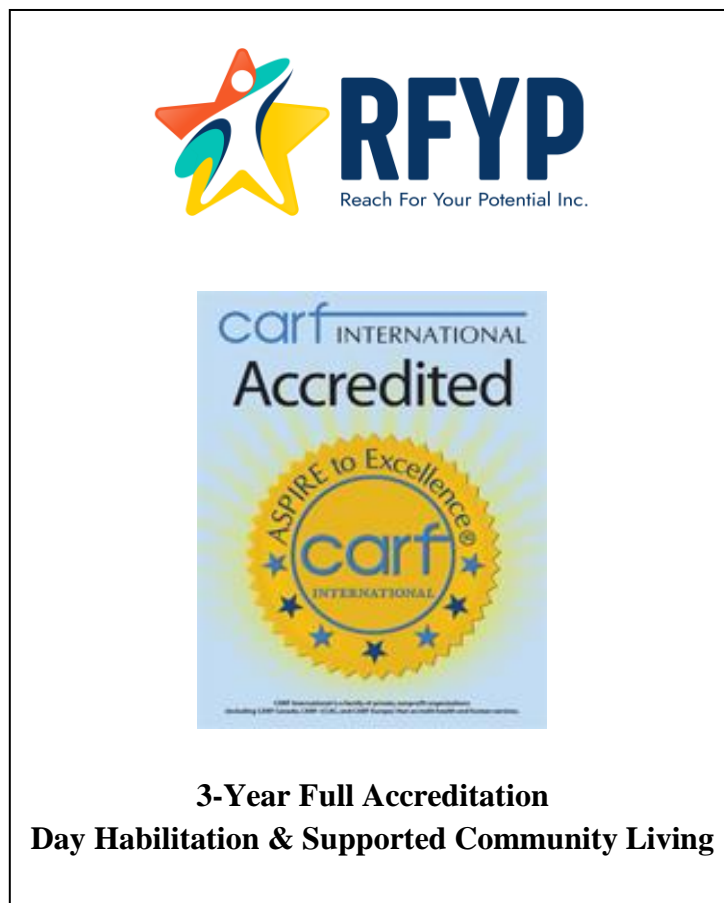




# Reach For Your Potential, Inc.

## 2025 Performance Summaries





## *Table of Contents*

(\*control+click on report title to jump to the report)

### [Performance Summaries – check hyperlinks start here](#)

1. [Incident Report Summaries](#)
2. [Satisfaction Survey Summaries](#)
3. [Performance Outcomes Summaries & Indicators](#)
4. [Discharge & Follow Up Survey Summary](#)

## **Incident Report Summaries**

### **Residential Programs Incident Report Summary**

A systematic and comprehensive review of all incident reports takes place biannually. It is a critical component to prevention, risk management, and ongoing performance improvement. Reach for Your Potential, Inc. (RFYP) provided Supported Community Living and Home-Based Habilitation services to 121 members from January 1, 2024 to December 31, 2024. The incident report data reflects all members served by RFYP in 2024, including members both admitted and discharged.

Supported Community Living and Habilitation supports were provided in community-based, residential settings. All incidents that occurred in 2024 have been tracked and summarized in this report. The results have been analyzed to identify the following: trends, causes, extenuating factors, internal and external reporting requirements, necessary training of personnel, a comparative analysis to the previous year's incidents, prevention of reoccurrence, areas needing improvement, and actions taken to address the issues. Action plans for continuous quality improvement will be implemented starting in January 2025 and reviewed for progress in six months. This allows RFYP the opportunity to assess if the actions taken are achieving the intended results.

## Major Incident Summary

<b>Residential Services Major Incident Summary</b>	<b>2024</b>	<b>2023</b>	<b>Comparative Analysis</b>
<b>Results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital</b>	<b>17</b>	<b>18</b>	<b>-1</b>
• Intentional injury to self or others	0	3	-3
• Accident	10	13	-3
• Cause unknown/other	4	0	+4
• Under another person’s care	0	2	-2
• Member behavior	3	0	-3
<b>Results in the death of the member, including those resulting from known and unknown medical conditions</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Death of a member	0	0	0
• Death of someone else	0	0	0
<b>Results in emergency mental health treatment for the member</b>	<b>2</b>	<b>4</b>	<b>-2</b>
• Self-Injury	0	1	-1
• Other	2	3	-1
<b>Results in medical treatment for the member (new 11.2024)</b>	<b>12</b>	<b>New 2024</b>	<b>New 2024</b>
• Hospitalization	2	New 2024	New 2024
• ER Visit	6	New 2024	New 2024

• Quick Care/Urgent Care	3	New 2024	New 2024
• Doctor's Office	1	New 2024	New 2024
<b>Results in the intervention of law enforcement, including contacts, arrests, and incarcerations</b>	<b>10</b>	<b>8</b>	<b>+2</b>
• Member is the victim	6	1	+5
• Member is the perpetrator	1	3	-2
• Other	3	4	-1
<b>Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3</b>	<b>6</b>	<b>10</b>	<b>-4</b>
• By a staff member	5	8	-3
• By someone else	1	0	+1
• Unknown	0	2	-2
<b>Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above</b>	<b>0</b>	<b>1</b>	<b>-1</b>
Constitutes a prescription medication error as a <b>result of staff</b>	0	<b>0</b>	No change
• Medication not administered	0	0	No change
• Wrong person	0	1	-1
• Wrong medication	0	0	No change
• Wrong dose	0	0	No change
• Wrong time	0	0	No change
• Wrong method	0	0	No change

<ul style="list-style-type: none"> <li>Constitutes a prescription medication error as a result of declining/occurring <b>under another person’s care</b></li> </ul>	0	0	No change
<b>Involves a member’s provider staff, who are assigned protective oversight, being unable to locate the member or involves a member leaving the program against court orders, or professional advice</b>	11	14	-3
<ul style="list-style-type: none"> <li>Member elopement</li> </ul>	11	14	-3
<ul style="list-style-type: none"> <li>Staff leaves member alone</li> </ul>	0	0	No change
<ul style="list-style-type: none"> <li>Another person/agency</li> </ul>	0	0	No change
<ul style="list-style-type: none"> <li>Other</li> </ul>	0	0	No change
<b>Involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member)</b>	0	New 2024	New 2024
<ul style="list-style-type: none"> <li>Chemical Restraint</li> </ul>	0	New 2024	New 2024
<b>Total</b>	<b>59</b>	<b>55</b>	<b>+4</b>

- Trends:** In 2024, there was an increase in 4 major incidents compared to the previous year. A few significant trends include:
  - Injuries with "cause unknown/other" increased from 0 to 4 (+4)
  - “Member behavior” as injury cause increased from 0 to 3 (+3)
  - Law enforcement interventions increased from 8 to 10 (+2)
    - Incidents involving law enforcement where the member is the victim increased significantly from 1 to 6 (+5)
    - Incidents involving law enforcement where the member is the perpetrator decreased from 3 to 1 (-2)
- Causes:** "Member behavior" as the cause of injury increased due to three different individuals. One was a recently admitted member with a history of self-injurious behavior, another frequently sought emergency treatment for non-urgent issues, and the third had limited service hours and was injured outside of service time.



Law enforcement interventions increased, primarily due to one hourly member who allowed strangers into his home, leading to their exploitation of his space for shelter and food. RFYP and his interdisciplinary team provided continuous guidance on the risks, supported him in filing police reports, arranged for officers to educate him on safety, and helped implement protective measures like lock changes, security cameras, and reminders to secure his home.

3. **Extenuating Factors:** There were two new categories of trackable incidents that were added in November 2024. This contributes to the increase in the total number of incidents. RFYP will keep a closer eye on incidents with injury with an “unknown” cause in the future and focus on thorough investigations in order to determine the causes for them. On a positive note, incidents involving law enforcement where the member is the perpetrator decreased which can be view as positive. It demonstrates that RFYP has done a good job educating and guiding members to be good citizens and follow rules and laws.

### Internal Reporting Requirements

Internal Requirements	Timeline	Concerns
Incident reports must be filled out by staff for every incident	Immediately when incident occurs	No concerns
All incident reports must be submitted electronically to the main office	Immediately after the incident occurs	No concerns
All incident reports must be submitted electronically to the main office	Within 24 hours	No concerns
Supervisor notified	Within next calendar day	No concerns.
Medical Team has access to the copy of the incident report if the incident is related to a medical concern	Electronic copy of the incident report is available to the med team for notification and review as soon as the report is submitted.	No concerns
Original incident	Filed in central file	No concerns

### External Reporting Requirements



Requirements	Timeline	Submission Protocol	Concerns
Case Manager	Notified by end of next calendar day	Email or phone call	No concerns
MCO notification	Notified by end of next calendar day	Incident report submitted through IMPA	No concerns
Legal Guardian	Notified by end of next calendar day	Phone call or email	No concerns
Bureau of Long Term Care	Notified by end of next calendar day	Incident report submitted through IMPA	No concerns
CARF	Notified within 30 days of sentinel event	Notification is through email or fax	No concerns
DHS	Notified within 48 hours of becoming aware of the incident	Notification is through oral report	No concerns

1. **Necessary Education and Training of Personnel:** Incident report training takes place at hire and annually. Incident report review is discussed with staff at house meetings and service coordinator meetings. A review of the current incidents contributes to the decision to insert additional training topics, add to the current incident report training, or add to more formal and informal training throughout the year. RFYP remains responsive and proactive in training staff to lower the risk of incidents occurring.
2. **Prevention of Recurrence:** Staff training/retraining, staff discipline, environmental modifications, and policy review may take place to develop systemic interventions to prevent reoccurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor reviews every incident report to determine the cause, to communicate with the staff and members involved, and to immediately implement prevention strategies.
3. **Areas needing improvement:** RFYP can work on improving the way it discovers information about the causes of injuries. The increase in injuries with an unknown cause can be explained by a shift of incidents from other categories into this one, especially those injuries that were caused by an accident. RFYP recognizes the pattern in this category as members who need more education and skill building in the area of behavior management and crisis response.



RFYP recognizes the value to working with members to improve self-advocacy skills. The increase in law enforcement interventions can be attributed to one specific member and their specific struggle with self-advocacy. Although this situation was isolated to this member.

4. **Actions taken to address the improvements needed:** RFYP will closely monitor incidents involving injury in the future and focus on thorough investigations in order to determine the causes for them. Once the causes are determined, RFYP will analyze the data to discover if there are specific patterns that the agency can then address and make improvements . In general, RFYP will continue to train staff in the areas of member health and safety.

Staff will work with members on recognizing situations and people that put their health and welfare at risk and learn how to advocate for themselves in those situations. This will also include identifying people that members can rely on as part of their support system if they need to let someone know about an issue or get on how to handle an issue. RFYP will work with Interdisciplinary Team members to develop Individualized Service Plans that include crisis prevention plans and behavior intervention plans.

<b>Minor Incident Summary</b>
-------------------------------

Residential Programs Minor Incident Summary	2024	2023	Comparative Analysis
<b>Results in the application of basic first aid</b>	17	6	+11
<b>Results in bruising*</b>	14	9	+5
<b>Results in seizure activity</b>	107	130	-23
<b>Results in injury to self, to others, or to property</b>	29	31	-2
● To self	26	22	+4
● To others	2	2	No change
● To property	1	7	-6
<b>Constitutes a prescription med error as result of RFYP staff</b>	6	8	-2
● Medication not administered	3	6	-3





• Wrong person	0	0	No change
• Wrong medication	0	1	-1
• Wrong dose	0	0	No change
• Wrong time	3	1	+2
• Wrong method	0	0	No change
<b>Constitutes a prescription med error as a result of:</b>	<b>22</b>	<b>0</b>	<b>+22</b>
• Declining	22	0	+22
• Under another person's care	0	0	No change
<b>Total</b>	<b>195</b>	<b>184</b>	<b>+9</b>

\*RFYP tracks all observed bruises as incidents even if the cause is unknown

1. **Trends:** The most positive trend is the substantial decrease in seizure activity (-23). The most concerning trends are the increase in first aid applications (+11), the rise in self-injuries (+4), and especially the dramatic increase in medication errors due to members declining medication (+22).
2. **Causes:** RFYP closely follows individualized service plans and medical protocols. Each member that RFYP serves with a seizure condition has a specific medical protocol and information for the health plan that is a combination of medical professional, guardian and RFYP input that all staff are trained on and follow closely. The continuity of quality care staff are providing members served with a seizure condition shows in the resulting decrease in the number of seizures in 2024.

RFYP closely follows the Medication Administration Policy and Member Rights Policy. The significant increase in members declining medication can be specifically attributed to two members. One member had increase in this category because they received limited hourly services and were responsible for administration their own medications per their plan. This member often not be home when it was time to take medications and/or would forget to take them. The other the largest increase in missed medications was isolated a member who refused medications due to behavioral reasons. This member declined medications when depending on their mood, intentionally ignored and avoided staff during medication administration time and would miss medications when they stayed out in the community.

3. **Extenuating Factors:** In 2024, RFYP provided on-going training and reminders to staff that stressed the importance of documenting all scenarios that involved any kind of response to a member's health as minor



as it may seem. As a result, the agency saw a lot documentation in which staff documented more thoroughly on applying antibiotic creams, cold packs and bandages to minor bumps, rashes, red marks and other unidentified “out of the ordinary” marks on a member. This increase could be viewed as a positive indicator that staff are being more attentive and responsive to members’ health status and staff are improving their documentation of attending to members’ needs.

4. **Internal Reporting Requirements:** Changes in the needs, abilities, or medical conditions of the members served could impact all categories, especially self-injury incidents and medication compliance.

Internal Requirements	Timeline	Concerns
Incident reports must be filled out by staff for every incident	Immediately when incident occurs	No concerns
All incident reports must be submitted electronically the main office	Within 24 hours	No concerns
Staff must call and notify the RFYP Med Team, Service Coordinator, or Administrative Staff	Immediately after the incident occurs	No concerns
Supervisor notified	Within 72 hours	No concerns
Medical Team has access to the copy of the incident report if the incident is related to a medical concern	Electronic copy of the incident report is available to the med team for notification and review as soon as the report is submitted.	No concerns
Original incident	Filed in central file	No concerns

5. **External Reporting Requirements:** There are no external reporting requirements for minor incidents.
6. **Necessary Education and Training of Personnel:** Staff receive initial orientation, member-specific training, on-the-job training, and annual training. RFYP remains responsive and proactive to training staff to lower the risk of incidents occurring. Training staff on safe environmental conditions and performing safety checks regularly had a positive impact on decreasing overall minor incidents.



7. **Prevention of Recurrence:** Staff training/retraining, staff discipline, environmental modifications, and policy review may take place to develop systemic interventions to prevent reoccurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor reviews every incident report to determine cause, communicate with the staff and members involved, and immediately implement prevention strategies. Member-specific training takes place at hire and ongoing during staff meetings so all staff are aware of the individual needs of the member to prevent incidents. Environmental conditions are discussed, and if a modification or structural improvements are needed/identified, a work order is immediately submitted to the RFYP maintenance team or for referral to an external contractor.
8. **Areas needing improvement:** RFYP recognizes the need for staff to continue being well trained on how to manage and ensure member safety in the areas of responding to member health issues, preventing member injury and ensuring members receive the medication treatment prescribed to them.
9. **Actions to address the improvements needed:** RFYP will develop clearer and more thorough guidance on how to safely implement member safe handling and ensure staff are trained on members' health and safety plans and medication administration. RFYP will continue working the Interdisciplinary Teams to identify challenges and barriers that contribute to a member's risks to their health and safety and clearly document steps staff should take to prevent challenging behavior and guide positive behavior intervention.

## Day Habilitation Incident Report Summary

A systematic and comprehensive review of all Day Habilitation incident reports takes place biannually. It is a critical component to prevention, risk management, and ongoing performance improvement. Reach for Your Potential, Inc. (RFYP) provided day program services to 42 members from January 1, 2024 to December 31, 2024.

All services were provided at the RFYP Day Habilitation Program at 1705 S. 1<sup>st</sup> Avenue in Iowa City, Iowa and in the community. All minor and major incidents that occurred in 2024 have been tracked and summarized in this report. The results have been analyzed to identify the following: trends, causes, extenuating factors, internal and external reporting requirements, necessary training of personnel, a comparative analysis to the previous year's incidents, prevention of reoccurrence, areas needing improvement, and actions taken to address the issues. Action plans for continuous quality improvement will be implemented starting in January 2025 and reviewed for progress in six months. This allows RFYP the opportunity to assess if the actions taken are achieving the intended results.

## Day Program Major Incident Summary

<b>Day Habilitation Major Incident Summary</b>	<b>2024</b>	<b>2023</b>	<b>Comparative Analysis</b>
<b>Results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Intentional injury to self or others	0	0	No Change
• Accident	0	0	No Change
• Cause unknown/other	0	0	No Change
• Occurred while under another person's care	0	0	No Change
<b>Results in the death of the member, including those resulting from known and unknown medical conditions</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Death of a member	0	0	No Change
• Death of someone else	0	0	No Change
<b>Results in emergency mental health treatment for the member</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Self-Injury	0	0	No Change
• Other	0	0	No Change
<b>Results in medical treatment for the member (new 11.2024)</b>	<b>0</b>	<b>New 2024</b>	<b>New 2024</b>
• Hospitalization	0	New 2024	New 2024
• ER Visit	0	New 2024	New 2024



• Quick Care/Urgent Care	0	New 2024	New 2024
• Doctor's. Office	0	New 2024	New 2024
<b>Results in the intervention of law enforcement, including contacts, arrests, and incarcerations</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Member is the victim	0	0	No Change
• Member is the perpetrator	0	0	No Change
• Other	0	0	No Change
<b>Results in a report of child abuse pursuant to Iowa Code section 232.69 or a report of dependent adult abuse pursuant to Iowa Code section 235B.3</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• By a staff member	0	0	No Change
• By someone else	0	0	No Change
• Other	0	0	No Change
<b>Constitutes a prescription medication error or a pattern of medication errors that leads to the outcome in bullets 1, 2, 3, 4, 5, and 6 above</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Medication not administered	0	0	No Change
• Wrong person	0	0	No Change
• Wrong medication	0	0	No Change
• Wrong dose	0	0	No Change
• Wrong time	0	0	No Change
• Wrong method	0	0	No Change

Involves a member’s provider staff, who are assigned protective oversight, being unable to locate the member or involves a member leaving the program against court orders, or professional advice	0	2	-2
• Member elopement	0	1	-1
• Staff leaves member alone	0	1	-1
• Other person/provider	0	0	0
Involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member)	1	New 2024	New 2024
• Chemical Restraint	1	New 2024	New 2024
<b>Total</b>	<b>1</b>	<b>2</b>	<b>-1</b>

- Trends:** The only incident reported in 2024 was in the newly added "Chemical Restraint" subcategory.
- Causes:** The single chemical restraint incident in 2024 was an approved intervention authorized by the interdisciplinary team and guardians, with staff following proper policy and procedure to ensure member safety.
- Extenuating Factors:** The addition of new tracking categories in 2024 makes the year-to-year comparison challenging.
- Internal reporting requirements:**

Internal Requirements	Timeline	Concerns
Incident reports must be filled out by staff for every incident	Immediately notify Facilitator or Service Coordinator when incident occurs	No concerns. All reporting requirements are being followed.

All incident reports must be submitted electronically to the main office	Within 24 hours	No concerns. All reporting requirements are being followed.
Medical Team has access to the copy of the incident report if the incident is related to a medical concern	An electronic copy of the incident report is available to the med team for notification and review as soon as the report is submitted.	No concerns. All reporting requirements are being followed.
Original incident	Filed in central file	No concerns. All reporting requirements are being followed.

5. External reporting requirements:

Requirements	Timeline	Submission Protocol	Concerns
Case Management	Notified by end of next calendar day	Email notification	No concerns. All reporting requirements are being followed.
Managed Care Organization	Notified by end of next calendar day	Incident report submitted through IMPA	No concerns. All reporting requirements are being followed.
Legal Guardian	Notified by end of next calendar day	Phone call or email to report incident	No concerns. All reporting requirements are being followed.
CARF	Notified within 30 days of sentinel event	Notification through email or fax	No concerns. All reporting requirements are being followed.



6. **Necessary Education and Training of Personnel:** Incident report training takes place at hire and annually. RFYP remains responsive and proactive to training staff to lower the risk of incidents occurring. In the event the program is suspended, staff have a re-training on all protocols before members begin services again.
7. **Prevention of Recurrence:** Staff training/retraining, staff discipline, environmental modifications, and policy review may take place to develop systemic interventions to prevent reoccurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor reviews every incident report to determine cause, communicate with the staff and members involved, and immediately implement prevention strategies.
8. **Areas needing improvement:** An area for improvement would be reviewing environmental conditions to identify modifications that could prevent situations requiring chemical restraint interventions in the future.
9. **Actions to address the improvements needed:** Additional informal and formal training will take place at weekly staff meetings, initial new hire training, and annual program training. Individual discussions will take place as necessary.

### Day Program Minor Incident Summary

Day Habilitation Minor Incident Summary	2024	2023	Comparative Analysis
Results in the application of basic first aid	7	2	+5
Results in bruising*	6	0	+6
Results in seizure activity	3	0	+3
Results in injury	11	4	+7
<ul style="list-style-type: none"> <li>● To self</li> </ul>	11	3	+8



• To others	0	1	-1
• To property	0	0	No change
<b>Constitutes a prescription med error as result of RFYP staff</b>	<b>0</b>	<b>0</b>	<b>No change</b>
• Medication not administered	0	0	No change
• Wrong person	0	0	No change
• Wrong medication	0	0	No change
• Wrong dose	0	0	No change
• Wrong time	0	0	No change
• Wrong method	0	0	No change
<b>Constitutes a prescription med error as a result of:</b>	<b>0</b>	<b>0</b>	<b>No change</b>
• Declining	0	0	No change
• Under another person's care	0	0	No change
<b>Total</b>	<b>27</b>	<b>6</b>	<b>+21</b>

\*RFYP tracks all observed bruises as minor incidents even if the cause is unknown

**Trends:** Significant overall increase in minor incidents, rising from 6 in 2023 to 27 in 2024 (a +21 change).

There are notable increases across several categories:

- Basic first aid applications increased from 2 to 7 (+5)
- Bruising incidents increased from 0 to 6 (+6)
- Total injuries increased from 4 to 11 (+7)
- Self-injuries specifically increased from 3 to 11 (+8)

**Causes:** The rise in incident reports can be attributed to the increasing number of members attending the day habilitation b program daily, which raises the likelihood of incidents. Staff receive training on documenting every



incident even if they are unsure if the situation requires an incident report and/or meets the definition of an incident.

**Extenuating Factors:** The behavior of the members can change quickly. RFYP puts forth great effort to train staff on the individual needs of members, proactive behavior strategies, and positive behavior prevention strategies to maintain a safe and predictable environment.

**Internal reporting requirements:**

Internal Requirements	Timeline	Concerns
Incident reports must be filled out by staff for every incident	Notified immediately when incident occurs	No concerns. All reporting requirements are being followed.
Staff must notify the RFYP Med Team, Service Coordinator, or Administrative Staff	Notified immediately after the incident occurs	No concerns. All reporting requirements are being followed.
All incident reports must be submitted electronically to the main office	Within 24 hours	No concerns. All reporting requirements are being followed.
Medical Team has access to the copy of the incident report if the incident is related to a medical concern	An electronic copy of the incident report is available to the med team for notification and review as soon as the report is submitted.	No concerns. All reporting requirements are being followed.
Original incident	Filed in central file	No concerns. All reporting requirements are being followed.

**5. External reporting requirements:** There are no external reporting requirements for minor incidents. Minor injuries may be reported to the parent, guardian, and/or case manager. This is dependent on the type of minor incident and the personal protocols of the member.

**6. Necessary Education and Training of Personnel:** Incident report training takes place at hire and annually. Incident report review is discussed with staff at house meetings and service coordinator meetings. A review of



the current incidents contributes to the decision to insert additional training topics, add to the current incident report training, or add to more formal and informal training throughout the year. RFYP remains responsive and proactive to training staff to lower the risk of incidents occurring.

**7. Prevention of Recurrence:** Staff training/retraining, staff discipline, environmental modifications, and policy review may take place to develop systemic interventions to prevent reoccurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor reviews every incident report to determine cause, communicate with the staff and members involved, and immediately implement prevention strategies.

**8. Areas needing improvement:** Staff members increasing their skills on recognizing negative behavior before they escalate to self-injurious behaviors.

**9. Actions to Address the Improvements Needed:** A plan for improvement includes ongoing staff training through meetings, orientation, and continuous education on proactively recognizing early signs of escalating behavior in members. By identifying these behaviors early, staff can intervene effectively to prevent self-injury, creating a safer environment and providing better support for members.

## Regional Incident Report Summary

### 2024 Incident Report Summary: Regional Funding

A systematic and comprehensive review of all incident reports takes place biannually. It is a critical component to prevention, risk management, and ongoing performance improvement. Reach for Your Potential, Inc. (RFYP) provided services to members receiving Regional funding from January 1, 2024 to December 31, 2024. This analysis reflects the incidents documented for 4 members served by RFYP, including clients both added and discharged throughout 2024.

Supported Community Living services were provided in community-based settings. All incidents that occurred in 2024 have been tracked and summarized in this report. The results have been analyzed to identify the following: trends, causes, extenuating factors, internal and external reporting requirements, necessary training of personnel, a comparative analysis to the previous year's incidents, prevention of reoccurrence, areas needing improvement, and actions taken to address the issues. Action plans for continuous quality improvement will be implemented starting in January 2025 and reviewed for progress in six months. This allows RFYP the opportunity to assess if the actions taken are accomplishing the intended results.

<b>Region Incident Summary</b> (Changes to criteria for Major incidents effective November 2024 are reflected)	<b>2024</b>	<b>2023</b>	<b>Comparative Analysis</b>
<b>1. Results in physical injury to or by the individual that requires physician's treatment or admission to hospital</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Intentional injury to self or others	0	0	No Change
• Accident	0	0	No Change
• Cause unknown/other	0	0	No Change
• Occurred while under another person's care	0	0	No Change
<b>2. Results in death</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Death of a member	0	0	No Change
• Death of someone else	0	0	No Change
<b>3. Requires emergency mental health treatment for the individual</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Self-Injury	0	0	No Change
• Other	0	0	No Change
<b>4. Requires the intervention of law enforcement</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• Member is the victim	0	0	No Change
• Member is the perpetrator	0	0	No Change
• Other	1	0	+1
<b>5. Is reportable to protective services</b>	<b>0</b>	<b>0</b>	<b>No Change</b>
• By a staff member	0	0	No Change

• By someone else	0	0	No Change
• Other	0	0	No Change
<b>6. Results from any prescription medication error</b>	<b>1</b>	<b>+1</b>	<b>+1</b>
• Medication not administered	1	0	No Change
• Wrong person	0	0	No Change
• Wrong medication	0	0	No Change
• Wrong dose	0	0	No Change
• Wrong time	0	0	No Change
• Wrong method	0	0	No Change
<b>Total</b>	<b>2</b>	<b>0</b>	<b>+2</b>

1. **Trends:** The data shows a modest increase in incidents, concentrated in just two specific areas, with the majority of categories maintaining zero incidents across both years.
2. **Causes:** Staff are trained to closely following the incident reporting policy and document all incidents.
3. **Extenuating Factors:** In both situations that resulted in an incident report, the members are their own guardian. The staff support their rights and allow them to choice in daily routines.

#### 4. Internal Reporting Requirements

Internal Requirements	Timeline	Concerns
Staff must call and notify the RFYP Med Team, Service Coordinator, or Administrative Staff	Immediately after the incident occurs	No concerns



All incident reports must be submitted electronically to the main office	Within 24 hours	No concerns
Medical Team has access to the copy of the incident report if the incident is related to a medical concern	Electronic copy of the incident report is available to the med team for notification and review as soon as the report is submitted.	No concerns
Original incident	Filed in central file	No concerns

**5. External Reporting Requirements**

Requirements	Timeline	Submission Protocol	Concerns
Case Manager notified	Notified by within 72 hours.	Email incident report	No concerns
Legal Guardian notified	Notified by within 72 hours.	Phone call or email	No concerns
CARF	Notified within 30 days of sentinel event	Notification is through email or fax	No concerns
DHS	Notified within 48 hours of becoming aware of the incident	Notification is through oral report	No concerns

6. **Necessary Education and Training of Personnel:** RFYP remains responsive and proactive to training staff to lower the risk of incidents occurring. Staff are trained during orientation and ongoing about member-specific needs and strengths.

7. **Prevention of Recurrence:** Staff training/retraining, staff discipline, environmental modifications, policy review, and member-specific needs and strengths take place to develop systemic interventions to prevent reoccurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor reviews every incident report to determine cause, communicate with the staff and members involved, and immediately implement prevention strategies.



8. **Areas Needing Improvement:** An area for improvement would be enhancing and reinforcing communication and coordination with families about incident reporting requirements, especially for events that occur outside service hours. The incident involving the intervention of law enforcement was an isolated incident that occurred during time when the member was not receiving services. There was police involvement when the member was riding in a vehicle with a family member and there was a vehicle accident. The incident involving medication errors occurred during time when the member was not receiving services. The member self-administered their medications, and it was observed that they had missed the medications that had been set up for them to take.
  
9. **Actions to Address the Improvements Needed:** RFYP recognizes the importance of member health and safety even during times when members are not receiving services. In a situation such as a vehicle accident, there is minimal action RFYP can take to prevent an incident such as this; however, RFYP will talk to members about safety practices at home, in the community and while riding in vehicles. This includes safety practices such as proper seating in a vehicle, wearing a seatbelt, engaging all safety features while riding in the car and minimizing distractions to the driver. In a situation that involves a member who misses medications because they fail to self-administer, staff will talk to those members about the importance of taking medications on time and staff will help members identify methods that will help them remember to take the medications such as setting alarms, having visual cues and setting up medications in way that promotes ease and memory of taking the medication.

## Satisfaction Survey Summaries

### Employee Engagement Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted an Employee Engagement Survey to learn more about the strengths of the organization from the perspective of the staff and what the employees truly want out of their work experience. Surveys were distributed to Reach for Your Potential employees electronically via email and paper copies. Employees were asked to rate items in different areas of RFYP’s workplace practices on a scale of “poor”, “good” and “excellent”. Results of this survey will be helpful to RFYP in improving workplace practices, values, and culture.

There were 62 survey responses returned out of 179 surveys distributed. The Satisfaction Survey questions were analyzed and revised for relevance and clarity. The responses were analyzed to ensure data was clean, accurate, and complete. Survey results were compiled, and sample responses are included. After gathering and reflecting on the results, the data was summarized and analyzed for trends and causes. Barriers and influencing factors were identified and areas of excellence were documented. Areas of concern, proposed improvements to be implemented in the upcoming year, and a comparative





analysis of previous survey results are included in the summary. Action plans for continuous quality improvement will be implemented in January 2025 and reviewed for progress in six months.

## What is the #1 reason you choose to continue your employment at RFYP?

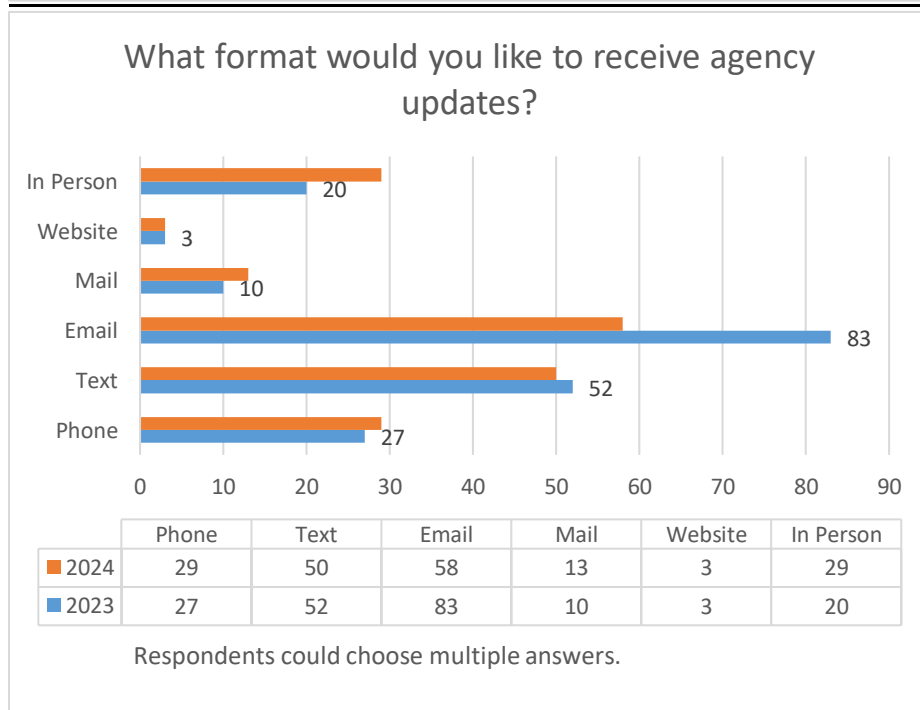
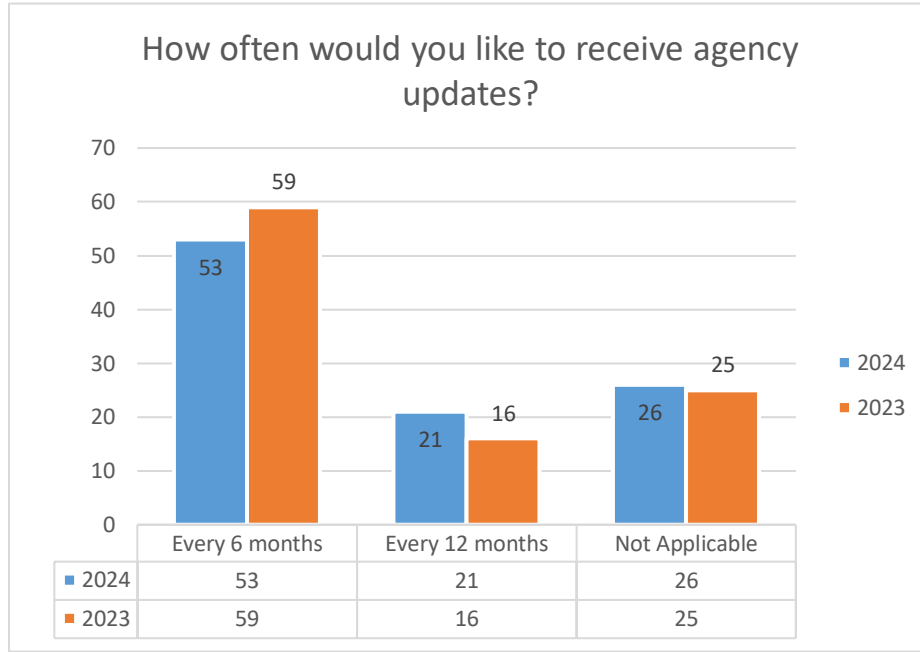


	2024 Disagree	2024 Agree	2024 Strongly Agree	2023 Disagree	2023 Agree	2023 Strongly Agree
I have sufficient training materials and support to perform my job well.	3%	47%	50%	0%	57%	43%
My supervisor recognizes my accomplishments and contributions	8%	42%	50%	6%	37%	57%
Enough training and support are provided to me regarding the use of technology for my position.	2%	50%	48%	3%	59%	38%
I am satisfied with RFYP’s use of technology.	8%	48%	44%	4%	59%	37%





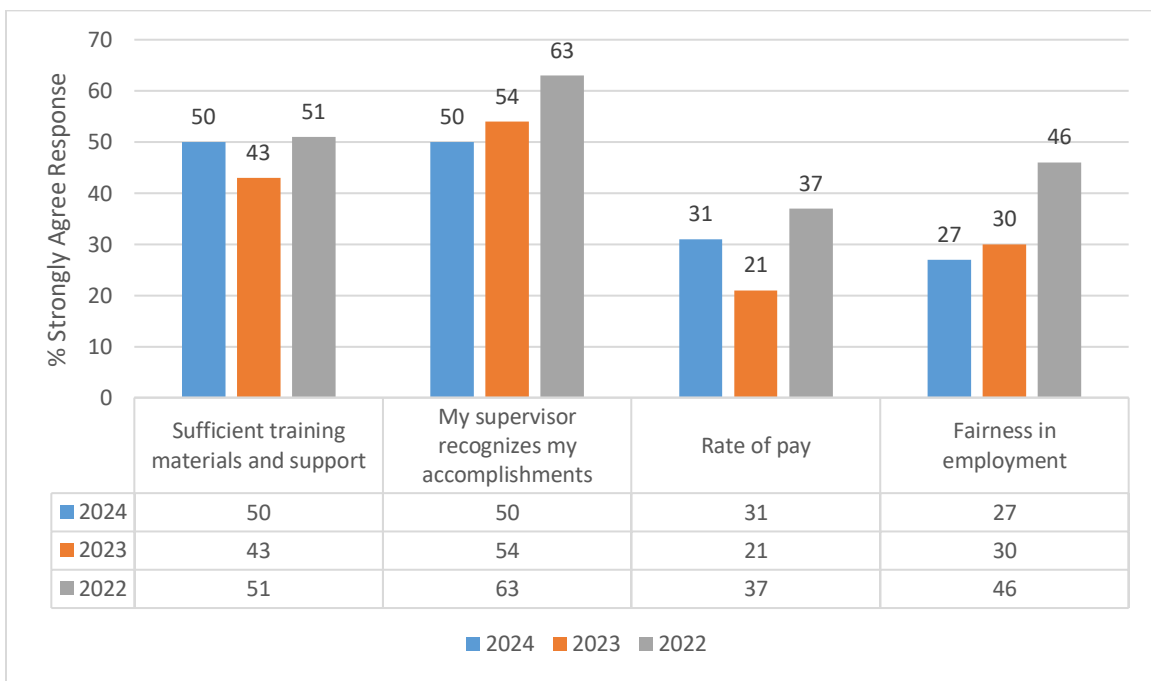
I feel RFYP respects individuals and values their differences.	6%	47%	47%	6%	56%	38%
--	----	-----	-----	----	-----	-----



**What are the most important topics that you would like RFYP to share with you about the agency’s goals and accomplishments?**

- New staff & policies
- Job opportunities
- Training opportunities and certification to advance my profession
- New projects and opportunities
- Current company standings and performance metrics.
- Wage increases and turnover rates
- Clear information about members

**Comparative Analysis**



**Barriers and Influencing Factors**

The survey response rate decreased in 2024. This year 35% of staff responded to the survey. In 2023, 53% of staff responded. When fewer people respond, the results may reflect only the views of a certain subset of employees, potentially excluding important perspectives or concerns from those who didn't participate.

**What Did We Learn?**

Most employees seem satisfied with training, recognition, technology, and diversity, but there are slight decreases in strong agreement. There was a 10% increase in satisfaction with employees feeling satisfied with their rate of pay.

**What Are We Doing Well?**

- 94% believe RFYP respects individuals and values their differences (47% Agree, 47% Strongly Agree).
- 98% feel they receive enough training and support for technology (50% Agree, 48% Strongly Agree).

<b><u>Areas of Concern</u></b>	<b><u>Proposed Improvements</u></b>
4% decline of satisfaction with supervisors recognizing the staff's accomplishments	<p>The Human Resources team will implement one or more of these options:</p> <ul style="list-style-type: none"> <li>• Certificates of personal growth (using specifics for what the DSP's have improved on, how they have gone above and beyond, etc.)</li> <li>• Having SC's take cookies/snacks/something tangible (Thank you trays) to the staff at the residential location(s) that have provided excellent services</li> <li>• Cluster employee of the month</li> <li>• Implementing leadership training for the Service Coordinators</li> </ul>

The proposed improvements will be implemented in January 2025, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2025.

**Residential Member Satisfaction Survey Summary**

Reach For Your Potential, Inc. (RFYP) conducted a satisfaction survey to measure the level of satisfaction of RFYP members participating in residential services. Surveys were distributed to all the current members receiving

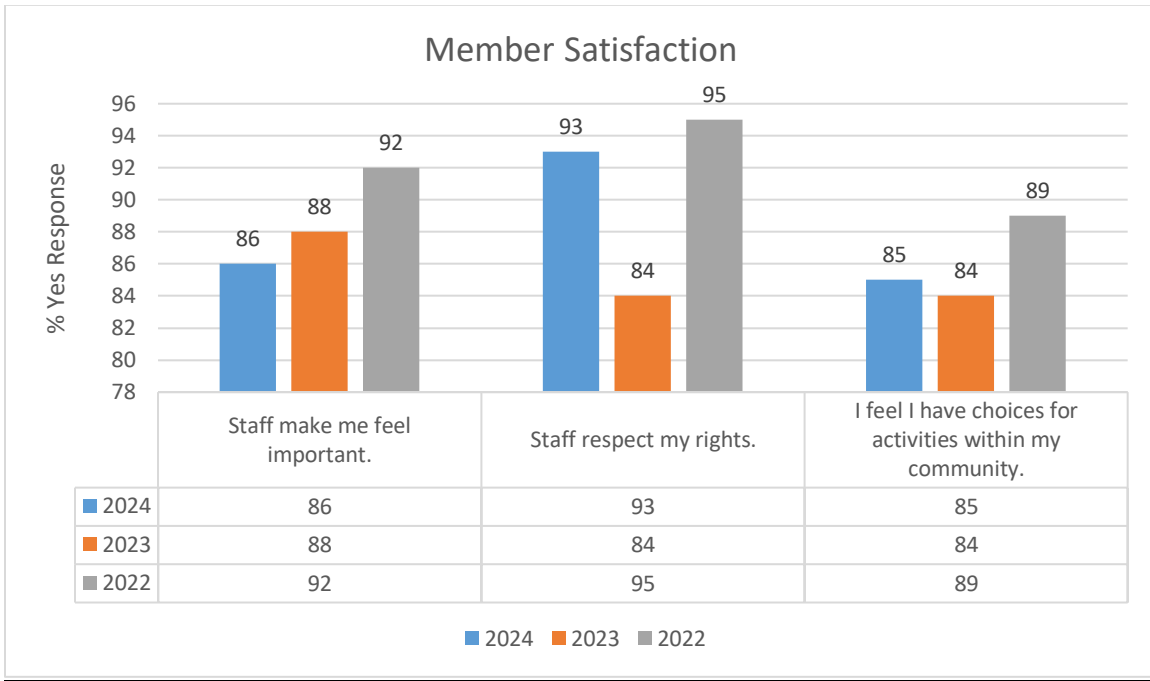
residential services with varying levels of functioning and from both site and hourly programs. The surveys were facilitated by RFYP staff and the data was entered into the Survey Monkey online survey platform.

There were 96 survey responses received out of 101 satisfaction surveys distributed. The satisfaction survey questions were analyzed, simplified, and revised for relevance and clarity. The responses were analyzed to ensure data was clean, accurate, and complete. Survey results were compiled, and sample responses are included. After gathering and reflecting on the results, the data was summarized and analyzed for trends and causes. Barriers and influencing factors were identified and areas of excellence were documented. Areas of concern, proposed improvements to be implemented in the upcoming year, and a comparative analysis from previous survey results are included in the summary. Action plans for continuous quality improvement will be implemented in January 2025 and reviewed for progress in six months.

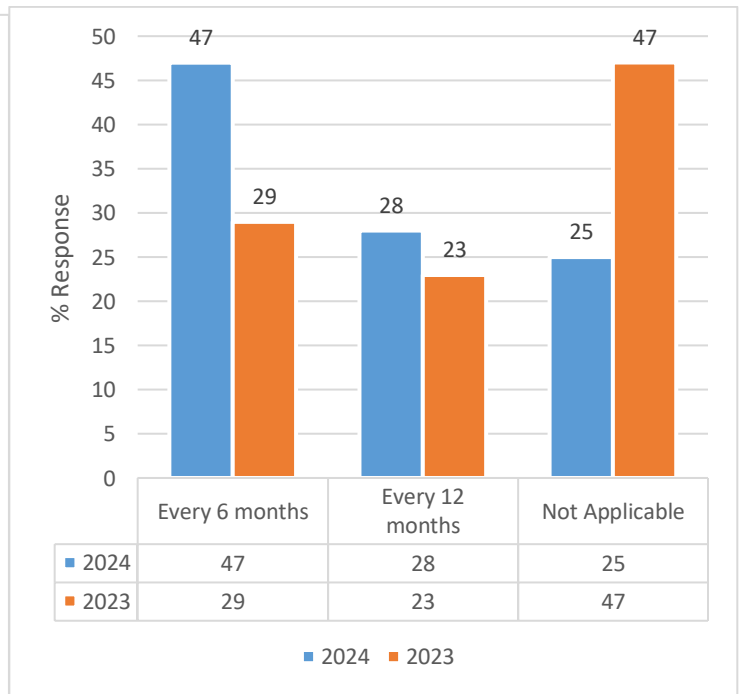
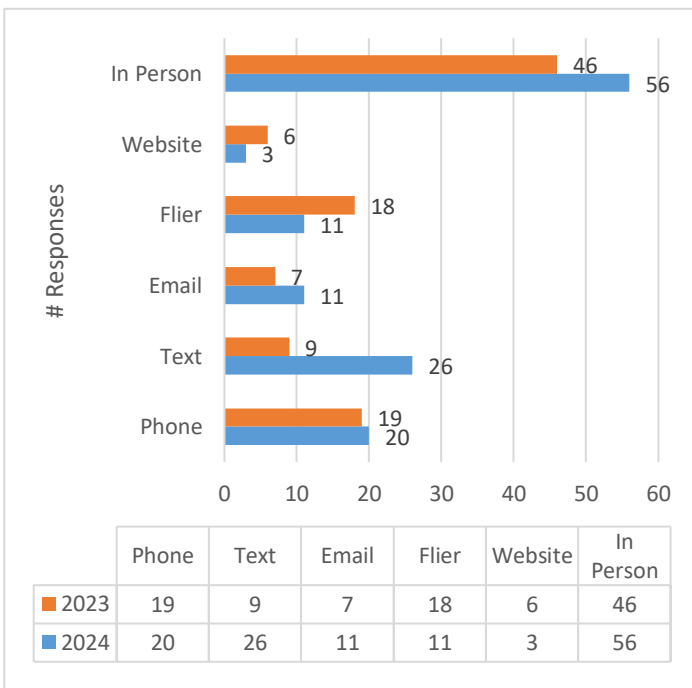
**Key Findings**

\*\*RFYP added the response choice of “I am not sure.” on the 2024 satisfaction surveys. An accurate comparative analysis of responses will be available in 2025.

<b><u>Residential Member Services</u></b>			
<b><u>Survey Questions</u></b>	<b><u>I am not sure.</u></b>	<b><u>No</u></b>	<b><u>Yes</u></b>
**Are you satisfied with the amount of attention you receive from your staff?	5%	5%	90%
**Do you receive information and answers to your questions quickly?	7%	9%	83%
**Do you feel safe in your home and community?	3%	8%	89%
**Do you feel staff respect and value you as an individual?	3%	2%	95%
*Are you satisfied with RFYP’s use of technology?	15%	5%	80%



### Communication Preferences



<p><b>What are the most important topics that you would like RFYP to share with you about the agency’s goals and accomplishments?</b></p>	<ul style="list-style-type: none"> <li>• Activities and outings</li> <li>• Open job positions</li> <li>• Aktion Club</li> <li>• Activities and social events</li> <li>• Parties and birthdays</li> <li>• Upcoming trips</li> <li>• New staff</li> <li>• Changes that are being made to the organization</li> <li>• Things going on at RFYP</li> <li>• Scheduling changes</li> </ul>
---	---

**Barriers and Influencing Factors**

New this year, RFYP added the response option, “I am not sure.” The "I am not sure" option was added to give respondents a way to honestly express uncertainty, preventing misleading data.

**What Did We Learn?**

Overall, RFYP residential members express a high level of satisfaction. A strong 89% of respondents feel safe in their home and community, indicating that RFYP provides a solid sense of security. Additionally, 83% feel they receive information and answers promptly, highlighting RFYP’s efficiency in communication and responsiveness.

**What Are We Doing Well?**

90% of respondents are satisfied with the attention they receive from staff. This high satisfaction rate indicates that the staff is meeting or exceeding expectations in terms of providing adequate attention and service to residents.

95% of respondents feel that staff respect and value them as individuals. This shows that RFYP is successfully fostering a respectful and inclusive environment, ensuring that residents feel valued and recognized.

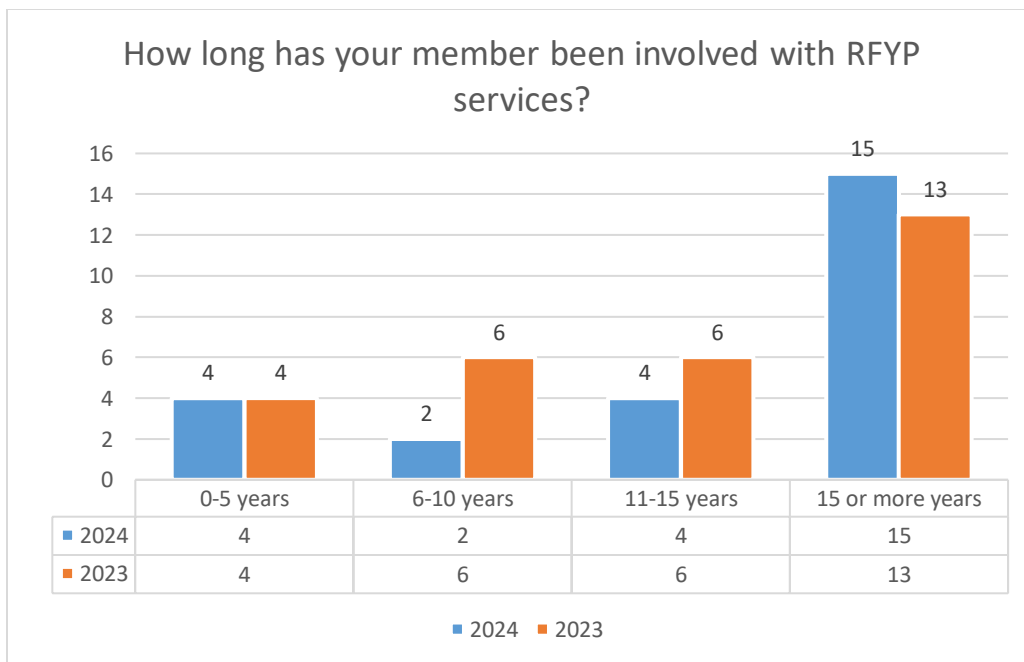
<b><u>Areas of Concern</u></b>	<b><u>Proposed Improvements</u></b>
<p>RFYP would like to identify new options for community outings and integration for the members.</p>	<p>RFYP will investigate the new options in the community that may be appropriate for the members including the Iowa City Parks and Rec’s Drop In Center and the Community Inclusion Club. RFYP will share these options with the members, organize transportation, and ensure staffing when appropriate.</p>

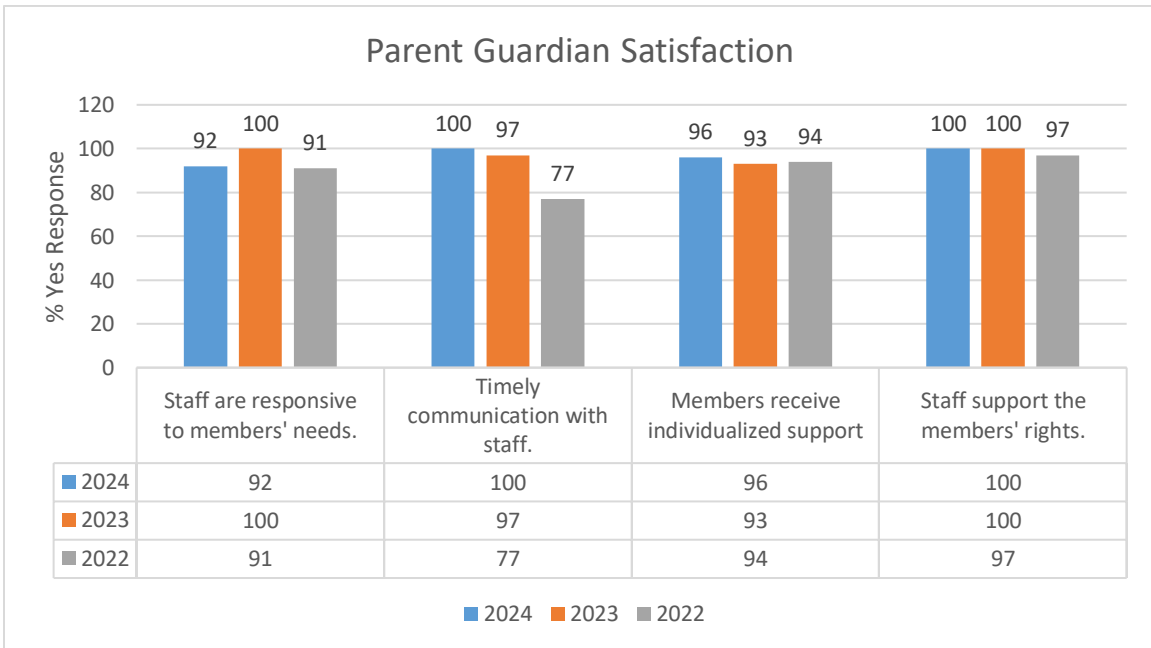
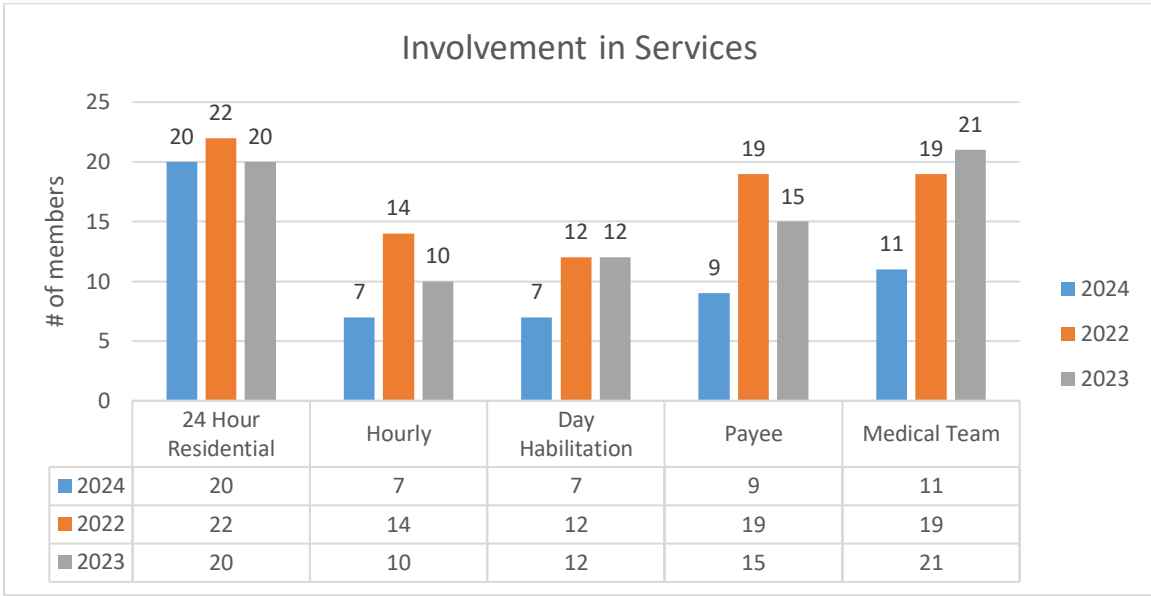
The proposed improvements will be implemented in January 2025, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2025.

## Legal Guardian and Parent Satisfaction Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted a survey to measure the satisfaction level of legal guardians and parents with the agency’s services. Respondents can participate electronically via Survey Monkey or a paper survey option. The survey consisted of open-ended questions and yes/no questions which allows the participants to elaborate with comments. The 2024 Satisfaction Survey questions were analyzed and revised for relevance and clarity.

There were 111 surveys distributed to legal guardians and parents 25 responses were received. The responses were analyzed to ensure data was clean, accurate, and complete. Survey results were compiled and sample responses are included. After gathering and reflecting on the results, the data was summarized and analyzed for trends. Barriers and influencing factors were identified and areas of excellence were documented. Areas of concern, proposed improvements to be implemented in the upcoming year, and a comparative analysis from previous survey results are included in the summary. Action plans for continuous quality improvement will be implemented in January 2025 and reviewed for progress in six months.





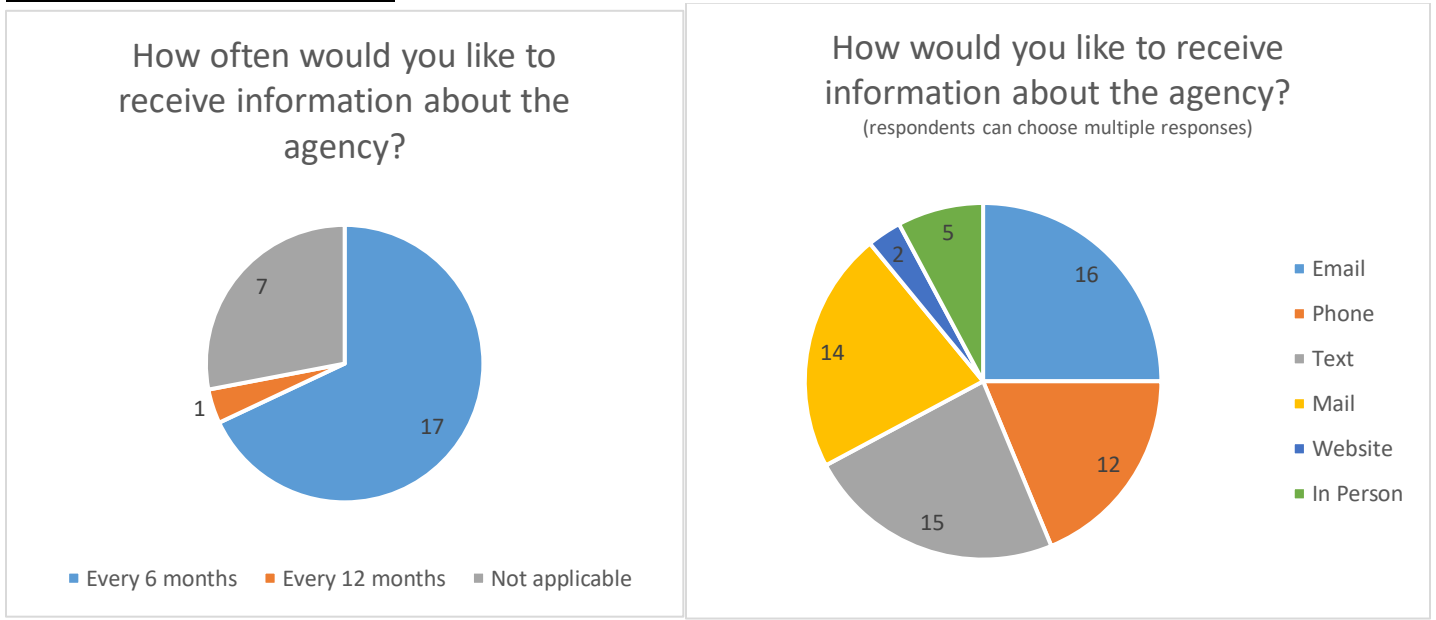
**Agency Use of Technology**

Rate your level of satisfaction with RFYP’s use of technology.



2023	2024	Comparison
Poor: 0%	Poor: 4%	+6%
Good: 41%	Good: 44%	+3%
Excellent: 59%	Excellent: 52%	-7%

### Communication Preferences



- What are the most important topics that you would like RFYP to share with you about the agency’s goals and accomplishments?**
- Progress the member is making
  - Upcoming events, activities, holiday celebrations including few pictures
  - Changes in staffing and RFYP organization: executive, full-time, and direct care.
  - Updates on policies and procedures for RFYP and state/federal regs.
  - Any upcoming social activities, updates related to RFYP leadership team
  - Staff shortages that affect my daughter

### Barriers and Influencing Factors

The survey response rate decreased in 2024. This year 23% of parents/guardians responded to the survey. In 2023, 32 % of parents/guardians responded to the survey. When fewer people respond, the results may reflect

only the views of a certain subset of parents and guardians, potentially excluding important perspectives or concerns from those who didn't participate.

**What Did We Learn?**

Overall, staff responsiveness, timely communication, individualized support, and support for members' rights have all shown positive results, with timely communication seeing significant improvement. The data reflects strong performance in key areas, demonstrating that the organization is meeting the needs of its members effectively and consistently. Parents and guardians reported a high satisfaction with RFYP services overall (96%).

**What Are We Doing Well?**

92% of respondents in 2024 agree that staff are responsive to members' needs. Although slightly down from 100% in 2023, it still represents a high level of satisfaction, indicating that staff are meeting the needs of members effectively.

100% of respondents in 2024 feel that communication with staff is timely, which shows a significant improvement compared to 77% in 2022 and 97% in 2023. This highlights that communication has become more efficient and responsive over time.

<b><u>Parent/Guardian: Areas of Concern</u></b>	<b><u>Parent/Guardian: Proposed Improvements</u></b>
8% decrease in staff being responsive to members' individual needs.	HR is considering restructuring the new staff orientation process. Starting with direct care training will make the office and video portions more relevant, as the staff will have already formed connections with the members, enabling them to better address their needs. It is essential for new staff to meet the members early in their training to establish connections and begin building relationships, allowing them to be more responsive to the members' needs. The revised training plan will introduce direct care support earlier, followed by office and video training. This approach provides new staff with the opportunity to interact with the members they will be supporting.

The proposed improvement will be implemented in January 2025, or as deemed appropriate by the RFYP administration. Progress on the proposed improvement will be reviewed in June 2025.

## Day Program Member Satisfaction Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted a Satisfaction Survey to measure the level of satisfaction of the members of the Day Program. Surveys were completed with all active members on the Day Habilitation program roster. Trained staff recorded the exact responses of each member. The survey consisted of yes/no questions and open-ended questions.

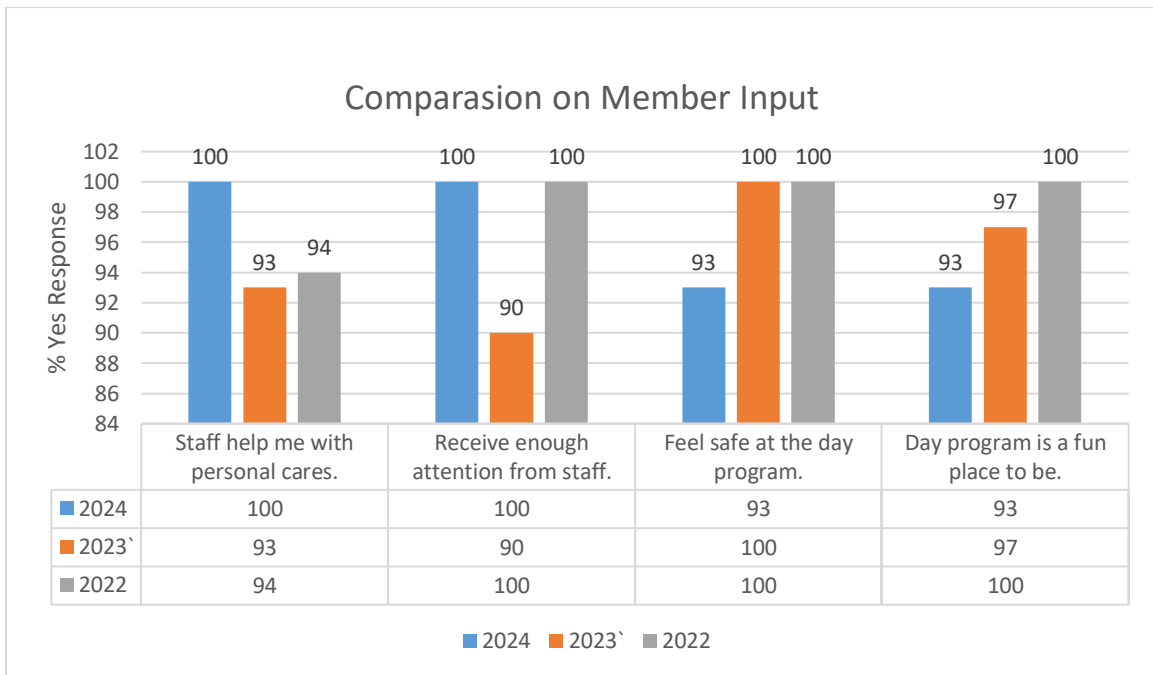
There were 27 satisfaction surveys responses received out of 30 surveys distributed. The responses were analyzed to ensure data was clean, accurate, and complete. Survey results were compiled, and sample responses are included. After gathering and reflecting on the results, the data was summarized and analyzed for trends and causes. Barriers and influencing factors were identified and areas of excellence were documented. Areas of concern, proposed improvements to be implemented in the upcoming year, and a comparative analysis of previous survey results are included in the summary. Action plans for continuous quality improvement will be implemented in January 2025 and reviewed for progress in six months.

### **Key Findings**

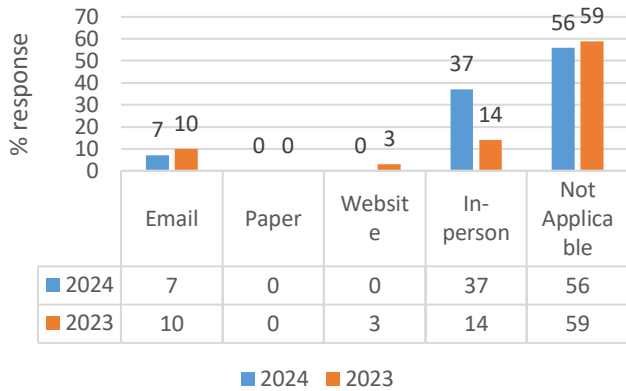
\*\*RFYP added the response choice of “I am not sure” on the 2024 satisfaction surveys. An accurate comparative analysis of responses will be available in 2025.

<b><u>Satisfaction Survey Questions</u></b>	<b><u>2024 I am not sure.</u></b>	<b><u>2024 No</u></b>	<b><u>2024 Yes</u></b>
**Are you satisfied with RFYP’s use of technology in the Day Habilitation program?	0%	4%	96%
**When you attend the Day Habilitation, do you receive information and answers to your questions quickly?	3%	3%	94%

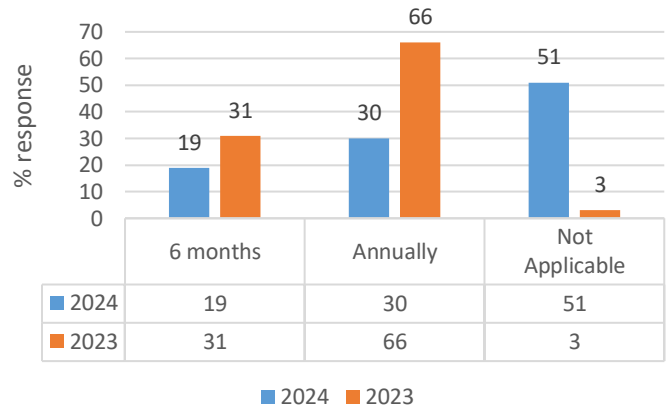
**Do you feel your interests and suggestions are reflected in the monthly activities calendar?	0%	0%	100%
**When you attend the Day Habilitation, are you satisfied with the level of attention you receive from the Day Program staff?	0%	0%	100%
**When you attend the Day Habilitation, do you feel your ideas and input are valued and respected?	4%	0%	96%



### What format would you like to receive information from RFYP.



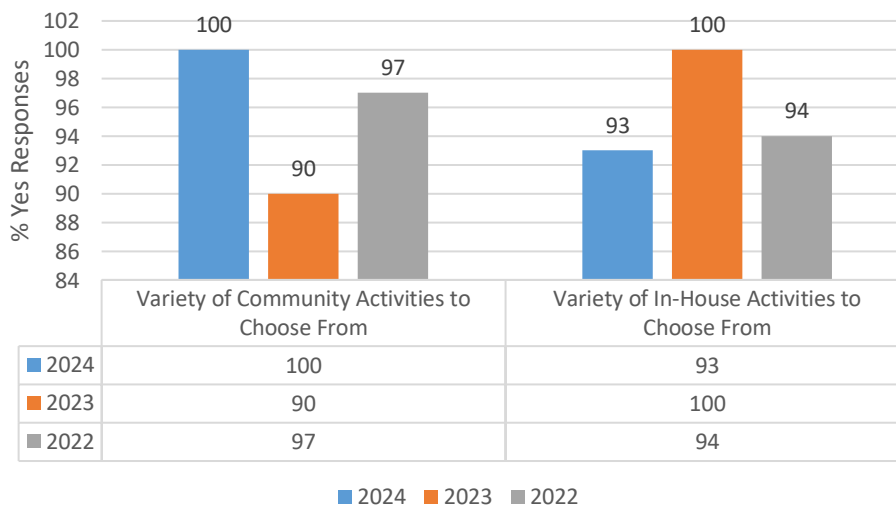
### How often would you like to receive updates from RFYP?



**What are the most important topics that you would like RFYP to share with you about the agency's goals and accomplishments?**

- Staff changes/hires, events
- Outings and activities
- Scheduling changes
- Announce when new members join the program.
- Agency changes and improvements.

### Comparative Analysis on Activities



## **Barriers and Influencing Factors**

A challenge that RFYP faces is recruiting staff that have a valid driver's license with a driving record that meets the criteria to drive for the agency. Positive influencing factor two full time facilitator. Additionally, the facilitator position at the Day Habilitation program has not been consistent over the past year. This position is responsible for planning the daily in-house activities. As a result, the members' satisfaction with options for in-house activities decreased slightly.

## **What Did We Learn?**

RFYP's Day Habilitation program is performing very well, with high levels of satisfaction in key areas like technology use, communication, personalized activities, and staff attention.

## **What Are We Doing Well?**

These results of the satisfaction survey reflect RFYP's strong commitment to meeting the needs and preferences of participants.

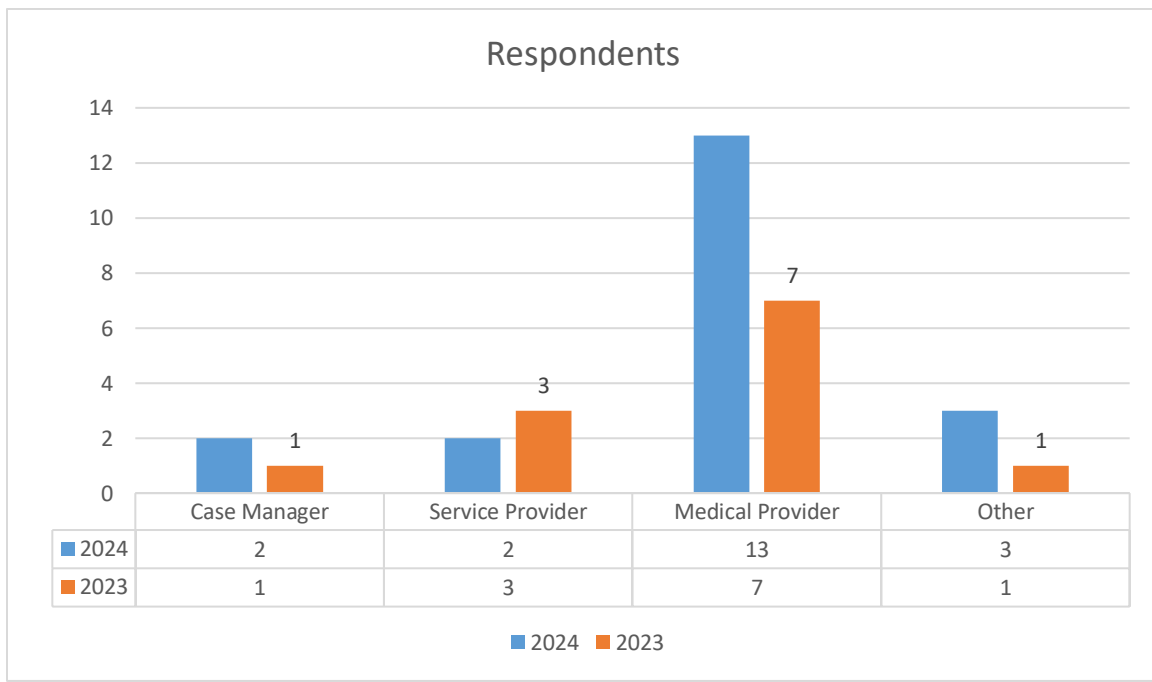
<b><u>Areas of Concern</u></b>	<b><u>Proposed Improvements</u></b>
7% decrease in satisfaction with the variety of in-house activities to choose from.	RFYP will have more option for music therapy at the Dau Habilitation in the upcoming year.  Additionally, RFYP hired a new Day Habilitation Facilitator. The Day Habilitation Facilitator will receive training and guidance regarding planning the activities, seeking input from the members about their preferences, and how to motivate the members to participate.

The proposed improvements will begin to be implemented in January 2025. Progress on the proposed improvements will be reviewed in June 2025.

## Other Provider Satisfaction Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted a survey to measure the satisfaction level of other community providers that collaborate with the agency to coordinate services for RFYP members. The survey consisted of questions related to specific topics that were open-ended or required a “yes” or “no” response. The Satisfaction Survey questions were analyzed and revised for relevance and clarity prior to distribution.

There were 105 surveys distributed to case management, medical providers, and other service providers. 20 survey responses were returned. The responses were analyzed to ensure data was clean, accurate, and complete. Survey results were compiled, and sample responses are included. After gathering and reflecting on the results, the data was summarized and analyzed for trends and causes. Barriers and influencing factors were identified and areas of excellence were documented. Areas of concern, proposed improvements to be implemented in the upcoming year, and a comparative analysis of previous survey results are included in the summary. Action plans for continuous quality improvement will be implemented in January 2025 and reviewed for progress in six months.



<i>Distribution</i>	<i>2024</i>	<i>2023</i>
---------------------	-------------	-------------

Case Management	25 distributed	16 distributed
Medical Provider	50 distributed	110 distributed
Other Provider	30 distributed	33 distributed
<b>Total</b>	<b>105 distributed</b>	<b>155 distributed</b>

### Is your communication experience with RFYP positive?

2024 Yes	95%	2024 No	5%
2023 Yes	75%	2023 No	25%

#### Comparison within groups: 2024 Yes Responses

Case Managers	1/2 Yes Response
Medical Provider	13/13 Yes Response
Other	3/3 Yes Response
Service Provider	2/2 Yes Response

### Do you feel you receive information/responses in a timely manner?

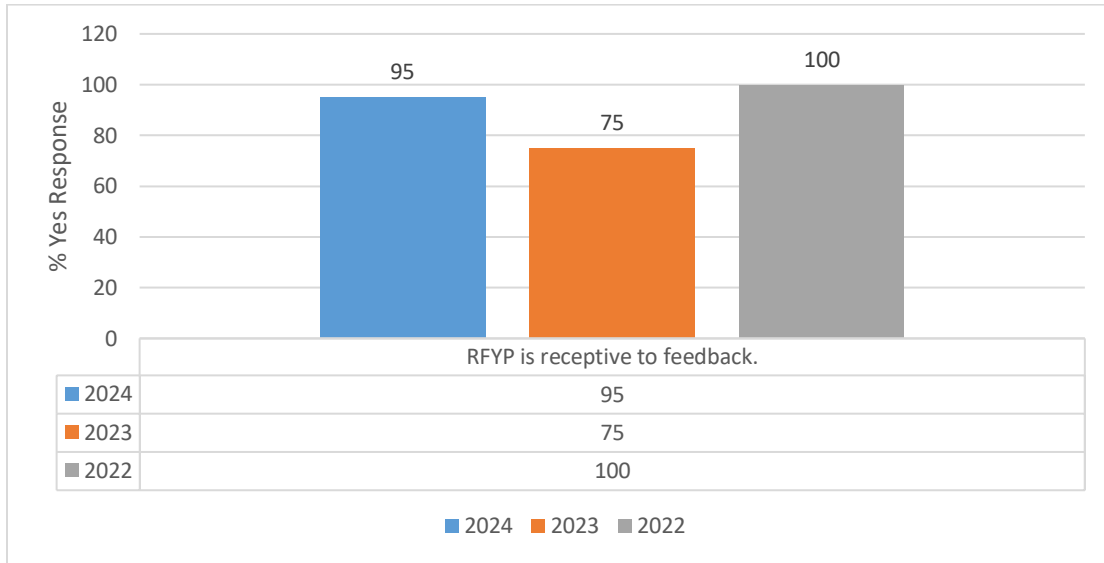
2024 Yes	85%	2024 No	5%
2023 Yes	83%	2023 No	17%

#### Comparison within groups: 2024 Yes Responses

Case Managers	1/2 Yes Response
Medical Provider	13/13 Yes Response
Other	2/3 Yes Response
Service Provider	1/2 Yes Response

## Comparative Analysis





**Do you feel RFYP’s services meet your members’ needs?**

2024 Yes	95%	2024 No	5%
2023 Yes	83%	2023 No	17%

*Comparison within groups: 2024 Yes Responses*

Case Managers	2/2 Yes Response
Medical Provider	13/13 Yes Response
Other	3/3 Yes Response
Service Provider	1/2 Yes Response

**Do you feel RFYP respects individuals and values their differences?**

2024 Yes	100%	2024 No	0%
2023 Yes	92%	2023 No	8%

*Comparison within groups: 2024 Yes Responses*

Case Managers	2/2 Yes Response
Medical Provider	13/13 Yes Response
Other	3/3 Yes Response
Service Provider	2/2 Yes Response

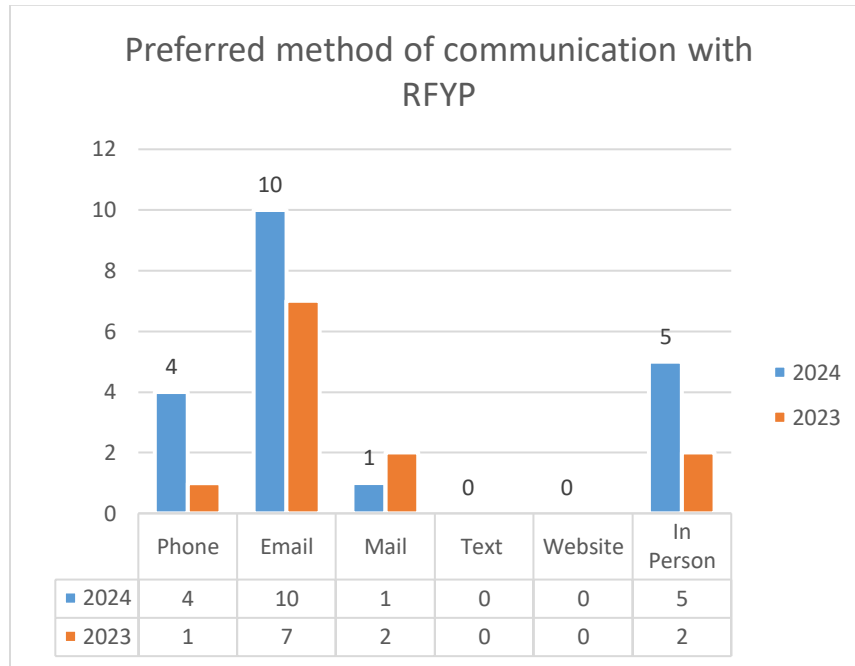
**Are you satisfied with RFYP’s use of technology?**

2024 Yes	80%	2024 No	20%
2023 Yes	100%	2023 No	0%

*Comparison within groups: 2024 Yes Responses*

Case Managers	1/2 Yes Response
Medical Provider	10/13 Yes Response
Other	3/3 Yes Response
Service Provider	2/2 Yes Response

<b>How often would you like to receive information about RFYP’s goals and accomplishments?</b>	Every 6 months	10%
	Every 12 months	40%
	Not applicable	50%



**What are the most important topics that you would like RFYP to share with you about the agency’s goals and accomplishments?**

*Case Management:*

- How you’re working to meet HCBS requirements, specifically in places were settings standards related to involvement with the non-disabled community.
- Openings for the Residential & Day Habilitation programs.

*Medical Providers:*

- Information regarding patients.
- Who is the medial director?
- What do caregivers want to know about oral health? Thanks for all that you do. I very much appreciate the opportunity to provide feedback. You have a very dedicated and caring team.

*Other:*

- Nothing. They do a great job

### **Barriers and Influencing Factors**

The survey response rate increased 20% in 2024. However, the low response rate remains a barrier. When fewer people respond, the results may reflect only the views of a certain subset of other providers, potentially excluding important perspectives or concerns from those who didn't participate.

### **What Did We Learn?**

The communication experience is notably strong across all subgroups (Case Managers, Medical Providers, and Others), with all subgroups showing 100% positive responses, except for the Service Providers in 2024, where 2 out of 2 gave a positive response. RFYP has achieved near-perfect respect and inclusivity ratings, suggesting a strong organizational culture in this area.

### **What Are We Doing Well?**

In 2024, 95% of respondents feel that RFYP's services meet their members' needs, compared to 83% in 2023. This suggests that RFYP has made strides in ensuring that their services align with members' needs.

<b>Area of Concern</b>	<b>Proposed Improvement</b>
Low response rate to the satisfaction survey.	As a result of RFYP staff personally delivering the satisfaction survey to medical providers, there was a significant increase (25%) of responses. This method will be implemented in 2025 to increase the response rater of medical providers and possibly other groups.

The proposed improvements will be implemented in January 2025, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2025.

## **Performance Outcomes Summaries**

### **2024 Annual Performance Outcomes Summary: Day Habilitation**

RFYP is committed to performance improvement through proactive and ongoing review, analysis, reflection, and transparency on goals and objectives for both service delivery and business functions. The results of the performance analysis for the Day Habilitation program are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is

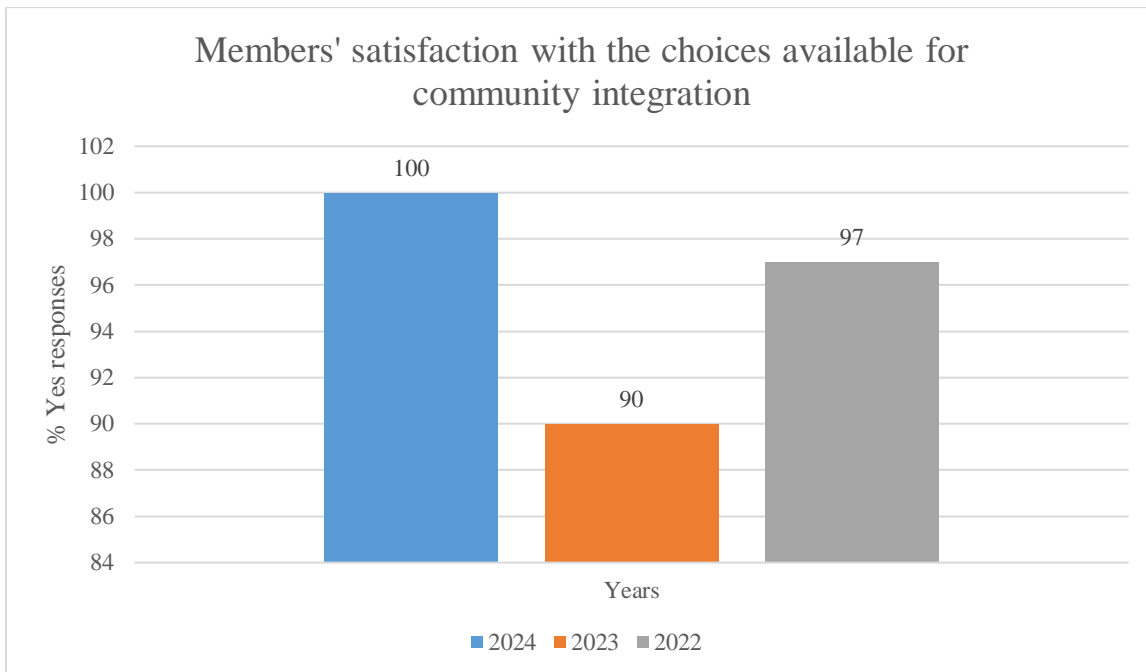
accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs. The objectives and action plans for improvement are reviewed biannually to ensure progress is being made, to ensure relevance, and to make changes as necessary.

***Domain 1: Results Achieved for Persons Served***

**Objective # 1: RFYP provides choices for community integration**

- *Annual Performance Target | 85% Satisfaction with the choices available for community integration*
- *2024 Performance Outcome | 100% Satisfaction with the choices available for community integration*

**Comparative Analysis:**



**The performance target for this objective was met.** This data was collected via the 2024 Day Program Member Satisfaction Survey which is completed annually. RFYP puts forth great efforts to plan opportunities for members to choose from to be involved within their community, as well as arranging for staffing and transportation to and from events. The Day Program Facilitator, Service Coordinator, and/or direct care staff ask members what they would like to do for the upcoming month's outings and activities. Member input is received, recorded, and then outings are planned based on this information.

**Trends:** Coffee shops and community outings with food and beverages options are very popular choices.

**Causes:** The members provide monthly input to the facilitator on community outings they want to go on, and the facilitator creates the schedule based on their input.

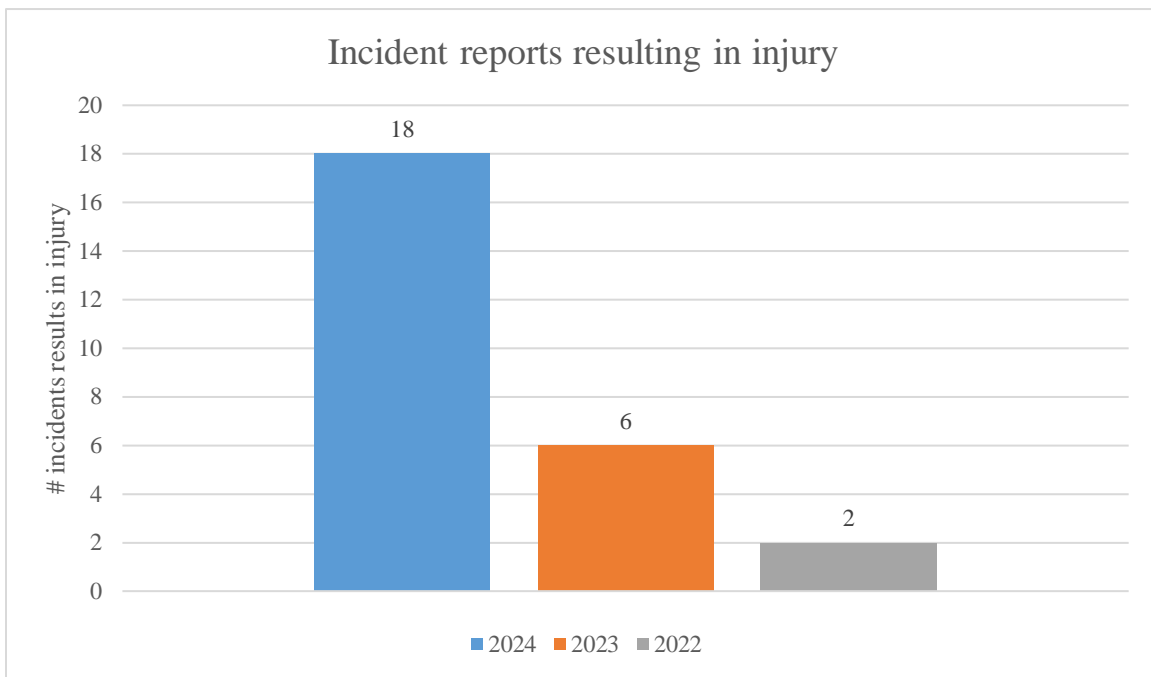
**Impact of Extenuating Factors:** Weather, staffing, transportation, seasonal changes, and the current status of the availability of approved drivers impacts outings.

**Objective #2: RFYP maintains a physically safe day habilitation environment resulting in low injuries.**

- *Annual Performance Target | Maximum of 28 incidents total requiring basic first aid and incidents resulting in injury*
- *2024 Performance Outcome | 18 incidents total requiring basic first aid and incidents resulting in injury*

**RFYP met the performance target for this objective.** Incident report data is tracked using the incident report tracking spreadsheet which is maintained by the Program Director Assistant. Incident reports are summarized biannually. Incident reports are completed by direct care staff and reviewed by Service Coordinators, Program Directors, and Medical Team (if necessary). Disciplinary action and retraining of staff may be required depending on the incident. RFYP takes a proactive approach by offering a comprehensive training schedule so staff are informed and educated on how to protect the health and safety of the members and prevent incidents.

**Comparative Analysis:**



**Trends:** The rise in incident reports can be attributed to the increasing number of members attending the day habilitation program daily, which raises the likelihood of incidents. Staff receive training on documenting every incident even if they are unsure if the situation requires an incident report and/or meets the definition of an incident.

**Causes:** The group size, proactive environmental safety preparation, and individualized attention reduces the risk of injury.

**Impact of Extenuating Factors:** The Day Habilitation program increased the daily roster of attendance and staff in 2024.

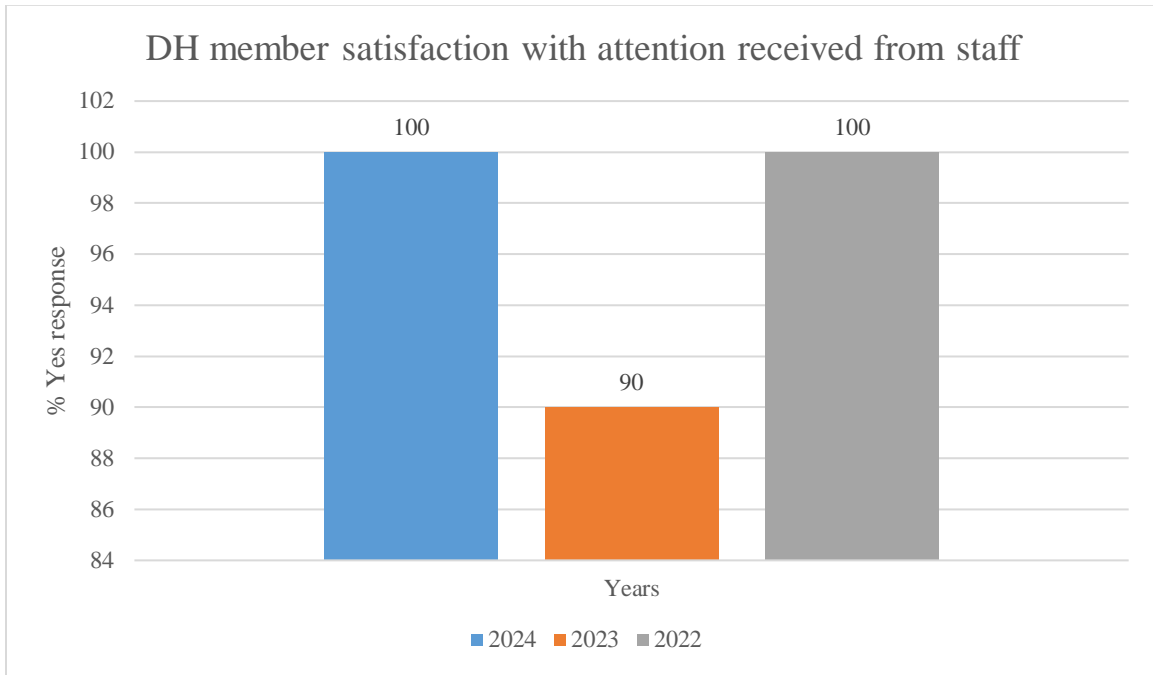
## Domain 2: Experience of Services Received and Other Feedback from Persons Served

**Objective #1 - Members are satisfied with the level of attention they receive from their Day Habilitation staff**

- *Annual Performance Target | 85% Day Habilitation Member Satisfaction reported on the Day Programs Satisfaction Survey*
- *2024 Performance Outcome | 100% Day Habilitation Member Satisfaction reported on the Day Program Satisfaction Survey*

**RFYP met the performance target for this objective.** This data was collected via the Day Program Member Satisfaction Survey. RFYP provides training to all staff regarding person-centered services and individualized supports at hire, annually, and ongoing as needed. It is the expectation that staff are supporting the unique needs of the members and providing the attention that is desired. It is a high priority of RFYP that members feel their physical, social, and emotional needs are prioritized and attended to.

### Comparative Analysis



**Trends:** The members enjoy participating in interactive games, puzzles, crafts, discussions and eat lunch with staff.

**Causes:** The ratio of staff to members of staff allows for quality relationships and trust between members and staff.

**Impact of Extenuating Factors:** Staff turnover impacts consistency and long-term relationship building.

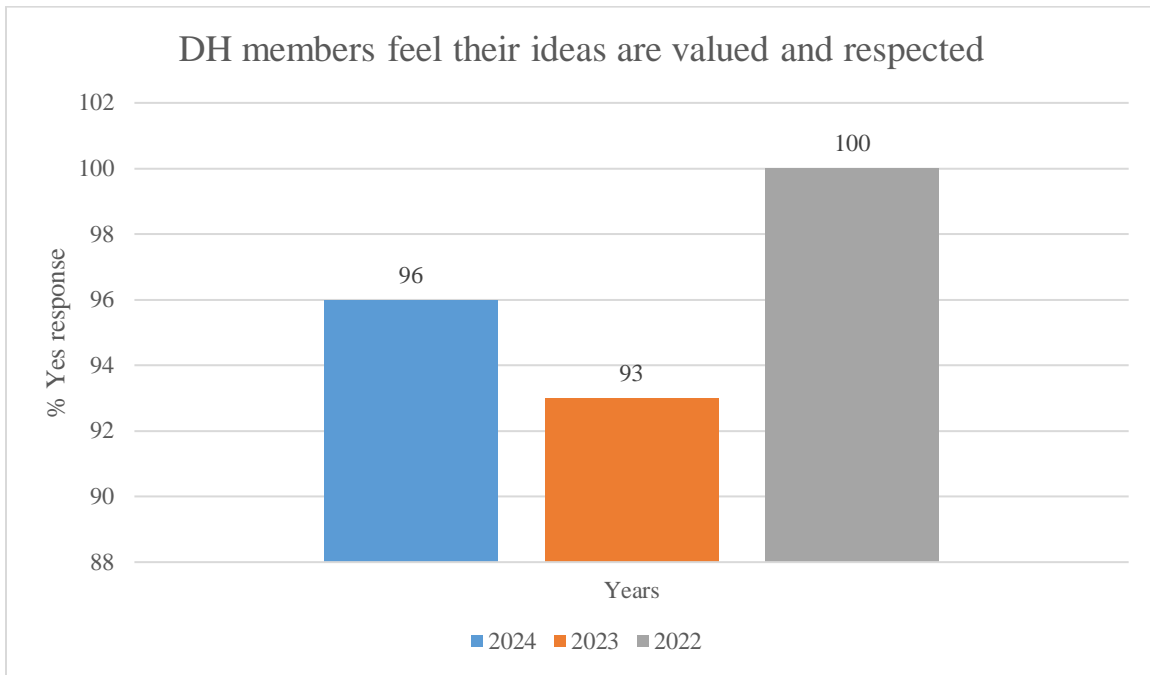
**Objective #2 - Members feel their ideas are valued and respected**

- *Annual Performance Target | 85% of members in the Day Habilitation program feel their ideas are valued and respected*
- **2024 Performance Outcome | 96% of members in the Day Habilitation program feel their ideas are valued and respected**

**RFYP met the performance target for this objective.** This data was collected via the Day Program Member Satisfaction Survey. RFYP respects and values the input, ideas, and satisfaction of the members. RFYP ensures that each member has the same opportunities to participate in aspects of life to the best of their abilities and desires. RFYP seeks the members’ input for all aspects of the program including but not limited to the daily activities, community outings, daily schedules, and individualized services. It is a high priority to RFYP that members feel their input is heard and drive the decisions regarding their services.



## Comparative Analysis:



**Trends:** Members provide input for outings and activities at least monthly and share ideas on a “dream board” of ideas on the wall throughout the month.

**Causes:** Day Habilitation programming is designed to meet the needs of the members and provide person-centered services.

**Impact of Extenuating Factors:** The Day Habilitation staff cannot accommodate ideas for larger trips out of town.

### ***Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders***

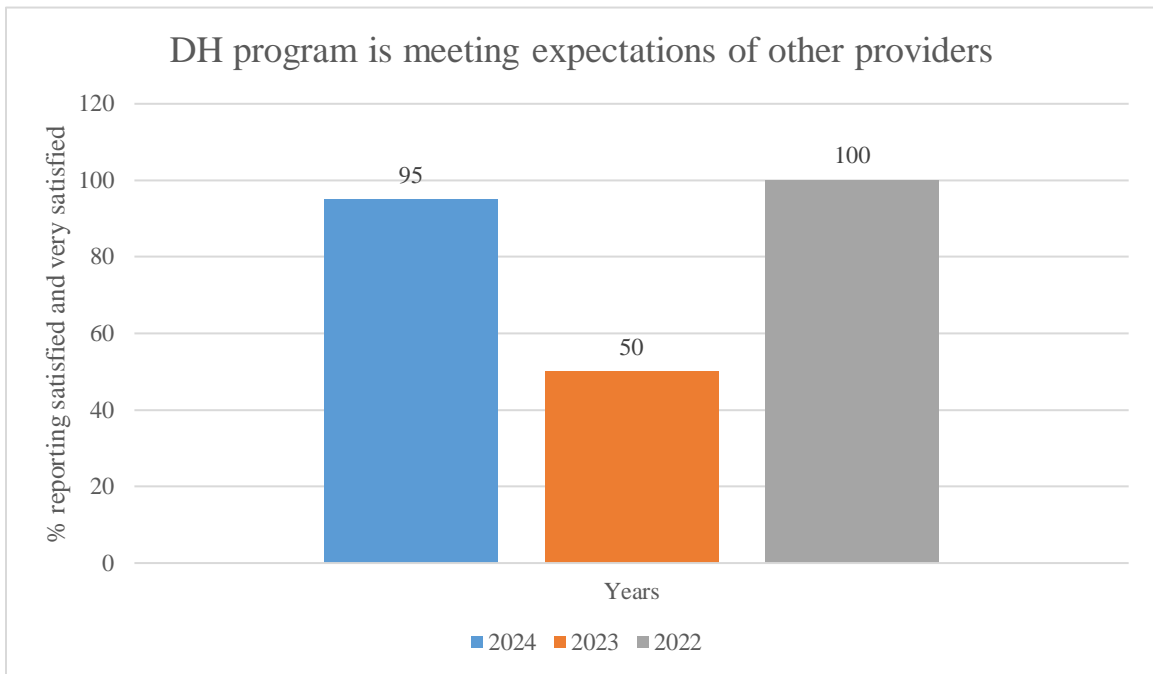
#### **Objective #1 - Day Program services are meeting the expectations of other stakeholders**

- *Annual Performance Target | 85% of stakeholders report the day program services are meeting their expectations*

- 2024 Performance Outcome | 95% of stakeholders report the day program services are meeting their expectations by selecting satisfied or very satisfied.

**RFYP met the performance target for this objective.** This data was collected via the annual Other Stakeholders Satisfaction Survey. RFYP strives for overall program satisfaction of stakeholders to ensure the program is meeting and exceeding their expectations. Effective interdisciplinary disciplinary teams convey many benefits to both the members and team members including health outcomes, enhanced satisfaction, and efficient use of resources.

**Comparative Analysis:**



**Trends:** Increase in responses from medical providers.

**Causes:** Stakeholders would like the members to be more active and in day programming.

**Impact of Extenuating Factors:** Increase in responses from medical providers. Hiring staff for the Day Habilitation program is more challenging because staff need to be comfortable with assisting with personal cares, approved to drive RFYP vehicles, and available during day shift hours.

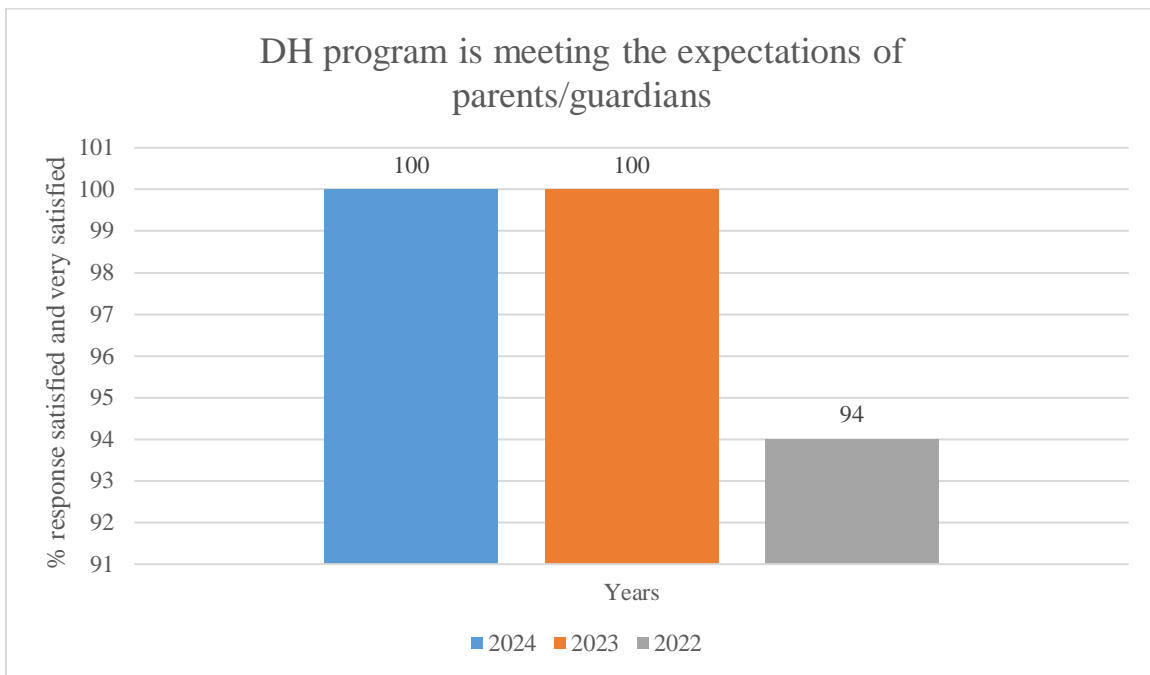
**Objective #2: Day Program services are meeting the expectations of Legal Guardians/Parents**

- *Annual Performance Target | 85% of parents and legal guardians report day program services are meeting their expectations*

- 2024 Performance Outcome | 100% of parents and legal guardians report day program services are meeting their expectations

**RFYP met the performance target for this objective.** This data was collected via the annual Parent/Legal Guardian Satisfaction Survey. RFYP strives for overall program satisfaction to ensure RFYP is prioritizing expectations of parents and legal guardians. Effective interdisciplinary disciplinary teams convey many benefits to both the members and interdisciplinary team members including health outcomes, enhanced satisfaction, and efficient use of resources.

**Comparative Analysis:**



**Trends:** Staff consistently engage in communication via email and encourage guardians to visit the Day Habilitation.

**Causes:** RFYP staff follows through with the Service Coordination and Open-Door policies.

**Impact of Extenuating Factors:** Guardians appreciate the transparency and quick response times.

**Domain 4: Resources Used to Achieve Results for the Persons Served**

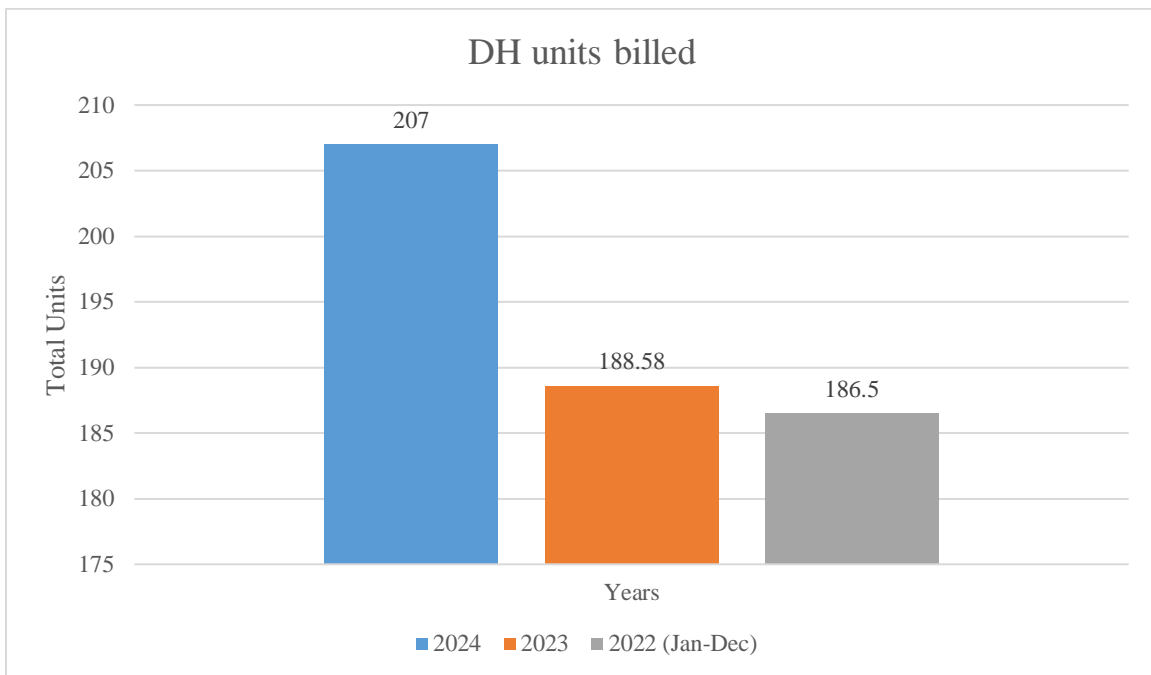
**Objective #1 – The Day Habilitation billing units are monitored monthly to maintain fiscal health**

- *Annual Performance Target | 180 units billed per month on average*
- *2024 Performance Outcome | 207 units billed per month on average*

**RFYP met the performance target for this objective.** This data is collected and maintained by the Financial Department. The enrollment of Day Program members and their units are monitored closely by the Financial Director and Executive Director to promote fiscal health and ensure financial stability. This data was collected from the billing census worksheets for January 1, 2024 – December 31, 2024.

The member enrollment and billing census worksheets are analyzed by the Financial Director and reported to the Executive Director on a monthly basis. If there are key changes to the number of billable units, the results are reported to the Board of Directors to notify of any major budget modifications.

**Comparative Analysis**



**Trends:** The RFYP Day Habilitation roster, daily schedule, and staffing patterns increased compared to previous years.

**Causes:** Members expressed interest in increasing their attendance at the Day Habilitation. RFYP increased staffing to accommodate the increase in the number of members participating daily.

**Impact of Extenuating Factors:** The members' schedules vary each day due to their participation in other programming such as work, appointments, and other day programs.

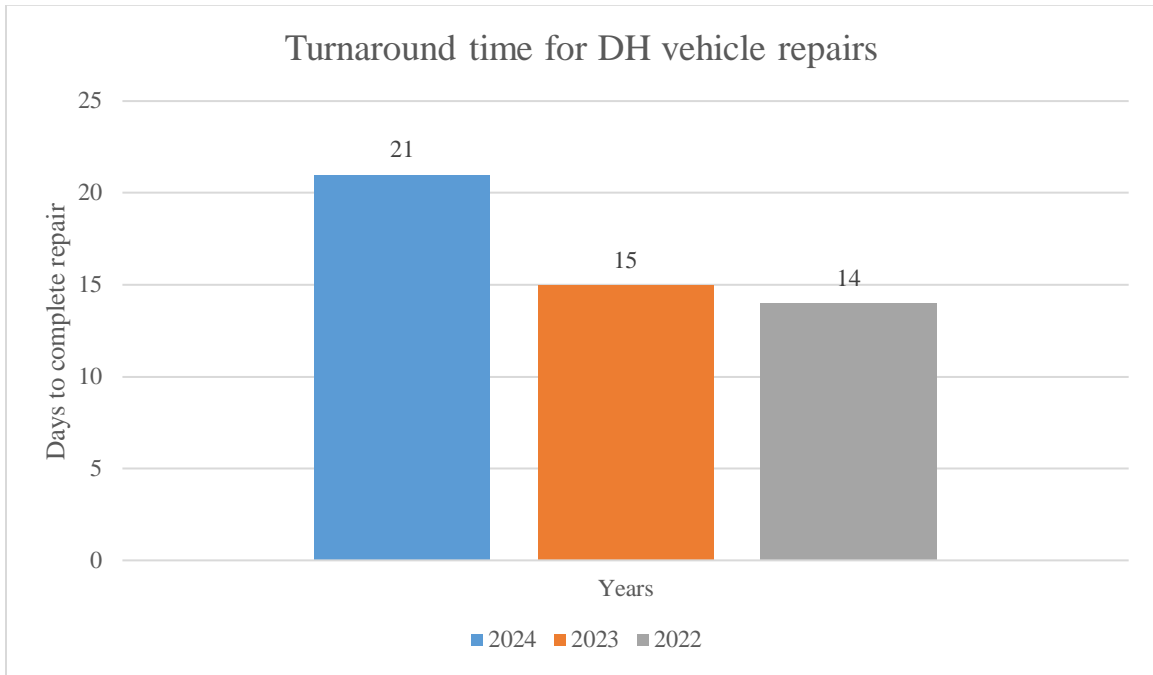
### *Domain 5: Service Access Measures*

#### **Outcome #1 - Wait time on Day Habilitation vehicle maintenance requests completion**

- *Annual Performance Target | 15 days or less wait time from received date to completion date for Day Habilitation vehicle maintenance requests*
- 2024 Performance Outcome | 21 days average wait time from received date to completion date for vehicle maintenance requests

**RFYP did not meet the performance outcome for this objective.** This data was collected from the work order log spreadsheet that is maintained and monitored by the Program Director who supervises the maintenance staff.

Work orders are completed by staff to alert the maintenance department regarding vehicle repairs or anything on the property that needs attention. The work orders are entered into the work order log/spreadsheet. The work order log becomes an ongoing list of tasks for the maintenance department. The work order received date, completion date, costs, and any special notes about the repairs are also tracked on this spreadsheet. There are typically four vehicles dedicated for the day program between 8am-5pm Monday through Friday. RFYP believes access to safe and accessible transportation is necessary to support the members with accessing community integration opportunities. When a vehicle needs repairs or is not able to be used due to repair or damage issues, it negatively impacts the members' ability to access their scheduled activities, appointments, or be involved within their community.



**Trends:** Due to the specialty of the lift vans, there are limited options for repair/service shops. Most vehicle maintenance tasks are for oil changes and general maintenance since many of the vehicles are new or leased.

**Causes:** Turnaround time is impacted by the schedule and business hours of the local vehicle maintenance businesses.

**Impact of Extenuating Factors:** The lift vans also are more specialized and have more technology in the van. This requires a specialized maintenance shop to do the repair with special parts and slows down the repair turnaround time.

**Action Plan for Improvement:** To improve efficiency and minimize delays caused by slow specialty vehicle repair shops, we will explore alternative repair providers, streamline communication with existing shops, and develop contingency plans to reduce downtime.

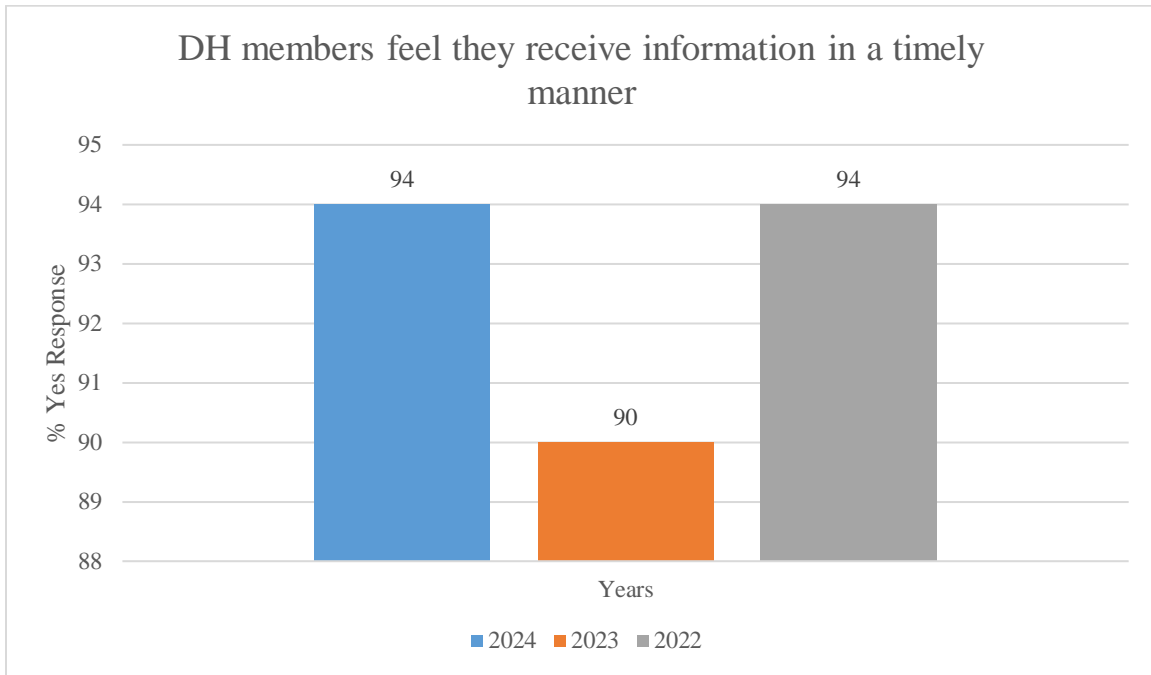
**Objective #2 - Day Habilitation members receive information and answers to their questions in a timely manner**

- *Annual Performance Target | 85% of day habilitation members report they feel they receive information and answers to their questions in a timely manner*
- **2024 Performance Outcome | 94% of day habilitation members report they feel they receive information and answers to their questions in a timely manner**

**RFYP met the performance target for this objective.** This data was collected via the Day Program Member Satisfaction Survey which is distributed annually. Members’ feedback regarding the timely communication of

information can lead to better service coordination and members feeling empowered to make informed decisions about circumstances that directly affect their lives.

**Comparative Analysis:**



**Trends:** There is a pattern of members seeking information about what the upcoming outings will be and what the end of the month party theme will be.

**Causes:** Communication and timely response times are strong due to the small member to staff ratio.

**Impact of Extenuating Factors:** Most members attend 2 days per week and may have to wait for their answer due to their Day Habilitation schedule.

***Domain 6: Business Function Measurement***

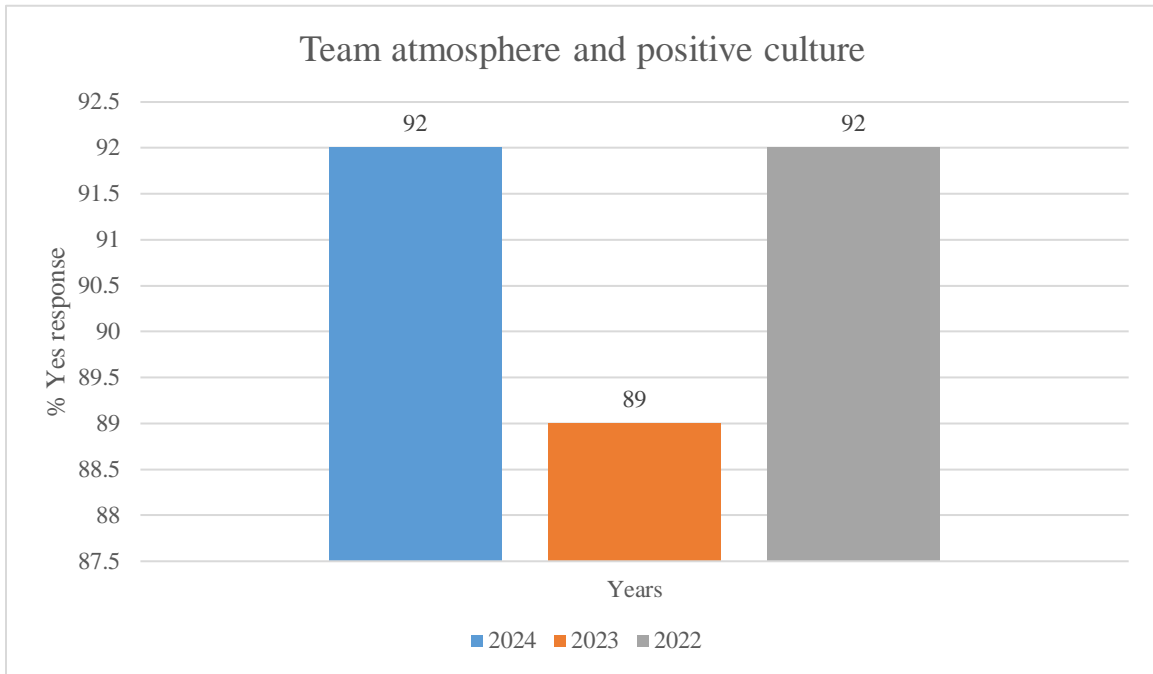
**Objective #1 - Increase agency morale and culture to ensure a positive work environment**

- Annual Performance Target | 85% of staff responding feel RFYP has a positive agency culture
- 2024 Performance Outcome | 92% of staff responding feel RFYP has a positive agency culture

**RFYP met the performance target for this objective.** This data was collected via the Employee Engagement Survey which is distributed annually. Being responsive and flexible to the needs of the staff are high priorities of

RFYP. RFYP puts great effort into agency culture and work morale to reduce staff turnover, improve productivity and efficiency, and retain staff. Most importantly, RFYP wants staff to feel happy at work and in their personal lives.

**Comparative Analysis:**



**Trends:** Staff appreciate the supportive work culture, staff appreciation parties, retainment bonuses, and RFYP swag (especially RFYP shirts). Staff are feeling appreciated for their work and dedication to the agency and members.

**Causes:** The HR department is providing additional training to supervisors.

**Impact of Extenuating Factors:** HR is seeking additional service coordinators.

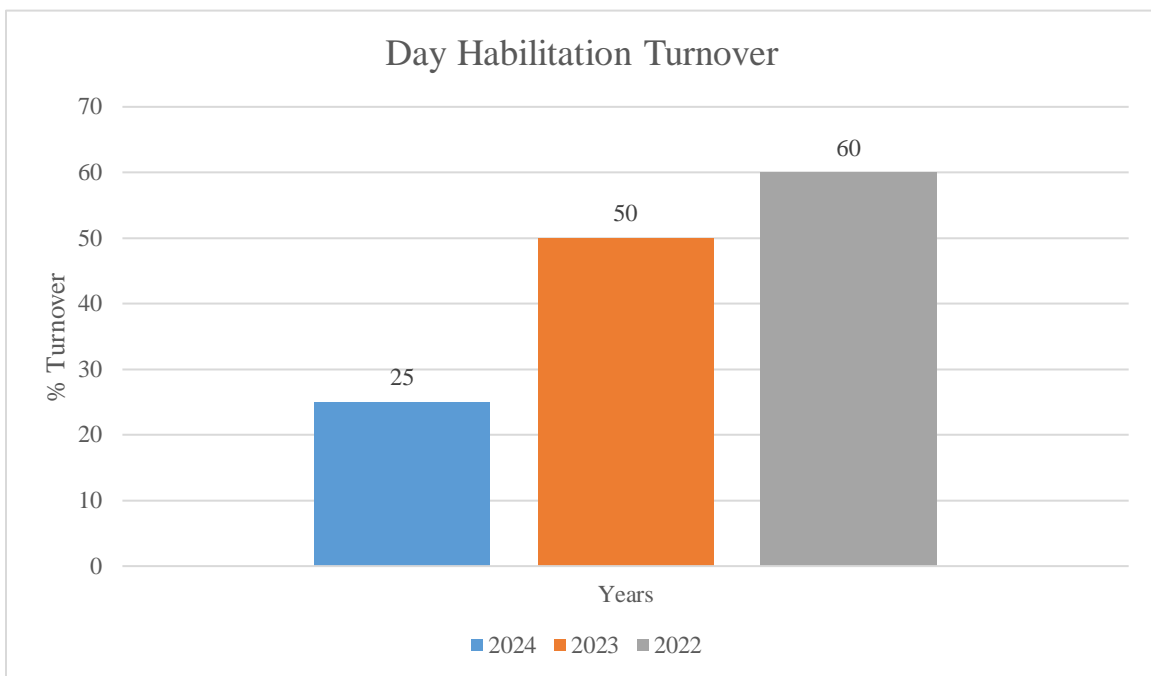
**Objective #2 - Decreasing personnel turnover so supervisors can spend less time training new staff and more time providing efficient services to members**

- *Annual Performance Target | 60% Day Program Staff Turnover Rate*
- *2024 Performance Outcome | 25% Day Program Staff Turnover Rate*



**RFYP met the performance target.** This data is collected through personnel data in ADP software and is maintained by the Human Resources Department. Personnel turnover is an ongoing challenge for the agency, particularly in the direct care and Service Coordinator positions. Due to the agency employing many college-age students from Kirkwood Community College and the University of Iowa, direct care staff schedules may change every three to four months due to their educational responsibilities. Many hours go into training a new staff by the HR Department and Service Coordinators. By decreasing the staff turnover rate, these departments and staff can use their time creating a better living environment, quality of life for the member, and delivering individualized services rather than training new staff.

### Comparative Analysis



**Trends:** All terminations from the Day Habilitation program were voluntary due to personal circumstances.

**Causes:** Human Resources and supervisors are committed to taking a retraining approach instead of a disciplinary approach.

**Impact of Extenuating Factors:** The agency hired a second Day Hab Facilitator to be active with the direct care staff and work on the floor with the members alongside the staff.

### Day Habilitation Performance Indicators

**Day Habilitation 2025: Performance Outcomes**

**Through personalized care and assistance, Reach for Your Potential, Inc. provides comprehensive residential and day habilitation services for adults with disabilities. Our goal is to help you reach your personal best.**

**Domain 1: Results Achieved for Persons Served (Effectiveness Measures) Measuring change over time is inherent in the measurement of results achieved for the persons served. Data collected at the beginning of services, at specific intervals during services, at the end of services, and/or at a point(s) in time following services**

Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Social & Community Context	1. RFYP provides DH members choices for community integration.	% of Yes responses on the Day program Satisfaction Survey	Active Day Program Members	Annually (October)	Day program Member Satisfaction Survey	Members are active participants in their community.	QA Department and Program Director	85% YES Reponses	100%	Yes	90%	Activity calendars are planned based on the input of members. There are daily opportunities for community outings	11/1/24-12/1/2024	Spring 2025	1
SDOH: Neighborhood and Build Environment	2. RFYP maintains a safe day habilitation environment preventing injuries resulting in basic first aid	# of incident reports resulting in the application of basic first aid and injury.	Active Day Program Members	Daily	Incident Reports	Members are provided a safe environment to engage in Day Habilitation activities	Direct Care Staff, Facilitators	Max 28 incident reports for basic first aid and incidents resulting in injury per year	18	Yes	6	Including basic first aid and incidents resulting in injury for calculating the performance target	1/1/2025-1/30/2025		2

**Domain 2: Experience of Services Received and Other Feedback from Persons Served: The perception of the persons served regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations in areas such as service responsiveness, respect, informed choice, participation, and overall value.**

Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
Internal Focus Area	1. DH Members are satisfied with the level of attention they receive from day program staff	% of Yes Responses on the Day program Member Satisfaction Survey	Active Day Program Members	Annually (October)	Day Program Member Satisfaction Survey	Members feel their social and emotional needs are prioritized and attended to	QA Department, SC, and Program Director	85% reporting YES	100%	Yes	90%	Attention towards members is discussed at weekly staff meetings.	11/1/24-12/1/2024	Spring 2025	3
Internal Focus Area	2. DH Members feel their ideas are valued and respected.	% of Yes Responses on the Day program Member Satisfaction Survey	Active Day Program Members	Annually (October)	Day Program Member Satisfaction Survey	Members feel their input is heard and drive decisions for their services	QA Department, SC, and Program Director	85% reporting YES	96%	Yes	93%	Showing members respect is discussed at weekly staff meetings.	11/1/24-12/1/2024		1

**Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders: The perception of stakeholders regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations**

Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
Internal Focus Area	1. Day Program services are meeting the expectation of Other Providers	% of satisfied and very satisfied responses on the Other Stakeholder Satisfaction Survey	Other Providers	Annually (October)	Other Provider Satisfaction Survey	RFYP is prioritizing expectations of other providers to ensure high quality programming for the member.	QA Department, SC, and Program Director	85% reporting Satisfied or Very Satisfied	95%	Yes	50%	Low response rate. Only 2 responses for this question. RFYP gathers information from other providers in multiple ways.	11/1/24-12/1/2024	Spring 2025	1
Internal Focus Area	2. Day Program services are meeting the expectation of Parents/Guardians	% of Very Satisfied and Satisfied responses on the Parent/Guardian Satisfaction Survey	Parent/Guardians	Annually (October)	Parent/Guardian Satisfaction Survey	RFYP is prioritizing expectations of parents and guardians to ensure high quality programming for the member.	QA Department, SC, and Program Director	85% reporting Very Satisfied or Satisfied	100%	Yes	100%	RFYP seeks input from guardians and other stakeholders regularly.	11/1/24-12/1/2024		1

**Domain 4: Efficiency measures: Resources Used and Results Achieved for the Persons Services.**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Economic Stability	1. The Day Habilitation units are monitored monthly to maintain fiscal health.	Day Habilitation Census	Financial Dept QuickBooks Database	Monthly Average	Day Hab Daily Attendance and Units entered into QuickBooks for Reimbursement	Monitoring of the census to ensure continuation of services for members and avoid any disruption to the members schedule	Financial Director	180 units	207	Yes	188.58	Members' schedule and health changes quickly. This impacts their attendance at the DH. RFYP is adjusting this goal to 250 units billed on average for 2025.	1/1/2025-1/30/2025	Spring 2025	1

**Domain 5: Service Access Measures: Service access addresses the organization's capacity to provide services to those who desire or are in need of receiving services**

Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Social & Community Context	1. Limit wait time on Day Hab vehicle maintenance requests	Maintenance work order assigned date vs. complete date	Maintenance Department	Daily	Maintenance Work Order Form Tracking	Access to community and civic participation	Program Director	15 business days or less on average annually	21 days	No	15 Days	Vehicle maintenance repair businesses experiencing slow shipping times and delays in scheduling repairs.	1/1/2025-1/30/2025	Spring 2025	1
SDOH: Education	2. Day Habilitation members receive information and answers to their questions in a timely manner	% reporting YES on Day program member satisfaction survey	Day program members	Annually (October)	Day program Member Satisfaction Survey (electronic or paper survey option)	Effective and consistent sharing information allowing members to feel informed and empowered with minimal delays	QA Department and Program Director	85% YES Responses	94%	Yes	90%	Low ratio of members to staff	11/1/24-12/1/2024		2

Domain 6: Business Function Measurement															
Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	Activities to Sustain & Enhance the Organization	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	2024 Results Achieved	Perf. Target Met (yes/no)	2023 Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
RFYP Internal Focus	1. RFYP promotes a team work environment to promote a positive agency culture by recognizing staff's accomplishments and contributions.	Staff Engagement Survey	All RFYP Staff	Annually	Staff Engagement Survey (electronic or paper option)	Staff and members will thrive positive and healthy agency culture resulting in consistent staffing and long-term relationships	Program Directors and Human Resources Director	85% reporting Agree or Strongly Agree	92%	Yes	89%	RFYP supports staff in a variety of ways to improve agency culture including staff pariets, bonuses, stay interview, and referral/retention bonuses.	11/1/24-12/1/2024		1
RFYP Internal Focus	2. Decreasing day habilitation personnel turnover rates.	Day Habilitation Turnover Rate	Human Resources Dept.	Annually	QuickBooks	Consistent and long-term staffing has a beneficial effect on the payroll. Training new workers has a high cost. RFYP wants to invest in the business functions that will enhance member cares and sustain the organization.	Human Resources Director	75% (new 2022)	25%	Yes	50%	New Program Director and 2 Facilitators working in the DH.	1/1/2025-1/30/2025	Spring 2025	2

**2024 Annual Performance Outcomes Summary: Supported Community Living**

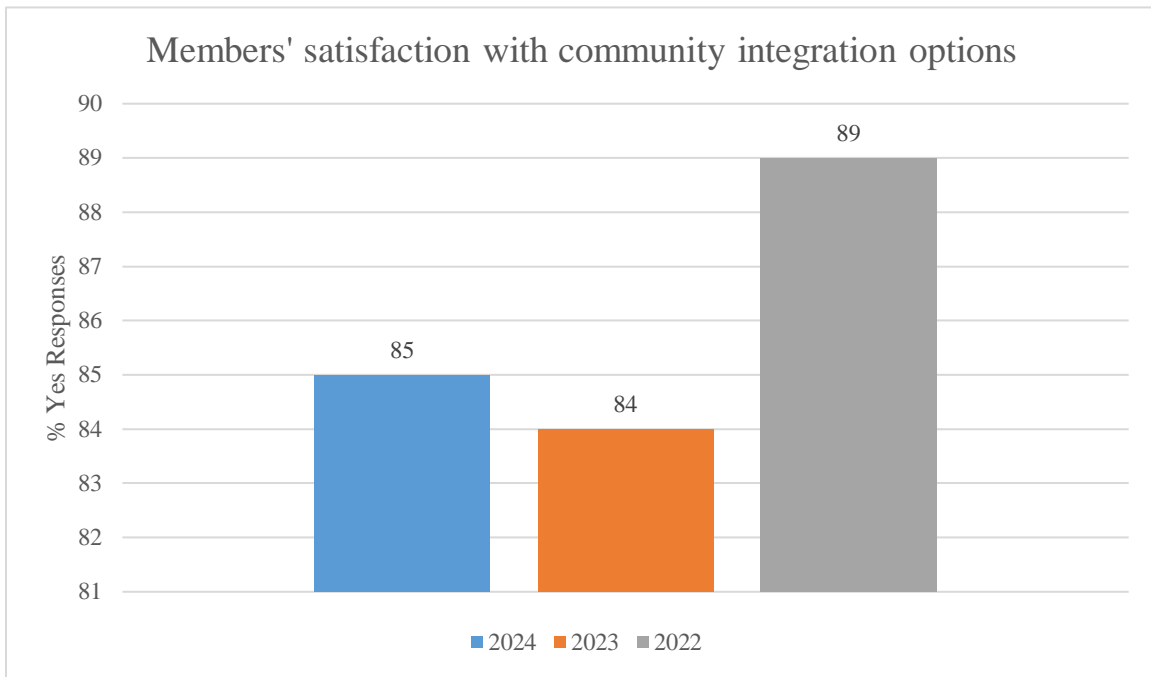
RFYP is committed to performance improvement through proactive and ongoing review, analysis, reflection, and transparency on goals and objectives for both service delivery and business functions. The results of performance analysis for Supported Community Living are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs. The objectives and action plans for improvement are reviewed biannually to ensure progress is being made, relevance, and to make changes as necessary.

***Domain 1: Results Achieved for Persons Served***

**Objective #1: RFYP provides members choices for community integration**

- *Annual Performance Target | 85% of RFYP members report they feel RFYP provides choices for community integration*
- *2024 Performance Outcome | 85% of RFYP members report they feel RFYP provides choices for community integration*

### Comparative Analysis



**RFYP met performance target for this objective.** This data was collected via the Residential Member Satisfaction Survey which is distributed annually. RFYP makes it a priority to offer choices for community integration. Community integration and social contexts enable individuals to strive to learn, work, play, and socialize successfully in their local environment all while enjoying the benefits of an active, engaged lifestyle. Each individual in the community integration possesses a unique potential: a potential to create, grow, learn and adapt. The relationships, support networks, interconnections within communities, and the involvement of the members in decisions that affect their lives all contribute to an individual’s quality of life.

**Trends:** RFYP members enjoy in-house activities and community outings such as going to the movies, bowling, and participating in Aktion Club. RFYP plans weekly options for activities on the Engagement Calendar. The calendar is developed with ideas from the members and outings they’ve reported that they have enjoyed in the past.

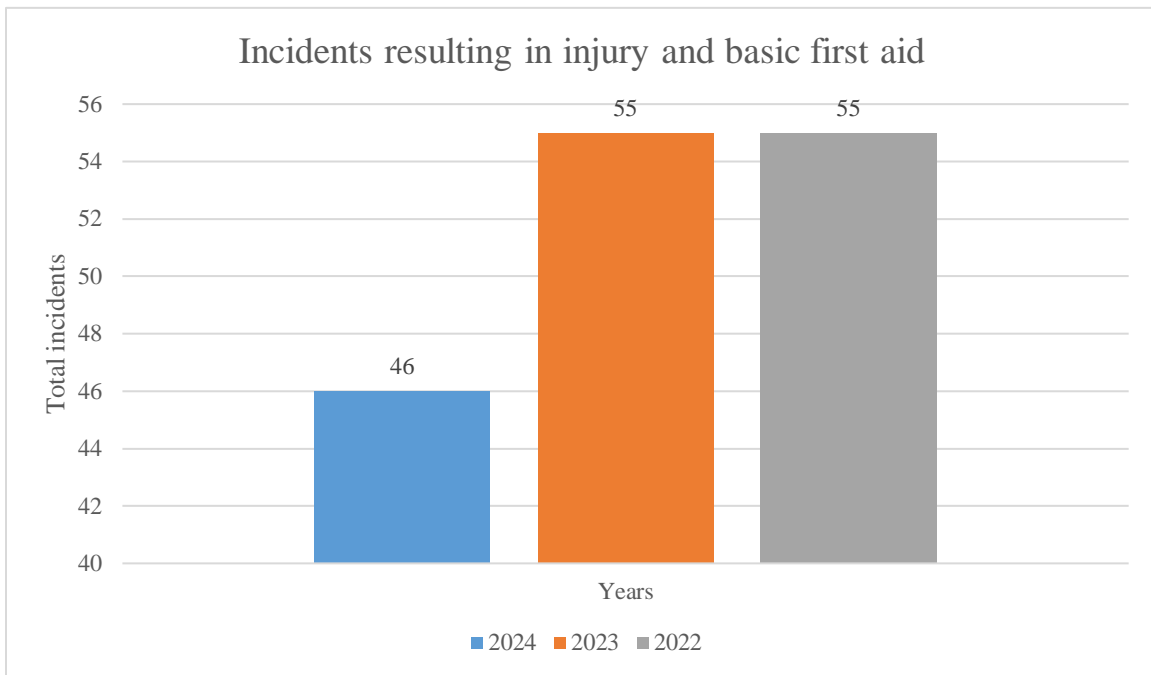
**Causes:** RFYP follows through with the Community Integration Policy. The agency tracks weekly engagement to ensure all members are engaged in their community and with their peers.

**Impact of Extenuating Factors:** The health of the members, weather, staffing, and transportation impact community outings and participation in activities.

**Objective #2: RFYP maintains physically safe residential built environments**

- *Annual Performance Target | Maximum of 64 incidents total requiring basic first aid and incidents resulting in injury*
- 2024 Performance Outcome | 46 incident reports documenting incidents resulting in basic first aid and injury

**Comparative Analysis:**



**RFYP met this performance target for this objective.** Incident report data is tracked using the incident report tracking spreadsheet which is maintained by the Program Director Assistant. Incident reports are summarized biannually. Incident reports are reviewed by Service Coordinators, Program Directors, and Medical Team (if necessary). Disciplinary action and retraining may be required depending on the incident. RFYP takes a proactive

approach by offering a comprehensive training schedule so staff are informed and educated on how to protect the health and safety of the members.

**Trends:** The incidents did not establish a pattern. They were results of isolated accidents and unique situations.

**Causes:** The behavior of the members can change quickly. RFYP puts forth great effort to train staff on the individual needs of members, proactive behavior strategies, and positive behavior prevention strategies to maintain a safe and predictable environment. This increase in outings, day programs, work options, and activities at home and within the community can be correlated to the increase in incidents.

**Impact of Extenuating Factors:** Members are very active at home and in the community.

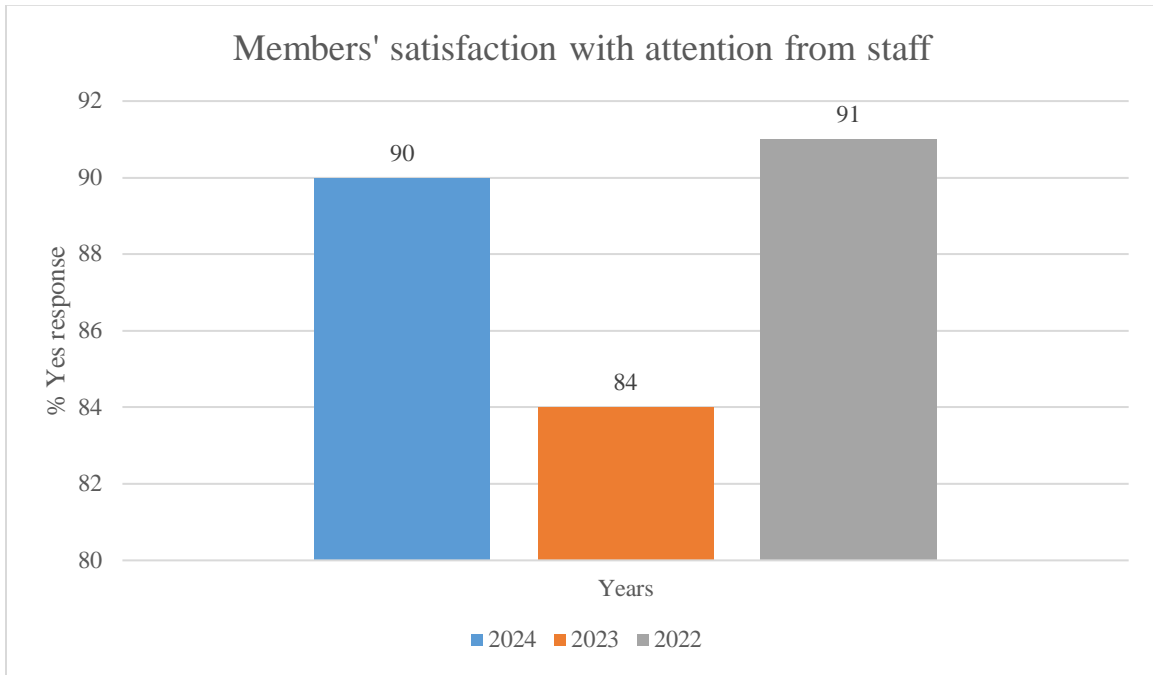
## *Domain 2: Experience of Services Received and Other Feedback from Persons Served*

### **Objective #1: Members are satisfied with the level of attention they receive from staff**

- *Annual Performance Target | 85% of members are satisfied with the level of attention they receive from staff*
- *2024 Performance Outcome | 90% of members are satisfied with the level of attention they receive from staff*

**RFYP met the performance target for this objective.** This data was collected via the Residential Member Satisfaction Survey which is distributed annually. Staff receive ongoing training and support on how to implement the best practices on how to provide person-centered and individualized services. Member satisfaction with the individualized support that RFYP provides drives decision making. It is important that the members are highly satisfied, so they feel empowered to thrive, grow, live, work, and age within their home environment.

### **Comparative Analysis**



**Trends:** Members like the 1:1 staffing when it is available.

**Causes:** RFYP staffing has remained consistent and there is less of a staff shortage compared to previous years.

**Impact of Extenuating Factors:** RFYP missed the target by only 1%. Approximately half of the residential members responded to the satisfaction survey. The low response rate and input reflects only half of the members (not all) involved in services.

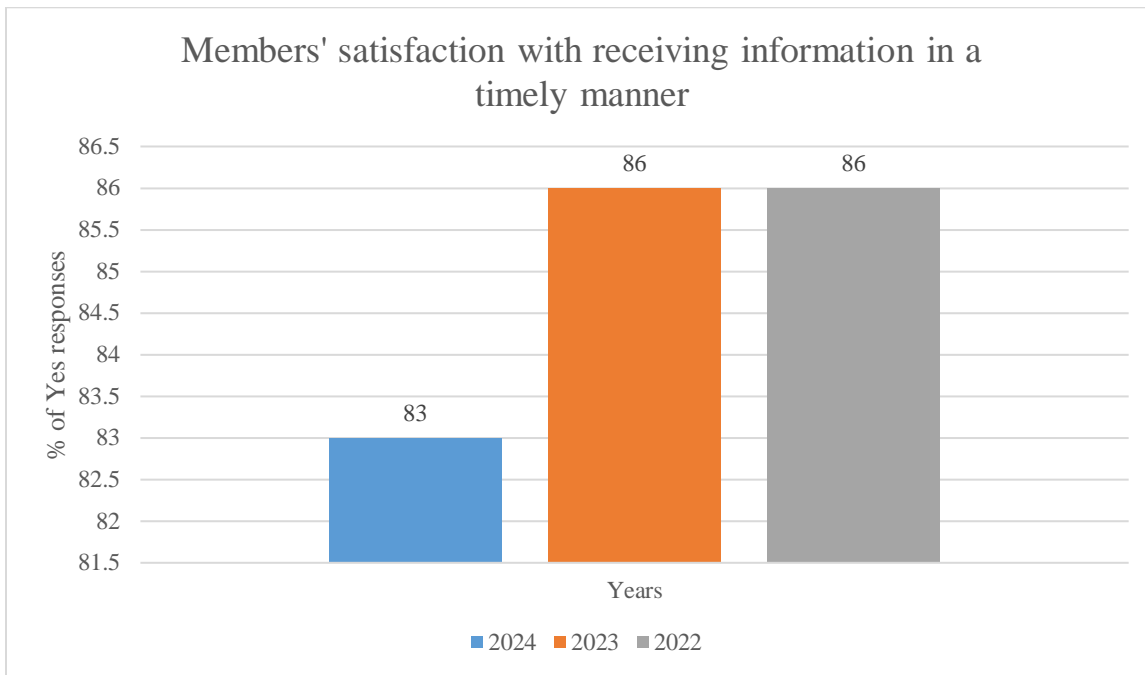
**Objective #3: Members receive answers to their questions in a timely manner to make informed personal choices**

- *Annual Performance Target | 85% of members feel they receive answers to their questions in a timely manner to make informed personal choices*
- *2024 Performance Outcome | 83% of members feel they receive answers to their questions in a timely manner to make informed personal choices*

**RFYP did not meet the performance target for this objective.** This data was collected via the Residential Member Satisfaction Survey which is distributed annually. Members’ feedback regarding the timely communication of information can lead to better service coordination, personalized care, and members feeling empowered to make informed decisions about circumstances that directly affect their lives.

**Comparative Analysis:**





**Trends:** Members would like daily information about activities and upcoming events, transportation plans, and medical appointments.

**Causes:** RFYP follows through with the Community Integration Policy and offers members choices regarding what they wish to participate in. RFYP also tries to communicate with members in a timely manner.

**Impact of Extenuating Factors:** The health of the members, weather, staffing, and transportation impact community outings and participating in activities.

**Action Plan for Improvement:** RFYP acknowledges the agency needs to hire additional Service Coordinators. This position has the responsibility of communicating information with the members and the interdisciplinary team. Human Resources is putting forth a great effort into hiring more staff for this position.

***Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders***

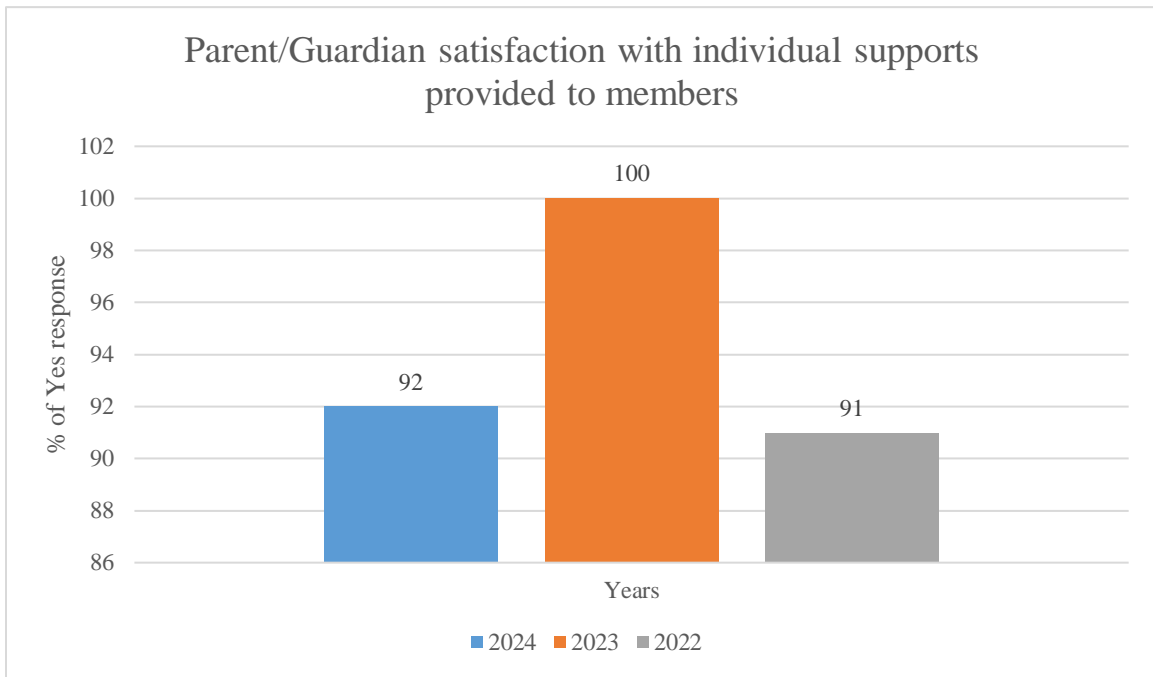
**Objective #1 - Guardians are satisfied with the staffs' responsiveness to the needs of the members**

- *Annual Performance Target | 85% of guardians feel satisfied with the staffs' responsiveness to the needs of the members*

- 2024 Performance Outcome | 92% of guardians feel satisfied with the staffs’ responsiveness to the needs of the members

**RFYP met the performance target for this objective.** This data was collected via the Parent/Guardian Satisfaction Survey which is distributed annually. Being responsive and flexible to the needs of the members, guardians, and parents are high priorities of RFYP. The high level of satisfaction from parents and guardians shows that RFYP staff are communicating and demonstrating this commitment and following through with the mission of the agency.

**Comparative Analysis**



**Trends:** Guardians expect that each member will receive individualized attention.

**Causes:** Person-centered services is the goal of members, staff, guardians, and RFYP.

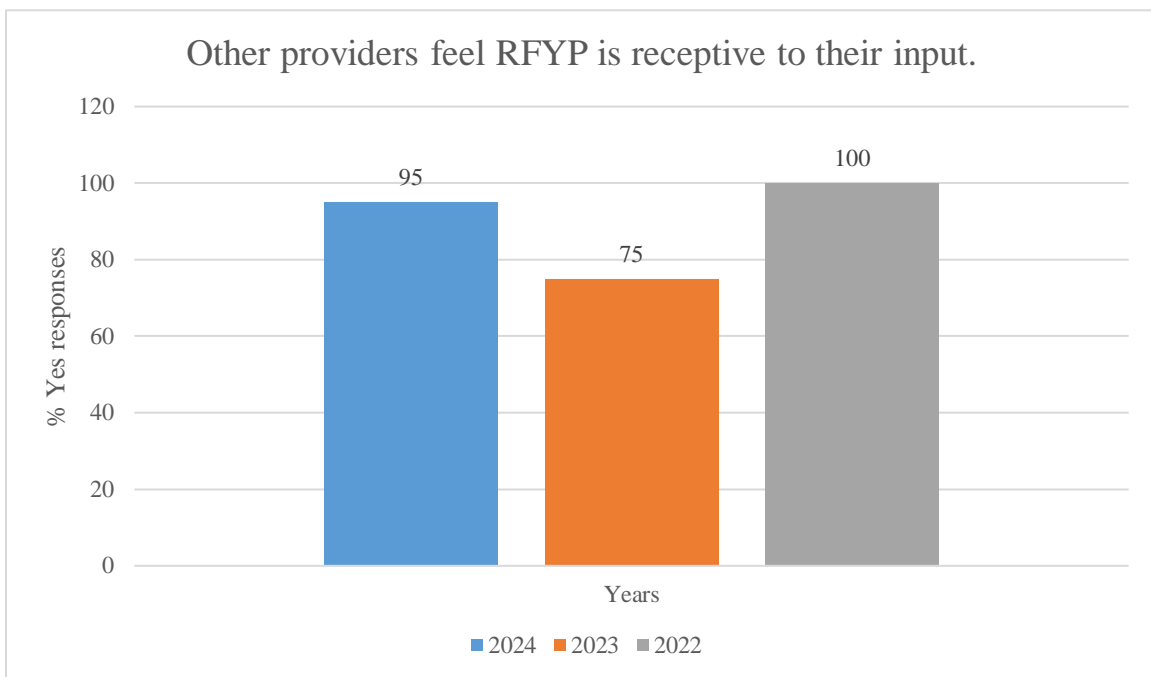
**Impact of Extenuating Factors:** If there is a higher ratio of staff to member it impacts community outings and other tasks because the one staff is tending to 4-5 members.

**Objective #2: Other stakeholders feel RFYP is receptive to their requests/suggestions/inquiries**

- *Annual Performance Target | 85% of other providers report they feel RFYP is receptive to their requests, suggestions, and/or inquiries*
- *2024 Performance Outcome | 95% of other providers report they feel RFYP is receptive to their requests, suggestions, and/or inquiries*

**RFYP met the performance target for this objective.** This data was collected via the Other Stakeholder Satisfaction Survey which is distributed annually. Being responsive and flexible to the input and requests of other stakeholders are high priorities of RFYP. The high level of satisfaction from other providers shows that RFYP staff are communicating and demonstrating this commitment.

**Comparative Analysis:**



**Trends:** Case managers, medical providers, and guardians like to get regular updates about the members’ health and activities. They appreciate transparency and open communication.

**Causes:** RFYP provides input regarding the progress of goals. RFYP seeks input and adjusts services to deliver the best possible person-centered services

**Impact of Extenuating Factors:** When there is a new member with a new interdisciplinary team, RFYP puts forth great efforts to educate them on the strengths of the agency and supports the agency can and cannot provide.

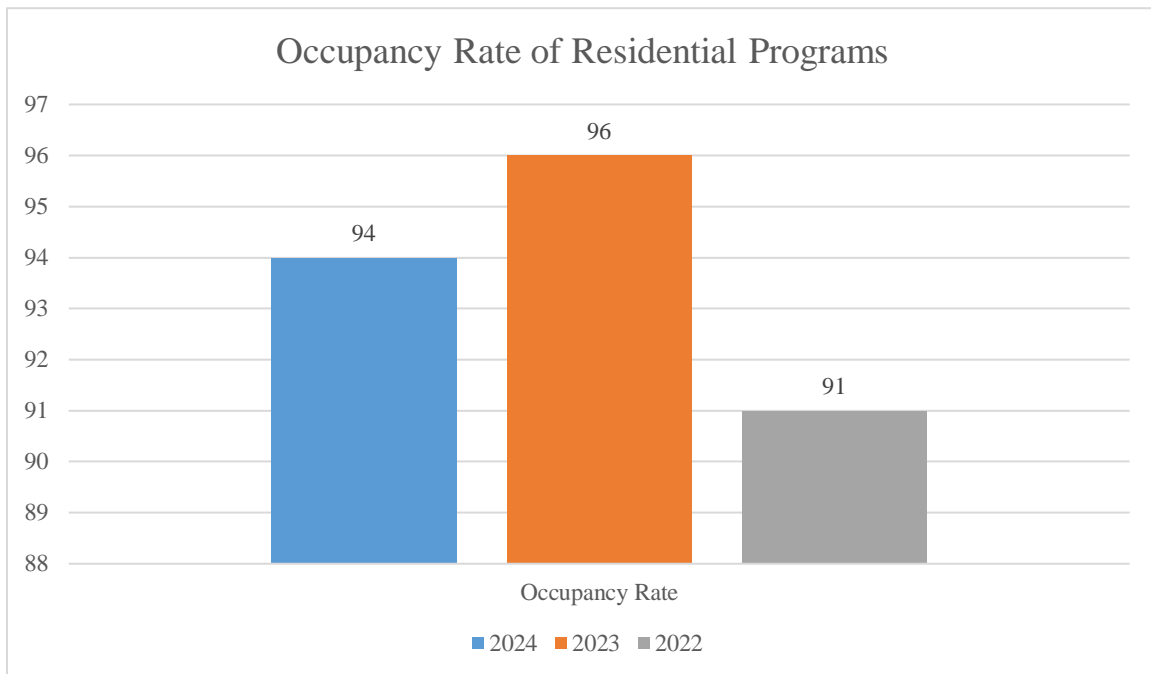
## Domain 4: Resources Used To Achieve Results for the Persons Served

**Objective #1: SCL program monitors how many members are enrolled to provide quality services and avoid interruptions to the members.**

- *Annual Performance Target | 87% average monthly occupancy rate*
- *2024 Performance Outcome | 94% average monthly occupancy rate*

**RFYP met the performance target for this objective.** This data was collected via financial billing worksheets maintained by the Financial Department. The enrollment of SCL members is monitored closely by the Financial Director and Executive Director to ensure fiscal health and financial security. This data was collected from the billing census worksheets which are maintained by the Billing and Payroll Specialist. The member enrollment and billing census worksheets are analyzed by the Financial Director and reported to the Executive Director on a monthly basis. If there are key changes to the member enrollment, the results are reported to the Board of Directors to notify of any major budget modifications. While the monthly occupancy rate can drop below the target, the annual average cannot drop below 87% to maintain fiscal health and future financial security.

### Comparative Analysis:



**Trends:** Members choose to stay in at RFYP residential locations because of the great efforts to provide individualized support, options for activities and community integration, and the wellness program.

**Causes:** RFYP is proactive and responsive to the evolving needs and circumstances of the members and guardians. RFYP closely screens applicants to be sure their goals and needs can be met by RFYP’s scope of services.

**Impact of Extenuating Factors:** Relationships with referral sources is still in good standing.

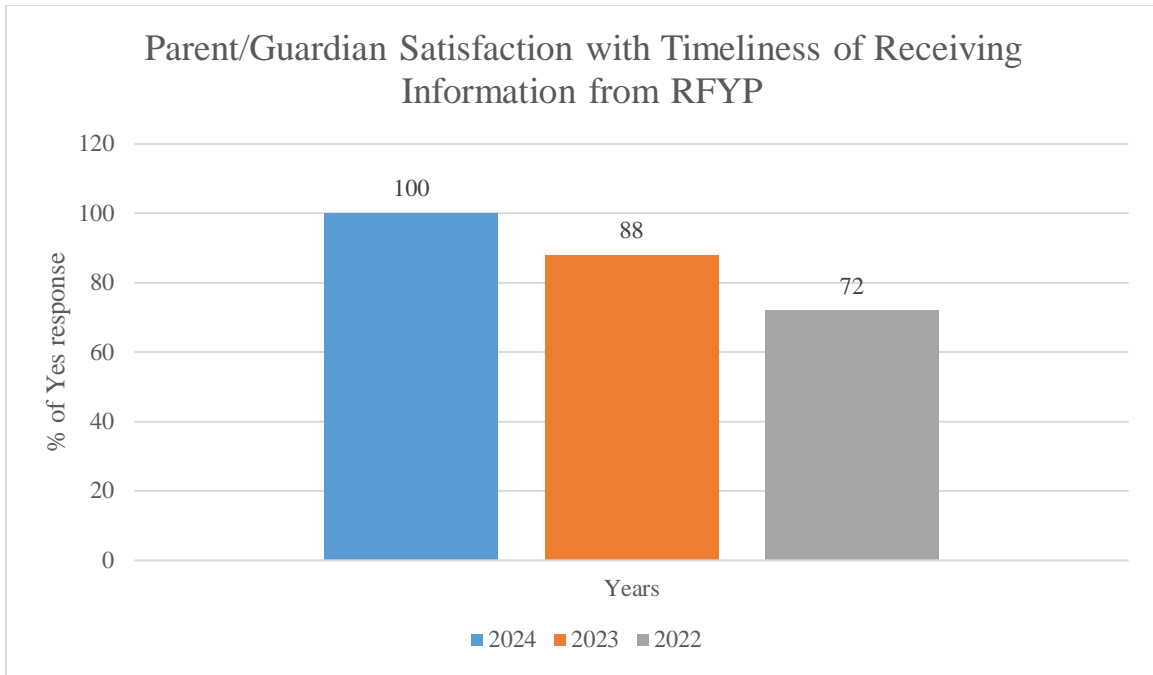
## Domain 5: Service Access Measures

**Objective #1: Parents/Guardians receive information regarding the member or services provided in a timely manner**

- *Annual Performance Target | 85% of parents/guardians feel they receive information regarding the member or services provided in a timely manner.*
- **2024 Performance Outcome | 100% of parents/guardians feel they receive information regarding the member or services provided in a timely manner.**

**RFYP met the performance target for this objective.** This data was collected via the Legal Guardian/Parent Satisfaction Survey which is distributed annually. RFYP understands that good communication amongst guardians and parents is vital in providing quality care to members. Most communication between RFYP and guardians is streamlined through the main office. In addition to phone, email, and electronic communication (text and email), RFYP updated the “Contact Us” tab on the agency website to provide added access to RFYP administrative staff.

**Comparative Analysis:**



**Trends:** RFYP has put forth extra attention and diligence in communication and person-centered care.

**Causes:** There has been a staff shortage with the Service Coordinator position.

**Impact of Extenuating Factors:** Service Coordinators are responsible for most of the communication with parents and guardians. When the agency is short staffed, other staff take on additional responsibilities to ensure all tasks are complete for all members.

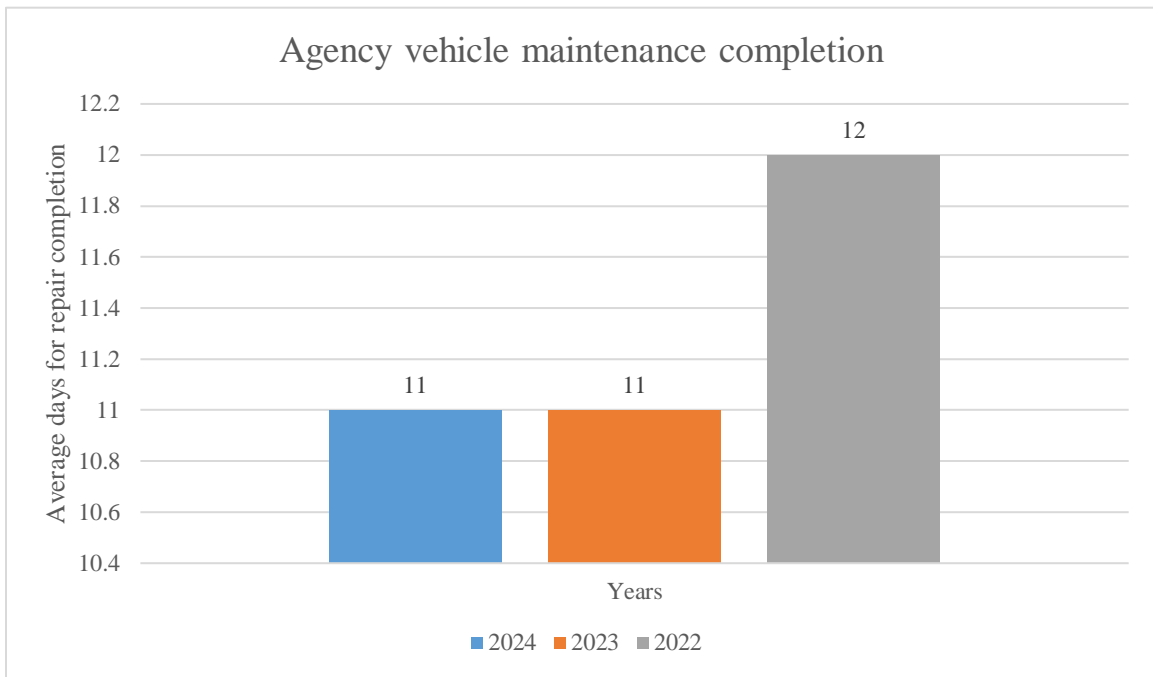
**Objective #2: Wait time on agency vehicle maintenance requests completion.**

- *Annual Performance Target | 15 days or less wait time from received date to completion date for vehicle maintenance requests.*
- 2043 Performance Outcome | 11 days average wait time from received date to completion date for Day Habilitation vehicle maintenance requests.

**RFYP met the performance target for this objective.** This data was collected from the work order log spreadsheet that is maintained and monitored by the Program Director that supervises the maintenance staff. On a daily basis, work order (maintenance) requests are collected from the SCL locations and delivered to the RFYP Main Office. Work orders are completed by staff to alert the maintenance department regarding vehicle repairs, home maintenance issues, or anything on the property that needs attention. The work orders are entered into the

work order log/spreadsheet. The work order log becomes an ongoing list of tasks for the maintenance department. The work order received date, completion date, costs, and any special notes about the repairs are also tracked on this spreadsheet. RFYP maintains a fleet of approximately 36 vehicles. There is approximately one vehicle for every 24 hour and hourly site including three vehicles dedicated for sharing with day program between 8am-5pm Monday through Friday. RFYP believes access to safe and accessible transportation is necessary to support the members with accessing community integration opportunities. When a vehicle needs repairs or is not able to be used due to repair or damage issues, it negatively impacts the members’ ability to access their scheduled activities, appointments, or be involved within their community.

**Comparative Analysis**



**Trends:** Most vehicle maintenance requests are for minor repairs, scheduled maintenance, and oil changes. Most RFYP vehicles are in new condition.

**Causes:** Turnaround time is impacted by the schedule of the local vehicle maintenance businesses and the availability of the (one) maintenance staff. RFYP is leasing new vehicles to ensure the safety of the members and less repairs needed. There is also one maintenance staff person responsible for all home, office, DH, and vehicle maintenance.

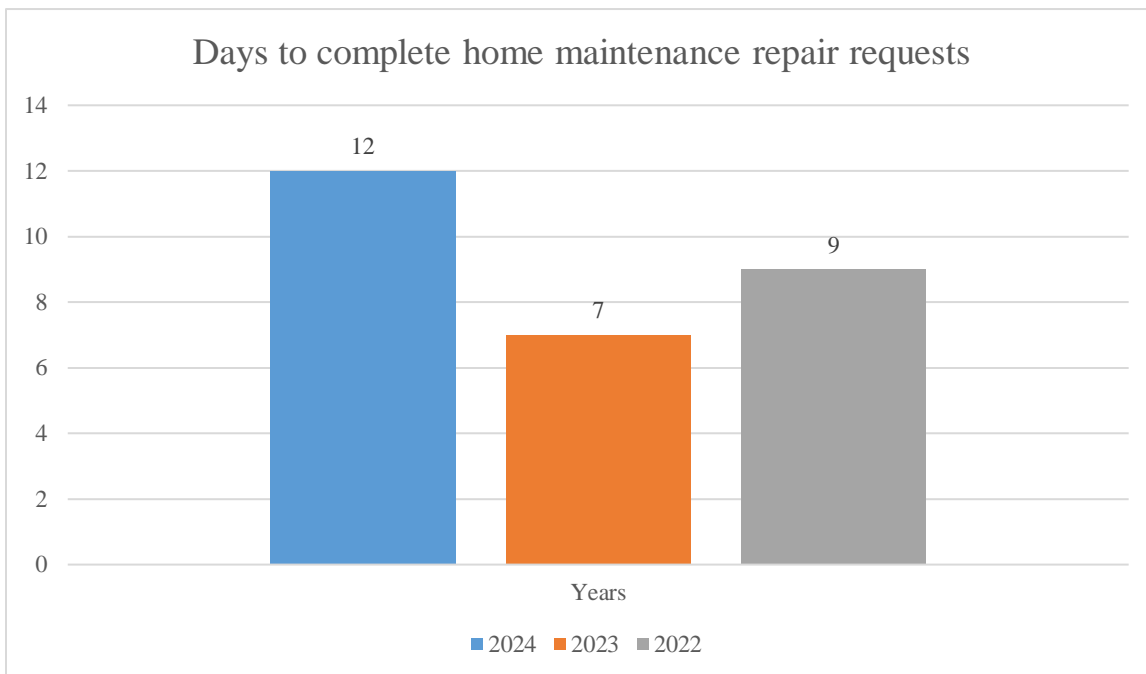
**Impact of Extenuating Factors:** The lift vans also are more specialized and have more technology in the van. This requires a specialized maintenance shop to do the repair with special parts and slows down the repair turnaround time. Local vehicle repair businesses are experiencing a shortage of parts, slower shipping times, and slower scheduling patterns.

**Objective #3: Wait time on home maintenance work order request completion.**

- *Annual Performance Target | 14 days average wait time from received date to completion date for home/property maintenance requests.*
- *2024 Performance Outcome | 12 days average wait time from received date to completion date for home/property maintenance requests.*

**RFYP met the performance target for this objective.** This data was collected from the work order log spreadsheet that is maintained by the Program Director that supervises the maintenance staff. Daily, work order (maintenance) requests are collected from the SCL locations and delivered to the RFYP Main Office. Work orders are completed by staff to alert the maintenance department regarding vehicle repairs, home maintenance issues, or anything on the property that needs attention. The work orders are entered into the work order log/spreadsheet. The work order log becomes an ongoing list of tasks for the maintenance department. The work order received date, completion date, costs, and any special notes about the repairs are also tracked on this spreadsheet. RFYP maintains a fleet of approximately 36 vehicles at the 24-hour residential and hourly locations. RFYP believes access to safe and accessible built environments, accessible housing, and inclusive neighborhoods are necessary to support the members with accessing community integration opportunities and living a fulfilled life.

**Comparative Analysis**



**Trends:** There is a pattern of work order requests for household items that are due to normal wear and tear.



**Causes:** Many of the RFYP homes are new construction so do not require any major maintenance or upkeep. As with the homes it is expected to see improvements needed due to constant wear and tear due to being lived in 24/7.

**Impact of Extenuating Factors:** There is one maintenance staff person responsible for all home, office, DH, and vehicle maintenance.

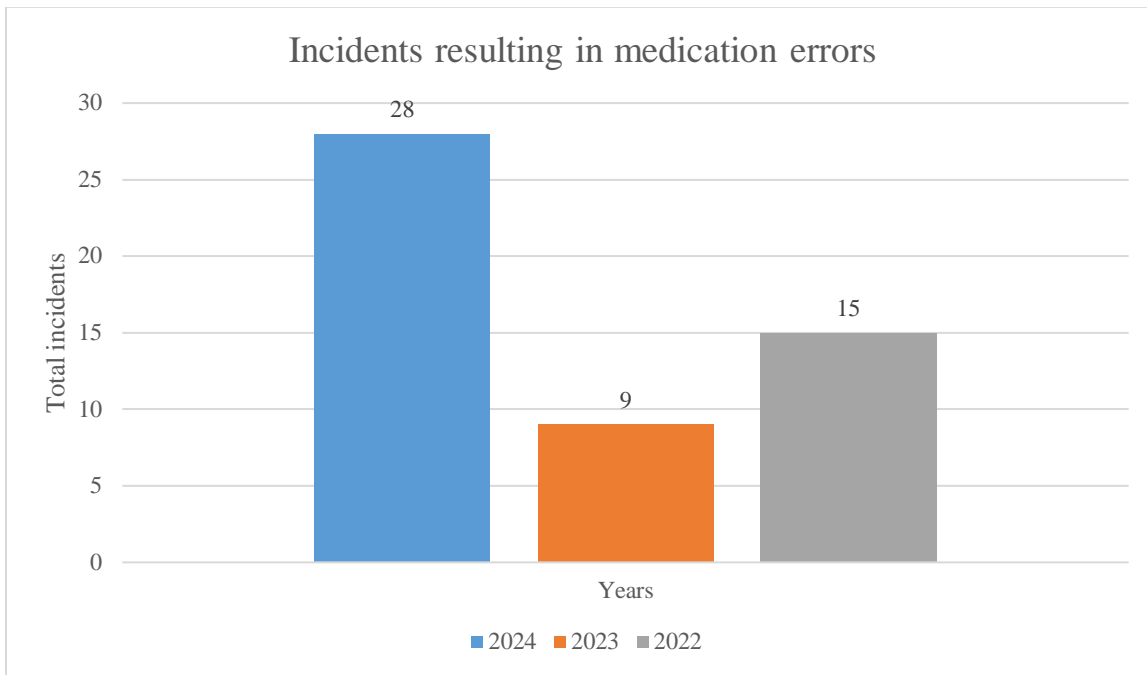
## Domain 6: Business Function Measurement

**Objective #1: Increasing medication passes as prescribed by RFYP staff (risk management)**

- *Annual Performance Target | 36 or less medication error incidents annually*
- 2024 Performance Outcome | 28 medication error incidents

**RFYP met the performance target for this objective.** All RFYP staff that provide (or may provide) direct care are required to take the medication manager course to ensure that medications are given safely and accurately. The importance of following the “Six Rights” of Medication Administration (right patient, drug, dose, route, time, documentation) are required. All medications are tracked using the Medication Administration Record system on the Accuflo platform. When there is an incident involving a medication administration error, an incident report is completed by the staff that identified the incident. The incident is immediately reviewed by the medical team and program director. Staff discipline may be necessary. All incident reports are tracked, analyzed, and a summary is completed biannually.

**Comparative Analysis:**



**Trends:** 22 of the documented incidents were due to medication not being administered due to decline.

**Causes:** The member has the right to decline, and the staff are trained to document this choice at each occurrence.

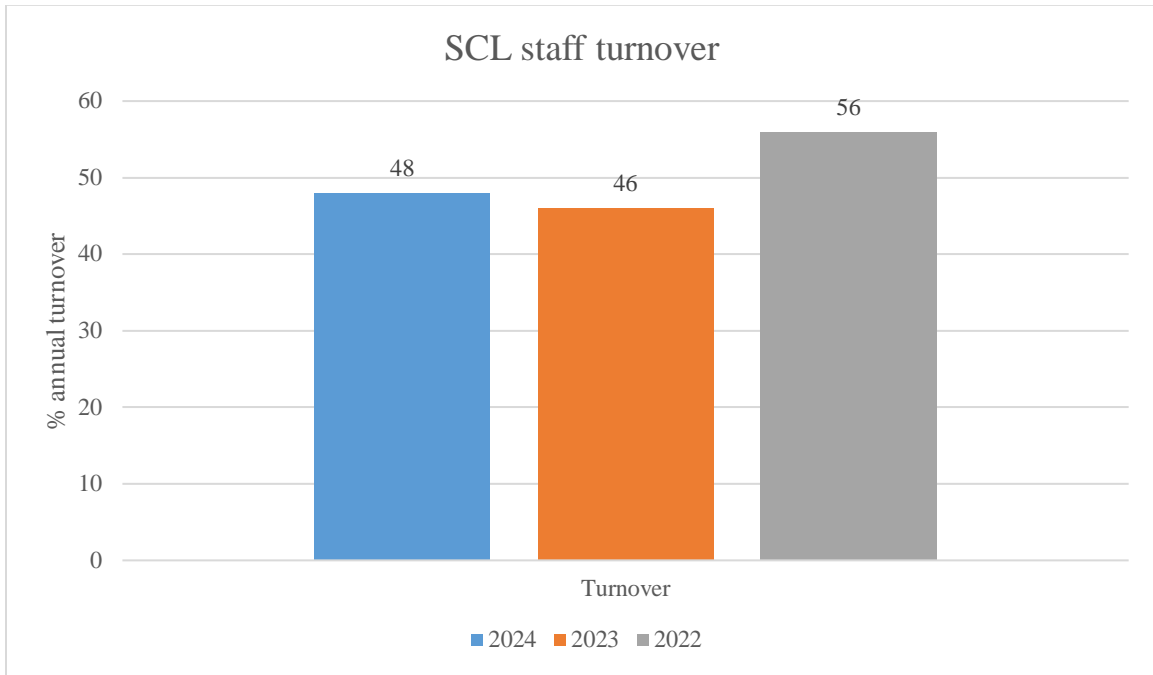
**Impact of Extenuating Factors:** Inconsistent staffing patterns increase the risk of medication administration errors.

**Objective #2: Decreasing agency turnover rates for direct care staff.**

- Annual Performance Target | 60% turnover rate for direct care
- 2024 Performance Outcome | 48% turnover rate for direct care

**RFYP met the performance target.** This data is collected through personnel data in ADP software and is maintained by the Human Resources department. Personnel turnover is an ongoing struggle for the agency, particularly in the direct care and Service Coordinator positions. Due to the agency employing many college students from Kirkwood Community College and the University of Iowa, direct care staff schedules may change every three to four months due to their educational responsibilities. Many hours go into training new staff by the HR Department and Service Coordinators. By decreasing the staff turnover rate, these departments and staff can use their time creating a better living environment, quality of life for the members, and delivering individualized services rather than training new staff.

**Comparative Analysis:**



**Trends:** Staff request leave of absences to travel back to their home countries and are gone for more than a few months. Many do reapply when they return to the area.

**Causes:** If this leave of absence is denied, there is a pattern of staff voluntarily terminating their position.

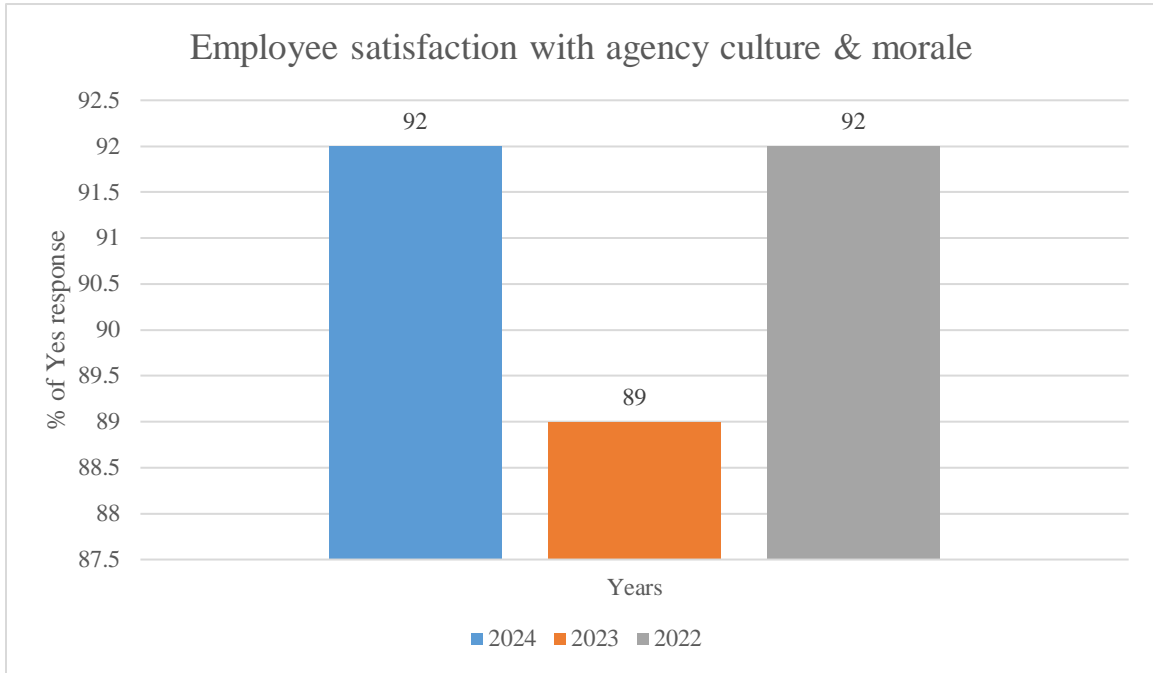
**Impact of Extenuating Factors:** Immigration issues have caused a need for international staff to return to their home countries to take care of these issues.

**Objective #3: Increase agency morale and culture to ensure a positive work environment.**

- *Annual Performance Target* | 85% of staff responding they feel RFYP has a positive agency culture.
- *2024 Performance Outcome* | 92% of staff responding they feel RFYP has a positive agency culture.

**RFYP met the performance target for this objective.** This data was collected via the Employee Engagement Survey which is distributed annually. Being responsive and flexible to the needs of the staff is high priorities of RFYP. RFYP puts great effort into agency culture and work morale to reduce staff turnover, improve productivity and efficiency, and retain staff. Most importantly, RFYP wants staff to feel engaged and satisfied at work and in their personal lives.

**Comparative Analysis:**



**Trends:** Staff appreciate the supportive work culture, staff appreciation parties, retainment bonuses, and RFYP swag (especially RFYP shirts). Staff are feeling appreciated for their work and dedication to the agency and members.

**Causes:** The change in the staff training model to staff development model. The HR department is taking a lot of time to improve the skills of the staff and ensure they feel appreciated for their time, dedication, and commitment.

**Impact of Extenuating Factors:** Service Coordinators receive training and reminders about taking an approach of appreciation and support. HR is supporting Service Coordinators with more training in people-management skills.

**Supported Community Living Performance Indicators**

**SUPPORTED COMMUNITY LIVING 2025: Performance Outcomes**

**Through personalized care and assistance, Reach for Your Potential, Inc. provides comprehensive residential and day habilitation services for adults with disabilities. Our goal is to help you reach your personal best.**

**Domain 1 : Results Achieved for Persons Served (Effectiveness Measures) Measuring change over time is inherent in the measurement of results achieved for the persons served. Data collected at the beginning of services, at specific intervals during services, at the end of services, and/or at a point(s) in time following services**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors	Timeframe for Data Analysis	Timeframe to Share Info	Priority
SDOH: Social & Community Context	1. RFYP provides members choices for community integration.	% of Yes responses on the Member Satisfaction Survey	Active Residential Members	Annually (Fall)	Member Satisfaction Survey (electronic or paper survey option)	Members are active participants in their community.	QA Department and Program Director	85% YES Responses	85%	Yes	84%	Availability of staff that are approved to drive RFYP vehicles.	11/1/24 - 12/1/2024		1
SDOH: Neighborhood and Build Environment	2. RFYP maintains safe living environments preventing injuries resulting in basic first aid	# of incident reports resulting in the application of basic first aid and incidents resulting in injury.	Active Residential Members	Daily	Incident Report Tracking Spreadsheet	Members are provided a safe residential environment	Direct Care Staff, Facilitators	Max 64 incident reports for incidents resulting in injury or application of first aid per year	46	Yes	55	There are a variety of required trainings, safety precautions, and monthly inspections. This results in low injuries.	11/1/24 - 12/1/2024	Spring 2025	2

**Domain 2: Experience of Services Received and Other Feedback from Persons Served: The perception of the persons served regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations in areas such as service responsiveness, respect, informed choice, participation, and overall value.**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
Internal Focus Area	1. Members are satisfied with the level of attention they receive from staff	% of Yes responses on the Member Satisfaction Survey	Active Residential Members	Annually (Fall)	Member Satisfaction Survey (electronic or paper survey option)	Members feel their social and emotional needs are prioritized and attended to	QA Department, SC, and Program Director	85% reporting YES	90%	Yes	84%	More training emphasis on relationship building with members and meeting members' individual needs.	11/1/24 - 12/1/2024		2
SDOH: Education	2. Members receive answers to their questions in a timely manner to make informed personal choices	% of Yes responses on the Member Satisfaction Survey	Active Residential Members	Annually (Fall)	Member Satisfaction Survey (electronic or paper survey option)	Effective and consistent sharing information empowering the member to make informed choices	QA Department, SC, and Program Director	85% reporting YES	83%	No	86%	Missed the target by 2%. The agency has had turnover with Service Coordinators resulting in higher caseloads. This position is responsible for timely communication with staff.	11/1/24 - 12/1/2024	Spring 2025	1

**Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders: The perception of stakeholders regarding their experience with the program/service provides valuable feedback on how well the program/service is meeting or met their expectations**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
RFYP Internal Focus	1. Parents/guardians are satisfied with the staff's responsiveness to the needs of the members	% of Yes responses on Parent/Guardian Satisfaction Survey	RFYP Parents & Legal Guardians	Annually (Fall)	Parent/Guardian Satisfaction Survey (electronic or paper survey option)	The members' daily living needs are prioritized and attended to	QA Department and Program Director	85% reporting YES	92%	Yes	100%	Service coordinators put forth great efforts to remain in constant communication with guardians.	11/1/24 - 12/1/2024		2
RFYP Internal Focus	2. Other providers feel RFYP is receptive to their feedback.	% of Yes responses on Other Providers Satisfaction Survey	Other Providers	Annually (Fall)	Other Providers Satisfaction Survey (electronic or paper survey option)	Reciprocal and receptive communication experience improves services for the members	QA Department and Program Director	85% reporting YES	95%	Yes	75%	Service coordinators put forth great efforts to remain in communication with other providers. RFYP can implement suggestions that are within the scope of the services the agency provides.	11/1/24 - 12/1/2024	Spring 2025	1

**Domain 4: Efficiency measures: Resources Used and Results Achieved for the Persons Served.**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Economic Stability	1. To provide quality services and avoid interruptions to the members, SCL program monitors how many members are enrolled.	SCL Census Data	Financial Department	Monthly	QuickBooks	Monitoring of the census to ensure continuation of services for members	Financial Director and Executive Director	87% Monthly Occupancy Rate	94%	Yes	96%	Increased staffing and the daily roster in 2024. The performance target is increasing to 90% in 2025.	1/1/25- 1/30/25	Spring 2025	1

**Domain 5: Service Access Measures: Service access addresses the organization's capacity to provide services to those who desire or are in need of receiving services**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	How Does This Improve the Members' Lives	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Education	1. Parents/Guardians receive information regarding the member or services provided in a timely manner	% of Yes Responses on the Parent/Guardian Satisfaction Survey	Active Residential Parent/Guardian	Annually (Fall)	Parent/Guardian Satisfaction Survey (electronic or paper survey option)	Reciprocal and transparent communication experiences improves services for the members	QA Department and Program Director	85% YES Responses	100%	Yes	100%	Service coordinators put forth great efforts to remain in constant communication with guardians.	11/1/24 - 12/1/2024	Spring 2025	2
SDOH: Social & Community Context	2. Wait time on agency vehicle maintenance requests completion	Maintenance work order received date vs. Complete date on Work Order Tracking	Maintenance Department	Daily	Maintenance Work Order Form Tracking Spreadsheet	Access to community and civic participation	Program Director	15 business days	11 days	Yes	12	Revised to business days since maintenance team works weekdays and maintenance shops are open Monday - Friday.	1/1/25- 1/30/25		1
SDOH: Neighborhood and Build Environment	3. Wait time on home maintenance work order request completion	Maintenance work order received date vs. Completed date	Maintenance Department	Daily	Maintenance Work Order Form Tracking Spreadsheet	High quality, accessible living conditions for residential members	Program Director	14 days average	12 days	Yes	9	Revised to 14 days since maintenance staff do not work weekends.	1/1/25- 1/30/25		1

**Domain 6: Business Function Measurement**

Benchmarks, Focus Area	Objectives	Performance Indicators (how is the objective evaluated)	Whom Applied To (who data gathered from)	Time of Measure (when the data is collected)	Data Source (how the data is collected)	Activities to Sustain & Enhance the Organization	Obtained By (who collects/maintains the data)	Performance Target Established by Organization	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Year Results	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
SDOH: Health & Health Care	1. Increasing medications passed as prescribed by RFYP staff (Risk Management)	Medication Error Incident Reports for major and minor incidents	RFYP Residential Staff	Daily	Incident Report Tracking Spreadsheet	Medication administration accuracy is imperative to manage risk and promote a safe environment	Program Director and RFYP Nurse	36 or less medication errors	28	Yes	16	All staff receive training for medication administration. There is close oversight of medications with the platform, AccuFlo.	1/1/25- 1/30/25	Spring 2025	3
RFYP Internal Focus	2. Decreasing agency personnel turnover rates.	Agency Turnover Rate	Human Resources Dept.	Annually (Fall)	QuickBooks	Decreasing personnel turnover so supervisors can spend less resources training new staff and more time fulfilling the mission of the organization	Human Resources Director	75% (new 2023)	48%	Yes	56%	Stay interviews, retention bonuses, and referral bonuses are strategies that are helping keep turnover low.	1/1/25- 1/30/25		2
RFYP Internal Focus	3. Increase agency morale and culture to ensure a positive work environment by recognizing contributions of staff	Staff Engagement Survey	All RFYP Staff	Annually (Fall)	Staff Engagement Survey (electronic or paper option)	RFYP values a team-based environment and positive agency culture	Program Directors and Human Resources Director	85% reporting Agree or Strongly Agree	92%	Yes	89%	HR plans multiple staff recognition events throughout the year.	11/1/24 - 12/1/2024		1

## Discharge and Post-Discharge Follow-Up Summary Report

### Residential and Day Habilitation Discharge from Services

Reach For Your Potential, Inc. (RFYP) seeks input from members and guardians at discharge and post-discharge through discussions, participation at discharge meetings, phone calls, and emails electronically via Survey Monkey and/or a paper feedback survey. RFYP maintains an open-door policy during and after services are provided. The input received in 2024 was thoughtfully reviewed, summarized, and analyzed for trends,

influencing factors were identified, and proposed improvements to be implemented in the upcoming year were identified. Action plans for continuous quality improvement will be implemented starting in January 2025 and reviewed for progress in six months.

The RFYP discharge procedure is a coordinated effort among the interdisciplinary team including but not limited to the member, RFYP staff, guardians, other care providers, and case managers. Input received at the end of services and points-in-time after services are an invaluable resource that may improve the agency’s policies and procedures. In addition, the input may improve continuity and coordination of care and a safe transition to other programs and providers. The data collected are used to improve and strengthen RFYP programs and services.

Upon discharge, RFYP provides the Interdisciplinary Team a comprehensive discharge summary. The summary details the current status of the member’s finances, upcoming medical and all other appointments, medications, personal items, and/or household supplies purchased by the member.

**Residential Services**

		<b>2023</b>	<b>2024</b>
<b>Total Residential Discharges</b>	January 1, 2024 to December 31, 2024	3	4
<b>Years Participating in Residential Services</b>	0 to 1 year	1	0
	2 to 5 years	0	2
	6 to 10 years	2	2
	10+ years	0	0
<b>Sex</b>	Male	1	1
	Female	2	3
<b>Age</b>	18 to 40	3	0
	41 to 63	0	4
	64 to 86	0	0
<b>Funding</b>	BI Hourly	0	0
	BI Daily	0	1
	Home Based Habilitation	0	0
	ID Hourly	3	3
	ID Daily	0	0
	Region Hourly	0	0
<b>Ethnicity</b>	Asian Pacific	0	0
	Hispanic	0	0
	Caucasian	3	4
	Black	0	0
	Other	0	0

<b>Reason for Discharge</b>	Family Home	2	1
	New Provider	1	1
	Passed Away	0	1
	Independent Living	0	1
	Other	0	0

1. **Trends:** All the members that were discharged in 2024 were in the same category of age range (41-63). In 2023, most discharges were due to moving to a family home (2) or a new provider (1). In 2024, there was more variety, with discharges due to a family home (1), new provider (1), passing away (1), and independent living (1).
2. **Causes:** RFYP respects the members’ right to choose where and with whom they live. RFYP provides support throughout the discharge process.
3. **Post Discharge Follow Up:** There were 2 responses to the Discharge Survey and zero responses to the 30-Day Follow Up survey. Both responses chose services with a new provider.
4. **Barriers to Satisfaction:** One member that was discharged from RFYP services commented that RFYP has a lack of drivers approved to drive agency vehicles.
5. **What Did We Learn:** The cause for discharge for the four members that discharged from RFYP services did so for four different reasons. There was not an established pattern for the cause of discharge.
6. **What Are We Doing Well:** RFYP successfully involves all of the members of the interdisciplinary team and the member in the discharge process. They seek their input and communicate all of the updates as the member transitions to a new provider or to living with a family member.
7. **Areas of Concern:** One respondent said they discharged the member from RFYP because there were not enough drivers available.
8. **Proposed Improvements:** RFYP will ensure that all applicants and current staff know about the agency driver bonus to encourage staff to drivers.
9. **Extenuating Factors:** Although Discharge and 30-Day Follow Up surveys were sent to all of the individuals and interdisciplinary teams, they are optional to complete. The responses on the surveys may not be representative of all discharged members, families, and teams.



## Day Habilitation

		2023	2024
<b>Total Day Habilitation Discharges</b>	January 1, 2024 – December 31, 2024	7	3
<b>Years Participating in Day Habilitation Services</b>	0 to 1 year	0	0
	2 to 5 years	4	1
	6 to 10 years	1	1
	10+ years	2	1
<b>Sex</b>	Male	3	1
	Female	4	2
<b>Ages</b>	18 to 40	4	1
	41 to 63	2	2
	64 to 86	1	0
<b>Funding</b>	BI Hourly	0	0
	BI Daily	7	0
	Home Based Habilitation	0	0
	ID Hourly	0	0
	ID Daily	0	3
	Region	0	0
<b>Ethnicity</b>	Asian	0	0
	Hispanic	0	0
	Caucasian	6	3
	Black	1	0
	Other	0	0
<b>Reason for Discharge</b>	Family Home	1	0
	New Provider	5	1
	Passed Away	0	0
	Independent Living	0	0
	Other	1	2

- Trends:** Two of the members who chose to discharge from RFYP services were having interpersonal conflicts with peers. In 2023, most discharges were due to **moving to a new provider (5 people)**, while in 2024, only **one person left for a new provider**. Instead, there was an increase in **"Other" discharge reasons**, rising from 1 in 2023 to 2 in 2024.
- Causes:** RFYP respects the members' right to choose who provides services to them. RFYP provides support throughout the discharge process.

3. **Post Discharge Follow Up:** There were 2 responses to the Discharge Survey and zero responses to the 30-Day Follow Up survey. Both responses chose services with a new provider.
4. **Barriers to Satisfaction:** Interpersonal conflicts among peers do happen in group settings like the Day Habilitation. Staff work with the members to encourage open communication and socialization skills. Despite their best efforts, there are situations where individuals prefer to not be around particular individuals.
5. **What Did We Learn:** The large group size can be overwhelming to members. Occasionally members report it is too noisy or overcrowded.
6. **What Are We Doing Well:** RFYP implements a thorough discharge process, and provides services to members until they are fully ready to transition to the next program. The agency is supportive of the members' decisions and will be available if the member wants to return to RFYP in the future.
7. **Areas of Concern:** RFYP encourages community outings and wants the members to be active in their community. Group size during the outing is a concern. It is important that everyone has an opportunity to participate in outings, but there needs to be a plan for the members that do not prefer to be in large groups.
8. **Proposed Improvements:** As RFYP continues to add new members to Day Hab we will be focusing on smaller groups for outings. This will ensure we can provide Day Hab services to more individuals while remaining aware that large groups may be overwhelming for some of the people we serve.
9. **Extenuating Factors:** Although Discharge and 30-Day Follow Up surveys were sent to all of the individuals and interdisciplinary teams, they are optional to complete.

The proposed improvements will be implemented in January 2025, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed and documented in July 2025.