcontract revenue. Last year's report narrated the loss of 3 major accounts that provided steady and appropriate work for most consumers. In 2006, we lost the most lucrative job the workshop has had in many years --- delabeling cans of pet food. Long time Hopewell customer Red Gold Corporation also

discontinued the packaging job that the workshop did with ketchup bottles. We were unable to obtain the contract for the project that replaced product due to the lack of appropriate equipment. It was also in 2006 when our partnership with RGP Enterprises ended due to the movement of car manufacturing companies overseas. In the same year, PQ Corporation pulled their business as they relocated and Guide Corporation for whom we were assembled fog lamps closed their doors.

This year we saw the loss of another major account with Connecticut Electric as they shifted their production overseas. The last project we did for them was completed in the fall of 2007. In March 2008, Marketing Representative positioned became available. We are in the process of hiring a new Sales Representative and are optimistic that we will be able to gain new business with other local and out of county companies. We are also pleased with our new partnership with Monday Voight Products which has not only brought work in house but has also given us the opportunity to bring a work crew into their facility. The Workshop's confidential shredding business has also grown significantly in the last year. In addition to the revenue that the service itself brings in, we are also selling the shredding to paper mills at a premium price.

Cartridge King has also had a difficult year in terms of sales. A significant deficit in revenue is seen due to the reduced orders especially in the last quarter of the report period. Our biggest customer, the State of Indiana decreased orders for remanufactured cartridges which adversely affected our bottom line. Efforts to determine the reasons for the decline in orders were unsuccessful. We continue to work very closely with INARF State Use staff to address the issue. State Use staff have confirmed that our experience with declining orders is not exclusive to Cartridge King but was being felt with other Quantity Purchase Agreements (QPA).

On the other hand, we are very pleased that we were successful in renewing our QPA for remanufactured cartridges with the State with new, more competitive pricing. We plan and look forward to marketing the Cartridge King service to private entities this year. .

As Cartridge King continues to grow, so do our competitors. We continue to see other laser toner remanufacturing companies who occasionally infiltrate our share of the market. In addition, we learned this year that Dell Company State has a QPA with the state for all new computer equipment, including printers. Currently, cartridge king is unable to remanufacture cartridges for Dell. We anticipate a slow decline in orders as the State replaces old machines with new Dell products. As before, we continue to work with Indiana's Department of Administration and INARF to ensure that State agencies are ordering cartridges available on the QPA.

##### **5) Paid funding levels will meet or exceed budgeted amount.**

***97% of budget met.***

Paid funding levels from State Line, Waiver, Medicaid Day Services and Private Pay were met at 97% of budget. Although falling short of our goal, we are still very pleased with this figure, especially as our census has significantly declined. This year, we specially sent a lot of time effort negotiating day service rates with Waiver providers.

The State is again implementing another change in the reimbursement structure for Waiver services starting in January 2009. We are unsure at this time how it will affect funding and our ability to deliver services according to guidelines. There is speculation among other service providers that this new structure will have significant and adverse effects on Day Services.

**6) 100% of clients surveyed will rate work activities as good or excellent.**

***79% of clients rated work activities as good or excellent***

The consumer satisfaction survey is completed with each program participant and/or their families at the time of their annual conference. Of those who were able to respond, 79% rated work activities as good or excellent. This was a bit surprising to us as the workshop has suffered significant job losses in the past year and even more significantly in the past six months. On the other hand we have some new jobs in the workshop that most everyone is able to participate in. In the survey, most respondents indicated that “making money” was their primary reason for coming to the workshop. However, almost just as many identified being with friends and staff as their primary motivation.

The survey also showed a small percentage of clients who stated that they did not like working at all. Some stated that work is boring and stated that it did not matter to them whether or not they made a paycheck. Some stated that they would rather play games and be with their friends. One consumer stated that he wished it was break time all the time.

Some of the consumers who have participated in the enclave at MVP indicated that going out to work was fun and they indicated that they would like to go back. Some of the individuals who have seen their peers go stated that they too would like to try it sometime. On the other hand, there are a handful of individuals who have tried working off site and opted not to go back for various reasons.

**7) 100% of clients receiving habilitation training will rate service as good or excellent.**

***79% of client surveyed rated habilitation services as good or excellent.***

79% of consumers rated their training (programs and habilitation) as good or excellent. While most said they don't mind working on programs, there was a small number who stated that they would rather be working than doing programs. 97% of consumers felt that their supervisor treated them fairly and with respect. “Behaviors” of other consumers such as yelling and “people getting in trouble” were identified as areas of improvement by some clients.

In the past six months, the Workshop has again started offering community based activities to consumers on a regular basis. One of the Training supervisors has been designated to identify, coordinate and take consumers to different community sites to give clients opportunities to participate in various activities. Clients are again able to volunteer at places such as Mounds

Park, Salvation Army and Operation Love and engage in community activities such as bingo, go to local festivals and fairs among other things. We also started a partnership this year with the Anderson Center for the Fine Arts to offer art classes. Consumers who enrolled in the class had the opportunity to participate using various art mediums in classes tailored to the needs of people with disabilities. The Center brought in a specialized instructor from the Very Special Arts program in Indianapolis to teach the classes. Clients and families reported very positive experiences so that some consumers opted to take the classes more than one season.

**8) 100% of residential providers will rate individual resident programming as good or excellent.**

***85% of residential providers rated individual resident programming as good or excellent***

In addition to QMRP's, Program Directors and Residential Coordinators, the Workshop included Waiver Case Managers in the survey pool for the first time this year. It was felt that their input was valuable in evaluating the program as they advocate for best Day services for their consumers. Of those who responded to the survey, 85% rated overall Work Center services as good or excellent. Only 1 provider rated overall services as "fair". 100% of the respondents indicated that they felt IPP's and programs outcomes for their consumers are appropriate. 100% also indicated that they are satisfied with the coordination themselves or their agency and workshop staff. Comments indicated that Day Service staff have been "great with communication" and commended them on their "flexibility" and "helpfulness in scheduling meetings".

An additional question was added to the survey this year to gain insight on what communication methods providers and case managers preferred. There was a wide range of responses and none of the options given was the most popular. While some providers/ case managers preferred to be e-mailed with information, some indicated that they wanted to be called on their cell phones. Some providers preferred that residential staff be paged and some preferred day service staff call the residential office. Currently, Day Services staff communicate with residential providers and case managers according to their preferred method. We are especially pleased with the comments on good communication as this was an area of deficit identified in the 2007 survey.

We asked providers and case managers what they feel the workshop has done well in the past year as well as recommendations for improvement. There was an overwhelming response that indicated increased paid work as the area where there needed to be improvement although many of them recognized the slow economy as a factor. On the other hand, there was also a consensus among respondents that open and prompt communication was one of the workshop's strengths. Respondents also listed paperwork, good programs, community based activities and strong client advocacy as things the workshop has done well in the past year. One respondent wrote "Overall, you can really tell that the staff care about the people they support at Hopewell".

For the most part, we feel that we continue to be fairly successful in building our relationships with residential providers and case managers. We have forged many new partnerships with Case Managers and residential staff even as turn over in these positions occur. We recall when none

of the residential survey respondents indicated satisfaction with workshop services in 2003. Although we continue to recognize that conflicts and disagreements between residential and vocational services providers are inherent to industry, we are especially pleased with the apparent improvements in communication between team members as evidenced by the survey comments.

**9) 100% of business customers will rate services as good or excellent.**

100% of business customers rated services as good or excellent.

14 of the business customers responded to the customer satisfaction survey and 100% of the respondents rated services as good or excellent. Quality of work was the highest rated priority among customers, closely followed by speed. Many of the document destruction customers rated confidentiality and convenience as significant factors to them. One customer indicated that they use Hopewell as they like the fact that we are local and we “provide” for local people. All of the respondents also indicated that they would recommend Hopewell Center to their business associates.

**10) 100% of staff will participate in at least 4 formal in-service trainings per year.**

*100% of staff participated in at least 4 formal in-service training this year.*

All workshop staff participated in at least 4 formal in-service training this year. We are happy that we were able to provide a wide variety of training opportunities to our staff. In addition to the more traditional industry related instruction such as behavior management, data documentation, program implementation and client file maintenance, we also did some unconventional trainings including relaxation exercises and stress relief and communicable diseases. We were fortunate to be able to find speakers from community agencies to come and share their expertise. An in-service on client lifting and transfers was also completed this year by a Physical therapist from St John’s hospital. The training was tailored to the specific needs of our consumers and the type of lifting and/or transfers workshop staff do the most.

**SUPPLEMENTAL MEASURES**

**1. Average wage of clients.**

Clients in the workshop made an average wage of \$1.21 per hour between January and July 2008 which surprisingly reflects a 19 cent increase from the previous 6-month period. This gives us an average hourly wage of \$1.21 in the workshop. We are pleased that the average hourly wage compares favorably to those of previous years in spite of the fact that we have lost a significant number of our contracts. A steady increase in the hourly wage of consumers is observed through the years --- 99 cents in 2003, \$1.00 in 2004 and \$1.08 in 2005, \$1.12 in 2006, \$1.22 in 2007.

This is partly attributed to the fact that the prevailing wage (wage rate paid to experienced employees after completion of any training or probationary periods...obtained from comparable businesses in the vicinity) increases increased and we have more profitable (but more complex) in jobs.

Individuals who participate in Cartridge King continue to make the highest wages in the workshop. Individuals in this program can make as much as \$10.00 per hour if they performed at 100%. Last year, Connecticut Electric provided the next highest paying jobs in the workshop. The loss of this contract in December 2007 had significant impacts on the earnings of our consumers in addition to the loss of revenue for the shop. We continue to strive towards obtaining new contracts to replace those that we lost in the past 2 years.

## **2. Average productivity of clients.**

The average productivity of consumers in the workshop in the past six months was 11.67% which reflects almost a 3% increase from the previous six month figure of 8.93%. This is primarily attributed to the loss of the more complex work related Connecticut Electric and the increase in simpler jobs that most everyone can do. Still, we continue to see a steady decline since 2004 in overall productivity rates of consumers – 14% in 2004, 13.42% in 2005 and 11.40 in 2006, 10.25% in 2007 and 8.93% in the earlier half of this report period.

We recognize on the other hand that many factors affect the productivity of consumers including the type of work, the environment, task attendance and motivation among other things. Individuals who work in Cartridge King are the most productive overall although a decline in productivity of consumers who build cartridges has also been noted. Of the 9 individuals in Cartridge King, only 1 person has an overall productivity average of over 50%. As in previous years, we anticipate the continuing decline of client productivity rates as the demographics in the population we serve change and as we support more individuals with more involved needs. On the other hand, there is the possibility that the influx of young individuals who now have access to services would interrupt this trend.

## **3. Average number of hours spent on paid work per week.**

There was a significant decline in the number of hours consumers spent on paid work activities during the latter half of the year from 7.2 hours per week between July and December 2007 to 2.63 hours between January and June 2008. Most of the number of hours worked in 2007 were related, again, to Connecticut Electric.

## **4. Number of contract jobs that come through the shop.**

A total of 32 jobs came through the workshop between January and June 2008, 6 less than the previous 6 months. This year we did not experience the influx of smaller, quick turn around jobs

we saw last year although we did see an increase in our shredding accounts (counted as 1 job for this report). We currently have 46 shredding accounts within Madison County.

## RESIDENTIAL GROUP HOMES

### INTRODUCTION

This report covers the residential group homes during the report period July 1, 2007 through June 30, 2008. Program effectiveness, efficiency and development along with client descriptors will be presented in this report.

### CLIENT DESCRIPTORS

The group homes served 20 individuals this report period, 16 males and 4 females. Sixteen of these 20 are Caucasians and four (4) are African-American. The ages of individuals living in the group homes range from 31 years to 64, the average age being 48.3. Seven (7) of the residents are diagnosed with Severe Mental Retardation, (6) with Moderate MR and (7) with Mild Mental. Twenty of the residents participated in the Sheltered Workshop Program full-time. One male resident moved out of the group home on 5-16-08 which makes the current number served 19.

### PRIMARY OBJECTIVES and DISCUSSION

*1. 100% of residents will have opportunities to enhance their quality of life.*

**95% of residents participated in a program focusing on expanding their unique interests.**

The ultimate goal of the group home is for residents to move to a less restrictive setting. However, this rarely occurs due to lack of funding and lengthy waiting list for waiver services as well as parent/guardian reluctance to do so. Therefore, we strive to assist the residents in being as independent as they can be and provide them with life enhancing opportunities in the group home setting. One resident has consistently refused a variety of opportunities presented to him and has also not stated any preferences he would choose.

Other than this individual, programming in this area has been successfully implemented over the past year. The client's and their families have responded positively to these goals. This compliments the Person Centered Plans as these focus on each residents likes/dislikes, goals, and dreams. One resident who likes horses has subscribed to a horse magazine in which the staff have read articles to him and he has made collages of his favorite horses. This resident recently went to the 4-H fair to the horse show and was able to pet the horses in their stables as well as talk with the owners. Another resident who enjoys socializing and community

outings, has been making monthly visits to local nursing homes. This appears to benefit both the resident as well as the patient as both have appeared to enjoy the visits.

**2. *85% of residents will show progress in daily living skills.***

**100% of group home residents showed progress in daily living skills.**

We continue to be very pleased with the progress that our residents show. All of the individuals showed progress in skills through meeting objectives. We are especially pleased to note that even our residents who have significant medical concerns and limited skills are advancing. We continue to be very conscious of residents' changing needs. As always, there were individuals who made significant progress and met objectives across many different domains, then there are others whose improvement has been slower. Motivation and in a few cases, medical issues are felt to be the main factors involved. There are a few residents who are participating in programming that is focused on the meaning of responsibility as well as identifying tasks that are and are not their responsibility. The residents have responded positively to staff as staff remind them of this program when appropriate.

We continue to facilitate Person Centered Planning which is a positive factor in developing meaningful training opportunities and tuning into strengths as opposed to needs. The PCP's were revised this year. The resident's enjoyed going over the plan and would readily voice any changes. The plans are especially beneficial for new staff to refer to.

We have continued striving to implement training programs that are relevant to the resident's daily routine. For instance, one resident who has limited nutrition skills and tends to over portion, has learned to read the portion sizes on food labels and is currently matching the appropriate measuring utensil to that portion size. Another resident who has consistently refused to wear his eyeglasses for years, is up to wearing his glasses for three hours per day.

**3. *Actual supervisor hours will be maintained between 96-100% of available hours.***

**Bittersweet home used 96.0% of available hours, Lindberg used 98.1% and Nichol used 110.5%.**

The Bittersweet group home used 96% of the hours available while Lindberg used 98.1% this report period. We continue to be able to maintain the supervisor hours within the allotment in these two homes. The occupancy rate for Lindberg (96.36%) exceeded the budgeted amount by .61% which was a factor in keeping the actual supervisor hours near the goal of 100%. While the supervisor hours were within the goal range, the occupancy rate for Bittersweet was 1.12% lower than the budgeted amount. This was likely due to having an open bed for the last 5 weeks of the year. The excess supervisor hours of 569 was largely impacted by a House Manager being on FMLA for 12 weeks.

The Nichol group home used 110.5% of the allotted hours. Although we continue to use more hours than allotted, this figure slightly decreased by .5% from last year. This was likely due to Nichol's occupancy rate (93.55%) exceeding the budgeted amount by 0.80%. While we would like to be able to have the occupancy rate for this four bed home in the mid to upper 90's, we also are very aware of the important role family members play in the overall well being and mental stability of our clients. All four of our Nichol residents have very active families and therefore they very regularly go home for overnight visits. We anticipate that this occupancy rate of 92% -93% will also be expected for FY09.

**4. Adequate training will be given to staff.**

***85% of residential staff will participate in at least 4 in-service trainings per year.***

This objective was met at 85%. One factor for this objective being below 100% is that the objective is applicable to all staff employed 30 days. Of the 3 staff who did not meet the objective, one quit within her introductory period and one staff is currently in her introductory period. Due to these type circumstances, staff do not have the same amount of time to accomplish this objective. In order to compensate for these instances, we would like to change the objective to 85% of staff will meet this goal. We will strive to have a training each quarter along with monthly staff meetings. The Residential Nurse will also be providing quarterly training this year.

Due to several dietary restrictions occurring at one of the group homes, our consulting dietician provided 2 trainings, one on a pureed diet and one on a mechanical soft. Staff were able to observe and actually prepare the foods to the appropriate textures. Staff also attended a training on MRSA presented by our Residential Nurse. This was given when the MRSA infections was in the news often and staff were feeling uneasy and uneducated about this subject.

**5. 80% of residents/guardians surveyed will rate services good or excellent.**

This objective was met at 100%. For the most part residents and their families are very pleased with services provided in our group homes. One hundred percent of the surveys reflected that parents and guardians were satisfied with the communication between them and the House Manager, Residential Nurse, and QMRP respectively. This positively reflects an area in which we strive to do well in.

In regards to Consumer Satisfaction Surveys, 100% of the consumers felt that the supervisors are helpful or very helpful. Ninety-five percent of residents felt that their supervisors "always" treat them with respect. One resident stated that staff "usually" treat her with respect. When asked what she would change about the staff, she stated, "nothing". Similarly, the parent/guardian survey reflected that 100% felt that the group home staff treat them and their family member with respect.

**6. 80% of residents will participate in at least 2 community based activities per month.**

**100% of the residents participated in at least 2 community based activities per month.**

All individuals who live in the group homes participated in at least 2 community based activities per month during this report period. Residents continue to participate in the regular activities such as 21 Club, Bowling at Eastside Lanes, Friendship class, etc. Although most residents enjoy and look forward to these, there continues to be a handful who do not participate due to the big groups and at times loud environments involved. For these residents, we continue to offer simpler and more individualized activities such as going out for coffee, going on walks, etc. During this report period, several residents participated in Special Olympics basketball and track.

The group homes continue to offer individualized outings based on the resident's interests. Several of the residents from the Bittersweet and Lindberg group homes attended a professional wrestling match at *Conseco Field House and at Worthen Arena*. This continues to be a favorite activity for many of the residents. Several residents also attended a Globetrotters game which was enjoyed by all. The residents of the Lindberg group home stayed the night at a hotel near *Victory Field* after attending an *Indians* baseball game. Residents from all three group homes played Duck Pin Bowling at a restored area of Indianapolis (this was discovered last year by the Lindberg residents). Locally, many of the residents enjoyed movies at Shadyside and the Colts Fan Fest in downtown Anderson.

The ladies at Nichol have been participating in activities such as going to the park, movies, walks, rummage sales and festivals. The Nichol ladies are often overwhelmed by large crowds and often do not have the endurance for trips that requiring excessive walking. While the above tend to be true, the staff will continue to facilitate new opportunities for the ladies. The ladies did attend Elwood High Schools variety show which featured their show choir, jazz band, concert choir, and the guards. The girls made an evening of the event by going out to eat prior. The ladies all commented on what a good time they had.

**SUPPLEMENTAL MEASURES**

*Number of full-time staff positions that become available.*

**Two full-time positions became available over the second half of this report period. Six full-time positions became available for this cumulative report period.**

Stable staffing improved over this report period with only 2 positions becoming available for a total of six. While we strive to keep this number as low as possible, this is an improvement from last years 9 open positions. Not only does it have fiscal advantages to have stable employment, but it also helps maintain the stability of the residents' environment. There are 6 staff that have been employed for at least 5 years, 3 of which exceed 10 years.

# EMPLOYMENT SERVICES PROGRAM

## INTRODUCTION

This report evaluates the Community Employment Services Program for the period of July 1, 2007 through June 30, 2008. This report will summarize the effectiveness and efficiency of the program and the satisfaction of the clients and the other stakeholders served by employment services.

## CLIENT DESCRIPTORS

During this report period, 14 individuals participated in the Placement Program, 50 participated in the Supported Employment and 51 participated in Supported Employment Follow Along. These numbers reflect no duplications (total of 115 individuals served). Duplicated numbers are as follows: 14 individuals participated in the Placement program, 55 individuals participated in the Supported Employment program and 50 participated in Supported Employment Follow Along. All of the individuals in the Placement program lived independently or in their natural homes, 4 were female and 10 were male. Of these individuals 9 were diagnosed with physical disabilities and the remaining 5 were diagnosed with various other disabilities. The Supported Employment program served 39 males and 11 females. Thirty-eight were diagnosed with Mild MR, 7 were diagnosed with Mod MR and the remaining 10 individuals were diagnosed with other disabilities. Of these individuals 44 are Caucasian, 11 are African American. Forty-two live independently or with family, 4 received residential support, 8 lived in-group home and 1 lived in foster care. Supported Employment Follow Along served 39 males and 11 females. Forty-five of the individuals are Caucasian, 3 African American, 1 Native American and 1 Pacific Islander. Thirty-three individuals were diagnosed with Mild MR, 6 Moderate MR, 3 Severe/ Profound MR and the remaining 8 had other disabilities. Twenty-nine individuals in this program live independently or in their natural homes, 14 receive residential support and 7 live in-group homes.

## Program Effectiveness Measures

### **1) 75% of clients will be employed after 6 months.**

28 individuals were placed during this report period and 69% of them maintained employment for at least 6 months. This is a 10% decrease from last years report. 8 positions were lost prior to the 6-month goal- 5 was terminated, 2 resigned their positions due to various reasons and 1 pursued other employment. Employment Services Coordinator along with Employment Specialist work very hard to ensure all vocational needs are met on the job sites to improve job retention. We are very excited that 76% percent of individuals employed during FY07 have maintained their employment for at least 1 year, Employment Services tries very hard to ensure good job matches and build the support's needed on the job sites to

maintain long term retention. This is a 32% increase from last report period.

**2) 85% of clients will be placed or employed within 90 days of employment plan implementation.**

Sixty percent of clients were placed within 90 days of receiving placement authorization. V.R. transitioned from an hourly rate to Results Based Funding during this time period which decreased the amount of Community Based Assessments initially done. Vocational goals are now very specific and give less leeway for employment variations. Typically we can expect a longer job development time when clients express interest in only one area of employment. The average time from plan implementation to employment for all clients was 110 days. We are pleased that this is a 22 day decrease from last years report of 132 days.

**Program Efficiency Measures**

**3) 80% of consumers will have employment plan submitted to VR within 60 days.**

Seventy-four percent of referral's had an Employment Plan submitted to VR within 60 days. During the second half of this report period there was a staffing change and a new employment services staff began in the position of employment planning specialist. As would be expected it has taken several months for this new staff to get acclimated to the new job duties and to familiarize herself with the individual preferences of each VR counselor. The Employment Planning Specialist has been working very hard to schedule times to meet with all parties involved in the planning process and to complete any Community Based Assessments requested by VR. Although we did not meet this goal we are pleased with how smoothly we were able to move consumers through the whole process. Those who did not meet the 60 day goal were due to missed appointments, undecided on pursuing employment or the need for extended Community Based Assessments.

**4) Employment Specialist will bill an average of 58,000 in annual services.**

Employment Services is very excited to report that it has exceeded its revenue budget of \$273,520.00 by 9% totaling \$304,484.00. Employment Specialists have been working very hard continuing to adjust to the Results Based Funding system. Staff continues to monitor their time and the services they provide on a monthly basis. It can be expected that revenue for the department will fluctuate throughout the year due to timing of the placements and the staggered milestone payments from RBF.

## **Satisfaction Measures**

**5) 100% of employers surveyed will rate Community Employment Services as good or excellent.**

100% of employers surveyed rated Community Employment Services as good or excellent. Employers express appreciation for honesty and the effort in matching clients to employers needs. Employers commented that one of the factors that places our services above other agencies they have worked with is our responsiveness to increase intervention when additional support is needed. Employment Services always work very hard to build rapport with employer's in the community.

**6) 100% of clients will rate Community Employment Services as good or excellent.**

100% of consumers surveyed rated Community Employment Services as good or excellent. Employment Services always continue to ensure satisfaction of the consumers we work with. Comments we have had are "I love my job" "Stay on longer as my job coach." "She did her job well and is a great person to work with." "Your great and keep helping more people, thank you." Community Employment Coordinator along with Employment Planning Specialist work together to ensure a good match between the consumer and the Employment Specialist.

**7) 100% of V.R. Counselors will rate Community Employment Services as good or excellent.**

100% of VR surveys received rated Community Employment Services as good or excellent. Employment Services always attempts to communicate with VR and continue to build a strong working relationship. During this report period we have started working with 2 new VR counselors. Each has their own way of conducting milestone payments. Employment Specialist's have been very flexible to ensure all steps are met and satisfaction from the counselors. Counselors have expressed appreciation with Employment Services in working with them during the transition period to RBF.

## **Developmental Measures**

**8) Number of placements will increase by from previous year**

Although we did not meet this goal, it was expected that the number of placements may decrease due to the very specific vocational goals put in place with the RBF system. We are showing a 30% decrease for this report period compared to last years annual report . Twenty-three placements were made this report period as compared to 33 placements in FY07.

Employment Specialists work very hard to ensure they are following the vocational goals put in place by the Employment Plans and exhausting all possibilities before requesting an amendment to the plan to expand the job goals. The program continues to partner with new employers in our community. Some new employment sites that we were successful in securing over this last year are: Menards (Muncie), Clarion, Affiliated Computer Services (ACS) and Bob Evans and Hoosier Parks New Racino.

**9) 100% of Employment Specialists will participate in 2 community activities each year.**

Eighty percent of Employment Specialist have participated in at least 2 community activities this year. Employment Specialists participated in the Wake- Up Breakfast, Business to Business trade show, Bingo Blitz. Employment Planning Specialist has worked with Pendleton Correctional Facility to facilitate bike restorations which then are distributed to clients.

## **SUPPLEMENTAL OBJECTIVES**

### **Supported Employment**

The average wage of clients placed from the Supported Employment program was \$7.08. This is a .50 cent increase from last year's average wage. This increase can be largely attributed to the increase in the minimum wage that became effective in July 07.

The average number of hours worked per week by Supported Employment clients is 26. This is an 6 hour increase from last year's average of 20 hours. This is consistent with VR's emphasis on clients working as many hours as possible and moving towards trying to go off benefits if at all possible. We are also very proud that three individuals obtained Full Time positions.

The number of clients with vacation, holiday or sick leave pay is 3. Employers continue to look for ways to cut costs. The job opportunities that are available tend to start out with fewer hours and then as the employer feels confident in the employee's abilities to increase hours worked. The three consumers that received benefits obtained Full-time employment.

The average number of days from initial IPP implementation to job placement is 148 days. This is a decrease of 4-days from last year's average.

The average number of days from Placement to Follow-Along status during this report period is 94 days; this is an decrease of 22 days from last years average. Employment Specialist work very hard to build the natural supports needed on the job site for long term retention.

### **Placement Program**

The average wage of individuals in the Placement Program was \$7.39. This is a 69-cent increase from the last year's report.

The Placement Program obtained employment for 2 consumers that offered vacation, holiday or sick leave pay during this report period.

The average number of days from initial IPP implementation to job placement for the Placement Program was 114 days. This is a 25-day decrease from last year's report.

# Supported Living Program

## INTRODUCTION

This report covers the Supported Living Program during the time period beginning July 1, 2007 and ending June 30, 2008. This report summarizes the effectiveness, efficiency, and satisfaction of the individuals being served, as well as program development measures.

## CLIENT DESCRIPTORS

The Supported Living Department served 77 individuals during this evaluation period. This is an increase of 14 individuals from last year's annual report. These individuals ranged in age from 4 to 79 years old. Sixty percent of the individuals served were male and 40% female. Eighty-two percent of the individuals served live in Anderson; however, the department also served individuals in Lapel, Alexandria, Summitville, Frankton, Fortville, and Marion. Fifty six percent of the individuals served are diagnosed with Mild MR, 19% with Moderate MR and 8% with Severe/Profound MR. the Supported Living Department also served 9 individuals diagnosed with Autism and one individual diagnosed with Rett's Syndrome. The majority of the individuals served are Caucasian (92%), 6% are African American and 1% Pacific Islander. Fifty-two percent live in their natural home or with family and 47% lived in their own house or apartment with staff support. 13 individuals received 24-hour support, an increase of 9 individuals from last year's report.

## PRIMARY OBJECTIVES

### Program Effectiveness Measures:

- 1) **90% of all clients will receive necessary support to allow them to remain with family or independent living apartment.**

**100% - objective met (first 6 month period)**

**100% - objective met (second 6 month period)**

**Cumulative = 100%**

This objective was met at 100%. QMRP's have addressed many client health and safety issues this year including pneumonia, diabetes, leg amputation, attempted suicide and two hip replacements. Supported Living staff worked closely with BDDS and Case Managers to maintain documentation and assure all needed follow through was completed. During this fiscal year five individuals in the Supported Living program have moved into 24 hour care settings in response to increased medical and safety issues. Though we met this objective at 100% this year we anticipate that at least one client in the Supported Living program may need to move to a facility where nursing care is more readily available within the next year. QMRP's and HCC nurse continue to monitor client health issues to assure that individuals are able to remain safely in their own homes.

**2) 90% of participants will demonstrate progress towards 2 outcomes.**

**93% - objective met (first 6 month period)**

**87% - objective not met (second 6 month period)**

**Cumulative = 90%**

This objective was met at 90%. This is an increase of 6% from last year's report. QMRP's continue to work with individuals and their teams to implement objectives that are meaningful to the individual. Examples of individual objectives range from learning to wave meaningfully to reviewing the driver's manual and learning to balance a checkbook. It is especially exciting to watch as the children served by the Supported Living department begin to work on goals such as kitchen safety and housekeeping skills in preparation for possibly living in their own apartment one day.

Program Efficiency Measures:

**3) Personnel costs will not exceed 68.5% of revenue.**

**66% - objective met (first 6 month period)**

**Cumulative = 63%**

This objective was met at 63% this fiscal year (compared to 66% last fiscal year). The department continues to monitor the schedule each week to assure that staff overtime is at a minimum. This has been extremely challenging as we have grown rapidly, making it more challenging to hire and train new staff to fill the additional hours.

**4) Program will average 90-100% of waiver clients will use 85-100% of days approved on their individual budgets.**

**38% - objective not met (first 6 month period)**

**Cumulative = 52%**

This objective was not met at 52%. This is the first year that this objective has been tracked. While the objective measured at 52% the department averaged 88% days used for all waiver clients. This objective was very difficult to track due to all clients having at least two budgets to consider during this fiscal year.

This objective will likely be no longer measurable as written after waiver services move to OASIS. Supported Living Coordinator recommends revising this objective to read "Program will maintain actual reimbursement of at least 90% of projected revenue."

Program Satisfaction Measures:

**5) 95% of clients surveyed will rate services as good or excellent.**

**88% - objective not met**

Surveys were mailed to all clients receiving services from the Supported Living Department. We did not meet this objective at 88%. This is a decrease of 8% from last year's report. The Supported Living Coordinator contacted the individuals and families who ranked services as "fair" to address concerns. One family requested scheduling more time with behavior therapists for training direct care staff. One client wanted more spending money and another requested that his meetings be video recorded since he is unable to read the case conference that is sent. Supported Living Coordinator and QMRP's will work on addressing individual and family concerns to increase satisfaction with services.

**6) 85% of case managers / ancillary service providers will rate services as good or excellent.**

**100% - objective met**

We are very pleased that 100% of case managers and ancillary providers rated services as good or excellent (91% ranked services as excellent!) Comments included "this client has made great progress in becoming more independent since under the supervision of Hopewell Center", "love the way the QMRP handles sensitive situations with this client" and "great to see this client healthy and happy!"

Program Development Measures

**7) 75% of CLA's will receive 6 hours of in-service training each 6 months.**

**18% - objective not met (first 6 month period)**

**57% - objective not met (second 6 month period)**

**Cumulative = 41%**

Although only 41% of staff received 6 or more hours of training each 6 month period, the overall average of training hours received each six months is 5.5 per CLA. The last time that we were close to meeting this objective was FY06 (62% cumulative). During the FY06 report period the department hired 14 new staff. During FY08 the department hired 47 direct care staff. As we continue to add individuals to the Supported Living program more time has had to be used to assess new clients, locate apartments and coordinate ancillary training. In December 2007 the department altered the job duties of one QMRP so that this individual can coordinate new staff training as well as assist in coordinating in-service trainings for staff. Although we did not meet this objective, we are very pleased with the improvement from the first six month period.

The QMRP's do a great job of facilitating team trainings on a regular basis for staff working at the 24 hour sites. In-service trainings during this period included CPR / First Aid challenges, Seizure Management, Crisis Intervention, Diabetic menu planning, and gait belt training.

**8) 95% of clients will receive an average of 3 observations each 6 months.**

**33% - objective not met (first six month period)**

**23% - objective not met (second six month period)**

**Cumulative = 27%**

This objective was not met at 27%; this is a 4% increase from last year's report. Although only 27% of clients received 3 observations, the overall average for client observations was 1.7 per person. The Supported Living Coordinator continues to send updated tracking information to the QMRP's. One barrier to meeting this objective is that QMRP's have limited time to be physically present in client homes. Often they are unable to complete a staff observation because they are actually covering a shift for direct care staff while they are in the home or attending a client meeting.

Supported Living Coordinator recommends revising this objective to 90% of clients will receive 2 observations per six month period.

### Supplemental Measures

#### **1) Average number of training hours provided to newly hired CLA's within their introductory period.**

An average of 22.75 hours of training was received by newly hired CLA's in their introductory period for this report period.

Training topics include Supported Living Orientation, CPR / First Aid certification, Core A & B Medication Administration, Crisis Intervention, ISP training, In-service with Behavior Therapists, Staff Meetings, and training shifts with individual clients. Last year new CLA's averaged 29.5 hours of training within their introductory period. The average decreased due to several of the new hires already having some of the introductory training completed prior to employment through other employers.

During this fiscal year 22 staff resigned or were terminated. Last fiscal year 27 staff had been discontinued.

#### Additional Comments:

During the last year the Supported Living Department has experienced significant growth. We have added 14 additional clients. Thirteen clients now receive 24 hour support. Currently the department schedules 2094 hours per week (an increase of 1020 hours from this time last year). During the last year the department has added a 4<sup>th</sup> QMRP, created a QMRP/Trainer position, and added two additional QMRP-D positions. We are very pleased that Case Managers and families continue to request Hopewell Center as new waiver slots are made available.

## 2. Agency Demographics

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### Client Descriptors

This report covers: 7/1/2007 through 6/30/2008

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Program	Number of Children		Number of Adults	
Direct Placement	0	0%	15	4%
Early Head Start	125	38%	13	3%
EHS Playgroup	63	19%	0	0%
Group Home	0	0%	20	5%
Homestart Early Learning Program	141	43%	0	0%
Supported Employment	0	0%	56	14%
Supported Employment Follow Along	0	0%	50	13%
Waiver/Supported Living Program	1	0%	76	20%
Workshop	0	0%	157	41%

City	Number of Children		Number of Adults	
ALEXANDRIA	16	6%	16	5%
ANDERSON	181	73%	247	84%
Chesterfield	4	2%	7	2%
ELWOOD	22	9%	9	3%
Fortville	0	0%	2	1%
Frankton	1	0%	1	0%
Ingalls	3	1%	0	0%
LAPEL	5	2%	1	0%
Marion	0	0%	1	0%
MARKLEVILLE	3	1%	1	0%
MIDDLETOWN	0	0%	2	1%
Orestes	1	0%	0	0%
PENDLETON	12	5%	5	2%
Summitville	1	0%	2	1%

<b>Primary Disability</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
Autism	2	1%	12	4%
Communication	27	11%	1	0%
MI/Emotional	0	0%	11	4%
Mild MR	85	34%	132	45%
Moderate MR	28	11%	48	16%
No Disability	96	39%	13	4%
Other	2	1%	4	1%
Physical	4	2%	15	5%
seizure	1	0%	1	0%
Severe/Profound MR	4	2%	56	19%
Visual	0	0%	1	0%

<b>Ethnic</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
African American	58	23%	39	13%
Caucasian	143	57%	251	85%
Hispanic	29	12%	1	0%
Native Am. / Eskimo	0	0%	1	0%
Other	19	8%	1	0%
Pacific Islander	0	0%	1	0%

<b>Gender</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
F	99	40%	113	38%
M	150	60%	181	62%

<b>Living Arrangement</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
	0	0%	1	0%
Foster Care	8	3%	0	0%
Group Home	0	0%	81	28%
Independent	0	0%	27	9%
Natural Home	239	96%	129	44%
Relative Home	2	1%	3	1%
S.I.L.P.	0	0%	1	0%
Supported Living	0	0%	52	18%

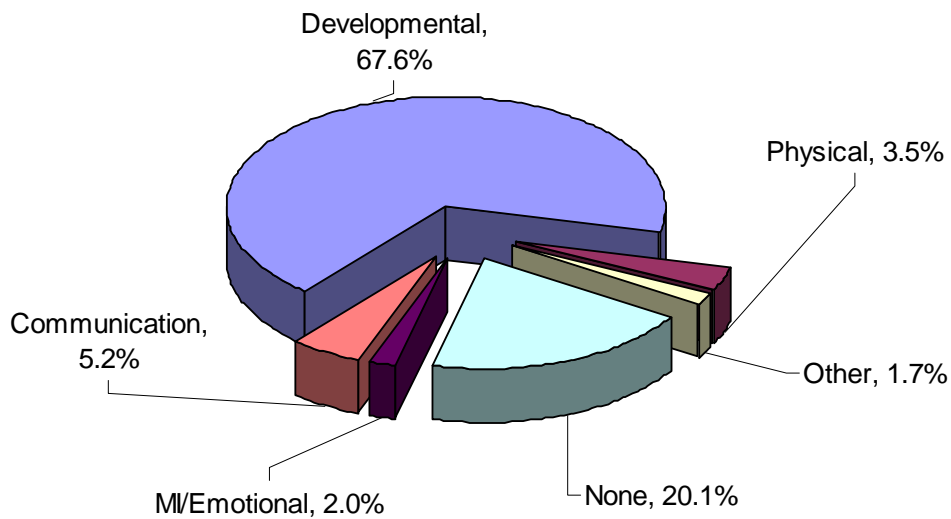
<b>Transportation</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
	0	0%	3	1%
AGENCY	76	31%	22	7%
FAMILY	1	0%	59	20%
GROUP	0	0%	83	28%
Indep	0	0%	67	23%
None	172	69%	25	9%
OTHER	0	0%	31	11%
SILP	0	0%	4	1%

<b>Medicaid</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
No	51	20%	60	20%
Yes	198	80%	234	80%

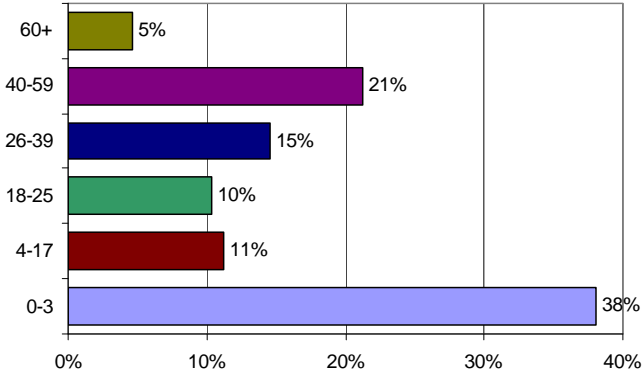
<b>Multiply Disabled</b>	<b>Number of Children</b>		<b>Number of Adults</b>	
No	245	98%	119	40%
Yes	4	2%	175	60%

<b>Totals</b>	<b>Number of Children</b>	<b>Number of Adults</b>	<b>Average Age (years)</b>
	249	294	21.95

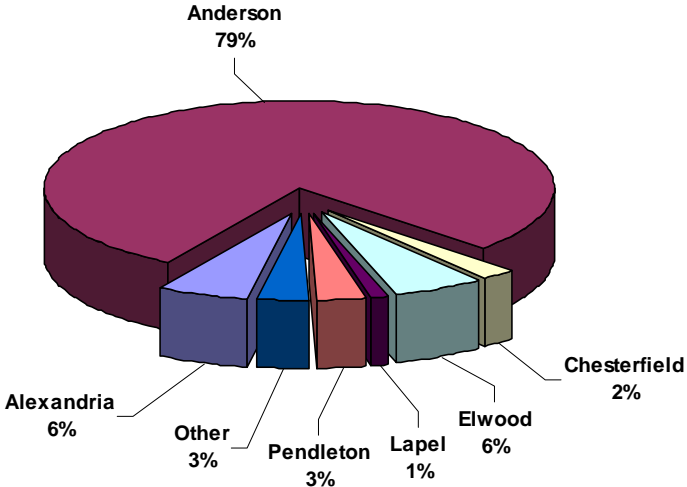
### Disability Categories



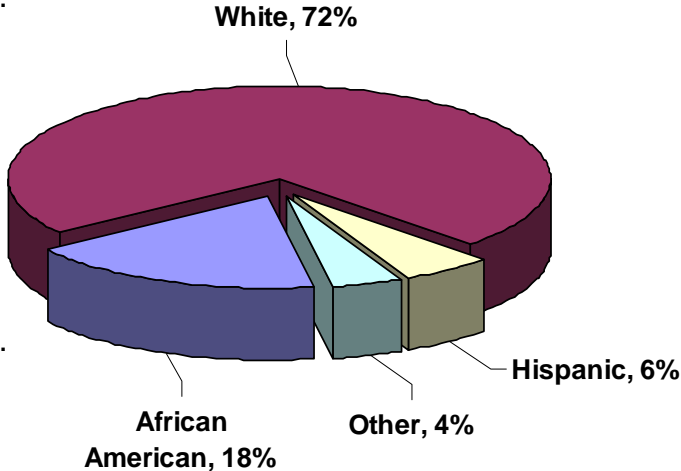
### Service Break down by Age



### Residence Breakdown



### Ethnic Breakdown



### 3. Customer/Stakeholder Satisfaction with Services

Program	Consumer	Stakeholder 1		Stakeholder 2	
Early Head Start Playgroup	100%				
Early Head Start Home	100%				
HELP - Early Intervention	95%				
Supported Living	88%	100%	Case Manager		
Group Home	100%				
Workshop - habilitation	79%				
Workshop - work	79%	85%	Resid Providers	100%	Bus Customers
Employment Services	100%	100%	VR Counselor	100%	Employer

### 4. Financial

#### Sources of funds for Operations

<i>Contributions</i>	\$34,744	.6%
<i>Community Allocations</i>	\$60,800	1.1%
<i>United Way</i>	\$55,421	.9%
<i>Government Fees/Grants</i>	\$4,735,131	84%
<i>Client Fees</i>	\$168,011	3%
<i>Contract Sales</i>	\$586,227	10.4%
<i>Other Revenue</i>	(\$94,421)	
<b>Total Funds for Operations</b>	<b>\$5,545,913</b>	<b>100%</b>

#### Operating Expenses

<i>Work Center</i>	\$913,469	16%
<i>Living Skills Training</i>	\$375,223	6.6%
<i>Early Intervention Services</i>	\$208,158	3.7%
<i>Employment Services</i>	\$252,635	4.4%
<i>Transition Services</i>	\$58,846	1%
<i>Residential Services</i>	\$2,427,056	42.5%
<i>Therapy Services</i>	\$152,451	2.7%
<i>Early Head Start</i>	\$552,446	9.7%
<i>Transportation</i>	\$63,691	1.1%
<i>Administration</i>	\$701,350	12.3%
<b>Total Funds for Operations</b>	<b>\$5,705,325</b>	<b>100%</b>

## **5. Facility** – *(See Full recommendation in Accessibility Review and Plan)*

- a. Exterior Painting completed – but bubbling of paint persists. Contractor, paint manufacturer and architect continue to discuss concern.
- b. August 2007 – Lightning strike disrupted and/or destroyed agency fire alarm, network router, telephone paging system, door openers, and printer. Electrical surge suspected as source of strike as systems are otherwise isolated. Surge protectors and battery backups to be used as much as possible. Systems repaired and/or replaced. Note - Workstations were protected by battery backup and undamaged.
- c. Evaluating parking lot resurfacing or recoating.
- d. Accessibility Survey indicated that door pull weight may still be a concern. All doors will be re-tested.
- e. Update website to improve communication flow to consumers and staff.
- f. Restroom signage is not tactile in nature.
- g. Drinking fountains are not wheel chair accessible. Evaluate installation of cup dispenser near fountains.

## **6. Technology** – *(See Technology/Network Plans)*

- a. Replaced outdated desktops and laptops in 2008.
- b. Moved Residential desktops to 3 Group Homes and added VPN connection through new router.
- c. Hard drive on Exchange server on verge of collapsing (Raid mirror inoperative). Plan to replace server in Feb/Mar 2009.
- d. Supported Living moves scheduling program from Access to online application – 2008.
- e. Medicaid billing change will require new tracking tools in 2009.
- f. New Network procedures written in response to Independent Audit suggestions. Includes discussion of system oversight, hardware, software, network, security, disaster planning, and access control.