

# **Parents and Friends, Inc.**

## **Outcomes Reports**

### **Goals Results and Plans**

#### **July 2019**

#### **Contents**

Outcomes Results.....	3
2018/2019 Strategic Plan Goals - Outcomes .....	5
July 2018-June 2019 Coastal Support Services Outcome Goals .....	9
July 2018-June 2019 Coastal Support Services Outcome Results – Detailed With Action Plan .....	10
July 2018-June 2019 The Community Connection Outcome Results .....	12
July 2018-June 2019 The Community Connection Outcome Results Detailed With Action Plan .....	13
July 2018-June 2019 The Job Connection Outcomes Results .....	15
July 2018-June 2019 The Job Connection Outcome Results - Detailed With Action Plan.....	16
July 2018-June 2019 L.I.F.E. on the Coast Outcomes Results .....	18
July 2018-June 2019 L.I.F.E. Outcome Results - Detailed With Action Plan .....	19
July 2018-June 2019 Places To Go Outcome Results .....	21
July 2018-June 2019 Places To Go Outcome Results - Detailed With Action Plan .....	22
July 2019-June 2020 Coastal Support Services Outcome Goals .....	24
July 2019-June 2020 The Community Connection Outcome Goals .....	25
July 2019-June 2020 The Job Connection Outcome Goals .....	26
July 2019-June 2020 L.I.F.E. on the Coast Outcome Goals .....	27
July 2019-June 2020 Places To Go Outcome Goals.....	28
Plans and Reports.....	29
Parents and Friends, Inc. 2019/2020 Strategic Plan Goals July 2019 .....	30
Accessibility Plan.....	34
Critical Incident Analysis .....	42
Client Demographic Data .....	44
Corporate Compliance Report .....	45
Cultural Competence and Diversity Plan.....	46
Employee Retention Rate Analysis .....	48
Risk Management Controls System.....	49
Technology and Systems Report .....	52



**Parents and Friends, Inc.**  
**Outcomes Results**  
**July 1, 2018-June 30, 2019**



# Parents and Friends, Inc.

## 2018/2019 Strategic Plan Goals - Outcomes July 2019

Parents & Friends, Inc.'s mission statement is to provide opportunities for persons with developmental challenges and similar needs to participate fully in our community. With this mission firmly in mind, Parents and Friends, Inc. focused on and planned and budgeted for the following objectives in 2018-2019 fiscal year:

### **Background**

Over the past several years PFI has been focused on strategies to successfully navigate the financial and organizational challenges created by the recession, diminishing State and Federal budgets and the reduction of rates and cut backs in services. Prior to this PFI was in fiscal crisis, which caused a different, but similar set of challenges.

PFI has been successful in managing through these issues and now finds itself in a fiscally strong position. Over time, the management team has been augmented with talented managers who have brought additional expertise and experience to the organization. The fiscal controls and policies which allowed for recovery and survival in a volatile environment are now institutionalized and standard operating procedures. PFI has been able to expand the services offered through the addition of new programs and upgrading of existing programs.

Because of this, PFI has become the "go to" agency for funders looking for services for their clients throughout the Regional Centers geographic area. PFI continues to receive most of the available new referrals both from local funders and from funders outside the area.

PFI's success over the past several years has solved many problems, but it has also created problems of a different nature, which must be addressed. These problems are as a result of rapid growth and include:

1. Building infrastructure to support an organization which has grown from \$1.7M revenue in 2011-12 to a projected \$6.1M in 2018-19.
2. Attracting and keeping enough qualified staff to provide services to the increasing client load.
3. Continue to make strategic investments with available resources to achieve PFI strategic goals, update and expand services to clients through new and existing programs and seek alternate means of revenue as a hedge against future recessions and potential State funding cuts.

These new issues do not supplant our previous goals of maintaining financial stability, attracting and keeping talented staff, maintaining open communications, expanding services to clients and developing staff. We must continue to focus on these as well.

### **Maintain financial stability and predictability.**

1. Budget for profitability, stressing quality of services, products offered and organizational efficiency.
  - a. Responsibility: CEO -- ***Outcome: Accomplished. PFI is projected to reach \$6.9M in revenue for FY 2018-19.***

- b. Monitor State and Dept. of Dev. Disabilities budgets and plan contingencies as appropriate for review, discussion and action by the Board of Directors in case of changes in state funding or regulations. Responsibility: CEO – ***Outcome: Accomplished. PFI continues to be a member of CDSA and monitors political issues from Sacramento and Washington D.C. including budgets, initiatives, self-determination roll outs, prevailing rate studies, across the board rate increase proposals and mandatory holiday and half day billing legislation. Via board reports management keeps the Board aware of the situations and updates in the event some actions may need to be implemented as a result.***

**Attract and keep dedicated, talented, caring and experienced staff.**

1. Conduct a wage and salary survey annually which establishes prevailing wages for management, supervisors and direct service personnel. Responsibility: CEO – ***Outcome: Accomplished. PFI continues to participate in and receive wage and salary surveys for all of Northern California.***
2. Conduct performance reviews for all personnel at least annually. Responsibility: CEO, all Managers. ***Outcome: Partially achieved. Reviews at times during the year have fallen behind due to accelerated growth and increased staff but are coming back into alignment now.***
3. Keep job descriptions updated and communicate clearly what expectations are and how performance will be measured. Responsibility: CEO, all Managers. ***Outcome: Achieved. Job descriptions are reviewed and updated at least annually with the employee as part of the performance review process.***
4. Continue annual cash incentive bonus to staff (10% of annual salary past three years 12% in the last two years) as finances allow, reviewed and approved annually by the Board of Directors. ***Outcome: Achieved. A 10% incentive bonus was approved after the 2017-18 FY. There was a discussion about the effectiveness of this ongoing in staff retention and some modification may happen after the 2018-19 FY audit.***
5. Continue to offer pre-tax savings plan (403B) and an employer paid retirement plan (SEP IRA, 2% of annual salary last two years) for qualifying employees. ***Outcome: Accomplished.***
6. Continue to pay for performance in salary administration. Raise average salary for direct service to new survey levels in 2019. ***Outcome: Accomplished.***
7. Continue to fully pay health, dental, vision and life insurance for full time employees. ***Outcome: Accomplished.***
8. Continue incentive program for zero occurrence of worker's comp. claims. ***Outcome: Accomplished.***
9. Continue employee of quarter program with \$250.00 reward. ***Outcome: Accomplished.***

**Create and maintain open and honest two way communications**

1. Continue at least quarterly newsletter mailings. Responsibility: IT Mgr. /Board Volunteer. ***Outcome: Accomplished.***
2. Conduct surveys of all stakeholders, employees and consumers annually. Responsibility: Admin Office. ***Outcome: Accomplished.***

3. Sponsor, through the board of directors, two fund raising events annually. Responsibility: Fund Raising Mgr. /Board fundraising committee. **Outcome: Partially Accomplished. PFI has consolidated its fundraisers into one larger Beer, Bison and Bluegrass festival, now in its seventh year. It will be skipped this year to revamp it into a beer and wine tasting and BBQ competition featuring professional BBQ pit masters. Possibly a two day event.**
4. Keep the web page, face book, etc. current and relevant. Responsibility: IT Mgr. **Outcome: Accomplished.**
5. Maintain open door policy for all employees, clients, stakeholders and community members. Responsibility: All mgrs. CEO. **Outcome: Accomplished.**

#### **Expand Client population.**

1. Work closely with Regional Center coordinators and TLC staff to be the agency of preference for new clients to the area and graduating high school clients. **Outcome: Accomplished. Continue to work as the leader of the Inter-agency transition team with the high school district, teachers, Regional Center coordinators and the high school transition program to effectively help transition students from school to adult services smoothly and seamlessly.**
2. Continue and expand upon adhering to 2019 medi-cal funding requirements for DDS. **Outcome: Accomplished. Received grants to expand community employment, person centered thinking and community integration to meet federal requirements for continued Medicaid federal funding to the State to support the DDS budget for services.**
3. Open and accept clients for a new licensed group home for the aging DD population. **Outcome: Accomplished. Home is now licensed and open with three residents out of a maximum four residents. Fourth is due to start in July.**
4. Establish a time phased plan for opening an additional three licensed home for the aging DD client. Responsibility: CEO/Management team. **Outcome: Accomplished. Applied for and was granted a \$3M grant to develop three houses (4 bedroom, three bath, ADA compliant, Hoyer lift system built in) on our Cypress St. property. Construction scheduled to begin in October.**

#### **Enhance staff development and training in a comprehensive and measurable way.**

1. Improve new staff orientation through a formalized, time spaced process including specific initial training, presentations by managers on their specific programs and a history of PFI, Title 17 and past and current industry standards and best practices policies and procedures. Responsibility: HR/Management team. **Outcome: Partially Accomplished. Implementation has been slow due to a new HR manager being trained. Implementation has picked up and is progressing now.**
2. Develop a specific curriculum for new employees and an ongoing training program through seminars, in service trainings and College of Direct Supports for more in depth general topics and department/program in depth trainings on specific program topics. **Outcome: Partially Accomplished. Department specific training and seminars are being refined now but not yet fully implemented.**

3. Develop a compensation plan with specific pay scales including hourly stipends for working with established acuities for each client and department and monthly stipends for house managers and the current Northern California Wage and Salary Survey. Responsibility: HR/Management team.

***Outcome: Partially Accomplished. Establishing stipends dependent upon working with clients with established acuities proved to be too difficult to manage and deemed unfair to some staff so was abandoned. Stipends for house managers was adopted and is in practice now.***

4. Develop a personnel review policy that rates employees within their pay scale based on performance, including their reliability, flexibility in hours and clients served, willingness to take on additional hours/shifts, percentage of completion of the ongoing training curriculum for PFI and their specific program, ability to work cooperatively as a team member and attention to detail and accuracy in documentation and the ADP time and billing system. Responsibility:

CEO/Management team. ***Outcome: Accomplished. New review form was designed with specific goals and measurement of performance in meeting goals, understanding their client's goals, attendance, consistency of work, team player, accuracy of work, accuracy of time keeping, accuracy and timeliness of paperwork and initiative and flexibility in scheduling.***



July 2018-June 2019 Coastal Support Services Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
Establish Consumer ISP Goals	Percentage of consumers with up to date ISPs	All consumers	Biannual	ISP Files	CSS Manager	90%	86%	78%
Maximize Progress on ISP Goals	Percentage of consumer goals showing positive progress	All consumer goals	Biannual	ISP Files	CSS Manager	85%	65%	80%
<b>Efficiency</b>								
Maximize Consumer Services	Percentage of authorized support hours delivered	All consumers	Annual	Billing Forms	CSS Manager	90%	88%	90%
<b>Service Access</b>								
Maximize Consumer Retention	Percentage of consumers who have received services and are continuing to receive services	All referrals	Biannual	Case files	CSS Manager	95%	98%	99%
<b>Satisfaction</b>								
Increase Consumer Satisfaction	Percentage of consumers who give a satisfaction rating that averages 4 on a scale of 1 to 5	All consumers responding to survey	Annual	Survey results	CSS Manager	90%	No Data	79%
Increase Stakeholder Satisfaction	Percentage of stakeholders who give a satisfaction rating that averages 4 on a scale of 1 to 5	All stakeholders responding to survey	Annual	Survey results	CSS Manager	85%	76%	95%

## July 2018-June 2019 Coastal Support Services Outcome Results – Detailed With Action Plan

### **Effectiveness:**

#### Establish Client ISP Goals

Goal: 95%

**Outcome: 86%**

Not Achieved

4 ISP out of 36 SLS were not completed timely or have not been completed.

9 ISP out of 11 ILS were not completed timely or have not been completed.

The department did not accomplish the established goal, however the department continues to improve in this area. It is believed that the deficient is reflective of the department's prolonged efforts to hire an ISP Coordinator and this responsibility falling to the department director with many other duties related to her position and the position of others.

The ILS Coordinator is in the process of completing 2 of the 5 ISP that are pass due, she too had assumed additional responsibilities within the department to address task that have taken priority over the completion of ISP's.

**Action to be taken:** The department Program Manager will be required to conduct quarterly audits to ensure that all ISP's are completed timely.

#### Maximize Progress on ISP Goals

Goal: 90%

**Outcome: 65%**

Not Achieved

This is another area were the department has experienced improvement but we have failed to reach our established goal. Many of the goals that were not achieved were based on client's financial inability to obtain their desired goal such as take a vacation. Other clients goal were reflective of their desire to live independently, manage financial and medical obligations without the support of staff. Others were goals that the client nor the CSS team have much control such as increase work hours or find a significant other. There were also client that simply have elected not to pursue their established goals, and in these cases the coordinators will attempt to discuss alternative goals with the clients.

Please keep in mind goals are based on the client's desires and interest. The ISP and ILS Coordinators may make suggestion or remind the client of previous areas of concern in their life or previous conversation surrounding areas of interest, but in the end the ISP goals are reflective of the clients indicated areas of focus with the exception of safety.

**Action to be taken:** The ISP Coordinator will develop a tool of measurement to assist House Managers and DSP's to track client goal progress monthly. The team will also support the client if the client's desire is to alter their goal at any time that is no longer relevant

**Efficiency:**Maximize Client Services

Goal: 90%

**Outcome: 88%**

Not Achieved

The department and the accounting have both worked extremely hard in monitoring all billing functions. In addition the CSS team has become vigilant in their efforts to identify client support needs and communicate these needs to the appropriate parties to ensure that all clients are supported in a manner that is desired by the client. However there are instances when clients go on vacations or visit families that result in unbillable hours.

**Action to be taken:** There continue to be anomalies associated with vacations and family visits that impact billable hours that cannot be accurately factored, so the Program Director will reduce outcome goals if this trend continues during the next outcomes review period.

**Service Access:**Maximize Client Retention

Goal: 95%

**Outcome: 98%**

Achieved

We gained (1) client due to the closure of Northstar, however the family of the client decided to transition to Compass. We loss (1) client due to her inability to live in an apartment setting, and she decided to transition to a California Mentor home.

**Satisfaction**Increase participants satisfaction

Goal 90%

**Outcome: 94%**Increase stakeholders satisfaction

Goal 85%

**Outcome: 85%**

**July 2018-June 2019 The Community Connection Outcome Results**

<b>Outcome Goals</b>	<b>Categories of Measures</b>	<b>Applied To</b>	<b>Time of Measure</b>	<b>Data Source</b>	<b>Obtained By</b>	<b>Goal</b>	<b>Outcome</b>	<b>Previous Outcome</b>
<b>Effectiveness</b>								
Maximize Progress on ISP Goals	Percentage of participants goals achieved or making positive progress	All participants goals	Bi-annually	ISPs and Case Files	TCC Manager	100%	100%	100%
Maximize # of online training courses taken	Percentage of employees who have completed or have made progress in 1 online courses	All TCC employees	Annually	online site or employee schedules	TCC manager	95%	99%	100%
<b>Efficiency</b>								
Maximize staff attendance	Percentage of days staff worked when scheduled	All employees	Bi-Annually	ADP/ schedules and	TCC Manager	95%	91%	90%
Maximize progress on employee goals	Percentage of employee goals achieved or making progress	All employee goals	Bi-Annually	log books / evaluations	TCC Manager	95%	89%	98%
Maximize client attendance	Percentage of days clients attend per days authorized	All TCC participants	Bi-Annually	billing forms/ schedule	TCC Manager	95%	82%	80%
<b>Service Access</b>								
Maximize Participants Retention	Percentage of participants who have and continue to receive services	All TCC participants	Bi-Annually	Billing Forms	TCC Manager	100%	92%	100%
Increase Community Employment, Vocational Training/Discovery or Volunteering	Percentage of active participants served that are employed in Community Employment, Vocational Training/Discovery or Volunteering	All TCC Participants	Bi-Annually	Schedules, log books and ISP's	TCC Manager	60%	41%	28%
<b>Satisfaction</b>								
Maximize staff satisfaction	Percentage of staff members who give a satisfaction rating average of 8 on a 1 to 10 scale	All TCC staff members	Annually	Survey Results	TCC Manager	95%	100%	93%
Maximize client participation in surveys	Percentage of clients who participate in the satisfaction survey	All TCC staff and participants	Annually	Survey Results	TCC Manager	95%	100%	96%
Maximize stakeholder satisfaction	Percentage of stakeholders who give a satisfaction rating average of 8 on a 1 to 10 scale	All TCC stake-holders	Annually	Survey Results	TCC Manager	100%	100%	100%

## July 2018-June 2019 The Community Connection Outcome Results Detailed With Action Plan

### **Effectiveness:**

#### Maximize Progress on ISP Goals

Goal: 100% **Outcome: 100%** Achieved

With 26 clients 59 Goals out of 59 Goals have been achieved. 4 of the new clients have not been added into this equation as they have not had sufficient time to work on their goals.

#### Maximize # of online training courses taken

Goal: 95 % **Outcome: 99%** Achieved

With 30 Staff they completed a total of 457 classes online. 3 of the new Staff members have not been added into online classes. We have found that the online classes are not offered in Spanish and we now have 5 staff members whose first language is Spanish. Finding time to translate the trainings has proven problematic.

### **Efficiency:**

#### Maximize Staff Attendance

Goal: 95% **Outcome: 91 %** Not Achieved

Out of 33990.82 hours staff were scheduled to work, they worked 31059.75 hours, missing 2,931.07 hrs. We did not meet our goal due to the fact that the program was hit hard with various illnesses, surgeries and vacations.

**Action Plan:** *The program will continue to train Direct Support Providers in Universal Precautions and best practices.*

#### Maximize progress on employee goals

Goal: 95% **Outcome: 89%** Not Achieved

We have hired 6 new staff members some of whom have not yet had their 90 day evaluation, therefore, no goals have been set as of yet. They are not figured into the equation. Out of 64 goals, 57 goals have been achieved. 7 goals have not been achieved because they were G-tube training goals and the Nurse was absent for couple months. She is now back and staff are scheduled to take the training.

**Action Plan:** *Program manager will check in with Direct Support Providers quarterly to discuss their individual goals and possible barriers.*

#### Maximize client Attendance:

Goal: 95% **Outcome: 82%** Not Achieved

We have served clients 4728 days out of a possible 5763 days, which brings us to 82 %. In the last 6 months the program was hit hard with various illnesses and clients on vacations. One client was out for 3 weeks due to surgery and many others out for various reasons.

**Action Plan:** *Direct Support Providers will continue to practice and teach Universal Precautions and best practices to try to mitigate the occurrences of illness. The program will, at the same time, recognize participant's rights to make the choice to attend.*

#### Client Retention

Goal: 100% **Outcome: 92%** Not Achieved

We did not meet our goal due to one of our clients participating full time in SLS and another client left the program due to violent outburst. Within the last 6 months the Community Connection has 4 new clients. Totaling 26 clients.

**Action Plan:** *The program will continue to recognize participant's rights to be a part of the program as well as work with outside agencies when trainings are needed to assist in serving a participant while still following Title 22, the Regional Center approved Service Design, Community Care Licensing and clients rights.*

Increase Community Employment, Vocational Training/ Discovery or Volunteering

Goal: 60% **Outcome: 41%** Not Achieved

For the first 6 months of this goal the program reached 28%. Since January the program has increased 13% totaling 41%. The program has 11 out of 26 clients that either work or volunteer in the community. More clients are showing interest in attending the Vocational/Job Club when the trainings are made available.

**Action Plan:** *The program manager will encourage volunteering in the community, sign participants up for the Job Club and support clients in requesting employment training.*

**Satisfaction**

Maximize staff satisfaction

Goal 95% **Outcome: 100%** Achieved

27/27 responded with an average of 9.1.

Maximize client participation in surveys

Goal 95% **Outcome: 100%** Achieved

We meet our goal, Satisfaction Survey shows 24 Clients pick 5 "they love TCC" the other 3 Chose 4 "Great job TCC".

Maximize stakeholder satisfaction

Goal 100% **Outcome: 100%** Achieved

The average score was 9.8.

**July 2018-June 2019 The Job Connection Outcomes Results**

<b>Outcome Goals</b>	<b>Categories of Measures</b>	<b>Applied To</b>	<b>Time of Measure</b>	<b>Data Source</b>	<b>Obtained By</b>	<b>Goal</b>	<b>Outcome</b>	<b>Previous Outcome</b>
<b>Effectiveness</b>								
1.Maximize Placement	% of clients with intake who are placed in jobs this year	Authorizations for Intake/Placement	Bi-annually	Case Files	TJC Manager	<b>65%</b>	<b>80%</b>	71%
2.Maximize Job Retention	% of clients placed who keep their jobs for 3+ months	<b>Individually</b> placed clients	Annually	Case Files	TJC Manager	<b>80%</b>	<b>82%</b>	80%
3.Maximize Progress on IHSP Goals	% of new and/or continued client goals achieved	Individual	Bi-annually	IHSPs and Case Files	TJC Manager	<b>68%</b>	<b>70%</b>	69%
<b>Efficiency</b>								
4.Make Progress in Regular Staff Training	Complete at least 4 assigned training courses per staff	TJC staff members	Bi-annually	CDS Reports & Training Rosters	TJC Manager	<b>90%</b>	<b>71%</b>	85%
5.Increase Employment Partners	Add at least 3 new (100%) Community Employment Partner during this year	Job Development	Bi-Annually	Case Files	TJC Manager	<b>100%</b>	<b>100%</b>	n/a
<b>Service Access</b>								
6.Maximize enrollment retention	<b>% of New clients</b> who begin services this year still enrolled or successfully completed services	All <b>new clients</b> referred	Annually	Case files and Billing	TJC Manager	<b>77%</b>	<b>66%</b>	82%
7.Maximize enrollment retention	Number of clients enrolled at the <b>beginning of the year</b> still enrolled or successfully completed	Total number of clients at begin of year compared to end of year	Annually	Case files and Billing	TJC Manager	<b>90%</b>	<b>88%</b>	92%
8.Maximize authorized service	Percentage of all authorized services hours served for supported clients	% Job Coaching Hours % DOR Services % Total Program	Monthly Monthly Monthly	Billing Forms Billing Forms Billing Forms	TJC Manager	<b>95%</b> <b>75%</b> <b>88%</b>	<b>82%</b> <b>55%</b> <b>78%</b>	Xx% Xx% 84%
<b>Satisfaction</b>								
9.Maintain Client Satisfaction	Percentage of clients who give a satisfaction rating average of 4 or 5 (1 to 5)	All TJC clients	Annually	Survey Results	TJC Manager	<b>90%</b>	<b>91%</b>	100%
10.Maintain Stakeholder Satisfaction	Percentage of stakeholders who give a satisfaction rating average of 4 on a 1 to 5 scale	Stake-holders family/community Employment partners	Annually	Survey Results	TJC Manager	<b>91%</b> <b>91%</b>	<b>96%</b> <b>100%</b>	95.2% 92%

### **EFFECTIVENESS:**

**1. Maximize Placement: % of clients with intake billed who are placed in jobs**

**Goal: 65% Outcome: 80%**

TJC to have billed for intake, possibly long after the initial referral date and then client placed.  
*12 out of 15 clients with Intake have been placed in jobs in the community during the time period July 2018-June 2019.*

**2. Maximize Job Retention (3 months or more):**

**Goal: 80% Outcome: 82%**

Percentage of clients placed during this period for whom Retention was billed.  
*9 out of 11 Clients placed TJC billed for retention for July 2018-June 2019.*

**3. Maximize Progress on IHSP Goals: % of client goals achieved**

**Goal: 68% Outcome: 70%**

Percentage of new and/or continued goals successfully achieved during the period.  
*57 out of 82 total goals scored were ACHIEVED July 2018-June 2019. 7 goals were continued, 10 were discontinued, and 8 were not achieved.*

### **EFFICIENCY:**

**4. Make progress in Regular Staff Training: Complete 4 assigned training courses/ year/each staff**

**Goal: 90% Outcome: 71%**

All staff pro-rated for length of employment. Manager to assign and review and track.  
*5 out of 7 Staff completed at least 4 trainings for July 2018-June 2019.*

**Plan of Action to Improve Staff Training July 2019-June 2020:** The Job Connection manager will schedule training hours weekly for Staff to complete their College of Direct Support Online Training Sessions. Trainings to be reviewed and discussed at each staff meeting.

**5. Increase number of Community Employment Partners (at least 3 = 100%):**

**Goal: 100% Outcome: 100%**

Add at least three new (100%) Community Employment Partners during this year  
*TJC has added 9 new employment partners for July 2018- June 2019.*

### **SERVICE ACCESS:**

**Maximize Client Retention:**

**6. New Clients: % of people who begin services this year who are still enrolled in program**

**Goal: 77% Outcome: 66%**

Percentage of new clients this year still enrolled in the program or have successfully completed services.  
*6 out of 9 new Client's enrolled in program are still enrolled.*

**Plan of Action to Improve New Client Retention July 2019-June 2020:** The Job Connection will use community opportunities to interest a diverse population of Clients in community employment. We will continue to creatively serve individuals based on their needs, interests, strengths and abilities.



**7. Enrolled Clients: % of people enrolled in services at the beginning of the year still enrolled**

**Goal: 90% Outcome: 88%**

Percentage of total number of clients enrolled at beginning of the year who are still enrolled in the program or have successfully completed services at the end of the year.

*Out of 34 Clients enrolled July of 2018, 30 are still participating, successfully retired, or have successfully completed services. 4 clients ended services with TJC for July 2018 June 2019.*

**Plan of Action** to Improve Client Enrollment July 2019-June 2020: The Job Connection will continue to explore all possibilities available to support individuals in obtaining and maintaining employment.

**8. Maximize Authorized Service Hours: all billable services:**

**a. % Job Coaching Goal 95% Outcome: 82%**

*TJC served 3961.7 out of 4801 total hours authorized for July 2018-June 2019. Many of the authorized hours were unmet due to client vacations, sick time and leaving their jobs. The Job Connection has strived to meet all authorized hours to the best of our ability.*

**b. % PVSA, SA, WAT Goal 75% Outcome: 55%**

*TJC Served 490.5 hours out of 885.65 authorized for July 2018- June 2019. Unfortunately, The Job Connection was unable to meet many of the authorized DOR Service Hours mainly due to problems with client participation in the discovery phase of Job Development.*

**c. % Program Total Goal 88% Outcome: 78%**

Percentage of authorized service hours performed: Job Coaching / PVSA, SA, WAT/ TOTAL.

*TJC served 4452.2 out of 5686.65 total authorized hours for July 2018-June 2019.*

**Plan of Action** to Maximize Authorized Hours July 2019-June 2020: The Job Connection Manager will calculate exact number of hours need by individuals to request hours only as needed. Job Connection Manager and Staff will serve all possible hours each month considering client availability.

**SATISFACTION: July 2018 –June 2019**

**9. Increase participant satisfaction: % of clients who give a rating of 4 or more on scale of 1 to 5**

**Goal 90% Outcome: 91%**

*20 out of 22 Clients surveyed gave a score of 4 or more for July 2018-June 2019.*

**10. Increase stakeholders' satisfaction: % of stakeholders who give a rating of 4 or more on scale of 1 to 5**

**Family/Community Goal 91% Outcome: 96%**

*Out of 30 family/community ratings, 29 were scored at 4 or more.*

**Employment Partners Goal 91% Outcome: 100%**

*Out of 20 employment partner ratings, 20 were scored at 4 or more.*

July 2018-June 2019 L.I.F.E. on the Coast Outcomes Results

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
Maximize ISP goal progress	Percentage of goals achieved or making positive progress.	All goals	Bi-annually	ISPs and Case Files	LIFE Manager	80%	77%	82.5%
Increase community employment, Vocational training/discovery, or volunteering	Percentage of active participants that are employed in community employment, vocational training/ discovery, or volunteering.	All people served	Bi-annually	Case Files	LIFE Manager	60%	62%	New Goal
Meet safety training/drill requirements	Percentage of client participation in safety training/drills	All people served	Bi-annually	Training Logs	LIFE Manager	95%	69%	93%
<b>Efficiency</b>								
Minimize waiting periods for services	Average days between referral and first day of services	All people referred	Bi-annually	Referrals and Billing	LIFE Manager	< 5 days (equals 100%)	100%	100%
Increase staff training	Percentage of staff who participate in both in CDS online training and department trainings.	LIFE full time staff members	Bi-annually	CDS Reports and Training Logs	LIFE Manager	100%	50%	100%
Maximize staff goal progress	Percentage of staff who have made progress on their goals	All goals	Bi-annually	Personnel Files	LIFE Manager	100%	67%	100%
<b>Service Access</b>								
Maximize Attendance	Percentage of authorized days attended	All clients	Bi-annually	Billing and authorizations	LIFE Manager	76%	65%	67.5%
<b>Satisfaction</b>								
Achieve Satisfaction of People Served	% of participants who give a satisfaction rating of 4 or higher on a 1 to 5 scale	All people served	Annually	Survey Results	LIFE Manager	90%	68%	89%
Achieve Stakeholder Satisfaction	% of participants who give a satisfaction rating of 4 or higher on a 1 to 5 scale	All LIFE stakeholders	Annually	Survey Results	LIFE Manager	100%	100%	100%
Maximize Staff Survey Participation	Percentage of completed surveys received	LIFE staff members	Annually	Survey Results	LIFE Manager	100%	71%	100%

## Effectiveness

### Maximize Progress on ISP goals

**Goal: 80%** **Outcome: 77 %** **Not Achieved**  
**46 goals achieved or made progress out of 60 goals.**

**Action Plan:** Direct Support Staff will be trained in goal tracking and writing progress notes as well as be updated on client goals. Participants will be encouraged to change their goals if at any time their wants or needs have changed.

### Increase community employment/full time enrollment:

**Goal: 60%** **Outcome: 62%** **Achieved**  
**16/26 Clients have community involvement through employment, work, or volunteering.**

### Meet safety training/drill requirements

**Goal: 95%** **Outcome: 93%** **Not Achieved**  
**256 trainings completed out of 275 trainings offered.**

**Action Plan:** The program manager will keep a spreadsheet tracking all participants' participation in the trainings and drills making it easier to track who needs what trainings and when.

## Efficiency

### Minimize waiting period for services:

**Goal: <5 working days (equals 100%)** **Outcome: 100%** **Achieved**  
**There has not been anyone on the LIFE waiting list.**

### Increase Staff Training:

**Goal: 100%** **Outcome: 50 %** **Not Achieved**  
**6/12 Staff participated in both CDS online training and department trainings. 3 staff do not have access to CDS, however, they did participate in all other trainings. If we were to exclude CDS for these 3 staff the outcome would be 75%.**

**Action Plan:** Program manager will schedule time for Direct Support Staff to complete the required CDS online training and track monthly.

### Maximize progress on employee goals:

**Goal: 100%** **Outcome: 67 %** **Not Achieved**  
**8/12 staff made progress on their goals.**  
**3 new staff were new hires and have not received goals.**

**Action Plan:** Program manager will check in with Direct Support Providers quarterly to discuss their individual goals and possible barriers.

## Service Access

### Maximize attendance:

Goal: 76%

Outcome: 65%

Not Achieved

3726.80 days attended out of 5736.14 days authorized.

**Action Plan:** Program manager will discuss with Regional Center at the IPP the days authorized versus the days clients actually attend program while recognizing participant's right to making choices. Direct Support Providers will continue to practice and teach Universal Precautions and best practices to try to mitigate the occurrences of illness.

### Increase participants satisfaction

Goal 90%

Outcome: 68%

Not Achieved

Of 25 survey participants, 17 rated their satisfaction as an average of 4 (on a scale of 1 to 5) or higher.

**Action Plan:** The program will offer choices that meet the interest of the individuals who participate in the program. The program manager will track and document participants satisfaction at the Individual Service plan meetings.

### Increase stakeholders satisfaction

Goal 80%

Outcome: 100%

Achieved

Of 7 survey participants, 7 rated their satisfaction as an average of 8 (on a scale of 1 to 10) or higher.

### Maximize Staff Survey Participation

Goal 100%

Outcome: 71%

Achieved

5/7 staff participated in the LIFE Staff Survey.

**Action Plan:** Program manager will read the staff surveys and address areas in which the Direct Support Providers are not satisfied.

**July 2018-June 2019 Places To Go Outcome Results**

<b>Outcome Goals</b>	<b>Categories of Measures</b>	<b>Applied To</b>	<b>Time of Measure</b>	<b>Data Source</b>	<b>Obtained By</b>	<b>Goal</b>	<b>Outcome</b>	<b>Previous Report's Outcome</b>
<b>Effectiveness</b>								
Maximize Participant Goals	Percentage of active participant goals achieved or making positive progress	All Participants	Bi-Annually	ISP's/ Case Files	Places To Go Manager	85%	86%	86%
Establish Participants ISP's	Percentage of participants with up to date ISP's	All Participants	Bi-Annually	Case Files	Places to Go Manager	100%	100%	100%
<b>Efficiency</b>								
Maximize the # of trainings taken	Percentage Of Employees who have completed 3 online or other outside trainings	All Staff	Bi-Annually	ADP/College of Direct Support web	Places To Go Manager	100%	100%	100%
Maximize Participant Retention	Percentage of Participants who have received and continue to receive services	All Referrals	Bi-Annually	Case Files/ authorizations	Places To Go Manager	100%	91%	100%
<b>Service Access</b>								
Maximize Participants participation	Percentage of Participants that participated in scheduled activities	All Participants	Bi-Annually	Billing/ authorizations	Places To Go Manager	95%	96.5%	96%
<b>Satisfaction</b>								
Maximize Participant Satisfaction	% of Participants who give a satisfaction rating that averages 4 on a scale of 1 to 5	All clients responding to survey	Annually	Survey Results	Places to Go Manager	90%	90%	Not yet Measured
Maximize Staff Satisfaction	% of staff who give a satisfaction rating that averages 4 on a scale of 1 to 5	All Staff Members	Annually	Survey Results	Places To Go Manager	90%	100%	Not yet Measured
Maximize Stakeholders Satisfaction	% of Stakeholders who give a satisfaction rating that averages 4 on a scale of 1 to 5	All Stakeholder Responding to survey	Annually	Survey Results	Places To Go Manager	90%	93%	Not yet Measured

## Effectiveness:

### Maximize Participant Goals:

Percentage of active participants goals achieved or making positive progress

**Goal: 85%**

**Outcome: 86%**

**Achieved**

Places to Go has 31 active participants. All but 1 has 2 goals each, for a total of 61 goals. Out of those 61 goals, 52 have been achieved or making progress for a total outcome of 86%. Participants as well as staff have worked very on the goals. This goal was Achieved.

### Establish Participants ISP's

Percentage of Participants with up to date ISP's

**Goal: 100%**

**Outcome: 100%**

**Achieved**

Places to Go has 54 clients in the program. All of whom have up to date ISP's and or six month reviews. This goal was Achieved.

## Efficiency:

### Maximize the # of Trainings Taken

Percentage of Employees who have completed or have made progress in 3 online or other training courses

**Goal: 100%**

**Outcome: 100%**

**Achieved**

Staff and myself continue to do Online and outside trainings. One staff has just completed her 90 day with my program. She came from a different program where she completed trainings. Some of the trainings that we completed were, Person Centered Thinking, Pro-Act, CPR, All of the monthly trainings, and College of Direct Support. In checking with staff that sometimes works for the program but are mainly with other PFI programs, they too have completed at least 3 trainings. This goal was Achieved

### Maximize Participant Retention:

Percentage of Participants who have received and continue to receive services

**Goal: 100%**

**Outcome: 91%**

**Not Achieved**

Places to Go started off the fiscal year with 54 participants. 5 people decided that they did not want to continue services with the program. The ones that cancelled did not participate at all.

We did get 4 new referrals since we last reported on our outcomes. To date Places to Go has 53 Participants.

**Plan of Action:** Regional Center authorizes people without me knowing who they are. The majority of the participants who are no longer with the program lived out of town. The challenge in supporting these guys is the transportation piece. If we were not heading their direction for an activity, it was not feasible for us to drive 50 + miles to pick them up so that they could participate in an activity that would only last a couple of hours. PFI would lose money if we did this. In the future I would like to meet the clients **before** they become authorized for the program and explain in detail what the program is about, and if they live out of town what the challenges would be. This might give them a better picture of what to expect, and they may determine that the program is not a good fit for them.

## Service Access:

### Maximize Participants Participation

Percentage of Participants that participated in scheduled activities

**Goal: 95%**

**Outcome: 96%**

**Achieved**

There were 672 different scheduled activities from July through June. Out of those 672, 24 participants cancelled, for a total of 648 scheduled activities that people participated in. Out of the 24 that were cancelled,

10 were due to illness, 1 was a Dr. Appt.4 were client changed their mind and didn't want to do activity, 3 were out of town and 6 was due to the weather, for an outcome of 96.5%. This goal was Achieved.

## **Satisfaction:**

### **Maximize Participant Satisfaction**

Percentage of Active Participants who give a satisfaction rating that averages a 4 on a scale of 1 to 5

**Goal: 90%**

**Outcome: 90%**

**Achieved**

Out of the 54 clients that Places to Go has, over the last year 48 have participated at least one time. Those participants we able to rate how they felt our services were. Out of the 48, 27 gave a satisfaction rating of 5,(excellent) 16 gave a satisfaction rating of 4 (very good) and 5 gave a satisfaction rating of 3 (average). The other 6 live out of town and have never participated in the program. For an outcome of 90%. This Goal was Achieved

### **Maximize Staff satisfaction**

Percentage of Staff who give a satisfaction rating that averages a 4 on a scale of 1 to 5

**Goal: 90%**

**Outcome: 100%**

**Achieved**

All staff filled out and returned their survey's. In looking at our chart under the column that says Categories of Measures I and others realized that the wording for staff and stakeholders does not match what was on the surveys that were sent out. The survey's that were sent out had a scale of 1 to 10. Our chart above refers to a scale of 1 to 5. I will be changing this now that the new fiscal year has begun so that next time the wording will match. My new one will say % of stakeholders and staff that gave a satisfaction rating that averages an 8 on a scale of 1 to 10. This goal was Achieved with staff ratings of 8 or above

### **Maximize Stakeholders Satisfaction**

Percentage of Stakeholders who give a satisfaction rating that averages a 4 on a scale of 1 to 5

**Goal: 90%**

**Outcome 93%**

**Achieved**

6 stakeholders responded to the survey. The average rating was 9.3 out of a possible 10.0. The surveys had to be created before we could send them out. When they finally got done, and sent out, it gave stakeholders very little time to respond and return the survey's back to us. Hopefully next time we report on this, time will not be an issue and more stakeholders will have more time to respond to the surveys.

## July 2019-June 2020 Coastal Support Services Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
Establish Consumer ISP Goals	Percentage of consumers with up to date ISPs	All consumers	Biannual	ISP Files	CSS Manager	90%		86%
Maximize Progress on ISP Goals	Percentage of consumer goals showing positive progress	All consumer goals	Biannual	ISP Files	CSS Manager	85%		65%
<b>Efficiency</b>								
Maximize Consumer Services	Percentage of authorized support hours delivered	All consumers	Annual	Billing Forms	CSS Manager	90%		88%
<b>Service Access</b>								
Maximize Consumer Retention	Percentage of consumers who have received services and are continuing to receive services	All referrals	Biannual	Case files	CSS Manager	95%		98%
<b>Satisfaction</b>								
Increase Consumer Satisfaction	Percentage of consumers who give a satisfaction rating that averages 4 on a scale of 1 to 5	All consumers responding to survey	Annual	Survey results	CSS Manager	90%		No Data
Increase Stakeholder Satisfaction	Percentage of stakeholders who give a satisfaction rating that averages 4 on a scale of 1 to 5	All stakeholders responding to survey	Annual	Survey results	CSS Manager	85%		76%



July 2019-June 2020 The Community Connection Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
Maximize Progress on ISP Goals	Percentage of participants goals achieved or making positive progress	All participants goals	Bi-annually	ISPs and Case Files	TCC Manager	100%		100%
Maximize # of online training courses taken	Percentage of employees who have completed or have made progress in 1 online courses	All TCC employees	Annually	online site or employee schedules	TCC manager	95%		99%
<b>Efficiency</b>								
Maximize staff attendance	Percentage of days staff worked when scheduled	All employees	Bi-Annually	ADP/ schedules and	TCC Manager	95%		91%
Maximize progress on employee goals	Percentage of employee goals achieved or making progress	All employee goals	Bi-Annually	log books / evaluations	TCC Manager	95%		89%
Maximize client attendance	Percentage of days clients attend per days authorized	All TCC participants	Bi-Annually	billing forms/ schedule	TCC Manager	85%		82%
<b>Service Access</b>								
Maximize Participants Retention	Percentage of participants who have and continue to receive services	All TCC participants	Bi-Annually	Billing Forms	TCC Manager	100%		92%
Increase Community Employment, Vocational Training/Discovery or Volunteering	Percentage of active participants served that are employed in Community Employment, Vocational Training/Discovery or Volunteering	All TCC Participants	Bi-Annually	Schedules, log books and ISP's	TCC Manager	50%		41%
<b>Satisfaction</b>								
Maximize staff satisfaction	Percentage of staff members who give a satisfaction rating average of 8 on a 1 to 10 scale	All TCC staff members	Annually	Survey Results	TCC Manager	95%		93%
Maximize client participation in surveys	Percentage of clients who participate in the satisfaction survey	All TCC staff and participants	Annually	Survey Results	TCC Manager	95%		100%
Maximize stakeholder satisfaction	Percentage of stakeholders who give a satisfaction rating average of 8 on a 1 to 10 scale	All TCC stake-holders	Annually	Survey Results	TCC Manager	100%		100%

July 2019-June 2020 The Job Connection Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
1.Maximize Placement	% of clients with intake who are placed in jobs this year	Authorizations for Intake/Placement	Bi-annually	Case Files	TJC Manager	<b>80%</b>		80%
2.Maximize Job Retention	% of clients placed who keep their jobs for 3+ months	<b>Individually</b> placed clients	Annually	Case Files	TJC Manager	<b>80%</b>		82%
3.Maximize Progress on IHSP Goals	% of new and/or continued client goals achieved	Individual	Bi-annually	IHSPs and Case Files	TJC Manager	<b>70%</b>		70%
<b>Efficiency</b>								
4.Make Progress in Regular Staff Training	Complete at least 4 assigned training courses per staff	TJC staff members	Bi-annually	CDS Reports & Training Rosters	TJC Manager	<b>90%</b>		71%
5.Increase Employment Partners	Add at least 4 new (100%) Community Employment Partner during this year	Job Development	Bi-Annually	Case Files	TJC Manager	<b>100%</b>		100%
<b>Service Access</b>								
6.Maximize enrollment retention	<b>% of New clients</b> who begin services this year still enrolled or successfully completed services	All <b>new clients</b> referred	Annually	Case files and Billing	TJC Manager	<b>77%</b>		66%
7.Maximize enrollment retention	Number of clients enrolled at the <b>beginning of the year</b> still enrolled or successfully completed	Total number of clients at begin of year compared to end of year	Annually	Case files and Billing	TJC Manager	<b>90%</b>		88%
8.Maximize authorized service	Percentage of all authorized services hours served for supported clients	% Job Coaching Hours % DOR Services % Total Program	Monthly Monthly Monthly	Billing Forms Billing Forms Billing Forms	TJC Manager	<b>95%</b> <b>75%</b> <b>88%</b>		82% 55% 78%
<b>Satisfaction</b>								
9.Maintain Client Satisfaction	Percentage of clients who give a satisfaction rating average of 4 or 5 (1 to 5)	All TJC clients	Annually	Survey Results	TJC Manager	<b>90%</b>		91%
10.Maintain Stakeholder Satisfaction	Percentage of stakeholders who give a satisfaction rating average of 4 on a 1 to 5 scale	Stake-holders family/community Employment partners	Annually	Survey Results	TJC Manager	<b>91%</b> <b>91%</b>		96% 100%

July 2019-June 2020 L.I.F.E. on the Coast Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
Maximize ISP goal progress	Percentage of goals achieved or making positive progress.	All goals	Bi-annually	ISPs and Case Files	LIFE Manager	80%		77%
Increase community employment, Vocational training/discovery, or volunteering	Percentage of active participants that are employed in community employment, vocational training/ discovery, or volunteering.	All people served	Bi-annually	Case Files	LIFE Manager	70%		62%
Meet safety training/drill requirements	Percentage of client participation in safety training/drills	All people served	Bi-annually	Training Logs	LIFE Manager	95%		69%
<b>Efficiency</b>								
Minimize waiting periods for services	Average days between referral and first day of services	All people referred	Bi-annually	Referrals and Billing	LIFE Manager	< 5 days (equals 100%)		100%
Increase staff training	Percentage of staff who participate in both in CDS online training and department trainings.	LIFE full time staff members	Bi-annually	CDS Reports and Training Logs	LIFE Manager	100%		50%
Maximize staff goal progress	Percentage of staff who have made progress on their goals	All goals	Bi-annually	Personnel Files	LIFE Manager	100%		67%
<b>Service Access</b>								
Maximize Attendance	Percentage of authorized days attended Percentage of scheduled day attended	All clients	Bi-annually	Billing and authorizations	LIFE Manager	70% 90%		65% New
<b>Satisfaction</b>								
Achieve Satisfaction of People Served	% of participants who give a satisfaction rating of 4 or higher on a 1 to 5 scale	All people served	Annually	Survey Results	LIFE Manager	80%		68%
Achieve Stakeholder Satisfaction	% of participants who give a satisfaction rating of 4 or higher on a 1 to 5 scale	All LIFE stakeholders	Annually	Survey Results	LIFE Manager	100%		100%
Maximize Staff Survey Participation	Percentage of completed surveys received	LIFE staff members	Annually	Survey Results	LIFE Manager	100%		100%

July 2019-June 2020 Places To Go Outcome Goals

Outcome Goals	Categories of Measures	Applied To	Time of Measure	Data Source	Obtained By	Goal	Outcome	Previous Outcome
<b>Effectiveness</b>								
1.Maximize Placement	% of clients with intake who are placed in jobs this year	Authorizations for Intake/Placement	Bi-annually	Case Files	TJC Manager	<b>80%</b>		80%
2.Maximize Job Retention	% of clients placed who keep their jobs for 3+ months	<b>Individually</b> placed clients	Annually	Case Files	TJC Manager	<b>80%</b>		82%
3.Maximize Progress on IHSP Goals	% of new and/or continued client goals achieved	Individual	Bi-annually	IHSPs and Case Files	TJC Manager	<b>70%</b>		70%
<b>Efficiency</b>								
4.Make Progress in Regular Staff Training	Complete at least 4 assigned training courses per staff	TJC staff members	Bi-annually	CDS Reports & Training Rosters	TJC Manager	<b>90%</b>		71%
5.Increase Employment Partners	Add at least 4 new (100%) Community Employment Partner during this year	Job Development	Bi-Annually	Case Files	TJC Manager	<b>100%</b>		100%
<b>Service Access</b>								
6.Maximize enrollment retention	<b>% of New clients</b> who begin services this year still enrolled or successfully completed services	All <b>new clients</b> referred	Annually	Case files and Billing	TJC Manager	<b>77%</b>		66%
7.Maximize enrollment retention	Number of clients enrolled at the <b>beginning of the year</b> still enrolled or successfully completed	Total number of clients at begin of year compared to end of year	Annually	Case files and Billing	TJC Manager	<b>90%</b>		88%
8.Maximize authorized service	Percentage of all authorized services hours served for supported clients	% Job Coaching Hours % DOR Services % Total Program	Monthly Monthly Monthly	Billing Forms Billing Forms Billing Forms	TJC Manager	<b>95%</b> <b>75%</b> <b>88%</b>		82% 55% 78%
<b>Satisfaction</b>								
9.Maintain Client Satisfaction	Percentage of clients who give a satisfaction rating average of 4 or 5 (1 to 5)	All TJC clients	Annually	Survey Results	TJC Manager	<b>90%</b>		91%
10.Maintain Stakeholder Satisfaction	Percentage of stakeholders who give a satisfaction rating average of 4 on a 1 to 5 scale	Stake-holders family/community Employment partners	Annually	Survey Results	TJC Manager	<b>91%</b> <b>91%</b>		96% 100%

# **Parents and Friends, Inc.**

## **Plans and Reports**

July 2019

## Parents and Friends, Inc. 2019/2020 Strategic Plan Goals July 2019

Parents & Friends, Inc.'s mission statement is to provide opportunities for persons with developmental challenges and similar needs to participate fully in our community. With this mission firmly in mind, Parents and Friends, Inc. focused on and planned and budgeted for the following objectives in 2019-2020 fiscal year:

### **Background**

Over the past several years PFI has been focused on strategies to successfully navigate the financial and organizational challenges created by the recession, diminishing State and Federal budgets and the reduction of rates and cut backs in services. Prior to this PFI was in fiscal crisis, which caused a different, but similar set of challenges.

PFI has been successful in managing through these issues and now finds itself in a fiscally strong position. Over time, the management team has been augmented with talented managers who have brought additional expertise and experience to the organization. The fiscal controls and policies which allowed for recovery and survival in a volatile environment are now institutionalized and standard operating procedures. PFI has been able to expand the services offered through the addition of new programs and upgrading of existing programs.

PFI's success over the past several years has solved many problems, but it has also created problems of a different nature, which must be addressed. These problems are both the result of rapid growth and a changing political and economic focus at the State level. These issues include:

1. Building infrastructure to support an organization which has grown from \$1.7M revenue in 2011-12 to over \$7M in 2018-19 and a budgeted \$8.3M in FY 2019-20.
2. Attracting and keeping enough qualified staff to provide services to the increasing client load.
3. Insulate, as much as possible, from proposed funding changes at the State level and potential future recession in California and nationwide.
4. Continue to make strategic investments with available resources to achieve PFI goals for client outcomes and expanded services, update and expand services to clients through new and existing programs and seek more secure sources of revenue as a hedge against future recessions and potential State funding cuts.

These new issues do not supplant our previous goals of maintaining financial stability, attracting and keeping talented staff, maintaining open communications or expanding services to clients and developing staff. We must continue to focus on these as well.

### **Maintain financial stability and predictability.**

1. Budget for profitability, stressing quality of services, products offered and organizational efficiency. Ongoing.
  - a. Responsibility: CEO
  - b. Monitor State and Dept. of Dev. Disabilities budgets and plan contingencies as appropriate for review, discussion and action by the Board of Directors in case of changes in state funding or regulations.
  - c. Complete staffing to needed levels without overtime.
  - d. Budget for full staffing and new performance review/compensation plans. Responsibility: CEO

**Attract and keep dedicated, talented, caring and experienced staff.**

1. Conduct a wage and salary survey annually which establishes prevailing wages for management, supervisors and direct service personnel. Responsibility: CEO. Ongoing.
2. Revamp performance review forms to specifically reward employees for completing training, punctuality and reducing non-scheduled time off, positive relationships with co-workers, clients, management and stake holders and flexibility to accept new tasks and/or shifts when needed to cover short term situations. Conduct performance reviews for all personnel at least annually. Responsibility: CEO, all Managers. Ongoing.
  - a. Establish new pay scales for direct service, first, second and third level management (Assistant Manager, Manager and Director).
  - b. Establish performance reviews annually separate from compensation reviews.
  - c. Establish compensation reviews annually as a part of the budgeting process.
  - d. Establish compensation annually as a percent increase for Direct Support and a different percent increase for supervisory/management employees, approved by the Board of Directors annually as part of budgeting.

June 2020

3. Keep job descriptions updated and communicate clearly what expectations are and how performance will be measured. Responsibility: CEO, all Managers. Ongoing.
4. Continue to offer pre-tax savings plan (403B) and an employer paid retirement plan (SEP IRA, 2% of annual salary last three years) for qualifying employees. Board of Directors. Ongoing.
5. Raise minimum salary for direct service to \$15.00 hr. by January 2021. California labor law requires \$15.00 per hour by January 2023 and up to 3.5% annual increases thereafter.
6. Continue to fully pay health, dental, vision and life insurance for full time employees. Ongoing.
7. Start an incentive program for zero occurrence of worker's comp. claims. January 2020.
8. Continue employee of quarter program with \$250.00 reward. Ongoing.

**Insulate funding from State level changes and potential recession.**

The State has a two specific proposals they're working on. One is going to a standard rate schedule state wide for all programs. The study they commissioned drew much criticism and was shelved for further study, but is still scheduled to be reviewed and perhaps revamped. It would dramatically reduce our rates if adopted as presented.

The second is to make self-determination universal. This would assign a budget to a client and the client would determine the services they wished to purchase. There is the possibility of fraud and/or abuse with this as they could hire unqualified individuals, including family members, friends or acquaintances, which could supplant our services without the training, discipline, structure or oversight from the State.

The prospect of recession in the future is real. Historically recession has been cyclical, and the feeling is that we may be nearing one again soon. In the last recession rates were lowered and some programs were eliminated. Many agencies had to cease operations.

We have focused on our Supported Living Service for growth over the past few years for a number of reasons.

1. We recognized our clients were aging. It is the first generation to outlive their parents, historically their first level of support. We also, through research and experience, realized that this population is prone to early dementia and Alzheimer's. As a result we trained two dementia practitioners on staff and acquired a grant from the regional center to open an RCFE (Residential care facility for the elderly), which is now State Licensed and has four clients in residence.
2. Supported living services is considered by the State as an "essential service" because most clients receiving these services could not continue to live in the community without them. During the last recession many services were cut, but not Supported Living, because it would be much more expensive to support them in an institution.
3. It is clear, in discussion with the Regional center, that the population aging is recognized, but nothing substantial is being done about providing for the new and changing services needed to support them. The feeling is that it will have to come to a crisis at the State level before the political will arises to address it.

In the future PFI will continue to focus on supported living as a means of expanding needed services for clients and insulating revenues from economic downturns and political vagaries. Specifically, PFI will:

1. Develop our property at 350 Cypress St. by building three ADA compliant four bedroom three bath homes for use as RCFE residences for elderly clients. Grounds will include grassy common areas for BBQ and other outside activities designed for full ADA access. Completion date by January 2021.
2. Complete State licensing for the three homes and train/certify three new licensed administrators. Completion date May 2021.

#### **Create and maintain open and honest two way communications**

1. Continue quarterly newsletter mailings. Responsibility: IT Mgr. /Fundraising.
2. Conduct surveys of all stakeholders, employees and consumers annually. Responsibility: All Managers. Annually.
3. Sponsor, through the board of directors, two fund raising events annually.
4. Research ways to better promote two way communicating with off hour and remote direct staff. Plan by March 2020.
5. Keep the web page, face book, etc. current and relevant. Responsibility: IT Mgr.
6. Maintain open door policy for all employees, clients, stakeholders and community members. Responsibility: All mgrs. CEO

#### **Expand Client population.**

1. Work closely with Regional Center coordinators and TLC staff to be the agency of preference for new clients to the area and graduating high school clients. ITT Committee/Program Managers.
2. Continue and expand upon adhering to 2019 Medi-cal funding requirements for DDS. Fund raising/program managers.



3. Establish a time phased plan for opening an additional three licensed home for the aging DD client. May 2021.

Responsibility: CEO/Management team/Regional Center.

### **Enhance staff development and training in a comprehensive and measurable way.**

1. Improve new staff orientation through a formalized, time spaced process including specific initial training, presentations by managers on their specific programs and a history of PFI, Title 17 and past and current industry standards and best practices policies and procedures. HR/January 2020.
2. Develop a specific curriculum for new employees and an ongoing training program through seminars, in service trainings and College of Direct Supports for more in depth general topics and department/program in depth trainings on specific program topics. HR/January 2020
3. Develop a personnel review policy that rates employees within their pay scale based on performance, including their reliability, flexibility in hours and clients served, willingness to take on additional hours/shifts, percentage of completion of the ongoing training curriculum for PFI and their specific program, ability to work cooperatively as a team member and attention to detail and accuracy in documentation and the ADP time and billing system.

Responsibility: CEO/Management team.

### **Work with Community Organizations and local Law Enforcement to promote client inclusion and safety in the community.**

1. Work with other government and non-profit service providers to provide services for clients that PFI does not offer in housing assistance, medical insurance coverage, SSI benefits assistance, etc. Ongoing.
2. Work with local law enforcement to promote awareness of clients' needs in dealing with law enforcement officers and training law enforcement in recognizing cognitive issues in individuals and strategies for dealing with these issues in a non-confrontational, peaceful and respectful way. Ongoing.
  - a. Schedule picnic and other outings with day program clients and law enforcement individuals so positive relationships can be built in a natural, non-confrontational environment.
  - b. Support RCRC in providing training for law enforcement personnel and participate in these trainings as appropriate.
  - c. Maintain good relationships and open communications with the Police Chief, supervisorial officers and line officers.
  - d. Provide all clients with cards they can carry in their wallets/purses which identifies them as a PFI client, has appropriate PFI phone numbers for assistance and delineating specifics about the client as appropriate, i.e. their preferred method of communication, possible reactions to stress or fear, etc.

# **Parents and Friends, Inc.**

## **Accessibility Plan**

**July 2019-June 2020**

### **Purpose**

The purpose of this report is to describe measures that Parents and Friends took during 2018/2019 and will take during 2019/2020 to identify, remove and prevent barriers to all individuals in accessing PFI's facilities and services, including staff, consumers, customers, and other members of the community, etc., as required by the ADA and in compliance with CARF Standards.

### **Aim**

Desired Outcomes for integrating PFI'S Accessibility plan into our regular business practices.

- Services, policies, procedures and practices will meet the needs of more people.
- More people will have access to PFI's buildings and facilities.
- More people will have access to PFI's information resources.
- Staff will better meet the needs of employees, visitors and customers.
- PFI will better meet the needs of *all* people.

### **Organization's Profile**

Parents & Friends, Inc. (PFI) a CARF accredited organization is the Mendocino Coast's public benefit corporation serving the needs of adults with developmental disabilities for over fifty years. PFI provides programs and services which extend to all aspects of an individual's life: recreational, employment, independent living and day to day activities. Parents and Friends employs a staff of One Hundred Sixty Two employees. Twenty of Parents and Friends Employees are Client Employees. Parents and Friends provides services to One Hundred and Fifty One Clients. Parents and Friends' businesses support client centered programs and services:

Located at 521 E. Chestnut St.:

- The Community Connection is a state licensed day activity program offering services to individuals with severe disabilities.
- L.I.F.E on the Coast is an individualized community based program providing support to people in numerous aspects of their life including employment, supported living, and recreation. Some client activities are located at 521 E. Chestnut Street.

Located at 350 S. Main St.:

- The Paul Bunyan Thrift Shop generates revenue by offering bargain prices on donated clothing and household items. The Paul Bunyan Thrift Shop provides an Individual and Group Supported employment site for people receiving services from The Job Connection.

Located at 306 E. Redwood Ave.:

- PFI Administrative offices including Bookkeeping, Chief Executive Officer, and meeting spaces for Board, Managers, Safety Committee, and various other meetings.
- The Job Connection provides organizational employment services, job coaching to Supported Employers and Supported Employees through the Regional Center and Dept. Of Rehabilitation.
- Coastal Support Services is a supported living program providing support for individuals to live independently in their own homes.

- L.I.F.E on the Coast is an individualized community based program providing support to people in numerous aspects of their life including employment, supported living, and recreation. The office is located at 306 E. Redwood Ave.

Located at 308 E. Redwood Ave.:

- PFI Administrative Offices including PFI Fundraising and Technology Director, Coastal Support Services Program Manager, Medication Coordinator, Clinical Coordinator, ILS Coordinator, House Managers.

Located at 350 Cypress St.:

- 350 Cypress St. has been unused since the relocation of the Parents and Friends Learning Garden. The site will soon be demolished to begin construction on 3 houses that will be utilized as Residential Care Facilities for the Elderly.

Located at 209 Azalea Circle:

- The Residential Care Facility for the Elderly (RCFE) is a four bedroom home for the elderly of the developmentally disabled population, specializing in clients with Dementia and Alzheimer's.

Located at 365 Cypress St.:

- Community Connection has outgrown its Chestnut St. facility and has opened an additional facility on Cypress St. The Community Connection #2 is a state licensed day activity program offering services to individuals with severe disabilities.

### **How PFI Defines a Barrier**

A "barrier" is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability, including: physical, financial, behavioral, architectural, and informational or communications, attitudinal, technological, policy or a practice.

### **The Accessibility Committee was tasked with setting priorities and developing strategies to address barrier removal and prevention.**

#### **The Process Used to Form the Accessibility Plan**

1. Establishment of a Safety and Accessibility Committee
2. On-going commitment to accessibility planning.
3. Reviewed recent successes in identifying, removing and preventing barriers within our organization.
4. Identified (list/categorize) barriers that will be addressed in the coming year.
5. Set priorities and developed strategies to address barrier removal and prevention.
6. Specified how and when progress is to be monitored.
7. Update, approve, endorse, submit, publish and communicate the plan.
8. Ongoing protocols for review and monitor the plan.

### **How the Safety and Accessibility Committee Functions**

- A Chair Person for the Safety and Accessibility Committee is appointed responsible to organize bi-monthly committee meetings and coordinate all reports.

- The Safety and Accessibility Committee consists of a representative from each program of Parents and Friends, a consumer representative, and a Chairperson.
- Members appointed to the Safety and Accessibility committee assist the Chairperson in the development, review, implementation and evaluation of the accessibility plan. In continuing the on-going development of the Accessibility Plan, the Accessibility Committee will work to identify barriers, and plan for as well as implement their removal through bi-monthly committee meetings.

### **Barrier Identification Methodologies**

- Consumers, Staff, Board of Directors, and Other Input

All input is noted and directed to the Safety and Accessibility Committee meeting for review bi-monthly. All employees are informed upon hire and annually of the Safety and Accessibility Committee and its functions. Employees are also made aware of how to report safety concerns, and safety topics are regularly discussed at all types of meetings.

- Safety Inspections

Regular quarterly bi-annual inspections completed by the Committee result in action items and plans of action towards removal of hazards and barriers.

- Manager's Meetings

The Administration office staff will be responsible for attending weekly Manager's Meetings, and communicating with the Chairperson any safety concerns brought to his/her attention by the Program Manager's and Chief Executive Officer.

- Safety and Accessibility Committee Meetings

Bi-Monthly Committee meetings attended by a client representative and a representative from each program address any current accessibility action items.

- ADA Checklist

It is completed annually by the safety committee chairperson and is used to generate new action items.

### **Review and Monitoring Process**

The Safety and Accessibility Committee will meet bi-monthly to review progress. At each meeting, The Committee will remind staff, either through personal contact or by email, about their roles in implementing the plan. The Board of Directors will review the status of the Accessibility Plan annually at the Board of Director's Meeting.

### **Communication of the plan**

Copies of this plan are available at all PFI sites.

### **2018/2019 Accessibility Report:**

350 Cypress St. is no longer in use. The site is in the beginning stages of development for three Residential Care Facilities for the Elderly.

Following is a list of items that were identified in July 2018-June 2019 and carried over from previous reports and the current status of each:

Location Acronyms are: PBTS: Paul Bunyan Thrift Store, CSC: Cypress Street Center, TCC: The Community Connection, Admin: 306 E. Redwood Ave/308 E. Redwood Ave., RCFE: 209 Azalea St., TCC#2, 365 Cypress.

## **Items Continuing for 2019/2020:**

### **Architectural Barriers**

1. Thrift Store Checkout Counter Accessibility: A check-writing surface should be provided at a height of no more than 34 inches that a wheelchair can pull up to. The accessible checkout counter should be labeled with signage if both counters are not accessible. (ADA Checklist: 2.72-2.80)

**Current Status: Continuing Item:** Because both checkout counters are glass they can't be modified easily.

**Short Term Plan (07/2019-06/2020):** Seek a table or shelf that would meet ADA requirements for a check writing surface. Direct staff to provide assistance to people who need it until a solution can be put in place. OR Obtain a piece of counter top or treated particle board and mount it with hinges to the existing counter display with a stop for extending it to create a workable surface for writing.

**Long Term Plan:** When it becomes necessary to replace one of the counters, purchase one that meets ADA requirements.

**Person Responsible:** Thrift Store Manager

2. Aisles and walkways in the Thrift Store should be 36 inches wide.

**Current Status: Continuing item:** Because merchandise is always fluctuating and being rearranged, 36 inch clearance is not always maintained between all items.

**Short Term Plan (07/2019-06/2020):** Staff will work to make sure that an accessible path is maintained to the extent possible.

**Long Term Plan:** See short term plan.

**Person Responsible:** Management and Staff at the Thrift Store.

3. Clearance in front of light switches: all buildings.

**Current Status: Continuing item:** This is an ongoing item. In some spaces it is not possible to maintain clearance in front of light switches because of the shape and requirements of the space. Staff should be aware and make every attempt to maintain clearance in front of light switches in all buildings.

**Short Term Plan (07/2019-06/2020):** Staff will work to make sure that clearance is maintained in front of light switches.

**Long Term Plan:** See short term plan.

**Person Responsible:** Management and staff at all locations.

4. Thresholds at 521 E. Chestnut St. need modification to be wheelchair accessible.

**Current Status:** 2 thresholds upon entrance of the building that adjoin a newly build ADA compliant ramp need to be replaced to provide ease of access to the building.

**Short Term Plan (07/2019-06/2020):** Purchase custom thresholds to meet ADA requirements.

**Long Term Plan:** See short term plan.

### **5. Environmental Barriers**

None Identified

### **6. Attitudinal Barriers**

Potential Employer preconceived bias about developmental disabilities

**Current Status: Continuing item:**

30 Community Employment Partnerships were maintained this year.

9 New Employment Partnerships were formed this year

12 Clients placed into 13 jobs this year.

24 Clients worked individually in the community in 30 jobs.

- Job Developer was involved with the Chamber of Commerce at mixers, Pop Up Business Fair, and an Employer training workshop held in Town Hall. The Job Connection and Job Developer participated in PFI fundraising and PR activities.

- Job Developer has identified 125 companies, 143 separate contacts and identified within the past year 157 employment opportunities in Fort Bragg and surrounding areas. Job Developer has introduced PFI as an organization with qualified candidates with unique skills.

- The Job Developer and Job Connection has increased number of employment partners by 9 this year. We are very excited to have these new relationships and look forward to new ones this coming year.

- Job Developer has continued to submit an introductory letter to many employers not yet acquainted with supported employment or our Community Employment Partnerships. In it we emphasize the wide range of skills and interests offered by our job candidates in all programs.

- The Job Connection has participated in the Competitive Integrative Employment Incentive Program through Redwood Coast Regional Center. We have been successful in assisting 10 individuals in gaining Competitive Integrative Employment.

**Short Term Plan (07/2019-06/2020):** The Job Connection will continue to maintain strong relationships with current Employment Partners as well as meeting with new businesses and developing relationships.

**Long Term Plan:** The Job Connection will continue to build new relationships with community businesses and strive to increase awareness of PFI's community integrated employment program and the diverse, but talented, pool of job candidates PFI represents.

**Person Responsible:** The Job Connection Manager, Job Developer, and PFI Staff.

## **7. Lack of Sensitivity by Community Members**

**Current Status: Continuing item:** This year we maintained and continued to grow all programs, along with opening a new RCFE program. PFI continued the quarterly newsletter distribution, maintenance of our website, and Facebook. Staff participate in Chamber of Commerce, Various Committees, as well as fundraising and PR activities. We also have board members that reside on multiple community boards.

**Short Term Plan (07/2019-06/2020):** Maintain strong relationship with current supporters and stakeholders.

**Long Term Plan:** See short term

**Person Responsible:** Board of Directors, Chief Executive Officer.

## **8. Education/Training Level of PFI Staff**

**Current Status: Continuing item:** All employees begin employment with initial training videos, are enrolled in the College of Direct Support, and are current in First Aid and CPR as well as Pro-Act training and Person Centered Thinking Training. Additional training will include, consultation with professionals who can provide specific information regarding client's needs, Diabetes management training, Dementia training, and others to be determined as needed.

**Short Term Plan (07/2019-06/2020)** Continue to train existing and new staff according to the existing training protocol.

**Long Term Plan:** See short term

**Person Responsible:** Program Managers

## **9. Financial Barriers.**

**Budget cuts:** Potential future budget cuts may result in future cuts to funding.

**Current Status: Continuing item:** A grant was obtained from Disability Communications Fund to increase our capacity for non-traditional communication by certifying three staff as adaptive technologists. Maintained all current fundraising events. Staff member continues to grow existing fundraising events, seeks grant opportunities, as well as opportunities for development of additional fundraising and diversified income streams benefitting Parents and Friends, Inc.

**Short Term Plan: (07/2019-06/2020)** Developing a new program to have an additional dedicated full-time adaptive technologist on staff. Research alternate sources of income including fundraising and grants, work with specialized staff to maximize alternate sources of revenue not dependent on the state budget. Address client financial barriers through IPP process, and use of Medicaid and other funding solutions on an individual and collective basis.

**Long Term Plan:** See short term plan.

**Person Responsible:** Technology and Development Manager, Chief Executive Officer, Board of Directors.

## **10. Communication Barriers.**

Parents and Friends recognizes that both staff and clients may experience various personal barriers to communication be they visual, auditory, cognitive, behavioral, or mechanical. In some cases these barriers can be addressed with an appropriate solution. In some cases, a financial barrier may exist.

**Current Status:** The Technology and Development Manager is a full time staff person specializing in Augmentative and Alternative Communication (AAC). This staff member has worked with staff to identify and address in 2018-19 the needs of multiple clients through various communication challenges and provided alternative communication access solutions through both high and low tech solutions, and has secured grant funding to educate staff and provide appropriate solutions. These solutions enhance client and staff participation, positive behaviors, and support appropriateness.

**Short Term Plan: (07/2019-08/2020)** IT Technician will be developed with AAC specialization, and the demonstration library will continue to be developed with various environmental and communication aids, both high- and low-tech in nature. Continue to proactively identify communication barriers to communication at all levels of the organization and address communication challenges with appropriate solutions, and alternative funding to support these solutions when necessary. Identify current state of documented communication challenges for each client.

**Long Term Plan:** Revise ISP process to include a section that specifically addresses communication barriers.

**Person Responsible:** IT Technician, Technology and Development Manager, Managers, Chief Executive Officer, Board of Directors.

## **11. Technological Barriers.**

### **Limited access to equipment for staff:**

**Current Status: Continuing item:** All of the staff who regularly use computers have computers that meet their needs. Training computers have been updated to Windows 10 Pro and are managed centrally by the full-time IT Technician, and remain suitable options for staff to use who do not regularly use computers. The IT Technician continues to be available to provide application support for new or inexperienced users. All staff are provided with cell phones that have access to Wi-Fi at PFI locations. These devices have access to Google services, such

as email, calendar, and tools to create/access documents and shared storage. All staff are provided with one-on-one, documented training in the use of their smartphone. PFI works to update computers and other devices as needed and acquire devices at a reasonable cost whenever possible. There are always new technologies available that could improve efficiency. See the technology plan for more detail.

**Short Term Plan (07/2019-06/2020):** Keep current devices up to date with software updates. Continue to provide cell phones to all staff and seek devices at reasonable costs. Provide accommodations where necessary to provide access to technology. IT Technician will continue to assess staff needs and remain available for application support in order to make sure that staff are accessing features available through existing software and make recommendations on upgrades as well as addressing other technological needs.

**Long Term Plan:** See short term plan.

**Person Responsible:** IT Technician, Admin Office, Chief Executive Officer, Board of Directors.

## **12. Ineffective data backup infrastructure.**

**Current Status: Continuing item:** PFI's full-time IT Technician is responsible for all security, troubleshooting and software solutions. Computers are prevented from running unauthorized applications without administrator approval to minimize the risk of unwanted software, including ransomware that may affect PFI data. Routers and firmware are in the process of being updated at all locations. Nextcloud was evaluated as a potential replacement for Dropbox, and it was deemed as having too many potential bugs with synchronization for PFI's uses. Now, all PFI data storage has been transferred to Google Drive, with files segmented into shared drives according to purpose/department and needed levels of access, and staff are encouraged to use the Google Docs suite of applications for new documents in order to maximize availability of previous versions in the event of unintended changes.

**Short Term Plan (07/2019-06/2020):** Continue training staff in the use of the Google Docs suite of online document editing services. Investigate cost-effective and low-maintenance solutions for versioned backups of PFI data. Continue updating network devices at PFI locations for better oversight and security.

**Long Term Plan:** See short term plan.

**Person Responsible:** IT Technician.

## **13. Limited access to technology for clients.**

**Current Status: Continuing item:** Many clients could benefit from assistive technology and greater access to computers. There are some computers available for clients to use, and a technology demonstration library has been developed at Parents and Friends to model tablet, phone, and application solutions. We have acquired peripherals to assist low-vision users. Additionally, our licensed day program has purchased tablets for client use. Some clients have been able to purchase tablets and other devices to assist with their communication. Parents and Friends office locations 306 and 308 E. Redwood Ave. now offer guest access to wireless internet.

**Short Term Plan (07/2019-06/2020):** A full time staff person is responsible for assistive technology for clients. Continue to identify and address access challenges for clients, including financial. Seek to develop a multidisciplinary program with the Regional Center that will address visual, auditory, cognitive, behavioral, mechanical, and other barriers requiring low and high technology solutions

**Long Term Plan:** See short term plan.



**Person Responsible:** IT Technician, Technology and Development Manager, Chief Executive Officer, Board of Directors.

#### **14. Transportation Barriers**

Limited Public transportation: MTA only runs during business hours and on a limited route, Dial A Ride can be used as available but does not run on holidays.

**Current Status: Continuing item:** RCRC discontinued much of the funding for public transportation leaving only limited free bus passes for certain activities. PFI continues to hire staff who are capable of providing transportation support and to reimburse staff for mileage. In addition, PFI has maintained previously owned vehicles, as of 07/2019 PFI has five passenger vans, with three being wheel chair accessible. PFI is planning to purchase an additional passenger van that will be available for out of town trips leaving the existing vans available for day programs.

**Short Term Plan (07/2018-06/2019):** Continue to supplement public transportation with staff and company vehicles.

**Long Term Plan:** See short term

**Person Responsible:** Chief Executive Officer

# **Parents and Friends, Inc.**

## **Critical Incident Analysis**

### **July 2018 to June 2019**

#### **Parents and Friends Critical Incident Analysis**

##### **July 2018- June 2019 Incident Summary**

*Note: Due to HIPAA requirements, incidents involving persons served are confidential, are reported to the appropriate authority when necessary, and are not described herein as to prevent any link to those we serve. Parents and Friends Inc. has a person centered approach and philosophy. Persons served have the right to confidentiality and control over the release of specific information.*

There were a total 34 documented Critical Incidents involving employees this year. Of 34 total incidents reported:

##### **Incidents by Type:**

- 7 (20%) resulted from Trips or Falls.
- 4 (12%) resulted from Cuts or Scrapes.
- 6 (18%) resulted from Strains.
- 17 (50%) resulted from minor Bumps and Bruises.

##### **Incidents by Location:**

- 1 (3%) happened at Administrative Offices.
- 4 (12%) happened at our Retail Location.
- 8 (23%) happened in Persons Served Homes.
- 21 (62%) happened in the Community.

##### **Incidents by Severity:**

- 21 (62%) required no First Aid.
- 13 (38%) required First Aid.
- 9 (26%) required Doctor's visits.

##### **July 2018- June 2019 Causes/Trends:**

- There were a high number of Bump and Bruise type incidents this year (17). Staff are encouraged to observe and report both safe and unsafe conditions to raise safety awareness.
- There was an increase of strains resulting in injury and workman's comp claims. Injuries involving strains are a continuing issue. Training on proper lifting techniques is given on a semiannual basis.
- There were 7 trips and falls this year. Safety Representatives have painted possible hazards to make uneven surfaces more visible to prevent trips and falls. Trip and Fall Prevention Training is provided to all staff on semiannual basis.

##### **Actions for Improvement:**

- Continue training all staff in First Aid and CPR including seizure procedures.

- Continue to provide Pro-Act training to staff in order to provide tools for dealing with violence and aggressive behaviors while maintaining safety for staff and persons served.
- Continue to provide annual training on avoiding Trip and Fall Accidents and good housekeeping. Continue biannual safety inspections, annual review of all safety postings and procedures, quarterly safety committee meetings, and regular training for all staff.

**Results since last report (7/18):**

- 7 incidents of the total 34 incidents reported (20%) resulted from trip and fall accidents. Training to prevent trips and falls is given to staff on a semiannual basis.

**Necessary Education and Training of Personnel:**

- Continued Pro-Act Training for staff.
- Training for all staff in assisting people to walk and preventing Trip and Fall accidents.
- Continued CPR/First Aid training including Seizure procedures.

**Prevention of Recurrence:**

- Continue regular semiannual environmental inspections.
- Provide the above training to staff.

**Internal and External Reporting Requirements**

- Incidents involving persons served will be kept confidential and thus will not be reported publicly but only to necessary parties.
- All incidents resulting in First Aid, Medication Error, Violence or Aggressive behavior, Doctor or Emergency Room Visits, will be documented with an “In House Incident Report” form.
- All special incidents resulting in Doctor’s visits involving persons served will be documented with a SIR form.
- OSHA 300 forms will be completed and posted annually.
- All inspections (internal and external) will be followed by a written report.
- All trainings will be documented regarding who was in attendance and what subjects were covered.

## Parents and Friends, Inc.

### Client Demographic Data

**August 2019**

<b>Race</b>	<b>PFI</b>	<b>Mendocino</b>	<b>California</b>
White alone	76.3%	86.2%	72.1%
Black or African American alone	3.4%	1.1%	6.5%
American Indian and Alaska Native alone	0.8%	6.3%	1.6%
Asian alone	2.5%	2.2%	15.3%
Native Hawaiian and Other Pacific Islander alone	0.8%	0.3%	0.5%
Persons reporting two or more races	1.7%	3.9%	3.9%
Persons of Hispanic or Latino origin	14.4%	25.6%	39.3%
<b>Age/Gender</b>	<b>PFI</b>	<b>Mendocino</b>	<b>California</b>
Persons 65 years old and over	3.4%	22.1%	14.3%
Female persons	33.1%	50.5%	50.3%

The Mendocino County and California demographic data is from the US Census Bureau web site and based on 2018 Census data. PFI data was collected in August 2019.

PFI's statistics on race and gender only generally fall within Mendocino County parameters in a few categories. This is primarily due to the American Indian population in Mendocino County being predominately inland, and there being many persons of mixed race in all categories but PFI is not specifically noting or reporting all mixed race people. Development disabilities tend to be more common in the male population and, while the PFI population base is growing in age, only four people have reached sixty-five years of age.

It is not believed that PFI should, or for that matter could, take any actions to change its demographic profile. All people who are served are referred to PFI by either the Regional Center or the Department of Rehabilitation. PFI does not solicit for its own referrals or offer services for hire on the open market. PFI demographics, therefore, actually reflect the Regional Centers and DOR's referral demographics rather than its own generated demographics.

PFI has not reported financial demographics, such as household income, individual income and percentage above and below the poverty line because it does not have access to that information for a large part of the population it serves. To report and estimate based on best available information and innuendo would seem to be counterproductive. However, since most Clients served earn at or below minimum wage, this would seem to indicate that the population is generally low income, however household incomes may vary dramatically from Client to Client.

# **Parents and Friends, Inc.**

## **Corporate Compliance Report**

**July 1, 2018 – June 2019**

Parents & Friends, Inc. is committed to the observance of statutory and company regulations on lawful and responsible conduct by the company, its employees and its management. In order to ensure that the organization receives information about, and complies with all federal, state, and local laws and regulations a corporate compliance policy has been adopted, and a corporate compliance committee has been assembled. The Corporate Compliance Committee is chaired by a staff member who is also the Corporate Compliance Officer. Other members of the committee include PFI's Chief Executive Officer, the President, and the Vice President of the Board of Directors.

### **Summary of Allegations, Investigations, Complaints:**

There were no allegations

### **Policy and Procedure Recommendations:**

The committee has reviewed all Policy Manuals within the past 12 months:

Personnel Policies & Procedures were last reviewed and approved in September 2019

Department Specific Policy Manuals were last reviewed and approved in September 2019

Board of Directors Bylaws and Policy Manual was last reviewed and approved in October 2019

Program Managers Policy Manual was last reviewed and approved in September 2019

### **Committee Members:**

Corporate Compliance Officer:	Daphne Haney, Accountant
Committee Member:	Rick Moon, Chief Executive Officer
Committee Member:	Laurel Ellen, Board President
Committee Member:	Michael Hall, Board Vice President

**Parents and Friends, Inc.**  
**Cultural Competence and Diversity Plan**  
**2019/2020**

Cultural competence includes attaining the knowledge, skills, and attitudes to enable leadership and staff to provide effective services for diverse populations. Maintenance and/or growth are more likely to occur where systems, services, and staff utilize knowledge and skills that are culturally competent and compatible with the backgrounds of those individuals being served, their families, and the community. Cultural competence acknowledges and incorporates these variables into the ongoing assessment process which culminates with the Individual Service Plan implemented. Parents and Friends Inc. is committed to demonstrating an awareness of, respect for, and attention to the diversity of the people with whom it interacts (persons served, personnel, families/caregivers, and other stakeholders). We demonstrate this commitment through our organizational structure, policies, services, and training.

The overall aim of this plan is to foster culturally competent staff and therefore quality services for individuals by:

- Recognizing and honoring diversity in all forms;
- Assessing cultural competency at all organizational levels;
- Offering access to culturally appropriate services for those served
- Offering continuous, comprehensive cultural competency/diversity education and training for staff.

PFI's Cultural Competence and Diversity Plan:

- Consideration for the social, cultural, traditional, or religious activities that are important to the person served is referenced in the Individual Service Plan developed in each program that the person participates in. This plan is completed annually and updated in 6-month increments to ensure that it is current.
- Persons served are assisted by their support staff with accessing the worship services of their choosing.
- Persons served are assisted by their support staff with participation in the holidays of their choosing, including visits to family to participate in traditional activities important to them.
- All personnel read, sign, and abide by the PFI Code of Ethics which references respect for cultural diversity.
- Demographic information of persons served is updated annually which includes information on race and gender.
- Parents & Friends complies with affirmative action requirements in our hiring practices as outlined in the Personnel Manual.
- Assurance that individuals served receive from all staff effective, understandable, and respectful services that are provided in a manner compatible with their cultural beliefs and practices and preferred method of communication.
- Providing to individuals served and their guardians both verbal and written rights information in a method they can easily understand.
- Making available easily understood materials and signage in a method that addresses the needs of the individuals served and/or other stakeholders.
- Ensuring that staff at all levels and across all disciplines receive ongoing education in culturally appropriate service implementation.
- Provide opportunities to take English as a Second Language (ESL) classes for Spanish speakers and Conversational Spanish for English speakers.
- Maintaining current demographic and cultural data of the individuals served to accurately plan for services that respond to the cultural characteristics of each individual.

- Recognizing that staff diversity also needs to be honored and ensuring that equal employment opportunities are strictly adhered to in hiring, placement, and subsequent changes in employment status.

**Status of PFI's goals for 2019/2020:**

Goal: Provide Cultural Competence training to all staff

Action: Using the College of Direct Support, Cultural Competence Module, provide an opportunity for each staff person to complete the training course.

Timeframe: Identify priority staff to complete the course by January 2020. Have staff complete the course in stages according to their priority level. All staff to complete the course by June 2020.

Goal: Maintain a current database of skills that staff possess including those who have completed training in Cultural Competence, and those who could serve as an interpreter including various languages and ASL.

Action: HR staff will develop and maintain a database, staff will be surveyed to gather information about current skills and training needed.

Timeframe: Database created by January 2020.

Status: The database has been created and is starting to be populated.

# Parents and Friends, Inc.

## Employee Retention Rate Analysis

### July 1, 2018 – June 30, 2019

As of July 1, 2019, Parents & Friends, Inc. was employing 161 full-time and part-time employees not counting Vocational Services consumers and Job Connection consumers.

Between July 1, 2018 and June 30, 2019, net employment at PFI changed from 162 to 161 employees. During the year, 69 employees left employment at PFI for many different reasons; 68 new employees were hired at PFI during the year. The 69 employees who left PFI left for a number of reasons. Those reasons are:

<b>Misconduct/Poor Performance</b>	<b>Personal/ Voluntary Quit</b>	<b>Retirement</b>	<b>Abandoned Job</b>	<b>Total</b>
20	36	2	11	69

The chart above shows that from 07/01/2019 to 06/30/2019, PFI experienced a 43% turnover rate.

<b>Found Another Job</b>	<b>Moved</b>	<b>Personal, Not Job Related</b>	<b>Back to School</b>	<b>Unknown</b>	<b>Total</b>
6	5	5	3	28	47

The chart above shows that PFI experienced a 30% turnover rate for staff who left for reasons unknown, found another job, went back to school or moved.

#### **Strategies for Maintaining or Lowering Turn-Over Rate.**

1. Continue with full employer paid insurances including medical, dental, vision and life. Expense is over 20% of gross payroll.
2. Keep current with annual reviews based on performance and current wage and salary surveys.
3. Continue the Employee of the Quarter program to recognize excellent performance, including a \$250 bonus.
4. Have an annual barbeque or an employee appreciation event as well as other unscheduled events as appropriate.
5. Continue the employee appreciation reception or Holiday food gift cards in November/December and have department Holiday parties in December.
6. Maintain an open door and open communications policy.
7. Have CEO attend each department staff meeting at least quarterly.
8. Offer a 403b retirement program to all eligible staff.
9. Promote discounts offered by payroll service



**Parents and Friends, Inc.**  
Risk Management Controls System  
**July 2019**

Goal: TO PROMOTE QUALITY SERVICES AND MANAGE RISK EFFECTIVELY. The Risk Management plan incorporates systems of checks and balances that clearly define accountability and monitor critical performance variables. Control systems are designed to minimize risks and prevent and detect illegal or unethical activity and or fraud, waste and abuse. Access to critical information is on a need to know basis.

EXPOSURE	CONTROL MECHANISM	RESPONSIBILITY	SCHEDULE/REPORT	REVIEW DATE
<b>General Liability</b>	General Liability insurance policy in effect. Annual review of policy w/ insurance broker prior to renewal	CEO	Philadelphia Indemnity Insurance, policy renews September 25	August
	Maintain Safety Committee / OSHA Compliance	Safety Committee	Monthly	Monthly
<b>Professional Liability</b>	Maintain current insurance policy. Annual review of policy with insurance broker prior to renewal.	CEO	Same as General Liability	August
<b>Property Loss</b>	Maintain current insurance policy. Annual review of policy with insurance broker prior to renewal.	CEO	Same as General Liability	August
<b>Vehicle Loss</b>	Maintain current insurance policy. Annual review of policy with insurance broker prior to renewal.	CEO	Same as General Liability	August
<b>Business Loss / Interruption</b>	Maintain appropriate accreditation for each of PFI's programs	CEO	Annually	Annually
	Maintain relationships with bank	CEO	Monthly	Monthly
	Maintain open communication with funding agencies	CEO & Program Managers	On Going	On Going
	Use existing assets	CEO	On Going	On Going

	Maintain Budget/ Cash Flow	CEO	Weekly	Weekly
<b>EXPOSURE</b>	<b>CONTROL MECHANISM</b>	<b>RESPONSIBILITY</b>	<b>SCHEDULE/REPORT</b>	<b>REVIEW DATE</b>
<b>Loss of Reputation</b>	Maintain PFI Website	CEO	Semi-Annually	Semi-Annually
	Maintain open communication with Consumers, Family/Guardian and the Community.	Board of Directors	Monthly	Monthly
	Maintain annual Stakeholder, Consumer and Employee Surveys	Program Managers/ Administration	Annually	Annually
	Parents & Friends Newsletter	Fundraising/Tech Director	Quarterly	Quarterly
<b>Liability to Employees</b>	Maintain viable employment opportunities. Maintain workers compensation and general liability insurance	Board of Directors	Monthly	Monthly
<b>Loss of Accreditation/ Licensing</b>	Dept. of Habilitation / Dept. of Rehabilitation compliance	Program Managers	Monthly	Monthly
	Maintain current insurance policies	CEO	Same as General Liability	August
	Maintain Safety Committee / OSHA Compliance	Safety Committee	Monthly	Monthly
	CARF Survey	Management Team / Board of Directors	On Going	On Going
	Multiple licensed administrators for licensed homes and day programs	Program Administrators	Annually	Annually
<b>Loss / Reduction or Interruption of Income</b>	Match income with expenses; reacts quickly to changing financial situations	CEO	Monthly	Monthly
<b>EXPOSURE</b>	<b>CONTROL MECHANISM</b>	<b>RESPONSIBILITY</b>	<b>SCHEDULE/REPORT</b>	<b>REVIEW DATE</b>
<b>continued: Loss / Reduction or</b>	Contingency fund	Board of Directors / CEO	Monthly	Monthly

<b>Interruption of Income</b>	Weekly and monthly cash flow to match	CEO	Weekly/Monthly	Weekly/Monthly
<b>Financial mis-management or malfeasance</b>	Financial review & report to Board of Directors and Financial Sub-Committee	CEO	Monthly	Monthly
	Annual audit of financial by independent CPA reporting to the Board Of Directors	CPA	Annually	Annually
<b>Inability to hire and maintain sufficient quantity of experienced employees</b>	Employee Exemplary Performance Certificate	Program Manager / CEO	Quarterly	On Going
	Performance Review	CEO	Annually	Annually
	Employee Satisfaction Survey	CEO	Annually	Annually
	Fully Paid Medical, Dental, Vision	CEO / Board of Directors	Annually	Annually
	Open Door Management Policy	CEO / Board of Directors	Annually	Annually
	Formal Grievance Procedure	CEO / Board of Directors	Annually	Annually
<b>Natural Disaster, Fire and Accident Prevention</b>	Safety Plan	Safety Committee	Monthly	Monthly

# **Parents and Friends, Inc.**

## **Technology and Systems Report**

**July 2019**

It is the intention of Parents and Friends, Inc. to utilize technology whenever feasible and affordable to provide better accessibility to technology for consumers and employees and greater efficiencies in work processes, information and communications. The confidential nature of our business, together with solid business practices, calls for safeguards to be in place which will protect against the loss of information and restrict the ability to break into our system and take confidential information. There are also basic safeguards to protect against improper disclosures of confidential information to insiders. This plan will continue to be updated as new procedures and technologies become available.

- **Web presence** – Parents and Friends has a website maintained by a staff person. PFI will be completing a re-design of this website that focuses further on accessibility and security. We will implement alt-text on images to accommodate screen readers, and the website will be accessible securely via HTTPS to ensure information integrity. We are looking into adding fillable forms for employment applications, etc.
- **System management** – Parents and Friends has hired a full time IT Technician for all system management, system architecture design, security and maintenance. The IT Technician is available for all technology questions and assistance. PFI now utilizes Google's G Suite for Nonprofits, available to us at no charge, to fulfill most of our productivity and collaboration needs, minimizing the overhead that would be required for in-house hosting of services. PFI's agreement with Google allows us to utilize their core services while maintaining our privacy and confidentiality obligations.
- **Internet Access** – Every manager and appropriate employee who has the need has a computer system with access to the Internet. The Internet Service Provider is Mendocino Community Network (MCN), a non-profit local provider. Nearly all staff have a limited amount of cellular data on their smartphone, and can access the Internet at any PFI location over Wi-Fi. We also have a cellular-based Wi-Fi hotspot available in the event of an outage, and smartphones can be used as hotspots when needed. A secured wireless guest network is available at our administrative offices, with plans to expand guest network availability over time. PFI is exploring an arrangement with MCN as part of their high-speed wireless project, which would provide us with free Internet and phone system services - and higher Internet speeds - at our administrative offices and other designated locations, in exchange for accommodating networking equipment and antennas on our premises.
- **Communication** – PFI promotes effective and efficient communications through an MCN cloud-based digital phone service with extensions for department management and office staff, many of whom use desk phones linked to the service. Installing this system was a goal made in previous strategic plans in order to streamline incoming calls, be more consumer friendly and reduce expenses. Office lines and associated voicemail are provided by MCN, and cell phones for on-call and remote work crews through US Cellular. All PFI staff have Google accounts for email and other core services. IT Technician manages group email distribution lists to facilitate mass communication with all staff, specific departments, or workgroups.
- **Collaboration and organization** – Parents and Friends has adopted Google Drive and related services for file sharing and collaboration. Files are sorted into shared drives according to their purpose, with special attention paid to access levels in an effort to minimize unintended or unwanted changes to PFI data, in addition to unnecessary access. Using the Google Docs suite, staff can work together on documents without fear of lost work or conflicted copies, and a full history of reversible edits is maintained. We have begun to use Google Calendar for reservations of rooms, as well as to notify staff of upcoming

events. Multiple calendars are used to allow for viewing of events by program or purpose, where applicable. Scheduling participants for trainings is being handled via shared, collaborative registration sheets.

- PFI has implemented ADP, a Time and Attendance System that tracks employee hours and client activities. Staff log in and out using phones, and managers are able to track current payroll and billing information automatically. ADP works with QuickBooks and allows for more efficient and auditable processing of payroll and billing. Parents and Friends continues to investigate online solutions for scheduling and timekeeping to further simplify the timekeeping process for staff and to reduce the administrative overhead associated with timecard corrections.
- Security – All staff have email and file sharing access via Google's G Suite for Nonprofits. Staff smartphones are PIN-protected with sensitive information restricted from view until unlocked. These devices remain logged in to users' individual accounts, and IT Technician has centralized management over devices, including the ability to track, lock, or reset devices as necessary to protect PFI property and data. Two-step verification is used to enhance account security in the event that an unauthorized party learns a user's password. PFI computers are centrally managed using a consistent VPN connection to a server which also functions as a domain controller. System policies prevent untrusted software from running on Windows-based computers, and all computers utilize built-in firewall and antivirus technologies. Devices utilize full-disk encryption wherever possible. Routers and firewalls are managed by IT Technician, with plans to connect routers at all locations to central VPN for ease of management and updates. The accounting system (QuickBooks Premier Non-Profit Edition) has user name and password protection at the program as well as computer level and security features which prevent any major reconfigurations or changes in users or security without approval of the system administrator. Program directors and most managers have been trained in the use of a secure password management system (LastPass). PFI is looking into end-to-end encrypted communication software for our cell phones to enhance privacy and security.
- Backup – All computers have Google Drive File Stream installed. Google Drive offers cloud storage and file synchronization and keeps files synchronized as they are modified. Staff are instructed to use Drive to store all important documents. Google Drive tracks changes to files and allows users to find previously saved versions of documents for 30 days, or for unlimited time with Google Docs. Our accounting information is backed up via QuickBooks to a mirrored drive and an external drive locally, as well as copied to a secondary computer and synced to Google Drive.
- Disaster Recovery – PFI's email and other data are stored on Google's servers, and our data would be unaffected by failures varying in size from a single server to an entire datacenter. PFI will continue to evaluate local or remote backup options for mission-critical computers; however, because PFI replicates important data to Google Drive and generally does not rely on specialized locally-installed software for Windows devices, a failed Windows computer would not typically result in lost data. As additional protection against ransomware and other local threats, we plan to move toward greater utilization of web applications, such as the Google Docs suite, which features unlimited version history. PFI will explore offsite encrypted backup options for our two local servers, as well as offsite and/or local backup for Google data as protection from unforeseen emergencies, including circumstances that would not benefit from Google's high reliability record.
- Equipment – All managers and appropriate employees who have the need have desktop or laptop computers with internet access, printers, and all other necessary accessories. A new Xerox copy machine has been leased for the 306 E. Redwood location, bringing it to feature parity with the larger leased Xerox that was relocated to 308 E. Redwood Ave in the last few years.
  - There are enough computers available for all essential daily tasks and also the occasional needs that arise. However, more computers would allow for more efficient operations at the Thrift

Store, easier scheduling of online training, and client activities requiring computer and internet access. Any opportunities for donated or reduced price computers should be pursued.

- Accessibility and Adaptive Technology – Nearly all of our computers use Microsoft Windows as their operating system. Windows includes applications and options that provide adaptive technology when and if needed. The accessibility options include:
  - Features for people who are deaf or hard of hearing.
  - Features for people who are blind or have impaired vision.
    - A text magnifier.
    - A navigator system.
  - Features for people with mobility impairment.
  - Features for using speech.
    - Setting up microphones and speakers.
    - Text to speech translation program.
    - Speech recognition to text program.

PFI has obtained a grant to increase our capacity for non-traditional communications supports. Three employees, including the IT Technician, will become certified Adaptive Technologists. We will be ensuring that we address communication challenges in all of our individual service plans. Adoption of smartphones and increased use of technology will allow us to further increase accessibility. PFI continues to offer textual modes of communication through phone messaging and now extended to email access for all employees. Staff are able to have our personnel policy manual and other documents read aloud to them using Android text-to-speech features. Staff smartphones include a synchronized directory of all PFI staff, and we are working to incorporate staff photos to further aid those who do not read. Visual schedules are used for clients where applicable. A large format wireless keyboard is available for sight-impaired individuals to utilize in our day program. Increased use of projectors and speakers help to make information more accessible. Automatic door openers are available at our administrative offices.

PFI's person-centered thinking training will help to clarify the need for accommodations for staff and clients.

Should the features available with our computing devices not adequately address a specific accessibility issue with an individual consumer or employee, adaptive technologies are available through the Redwood Coast Regional Center and Department of Rehabilitation.