

Continuous Quality Improvement Report

January 2009 – June 30, 2010



Always Reaching for Independence

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INTRODUCTION:

Because administration wanted to synchronize the CQI report with the fiscal year, this report includes reports from January 2009 through June 30, 2010. This year's report will be compared to 2008 findings in all of the areas that the same format was used to gather data and information.

Highlights of the report include accomplishments and trends. It will be noted that much has been accomplished throughout this period of time. The organization is centered on the being person centered. All of the information gathered in this report is designed to show not only data, but specifically what has been done with the data that has been connected. We do not gather information just for the sake of gathering information. We gather information to guide the organization in all aspects of ARI, including governance, leadership, stakeholders' input, effectiveness and efficiency of our services and programs, risk management, accessibility planning, strategic planning, marketing and public relations planning, performance improvement, outcomes measurement and expansion of services. Trends recognized throughout the report keep the organization aware of areas to focus on and directions to take into the future.

Systems have been reviewed, developed, maintained and/or changed. The continuous quality improvement system continued to utilized DDS quality service review forms and CARF standards to review our systems and their effectiveness.

The DDS QSR format has been helpful in reviewing client records, follow-ups, goals, etc. and has enhanced the organization's ability to not only keep track of information needed; i.e., medical, programmatic and administrative (policies and procedures), but also to really be person centered. The CARF standards also enhanced the review of ARI's systems and methodology utilized for decision-making focusing on governance, leadership and programmatic areas.

Most importantly, the organization continued to go forward in a systematic and strategically planned way. From the governance authority and senior management implementing all the plans; i.e., strategic, marketing, public relations, accessibility, outcomes measurement, performance improvement, to enhancing staff training and having the persons served being more active in giving input into accessibility planning and the delivery of services, the organization concentrates on respect and integrity of all persons receiving services and the staff members.

Overall Accomplishments:

- An IMS (Information Management System) was developed and implemented.
- All IPs now included baselines and measureable objectives.
- Incident Report training was conducted.
- All staff became aware of Multicultural Competency System and Plan.
- Met and surpassed goal for consumers involvement in outings.
- 100% of clients day programs now have goals identified through their IP.
- 72% of clients reached at least one of their goals.
- There were 7 placements and 15 assessments for individuals seeking employment.
- 87% of all ARI clients travel to and from work independently.
- In CLAs, 95% of residents were involved in community outings at a rate of 9 per quarter.
- In CLAs, 100% of clients reached at least two of their goals identified through their IP.
- In CLAs 100% of clients have a goal identified through their IP directly related to the development of independent living skills.
- 90% of CLA residents reached at least two of their goals.
- Staff turnover rate for 2009 is 10.36% and for 2010 is 1.74%
- The client satisfaction surveys remain positive in all of the programs. There were only a handful of not satisfied indicated on the form.
- All employers were 100% satisfied with their employees, the support given by ARI
- The organization was guided by a detailed strategic plan for the governance, leadership and program/services.
- Marketing and public relation plans were developed and implemented.
- A 5 year capital budget was developed.
- Renovations on the Richmond Hill building began.

- ❑ A new fund raising event was developed and successful (Comedy Night)
- ❑ The goal of increasing fund raising by 20% was met.
- ❑ The governance authority researched and developed an endowment fund.
- ❑ Policies and procedures have been reviewed and/or developed for the governance authority.
- ❑ ADA requirements for architectural barriers were applied in all of ARI's facilities.
- ❑ During this period of time, ARI spearheaded and coordinated the first international conference for siblings of children and adults with disabilities. An update on this conference will be given in next year's CQI Annual Report.
- ❑ Increased transportation fleet by 5 vans.

GENERAL COMMENTS

So, what does all of this tell the organization and its stakeholders? We're a big machine with many wheels turning. These wheels are oiled and replaced, when needed. The strategic planning and all of the systems developed and implemented, and the continuous quality improvement system, which includes internal and external sources from DDS and CARF, have kept ARI to focus on the right direction in all areas of this dynamic organization.

With all of this, ARI's stakeholders, governance, leadership, funding sources and, most importantly, persons receiving services and their families are ensured that the best quality services are being provided and that the organization is run with high ethical and managerial expertise. In spite of the best systems, policies and procedures, ARI consists of human beings who are not perfect. This is one of the reasons for evaluations and reviews. As we stop and take a picture-look of ARI at this particular time, January 2009 – June 30, 2010, we are confident that we are

continuously reviewing and improving ourselves. We are not stagnant and realize that we are driven by different external and internal forces all for the same purpose. We recognize our “mission moments” each day, but successful accomplishments is not enough. We want to be sure that what is being done is guided by our mission statement:

Enriching the lives of people with disabilities and their families by enabling them to achieve their fullest potential at home, at work and in the community.

Performance Improvement Plan

Purple printing signifies completion.

Identified areas needing improvements	Action to be taken	Person Responsible	Target Date	Progress Notes April 1
Management	Develop and Implement IMS System	Managers	Develop by December 31, 2009 Implement by January 1, 2010	Completed. Started February 2010
Knowledge of Agency Corporate Compliance System and Plan	Instruct Manager on system and plan. Instruct staff	President and CEO Managers	March, 2010 May 2010	Completed
Ensure that all IPs include baselines and measureable objectives	Teach managers	Managers of residential and day services	December 2010	<ol style="list-style-type: none"> 1. Completed. See meeting minutes and scheduled meetings 2. Computer installed at Lantern circle in June 2008. Medical Department

				<p>now has a new laptop in August 2008.</p> <p>Postponement of Hanover and Minor Place.</p> <p>3. Completed in October 2008, meetings will take place in the evening hours, at a group home, once every 6 months.</p>
<p>Timeliness of incident reports</p>	<p>1. Review the incident reporting with all staff</p> <p>2. Review the procedure for reporting workplace injuries</p> <p>3. Quarterly review/analysis of incidents</p>	<p>1. Manager of Day Services and Manager of Residential Services</p> <p>2. Manager of Human Resources</p> <p>3. Manager of Human Resources, Day Services and Residential Services</p>	<p>1. July 2008</p> <p>2. July 2008</p> <p>3. March 2008</p>	<p>1. Changes to the Incident Reporting Procedure were reviewed with the managers in the June Manager's Meeting. Training for day and residential programs needs to be completed</p> <p>2. Completed – See the June Managers Meeting Minutes</p> <p>3. Completed. See the Senior Management Team Meeting Minutes July 10, 2008. Continued oversight and reporting will be completed through out the year</p>
<p>Completion of Performance Evaluations on time</p>	<p>Provided monthly reminders to all supervisors</p>	<p>Manager of Human Resources</p>	<p>Continuous through the years</p>	

	Enforce appropriate disciplinary action if there is not a good reason why performance evaluations are not completed and submitted to HR on time.	President and CEO and Managers of Residential and Day Services	October 2009 and ongoing	June 2010 – Day Program update – managers have handed in performance evaluations on time.
Ensure that all staff become aware of Multicultural Competency System and Plan	Meet with staff at meetings	CQI Manager	December 2009	Completed October 2009
Implement Multicultural Plan	Have grand opening of plan in DSO Commons area.	CQI Manager	January 2010	Not yet completed: waiting for world map
Ensure CARF Governance Standards are met	Develop board policies and procedures and forms to meet CARF standards.	Board administrative and HR committee	December 2010	In process
Ensure that there is proper financial documentation for all I.H.S. “Representative Payee” Consumers	Conduct monthly internal audits to ensure compliance	I.H.S. Manager, I.H.S. Managers and Accounting Department	Sept 2009- Jun 2010	System developed and implemented.

OUTCOMES MEASUREMENT.

DAY SERVICES

DAY SERVICE OPTIONS OUTCOME EXPECTATION JANUARY 2009 – JUNE 2010 <i>Categories of Measure</i>	Population	Frequency	Data Source	Obtained by	Goal	Baseline	Outcome 1/09 – 6/09	Outcome 7/09 – 12/09	Outcome 1/10-6/10
<i>Effectiveness</i> Increase the number of community experiences	Day Service Option Consumers	Semi-annually	Program Books Data Collection Sheets	Day Service Option Manager	Attain 80% of consumers involved in a minimum of 20 outings in each quarter.	See last years outcome measurement report	72% (6 clients in the DSO program had significant absences in this times frame)	78% (Some clients in the DSO program had significant absences in this times frame)	81%
<i>Efficiency</i> Increase consumer learning opportunities	Day Service Option Consumers	Semi-annually	IP Individual Goals Program Books	Day Service Option Manager	100 % of clients will have a goal identified through their IP.	See last years outcome measurement report	100%	100%	100%
<i>Efficiency</i> Increase consumer learning opportunities.	Day Service Option Consumers	Semi-annually	Program Observation Sheets	Day Service Option Manager	75% of clients will reach at least one of their goals identified through	See last years outcome measurement report	To be evaluated in 6 months	68%	72%

					their IP.				
<i>Satisfaction</i> Increase the satisfaction among consumers.	Day Service Option Consumers	Annually	Client Survey	Program Manager	80% of clients will rate the services they received satisfied or very satisfied.	See last years outcome measurement report	N/A	.	See Satisfaction Survey Section of CQI Report.

CQI DISCUSSION:

THE DSO PROGRAM EXCEEDED IT GOAL OF 80% MINIMUM OF 20 OUTINGS PER QUARTER. OUTCOMES ACHIEVED IS 81%. 100% OF CLIENTS DID HAVE A GOAL IDENTIFIED THROUGH THEIR IP. THIS IS A BIG ACHIEVEMENT FOR DSO, AND THE DEPARTMENT IS CONGRATULATED ON ACHIEVING THIS GOAL. THERE WAS A SLIGHT SHORTFALL FOR REACHING THE GOAL THAT 75% OF CLIENTS WILL REACH AT LEAST ONE OF THEIR GOALS. ACHIEVED WAS 72%.

EMPLOYMENT SERVICES

JANUARY 2009 – JUNE 2010 OUTCOME EXPECTATIONS <i>Categories of Measure</i>	Population	Frequency	Data Source	Obtained by	Goal	Baseline	Outcome 1/09 – 6/09	Outcome 7/09 – 12/09	Outcome 1/10-6/10
<i>Effectiveness</i> Increase client wages	Group & Production Services Consumers	Semi-annually	Client Payroll	Employment Services Manager	Increase client wages by 5%.	See last years outcome measurement report	Not achieved	Not Achieved	Not achieved
<i>Efficiency</i> Increase consumer learning opportunities	Group & Production Services Consumers	Semi-annually	IP Individual Goals Program Books	Employment Services Manager	100% of clients will have a goal identified through their IP.	See last years outcome measurement report	90%	95%	100%
<i>Efficiency</i> Increase consumer learning opportunities.	Group & Production Services Consumers	Semi-annually	Program Observation Sheets	Employment Services Manager	75% of clients will reach at least one of their goals identified through their IP.	See last years outcome measurement report	TO be evaluated in 6 months Currently 25% - likely b/c the client needs more time to work on the goal		55% More goals for formalized and tracked properly
<i>Satisfaction</i> Increase the satisfaction	Group & Production Services	Annually	Client Survey	Program Manager	80% of clients will rate	See last years outcome	N/A		

among consumers.	Consumers				the services they received as satisfied or very satisfied.	measurement report			
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JOB PLACEMENT OUTCOME EXPECTATIONS

<i>Categories of Measure</i>	Population	Frequency	Data Source	Obtained by	Goal	Baseline	Outcome 1/09 – 6/09	Outcome 7/09 – 12/09	1/09 – June 30, 2010
<i>Effectiveness</i> Maximize opportunities for obtaining competitive employment	Consumers referred to placement	Semi-annually	Placement Records	Employment Services Manager	Will place 6 consumers in competitive employment or will complete 6 working assessments every 6 months.	See last years outcome measurement report	2 placements and 8 assessments completed in this time frame	5 assessments were completed during this timeframe. There was one placement	7 Placements 15 Assessments
<i>Effectiveness</i> Maximize job retention rate	Consumer in placement	Semi-annually	Placement Records	Employment Services Manager	75% of (newly placed) consumers will remain on their job after 90 days.	See last years outcome measurement report	100% of the 2 clients placed, 2 remained on the job past 90%)	Client remained on job for 1 month.	Not achieved.
<i>Efficiency</i> Increase the number of consumers that travel to their jobs independently	Job Placement Consumers	Semi-annually	Placement Records IP	Employment Services Manager	85 % of all ARI consumers in job placement will travel to and from work independently	See last years outcome measurement report	79%	82%	87%
<i>Satisfaction</i> Increase the satisfaction among consumers.	Job Placement Consumers	Annually	Client Survey	Program Manager	99% of clients will rate the services they received as a satisfaction or very satisfied	See last years outcome measurement report	N/A		

<i>Satisfaction</i> Increase satisfaction with employers	Job Placement Consumers	Annually	Vendor Surveys	Employment Services Manager	Maintain 100% of employers will rate the quality of services as a 2 or better.	See last years outcome measurement report		100%	100%
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CQI Discussion:

During this time period, all of the outcomes measurement goals were reached. The only goal not met was 75% of newly placed consumers will remain on their job after 90 days. CQI will review the 7 clients placed to document reasons for not remaining on the job.

The goal of having 6 assessments was reached and actually placed one more percentage of the goal. The goal of 6 assessments far surpassed it to 15 assessments.

The Job Placement department not only achieved their goals, but went over outcome expectations. The traveling goal was reached and went above expectations from goal of 85% to 87%.

**COMMUNITY LIVING ARRANGEMENT OUTCOME
EXPECTATIONS**

<i>Categories of Measure</i>	Population	Frequency	Data Source	Obtained by	Goal	Baseline	Outcome 1/2009- June 30, 2009	1/09 - 6/10
<i>Effectiveness</i> Maximize integration into the community	CLA Consumers	Semi-annually	Program Books, Log, Recreation Registration	Residential Manager	Maintain 95% of consumers involved in a minimum of 10 outings in each quarter.	6 outings a quarter	9 per quarter	95 %
<i>Efficiency</i> Increase individual goal accomplishment in independent living.	CLA Consumers	Semi-annually	IP Individual Goals Program Books	Residential Manager	100 % of clients will have a goal identified through their IP directly related to the development of independent living skills	100%	100%	100 %
<i>Efficiency</i> Increase consumer learning opportunities.	CLA Consumers	Semi-annually	Program Observation Sheets	Residential Manager	95% of clients will reach at least two of their goals identified through their IP.	95%	90% Decrease due to increased expectations	100 %

CQI Discussion:

All of the outcomes expectations for CLA were met and/or exceeded expectations.

INDIVIDUALIZED HOME SUPPORTS OUTCOME EXPECTATIONS

<i>Categories of Measure</i>	Population	Frequency	Data Source	Obtained by	Goal	Baseline	Outcome 1/2009- June 30, 2010	1/20/09 to 6/30
<i>Effectiveness</i> Maximize integration into the community	IHS Consumers	Semi-annually	Daily Task Sheets	Residential Manager	Attain 90% of consumers involved in a minimum of 6 social/recreational outings in each quarter.	73%	9 per quarter	90%
<i>Efficiency</i> Increase individual goal accomplishment in independent living.	SLA Consumers	Semi-annually	IP Individual Goals Program Books	Residential Manager	100 % of clients will have a goal identified through their IP directly related to the development of independent living skills	100%	100%	100 %
<i>Efficiency</i> Increase consumer learning opportunities.	SLA Consumers	Semi-annually	Program Observation Sheets	Residential Manager	90% of clients will reach at least two of their goals identified through their IP.	77%	75%	90%

CQI Discussion:

All goals for IHS were met. Especially noteworthy is the goal 90% of clients will reach their goals identified through their IP. This is an indication that the goals/objectives agreed upon by the IDT are achievable and realistic for the client.

Recreation

Recreation 2009

Item	Jan (Due by Feb 15)	Feb (Due by March 15)	March (Due by April 15)	Totals	April (Due by May 15)	May (Due by June 15)	June (Due by July 15)	Totals
#Recreation Offerings	29	20	24	73	28	22	20	70
#Attendees	337	345	425	1107	374	386	244	1004
#Volunteer Hours	36	96	113	245	230	191	89	510

Recreation 2009

Item	July (Due by August 15)	August (Due by September 15)	September (Due by October 15)	Totals	October (Due by November 15)	November (Due by December 15)	December (Due January 15)	Totals
#Recreation Offerings	21	13	15	49	17	12	16	155
#Attendees	163	120	131	298	240	143	260	643
#Volunteer Hours	258	45	35	338	128	45	109	282

Recreation 2010

Item	Jan (Due by Feb 15))	Feb (Due by March 15)	March (Due by April 15)	Totals	April (Due by May 15)	May (Due by June 15)	June (Due by July 15)	Totals	Total 1/09-6/30/10
#Recreation Offerings	18	16	18	52	16	17	13	46	271
#Attendees	150	200+	200+	650+(est.)	150	150	150	450 (est.)	2097
#Volunteer Hours	63	123	134	323 (est.)	64	187	68	319 (est.)	1111

During this period of time, there were 271 recreation offerings, there were 2097 individuals (duplicated) who attended these offerings. The people who volunteered gave 1111 hours toward this program.

Human Resources

Item	2007	2008	Jan 2009 – June 30, 2010
New Hires	31	30 [successful = still employed @ ARI]	16 [successful = still employed at ARI]
Promoted to new positions	10	9	2
New positions created	5 residential 2 day direct services promotions and 1 license practical nurse position	2 residential 2 day direct service 1 manager position (Quality Assurance)	1 day services
Staff increase(decrease)	From 102 regular employees to 110 regular employees	From 110 regular employees (y/e 2007) to 116 employees.	From 116 regular employees to 111 regular employees.

Staff turnover rate	<p>21%</p> <p>Reasons: Policy infractions Failing to return after approved leave Relocation Accepting new position</p>	<p>26%</p>	<p>2009 = 10.36% 2010 = 1.74%</p> <p>Reasons: policy infractions (sleeping on shift, med administration infractions), Failing to return after approved leave, Relocations, Accepting new position</p>
Performance Evaluation Reviews	<p>20% on time</p>	<p>28% completed 13% on time</p>	<p>2009 = 45% completed 75 % on time 2010 = 34% completed 69% on time</p>

Results of Employee Feedback Survey 2007

Improvement in many areas. Areas which improved 10% or better:

- Training
- Motivation/empowerment
- Communication
- Teamwork

Supervisor/manager rating improved by 10% or better:

- Communication
- Directing/coordinating
- Motivation
- Interpersonal relationship

Summary of Employee Feedback Survey 2008-2009

Overall responses to a majority of the questions seemed to be similar to the previous year. Many of those questions did see a small increase in the percentage of positive feedback/satisfaction. For example, question 1 asked the employee if their work gave them “a sense of personal accomplishment.” 100% of participants responded positively (defined as strongly agree, agree, and neutral responses). This was a 7.10% increase from the 2007 – 2008 survey (although it should be noted that 90.30% responded positively that year) and 14% increase from the 2006 – 2007 survey. Another example is question 6, which asked the employee if they felt “encouraged to come up with new and better ways of doing things.” 95.70% of respondents provided positive feedback. This was a 2.90% increase from the survey the previous year. Lastly, question 23, the employee was asked if they understood the day to day goals of their department. 95.70% of participants responded positively. This was a 3.10% increase from the survey taken last year.

The agency’s goal is to reach or maintain a 90% positive response rate for each question posed. With that said, of the 36 questions presented in the survey, 30 did receive a positive response rate. In comparison, last year’s survey 2007 – 2008, only 14 questions received a positive response rate.

Some of the areas that the agency saw marked improvement included:

- Communication as a whole seemed to show marked improvement. This can be derived from: Question 7 – “ARI does an excellent job of keeping employees informed about matters affecting us.” We saw a 19.70% increase from the survey the year before and a 35.60% increase from the 2006 – 2007 survey. Question 8 – “ARI does a good job of communicating change within the organization.” We saw a 23.80% increase from the survey the year before and a 41.20% increase from the 2006 – 2007 survey. Question 9 – “ARI does a good job of communicating changes outside of the organization”. We saw an 18.30% increase from the survey the year before and a 35.50% increase from the 2006 – 2007 survey. The positive and increased response rate in question 12 also indicates improvement in the area of communication. Question # 13 also lends itself to the same notion in that the respondents indicated (99.90%) that the Town Hall Meetings are constructive and effective. Question # 11 echoes the same perception in that 73% of respondents did not think that the agency needed to create a new Communication Committee.
- Marked improvement was also displayed from question 29, “Moral at ARI is high.” We saw a 17.60% increase from the survey the year before. 91.50% of participants responded positively.
- Marked improvement should also be noted via question 14, “Departments at ARI work together to make sure we are providing the best services possible to the consumers.” We saw a 24.80% increase from the survey the year before.
- Lastly, Question #4 – which asked the employee if ARI provided them with the proper tools and resources to do their job well. We saw a 12.50% increase from the survey the year before and a 20.8% increase from the 2006 – 2007 survey.

Some areas for development include:

- Question 27 – “I feel that the performance evaluation process is helpful.” We had a -4.10% decrease in positive responses from the year before. However, it should be noted that we stayed over the 90% response rate goal (93.30%).
- Question 10 – “Departments at ARI do a good job of communicating information to each other,” indicated a 83.40% positive response rate (below our goal). Yet this was still a huge increase in positive feedback (32.10%) from the survey the year before.

- Lastly, Question 22 – “The amount of work I am expected to do is reasonable,” indicated a -2.70% decrease in positive responses from the year before. This was also under our goal of 90% positive response rate at 87.30%.

Overall, the final question in the survey seems to sum up the results adequately in that 97.90% of participants positively indicated that they are proud to work at ARI.

Results of Employee Feedback Survey 2009

There were more participants than last year (+10). Overall responses to a majority of the questions seemed to be similar to the previous years. There did seem to be a small decrease in satisfaction. For example, question 1 asked the employee if their work gave them “a sense of personal accomplishment.” 98.18% of participants responded positively (defined as strongly agree, agree, and neutral responses) and 1.82% responded negatively – disagree. That 1.82% represented 1 participant. In the previous survey 100% of participants responded positively.

The agency’s goal is to reach or maintain a 90% positive response rate for each question posed. With that said, of the 34 questions presented in the survey, 17 did receive a positive response rate (50% of the questions). In comparison, last year’s survey 30 questions received a positive response rate out of 36 (83% of the questions). In the 2007 – 2008 survey, only 14 questions out of 37 received a positive response rate (38%).

The response rate for the 17 questions that did not reach the 90% positive response rate was: 84.77%. It should be noted that there were 2 questions with very low ratings and those were #16 “Employees are treated fair and equally” with a 70% rate (13 participants out of 54 responded negatively) and #23 “I receive adequate recognition for the work I do” with a 77% rate (12 participants out of 54 responded negatively). Removing those two questions the response rate for the remaining 15 questions was 86.27%.

Overall, the final question in the survey seems to sum up the results adequately in that 98.20% of participants positively indicated that they are proud to work at ARI. That was up from 97.90% from last year. ``

Incidents

Incident	2007	2008	January 2009 – June 30, 2010 (No Data from January – June 10)
Total incidents	99	104	173
Medication errors	19% Day Program 5% Residential 95%	21%	81 day services
Injuries	28%	79%	
Hospitalizations	4 3-Injuries/illness 1 psychiatric	-0-	-2-
Day Program	38%	42%	19%
Residential	62%	58%	81%
Workplace Injuries	11 91%-promptly return to work Less than 10%take time away from work 45%back injuries while assisting/lifting a client	1	2009 22 injuries 88% promptly returned to work Pattern: physically aggressive clients, MVR accidents, back strains Through June 30 2010 12 injuries 92% promptly returned to work Pattern: staff falling down, back strains, physically aggressive clients

Truglia

TYPE	# ERRORS	TYPE	#ERRORS
Omission	12	Wrong Medication	
Wrong Dose	1	Documentation	1
Wrong Time	1	Transcription	
Wrong Person		Other	70
Wrong route			
Comments:			
Errors related to emergency relocation of residents during power failure, as well as staff administering a medication for a few easy with an expired order and omissions related to a two week period in which a medication was not administered.			
Class C errors (2). Staff			

responsible was let go from agency.			
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Lotstein

TYPE	# ERRORS	TYPE	#ERRORS
Omission	15	Wrong Medication	
Wrong Dose		Documentation	9
Wrong Time	3	Transcription	
Wrong Person		Other	39
Wrong route			
Comments: Meds given for 2 days by staff with expired med card. Omission related to pharmacy not being able to refill a med that could not be renewed in a timely manner because MD was on vacation			

Dartley

TYPE	# ERRORS	TYPE	#ERRORS
Omission	12	Wrong Medication	

Wrong Dose		Documentation	7
Wrong Time		Transcription	
Wrong Person	1	Other	1
Wrong route			
Comments:			

Sunrise

TYPE	# ERRORS	TYPE	#ERRORS
Omission	16	Wrong Medication	
Wrong Dose	8	Documentation	66
Wrong Time	2	Transcription	
Wrong Person		Other	9
Wrong route			
Comments:			
2 “others” were for a staff crushing meds before getting authorization from the nurse on call for a client who had trouble swallowing the meds.			

Palermo

TYPE	# ERRORS	TYPE	#ERRORS
Omission	1	Wrong Medication	
Wrong Dose	15	Documentation	2
Wrong Time	1	Transcription	
Wrong Person	1	Other	
Wrong route			
Comments:			
<p>Wrong meds were given by 2 different clients on 2 different occasions. PCPs were notified. Delegation was suspected until retraining occurred. Pharmacy packaged the wrong dosage of a med, however the label did match the MD's order. Form of medication was wrong and not specified. Omissions resulted from a client coming back from nursing home with meds currently prescribed. One bubble pack was missing and could not be delivered until prior authorization went through.</p>			

Tally Ho

TYPE	# ERRORS	TYPE	#ERRORS
Omission	4	Wrong Medication	
Wrong Dose	1	Documentation	1
Wrong Time		Transcription	
Wrong Person		Other	
Wrong route			
Comments:			

Hope Street

TYPE	# ERRORS	TYPE	#ERRORS
Omission	6	Wrong Medication	
Wrong Dose	1	Documentation	12
Wrong Time	2	Transcription	1
Wrong Person		Other	3
Wrong route			
Comments:			
3 “others” due to staff documenting giving a med that was transcribed incorrectly. About 9 documentation errs went to staff not signing the back of the Kardex with their initials and signatures. 4 out of 6			

omissions were a result of the pharmacy not delivering the med on time.			
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SUMMARY TOTALS OF ERRORS

TYPE	# ERRORS	TYPE	#ERRORS
Omission	66	Wrong Medication	
Wrong Dose	26	Documentation	98
Wrong Time	9	Transcription	2
Wrong Person	2	Other	122
Wrong route			

CQI Comments:

The largest classifications of medication errors are clearly, omission, documentation and other. Documentation of re-training staff is on file. The highest of medication errors occurred in Sunrise and Truglia homes. In two cases, staff members were terminated because of medication errors.

Satisfaction Surveys

Group Homes:

Sunrise Client Satisfaction Surveys

Item	Very Satisfied 2008	Very Satisfied 1/09-6/30/10	Satisfied 2008	Satisfied 1/09-6/30/10	Not Satisfied 2008	Not Satisfied 1/09-6/30/10
1. How you are respected by staff	4 80%	3 50%	1 20%	2 33%	0	1 17%
2. How staff respond to your requests	2 40%	4 67%	2 40%	1 17%	1 20%	1 16%
3. How your needs are being met.	4 80%	4 67%	1 20%	1 17%	0	1 16%
4. How you participate in the development of your individual plan.	3 60%	4 67%	2 40%	1 17%	0	1 16%
5. Your participation in choosing a goal.	3 60%	4 67%	2 40%	2 33%	0	0
6. How you have learned new skills.	3 60%	3 50%	2 40%	2 33%	0	1 17%
7. How the staff teaches you how to do things for	3 60%	0	2 40%	6 100%	0	0

yourself so you can be more independent.						
8. How your life has improved since you have been attending ARI.	3 60%	5 83%	2 40%	1 17%	0	0
9. Do you feel safe in your home?	4 80%	5 83%	1 20%	1 17%	0	0
10. Do you have personal space for privacy?	4 80%	4 67%	1 20%	2 33%	0	0
11. Do you and your housemates have meetings with the staff?	3 60%	3 50%	2 40%	3 50%	0	0
12. Do you participate in home activities?	4 80%	4 67%	1 20%	2 33%	0	0
13. Do you participate in community, cultural, social recreational and spiritual activities?	4 80%	4 67%	1 20%	2 33%	0	0
14. Can you have visitors/guests?	3 60%	5 83%	2 40%	1 17%	0	0

TOTALS	47 68%	52 62%	22 31%	27 32%	1 1%	5 6%
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Quality Assurance Comments:

Population increased by one person, so the numbers cannot really be compared from this year to 2008; however, it is significant to note that #8, improvement of life and #9, being safe in the home are rated high.

Truglia Client Satisfaction Surveys

Item	Very Satisfied	Very Satisfied	Satisfied	Satisfied	Not Satisfied
	2008	1/09 – June 30, 2010		1/09-June 30, 2010	
1. How you are respected by staff	1 20%		4 80%	5 100%	0
2. How staff respond to your requests	0		5 100%	5 100%	0
3. How your needs are being met.	0		5 100%	5 100%	0
4. How you participate in the development of your individual plan.	0		5 100%	5	0
5. Your participation in choosing a goal.	1 20%	1 20%	4 80%	4 80%	0
6. How you have learned new skills.	0		5 100%	5 100%	
7. How the staff teaches you how to do things for yourself so you can be more 80% independent.	1 20%		4 80%	5 100%	0
8. How your life has improved	4 80%	4 80%	1 20%	1 20%	0

since you have been attending ARI.					
9. Do you feel safe in your home?	3 60%	3 60%	2 40%	2 40%	0
10. Do you have personal space for privacy?	2 40%	2 40%	3 60%	3 60%	0
11. Do you and your housemates have meetings with the staff?	0		5 100%	5 100%	0
12. Do you participate in home activities?	1 20%	1 20%	4 80%	4 80%	0
13. Do you participate in community, cultural, social recreational and spiritual activities?	2 40%	2 40%	3 60%	3 60%	0
14. Can you have visitors/guests?	3 60%	2 40%	2 40%	3 60%	0
TOTALS	18 26%	15 22%	52 74%	54 78%	0

Quality Assurance Comments:

There were a couple of residents who did not understand the form. For the residents who completed the form, it is clear that they are satisfied with the services they are receiving. The outstanding areas for very satisfied are numbers 8-improvement in one's life since receiving services at ARI, 9-feeling safe in the home and 14-having visitors and

guests. There were no “not satisfied” indicated. The staff is applauded for providing quality services to the residents in Truglia.

Palermo Client Satisfaction Surveys

Client Satisfaction Survey

January 2009 – June 30, 2010 compared to 2008

Home: Palermo

Item	Very Satisfied 2008	Very Satisfied 1/09-6/10	Satisfied 2008	Satisfied 1/09-6/10	Not Satisfied 08	Not Satisfied 1/09-6/10
1.Respected by staff	80%	16%	20%	84%	-0-	-0-
2.Staff response to requests	20%	16%	80%	84%	-0-	-0-
3. Needs are being met.	40%	16%	60%	84%	-0-	-0-
4. Participation in the development of the IP.	40%	-0-	60%	100%	-0-	-0-
5. Participation in choosing a goal.	40%	-0-	60%	100%	-0-	-0-

6. Learning new skills.	40%	50%	60%	50%	-0-	-0-
7. Staff method of teaching fostering independence.	40%	84%	60%	16%		
8. Life improvement.	60%	50%	40%	50%	-0-	-0-
9. Feeling safe in the home.	60%	84%	40%	16%	-0-	-0-
10. Personal space for privacy.	60%	67%	40%	33%	-0-	-0-
11. House meetings	60%	16%	40%	84%	-0-	-0-
12. Participate in home activities.	40%	16%	60%	84%	-0-	-0-
13. Participating in cultural,	40%	84%	60%	16%	-0-	-0-

social recreational and spiritual activities.						
14. Having visitors/ guests.	40%	100%	60%	- 0-	-0-	-0-
TOTAL	46%	43%	54%	57%	-0-	-0-

Comparison Analysis for 2008 and 2009/June 2010

Overall, again there were no not satisfied indicators. Overall, there was a slight decrease in very satisfied and, therefore, a slight increase in the satisfied areal.

There was a significant change in being respected (#1) from staff. 2008 showed an 80% for very satisfied. This year it the highest percentage of 84% shifted to satisfied.

Another significant shift was #3. 2008 showed a 40% very satisfied to a 16% very satisfied and, therefore a shift of satisfied from 60% to 84%.

Participation also changed to 100% satisfied; whereas, in 2008, the satisfied was 60%. This same change applies to participation in choosing a goal (#5)

The staff method of teaching fostering independence (#7)

There was a big shift for participation in the community, cultural, social recreational and spiritual activities with the higher percentage to very satisfied.

Tally Ho Client Satisfaction Surveys

There was no data available for January 2009-June 30, 2010. So there is no comparative analysis available for this report.

Below is 2008 documentation.

Item	Very Satisfied	Satisfied	Not Satisfied
1. How you are respected by staff	2 50%	2 50%	0
2. How staff respond to your requests	0	4 100%	0
3. How your needs are being met.	1 25%	3 75%	0
4. How you participate in the development of your individual plan.	1 25%	3 75%	0
5. Your participation in choosing a goal.	1 25%	3 75%	0
6. How you have	1	3	0

learned new skills.	25%	75%	
7. How the staff teach you how to do things for yourself so you can be more independent.	1 25%	3 75%	0
8. How your life has improved since you have been attending ARI.	0	4 100%	0
9. Do you feel safe in your home?	1 25%	3 75%	0
10. Do you have personal space for privacy?	1 25%	3 75%	0
11. Do you and your housemates have meetings with the staff?	1 25%	3 75%	0
12. Do you participate in home activities?	0	4 100%	0
13. Do you participate in community, cultural, social recreational and spiritual activities?	0	4 100%	0
14. Can you have visitors/guests?	0	4 100%	0
Totals	10	46	0

	18%	82%	
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Quality Assurance Comments:

The residents in Tally Ho feel respected by staff members and are satisfied with the services they are receiving. The staff members are commended for providing good quality services to the residents as they indicate in the survey questionnaire.

Lotstein

Client Satisfaction Survey

January 2009 – June 30, 2010 compared to 2008

Home: Lotstein

Item	Very Satisfied 2008	Very Satisfied 1/09-6/10	Satisfied 2008	Satisfied 1/09-6/10	Not Satisfied 08	Not Satisfied 1/09-6/10
1.Respected by staff	50%	20%	33%	60%	17%	20%
2.Staff response to requests	50%	60%	33%	40%	17%	
3. Needs are being met.	17%	60%	66%	40%	17%	
4. Participation in the development of the IP.	50%	20%	33%	60%	17%	20%
5. Participation in choosing a	17%	40%	66%	60%	17%	-0-

goal.						
6. Learning new skills.	83%	40%	17%	60%	-0-	
7. Staff method of teaching fostering independence.	50%	60%	33%	40%	17%	
8. Life improvement.	50%	80%	33%	20%	17%	
9. Feeling safe in the home.	50%	60%	50%	40%	-0-	
10. Personal space for privacy.	67%	60%	33%	20%	-0-	20%
11. House meetings	66%	20%	17%	80%	17%	
12. Participate in home activities.	33%	40%	67%	60%	-0-	
13. Participating	50%	20%	50%	80%	-0-	

in cultural, social recreational and spiritual activities.						
14. Having visitors/guests.	50%	20%	50%	80%	-0-	
TOTAL	42%	43%	47%	53%	11%	.04%

Comparison Analysis for 2008 and 2009/June 2010

Overall, the category of very satisfied increase one percent from 2008 and the not satisfied decreased from 11% to .04%, leaving an increase in satisfied by 6 percentage points. Six not satisfied areas in 2008 moved to satisfied or very satisfied. Two not satisfied increased 3 percentage points from 2008 to this year. Personal space for privacy indicated 20% not satisfied whereas there was no indicator for not satisfied in 2008 for this category. Throughout the survey tool, there were significant changes; i.e. Respected by staff (#1) decreased very satisfied by 30% and satisfied increased 30%. Staff response to requests (2) very satisfied increased 10%. No. 3, Needs The areas with not satisfied were (1) respected by staff, (4) participation in the development of the IP and (10) personal space for privacy. Participation in cultural, social, recreational and spiritual activities (13) went from very satisfied 50% to 20% and satisfied 50% to 80%. Same was with (14) having visitors/guests.

Individualized Home Supports (SL)

Item	Very Satisfied 2008	Very Satisfied 1/09 – 6/30/10	Satisfied 2008	Satisfied 1/09-6/30/10	Not Satisfied 2008	Not Satisfied 1/09/ - 6/30/10
1. How you are respected by staff	12 50%	4 40%	12 50%	6 60%	0	
2. How staff respond to your requests	12 53%	5 33%	11 47%	10 67%	0	
3. How your needs are being met.	9 39%	2 20%	14 61%	8 80%	0	
4. How you participate in the development of your individual plan.	7 35%	2 20%	12 60%	7 70%	1 5%	1 10%
5. Your participation in choosing a goal.	7 37%	3 30%	12 63%	7 70%	0	
6. How you have learned new skills.	9 41%	2 20%	10 45%	5 50%	3 14%	3 30%
7. How the staff teach you how to do things for yourself so you	10 43%	3 30%	12 52%	6 60%	1 5%	1 10%

can be more independent.						
8. How your life has improved since you have been attending ARI.	9 41%	4 40%	13 59%	6 60%	0	
9. Do you feel safe in your home?	13 68%	6 100%	6 32%		0	
10. Do you have personal space for privacy?	13 68%	6 100%	5 27%		1 5%	
11. Do you and your housemates have meetings with the staff?	1 10%		8 80%	3 50%	1 10%	3 50%
12. Do you participate in home activities?	8 44%	2 40%	10 56%	3 60%	0	
13. Do you participate in community, cultural, social recreational and spiritual activities?	7 58%	4 57%	5 42%	3 43%	0	
14. Can you have visitors/guests?	15 58%	3 43%	11 42%	2 29%	0	2 28%
TOTAL	132 47%	47 35%	141 50%	75 56%	7 3%	11 9%

Quality Assurance Comments

The highest satisfactions were #4, participation in the development of one's IP and #5, participation in choosing a goal. #8, life improvement since attending ARI was the next highest satisfaction.

Production and GE Satisfaction Surveys

Item	Very Satisfied 2008	Very Satisfied 1/09 – 6/30/10	Satisfied	Satisfied 1/09 – 6/30/10	Not Satisfied	Not Satisfied 1/09- 6/30/10
1. How you are respected by staff	5 38%	8	8 62%	9	0	
2. How staff respond to your requests	4 31%	8	8 62%	9	1 7%	
3. How your needs are being met.	4 31%	6	7 54%	5	2 15%	
4. How you participate in the development of your individual plan.	2 15%	3	9 70%	10	2 15%	
5. Your participation in choosing a goal.	3 23%	3	9 70%	10	1 7%	
6. How you have learned new skills.	4 31%	5	8 62%	9	1 7%	
7. How the staff teach you how to do things for yourself so you can be more independent.	3 23%	3	9 70%	10	1 7%	

8. How your life has improved since you have been attending ARI.	3 23%	3	8 62%	8	2 15%	
9. Do you feel safe in your home?	3 23%	3	8 62%	10	2 15%	
10. Do you have personal space for privacy?	4 31%	4	8 62%	9	1 7%	
11. Do you and your housemates have meetings with the staff?	3 23%	3	7 54%	15	3 23%	
12. Do you participate in home activities?	4 31%	4	7 54%	10	2 15%	
13. Do you participate in community, cultural, social recreational and spiritual activities?	5 38%	8	7 55%	7	1 7%	
14. Can you have visitors/guests?	3	5	6	9	4	
TOTAL	54 29%	65 32%	109 58%	137 68%	23 13%	

Quality Assurance Comments

There were no “Not Satisfied” in 09, whereas 13% was in 2008 for that column. There were higher very satisfied and satisfied in 09 as compared to 08. This could signify a number of positive results for the program. The production/group employment departments did experience change during this period of time. This could be, but not proven, reason for no not satisfied and higher percentages for very satisfied and satisfied.

Day Service Options Satisfaction Surveys

Item	Very Satisfied 2008	Very Satisfied 1/09-6/30/10	Satisfied 2008	Satisfied 1/09-6/30/10	Not Satisfied
1. How you are respected by staff	7 54%	7 58%	6 46%	5 42%	0
2. How staff respond to your requests	5 38%	6 50%	8 62%	6 50%	0
3. How your needs are being met.	6 46%	7 58%	6 46%	5 42%	1 8%
4. How you participate in the development of your individual plan.	5 38%	7 58%	6 47%	5 42%	2 15%
5. Your participation in choosing a goal.	7 54%	7 58%	5 38%	5 42%	1 8%

6. How you have learned new skills.	5 38%	6	8 62%	6	0
7. How the staff members teach you how to do things for yourself so you can be more independent.	7 54%	7 58%	6 46%	5 42%	0
8. How your life has improved since you have been attending ARI.	7 54%	8 66%	6 46%	4 34%	0
9. Do you feel safe in your home?	6 46%		4 31%		3 23%
10. Do you have personal space for privacy?	7 54%		4 31%		2 15%
11. Do you and your housemates have meetings with the staff?	4 31%		7 54%		2 15%
12. Do you participate in home activities?	5 38%		5 38%		3 24%
13. Do you participate in community, cultural, social recreational and spiritual	9 69%		3 23%		1 8%

activities?					
14. Can you have visitors/guests?	8 62%		3 23%		2 15%
TOTALS	88 48%	55 57%	77 43%	41 43%	17 9%

Quality Assurance Comments

Client responses indicated 91% for satisfaction and very satisfied. The responses indicate a high satisfaction with the services being provided.

Quality Assurance Comments

The responses indicated a 95% “very satisfied” and “satisfied”. The highest “very satisfied” responses were being respected, life improvement, having personal space and having visitors. The highest “not satisfied” was housemates having meetings with the staff. In supported living, this may not be applicable.

Annual Employer Satisfaction Survey

There is no comparative analysis because 2 different forms were used.

Item	Very Satisfied	Satisfied	Not Satisfied
1. The responsiveness of ARI Staff to your employment needs throughout this past year.	14 74%	5 26%	0
2. Your satisfaction with the support services provided for the individual served by ARI.	15 79%	4 21%	0
3. How well the staff maintained contact with you throughout the year.	14 74%	5 26%	0
4. How well you are	17	2	0

satisfied with the quality of the individual served by ARI.	89%	14%	
5. How well you are satisfied with communication from ARI Staff.	14 74%	5 26%	0
TOTAL	74 77%	22 23%	0
	Yes	No	
Would you recommend our organization as a viable service to employers?	19	0	

Comments offered by the employers:

- I think the ARI staff did a wonderful job! They truly (are) showing us that they are very caring people.
- We appreciate the continued open communication we have experienced with ARI.
- Both job coaches have been here when needed!
- Valerie is here every two weeks and any problems I have with Eileen which is nothing but the bus and time it comes. Eileen works hard and we keep her focused on the job at hand.
- Very happy with Bryant. Always can count on him for anything.
- Bryant is a very considerate of working with the employees.
- Very happy. Bryant is great!
- There has been a remarkable difference in commutation and service since Valerie started. I hope this model continues and is emulated by all at ARI.

Quality Assurance Comments:

The job placement department is congratulated on the positive input from employers. One hundred percent of employers participated in the survey.

With the 19 respondents, it is clear that the employers are happy with our services. Most of the outcome was very satisfied with the highest being #4. This item is directed toward the persons served. It is clear that the employers are happy with their employees we serve. There was not one “not satisfied” identified.

Placement Services:

Annual Employer Satisfaction Survey

1.	Staff’s responsiveness to employer’s needs	yes	no
		21	
		100%	

Comments:

- **Val is here when P. gets his check at times and that’s always great.**
- **Very nice personality and easy to talk to.**
- **Asked what we wanted and made sure E. was capable of doing this job.**
- **She tries hard.**
- **Valerie is very helpful.**

2.	Support services to employee.	yes	no
		21	

100%

Comments

- **Yes. The person stayed with E. until she learned all her (duties).**
- **Very helpful.**

3. Maintaining adequate contact w/employer 21

100%

Comments

- **When Val comes in she asks me always ho's everything with P.**
- **Valerie is here every other week and (when) I have question she is very helpful**
- **Valerie is the best of my experiences with ARI over 15 years.**
- **I would like a contact list for M if we had questions.**
- **Very good communication.**

4. Employee working out? yes no

21

100%

Comments

- **P. is a good carriage retriever, but needs extra help on weekends. That' okay though.**
- **E. is a worker if we sty on top of her. Sometimes if we leave her alone, her mind wonders.**

- **She is a very hard worker.**
- **Excellent. M. is growing everyday in her position.**

5.	Employee accepted by co-workers	yes	no
		21	
		100%	

Comments

- **No one has any problems with P.**
- **Everyone enjoys working with E.**
- **Everyone loves K.**

6.	Recommendations for improvement	yes	no
			21
			100%

Comments

- **She does everything I ask her to do.**

7.	Recommend to other employers	yes	no
		21	

100%

Comments

8 Additional Comments

- **We all say on top of E. and she does a lot of work in our dept. We all enjoy working with her.**
- **E. is a great worker. Comes in to work with positive attitude.**
- **Placement staff is very helpful.**
- **Lavinia is very excellent.**
- **If she wants more hours, she will need to open her availability and be willing to learn more.**

Because a different form from 2008 was used, there could be no comparative data and remarks. The Placement Department is highly complimented for the results indicated above by employers. All employers were satisfied with the individuals placed and the support services given to the employee and to the company.

PLACEMENT SERVICES

Red indicates 2008

1. How satisfied you are with your job?

Very Satisfied	Satisfied	Not Satisfied
8 (8)	4 (16)	1 (1)
62% (32%)	31% (64%)	07% (4%)

2. Are you satisfied with how well you get along with the other people you work with?

Very Satisfied	Satisfied	Not Satisfied
8 (9)	4 (16)	1 (2)
62% (33%)	31% (60%)	.07% (7%)

3. Are you satisfied with how you are respected by staff?

Very Satisfied	Satisfied	Not Satisfied
8 (10)	4 (24)	1 (0)
62% (29%)	31% (71%)	.07%

4. Are you satisfied with how staff respond to your requests?

Very Satisfied	Satisfied	Not Satisfied
8 (9)	5 (24)	(1)
62% (26%)	38% (71%)	(3%)

5. Are you satisfied in how your needs are being met?

Very Satisfied	Satisfied	Not Satisfied
7 (5)	6 (28)	
54% (15%)	46% (85%)	

6. Are you satisfied in how participate in the development of your individual plan?

Very Satisfied	Satisfied	Not Satisfied
7 (5)	6 (31)	(1)
54% (14%)	46% (94%)	(2%)

7. Are you satisfied in your participation in choosing a goal?

Very Satisfied	Satisfied	Not Satisfied
8 (1)	5 (28)	(1%)

62% ((3%)) 38% (94%) (3%)

8. Are you satisfied with this tool?

Very Satisfied	Satisfied	Not Satisfied
6 (1)	7 (31)	(1)
46% (3%)	54% (94%)	(3%)

TOTAL: 56	41	3
56%	41%	3%

6 Please list any other topics/items you feel this survey should address

I am satisfied to talk to Valerie and I hope that Dr. Bob approved.

Narrative:

The clients are extremely satisfied with the services they received, their job placement and their involvement in developing their goals and individual plan. 97% of the responses were very satisfied or satisfied. Only one

person expressed dissatisfaction about the job, getting along with co-workers and respect from staff. CQI followed-up. The person who expressed dissatisfaction is a person whose mood changes to not liking situations, events or people to liking them.

Strategic Plan Table

2008-2011

Key:

Black: Goals/ 2005-2008

Alan's Governance Document

Blue: Integrated Strategic Plan

Brown: Not in 2005-2008 plan

2005-2008 Goals	2008-2011 Expansion Goals	Governance Goals	Action Steps	Persons Responsible	Outcomes 1/09 – 6/30/10
					<p>C- Completed</p> <p>NC Not Completed</p>
<p>1. Development</p>	<p>Develop communications and fundraising priorities</p>		<p><u>Action Step 1</u> Develop communications and fundraising priorities Timeline: November 2008 Success Indicators: Communications and development priorities developed.</p> <p><u>Action Step 2</u> Evaluate external communications with regard to appearance,</p>	<p>President and CEO, Manager of Development, Manager of QA and Compliance with input from senior management and managers</p> <p>President and CEO and Manager of Development</p>	<p>C</p> <p>Ongoing process</p>

			<p>message, target audience, and purpose and recommend needed changes. Work to create a consistent message, image, and appearance for all agency publications.</p> <p><u>Action Step 3</u> Develop a marketing plan</p>	<p>Senior Management Team spearheaded by President and CEO, Manager of Development and Recreation and Manager of Quality Assurance and Compliance</p>	C
		<p>Marketing Network with other groups</p>	<p>Presentation Package Name Recognition Newsletter Meet & Greet events Search for marketing PR/advertising company to help in brand recognition</p>	<p>Manager of Development</p>	<p>Individualized</p>
			<p>Develop promotional</p>		<p>NC</p>

		Events	<p>marketing package</p> <p>Review current materials and develop outline of key points for each new piece</p>		NC
			<p><u>Action Sep 4</u></p> <p>Schedule and arrange public speaking and/or training opportunities. (for example: training of Stamford Police)</p>	Development Committee	NC
			<p><u>Action Step 5</u></p> <p>Raise the awareness of ARI's mission and services by successfully placing items in media outlets.</p>	Manager of Development and Recreation	Ongoing Process

		Restructure Development Committee		Board of Directors	C
		Foundations	Define, pro/cons, benefit of long-term development, develop an implementation timeline	Board of Directors	NC
		Annuities	Develop a marketing strategy	Board of Directors	C
		Capital Campaign	Define, pro/cons, strategic plan/timeline for long-term development	Board of Directors	NC
			Define, Scope: all properties vs. one property, a property or part of a property (room, elevator), timeline		

<p>a. Fundraising</p>			<p><u>Action Step 6</u> Increasing fund raising activities by 20% during the fiscal year and support ARI's fundraising program by developing or assisting in the development of campaign and other written materials, and by supporting fundraising calls for special events, programs and activities..</p>	<p>Board Development Committee; President and CEO, Manager of Development and Recreation</p>	<p>C</p>
<p>b. Legacy Giving Program</p>					
<p>c. Capital Contribution</p>			<p>Develop 5 year capital budget Develop Budget</p>	<p>President and CEO, controller, Board finance committee</p>	<p>C</p>
<p>d. Friends of ARI</p>		<p>Future of Friends of ARI</p>	<ul style="list-style-type: none"> • Explore Options-create task force • Merge? • Re-establish as a Foundation or other entity? • Leave as is? • Other? • Minor Place • Timeline for a solution • Control and 	<p>Board Committee</p>	<p>Still in process</p>

			<p>management of assets</p> <ul style="list-style-type: none"> • Involvement of current Board • Past Board Members • Joint marketing opportunities 		
e. Establishing Endowment				Board Committee	C
2. Expand Geographically	ARI will actively explore service expansion and development activities.		<p><u>Action Step 1</u> In collaboration with community partners, ARI will work to develop and/or expand services based on identified needs.</p> <p>Review community input and agency capacities. Plan programmatic expansion as appropriate. Expand consumer base to include aging, Alzheimer and other dementing disabilities, individuals with brain injury Place 2 consumers in competitive employment every 6 months. ARI and BRS people in</p>	Senior Management Team and Employment Staff	NC

			placements. Explore providing services with ARI of New York, Inc.		
3. Increase Residential Capacity	ARI will actively explore service expansion and development activities.		<u>Action Step 5</u> ARI will expand its residential program by opening up two additional homes: one four-bedroom home of which three current ARI clients and one new DDS person will reside in. The other home will serve four individuals with Alzheimer's or other dementing diseases. This home could be a model for CT working with this population.	President and CEO, Manager of Residential Services and Manager of Development.	In Process
a. Privatization					
b. Residential Models			Explore DMHAS, ABI, DSS		NC
4. Develop Public Relations Campaign	ARI will promote community understandin		<u>Action Step 1</u> Develop communications and fundraising priorities	President and CEO, Manager of Development,	NC

	<p>g, visibility, and positive perception of the agency, agency services, and constituents.</p>		<p><u>Action Step 2</u> Evaluate external communications with regard to appearance, message, target audience, and purpose and recommend needed changes. Work to create a consistent message, image, and appearance for all agency publications.</p> <p><u>Action Step 2</u> Evaluate external communications with regard to appearance, message, target audience, and purpose and recommend needed changes. Work to create a consistent message, image, and appearance for all agency publications.</p>	<p>Manager of QA and Compliance with input from senior management and managers</p> <p>Manager of Development and Manager of QA and Compliance</p> <p>Manager of Development and Manager of QA and Compliance</p>	<p>NC</p> <p>NC</p>
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			<p><u>Action Step 3</u> Develop a marketing plan</p>	<p>Manager of Development and Manager of Quality Assurance and Compliance</p>	<p>C</p>
			<p><u>Action Step 4</u> Schedule and arrange public speaking and/or training opportunities. (for example: training of Stamford Police) Manager of Development</p>	<p>Manager of Development</p>	<p>NC</p>
			<p><u>Action Step 5</u> Raise the awareness of ARI's mission and services by successfully placing items in media outlets.</p>	<p>Board of Managers, Development Committee, President and CEO, Manager of Development and Recreation</p>	<p>Partial</p>
			<p><u>Action Step 6</u></p>	<p>Program</p>	<p>NC</p>

	<p>Strive to have good communication internally and externally.</p>		<p>Increasing fund raising activities by 20% during the fiscal year and support ARI's fundraising program by developing or assisting in the development of campaign and other written materials, and by supporting fundraising calls for special events, programs and activities..</p> <p><u>Action Step 1</u> Promote positive relationships with stakeholders.</p> <ul style="list-style-type: none"> • Develop Employment Services Newsletter. • Include staff bios and pictures in newsletters. • Increased communication between departments. • Stakeholder Focus Groups. • Timely response to email and voice mail communication. 	<p>Manager, All Staff</p> <p>Employment Services staff</p> <p>Manager of Day Services,</p>	<p>C</p> <p>NC</p> <p>C</p>
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			<p>Action Step 2 Promote positive relationships with Community Support and other residential service providers.</p> <ul style="list-style-type: none"> • Internal Focus Group Meetings. • Program Newsletters. • Increase email communication with residential service providers. 	<p>staff, Manager of Development, Manager of QA and Compliance</p>	<p>NC</p>
			<p><u>Action Step 3</u> Promote positive relationships with businesses in the community.</p> <ul style="list-style-type: none"> • Provide educational opportunities for area businesses as requested. • Maintain and/or expand involvement in Rotary, Transition Task Force, and other community committees. • Collaborate with 	<p>President/CEO and staff and board</p>	<p>NC</p>

			<p>appropriate staff to develop and update marketing materials.</p> <ul style="list-style-type: none"> • Maintain monthly contacts with contracted businesses. • Develop ES newsletter geared towards the business community. • Explore development of a Business Advisory Council • Explore advertising opportunities. 		
a. Change Name					
b. Website			See Above		
5. Business Development					
a. Alliances					
b. For profit Business					
c. Contracts					

<p>6. Expand Consumer Base</p>	<p>ARI will actively explore service expansion and development activities</p>		<p><u>Action Step 1</u> In collaboration with community partners, ARI will work to develop and/or expand services based on identified needs.</p> <ul style="list-style-type: none"> • Review community input and agency capacities. • Plan programmatic expansion as appropriate. • Expand consumer base to include ageing, Alzheimer and other dementing disabilities, individuals with brain injury • Place 2 consumers in competitive employment every 6 months. ARI and BRS people in placements. • Explore providing services with ARI of New York, Inc. <p><u>Action Step 2</u> Continue to develop opportunities supporting</p>	<p>President and CEO and staff</p> <p>Staff</p>	<p>In process</p> <p>C</p>
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			<p>individuals' choices and promoting greater independence.</p> <ul style="list-style-type: none"> • Enhance natural supports and community involvement for service participants. • Expand and develop opportunities for individuals to participate in planning activities which may include, but are not limited to: <ul style="list-style-type: none"> Recreation. Educational/skill development planning. Support groups. Increase spectrum of job opportunities <p>Responsible Persons: Chair of Self-Advocacy and Rights Committee, Recreation</p>		
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			<p>Coordinator and Day Program Managers Timeline: Service Participant membership and regular participation on the Self-Advocacy and Rights Committee by November 2008; development of an enhanced input mechanism by September 2008. Input will be incorporated into the development of a schedule beginning January 2009, and annually. Success Indicators: Positive feedback in service participant satisfaction; increased attendance at training/support activities. Increased job placements in varied work opportunities.</p> <p><u>Action Step 3</u> To provide exemplary service that allows for continued deemed status with regulatory bodies through CARF accreditation.</p> <ul style="list-style-type: none"> Maintain CARF accreditation.. 	Staff	C
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	<p>Enhance and</p>		<p>Responsible Persons: Senior Management Team and all staff Timeline: July 2008 and Ongoing Success Indicators: Continued CARF Accreditation at the three-year level</p> <p><u>Action Step 4</u> Proactively manage current and future resources.</p> <ul style="list-style-type: none"> ▪ Program adjustments are made based on financial data. ▪ Explore and utilize additional funding streams for DD and other populations with overall funding of \$100,000, including United Way: \$18,000 ▪ Maintain competitive service rates. ▪ Through involvement in state and national committees, continue to advocate for 	<p>Staff</p>	
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	<p>expand all aspects of customer service.</p>		<p>legislative change that would provide adequate funding resources for new and existing services.</p> <p>Responsible Persons: President and CEO for state and national committees and legislation</p> <p><u>Action Step 1</u> Continue to provide exemplary services that allows services to maintain deemed status with regulatory bodies.</p> <ul style="list-style-type: none"> • Staff training on CARF standards, DDS and QSR(Quality Services Review) requirements • Required policies and procedures in place. • Record audits. <p>Responsible Persons: Manager Senior Management and all staff</p> <p>Success Indicators: Training provided on CARF standards, all CARF standards implemented, three-year CARF</p>	<p>In process</p>
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			<p>accreditation obtained.</p> <p><u>Action Step 2</u></p> <p>Will seek and/or develop at least 12 additional job opportunities for the individuals we support by exploring customized employment, community employment needs, business expansion and/or development.</p> <ul style="list-style-type: none"> • Monitor funding availability • Establish good working relationships with community employers. • Continued involvement state and local advisory committees <p>Cultivate an entrepreneurial spirit</p> <p><u>Action Step 3</u></p> <p>Strive to develop and maintain quality staff by promoting training, recognition and teamwork.</p> <ul style="list-style-type: none"> • Training opportunities. • Mentoring 		
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			<p>opportunities for emerging leaders.</p> <ul style="list-style-type: none"> • Coverage between programs. • Opportunities for involvement on agency committees. <p><u>Action Step 4</u> Expand services and trainings available to persons served.</p> <ul style="list-style-type: none"> • Develop a job clubs • Job Development Classes – ES • Increase Community-Based Work Assessment Opportunities by 10% - ES <p><u>Action Step 5</u> Develop a Business Advisory Council which will consist of at least 8 business committed to employing people with disabilities.</p> <p>.</p>		
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a. Identify Individuals with MR					
b. Expand to other developmental disabilities			See Above		
Other: Governance	Ensure that the board of managers provides effective and ethical governance leadership on behalf of stakeholders' interest and that ARI focuses on its purpose and outcomes for persons served, resulting in ARI's long-term success and stability.		Action Step 1: <ul style="list-style-type: none"> • Develop governance policies and practices to include: • Board membership criteria. • Selection process. • Board education and development. • Board structure and performance, including: • Board size, • Board composition • Definition of independent, unrelated board representation. • Use of external advisors • Annual self-assessment of the entire board. 	Chairman, President and CEO, Manager of Quality Assurance and Compliance	Draft completed Draft policies have been developed. To be reviewed by board committee (June 2010)

		<p>Set and review objectives for CEO</p> <p>Develop reports to ensure quality programming</p> <p>Create committee to:</p> <ul style="list-style-type: none"> Meet semi-annually with DSS to assess performance Meet annually with ARI parent group Monitor compliance with CARF Make 	<ul style="list-style-type: none"> Periodic self-assessment of individual members. <p>Continuous Quality Improvement Plan</p>	<p>Manager of Quality Improvement and Compliance</p>	<p>C</p> <p>C</p> <p>C</p> <p>C</p>
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		<p>recommendations to Executive Board</p> <p>Presentations to full Board by dept managers</p> <p>Renovate Richmond Hill</p>	<p>Continue to work with architect to design Richmond Hill property to ensure the effectiveness and efficiency availability to provide accessible quality services.</p>	<p>Board of Managers, President and CEO, Controller, Manager of Day Services and staff</p>	<p>C</p> <p>In process</p>
Foundation			<p>Explore use/benefits of Foundation</p>	<p>Board Committee; President and</p>	<p>C</p>

				CEO	
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MARKETING PLAN

Implementation Plan

Activity	Person(s) Responsible	Target Date	January 2009-June 2010 Results
Decide on expansion of population to serve	President and CEO	December 2009	Completed
Decide on geographic expansion	President and CEO	December 2009	Completed
Explore and approach possible funding sources	Pres/CEO and MQA/C	February 2009	Continuous
Review and revise marketing tools	Managers, managers with input from marketing committee	January 2009	In Process
Develop endowment funds, annuity trusts, etc.	Development Committee	June 2009	In Process
Increase Fund Raising activities	Events Committee	June 2009	Added Comedy Night and raffle

Develop Business Advisory Council	Manager of employment services and staff	March 2009	Not developed
Expand corporate partnerships	Board of Managers	June 2009	High Ridge Corporation
Increase membership in services organizations	President and CEO	June 2009	Gerard is in the Kiwanis
Expand media outlets	Manager of Development and Recreation	January 2009	Completed
Develop and train public people to be on ARI speaking bureau.		April 2009	Not Completed

Public Relations Plan:

Blue: Annual Review

1. Schedule and arrange public speaking opportunities to convey the mission/values and services of the organization.

Month	Targeted Audience (Subject to change)	Presenter(s)	Purpose and Update: November 2, 2009	January 1, 2009 – June 30, 2010
<ul style="list-style-type: none"> • July 2009 				
<ul style="list-style-type: none"> • August 	Families, stakeholders and invited guests	Managers of Day and Residential Services.	Open House, building renovation plans, 2008 and Jan June 2009 accomplishments. Not completed.	Not completed
<ul style="list-style-type: none"> • September 				
<ul style="list-style-type: none"> • October 	Financial Advisors Gerard to speak at Combined Federal Campaign kickoff.	President and CEO, endowment board member, ARI board member	Gerard spoke to Northern Trust as part of United Way Campaign in October. Completed	Completed
<ul style="list-style-type: none"> • November 	Lawyers	President and CEO, endowment board member, facilitated by a board member	Not completed. Changed to April	Not Completed

	<p>Special Ed Family Advisory Committee for Stamford.</p> <p>Gerard to speak at Combined Federal Campaign on November 5th.</p>	<p>Nicole and Tammy and Bonnie Kim Campbell</p>	<p>Scheduled for November 9th</p>	
<ul style="list-style-type: none"> • December 	<p>Meet and Greet at Trump PARC</p>			<p>Did not happen</p>
<ul style="list-style-type: none"> • January 2010 	<p>Legislative Representatives' Breakfast</p>	<p>President and CEO</p>		<p>Has not happened.</p>
<ul style="list-style-type: none"> • February 	<p>First Meeting of BAC</p>			<p>Not completed</p>
<ul style="list-style-type: none"> • March 	<p>Business for potential employment opportunities and sub-contract work</p> <p>How business can support ARI</p>	<p>Manager of employment services and BAC representative</p> <p>President and CEO and manager of development</p>		<p>Not completed</p> <p>ibid</p>
<ul style="list-style-type: none"> • April 	<p>Special Ed Managers and school administrators</p>	<p>Manager of Day Services and Manager of High School Transition, family member whose child experience the transition program.</p>		<p>Not completed</p>

	Lawyers	President and CEO, endowment board member, facilitated by a board member		
• May	Service Organizations*	President and CEO, manager of development, any senior manager or selected board member.		Not completed
• June	Service Organizations*	President and CEO, manager of development, any senior manager or selected board member.		Not Completed

*Services Organizations will be ongoing throughout the year. Presentations may be formal or informal.

Three to four informal informational events throughout the year targeted towards potential friends/board members. Board members and president and CEO will chat one-on-one with invited guests.

Community Forums for Congressman Himes. **Not happened yet (1/29/10)**

Community forums to get input from public and stakeholders.

2. Develop a schedule for media releases and successfully place items in media outlets. Offer informational opportunities to various populations.

Month	Theme	Target Audience	Strategy	Results
<ul style="list-style-type: none"> • June 2009 	Annual Meeting	General Population and Stakeholders	Press Releases and ARI Newsletter and Annual Report	Press release sent out, in Newsletter, annual report on line. Congressman Himes was guest speaker. Done
<ul style="list-style-type: none"> • July 				
<ul style="list-style-type: none"> • August 	Announce Sibling Conference	General Population, friends and Stakeholders	News Releases	Postponed until February, 2010 Done
<ul style="list-style-type: none"> • September 	Announce Fall Event	Friends and Stakeholders	Press Release and mailing	New Release and mailing completed. Done
	Announcement of new BAC	General	News Release	Not Completed
<ul style="list-style-type: none"> • October 	Thanks-for-Giving (Reasons to support ARI)	Friends and Stakeholders	Newsletter	Not completed
<ul style="list-style-type: none"> • November 	Annual Appeal	Friends and Stakeholders	Mailings	To be sent out the end of November.
		General	Press Release	To be sent out

	<p>Parade of Lights</p> <p>Endowment Announcement in Newsletter</p>			<p>week of November 8th. Sent the 1st week of December</p> <p>Parade of lights was cancelled</p> <p>Endowment Announcement was in newsletter</p>
<ul style="list-style-type: none"> December 	<p>Police Party</p> <p>Announce Walk for Independence</p> <p>Endowment letter and brochure.</p>	Police and clients	Press Release	<p>Set for December 18th. Occurred Dec 18th and press release was sent January, 2010.</p> <p>Announcement in newsletter. Press release to be sent early February.</p> <p>Still being worked on. Target date changed to end</p>

	Update ARI video			<p>of February.</p> <p>Changed to end of Spring 2010.</p> <p>Not completed</p>
<ul style="list-style-type: none"> January 2010 	<p>Meet and Greet for Endowment</p> <p>Develop a speakers' bureau coordinated by manager of development and</p> <p>*President and CEO.</p> <p>*Manager of Development</p> <p>*Manager of Quality Assurance and Compliance</p> <p>*Manager of Residential Services</p> <p>*Manager of Day Services</p> <p>*Manager of Transition Services</p> <p>*Manager of Employment Services)</p>	Current and past board members		<p>On hold until all the information is completed.</p> <p>Not yet developed</p>

	<ul style="list-style-type: none"> *Manager of Human Resources *Business Advisory Council *Representatives Selected Board Members. 			
<ul style="list-style-type: none"> February 	<p>Announce Sibling Conference</p> <p>Meet and Greet for Endowment</p> <p>Training for ARI Ambassadors</p>	<p>General Public, Friends and Stakeholders</p> <p>Family Members</p> <p>Board Members</p>	<p>President and CEO</p>	<p>Completed</p> <p>On hold</p> <p>Not completed</p>
<ul style="list-style-type: none"> March 	<p>Walk For Independence</p> <p>Meet and Greet for Endowment</p>	<p>General and Friends and Stakeholders</p> <p>Designated professionals</p>	<p>Press Release and Mailings</p> <p>Newsletter</p>	<p>Completed</p> <p>Not completed</p>
<ul style="list-style-type: none"> April 	<p>Walk For Independence</p>			<p>Completed</p>
<ul style="list-style-type: none"> May 	<p>Golf Tournament</p>	<p>General and Friends and Stakeholders</p>	<p>Press Release and Mailings</p>	<p>Done in August</p>
<ul style="list-style-type: none"> June, 2010 	<p>Annual Meeting</p>	<p>General</p>	<p>Press Release</p>	<p>Completed</p>

			and Mailings	

Accessibility Plan

ARI of Connecticut, Inc.

Information for the Accessibility Plan was gathered through surveys completed by staff and consumers. This plan has been approved by the board.

2009 /Jan-June 30, 2010 Accessibility Plan

Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Outcome January 1, 2009 – June 30, 2010
Fairfield Avenue					
Door knobs on the first floor of the Fairfield	Install new door knobs	7/1/09-9/30/09	Roberto Sanchez	\$25/knob	Not met: Deferred until next fiscal year.

Avenue					
Inaccessible entrances do not have signs indicating the location of the nearest accessible entrance.	Install signs before inaccessible entrance so that people do not have to retrace the approach	4/1/09-6/30/09	Roberto Sanchez	\$80	Not met: Deferred until next fiscal year.
Alternate accessible entrance cannot be used independently.	Explore possibility of installing a ramp for the alternate accessible entrance.	7/1/09-12-31/09	Roberto Sanchez	\$2,000	Not met: Deferred until next fiscal year.
Entrance door handle is not operable with a closed fist.	Replace inaccessible door with a lever or loop handle and put poser-assisted or automatic door opener at front door.	4/1/09-6/30/09	Roberto Sanchez	\$2,500	Not met: Deferred until next fiscal year.
The door on first floor going into hallway does not have at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door	Move or remove obstructing partitions.	4/1/09-6/30/09	Roberto Sanchez	\$100	Not met: Deferred until next fiscal year.
There is not a 5-foot or T-shaped space for turning a wheelchair	Rearrange furnishing in rooms to clear more room. Suggest moving medical office to the auxiliary room and auxiliary room to where the medical	4/1/09-6/30/09	Roberto Sanchez		Not done.

completely.	room is. If this is not feasible, a desk in medical room needs to be moved because space between the desk is not 36" for passage.				
Emergency system has flashing lights and audible signals by the stairs hallway and in the reception area only.	Suggest putting a strobe light in the hallway and in the room where clients may be for meetings.	1/1/10-12/31/10	Roberto Sanchez	\$100	Technician reviewed light in hallway and determined that it was already a strobe light.
Exit signs in building need lights and some need covers	Repair the exit signs in need of covers and/or light bulbs.	4/1/09 – 6/30/09	Roberto Sanchez	\$200	All repaired.
Alternate route for egress is not accessible		4/1/09-6/30/09			No discussion of rectification.
No signage directing people to accessible route to ramp.	Post signs by outside back door and in hallway.	4/1/09-6/30/09	Roberto Sanchez	\$100	Not Met, planned for next year.
There is not a tactile signage identifying rest room on first floor is accessible.	Add accessible signage placed to the side of the door, 60 inches to centerline.	4/1/09-6/30/09	Roberto Sanchez	\$100	Done
Telephone: Need a TDD and TT	Install a text telephone. Have a portable TT available. Provide a shelf	7/1/09-12/31/09	Roberto Sanchez	\$250	Not Met, planned for next year.

(phones equipped with a text telephone)	and outlet next to the phone. Have a phone replaced with a hearing-aid compatible one.				
There is no enforcement procedure to ensure that accessible parking is used only by those who need it.	Implement a policy to check periodically for violators and report them to the proper authorities.	7/1/09-9/30/09	John Gorcynski		Administrative Assistant to President monitors and notifies staff of any violations.
Limited van-accessible spaces	Reconfigure to provide van-accessible spaces.	1/1/10-12/31/10	Roberto Sanchez	\$500	Not completed.
Richmond Hill					
Lack of ramps in the Richmond Hill Building	See notes below		This will be addressed in the building renovations		Renovations taking place in next couple of months.
Doorways are narrow in the Richmond Hill Building	See notes below		This will be addressed in the building renovations		To be included in 2009 Accessibility Plan In the Richmond Hill Building, two doors have been removed in order to make the doorway wider. Three other doorways have been identified

					and are scheduled to be widened.
The steps (leading to the lower level) in the Richmond Hill Building are steep.	See notes below		This will be addressed in the building renovations		Not met.
Downstairs bathroom stall doors need to be repaired or replaced					All bathrooms are going to be renovated in 2010.
Sinks need to be serviced. Water always running.					Done
All water fountains need servicing.					Done
Ramps are very slippery during winter season.					Ramps will be re-designed as part of building renovation
Ramps are too steep and not covered.					Ramps will be re-designed as part of building renovation
Need automatic door openers.					Part of renovations
Kitchen not accessible.					Not met.
Bathrooms not					Part of

accessible.					renovations for 2010.
Lotstein					
There is no route of travel that does not require the use of stairs. There is no alternative accessible entrance.	Do not place anyone in this house that will need a ramp to enter. Because house is not wheelchair accessible, deficiencies were noted, but do not need to be addressed.				Not Met, planned for next year.
Doorway is only 24" and should be 32".					Not Met, planned for next year.
There is not at least 18 inches of clear wall space on the pull side of the door, next to the handle.					Not Met, planned for next year.
Doors cannot be opened without too much force (exterior doors reserved; maximum is 5 lb for interior doors).					Doors have been adjusted.

Doors to public spaces do not have at least a 32" clear opening.					Not Met, planned for next year.
The only door which is into the office has door handles 48" or less and operable with a fist.					There are two doors into the office, one is ADA compliant, the other is not.
There is not a 5 foot or T-shaped space for turning a wheelchair completely in the back of the house.					Office space is being redesigned and will accommodate this
There are no room numbers .	Suggest numbering rooms with centerline being 60 inches from the floor, mounted on wall adjacent to latch side of the door, raised characters, sized between 5/8 and 2 inches high, with high contrast, brailed text of the same information. This will be important in case there is a fire and someone could not evacuate and room number can be given to fire				Done

	people.				
Flashing lights and audible signals for the emergency system is in hallway.	Provide portable devices in rooms of people who wear hearing aids or are hard of hearing; i.e., bed shakers, lights, etc.				Not Met, planned for next year.
Sunrise					
Lack of handrails	Install handrails on side of driveway	1/1/10-12/31/10	Roberto	\$250	Not Met, planned for next year.
Tops of tables or counters do not meet ADA requirements of 28 and 34 inches high. They are 36" high.	No rectification at this time.				Not Met.
Knee spaces at accessible tables must be at least 27 inches high. They are 20-25" high and do not meet ADA requirements.					Not Met.
Stairs do not have non-slip surface.	Add non-slip surface to threads.				Not Met, planned for next year.
There is no					Not Met, planned

tactile signage identifying rest rooms.					for next year.
There are no pictograms or symbols used to identify rest rooms with no raised characters and brail.					Not Met, planned for next year.
Palermo					
Accessible bathroom shower stall is too small.					Renovations are planned for 2010-2011.
Width between railings should be at least 36 inches. Width is 32 inches.	Widen the ramps				Not Met, planned for next year.
Parking. There should not be parking by ramp entrances	Suggest putting no parking signs by ramp entrances.				Not Met, planned for next year.
Faucets cannot be operated with one closed fist.	Suggest replacing faucets with paddle handles.				Kitchen has paddle handles, bathrooms planned for 2010
Paper towels are not within reach ranges.	Lower paper towel dispensers.				Done

Tally Ho					
Ramps are not non-slip	Add non-slip surface material	1/1/10-12/31/10	Roberto	\$50	Done
Width between railings are not at least 36 inches.					Not Met.
Gate to cellar on ramp passage needs to be repaired	Repair gate	6/30/09	Roberto	\$50	Done
Front, side and back door handles are not operable with a closed fist.	Replace inaccessible knob on front door with a lever or loop handle.	6/30/09	Roberto	\$25	Done
Tops of counters are 35". Standard is 28-34" high.					Not met.
Knee space at table and nook is not at least 27 inches high. The height is 23.5 inches. Table is 26.25 inches high.	John and Roberto will review	6/30/09			Not met
Top of inside stairs do not have a non-slip surface. Carpet is	Get a new carpet or put non-slip	6/30/09			Done

removed.					
Accessible toilet does not meet grab bar requirements.	John and Roberto to review	6/30/09			Done
Toilet in accessible restroom is too high.	Will be reviewed	6/30/09			Not Met.
Truglia					
The bottom part of the ramp width is not at least 36"					Not Met.
Parking is not adequate.	Enlarge parking lot. Fix driveway to be used as a "U" driveway.				Fence installed, driveway patched.
There is only one accessible entrance and exit.	Suggest adding an exit door leaving from the living room and put a ramp from the deck to the ground using ADA measurement requirements.				Not Met, planned for next year.
Door handles are not operable with a closed fist.	Replace all inaccessible knobs with levers or look handles.				Not Met, planned for next year.
Screen door does not take at least 3 seconds to close.	Adjust screen door closer.				Done
Doors do not have a 32-inch clear opening.					Not Met.

They have between 28 and 29 inches.					
Counter tops are not between 28 and 34 inches high. They are 36 inches high.					Not Met.
Stairs going from kitchen to the garage do not have railings on each side and treads of non-slip surface	Add handrails and non-slip surface to treads.				Done
There is no bathroom that is accessible	Replace faucets with paddle handles. Lower towel dispensers.				Not Met, planned for next year.

Environmental Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Outcomes January-June, 2009	Outcome
Lack of ceilings in the DSO and Production Programs make it very noisy and difficult for the	See notes below		This will be addressed in the building renovations		No rectification at this time	Renovations

consumers to focus.						
The temperature in the Richmond Hill building is inconsistent	See notes below		This will be addressed in the building renovations		No rectification at this time	Renovations
Fairfield Ave.						
Location of Job Placement - not accessible	See notes below		This will be addressed in the building renovations		No rectification at this time	See clients on first floor when necessary

Attitudinal Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Outcomes January-June, 2009	Outcome
Families limit independence.					Nothing done yet.	
Families do not give choices to son/daughter.					Nothing done yet.	
Staff mis-perception of behavior and not understanding professionally.						Not Met
Staff not accepting client					Nothing done yet.	Not met

needs for intimacy and relationships.						
Enabling and protecting					Nothing done yet.	Not met

Financial Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Outcomes January-June 2009	Outcome
More funding for program supplies	Identify possible grants that support program supplies				Nothing done during this period.	Budget restraints
Funding issues for our 24 hour IHS consumers					Nothing done during this period.	In process

Employment Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Documentation	Outcome
Employers often avoid hiring persons with disabilities because of there lack of	Education of employers regarding working with people with disabilities. Attend Chamber of Commerce Events and other venues in order to encourage the	On-going	Manager of Employ. Services	\$1000	.Nothing done yet.	Partial

awareness or insecurity about working with a person with a disability	employment of people with disabilities.					
Limited work opportunities for the sheltered program	Work with consultants to identify potential long term customers		Manager of Day Services		Nothing done yet.	Not met

Communication Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Outcomes January-June 2009	Outcome
Limited communication skills for those individuals who do not use verbal means to communicate	Purchase/make available assistive devices to help consumers communicate their needs					Partial

Transportation Barriers						
Barrier to Accessibility	Solution	Time frame	Person responsible	Cost	Documentation	Outcome
None						

Notes: Significant renovations to the Richmond Hill Building have been discussed and approved by the board of managers. Architectural and environmental barriers listed in this plan will be addressed in the renovations.

The ADA checklist was applied to all building locations except Richmond Hill, where the architect applied all ADA specifications in the redesign of the building; i.e., ramps, bathrooms, etc.

Information for the Accessibility Plan was gathered through surveys completed by staff and clients.