

# 2010

## PROGRAM EVALUATION REPORT Programs & Services of Goodwill Columbus



**PROGRAMS** | Art Studio & Gallery  
| Health & Wellness  
| Onsite Residence  
| Sage Senior Services  
| Supported Living  
| Work & Behavioral Services  
| Workforce Development  
| Young Adult Services



Building **INDEPENDENCE**, **QUALITY of LIFE**, and **WORK** opportunities  
for individuals with disabilities and other barriers



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**“More than 70 Years of Empowering People with Disabilities  
and Other Barriers”**

# 2010 Accomplishments Programs and Services

## Overview

In 2010, Goodwill Columbus served over 4200\*, a 20.55% increase over the 3484\* people served in 2009. Over the past five years we have increased the numbers served almost 300% (from 1364\* to 4000\*). The unduplicated numbers served is 3325 in 2010 and 2583 in 2009, reflecting a 28% increase. (\*Reflects duplicated numbers since we serve individuals in multiple programs. For example, we have individuals that live in Onsite Residence, attend Sage daily and participate in the Art Studio and Gallery.)

Programs for individuals with Developmental Disabilities served almost 1200 and Workforce Development served 1629 (902 COTA Assessments and 727 WFD customers). In addition, we served 1326 individuals via our career closet (261 women's career clothing) and (1065 men's career clothing). 177 individuals participated in the Art Studio and Gallery and 99 participated in our Volunteer Partner Support Program.

Individuals with disabilities continue to be our most significant population served, however we continued to expand our mission to include individuals with other barriers including ex-offenders, older workers, at risk youth, working poor, dislocated workers, lack of GED/HS diploma, etc.

Individuals who are marginalized, people with disabilities, women, minorities, ex-offenders and people with limited work experience, education and training are most affected negatively by a recession. Obtaining and maintaining employment is very much a challenge for these individuals, which creates an extraordinary need for Goodwill's Workforce Development (WFD) services, Contract Services and Work Services. **In 2010, Goodwill Columbus provided employment or wage earning opportunities for over 800 individuals with disabilities and other barriers.** Goodwill Columbus employed 300 individuals with disabilities into our own business in 2010. In fact, 25% of Goodwill's workforce are people with disabilities. Despite the challenging economy and lack of jobs, the WFD Team placed 131 people into competitive employment in the community, an increase of 22% over 2009 with an average wage of \$9.27. 526 participants of Sage, Work and Behavioral Services and Workforce Development earned wages through work services or transitional work as a result of Goodwill businesses, particularly retail.

WFD continues to diversify funding in order to serve individuals with the most severe barriers to employment.

## Workforce Development

In 2010 we were successful in securing the following new contracts/grants:

- Work Readiness (COWIC/WIA) \$110,000
- Summer Youth (COWIC/WIA) \$158,000
- LIFEWorks (FCBDD/RSC) \$1,700,000
- STNA (COWIC/WIA) \$85,000
- ODRC mentoring (Second Chance Act) \$136,000
- Project Search (Upper Arlington Schools) \$27,000
- Project Search (RSC) \$32,000
- Flex Program (Huntington Foundation) \$17,000
- Franklin County Homeland Security (Justice Assistance Grant) \$25,000
- Access Point (COWIC) \$375,000 (commences July, 2011)

**Total: \$2,665,000**

In summer of 2010, WFD started a new training program for State Tested Nursing Assistance Certification (STNA). With support from United Way and funding from WIA, RSC and private pay, we have served 44 students, with a success rate of 80% obtaining certification.

We continue to work diligently on our partnerships with major funders for Vocational Rehabilitation and Workforce Development, including our two most important funders, Ohio Rehabilitation Services Commission (RSC) and Central Ohio Workforce Investment Corporation (COWIC). As a result of our partnership with COWIC, Goodwill was chosen as one of two satellite/Access Point locations for a One-Stop. We are committed to serving 600 people over 18 months starting in July, 2011. This is our first step to be an open employment services agency that anyone, despite having funding, can access for employment services.

For a variety of reasons, gaps continue to exist in the community for employment services for ex-offenders and the homeless population. Goodwill has been involved in a number of initiatives and community discussions regarding this issue. Goodwill was the convener of the Employment Strategy for the Community Shelter Board to bring together agencies to develop a community wide approach. In addition, we participated in the Stable Families Advisory Committee, Jobs2Housing Advisory Committee, Franklin County and State of Ohio Ex-offender Re-entry Coalitions and have met with a number of agencies like Faith Mission, National Church Residence, Community Properties of Ohio, COWIC and Community Housing Network to identify opportunities for partnerships and to develop community-wide initiatives to address these gaps. We facilitated conversations between community agencies in Montgomery County and leaders in Franklin County to learn from their community-wide approach to employing people who are homeless and ex-offenders. We have also worked at a statewide level with the Ohio Association of Goodwill Industries (OAGI) to develop proposals to secure funding to support these populations.

As a result of state funding deficits there is a growing population of individuals who have disabilities, but do not meet the Ohio Rehabilitation Services Commission's (RSC) eligibility requirements for "Most Severely Disabled" (MSD). These individuals do not have access to funding for services to assist them with obtaining employment. On a statewide basis, the Ohio Association of Goodwill Industries (OAGI) is seeking funding to support this population through the Walmart Foundation.

## Developmental Disabilities Program

In adult day programs (Sage Edgehill, Sage Crosswoods, Young Adult Services and Work and Behavioral Services), our biggest challenge of the year was recruiting new participants and maintaining existing participants as a result of an increase in competition of adult day services. While competition provides many options for individuals with developmental disabilities to choose from, it creates a challenge for Goodwill as we work to maintain our customer base. As an example, 15 of our adult day participants were removed from Goodwill programs to attend a program affiliated with the Intermediate Care Facility (ICFMR) in which they reside. The ICFMR has authority to redirect participants to any program, including their own. In total, we had 99 entries and 106 exits, compared to 2009 when we had 89 entries and 54 exits.

The breakdown for entries and exits in 2010 by program is as follows:

- Sage 39 entries, 55 exits
- WBS 43 entries, 33 exits
- YAS 17 entries, 19 exits

In anticipation of increased competition, we created a new Recruitment and Intake Coordinator position for adult day programs to focus on marketing and recruiting for our adult day programs. As a result of this, our number of new entries increased in 2010 which allowed us to meet the Franklin County Board of

Developmental Disabilities (FCBDD) contract goal of serving 809 participants (632 in adult day services and 177 through outreach) by our target date of August 2010. Our competitive advantages continue to be providing work 100% of the time through retail services, retail enclave opportunities, Art Studio, Health & Wellness and specialization of programs to serve individuals with the most significant needs (dual diagnosed DD and mental health and older adults including those with early onset Alzheimer's and dementia).

During 2010 we worked with the leadership and staff of United Cerebral Palsy (UCP) to develop a plan to merge UCP Programs into Goodwill Columbus Adult Day Programs. 55 participants from UCP were merged into Goodwill programs as of January 3, 2011. As a result of the merger, we developed a new program, *New Generations Work and Activity Services* to begin in June, 2011. This fills a gap for Goodwill to serve younger adults and provide work and other recreational and social activities. The program will relocate from Industrial Mile to Sage Edgehill in 2011. In addition, 13 staff from UCP were retained by Goodwill Columbus. Our 2011 FCBDD contract increased by \$500,000 as a result of this merger. The overall cost to FCBDD to serve both organizations decreased by over \$535,000.

Supported Living continued to manage overtime expenses through hiring, managing schedules and open shifts. We did not experience any major increase or turnover in existing participant base in 2010. Onsite Residence was fairly stable in terms of occupancy, and was able to replace any existing openings with new residents.

## Health and Wellness

Health and Wellness continues to develop a culture of health and wellness throughout the organization, with both participants and staff. They rolled out new programs including "Get Your PHD at Goodwill" program to educate employees on how to be better consumers of healthcare and evaluated policies related to HIPAA to ensure compliance.

Approximately 75% of individuals in our day programs have participated in one or more of the following activities this year:

- Holistic Health Fair
- Daily walking clubs
- Chair Volleyball games
- Chair Yoga weekly
- Weekly workouts in the Fitness Room
- Ballroom dancing for the visually impaired
- Drum Circles
- Interactive nutrition presentations monthly by OSU Extensions nutritionist
- Chair exercise videos
- Annual Walking Competition "Walk to the Moon"
- Pet Therapy
- Music Appreciation

## Employee Health Initiatives/ Participation

- Employee Health Fair: attended by over 250 employees
- Annual Blood pressure screenings: 150 individuals
- Annual Mammogram screenings: 15 individuals
- Healthy Life Screenings: 54 individuals
- Flu shots and H1N1 shots: 400
- Annual Walking Competition "Walk to the Moon": 222 individuals
- Employee workout facility: utilized 514 times by various employees
- Dance fusion, Pilates, and miscellaneous exercise classes: attended by numerous employees over 280 times

## Compliance, Data Management and Quality Assurance

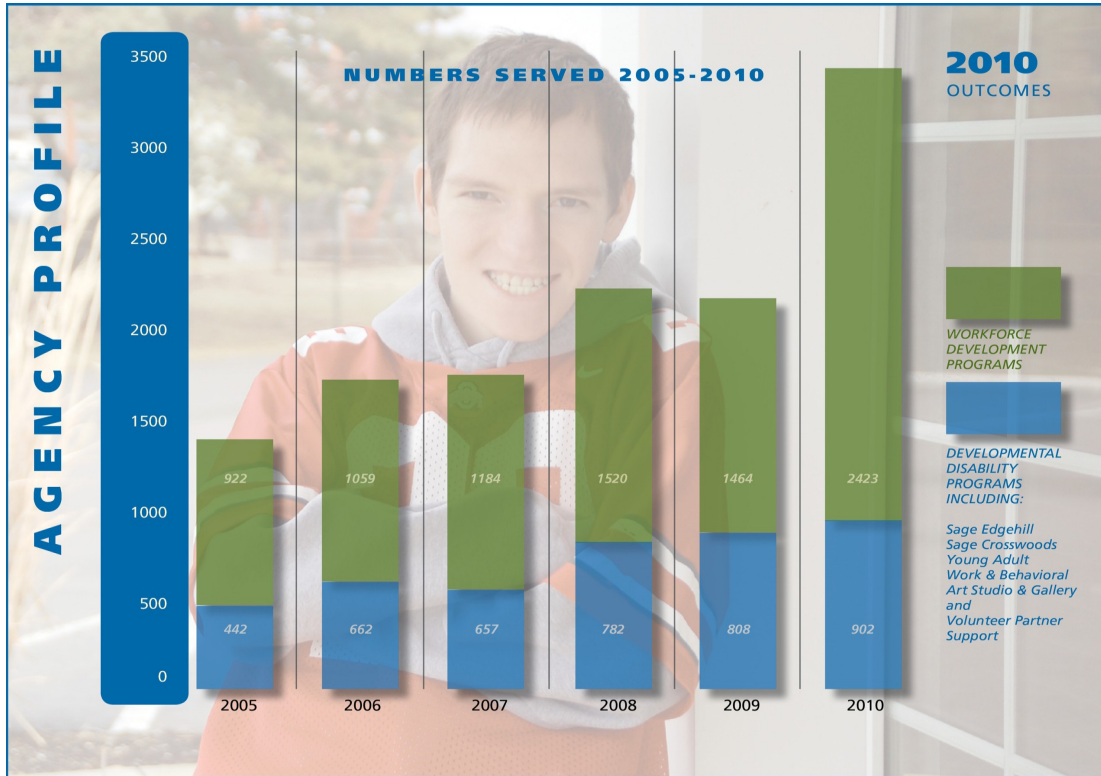
In 2010 we restructured our compliance, quality assurance, data analysis and data management processes into a separate department and hired a Manager of Compliance and Data Management reporting to the VP Mission Services. This increases our ability to ensure we remain in compliance with our exceedingly complex DD and WFD programs by monitoring program performance and risks, monitoring policies and procedures to ensure compliance with applicable laws and regulations, providing support for audits and implementing an internal auditing system to measure accurate reporting, quality of data and overall compliance. In 2010 we were audited by Medicaid, Ohio Dept. of Developmental Disabilities, Ohio Dept. of Health and Central Ohio Workforce Investment Corp (COWIC). We had the stellar outcome of the audits which underscores that we are providing high quality services to our program participants.

Onsite Residence	Internal mock survey for ODJFS Licensure has been conducted in preparation for a survey by ODJFS in Feb. 2011. This is for a 3 year licensure. Last survey was in 2008.
Onsite Residence	Medicaid Survey. No programming citations. Life safety citations related to documentation of the fire safety system. We did a plan of correction which was approved by Medicaid.
Supported Living	Programmatic and overall compliance audit by Ohio Dept. of Developmental Disabilities. Three recommendations including discrepancy between county and state interpretation of when to call police for MUI; tracking financial transaction and timeliness of Individualized Service Plans distribution. Submitted Plan of Correction which was accepted by ODODD.
Supported Living	Division of Fiscal Administration Audit Office of the Ohio Dept. of Developmental Disability Auditors Citation: \$64 of incorrect billing – State did not request repayment
Workforce Development – STNA	Ohio Dept. of Health audit of the State Tested Nursing Assistant Program resulted in no findings.
Workforce Development – Buy It (WIA Funded)	Programming monitoring by COWIC to ensure we met WIA federal requirements. Areas of concern were identified regarding file documentation and benchmarks on employment and literacy numeracy (requires youth to increase in educational functioning level i.e. a grade level, during the program). We responded to areas of concerns which were accepted by COWIC
Workforce Development– Youth Summer Program (WIA Funded)	Fiscal monitoring by COWIC no recommendations that required corrections by Goodwill; no adjustments to payment amount required.  Program monitoring by COWIC. Minor recommendations were made and responded to.
CARF	Began preparing for 3 year CARF Survey (scheduled for 4 <sup>th</sup> quarter 2011)

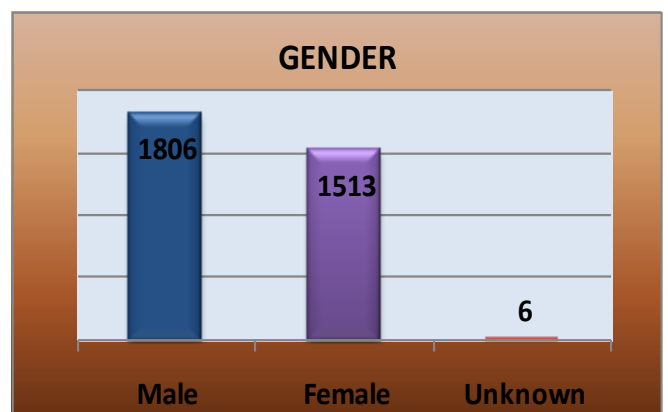
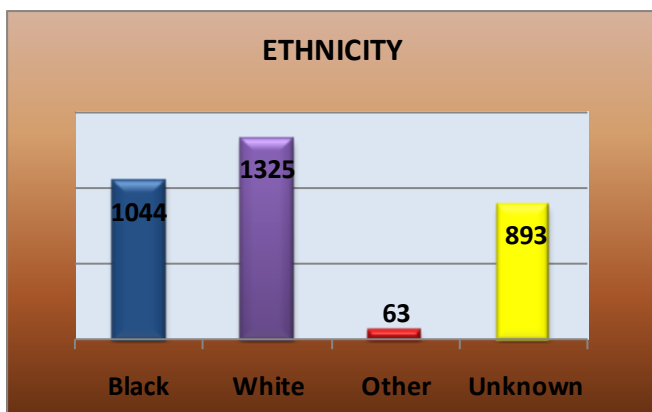
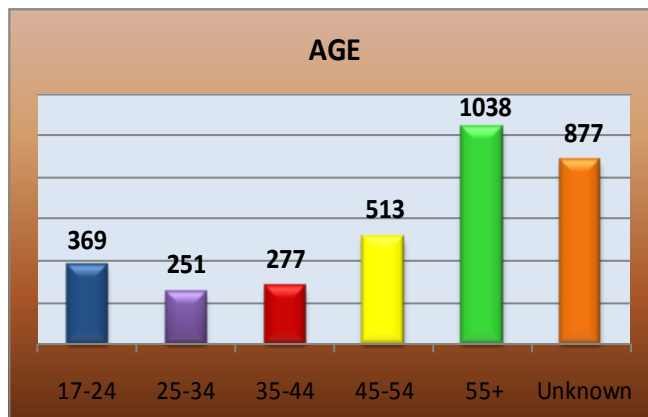
## Other areas of focus by the new compliance department:

- Redesign of orientation in supported living to ensure staff are trained
- New screening process to test the new employee's knowledge of medication administration, reducing the number of medication errors.
- SL file review policy/process was updated and reinstated which resulted in increased efficiency in follow up on consumer issues, submitting documentation in a timely manner and a decrease in missing information.
- Departmental Behavior Support Committee was revamped to allow a focus on reducing the errors in Supported Living incident reporting. Policies were put in place to decrease medication errors and errors in reporting. The medication errors have decreased.
- 126 SL files were reviewed. A follow-up process was developed and implemented to ensure that identified errors were being corrected. The error rate has remained around 69% but the implementation of the follow-up process should decrease the number of errors.
- Developed a new outcome management quarterly tracking process.
- Provided MUI training for over 55 employees. Coordinated three Staff Development Days and offered various seminars nine times throughout the year.
- Monitored certification and certification renewal process for Adult Services Certification for 92 staff.
- Implemented new training to ensure compliance with the changes in the Provider Certification Rule. Monitored and offered feedback regarding current policies meeting CARF regulations.
- A total of 16,417 documents were scanned in 2010. This has resulted in a huge reduction in the amount of paper being processed in the department. The referral process has been modified that the referrals that are faxed to the department are routed directly to the shared drive further eliminating the processing of actual paper.
- DocuWare and Goodtrak training were provided for all new employees.
- 141 files were reviewed in WFD. There was a significant decrease in error rate in the 4<sup>th</sup> quarter.
- Redesigned the stakeholder satisfaction survey in order to make it more user friendly. There was an increase in surveys returned and overall satisfaction.
- File Storage Facility – the team successfully organized the old storage facility, purged files and coordinated the destruction of old files, and prepared files to be moved to the new facility.
- Registry Reviews – The team members completed the abuser registry and nurse's aide registry for all applicable staff.
- Mandated Background Checks – The team reinstated the State mandated random background checks.

The following graph shows the number of individuals served by the Workforce Development and Developmental Disability programs since 2005.



The following graphs represent demographics/statistical data on the number of unduplicated individuals served in 2010.



## Art Studio and Gallery 2010 Summary of Analyses

*“My sister enjoys this activity that is offered. She enjoys doing projects she enjoys. This is her most favorite activity of the week. The idea of selling her things gives her self-worth and validation that she is talented.”*

### Overview of Services Provided in 2010

- Funded through FCBDD and private pay
- Served a total of 174 participants
- Completed and exhibited 448 pieces of art
- The art studio sold 267 pieces of art
- Manager Goodwill Art Studio, Holly Adkins-Ardrey

### Highlights/Achievements in 2010

- 129 participants were paid for their artwork sales
- The highest paid participant received a total of \$353
- Participants received a total of \$4154 for their artwork sales

### Demographics/Statistical Data

Number Served	174	
Age	Number	Percentage
16 and under	2	1.16%
17—24	6	3.44%
25—34	19	10.91%
35—44	9	5.17%
45—54	24	13.79%
55 and up	114	65.53%
Gender	Number	Percentage
Female	88	50.57%
Male	86	49.43%
Race	Number	Percentage
Black or African American	29	16.68%
White	142	81.61%
Other	1	0.57%
Asian	1	0.57%
Unknown	1	0.57%

#### Analyses/Impact:

After reviewing demographics of those served, it was determined that demographics do not impact the development of programming.

<b>Outcomes Management Objectives</b>			
<b>Objective</b>	<b>Measure</b>	<b>2011 Goal</b>	<b>2010 Actual</b>
<b>Minimize % of participant turn over</b>	% of participants that remain in long term art studio programming	32%	37%
<i>Extenuating and/or Influencing Factors:</i> 6% illness or death, 14% inability to pay tuition, 20% lack of interest, 6% transportation/staffing issues, 15% registered but never attended, 23% exited Goodwill Day Programs 9% behavior issues, 7% poor attendance for unknown reasons			
<b>Maximize % of pieces of art work sold</b>	% of pieces of art work sold	60%	60%
<i>Extenuating and/or Influencing Factors:</i> The art sales are influenced by the # of people who visit the gallery, the # outside exhibitions held and the economy.			
<b>Maximize % of participants that get paid from art sales</b>	% of participants that get paid for art sales	74%	74%
<i>Extenuating and/or Influencing Factors:</i> Collaborative works of art provide more opportunities for sales.			
<b>Analyses of Extenuating and/or Influencing Factors/Impact:</b> After reviewing the factors influencing our turnover rate, we will attempt to interview potential participants before registration to ensure that the program is a good fit for them. We will also seek a grant to assist those who cannot afford to pay tuition.			

<b>File Reviews</b>	
<b># of Files Reviewed:</b> This measure was not tracked in 2010. The Art Studio is in the process of scanning their participant files into Docuware. They will start conducting file reviews in 2011.	<b>File Review Results:</b> N/A
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> N/A	

<b>Stakeholder Satisfaction Surveys</b> (Completed during the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2010)
<b>Return Rate:</b> 39%
<b>% of overall satisfaction:</b> 96.2%
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> In 2011, we will utilize unbiased volunteers to assist our participants in filling out the survey on-site in an effort to increase our participation rate.

**2010 Recommendations/Opportunities**

This is the first year the Art Studio participated in the Outcomes Management Report; therefore this section is not applicable.

## Impact from Trends

### Human Resources/Staff

- There were no trends identified for 2010.

### Incident Reviews/Analysis, Accessibility, Risk & Safety

- There were no trends identified for 2010.

### Turnover rate (for participants):

- After reviewing the factors influencing turnover rate, it was determined that there are several reasons that individuals exit the program. Focus will be placed on reducing and/or eliminating these reasons. We will develop procedures for providing a tour and interview for potential artists in an attempt to ensure that the program is a good fit. We anticipate that this could reduce the number of individuals who exit due to lack of interest, absenteeism, poor attendance and who are exited due to behaviors.

### Financial/Funding:

- Private pay artists in the program often have a difficult time paying for the tuition. Many of them show a great deal of interest and talent but cannot continue to participate due to lack of funds. We will seek a grant to assist those who cannot afford to pay tuition.

### Assessment Procedures:

- Stakeholder Satisfaction Surveys are a valuable tool used to assess our success rate and room for improvement. Surveys were mailed, emailed, and hand-distributed to participants to fill out and return. In order to improve our return rate and to ensure that all of our artists have an opportunity to participate in the survey, we utilized unbiased volunteers to assist our participants in filling out the survey on-site in an effort to increase our participation rate. Because this proved beneficial, we will continue to use this process in 2011. For an even greater return rate, we plan to begin the process earlier as well as recruit and train additional volunteers in order to extend optimal time and resources to our artists.

## 2011 Recommendations/Goals:

- Begin to track participant demographics, including type of disability
- Scan participant files into DocuWare
- Closely track the participant turnover rate, including the reasons for turnover
- Decrease the turnover rate to 32%
- Enhance recruitment efforts to ensure participants are the best match for the program
- Increase Stakeholder Participation rate to 45%
- Seek grant or other financial opportunities to assist participants with fees.

## Health and Wellness 2010 Summary of Analyses

*"We like the walking group after lunch. You don't have to worry about falling asleep. It makes you feel refreshed."*

### Overview of Services Provided in 2010

- The Health and Wellness department offered numerous health and wellness education opportunities, fitness activities, and health screening opportunities for over 550 participants and 850 employees of Goodwill in 2010.
- Services were offered by 10 staff members comprised of fitness and sports experts as well as nurses.
- Nursing services are available to day program participants to ensure they are able to continue to receive medical attention while at Goodwill.
- A very active Health and Wellness Committee with representation from various departments in the organization helped with the direction of the Wellness initiatives and the annual Health Fair for employees.
- Program Director, Janet Ehrhardt

### Highlights/Achievements in 2010

#### Participant achievements:

- Increased offerings of wellness activities provided more opportunities for participants to find activities that would be of interest to them. The increased choices allowed 75% of participants in our day programs to participate which is a 5% increase over the previous year. Some activities they engaged in were:
  - A Holistic Health Fair
  - Daily walking clubs
  - Chair Volleyball games and chair exercise videos
  - Chair Yoga weekly
  - Weekly workouts in the Fitness Room
  - Ballroom dancing for the visually impaired
  - Drum Circles and music appreciation
  - Interactive nutrition presentations monthly by OSU Extensions nutritionist
  - Annual Walking Competition "Walk to the Moon": 243 participants were involved!!
  - Pet Therapy

#### Employee achievements:

- This year our employee Health Fair was attended by over 250 employees which is a 20% increase over the previous year. Educational seminars were offered in combination with the Health Fair and adult service credit hours were offered to day program employees.
- Employees showed an increased interest in health screenings including annual blood pressure screenings, annual onsite mammography, and Healthy Life Screenings. 225 individuals participated in screenings this year, a 5% increase over the previous year.

- Because of the H1N1 pandemic our employees were given an opportunity not only for free annual flu vaccine but also the H1N1 vaccine. Over 400 employees took advantage of this free immunization program, more than any other year.
- This year our annual walking competition involved both staff and participants and engaged more employees than ever before (222 employees participated in the competition).

OM Objectives			
Objective	Measure	Goal	Actual
<b>Increase attendance at the annual employee Health Fair</b>	25% more employees will attend the Health Fair in 2010	200 employees	250 employees (25% increase)
<i>Extenuating and/or Influencing Factors: By offering the Health Fair on a Staff Development Day all day services employees were able to attend. Additionally we offered multiple educational sessions throughout the day with opportunity to receive adult services credits for attending.</i>			
<b>Involve both staff and participants in the 2010 walking competition to increase participation.</b>	# of employees and participants engaged in walking will increase from previous year	150 employees 150 participants	222 employees 243 participants
<i>Extenuating and/or Influencing Factors: Staff participated more freely when participants were involved and they could include exercise in their daily activities at work. Participants encouraged staff through their enthusiastic participation.</i>			

File Reviews	
# of participant files reviewed: H&W did review participant files consistently in 2010 but this process was not documented. There were no issues identified. The files will be reviewed and the process will be documented in 2011.	File Review Results: N/A
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> Compliance will initiate quarterly file reviews in 2011. All H&W participant files will be scanned into Docuware in 2011.	

Stakeholder + Consumer Satisfaction Surveys (Completed during the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2010)	
Stakeholder Return Rate:	H& W did not participate in this process.
Stakeholder % of overall satisfaction:	
Consumer Return Rate:	
% of overall satisfaction:	
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011: N/A</b>	

2010 Recommendations/Opportunities		Outcome:
1	We will develop and offer programs/initiatives that will address at least each of the following health issues: weight management , exercise, disease management (diabetes, hypertension, flu, heart disease, cancer prevention), flu prevention, utilization of health services/communication with health providers.	Each of these areas were addressed for employees. The curriculum of Health Matters was added for participants. In 2011 we will produce and offer a video called “Dr. Me, PHD” to address utilization of health services and communication with health providers.
2	At least one program/health initiative will be offered quarterly to retail, janitorial and security employees with at least 25% participation.	This continues to be a difficult area to address and the objective was not met.
3	At least one program/health initiative will be offered quarterly to off site adult day programs (YAS, WBS and Crosswoods) with at least 25% participation.	This objective was achieved.
4	At least two programs/health initiatives quarterly will be offered at Edgehill and have an attendance of at least 200 people through the year (excluding the Health Fair)	Surpassed goals for 2010.
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> It continues to be difficult to reach the janitorial, security and retail staff with wellness initiatives. We do present a program at each quarterly security meeting with the support of their management. To do better in 2011 we plan to survey staff members from these departments to identify interests and ways to address their health needs.		

### Impact from Trends

**Field Trends** - In 2010 H&W had an increase in offerings to the participants resulting in increased participation. Overall our employees participated more this year than ever before especially in our walking program and our annual Health Fair.

**Incident Reviews/Analysis, Accessibility, Risk & Safety** – Incident reports are reviewed quarterly for any trends. No trends or patterns were identified for 2010.

**Human Resources/ Staff** – There was no turnover in 2010 for the Health and Wellness department. The 2010 annual Employee Opinion Survey was completed by all employees and 24 items on the survey showed a 100% rating of satisfaction.

### 2011 Recommendations/Opportunities:

- Complete the “Dr. Me, PHD” video and show to all employees. Include in orientation of new employees at the department level. Identify ways to market to other Goodwill programs or other businesses for use in their wellness programs.
- Complete an employee interest survey by end of year 2011 for use in planning activities and initiatives for 2012.
- Complete a participant interest survey by end of first quarter 2011 for use in planning future quarterly activities. Publish a calendar for staff to use with all activities listed by quarter starting second quarter of 2011.
- Have applied for and have been notified that we will receive facility dog from Canine Companions for Independence. In 2011, we will attend training with the dog and engage him in activities with our participants and employees as part of our overall, holistic approach to wellness.
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## Onsite Residence 2010 Summary of Analyses

*“As a family, we are absolutely breathing a sigh of relief. My sister is happy and safe and being challenged and given an opportunity in life. We’re so blessed to have Goodwill in our lives.” - Cindy Robbins, guardian of individual at Onsite Residence*

### Overview of Services Provided in 2010

- Onsite Residence is a licensed Intermediate Care Facility which provides daily living skills, training and assistance for the developmentally disabled.
- The program served 25 individuals.
- All participants participated in active treatment programs. 80% of the participants participated in other Goodwill programs.
- Funded by Medicaid
- Program Director, Tiffany Martin

### Highlights/Achievements in 2010

- The 2010 Medicaid survey was free of any programming citations. The program currently holds a 3 year license through the Ohio Department of Developmental Disabilities. The license will be up for renewal in 2011.
- 100% Satisfaction rating from survey
- Hosted 7 interns from local colleges
- Yearly CareTracker Compliance at 95%
- Started snack cart: the individuals make healthy snacks, decorate cart and take around the building to other departments to facilitate a connection between the rest of the company and the individuals.

### Demographics/Statistical Data

Number Served		25	
Age	Number	Percentage	
17—24	3	12.00%	
25—34	4	16.00%	
35—44	4	16.00%	
45—54	5	20.00%	
55 and up	9	36.00%	
Gender	Number	Percentage	
Female	14	56.00%	
Male	11	44.00%	
Race	Number	Percentage	
Black or African American	12	48.00%	
White	13	52.00%	

#### Analyses/Impact:

The program is attracting younger individuals with dual diagnosis of developmental disabilities and mental health.

<b>Outcomes Management Objectives</b>			
Objective	Measure	Goal	Actual
<b>Maximize the # of individuals involved in community recreational activities</b>	% of individuals involved in community activities	75%	96%
<i>Extenuating and/or Influencing Factors:</i> Hired a full-time activity specialist to ensure that all the individuals engage in a variety of activities outside the residence. Some of the highlights have been weekly swimming for residents with autism to assist with sensory needs, weekly trips to the movies, trips to local coffee shops, day trips to Magic Mountain and the Zoo, kayaking with TAASC, etc.			
<b>Maximize the satisfaction of individuals served</b>	75% of individuals satisfied with the program or better	75%	100%
<i>Extenuating and/or Influencing Factors:</i> The Onsite Residence QMRPs have worked hard to stay connected with family and guardians, giving them monthly updates on what their loved ones are doing, this has created a better sense of communication and satisfaction between the individuals, guardians and the program.			
<b>Onsite Residence will maximize resident occupancy</b>	# of days Onsite Residence is filled to capacity	98%	97.96%
<i>Extenuating and/or Influencing Factors:</i> Occupancy rate was lower than anticipated due to two extended hospital stays and two deaths during 2010.			
<b>Reduce staff turnover rate</b>	% of Onsite Residence staff who have left the company	50%	50%
<i>Extenuating and/or Influencing Factors:</i> Staff turnover remains below the national average of 60%-70% .			
<b>Reduce Psychotropic medications (under the direction on a physician)</b>	# of participants that have a reduction in psychotropic medications	50%	67%
<i>Extenuating and/or Influencing Factors:</i> The program is utilizing more holistic interventions to assist residents with mental health issues, behaviors and pain management including; aqua therapy, pet therapy, exercise, utilization of the sensory room, massage, planned ignoring, and on site behavioral intervention by LSW.			

<b>Medicaid Service Reviews</b>	
<b># of files reviewed:</b> 6	<b>% of errors:</b> 0
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> No programming errors cited and 1 Life-Safety citation for 2010 which was addressed. This was a decrease from 2009.	

<b>Stakeholder Satisfaction Surveys</b> (Completed during the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2010)		
	<b>2010</b>	<b>2009</b>
<b>Return Rate:</b>	83%	unknown
<b>% of Overall Satisfaction:</b>	100%	75%
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> The program concentrated on improving customer service with residents, guardians, families, and other agencies to assist in improving communication and overall satisfaction.		

<b>2010 Recommendations/Opportunities</b>		<b>Outcome:</b>
1	The program will continue to strive to provide consistently improved training to staff, be increasingly sensitive to cultural issues, and provide a fun place of employment. The FISH and Oz principles will be utilized to reach this goal.	All staff received FISH and OZ refreshers during the year, staff retreat at local movie theatre, and team building activities monthly.
2	The program will continue to strive to provide the best possible living environment for the individuals by striving to provide new experiences and finding opportunities for the individuals to grow and be successful. 100% of the individuals will be provided with an opportunity to experience a new or different activity or recreation in 2010.	The program hired a fulltime activity specialist to plan and execute new types of activities for the residents. Highlights for the year included kayaking, luau party, Halloween party with live band, game nights with Key Club from OSU, Nutcracker, concerts, movies, church, visit from Santa Claus, and yearly vacations for each resident.
3	Evaluate ways to increase customer/stakeholder response return for 2010 survey	QMRPs interviewed each resident that was able to respond to the survey.
4	<ul style="list-style-type: none"> <li>The program will strive for an 80% satisfaction rate for 2010 for the yearly satisfaction survey</li> <li>The goal for occupancy rate for 2010 is 98%</li> <li>The goal for staff turnover is 35% for 2010</li> <li>The goal is to reduce staff injuries by 5% for 2010</li> <li>The goal is to attempt psychotropic reductions on the remainder 44% of individuals during 2010.</li> </ul>	<ul style="list-style-type: none"> <li>The satisfaction rate was 100% for the year. The goal is now to maintain those results.</li> <li>Occupancy rate was lower than anticipated due to two extended hospital stays and two deaths during 2010.</li> <li>Data not available for 2010 concerning staff injuries.</li> <li>The program continued to work with the psychiatrist and pharmacist consultant on reducing psychotropic medications for the residents. 67% of the residents who take psychotropic medications were reduced in 2010, meeting Medicaid standards for medication reductions and improving the lives of the residents.</li> </ul>
5	Follow company CFI's (Critical Few Initiatives) that are applicable to Onsite Residence	

**Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:** Program will continue to work with psychiatrist and pharmacist consultant to continue to titrate psychotropic medications with individuals when possible, to assist in providing the individual the best possible chance at living a productive life without unnecessary medications.

Program will continue to work with FCDDD to tour interested individuals and their family and maintain an “Interest List” of individuals who would like to enter the program.

Program will continue to find ways to keep the individuals involved in their community and expand active treatment options.

## Impact from Trends

### Human Resources/Staff

- In an effort to provide the best possible service to the residents that we serve, it is imperative to hire employees that will be good caregivers. The HR recruiting efforts for the program have brought in many qualified employees that will grow with the program.

### Interest List

- The program hosted 3 open houses and over 30 tours for families and guardians interested in the program in 2010. The program has 10 individuals interested in being considered for the next opening in the program.

### Incident Reviews/Analysis/Accessibility, Risk and Safety

- Patterns & Trends analysis for the year showed 23 Major Unusual Incidents, involving 11 individuals. This was an increase from 2009. We will continue to monitor patterns and trends and address them as necessary.

## 2011 Recommendations/Opportunities:

- Health Matters initiative will be a priority for the program in 2011. The program will develop and implement a menu that is 95% free of processed foods. A Wellness Cook will be hired to ensure the success of the program. Health Matters classes will be offered throughout the year. The culture of the program will be adjusted to ensure that every opportunity to promote a healthy lifestyle is utilized.
- To address the identification of a patterns and trends for resident falls, the program has initiated an identification system, staff education program, series of assessments, strength building plans, and exercise programs run by the nursing department to decrease falls.
- The program will continue to strive to provide the best possible living environment for the individuals by providing new experiences and finding opportunities for the individuals to grow and be successful. New experiences will be offered for 100% of the residents in 2011.
- Continue to evaluate ways to keep customer/stakeholder response return high for 2011 survey.
- Track and evaluate outcome measurement objectives for 2011, in line with the company’s CFI’s.

## Sage Senior Services Crosswoods 2010 Summary of Analyses

*“Sage Senior Services helps my sister feel like a contributing member of society, surrounded by kind, caring individuals. I can’t praise them highly enough”*

### Overview of Services Provided in 2010

- Funded through FCBDD per an annual contract
- Provided activities to adults ages 45 and up with specialized services in dementia and Alzheimer’s.
- Served a total of 79 participants
- Program Director, Melania Napper

### Highlights/Achievements in 2010

- Provided many seasonal and special/holiday events to participants and staff to include but not limited to:  
Crosswoods Derby, Holiday Festival, Older American Dance, Glamour Shots, National Crème Filled Donuts Day Event, DD Month, and National Bologna Day
- Many activities, events, and furniture made possible from JoAnn Fabrics, All Saints Episcopal Church, Goodwill Service Board
- Increased partnership with Metro Parks
- 12,514 days of service provided

### Demographics/Statistical Data

Number Served	79	
Age	Number	Percentage
45—54	8	10.12%
55— 64	44	55.69%
65—74	19	24.05%
75 and up	8	10.12%
Gender	Number	Percentage
Female	48	60.76%
Male	31	39.24%
Race	Number	Percentage
Black or African American	11	13.92%
White	68	86.08%

#### Analyses/Impact:

- After reviewing demographics of those served, it was determined that demographics do not impact the development of programming.
- Ages of those served does require extra evaluation to adequately plan for participant turnover. The highest age category remained the 55-64 age range.

<b>Outcomes Management Objectives</b>			
<b>Objective</b>	<b>Measure</b>	<b>Goal</b>	<b>Actual</b>
<b>Maximize # of participants involved in community activities</b>	% involved in community activities	89%	96%
<i>Extenuating and/or Influencing Factors:</i> An increased focus on community activities for more active participants contributed to being able to exceed this objective.			
<b>Maximize # of participants satisfied with the program</b>	% of participants that scored "75" or better on satisfaction survey	80%	98%
<i>Extenuating and/or Influencing Factors:</i> Only 41 participants completed the survey due to many being non-responsive; but of those that did, the satisfaction rate far exceeded the goal.			
<b>Minimize # of weeks from start of intake to start of program</b>	# of weeks in between	5 wks	3 wks
<i>Extenuating and/or Influencing Factors:</i> Goal was met with a 4.8 week decrease from 2009. An Intake & Recruitment Coordinator was hired in 2010 to assist with timely entrances into the day programs.			
<b>Maximize # of persons served</b>	Minimum # agreed by contract	100%	105%
<i>Extenuating and/or Influencing Factors:</i> Contract number was 75 and it was exceeded by four individuals or by 5% totaling 79 served for the year. Number served increased by one from 2009.			
<b>Contract Objectives</b>			
<b>90% of enrollees will show improvement on the goals established in the enrollees' individual plan</b>		90%	97%
<i>Extenuating and/or Influencing Factors:</i> Staff continued to focus on writing meaningful goals and encouraging participants to work on the goals.			
<b>100% of participants will have an assessment, participate in developing &amp; implementation of IP</b>		100%	100%
<i>Extenuating and/or Influencing Factors:</i> Each participant had an assessment and was involved in the development and implementation of his/her services to the best of his/her ability.			
<b>Analyses of Extenuating and/or Influencing Factors/Impact:</b> All objectives exceeded the targeted goal in 2010. In order to continue to track and monitor meaningful and quality outcomes, the objectives will be revised for 2011.			

<b>Tracking Objectives</b>		
<b>Objective:</b>	<b>2010 YR data</b>	<b>2009 YR data</b>
Receives Behavior Support (Plan or Guidelines)	24	24
Receives Speech Services	16	17
Receives Occupational Therapy Services	0	0
Attends on Partial Schedule	19	20
Requires Close Supervision at all Times	64	74
Uses a Wheelchair, Walker, or Cane	36	33
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> Continuing to enter individuals that require less support to participate in community focused activities thus the decrease in "requires close supervision". For 2011, tracking objectives will be re-named "Program Data" to be more descriptive.		

### Service Reviews

# of files reviewed:	20	# of interviews conducted:	8
# showing holistic approach:	18/20	# of overall satisfied:	8/8
# of files with measurable goals:	20/20		

**Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:**

- Unfortunately there was a decrease in the holistic approach and current IP's in file when comparing 2010 to 2009.
- Files needing corrections went up by 30% from 2009 but re-training for staff was conducted to correct the issues (mostly minor corrections).

### Stakeholder Satisfaction Surveys

(Completed during the 3<sup>rd</sup> and 4<sup>th</sup> quarter 2010)

	2010	2009
Return Rate:	31%	36%
% of Overall Satisfaction:	100%	87%

**Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:**

- The survey was sent via US mail and/or an electronically to as many stakeholders as possible.
- Feedback on questions was very positive! One survey did suggest taking a look at the loading/unloading of buses and making sure it is a team approach and not just 1-3 staff.

For 2011:

- Staff will be trained on bus loading and unloading to ensure team approach to ensure health and safety of those served.

2010 Recommendations/Opportunities		Outcome:
1	Demonstrate participants and staff appreciation by increasing recognition activities to include 100% participation from all staff.	Accomplished: Staff put recognition notes on board, monthly icebreakers, group potlucks, opportunities to host icebreaker (all at 100% participation!)
2	Increase consistency in all areas of services, by providing staff training monthly.	Accomplished: See several trainings listed below in "Impact From Trends" section.
3	To develop working relationships, new staff will be assigned a mentor within the first 30 days of hire to begin in June 2010.	Deleted; re-evaluated purpose of recommendation and determined that having new staff choose their own mentor would be more effective. No need for tracking.
4	A comprehensive marketing plan will be developed and implemented annually.	Accomplished: Crosswoods and Marketing met to discuss needs; new brochures developed.
5	Will meet Franklin County expectations regarding number of people served, as outlined in contract.	Accomplished: Served 5% above contract number
6	Employee Opinion Surveys will be completed and results analyzed annually to develop appropriate strategies to increase employee's satisfaction.	Accomplished: See information in the "Impact from Trends" section.
7	Follow company CFI's as written/applicable to Sage	Critical Few Initiatives were a focus during 2010 to make progress toward 2012 goals. All service slots filled to capacity fell short of the 85% for 2010 – CFI goal is 95% by 2012.
8	Track and evaluate outcome measurements as written.	Tracked and evaluated. See above section for details on progress.
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> 2010 recommendations and follow up contributed to a successful year at Crosswoods. A few additional training areas have been identified which will enhance staffs talents and resources to provide continued quality care. In order to continue to track and monitor meaningful and quality outcomes, the objectives will be revised for 2011.		

## Impact from Trends

### Human Resources/Staff

- Hiring and maintaining a competent and well-trained work force is imperative to keeping Sage Senior Services at Crosswoods competitive in the field. Nine staff have five or more years of service with Goodwill Columbus, including two with over fifteen years of service
- With the restructuring of the management level in 2007 (combining the Case Manager and Supervisor positions), Sage Senior Services at Crosswoods continues to provide efficient and effective service delivery.

## Impact from Trends—continued

- Staff training included but was not limited to:
  - MUI, HIPAA, Infection Control and Crisis Intervention Training (C.I.T.I.E.S.)
  - Ask Me 3-Good Questions for Your Good Health
  - Incident Report Writing Training
  - FISH and Corporate Integrity - Refresher
  - It's All In the Present (Expecting Excellence in the Workplace through Policies and Departmental Guidelines)
- Continued staff training is needed in the areas of dementia care, behavior support, stress management and time management.
- Sage Senior Services at Crosswoods staff is meeting Employee Opinion Survey objectives as listed below:

### Goal Area- Recognition

Increased morale by ensuring all staff are recognized to begin in September 2010.

### Goal Area -Manager Support

Supervisors will increase staff support by providing consistent written and verbal communications with all job tasks/duties to begin in August 2010. (Ongoing)

### Goal Area – Work Group/Teamwork

Activity Specialists and Personal Care Specialists will increase and maintain consistency by completing job tasks/duties to begin August 2010. (Ongoing)

### **Field Trend**

- The Developmentally Disabled population is living longer and experiencing more aging issues, i.e. dementia, mobility, general health issues.

### **Incident Reviews/Analysis, Accessibility, Risk & Safety**

#### Incident Reviews/Analysis

- There were five major unusual incidents (MUI) in 2010 with four medical emergencies and one Unapproved Behavior Support.
- Unusual Incidents were analyzed at monthly Departmental Behavior Support Committee meetings to identify patterns and trends. The only trend and pattern identified in 2010 was related to peer-to-peer incidents.

#### Accessibility

- There were no accessibility issues or barriers identified internally in 2010 although participants had some issues identified that were related to places in the community.
- The Participant Advisory Council discusses accessibility barriers at their Monthly meeting.

#### Risk & Safety

- In 2010 Sage Senior Services at Crosswoods provided individual support to many participants who require interventions to keep them safe and healthy.
- We continue to assess environmental risks and take immediate action to ensure the health and safety of both participants and employees.

### 2011 Recommendations/Opportunities:

1	Identify ways to document that a holistic approach is used with participants to deliver their services.
2	Provide staff training in identified areas to enhance service delivery.
3	Demonstrate participants and staff appreciation by adding 2 additional recognition activities in 2011.
4	Follow company CFI's as written/applicable to Sage Senior Services Crosswoods.
a.	Fill open "capacity per day" slots. Goal: 85% capacity per day by end of 2011.
b.	Develop and implement goals based on results of Employee Opinion Survey.
5	Track and evaluate outcome measurements and program data as written for 2011.

## Sage Senior Services Edgehill 2010 Summary of Analyses

*“Sage Senior Services does an excellent job of providing services to its participants. The staff, including nursing, are caring and provide well-planned and individualized programs. It is one of the best day programs around.”*

### Overview of Services Provided in 2010

- Funded through FCBDD per an annual contract
- Provided work & activities to adults ages 45 and up
- Served a total of 277 participants
- Continued 2 shifts Monday-Friday
- Program Director, Kathy Ramey

### Highlights/Achievements in 2010

- Average number of hours worked per month was 4030 (compared to 3557 hours per month in 2009)
- After 20 years a change in the participant job duties provided opportunity to learn and develop new work skills and consistent work opportunity
- New activities were introduced each month
- Volunteer opportunities continued at various programs: Easter Seals (new to 2010); Watkins Elementary; West Central; CATF
- 41,889 days of service provided

### Demographics/Statistical Data

Number Served		277	
Age	Number	Percentage	
45—59	99	35.74%	
60—70	133	48.01%	
71—80	39	14.08%	
80 and up	6	2.17%	
Gender	Number	Percentage	
Female	146	52.71%	
Male	131	47.29%	
Race	Number	Percentage	
White	221	79.78%	
African American	53	19.13%	
Other	2	0.72%	
Unknown	1	0.36%	

**Analyses/Impact:**

- After reviewing demographics of those served, it was determined that demographics do not impact the development of programming;
- Ages of those served does require extra evaluation to adequately plan for participant turnover. The age range 60-77 continues to be the highest served category with little change from 2009.

<b>Outcomes Management Objectives</b>			
Objective	Measure	Goal	Actual
<b>Maximize # of participants involved in community activities</b>	% involved in community activities	85%	96%
<i>Extenuating and/or Influencing Factors:</i> Goal exceeded due to the focus of planning activities of interest and introducing new activities.			
<b>Maximize # of participants satisfied with the program</b>	% of participants that scored "75" or better on satisfaction survey	80%	95%
<i>Extenuating and/or Influencing Factors:</i> Of the 265 participants that participated in this satisfaction survey, 264 scored a 90% or higher. Staff work closely with participants served to create individualized opportunities which may account for the satisfaction rating.			
<b>Minimize # of weeks from start of intake to start of program</b>	# of weeks in between	5 wks	9 wks
<i>Extenuating and/or Influencing Factors:</i> There were a total of 27 individuals on our waiting list in 2010. Five individuals were over 5 week from start of intake to start of program (3 due to needing medical information from their home and 2 had health problems preventing them from a timely entrance to the program).			
<b>Maximize # of participants who volunteer at least monthly</b>	% who want to volunteer	75%	100%
<i>Extenuating and/or Influencing Factors:</i> Those participants that have identified the desire to volunteer did so on a monthly basis with their instructors. There were 11 participants who identified this as a desire.			
<b>Maximize # of persons served</b>	Minimum # agreed by contract	100%	106%
<i>Extenuating and/or Influencing Factors:</i> Contract number was 262 and it was exceeded by 15 individuals or by 6% totaling 277 served for the year. Number served increased by 6 from 2009.			
<b>Contract Objectives</b>			
<b>90% of enrollees will show improvement on the goals established in the enrollees' individual plan</b>		90%	94%
<i>Extenuating and/or Influencing Factors:</i> Even though the goal was exceeded, 13 individuals served left the program mid year so their goal improvement was not reflected in this data resulting in a decrease % from 2009.			
<b>100% of participants will have an assessment, participate in developing &amp; implementation of IP</b>		100%	100%
<i>Extenuating and/or Influencing Factors:</i> This objective only applied to the individuals that were being served at the time of their IP. 13 individuals left the program prior to having an IP.			
<b>Analyses of Extenuating and/or Influencing Factors/Impact:</b> Similar goals have been tracked over the last several years in which we have been able to monitor and compare results. In order to continue to track and monitor meaningful and quality outcomes, the objectives will be revised for 2011.			

## Tracking Objectives

Objective:	2010 YR data	2009 YR data
Participates in Work and Activities	146	150
Participates in Activities Only	55	54
Participates in Work Only	65	59
Requires Close Supervision at all Times	33	30
Attends Half Day or Partial Schedule	89	86
Receives Occupational Therapy Services	0	0
Receives Speech Services	17	21
Receives Assistive Technology Services	3	2
Receives Behavior Support Plan	5	3
Receives Behavior Support Guidelines	10	14

### Analysis/Notes/Extenuating and/or Influencing Factors/Impact on 2011:

Sage Edgehill has been tracking the above objectives for awhile. Some needs have changed in the program so these will be revised for 2011 to track more relevant items. The name will be changed to "Program Data" to more accurately reflect what is tracked. In comparing 2010 and 2009, most data stayed consistent with a slight increase in number of participants choosing "work only". This may be in part to having a more consistent work opportunity each day.

## Service Reviews

# of files reviewed:	56	# of interviews conducted:	27
# showing holistic approach:	55/56	# of overall satisfied:	27/27
# of files with measurable goals:	56/56		

### Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:

- 100% of all files reviewed had the current IP in file.
- Number of files needing corrections decreased significantly between 2009 and 2010 (18% decrease)
- 48% of files reviewed had a survey conducted

## Stakeholder Satisfaction Surveys

(Completed during the 3<sup>rd</sup> and 4<sup>th</sup> quarter 2010)

	2010	2009
<b>Return Rate:</b>	31%	unknown
<b>% of Overall Satisfaction:</b>	96%	94%

### Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:

- The survey was sent via US mail and/or electronically.
- Unable to compare return rates between 2010 and 2009 due to missing data.
- 2% increase in Satisfaction Rating.
- Some feedback included that participants are not being encouraged to use the variety of activities and work options; participants aren't properly supervised (i.e. arriving home unclean); want quicker turnaround time for IP's than 3 weeks.

For 2011:

- 2010 survey results were shared with staff and Sage will continue to improve on issues stated in surveys.
- Adjustments to staff's lunch schedules will take place to ensure adequate coverage
- Being respectful and ensuring participant's dignity will be a strong focus for personal care specialists and direct care staff.

2010 Recommendations/Opportunities		Outcome:
1	Focus on training work services staff and participants on retail processing. Work in collaboration with Retail and Operations to ensure we have the materials and equipment needed to perform the work required and that we consistently deliver quality work.	Achieved: <ul style="list-style-type: none"> <li>Met or surpassed our goal of 150 completed racks per week.</li> <li>In December 2010, our average was 160 racks per week.</li> </ul>
2	Be the provider of choice for individuals seeking day services in Franklin Co. Goal for 2010 is to fill all service slots to capacity 85% of the time.	Not achieved: All service slots were not filled to the 85% goal for 2010 (79%) – goal is 95% by 2012.
3	Continue to look at activities that will help us to remain unique and attractive to those looking for placement. Focus this year on offering a wider variety of activities and volunteer opportunities for individuals in the community.	New site 2010 - Franklin Park Gardening project.
4	Continue working on improving communication, asking staff for input where appropriate and teamwork in 2010, and to improve the results of our employee survey through uSPEQ in 2010	Achieved through: <ul style="list-style-type: none"> <li>Continued communication and teamwork, along with staff recognition as a focus.</li> <li>Started an Attitude of Gratitude Board where staff can write appreciative notes.</li> <li>Implemented Sage Outstanding Employee of the Quarter (peers vote one specialist per shift and one manager/coordinator to recognize).</li> <li>uSPEQ results were combined with another dept. so it was unclear if there were improvements in this area.</li> </ul>
5	Follow company CFI's as written/applicable to Sage	Critical Few Initiatives were a focus during 2010 to make progress toward 2012 goals.
6	Track and evaluate outcome measurements as written.	Tracked and evaluated. See above objective section for details on progress.
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> <ul style="list-style-type: none"> <li>There were several accomplishments with the Retail work: participants were able to have steady work available and develop their skills throughout the year</li> <li>OM objectives being revised for 2011 to provide more meaningful and measurable objectives</li> <li>“Tracking objectives” will be renamed for 2011 to better identify the information tracked. The new name will be “Program Data”</li> <li>Filling service unit slots goal will continue at 85% for 2011 since goal was not achieved in 2010</li> </ul>		

## Impact from Trends

### Waiting Lists

All referrals are made through the FCBDD. Interested individuals are placed on a waiting list with the county. We had 28 participants enter the program in 2010 (41 entered in 2009). We had a total of 40 exits from the program. We will continue to work with our Intake and Recruitment Coordinator and FCBDD to get individuals off of our waiting list and into the program as quickly as possible to serve the community; keeping in mind our staffing and capacity.

### Human Resources/Staff

Staff participated in an Employee Climate Survey, uSPEQ for the third year. One hundred percent of respondents stated that, overall they are satisfied with their jobs and feel they are given the training and support they need to do their jobs well, consistent with information provided in the 2009 survey. Areas of improvement identified were:

- I am rewarded for my high performance (60% agree with statement).
- I believe there is recognition of high performing staff members (61.8% agree with statement)
- I am asked for my input and/or ideas when important decisions are made that affect my work (62.9 agree with statement; in 2009 73.1% agreed with statement)

The lower response percentage on the latter of the above could be due to a major change in retail services. We worked on a contract for over 20 years and then had the opportunity to process retail clothing. This was a major change for staff and participants shortly after this survey was distributed. The change has been extremely positive for both over the past year. Also, the Sage Senior Services Edgehill survey is combined with the Sage Senior Services Crosswoods survey, making it difficult to identify concerns unless they are brought up by staff during discussion. In 2011, the survey results will be reflective of each department separately.

From results of the 2009 uSPEQ survey, we continued to communicate by writing updates on the board, memos, and emails and monthly staff meetings. In 2010, based on survey results and discussion, we implemented an "Attitudes of Gratitude" board to recognize and acknowledge staff. Also based on suggestion, we held our first Sage Senior Services (Edgehill) Outstanding Employee of the Quarter in December 2010. This was a peer voted recognition of one Specialist from each shift and one Manager/Coordinator. We will continue this through 2011.

### Incident Reviews/Analysis, Accessibility, Risk & Safety

#### Incident Reviews/Analysis:

- The Sage program continues to monitor our incidents for patterns and trends. Incidents are reviewed monthly at Departmental Behavior Support Committee to ensure health and welfare for all participants. Reports are submitted to the FCBDD MUI Unit for review. We had 7 MUIs reported in 2010 (compared to 10 in 2009). They included: two peer to peer acts, two medical emergencies, one misappropriation reported from family, and two hospitalizations. We will continue to work closely with our Health and Wellness Department at Goodwill Columbus, as well as the individual's team to address potential/actual health and welfare concerns as well as behavioral concerns to reduce the potential for risk.

#### Accessibility:

- No automatic door to enter/exit cafeteria identified as a barrier 1<sup>st</sup> quarter 2010; automatic door installed 1st quarter 2010.
- Participants had the opportunity to report/share potential barriers via satisfaction survey and the advisory council.

#### Risk & Safety:

- We had 51 needle sticks from April 2010-Dec. 2010. We worked with our Health and Wellness Department to develop a needle stick procedure for participants and staff as well as training.

### 2011 Recommendations/Opportunities:

1	Evaluate work services to ensure we are meeting participants' needs and completing the process the most efficient way possible while adhering to DOL standards. Provide DOL training to applicable staff.
2	Continue to provide activities that will help us remain unique and attractive to those looking for placement. Focus on a wider range of activities and volunteer opportunities in the community.
3	Continue to work on areas identified in employee surveys to improve survey outcomes in 2012.
4	Successfully transition participants into the Sage program from the former United Cerebral Palsy program.
5	Follow company CFI's as written/applicable to Sage Senior Services Edgehill.
a.	Fill open "capacity per day" slots. Goal: 85% capacity per day by end of 2011.
b.	Work available 100% of the time. Hiring Production Coordinator that will serve as a liaison between WBS, Sage, and Retail to ensure needs are met for the program participants.
6	Track and evaluate outcome measurements and program data as written for 2011.

## Supported Living 2010 Summary of Analyses

*“I know that my daughter is in good hands when I leave her with her staff.” Staff are “responsive...polite and caring.”*

### Overview of Services Provided in 2010

- Supported Living provides services to individuals with developmental disabilities in their homes, apartments, families’ homes, and community residences. In 2010, the program served 101 individuals through waiver services and 26 individuals who paid privately for services.
- Our staff of 237 served individuals in 90 locations throughout Franklin County.
- Services are based on individual needs, ranging from one hour per week to 24 hours a day, seven days a week, with an average of nearly 6900 hours of service delivered each week.
- Program Director, Kari Peirce

### Highlights/Achievements in 2010

- Overtime costs were \$158,000 under budget for the year
- Hired a nursing agency that provides more oversight and training
- Implemented new medication error policy which has enhanced the process of monitoring medication errors
- Increased training for employee and consumer safety
- Increased participation in Social and Recreation program
- Received \$30,000 grant from the Columbus Foundation to be used during 2011 and became authorized to receive funding through the county for day services

### Demographic/ Statistical Data

<b>Number Served</b>	<b>189</b>
Waiver	101
Private Pay	26
Social/ Recreational Prog	146 <small>(includes duplicates)</small>
<b>Age</b>	<b>Number</b> <b>Percentage</b>
17—24	3      1.59%
25—34	32      16.93%
35—44	60      31.74%
45—54	50      26.46%
55 and up	42      22.22%
Unknown	2      1.06%

Gender	Number	Percentage
Female	88	46.56%
Male	101	53.44%

Race	Number	Percentage
White	166	87.83%
Black/ African American	23	12.17%

**Analyses/Impact:**

- For the first time in several years, in 2010 we began serving 3 individuals who were under the age of 25.
- Supported Living continues to serve an aging population with over 80% served being over the age of 35. Currently there are over 6,000 individuals with developmental disabilities on the state-wide waiting list for waiver services. Due to this long wait, many individuals do not receive services until later in life which can attribute to an older population of clients served in Supported Living.

<b>Outcomes Management Objectives</b>			
<b>Objective</b>	<b>Measure</b>	<b>Goal</b>	<b>Actual</b>
<b>Increase consumer satisfaction</b>	% overall satisfaction	85%	88%
<i>Extenuating and/or Influencing Factors: Measures have been taken to ensure consumers needs are met. The management teams have been focusing on house visits and learning the needs of the consumers. The compliance department is ensuring ISP goals are being met by reviewing data sheets on a monthly basis. Goals that are not met are identified and brought to the attention of the management team. Reviews of the consumers' files has also lead to identifying potential areas of improvement. This increased communication amongst the management team also.</i>			
<b>Increase stakeholder satisfaction</b>	% overall satisfaction	85%	64%
<i>Extenuating and/or Influencing Factors: Supported Living achieved the goal of more than 85% satisfaction with the consumers. However, the limited number of responses (return rate of 22%) skewed the total satisfaction rate of the stakeholder surveys. Three family members asked to be contacted regarding their desire to share feedback and they were contacted.</i>			
<b>Maintain/ decrease overtime costs</b>	% per year	5 - 7%	5.5%
<i>Extenuating and/or Influencing Factors: Overtime was monitored very closely on a weekly basis. The scheduling staff and managers monitored individual staff's hours so that overtime was kept at a minimum. The amount of hours a staff was permitted to work on a regular basis was decreased to minimize overtime. A concerted effort was also made to hire more permanent staff so that less hours needed to be covered by those already in a schedule causing overtime hours.</i>			
<b>Retain turnover rate</b>	% per year	25%	27%
<i>Extenuating and/or Influencing Factors: HR has been outsourced and the new company figures turn-over differently than previously calculated. Subs/Temps are now counted in turn-over which makes the numbers higher.</i>			
<b>Obtain on-time completion of employee performance evaluations.</b>	# evals given within 30 days of due date	90%	Unable to determine
<i>Extenuating and/or Influencing Factors: The percentage of evaluations given on time is not able to be figured as the notification system is not accurate, nor is the tracking system. To the best of the Program Director's knowledge, when the dept has been notified, the evaluations have been given within 30 days of the due date. The new Compliance Dept is working to improve the notification and tracking system.</i>			

Service Reviews	
# of files reviewed: 5	# of interviews conducted: 2
# of files w/ current ISP: 5	# of overall satisfied (per interview): 2
# of files with measurable goals: 5	# of files with current ISP data sheets: 5
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> Supported Living began the process of reviewing consumer files in August. SL plans to have 25% of files reviewed in 2011.	

Stakeholder + Consumer Satisfaction Surveys (Completed during the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2010)	
Stakeholder Return Rate: 22%	
Stakeholder % of overall satisfaction: 64%	
Consumer Return Rate: 100%	
% of overall satisfaction: 88%	
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> In 2010, Supported Living combined the Stakeholder Survey with the Customer Satisfaction Survey. The Stakeholder Survey was sent to family members, service coordinators and others that are involved with the consumers. It focused on how the department was serving the consumer and upholding the Goodwill mission. The Customer Survey was completed by the consumers and focused on how Goodwill was meeting their needs and wants. It is necessary to combine the results of both surveys to have a complete picture of Supported Living's success for 2010.	

2010 Recommendations/Opportunities		Outcome:
1	Track and evaluate outcome measurement objectives as written for 2010	Achieved
2	Maintain an average of 7,000 hours of Supported Living services on a weekly basis.	Not achieved. Average number of hours served was 6,884 per week
3	Met an E/R of 151% or less for Supported Recreations & Education Services Program within Supported Living	Achieved: Current ratio is 125%
4	Follow company CFI's as written/applicable to Supported Living	No citations given for 2 audits; Job Satisfaction 94.8%
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> The Supported Recreations & Education Services Program was very successful in 2010 and has been approved to offer classes covered by waivers funding from the county. The program was also awarded a grant so that the cost of classes is less for consumers. This program is expected to continue to grow.		

## Impact from Trends

- **Field Trends** - In 2010 Supported Living began to observe a change in authorized service delivery through FCBDD. Funding in hours of service was decreased and was expressed through reduced rates for on-site on-call services and decreased double-staffing in homes. This was a universal change across agencies who provide Supported Living services.
- **Incident Reviews/Analysis, Accessibility, Risk & Safety** – Supported Living continues to monitor incidents for patterns and trends. Incidents are reviewed monthly at Departmental Behavior Support Committee meetings to ensure health and safety. Reports identifying patterns and trends are completed quarterly, semi-annually, and annually. No patterns or trends were identified for the year of 2010.
- **Human Resources/ Staff** - Supported Living continued to remain consistent with both the number of employees within the department and as it relates to turnover. We completed our annual Employee Opinion Survey, with nearly double the participation than in 2009, and received 94.8% overall satisfaction.

## 2011 Recommendations/Opportunities:

- Continue to monitor the weekly hours of service delivery. – Goal is 7,000 hours per week
- Continue to monitor overtime hours – Goal is 5 – 7 % of expenses
- Retain turnover rate – Goal of 25% or less per year
- Increase return rate of Stakeholder Survey – Goal of 33% returned
- Follow Critical Few Initiatives as applicable to Supported Living
- Program will be 100% compliant with all applicable federal, state and local regulations, agency policies and any other funder requirement and, additionally, will have a formal mechanism in place to monitor compliance by 2012
- Results in the area of overall job satisfaction, from Employee Opinion Surveys, will improve each year

## Work and Behavioral Services 2010 Summary of Analyses

*“They (WBS) face these issues with patience and an eye at all times toward preserving the dignity of the participants. WBS gets high marks from me for serving members of the community no other organization would attempt to serve.”*

### Overview of Services Provided in 2010

- Funded through FCBDDB per an annual contract
- Provided work & behavioral support to adults ages 18 and up
- Served a total of 188 participants
- Continued 2 shifts Monday-Friday as well as enclave at Retail Store/Distribution Center
- Program Director, David King

### Highlights/Achievements in 2010

- Average # of hours worked each month was 4940 hours.
- Enclave at the retail stores (moved to Retail Processing Center in November 2010) expanded from 3 to 6 participants.
- Community opportunities were offered at Faith Mission, Humane Society, Odyssey, and a recycling program to promote community inclusion.
- 29,373 days of service provided

### Demographics/Statistical Data

Number Served		188	
Age	Number	Percentage	
17—24	38	20.21%	
25—34	44	23.40%	
35—44	35	18.62%	
45—54	44	23.40%	
55 and up	26	13.83%	
Unknown	1	0.53%	
Gender	Number	Percentage	
Female	41	21.81%	
Male	147	78.19%	

Race	Number	Percentage
White	134	71.28%
African American	45	23.94%
Hispanic or Latino	1	0.53%
Other	8	4.26%

**Analyses/Impact:**

- Although more males were served at WBS in 2010, it does not appear to have significant impact on the program.
- The diversity of ages does continue to have some impact on how often people choose to work which is why there are different “areas” at WBS. These areas consist of: work all day, work/activity split day, and activity with small portion of work. This model continues to provide individuals with work options designed to meet their needs.

<b>Outcomes Management Objectives</b>			
<b>Objective</b>	<b>Measure</b>	<b>Goal</b>	<b>Actual</b>
<b>Maximize # of participants in community outings</b>	% involved in community outings	20%	11%
<i>Extenuating and/or Influencing Factors:</i> In 2010 there was clarification on how to track this goal by clearly defining “community outings”. This most likely impacted the lower percentage.			
<b>Maximize satisfaction index</b>	% of participants that scored “75” or better on satisfaction survey	95%	98%
<i>Extenuating and/or Influencing Factors:</i> Goal was met; 95% of the completed surveys scored a 100% satisfaction.			
<b>Minimize # of participants involved in crisis restraints</b>	All participants involved in crisis restraints	< 10%	13%
<i>Extenuating and/or Influencing Factors:</i> There was an increase in people served ages 18-21 (exiting from high school) and needing behavior supports. This group of individuals had delays in formalized behavior supports for a number of reasons thus increasing the % of crisis restraints needed to ensure health & safety.			
<b>Minimize # of weeks from start of intake to start of program</b>	# of weeks in between	5 wks	12.5 wks
<i>Extenuating and/or Influencing Factors:</i> The data above is reflective of March-December intakes only due to a tracking error. As of 2 <sup>nd</sup> quarter, an Intake & Recruitment Coordinator was hired to help expedite the intake process but for a variety of reasons (waiting for opening in appropriate area, missing medical information, missing guardian signatures etc.), the average # of weeks is still much higher than the goal.			
<b>Maximize # of persons served</b>	Minimum # agreed by contract	100%	113%
<i>Extenuating and/or Influencing Factors:</i> 166 was the contracted number which was exceeded by 22 for a total of 188 served. The goal was exceed by 13%! This is in part to the diligence of intake and steady work options to offer individuals.			

## Outcomes Management Objectives—continued

### Contract Objectives

<b>90% of enrollees will show improvement on the goals established in the enrollees' individual plan</b>	90%	94%
<i>Extenuating and/or Influencing Factors:</i> Although goal was met, there was a small decrease from 2009 (98% met).		
<b>100% of participants will have an assessment, participate in developing &amp; implementation of IP</b>	100%	100%
<i>Extenuating and/or Influencing Factors:</i> This goal only applied to those individuals who were still receiving services at the time of their IP. Some individuals exited prior to their IP.		
<b>Analyses of Extenuating and/or Influencing Factors/Impact:</b> Overall, the 2010 goals ensured that quality standards were a focus of our services. Similar goals have been tracked over the last several years in which we have been able to monitor and compare results. In order to continue to track and monitor meaningful and quality outcomes, the objectives will be revised for 2011.		

### Tracking Objectives

No additional objectives tracked for WBS in 2010.

### Service Reviews

# of files reviewed:	36	# of interviews conducted:	17
# showing holistic approach:	30/36	# of overall satisfied:	17/17
# of files with measurable goals:	34/36		
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b>			
<ul style="list-style-type: none"> <li>• 84% of files demonstrated a holistic approach (9% increase over 2009).</li> <li>• 2% decrease from 2009 in files needing corrections.</li> <li>• 48% of files reviewed had a survey conducted (9% increase over 2009).</li> </ul>			

### Stakeholder Satisfaction Surveys

(Completed during the 3<sup>rd</sup> and 4<sup>th</sup> quarter 2010)

	2010	2009
Return Rate:	31%	unknown
% of Overall Satisfaction:	94%	87%

- Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:**
- Survey sent via US mail and/or an electronic survey. Efforts made to increase return rate (personal emails from Program Director to service coordinators, QMRP's, APSI reps; Managers phoned family supports, and WBS personnel made effort to collect feedback from anyone who came into WBS).
  - Trends on wanting different work options besides tagging clothing
  - Many positive comments about staff treating participants with dignity and respect

For 2011:

- Re-trainings have been scheduled for staff on all behavior plans and their functions
- Recommendation will be passed on to Work Services Committee to continue to explore options for varied work opportunities
- Management team will be developing/implementing groups for participants (social skills, anger management, etc.) based on survey suggestions

2010 Recommendations/Opportunities		Outcome:
1	To stay ahead of field trends, WBS will strive for a reduction in crisis restraints through ongoing trainings of both staff and participants.	By the end of 2010: <ul style="list-style-type: none"> <li>All staff had been retrained on existing behavior support plans</li> <li>Re-trainings occurred for all revisions to plans</li> </ul>
2	Due to an increase in the number of participants who are deaf or hard-of-hearing, WBS will continue pursuing videophones as well as consider providing more training in American Sign Language.	<ul style="list-style-type: none"> <li>American Sign Language training was not available to staff during the 2010 calendar year.</li> <li>The agency wide accessibility committee addressed adequate equipment needs for deaf or hard-of hearing customers; determined that relay services are the current trend in the field. Therefore no videophone was pursued at this time due to cost vs. trend.</li> </ul>
3	WBS will continue to partner with Retail Services in order to expand work services by seeking additional jobs for participants and possibly opening additional enclaves.	<ul style="list-style-type: none"> <li>The retail work opportunity was broken down into job components so that all participants had the opportunity to work.</li> <li>The enclave expanded to 6 participants and 2011 enclave expansion was projected.</li> </ul>
4	Follow company Critical Few Initiatives as written/applicable to WBS.	<ul style="list-style-type: none"> <li>Critical Few Initiatives were a focus during 2010 to make progress toward 2012 goals. <ul style="list-style-type: none"> <li>All service slots filled to capacity slightly exceeded the 85% for 2010 (88%) – CFI goal is 95% by 2012.</li> </ul> </li> </ul>
5	Track and evaluate outcome measurements as written.	<ul style="list-style-type: none"> <li>Tracked and evaluated. See above objective section for details on progress.</li> </ul>
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> The 2010 recommendations contributed to increased services and viable work opportunities as well as a strong focus on maximizing service slots. Many of these focuses will continue to impact 2011 and beyond.		

## Impact from Trends

### Waiting Lists

One of the major trends effecting WBS in regards to intakes is the increasing number of participants (18 to 21 years of age) out of high school that have applied to the program for services. Several of these participants have intense behavior support needs. Several issues that have occurred during this period that tends to delay needed behavior supports have been change in providers, change in guardianship status, change in day services providers, and the vagueness on who is responsible for providing these behavior supports (authoring behavior support plans) among the county team members.

### Human Resources/Staff

- Although staff turnover actually decreased 1.27% from 2009 and 5.86% from 2008 it had a more significant impact in 2010 because 2 months (July and November) had over a 4.5% turnover rate. Average turnover rate per month over the last 3 years has been less than 2%. Some of the reasons impacting the high turnover rate those months included: management change, economic reasons, and personal reasons.
- WBS has shown an overall improvement in the positive responses for the Employee Opinion Survey for 2010.

## Impact from Trends—continued

1. Eleven categories had 100% positive rating. Of the 37 categories rated in both 2009 and 2010, all showed an increase in positive responses
2. Of the five categories that recorded the lowest positive ratings:
  - Three showed significant increases over the 2009 ratings
  - The other 2 categories were not rated in 2009 but the 2010 rating for WBS is above the company average.

### Incident Reviews/Analysis, Accessibility, Risk & Safety

Incidents Reports continued to be reviewed on a monthly, quarterly, and annual basis.

- The monthly reviews revealed 29 trends and patterns - 7 were behavioral for participants on a Behavior Support Plan. These were addressed through their BSP; 12 were behavioral for participants not having a Behavior Support / unapproved behavior support for health and safety reasons. These were addressed through teams and the exploration of the need for a formalized BSP; 4 were for finger sticks. These were addressed through retraining and exploration of adaptive equipment; 6 were medical in nature. These were addressed through the teams / medical staff.
- The yearly / quarterly MUI reviews revealed 6 trends. These were all behavioral / unapproved behavior support. 2 of these were for participants on BSP's but techniques were used outside the plan. These teams have explored revisions to the plans. The other 4 were for participants not on formalized BSP's. The teams are in varying stages of plan development for these participants.

#### Accessibility:

- The hand sanitizers were lowered to an accessible height (Jan 2010)
- WBS signage was replaced in Jan. 2010 to reflect the discontinuation of the words “mental retardation”
- TTY/videophones was discussed but field trend is to access relay services so no new equipment was pursued.
- No accessibility issues/barriers were noted on participant surveys

#### Safety issues

- Continued to improve at Work & Behavioral Services in 2010
- There were 26 (unofficial) recorded staff injuries for the year. This is down from 37 in 2009. The majority of these are still participant related injuries (injured because of a participant injury).
- There were 86 finger sticks between WBS and the enclave from May 2010-Nov. 2010 which prompted some training and procedures to be enacted.

### 2011 Recommendations/Opportunities:

1	Work on collaboration with partner agencies in Franklin County to look at clear guidelines for responsibility of behavior supports within the county.
2	Explore the options for expanding our activity program utilizing current space and resources.
3	Develop a comprehensive, on-going, all inclusive training structure for all staff on understanding what their role and the program's role is for helping our participants reach their potential (estimated implementation: 2012).
4	Evaluate what additional program data would be useful to track (for tracking implementation of 2012).
5	Partner with Goodwill's internal recruitment department (Talent Management) to aggressively and quickly fill open positions with quality staff.
6	Follow company CFI's as written/applicable to Work & Behavioral Services.
a.	Service slots will be filled to capacity 85% of the time by end of 2011.
b.	Work will be available 100% of the time for individuals working in work services areas by 2011.
7	Track and evaluate outcome measurements and program data as written for 2011.

# Workforce Development 2010 Summary of Analyses

*“Thank you for reminding me of how much I'm worth as an individual in the workplace.”*

## Overview of Services Provided in 2010

- Provided a wide array of programs and services to help individuals, both youth and adults, with disabilities and other barriers to obtain and maintain competitive employment
- Provided workforce services to 727 individuals and enrolled 595 into programming
- Provided COTA Mainstream paratransit eligibility assessments for 902 individuals with disabilities
- Received grants and contracts funded by Franklin County Board of Developmental Disabilities, the COWIC-Workforce Investment Act, United Way of Central Ohio, Ohio Rehabilitation Services, Upper Arlington Schools, OSU Nisonger Center, Huntington and PNC Banks, Second Chance Act -Ohio Department of Rehabilitation and Corrections, Franklin County Office of Homeland Security and Justice Programs
- Director, Debra Shinoskie

## Highlights/Achievements in 2010

- Provided programs and services to 1629 individuals, which exceeded goal by over 16%
- Ended year with less than 1% variance (positive) to budgeted gross margin in a division with revenue in excess of \$2.6 M
- Grew revenue by 27%, or \$564K, over previous year
- Placed 131 individuals with disabilities and other barriers into competitive employment, exceeding the goal by 25%
- Average wage at placement was \$9.27/hr. exceeding the goal of \$8.50/hr.
- 14.5% of individuals placed into competitive employment were within the Goodwill Columbus organization, topping goal of 10%
- As a result of a competitive bid process, learned that WFD will be designated as one of two “Access Points” (alternative front doors) to the COWIC One-Stop Center in 2011
- Started a State Tested Nurse’s Aide (STNA) training program
- Began offering, at no out-of-pocket expense, a Work Readiness training program which is open to the general job-seeking public

## Demographics / Statistical Data

**Number Served:** 595

Ages	Number	Percentage
17—24	248	41.68%
25—34	63	10.59%
35—44	66	11.09%
45—54	95	15.97%
55+	123	20.67%

## Demographics / Statistical Data

Gender	Number	Percentage
Female	297	49.92%
Male	298	50.08%
Race	Number	Percentage
Black or African American	315	52.94%
White	248	41.68%
Other	14	2.35%
Asian	11	1.85%
Hispanic or Latino	7	1.18%

### Analyses/Impact:

Based upon current unemployment statistics, one would expect that approximately twice as many Black/African American jobseekers would seek WFD services than Whites/Caucasians, however, there were only 27% more reported. Despite our comprehensive marketing and outreach efforts, it is apparent that we are enrolling a disproportionately low percentage of Black/African American job seekers into programming. This may be due in part to our facilities “off-central” geographic location.

Individuals aged 17-24 and those aged 55 and older comprised over 62% of the people enrolled in programming. In today’s tough economic climate, these statistics are in line with what we hear our customers telling us; young people must enter the job market at an earlier age to meet family needs and older adults are having to work longer in life to make ends meet.

Only 28%, of individuals enrolled disclosed a disability compared to 40% in 2009. There was no dramatic jump in any one disability type. Most types edged up 1-2 percentage points with Mental Health seeing the largest increase at 4%.

There was a large increase in the number of individuals who reported having a HS Diploma, jumping from 32% in 2009 to 47% in 2010. However, it is not clear as to whether this has significance because in 2009, 20% of individuals did not declare their highest level of education achieved compared to 1% in 2010. It is clear that staff members did a better job of encouraging program enrollees to disclose this important demographic information.

As a percentage of the total, program revenue from the Franklin County Board of DD was up from 40% in 2009 to 56% in 2010. This is due, in large part, to the contract being increased to serve more individuals than in 2009. Revenue from WIA, RSC and United Way was down by 7%, 3%, and 4%, respectively from 2009. This underscores the need for WFD to continue to seek out funding from diverse sources so not to be overly dependent on one funding stream.

Referrals from RSC remained consistent from 2009 to 2010. A glaring increase in referrals came specifically from AARP. The organization faced funding reductions and took advantage of WFD’s “free” Work Readiness and low-cost STNA programs.

<b>Outcomes Management Objectives</b>			
<b>Objective</b>	<b>Measure</b>	<b>Goal</b>	<b>Actual</b>
<b>Maximize the # entering programs</b>	<b>Number enrolled in programs</b>	<b>500</b>	<b>595</b>
<i>Extenuating and/or Influencing Factors:</i> Started a new STNA program Started a Work Readiness course that is open to the job-seeking public at no charge to participants Obtained a summer youth program			
<b>Maximize the # of individuals who have successful program outcomes</b>	<b>% of individuals who successfully complete one or more programs, get a job or enter post secondary education</b>	<b>60%</b>	<b>74.4%</b>
<i>Extenuating and/or Influencing Factors:</i> Redefined successful outcome to include program completion, obtained a job, or went on to post-secondary education Some newer programs such as Work Readiness and STNA are shorter in duration which increases likelihood of reaching positive outcomes			
<b>Maximize the # of customers who are contacted within 2 days of the referral</b>	<b>Number of days before initial contact made with customer</b>	<b>98%</b>	<b>100%</b>
<i>Extenuating and/or Influencing Factors:</i> Case Managers recognize that expedient contact will continue the momentum and motivation of customers to move towards employment Quick customer engagement has a positive impact on WFD's bottom line			
<b>Maximize the # of customers who obtain employment</b>	<b>Number of customers who obtain employment</b>	<b>105 People</b>	<b>131</b>
<i>Extenuating and/or Influencing Factors:</i> Offer more transitional work programs which immerse jobseekers into businesses, custom-training them for positions, and allowing employers to get a "free" look before hiring More job seekers coming through front door creates a larger opportunity for placement			
<b>Maximize the hourly wage of customers placed into employment</b>	<b>Average hourly wage of those who obtain employment</b>	<b>\$8.50</b>	<b>\$9.27</b>
<i>Extenuating and/or Influencing Factors:</i> Establishing relationships with employers that have higher entry rates for employment Despite serving individuals with severe and multiple barriers, transitional work opportunities allow employers to actually see the value-added by potential employees before making an offer			

### Outcomes Management Objectives—continued

Objective	Measure	Goal	Actual
<b>Maximize # of individuals who are satisfied or very satisfied with WFD services</b>	<b>% of individuals who are satisfied or very satisfied with WFD services</b>	<b>80%</b>	<b>94.7%</b>
<i>Extenuating and/or Influencing Factors:</i> Newer programs bring in higher foot traffic and are less time intensive but net positive outcomes Number of surveys submitted are up 121% over previous year due to having cohorts that end programming at the same time and surveys being handed out to them as a group.			
<b>Maximize # of stakeholders who are satisfied or very satisfied with WFD services</b>	<b>% of stakeholders who are satisfied or very satisfied with WFD services</b>	<b>80%</b>	<b>96.6%</b>
<i>Extenuating and/or Influencing Factors:</i> Staff members provide consistently high levels of customer service Businesses and Business Advisory Council members have become more engaged in programming More respondents answered survey, many of which are businesses who have hosted, or hosted and hired, interns/transitional workers who were custom-trained to meet their needs			
<b>Maximize # of COTA customers who are satisfied or very satisfied with WFD services</b>	<b>% of COTA customers who are satisfied or very satisfied with WFD services</b>	<b>90%</b>	<b>97.5%</b>
<i>Extenuating and/or Influencing Factors:</i> Staff members provide high levels of customer service in a time efficient fashion			

### Service Reviews

# of files reviewed: <b>142</b>	# of interviews conducted: <b>n/a</b>
# showing holistic approach: <b>142</b>	# of overall satisfied: <b>n/a</b>
# of files with measurable goals: <b>142</b>	
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> File reviews were conducted on Workforce Development cases falling under CARF purview. Reviews were conducted on 142 files which is approximately 98.6% of all closed cases. This process helped to identify areas where staff is efficient as well as any areas of concerns. The management team addressed any incidences of missing or incomplete paperwork as appropriate with staff. This resulted in 50% fewer errors by the end of 2010.	

### Customer Satisfaction Surveys

Return Rate: <b>226 out of 453 = 49.9%</b>	
% of overall satisfaction: <b>95.6%</b>	

### Stakeholder Satisfaction Surveys

Return Rate: <b>29 out of 175 = 17%</b>	
% of overall satisfaction: <b>96.6%</b>	

<b>2010 Recommendations/Opportunities</b>		<b>Outcome:</b>
1	Seek out opportunities to partner with other organizations to expand programs and raise community awareness; place special focus on programs and services for adults with a criminal justice history, veterans, and youth with disabilities and other barriers to employment.	Achieved <ul style="list-style-type: none"> <li>•Garnered new grants to serve individuals with criminal justice histories and youth.</li> <li>•Services for veterans increased by 22% over prior year.</li> </ul>
2	Take advantage of ability to provide transitional work opportunities (internal and community-based) as mechanisms to assist “hard to employ” populations to work.	Achieved <ul style="list-style-type: none"> <li>•Most grants awarded or extended focused on transitional work/work immersion/internships</li> </ul>
3	Provide more family strengthening supports to assist customers toward success.	Achieved <ul style="list-style-type: none"> <li>•Intentionally reached out and offered program information to community-based organizations that serve individuals/families facing one or more of the following barriers: low-income, criminal justice histories, homelessness, substance abuse, and English as a second language.</li> <li>•Staff members joined several new advisory boards and committees of community-based organizations.</li> <li>•Held successful fundraisers for Project Care which offers emergency financial support to employees of Goodwill and for the WFD food pantry.</li> </ul>
4	Actively partner with OSU Nisonger Center to implement Project Search program at OSU Medical Center.	Achieved
5	Hire TCEP Coordinator, submit application, create 5-year business plan and begin providing STNA training by June 1 <sup>st</sup> .	Achieved
6	Ensure compliance on Federal, State and Local contracts.	Achieved
7	Apply for funding for pilot program to provide Financial Literacy Training to individuals in debt collection with UCB offering 10-15% reduction in overall debt in return for attendance and current payment.	Achieved
8	Look for opportunities to partner with other departments of Goodwill and make concerted effort to ensure that at least 10% of WFD placements are within Goodwill.	Achieved
9	Pursue waiver and long-term follow-up businesses with FCBDD.	Partially achieved <ul style="list-style-type: none"> <li>•Provide long-term follow through for FCBDD.</li> <li>•Inquired about waiver business, however, DD is not prepared to enter into arrangement at this time.</li> </ul>

2010 Recommendations/Opportunities		Outcome:
10	Conduct a review of 95% of closed cases under CARF purview and reduce files found to have missing/incomplete/incorrect documentation by 20% through additional training and development of file check list.	Achieved
11	Seek out innovative, market-driven programs and services that pay self-sufficiency wage levels to serve more individuals in the community, e.g., baker training.	Achieved •Started STNA program and applied for Federal grant to train “from scratch” bakers.
12	Improve participation in Customer and Stakeholder satisfaction surveys. Consider discontinuing use of “Survey Monkey” tool for Stakeholder satisfaction surveys in order to better track the submission of the surveys.	Achieved •Continued to utilize “Survey Monkey” on Stakeholder Satisfaction Surveys as convenience to customers.
13	Track and evaluate outcome measurements as written for 2010.	Achieved
14	Follow company CFI’s (Critical Few Initiatives) that are applicable to Workforce Development.	Achieved •All critical few initiatives were met with exception of entering the supported employment “waiver business” with DD. Although pursued, DD is not ready to broach this type of arrangement. However, WFD did acquire contract funding from DD for long-term follow through

## Impact from Trends

### Financial/Funding

- Despite the continued economic crisis, WFD was able to grow its revenue by 27% or \$564K, which allowed the department to serve 727 job seekers with barriers, an increase of 8.7% over the previous year. Revenue from the Ohio Rehabilitation Services Commission (ORSC) continued to diminish. It constituted only 13% of revenue, when just five years prior it was responsible for 70%. The success of the department’s efforts to diversify funding over the last five years has allowed WFD not only to remain a viable business division but to grow the number of individuals served and expand the types of services and programs offered.

### Service Delivery Systems

- In addition to suffering large funding cuts over the last few years, ORSC has undergone major changes in the organization, including ones in Executive Leadership, philosophies, and staff size (reduction). They have also made the decision to serve, as a priority, those individuals with the Most Significant Barriers (MSD), three or more significant barriers to activities of daily living and work. These changes have had a huge impact on RSC’s ability to move jobseekers with disabilities from eligibility determination to service provision as well as on the length and level of services needed to move jobseekers to competitive employment. These in turn, have put a big strain on WFD’s ability to serve the number of jobseekers and obtain the competitive employment outcomes required in our LIFE Works program, which is the department’s largest contract.

## Impact from Trends

### Human Resources (EOS)

- Overall, the uSPEQ Employee Climate Survey showed that WFD employees feel overwhelmingly positive about the company, the department, the work environment, and the people with whom they work and for whom they provide services.
- One hundred percent (100%) of WFD respondents know the company's mission, support Goodwill Columbus's direction, believe their supervisor treats them with respect, and understand how the work they do contributes to the mission of Goodwill.
- Out of 42 questions, WFD rated in the highest quartile on 39 questions; outpaced the organization on two of the remaining areas; and raised its own rating on the third from 71.4% to 74.3%.
- In response to the uSPEQ Survey and to the department's continuous growth and expansion, WFD committed to provide Staff members with a "cheat sheet" that summarizes new and existing WFD programs to improve everyone's understanding of offerings; create a "basics of each program" spreadsheet in the shared drive; set-up an on-boarding buddy system for new hires; and maintain up-to-date informational flyers in the kitchenette for all active programs.

### Incident Reviews/Analysis, Accessibility, Risk and Safety

- There were no significant trends noted regarding accident/incidents
- There were 2 instances when accidents/incidents were not reported within the required time frame. WFD policies and procedures were updated and all staff members were provided with updated training to insure future compliance.
- No complaints or concerns were registered related to accessibility
- When any safety hazard is noted, the Building Services Department is immediately notified so that corrections may be made.

## 2011 Recommendations/Opportunities:

- Seek out grants and opportunities to partner with other organizations to expand programs and services to: adult jobseekers who have a criminal justice history, veterans, youth with disabilities and other barriers, immigrant populations, and individuals who are homeless/facing homelessness
- Partner with other departments of Goodwill and ensure that 15% of WFD placements are within Goodwill
- Seek out additional opportunities for transitional work, both internal and community-based, to assist "hard to employ" populations to obtain competitive employment
- Partner with OAGI to provide WFD services on a state-wide basis
- Increase participation in Customer and Stakeholder Satisfaction surveys

## Young Adult Services 2010 Summary of Analyses

*“They treat my son like an adult – not a baby. I couldn’t write down all that he’s been trained or taught but he enjoys going and he’s been going for many years.”*

### Overview of Services Provided in 2010

- Funded through FCBDD per an annual contract
- Provided activities to younger adults ages 18-45
- Served a total of 94 participants
- Operated 4 sites in community
- Program Director, Kenny Hughes

### Highlights/Achievements in 2010

- Interactive/community focused activities provided each month (i.e. Chiller Ice Skating, Der Dutchman, Community Tours, Farmers Market)
- Volunteer opportunities occurred at various sites (RMH, Meals on Wheels, Greenlawn Cemetery, Cols. Parks & Rec., Arthritis Foundation, Sterling House)
- 13,251 days of service provided

### Demographics/Statistical Data

Number Served	94	
Age	Number	Percentage
18—24	28	29.79%
25—34	46	48.94%
35—44	14	14.89%
45—49	6	6.38%
Gender	Number	Percentage
Female	50	53.20%
Male	44	46.80%
Race	Number	Percentage
Asian	2	2.13%
Black or African American	23	24.47%
Ethiopian	1	1.06%
White not Hispanic	66	70.21%
Hispanic/ Latino	1	1.06%
Unknown	1	1.06%

**Analyses/Impact:**

- After reviewing demographics of those served, it was determined that most of the demographics do not impact the development of programming at YAS;
- Ages of those served does require extra evaluation to adequately plan for participant turnover and estimating length of time on waiting list.

<b>Outcomes Management Objectives</b>			
Objective	Measure	Goal	Actual
<b>Maximize # of participants involved in community activities</b>	% involved in community activities	80%	97%
<i>Extenuating and/or Influencing Factors:</i> This goal was exceeded but there was a slight decrease from 2009 due to some changing needs of participants.			
<b>Maximize # of participants satisfied with the program</b>	% of participants that scored “75” or better on satisfaction survey	75%	100%
<i>Extenuating and/or Influencing Factors:</i> The average score of satisfaction was 94% in 2010. For the 3 <sup>rd</sup> consecutive year, YAS has had all participants score 75 or better on their survey. The influencing factor is that concerns are addressed throughout the year in order to focus on providing the best services to each individual.			
<b>Maximize # of participants who volunteer at least monthly</b>	% who want to volunteer	75%	91%
<i>Extenuating and/or Influencing Factors:</i> More emphasis was put on recycling efforts and collecting pop tabs for the Ronald McDonald House to get more individuals involved with volunteer opportunities.			
<b>Maximize # of participants who volunteer at a community site</b>	% of participants volunteer at a site	15%	69%
<i>Extenuating and/or Influencing Factors:</i> Goal was significantly exceeded because data collected included recycling and RMH pop tab collection as community site volunteer activities.			
<b>Minimize # of weeks from start of intake to start of program</b>	# of weeks in between	5 wks	4.82 wks
<i>Extenuating and/or Influencing Factors:</i> An Intake & Recruitment Coordinator was hired in 2010 to help expedite the intake process. There was a 2.18 week decrease from 2009.			
<b>Maximize # of key stakeholders satisfied with program</b>	Satisfaction on Annual Stakeholder Survey	75%	90%
<i>Extenuating and/or Influencing Factors:</i> Satisfaction ratings far exceeded the goal. This is in part to the dedication of the staff to provide individualized and innovative opportunities in the community to persons served.			
<b>Track # of ineligible referrals to determine program gaps</b>	% of ineligible referrals vs % of referrals	<25%	22%
<i>Extenuating and/or Influencing Factors:</i> There were 95 referrals made during 2010 of which 17 were not eligible or didn’t want the services offered. The primary program gaps identified were: 1. No work option offered 2. Needs/supports exceeded program capability (i.e. behavioral or medical support needed)			

## Outcomes Management Objectives—continued

### Contract Objectives

<b>90% of enrollees will show improvement on the goals established in the enrollees' individual plan</b>	90%	95%
<i>Extenuating and/or Influencing Factors:</i> Goals continued to be written in line with people's interests and skill development needs which enhanced participation and improvement on the goals.		
<b>100% of participants will have an assessment, participate in developing &amp; implementation of IP</b>	100%	100%
<i>Extenuating and/or Influencing Factors:</i> Participants and their team members were encouraged to be an active part of the IP process thus making this goal easily achievable.		
<b>Analyses of Extenuating and/or Influencing Factors/Impact:</b> In order to continue to track and monitor meaningful and quality outcomes, the objectives will be revised for 2011.		

### Tracking Objectives

Objective:	2010 YR data	2009 YR data
Receives Infection Control Training	87	77
Uses Adaptive Equipment	50	40
Receives Medication at YAS	29	34
Receives Behavior Support	10	13
Receives Assistance with Eating	29	17
Receives Assistance with Personal Care	49	42
Receives Close Supervision	83	74
Participates in Integrated Cultural or Social Events	86	76
Utilizes Community Services	89	77
Uses Alternative Communication	38	49
Receives Speech or OT services	7	7
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b> YAS served more individuals in 2010 than the previous year which accounts for some of the increase within the tracking objectives. The increase in people served needing assistance with eating and personal care in part is due to persons aging. YAS began taking a critical look at the needs of referrals and the needs of those already served. This is to ensure that YAS can adequately meet the needs of those it would serve while being able to maintain the outcomes of the program with its existing staff. Increase in supports needed systematically impacts 2011 and warrants continued analysis in this area.		

Service Reviews			
# of files reviewed:	16	# of interviews conducted:	11
# showing holistic approach:	12/16	# of overall satisfied:	11/11
# of files with measurable goals:	16/16		
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b>			
<ul style="list-style-type: none"> <li>69% of files reviewed had an interview attached to it with a 100% satisfaction rate! This was a 29% increase in interviews obtained!</li> <li>Decrease in holistic approach shown from 2009 (20% decrease) which presents some training opportunities for 2011 for developing holistic IP's for those served.</li> </ul>			

Stakeholder Satisfaction Surveys (Completed during the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter 2010)		
	2010	2009
Return Rate:	15%	36%
% of Overall Satisfaction:	90%	87%
<b>Analyses/Notes/Extenuating and/or Influencing Factors/Impact on 2011:</b>		
<ul style="list-style-type: none"> <li>The survey was sent via US mail and/or electronically. Unfortunately the response rate continues to be a much lower rate than we would like and actually decreased 21% from 2009.</li> <li>Trends on satisfaction feedback mainly were related to staffing issues. Extensive feedback was given on who is served, the mix of the groups, etc.</li> </ul>		
For 2011:		
<ul style="list-style-type: none"> <li>Changes will be put in place to mail activity calendar(s) to parent(s) that requested copies,</li> <li>Eligibility for new and existing participants will be a strong focus,</li> <li>YAS will address volunteer opportunities with staff &amp; participants to identify interest,</li> <li>Strategizing with team on how to increase return rate for 2011 survey.</li> </ul>		

2010 Recommendations/Opportunities		Outcome:
1	Assess program gaps by reviewing ineligible referral information to determine if additional day service is warranted.	<ul style="list-style-type: none"> <li>1 referral was ineligible</li> <li>16 referrals declined services because needs/interests were not offered at YAS</li> <li>Majority of these 16 were because YAS doesn't offer work opportunity</li> </ul>
2	Continue forming an atmosphere of customer service and mission based service through continued training of employees. Young Adult Services will measure this opportunity through the uSPEQ and Stakeholder Survey.	<ul style="list-style-type: none"> <li>FISH! refresher (customer service training) for all staff in 2010 which also included Corporate Compliance Training</li> <li>uSPEQ and Stakeholder Survey questions didn't allow for data to be measured related to this recommendation</li> </ul>
3	Continue to implement Young Adult Services Family meetings to provide continued support and inclusiveness.	<ul style="list-style-type: none"> <li>Only 1 family meeting was held in 2010 due to low participation</li> <li>1 location held site specific family meeting 2x's during year to formally address concerns</li> </ul>

2010 Recommendations/Opportunities		Outcome:
4	Follow company CFI's as written/applicable to Young Adult Services	<ul style="list-style-type: none"> <li>• Critical Few Initiatives were a focus during 2010 to make progress toward 2012 goals. <ul style="list-style-type: none"> <li>• Overall job satisfaction decreased by 4% from 2009 (results obtained from uSPEQ) – CFI goal is written to increase each year</li> <li>• All service slots filled to capacity fell short of the 85% for 2010 – CFI goal is 95% by 2012.</li> </ul> </li> </ul>
5	Track and evaluate outcome measurements as written.	<ul style="list-style-type: none"> <li>• Tracked and evaluated. See above objective section for details on progress.</li> </ul>
<b>Analysis/Notes/Extenuating and/or Influencing Factors/Impact for 2011:</b> <ul style="list-style-type: none"> <li>• Family Meetings for 2011 will most likely be discontinued and other opportunities for support and inclusiveness will be pursued/expanded upon. YAS hosts an annual family picnic and special events that encourage family members to attend. Site specific meetings will be held if needed.</li> <li>• In 2010, filling service slots to capacity was approached by focusing heavily on recruitment and decreasing time it takes to enter a referral. These have positioned intake to focus on filling potential openings within the program in 2011. In 2011 and beyond, the capacity goal will need to be viewed as “per day capacity” as opposed to a “capacity of people served”. This discrepancy is due to part-time schedules which accommodate the interests and needs of persons served.</li> <li>• OM objectives being revised for 2011 to provide more meaningful and measurable objectives</li> <li>• “Tracking objectives” will be renamed for 2011 to better identify the information tracked. The new name will be “Program Data”.</li> </ul>		

## Impact from Trends

### Human Resources/Staff

- Goodwill Columbus provided a survey (USPEQ) to all of the staff for the third year. The survey gives the staff an opportunity to have their opinion heard throughout their department and throughout Goodwill. Young Adult Services noted two areas of improvement. The areas of opportunity included trying to find ways to reward staff for high performance and to help staff with a clear means of receiving important information. Each Young Adult Services Unit was given a Goodwill Columbus email address. This would allow each Unit to e-mail each other and throughout the organization with more ease. Having Goodwill Columbus e-mail also allowed all staff to read direct e-mails that were sent out to all Goodwill employees. YAS had really positive results including 100% that they are aware of the Goodwill Mission, and 100% said that “My immediate supervisor treats me fairly.”
- YAS implements three staff development days in 2010. One of the Staff Development days is our annual trainings including: MUI training, Abuser Registry and Client Rights. In our August Staff Development Day the YAS staff participated in a Disability Simulation. As a department we went bowling with each staff having to simulate a pre-determined disability. Staff learned first-hand what it was like to have a disability and the challenges it presents for our participants.

### Waiting List

- Young Adult Services continues to be a program that is desired by many individuals throughout Franklin County. YAS had a waiting list of 23 people who are awaiting services. YAS is continuing to evaluate the waiting list to see how additional participants can be served throughout Franklin County

## Impact from Trends

### Incident Reviews/Analysis/Accessibility, Risk and Safety

#### Incident Reviews

- Young Adult Services reviews its UI/MUI patterns and trends summary's monthly, quarterly and annually at the committee reviews.
- There were found to be no trends or patterns for the Young Adult Services Program in 2010.

#### Accessibility

- YAS signage was replaced in Jan. 2010 to reflect the discontinuation of the words "mental retardation"
- There were no accessibility concerns documented in 2010

#### Risk and Safety

- No concerns noted

### 2011 Recommendations/Opportunities:

1	Increase return rate (35% return rate goal) for 2011 Stakeholder Satisfaction Survey by redesigning survey as well as distributing it in a more effective manner and having additional follow up during survey.
2	Demonstrate holistic involvement in the development of IP's for 75% of persons served. This could be demonstrated by any concrete way of showing participant involvement.
3	Make referrals to "New Generations" day service (opening 2011 at Goodwill) when referrals want a work component to address the identified service gap.
4	Evaluate the ability to meet the changing needs of those currently served due to aging issues and increase in supports needed.
5	Follow company CFI's as written/applicable to Young Adult Services.
a.	Fill open "capacity per day" slots. Goal: 85% capacity per day by end of 2011.
b.	Continue to improve overall job satisfaction demonstrated through the employee opinion survey.
6	Track and evaluate outcome measurements and program data as written for 2011.



## ACCESSIBILITY 2010

### GOODWILL COLUMBUS' VISION:

All individuals with disabilities and other barriers are embraced as valued and dignified members of our community.

### GOODWILL COLUMBUS' MISSION:

Building independence, quality of life and work opportunities for individuals with disabilities and other barriers.

### ACCESSIBILITY WORKING COMMITTEE:

Member	Department Representative
Amy Ogden	Chairperson and Day Services
Angie Willetts	Residential Services
Ben Warren	Talent Management/Human Resources
Brenda Hanes	Workforce Development
Brett Dillon	Operations/Safety
Mary Vail	Executive Leadership Team
Michelle Esterbrook	Facilities
Vivian Reyna	Retail

### COMMITMENT TO ACCESSIBILITY:

- Goodwill Columbus is committed to providing a barrier-free environment for individuals served, guests, and its employees. Barriers were identified by various means throughout the year with the most common being: surveys, conversations, observations, meetings (advisory councils, customer meetings) and field trends. The committee met 4 times in 2010 (February, May, August and November) to discuss the potential barriers and identify ways to achieve a barrier-free environment. All committee members continue to be agents of identifying barriers on an on-going basis.

### IMPROVEMENTS TO PROCESS/MISCELLANEOUS INFORMATION:

- The committee continued to build upon the recommendations made at the November 2008 CARF survey.
- Continued to address an expanded number of barrier categories as identified in our CARF survey in 2008.
- Sub-committee met in 4<sup>th</sup> quarter to draft a company specific barrier assessment.
- Review of policy and procedures conducted by chairperson. Updates to policy/procedures to be discussed with committee in 1<sup>st</sup> quarter 2011.

### BARRIERS NOTED IN 2010 (INCLUDING FOLLOW-UP):

Financial		
Barrier Identified	Follow – up	Notes/Status
None Identified	N/A	N/A

Technology		
Barrier Identified	Follow – up	Notes/Status
Identified the need for main lobby to have kiosks for employee application process. (2 <sup>nd</sup> quarter 2010)	Due to cost and space, it was decided that potential employees wanting to fill out an application could access computers in the Workforce Development Lab and they did not have computer knowledge, they were given information about Goodwill’s free work readiness class.	Resolved 2 <sup>nd</sup> quarter

Transportation		
Barrier Identified	Follow – up	Notes/Status
A number of vans needing updated floors/ tie down system (2 <sup>nd</sup> quarter 2010)	It was determined that this update was not posing any safety threats and it would not be financially sound because nine (9) vans in the fleet are scheduled to be rotated out within 9-12 months (estimated Aug 2011).	Vehicles to be replaced through rotation; on-going

Attitudinal		
Barrier Identified	Follow – up	Notes/Status
Attitudinal barriers – Employees (2009 and 2010)	Disability video (Ten Commandments of Communicating with Persons with Disabilities) was introduced to all new Goodwill Columbus employees during HR orientation in 2010. Security department also shared the video with several of its employees as an effort to reduce attitudinal barriers.	Implemented Jan. 2010 – on-going
Attitudinal barriers – Community (2009)	Signage was updated at Goodwill Columbus locations to reflect the name change of Developmental Disabilities (the words mental retardation were dropped at the end of 2009).	Completed Jan. 2010
Attitudinal barriers – Community (identified 2 <sup>nd</sup> quarter; discussed with committee 3 <sup>rd</sup> quarter)	A new fleet of retail trucks was introduced which state our mission and showcase individuals receiving services.	Implemented May 2010

<b>Architectural / Physical</b>		
<b>Barrier Identified</b>	<b>Follow – up</b>	<b>Notes/Status</b>
The front lobby ramp/slope was identified as not being the correct ADA slope (2006)	Re-measured (2/2010) and is in compliance with ADA requirements therefore it is no longer a pending issue.	Resolved/non-issue
No automatic door to enter/exit cafeteria (1 <sup>st</sup> quarter 2010)	Automatic door was installed (1 <sup>st</sup> quarter 2010)	Completed
Area in front of building collects water, ice, etc. (2 <sup>nd</sup> quarter 2010)	Concrete was fixed; may continue to always be a concern because of road structure. Loading and unloading of program participants (SSS Edgehill and On-Site Residence) has been moved to the back entrance.	Possibly on-going
Availability of handicap parking spaces (potential misuse of spaces) (2 <sup>nd</sup> quarter 2010)	Spaces were re-painted to distinguish handicap and visitor parking. Email sent to employees reminding that spaces out in front of bldg are not employee use (2 <sup>nd</sup> quarter)	Resolved
Restroom toilet (1 <sup>st</sup> floor main lobby) not at accessible height (3 <sup>rd</sup> quarter 2010)	This information brought a full assessment of the restrooms at Goodwill and it was determined that it would be a financial hardship (\$180,000) to make accessible and it was not ADA necessary because Goodwill does have accessible toilets within building.	Assessed; will remain on accessibility plan for future consideration
Elevator in parking garage out of service (4 <sup>th</sup> quarter 2010)	End of year update is that elevator is still out of service; project is weather dependent.	Projected for 2011 – weather dependent

<b>Environmental</b>		
<b>Barrier Identified</b>	<b>Follow – up</b>	<b>Notes/Status</b>
Hand sanitizers not at accessible height at several Goodwill Columbus sites (2009)	Hand sanitizers were adjusted to a lower height at Edgehill, WBS, and Morse Rd Retail Store.	Completed Jan. 2010

<b>Employment</b>		
<b>Barrier Identified</b>	<b>Follow – up</b>	<b>Notes/Status</b>
Discontinuation of Abbott contracts at end of 2009 which supplied work to individuals in the Sage and WBS day services (2009)	Retail Processing opportunities were offered to maintain work for the participants at the day programs.	Retail opportunity began in Jan. 2010

Communication		
Barrier Identified	Follow – up	Notes/Status
Company employee handbook is not available in other modes of communication (i.e. Braille, audio, 2 <sup>nd</sup> spoken language, etc.) (2009)	In 2010, Goodwill Columbus' HR was outsourced to an offsite organization. CBIZ, the contracting company, is re-looking at many policies which are included in the employee handbook.	Updated policies were not issued by end of 2010; will be revisited in 2011
Lack of accessible TTY machine (or comparable system) (2009)	It was determined after discussion with other agencies that the TTY machine is becoming obsolete and relay systems are being used more often. Therefore, Goodwill Columbus will be using relay systems as needed and will discontinue the use of the TTY machine (3 <sup>rd</sup> quarter 2010).	Resolved
Email and Intranet access for all employees was discussed as a potential barrier to communication (2 <sup>nd</sup> quarter 2010)	The committee discussed different possibilities to resolve this barrier (i.e. staff providing a personal email, intranet access, etc.)	Continue to address in 2011; may be addressed with change to 2011 payroll system)

Community Integration		
Barrier Identified	Follow – up	Notes/Status
Needing transportation to be involved in the community (2009)	Transportation department created to oversee the coordination of vehicles (1 <sup>st</sup> quarter)  Goodwill continued to maintain a fleet of vehicles to ensure program participants had reliable transportation to access the community.	On-going

### RECOMMENDATIONS FOR 2011:

- Pilot a self-assessment in a select number of departments at our agency to identify additional barriers
- Continue streamlining processes to identify potential barriers and address those at the committee level
- Correct all pending barriers/concerns in 2011 if able
- Continue to meet quarterly as a committee
- Facilitate education on identifying and addressing barriers with the management team at Goodwill Columbus
- Update policy/procedure to reflect most current information
- Include 2010 Accessibility Report in the Outcomes Management Report as a means of sharing the information with stakeholders
- Develop objectives on accessibility for 2011 in order to measure performance; results to be included in 2011 years end report