



Reach For Your Potential, Inc.

2026 Performance Outcomes



3-Year Full Accreditation
Day Habilitation & Supported Community Living



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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 124 members from January 1, 2025 to December 31, 2025. The incident report data reflects all members served by RFYP in 2025, including members both admitted and discharged.

Supported Community Living and Habilitation supports were provided in community-based, residential settings. All incidents that occurred in 2025 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 2026 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

Residential Services Major Incident Summary	2024	2025	Comparative Analysis
Results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital	17	15	-2
• Intentional injury to self or others	0	1	+1
• Accident	10	12	+2
• Cause unknown/other	4	2	-2
• Under another person's care	0	0	No Change
• Member behavior	3	0	-3
Results in the death of the member, including those resulting from known and unknown medical conditions	0	4	+4
• Death of a member	0	4	+4
• Death of someone else	0	0	No Change
Results in emergency mental health treatment for the member	2	4	+2
• Self-Injury	0	0	No Change
• Other	2	4	+2
Results in medical treatment for the member (new 11.2024)	12	9	-3
• Hospitalization	2	3	+1

• ER Visit	6	2	-4
• Quick Care/Urgent Care	3	4	+1
• Doctor's. Office	1	0	-1
Results in the intervention of law enforcement, including contacts, arrests, and incarcerations	10	4	-6
• Member is the victim	6	2	-4
• Member is the perpetrator	1	2	+1
• Other	3	0	-3
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	6	8	+2
• By a staff member	5	7	+2
• By someone else	1	0	-1
• Unknown	0	1	-1
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	0	0	0
Constitutes a prescription medication error as a result of staff	0	0	No Change
• 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
• Constitutes a prescription medication error as a result of declining/occurring under another person's care	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	11	2	-9
• Member elopement	11	2	-9
• Staff leaves member alone	0	0	No Change
• Another person/agency	0	0	No Change
• Other	0	0	No Change
Involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member)	1	0	-1
• Chemical Restraint	0	0	No Change
Total	59	46	-13

1. **Trends:** Overall, major incidents for the year was lower than 2024. Incidents resulting in physical injury and member elopement decreased. However, there was an increase in deaths, emergency mental health treatment, and reports of abuse.
2. **Causes:** Causes for these incidents can be attributed to staff not following alone time protocols, members exceeding their approved alone time, escalating concerns related to mental health challenges, and risks associated with aging that may contribute to medical emergencies or deaths.
3. **Extenuating Factors:** These major incidents highlight the need for close monitoring, individualized support plans, and proactive interventions to ensure member safety.

Internal Reporting Requirements

Internal Requirements	Timeline	Concerns
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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 incident report	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
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4. **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.
5. **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.
6. **Areas needing improvement.** An area of improvement is staff training on determining when members are allowed to be alone versus when they require supervision. Inconsistent adherence to alone time protocols has contributed to dependent adult abuse reports.
7. **Actions taken to address the improvements needed:** Actions taken to address this issue include consistent preventative training, staff discipline, and regular staff meetings to ensure proper implementation of each member's individualized service plan.

Minor Incident Summary

Residential Programs Minor Incident Summary	2024	2025	Comparative Analysis
Results in the application of basic first aid	17	2	-12
Results in bruising*	14	17	+3
Results in seizure activity	107	77	-30
Results in injury to self, to others, or to property	29	46	+17

● To self	26	40	+12
● To others	2	3	+1
● To property	1	3	+2
Constitutes a prescription med error as result of RFYP staff	6	14	+8
● Medication not administered	3	14	+9
● Wrong person	0	0	No Change
● Wrong medication	0	0	No Change
● Wrong dose	0	0	No Change
● Wrong time	3	0	-3
● Wrong method	0	0	No Change
Constitutes a prescription med error as a result of:	22	28	+6
● Declining	22	28	+6
● Under another person's care	0	0	No change
Total	195	184	-15

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

1. **Trends:** Incidents requiring basic first aid and those involving seizure activity decreased, while bruising, injuries to self/others/property, and medication errors increased. The most significant increases were in injuries to self and medication errors related to medications not administered due to staff, while errors involving the wrong time decreased.
2. **Causes:** Medication errors attributed to staff increased and were primarily caused by staff not consistently following established policies and procedures for medication administration. Injuries to self also increased, largely due to minor accidents that were not preventable.
3. **Extenuating Factors:** Member behaviors can change quickly and may be influenced by a variety of factors.



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.
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:** An area for improvement is reducing staff-related medication administration errors by strengthening adherence to established medication policies and procedures.
9. **Actions to address the improvements needed:** In addition to discipline for medication errors as a result of staff not following medication procedures, RFYP can conduct refresher training and monitoring to ensure consistent compliance with medication administration procedures.

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, 2025 to December 31, 2025.

All services were provided at the RFYP Day Habilitation Program at 1705 S. 1st Avenue in Iowa City, Iowa and in the community. All minor and major incidents that occurred in 2025 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 2026 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

Day Habilitation Major Incident Summary	2024	2025	Comparative Analysis
Results in a physical injury to or by the member that requires treatment from a medical professional or admission to a hospital	0	0	No Change
• 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
Results in the death of the member, including those resulting from known and unknown medical conditions	0	0	No Change
• Death of a member	0	0	No Change
• Death of someone else	0	0	No Change
Results in emergency mental health treatment for the member	0	0	No Change
• Self-Injury	0	0	No Change
• Other	0	0	No Change
Results in medical treatment for the member (new 11.2024)	0	0	No Change
• Hospitalization	0	0	No Change
• ER Visit	0	0	No Change
• Quick Care/Urgent Care	0	0	No Change
• Doctor's. Office	0	0	No Change
Results in the intervention of law enforcement, including contacts, arrests, and incarcerations	0	0	No Change
• Member is the victim	0	0	No Change
• Member is the perpetrator	0	0	No Change
• Other	0	0	No Change
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	0	0	No Change

• By a staff member	0	0	No Change
• By someone else	0	0	No Change
• Other	0	0	No Change
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	0	0	No Change
• 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	0	No Change
• Member elopement	0	0	No Change
• Staff leaves member alone	0	0	No Change
• Other person/provider	0	0	No Change
Involves the use of a restraint of any kind (physical, chemical restraint, mechanical restraint, or seclusion of the member	1	0	-1
• Chemical Restraint	1	0	-1

Total	1	0	-1
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1. **Trends:** There were no major incidents in 2025.
2. **Causes:** Staff follow policies and procedures to ensure member safety.
3. **Extenuating Factors:** The health and 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.

4. **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
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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 incidents.
9. **Actions to address the improvements needed:** Additional informal and formal training regarding preventing incidents 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	2025	Comparative Analysis
Results in the application of basic first aid	7	1	-6
Results in bruising*	6	0	-6
Results in seizure activity	3	2	-1
Results in injury	11	5	-6
To self	11	5	-6
To others	0	0	No Change
To property	0	0	No Change
Constitutes a prescription med error as result of RFYP staff	0	6	+6
Medication not administered	0	2	+2
Wrong person	0	0	No Change
Wrong medication	0	0	No Change
Wrong dose	0	1	+1
Wrong time	0	3	+3
Wrong method	0	0	No Change
Constitutes a prescription med error as a result of:	0	0	No Change

• Declining	0	0	No Change
• Under another person's care	0	0	No Change
Total	37	14	-23

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

1. Trends: The number of incidents decreased significantly in 2025. Medication administration errors emerged as a new area of concern. While there were no medication errors in 2024, 6 medication errors occurred in 2025.

2. Causes: The medication errors were the result of staff mistakes and failure to follow established medication administration policies and procedures.

3. Extenuating Factors: Member behavior and daily schedules can be unpredictable and impact scheduled medication times.

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 training on following member medication protocols and communication about daily schedules.

9. Actions to Address the Improvements Needed: A plan for improvement includes ongoing staff training through meetings, orientation, and continuous education.

Disability Access Point 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 services to members receiving Disability Action Point funding from January 1, 2025 to December 31, 2025. This analysis reflects the incidents documented for 2 members served by RFYP, including clients both added and discharged throughout 2025.

Supported Community Living services were provided in community-based settings. All incidents that occurred in 2025 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 2026 and reviewed for progress in six months. This allows RFYP the opportunity to assess if the actions taken are accomplishing the intended results.

Disability Action Point	2024	2025	Comparative Analysis
1. Results in physical injury to or by the individual that requires physician's treatment or admission to hospital	0	1	No Change
• Intentional injury to self or others	0	0	No Change
• Accident	0	1	No Change
• Cause unknown/other	0	0	No Change
• Occurred while under another person's care	0	0	No Change
2. Results in death	0	0	No Change
• Death of a member	0	0	No Change
• Death of someone else	0	0	No Change
3. Requires emergency mental health treatment for the individual	0	0	No Change
• Self-Injury	0	0	No Change
• Other	0	0	No Change
4. Requires the intervention of law enforcement	1	0	No Change
• Member is the victim	0	0	No Change
• Member is the perpetrator	0	0	No Change
• Other	1	0	-1
5. Is reportable to protective services	0	0	No Change
• By a staff member	0	0	No Change

• By someone else	0	0	No Change
• Other	0	0	No Change
6. Results from any prescription medication error	1	0	-1
• Medication not administered	1	0	-1
• 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
Total	2	1	-1

1. **Trends:** There was one reported incident in 2025. No patterns were established.
2. **Causes:** The cause of the incident was an accident. The member sought treatment at Urgent Care.
3. **Extenuating Factors:** Staff are trained to closely follow the incident reporting policy and document all incidents.
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 take place to prevent recurrence or patterns of incidents as deemed appropriate. The Program Director and immediate supervisor review 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 members who are their own guardians about incident reporting requirements, especially for events that occur outside service hours
9. **Actions to Address the Improvements Needed:** The agency identified an opportunity to strengthen proactive health monitoring and staff communication to help address potential health concerns. RFYP



recognizes the importance of member health and safety even during times when members are not receiving services.

Satisfaction Survey Summaries

Residential Member Satisfaction Survey Summary

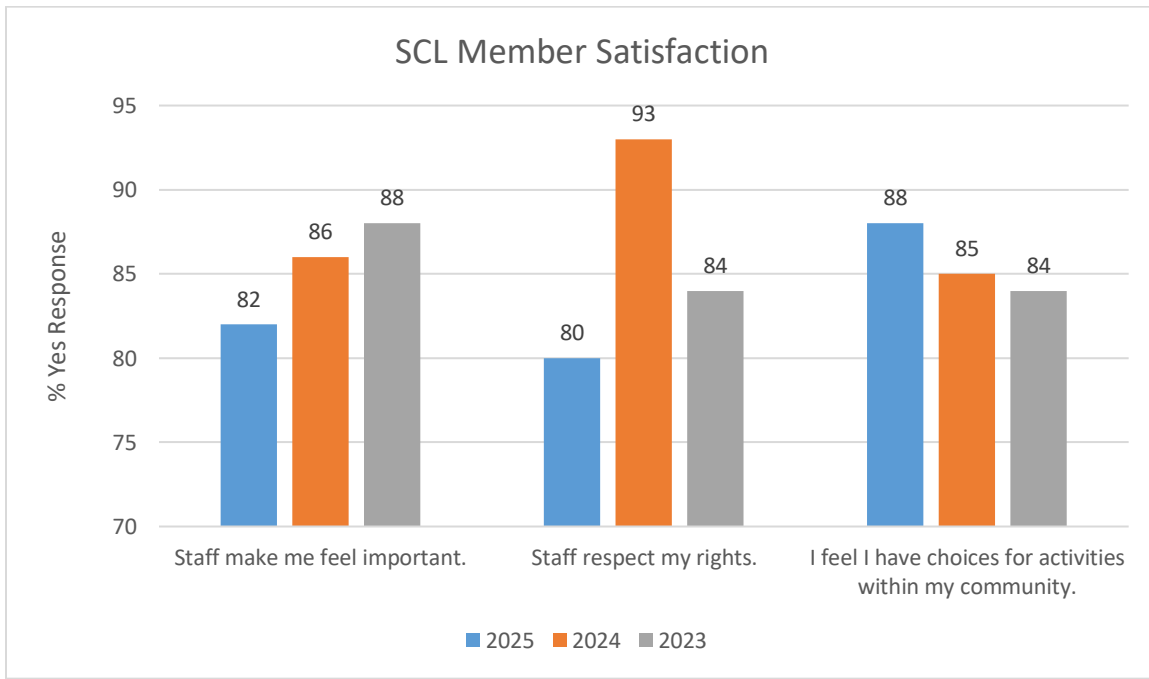
Reach For Your Potential, Inc. (RFYP) conducted a satisfaction survey to measure the level of satisfaction of RFYP members participating in residential services. Surveys were distributed to all the current members receiving residential services with varying levels of functioning and from both site and hourly programs. The surveys were facilitated by RFYP staff and the data was entered into the Survey Monkey online survey platform.

There were 84 survey responses received out of 94 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 2026 and reviewed for progress in six months.

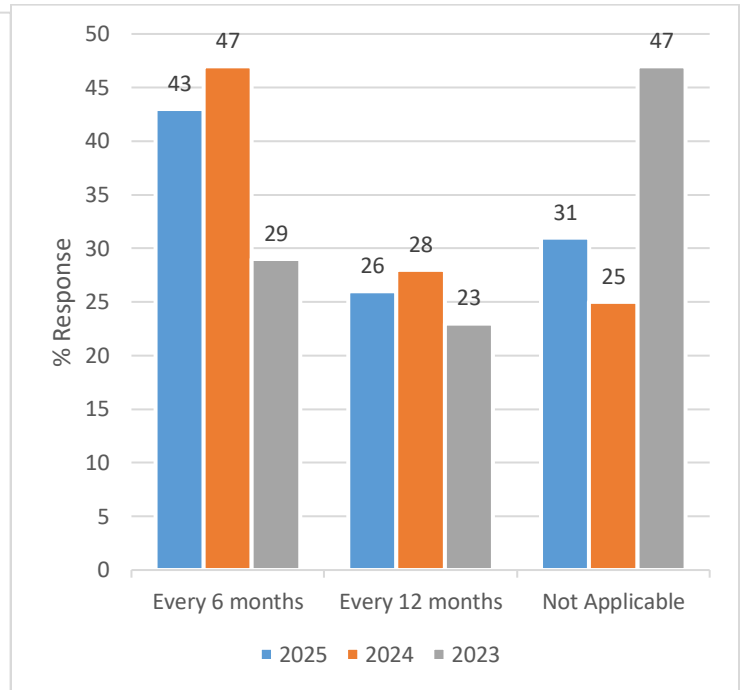
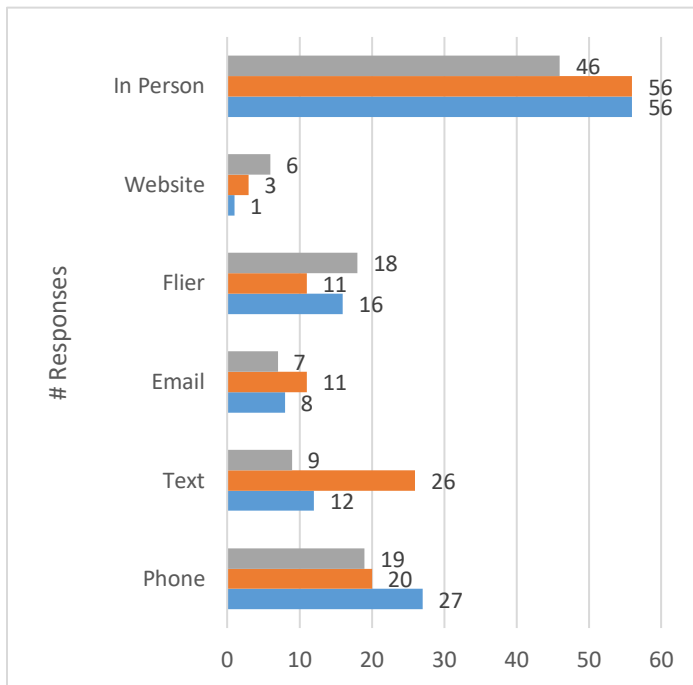
Key Findings

<u>Residential Member Services</u> <u>Survey Questions</u>	<u>2024 I am not sure.</u>	<u>2025 I am not sure.</u>	<u>2024 No</u>	<u>2025 No</u>	<u>2024 Yes</u>	<u>2025 Yes</u>
Are you satisfied with the amount of attention you receive from your staff?	5%	7%	5%	15%	90%	77%

Do you receive information and answers to your questions quickly?	7%	7%	9%	15%	83%	77%
Do you feel safe in your home and community?	3%	7%	8%	7%	89%	83%
Do you feel staff respect and value you as an individual?	3%	7%	2%	12%	95%	81%
Are you satisfied with RFYP's use of technology?	13%	8%	5%	12%	80%	75%



Communication Preferences



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

Health, events, staff changes.
 Activities and when vehicles are grounded.
 Agency changes and events.
 Staff changes, location availability to move to a new home.
 Staff changes, parties and events.
 Parties, Camp Courageous trips.
 Staff
 Big changes
 New Service Coordinators, new houses.
 Kind staff member
 Outings
 Events
 community activities
 Holiday/day habilitation lunch plans well in advance
 Parties
 Activities - Aktion Club.
 Improved communication between departments, namely Member Financial.
 Staff changes, new hires, learn more about my staff
 Policy changes
 Agency/community events, new staff hires.
 When vehicles are grounded/ungrounded.
 Activities, new hires (more about staff), new members



Barriers and Influencing Factors

Factors that may be influencing the responses are staff turnover, shortages, or increased caseloads affecting the quality of member interactions. Changes in staffing ratios may have reduced the amount of individual attention staff can provide to each member.

What Did We Learn

Based on this data, we learned that while RFYP maintains strong overall satisfaction in most areas (particularly safety at 83% and respect at 81%), there are emerging concerns around attention and responsiveness from staff.

What Are We Doing Well

Members report an increase in satisfaction with feeling they have choices for activities in the community (+3%). Technology satisfaction improved slightly from 80% to 81%, showing progress in this area, and the organization demonstrates transparency by adding the "I am not sure" option to capture more honest feedback from members.

<u>Areas of Concern</u>	<u>Proposed Improvements</u>
Satisfaction with staff respecting and valuing members as individuals decreased by 12%.	Service Coordinators may provide refresher training for staff on respectful, person-centered support during house meetings and 1:1 meetings with direct care. Supervisors can also offer regular feedback and recognize positive staff interactions to reinforce consistent practice.

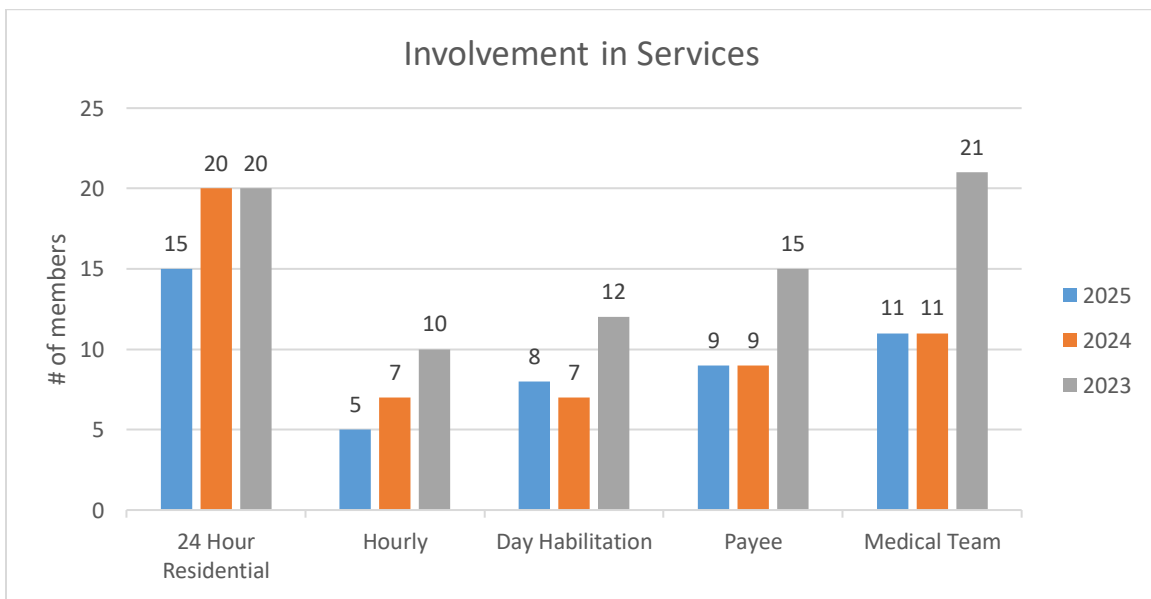
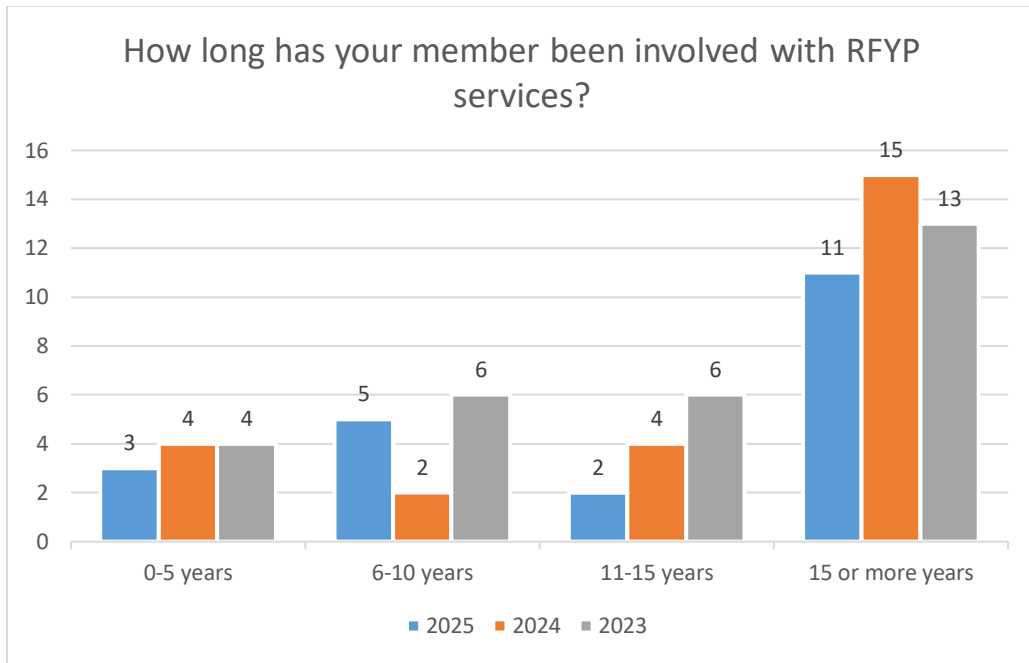
The proposed improvements will be implemented in January 2026, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2026.

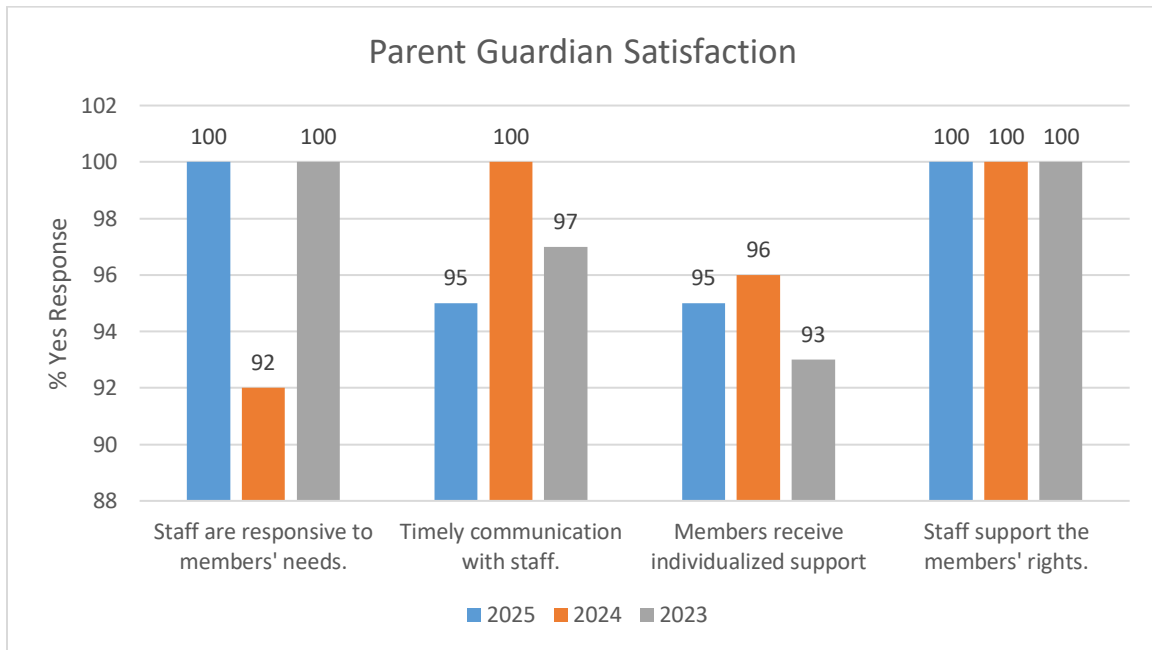
Legal Guardian and Parent Satisfaction Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted a survey to measure the satisfaction level of legal guardians and parents with the agency's services. The survey consisted of open-ended questions and yes/no questions which allows the participants to elaborate with comments. The 2025 Satisfaction Survey questions were analyzed and revised for relevance and clarity.

There were 110 surveys distributed to legal guardians and parents. 21 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 2026 and reviewed for progress in six months.





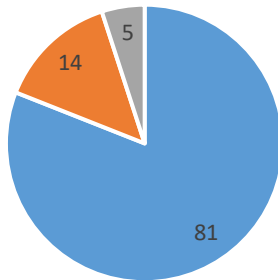
Agency Use of Technology

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

2025	2024	Comparison
Poor: 0%	Poor: 4%	Poor: -4%
Good: 57%	Good: 44%	Good: +13%
Excellent: 43%	Excellent: 52%	Excellent: -9%

Communication Preferences

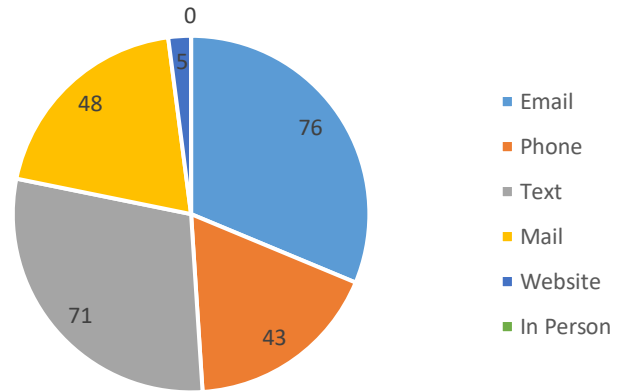
How often would you like to receive information about the agency?



■ Every 6 months ■ Every 12 months ■ Not applicable

How would you like to receive information about the agency?

(respondents can choose multiple responses)



■ Email
■ Phone
■ Text
■ Mail
■ Website
■ In Person

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

- Information about member activities offered, staff training provided, any new issues that may affect members and families, i.e. grants, legislation, etc.
- Changes in programming or staffing
- Development plans
- Updates and opportunities for my daughter
- Any major staff changes and if there are problems regarding caregiving
- Staffing & member financials
- Major changes and staffing changes
- Growth, community involvement
- Unsure
- I appreciate any info
- How the agency is doing
- Staffing needed or not.
- Turnover of staff
- New information regarding health or staff changes that affect our son
- I would like it if there could be a schedule of events/choices for Day Hab
- New available programs and new options for different Day Hab programs



Barriers and Influencing Factors

Barriers and influencing factors include staff turnover at administrative and direct care levels, onboarding periods, time limitations due to increasing service demands, evolving program and reporting requirements, and growing family expectations year-to-year.

What Did We Learn?

Satisfaction levels remain high overall. However, minor fluctuations due to staffing transitions, time limitations, changing technology platforms, and increasing service demands temporarily impact responsiveness with communication, individualized support, and technology satisfaction.

What Are We Doing Well?

In 2025, staff responsiveness and supporting the members rights reached 100% satisfaction, indicating that all responding parents and guardians felt staff were responsive to members' needs, reflecting exceptionally strong performance in this area.

<u>Areas of Concern</u>	<u>Proposed Improvements</u>
Timeliness of communication decreased by 5%; however, satisfaction remains strong overall, indicating effective communication practices while highlighting an opportunity for continued improvement.	The proposed improvement is to expand the use of email and text updates to share information more quickly and consistently. This will help strengthen timely communication while building on the preferred communication methods

The proposed improvement will be implemented in January 2026, or as deemed appropriate by the RFYP administration. Progress on the proposed improvement will be reviewed in June 2026.

Employee Engagement Survey Summary

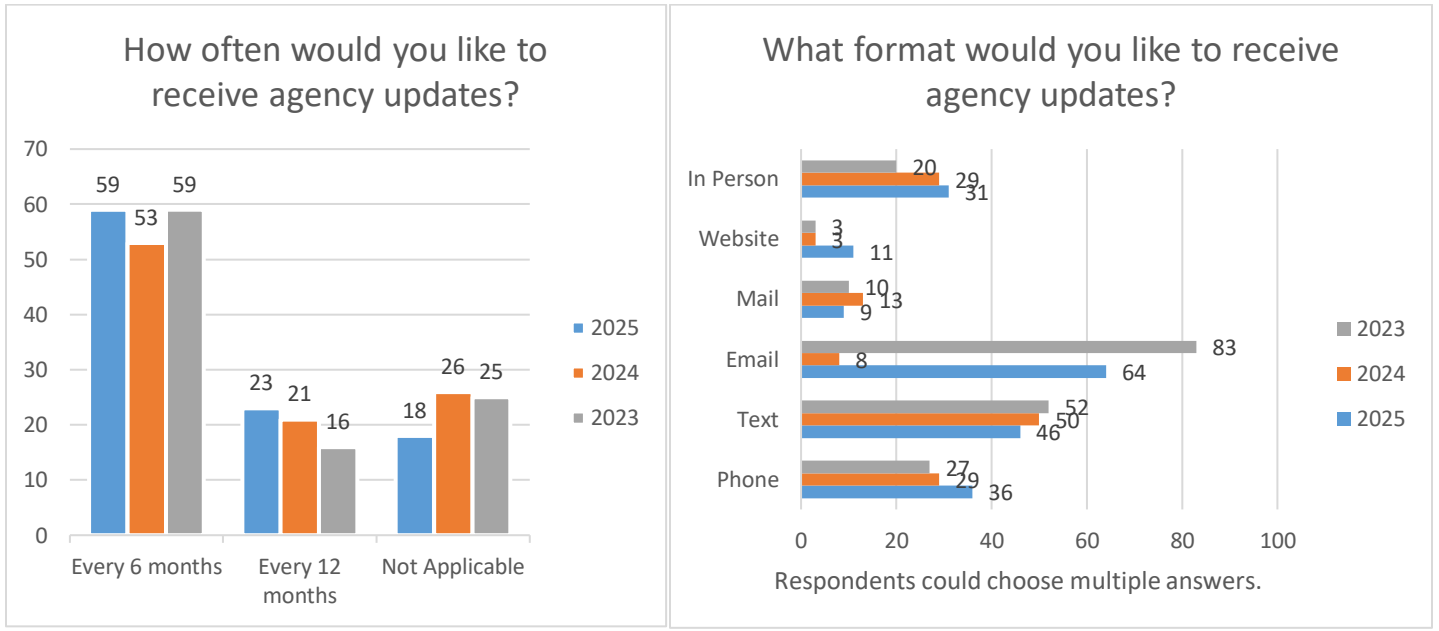
Reach For Your Potential, Inc. (RFYP) conducted an Employee Engagement Survey to learn more about the strengths of the organization from the perspective of the staff and what the employees truly want out of their work experience. Surveys were distributed to Reach for Your Potential employees electronically 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 44 survey responses returned out of 189 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 2026 and reviewed for progress in six months.

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



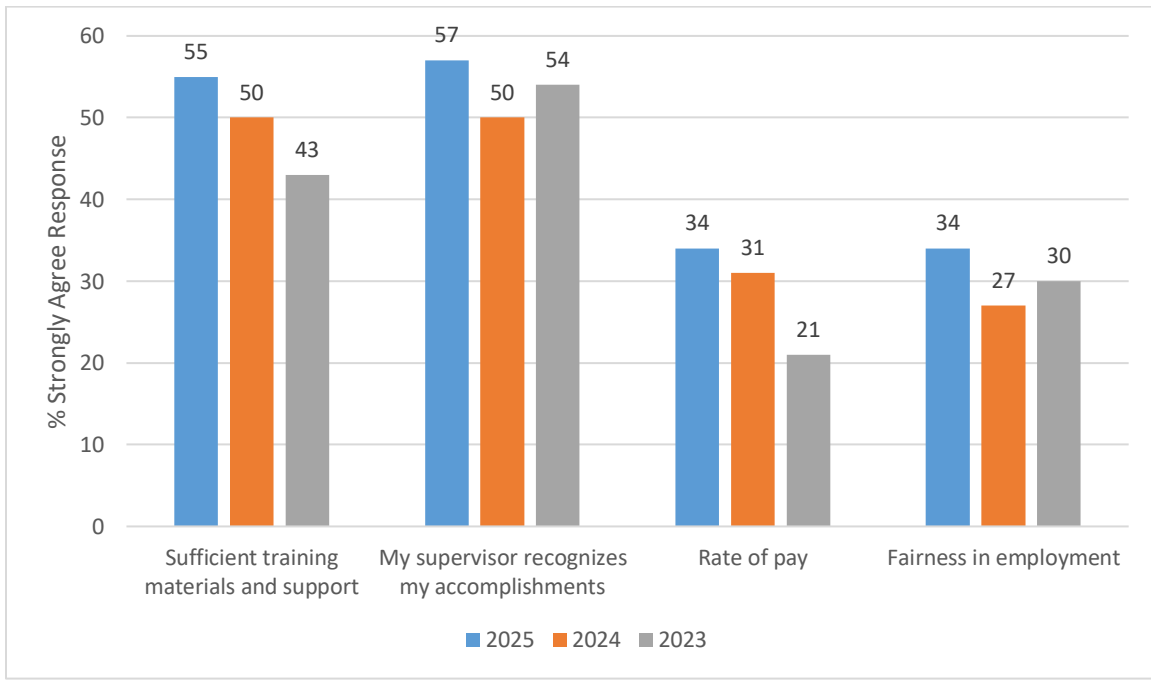
	2024 Disagree	2024 Agree	2024 Strongly Agree	2025 Disagree	2025 Agree	2025 Strongly Agree
I have sufficient training materials and support to perform my job well.	3%	47%	50%	5%	41%	56%
My supervisor recognizes my accomplishments and contributions	8%	42%	50%	9%	34%	57%
Enough training and support are provided to me regarding the use of technology for my position.	2%	50%	48%	2%	50%	48%
I am satisfied with RFYP’s use of technology.	8%	48%	44%	9%	52%	37%
I feel RFYP respects individuals and values their differences.	6%	47%	47%	9%	41%	50%



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

- Training opportunities
- Schedules
- Activities
- Employment opportunities
- Budgets
- Everything that pertains to my job
- Wage increases
- Collaborations
- Medication safety and health monitoring.
- Overall company performance metrics like revenue and profit, project-specific financials, individual payroll and benefits details, and key operational costs.
- Agency updates
- Project management and communication
- History
- Documentation
- Open positions
- Team structure and talent
- How RFYP measures success and proves value

Comparative Analysis



Barriers and Influencing Factors

There were 44 survey responses submitted. 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?

Overall, the results show stable and generally high satisfaction, with positive momentum in training and recognition, alongside targeted opportunities for improvement in use of technology.

What Are We Doing Well?

Staff perceptions remain positive across all areas. From 2024 to 2025, there is a slight increase in “strongly agree” in feeling recognized by supervisors and having sufficient training materials and support to perform job duties. Staff also report an increase in satisfaction with their rate of pay, fairness in employment, and recognition of staff by supervisors.

<u>Areas of Concern</u>	<u>Proposed Improvements</u>
Overall satisfaction with RFYP’s use of technology remains high, but there is a slight downward shift in strong satisfaction and a minor increase in dissatisfaction. This suggests staff continue to view technology positively but experiencing minor challenges, limitations, or support needs that are affecting their experience. This is an area to monitor and address through targeted technology support and communication.	Providing targeted review/Q&A sessions and regular feedback opportunities can help staff build confidence and improve their proficiency with the agency’s technology. These measures ensure staff feel supported and can address challenges quickly, maintaining a positive experience with RFYP’s platforms.

The proposed improvements will be implemented in January 2026, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2026.

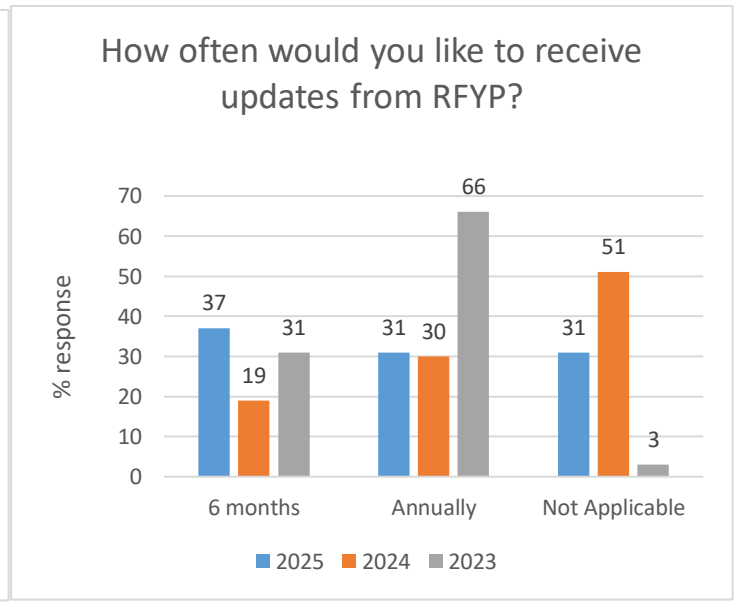
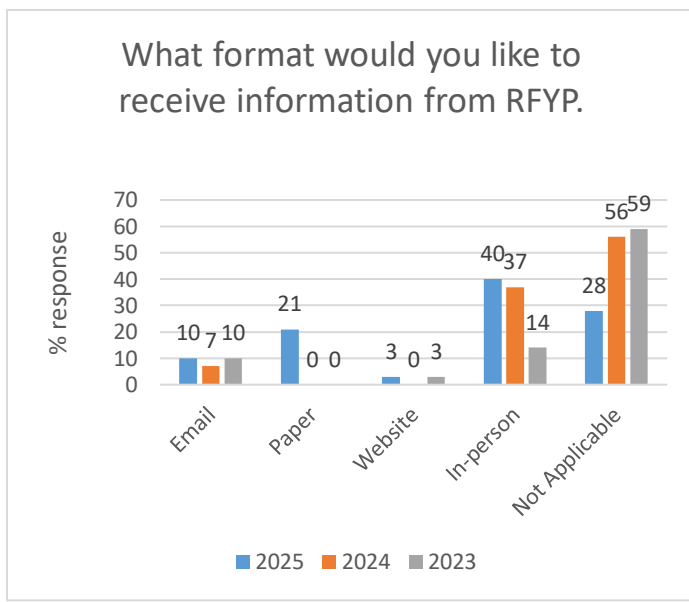
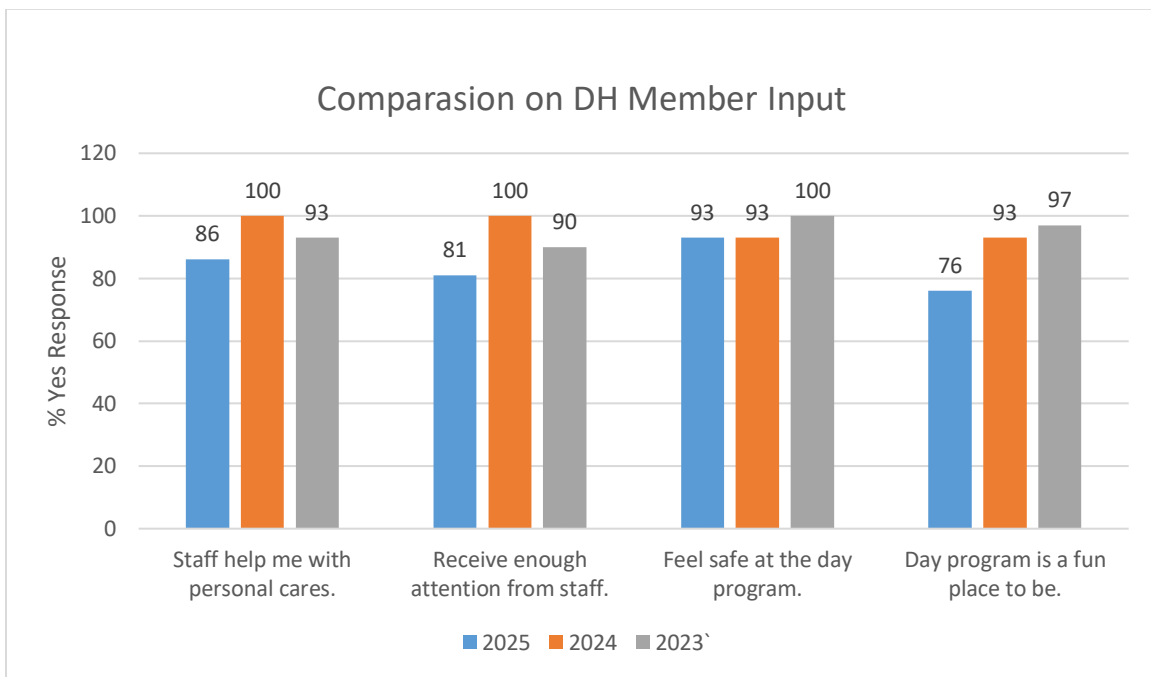
Day Program Member Satisfaction Survey Summary

Reach For Your Potential, Inc. (RFYP) conducted a Satisfaction Survey to measure the level of satisfaction of the members of the Day Habilitation (DH) 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 29 satisfaction surveys received out of 29 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. The 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 2026 and reviewed for progress in six months.

Key Findings

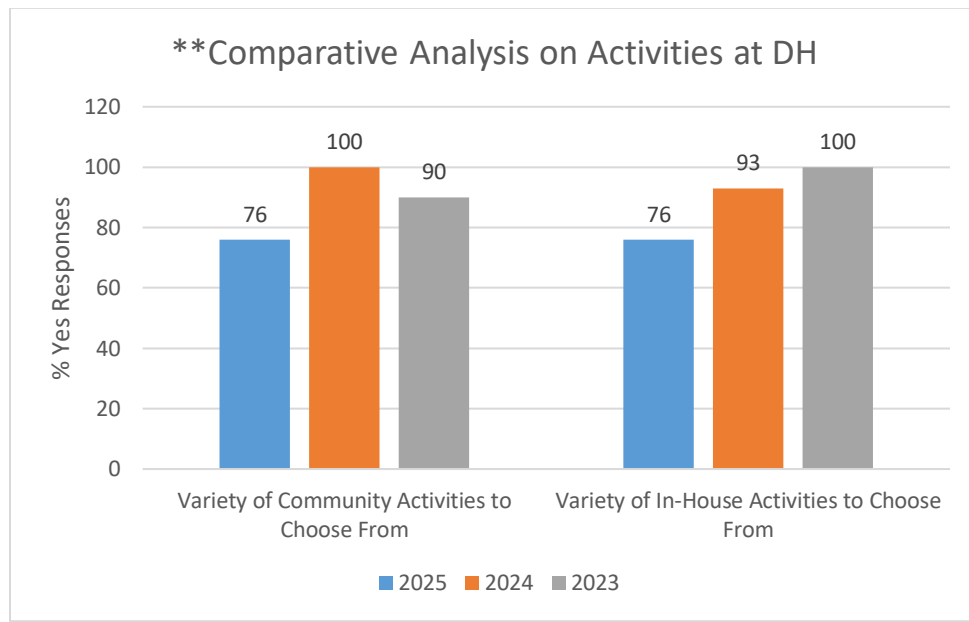
<u>Satisfaction Survey Questions</u>	<u>2024 I am not sure.</u>	<u>2024 No</u>	<u>2024 Yes</u>	<u>2025 I am not sure.</u>	<u>2025 No</u>	<u>2025 Yes</u>
Are you satisfied with RFYP's use of technology in the Day Habilitation program?	0%	4%	96%	4%	3%	93%
When you attend the Day Habilitation, do you receive information and answers to your questions quickly?	3%	3%	94%	7%	0%	93%
Do you feel your interests and suggestions are reflected in the monthly activities calendar?	0%	0%	100%	7%	14%	79%
When you attend the Day Habilitation, are you satisfied with the level of attention you receive from the Day Program staff?	0%	0%	100%	7%	11%	79%
When you attend the Day Habilitation, do you feel your ideas and input are valued and respected?	4%	0%	96%	10%	7%	83%



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

Outings
Events
Goals

	Activities
	AARP information
	Activities calendar in advance



Barriers and Influencing Factors

Positive influencing factors are the addition of full-time facilitators and direct care staff which has strengthened the program's capacity to provide consistent programming. RFYP faces difficulty recruiting staff with valid driver's licenses and driving records that meet agency criteria for transporting members to community outings and activities.

What Did We Learn?

While there was a notable decline in satisfaction with staff attention (dropping from 100% in 2024 to 79% in 2025) and feeling like the Day Habilitation is fun place to be (dropping from 93% in 2024 to 76% in 2025).

What Are We Doing Well?

Day Habilitation member satisfaction has remained consistently high and stable across most areas over the three-year period. All members of the Day Habilitation responded to the satisfaction survey. The data suggests that despite staffing challenges affecting attention levels, the overall program environment remains positive and

supportive for members 93% of respondents feel the DH is a safe place to be and feel they receive information in a timely manner.

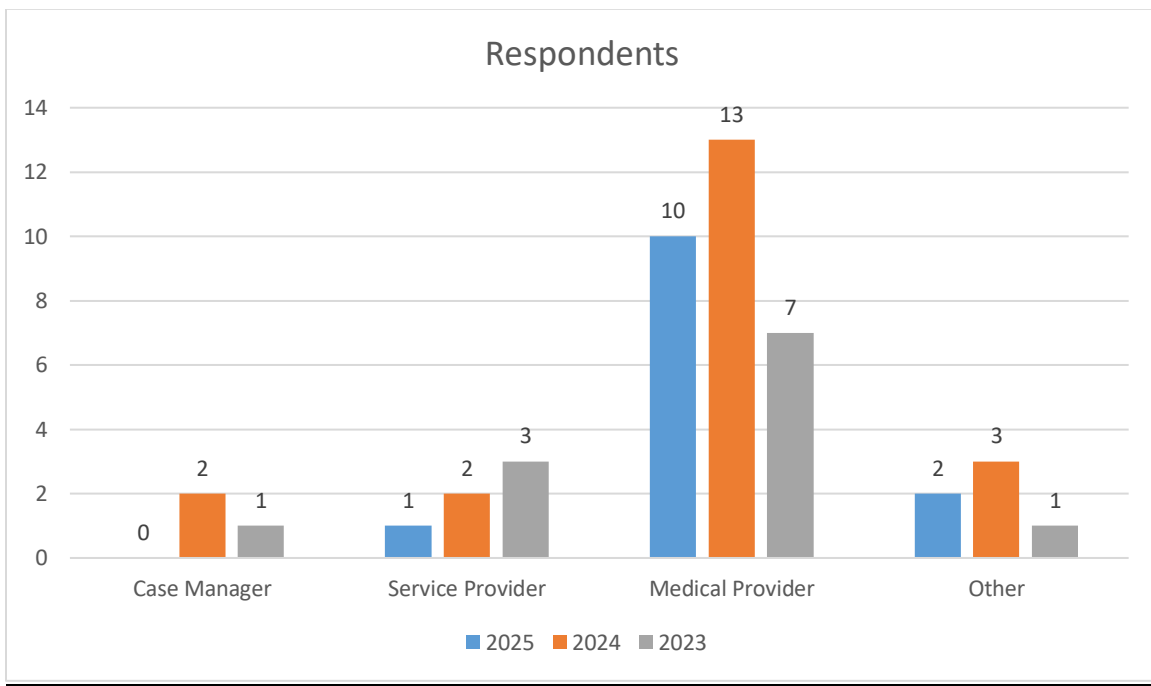
<u>Areas of Concern</u>	<u>Proposed Improvements</u>
Member satisfaction with the level of attention received from DH staff declined from 100% in 2024 to 79% in 2025 (-21%).	To improve member satisfaction with the level of attention they receive, staff can implement structured check-in times to provide consistent, individual interaction. Regular training refreshers at staff meetings on engagement strategies, active listening, and personalized support can help staff better meet member needs.

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 162 surveys distributed to case management, medical providers, and other service providers. 13 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 2026 and reviewed for progress in six months.



<i>Distribution</i>	<i>2025</i>	<i>2024</i>	<i>2023</i>
Case Management	14 distributed	25 distributed	16 distributed
Medical Provider	33 distributed	50 distributed	110 distributed
Service Provider	22 distributed	New 2025	New 2025
Other Provider	12 distributed	30 distributed	33 distributed
Total	162 distributed	105 distributed	155 distributed

Is your communication experience with RFYP positive?

2024 Yes	95%	2024 No	5%
2025 Yes	100%	2025 No	0%

Comparison within groups: 2025 Yes Responses

Case Managers	0/0 Yes Response
Medical Provider	10/10 Yes Response
Other	2/2 Yes Response

Service Provider	1/1 Yes Response
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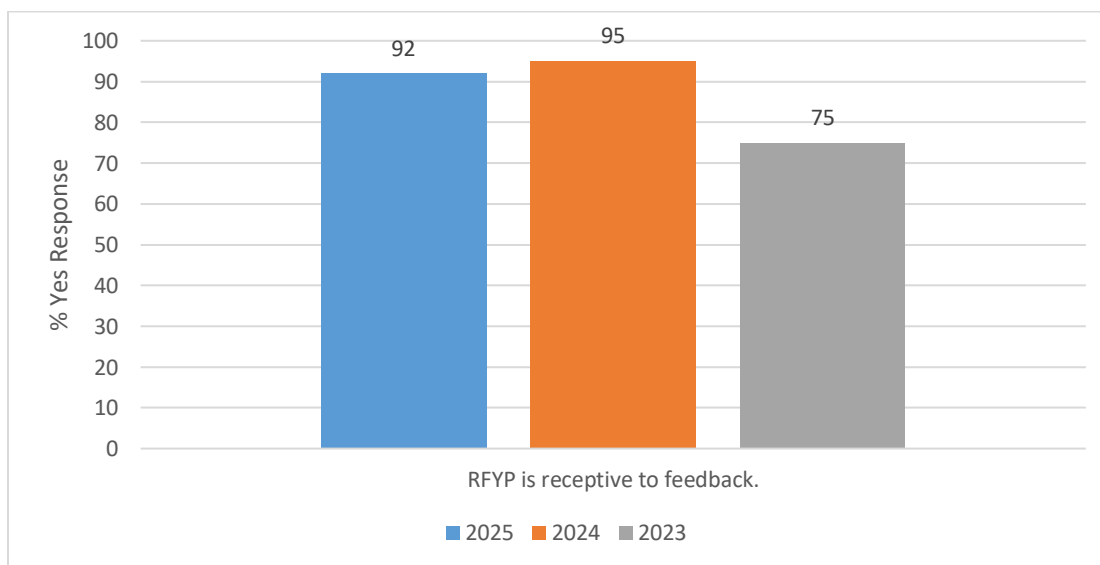
Do you feel you receive information/responses in a timely manner?

2024 Yes	85%	2024 No	5%
2025 Yes	92%	2025 No	8%

Comparison within groups: 2025 Yes Responses

Case Managers	0/0 Yes Response
Medical Provider	10/10 Yes Response
Other	1/2 Yes Response
Service Provider	0/1 Yes Response

Comparative Analysis



Do you feel RFYP's services meet your members' needs?

2024 Yes	95%	2024 No	5%
2025 Yes	92%	2025 No	8%

Comparison within groups: 2025 Yes Responses

Case Managers	0/0 Yes Response
Medical Provider	10/10 Yes Response
Other	1/2 Yes Response
Service Provider	1/1 Yes Response

Do you feel RFYP respects individuals and values their differences?

2024 Yes	100%	2024 No	0%
2025 Yes	100%	2025 No	0%

Comparison within groups: 2025 Yes Responses

Case Managers	0/0 Yes Response
Medical Provider	10/10 Yes Response
Other	2/2 Yes Response
Service Provider	1/1 Yes Response

Are you satisfied with RFYP's use of technology?

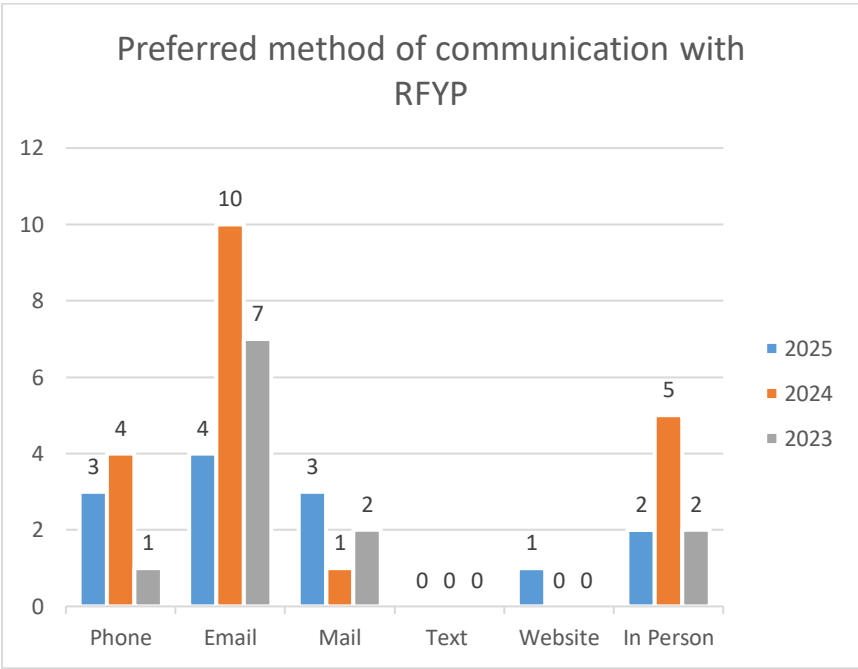
2024 Yes	80%	2024 No	20%
2025 Yes	92%	2025 No	8%

Comparison within groups: 2025 Yes Responses

Case Managers	0/0 Yes Response
Medical Provider	9/10 Yes Response
Other	2/2 Yes Response
Service Provider	1/1 Yes Response

How often would you like to receive information about RFYP's goals and accomplishments?	Every 6 months	15%
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	Every 12 months	48%
	Not applicable	46%



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

- How RFYP works in supported community living arrangements
- Caring medical assistant wonderful people
- Daily dental care and obstacles with oral care
- Participant needs and concerns
- REACH’s accreditation

Barriers and Influencing Factors

The low response rate remains a barrier. There were no responses from case management providers. 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?

We learned that communication with RFYP continues to be a strong area of performance, with 100% of 2025 respondents reporting a positive communication experience and 92% reporting they receive timely information and responses, both showing improvement from 2024. We also learned that only 13 surveys were returned, indicating a low response rate that limits how fully the results represent the perspectives of all of the providers we collaborated with.

What Are We Doing Well?

Respect and inclusion remain a clear strength of the agency, with 100% of respondents in both 2024 and 2025 affirming that RFYP respects individuals and values differences. Communication with RFYP is a key strength, with 100% of respondents in 2025 reporting a positive communication experience, showing improvement from an already high 95% in 2024.

Area of Concern	Proposed Improvement
The report identifies low response rates as a continuing barrier. When fewer providers respond, the results may not fully represent all partner perspectives. Increasing participation will strengthen data reliability and help ensure more voices are heard.	A proposed improvement is to broaden survey outreach by using multiple communication methods to encourage participation. Staff can also follow up directly with key provider partners to answer questions and request completion, helping to increase response rates and improve representation.

The proposed improvements will be implemented in January 2026, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed in June 2026.

Performance Outcomes Summaries

2026 Annual Performance Outcomes Summary: Day Habilitation

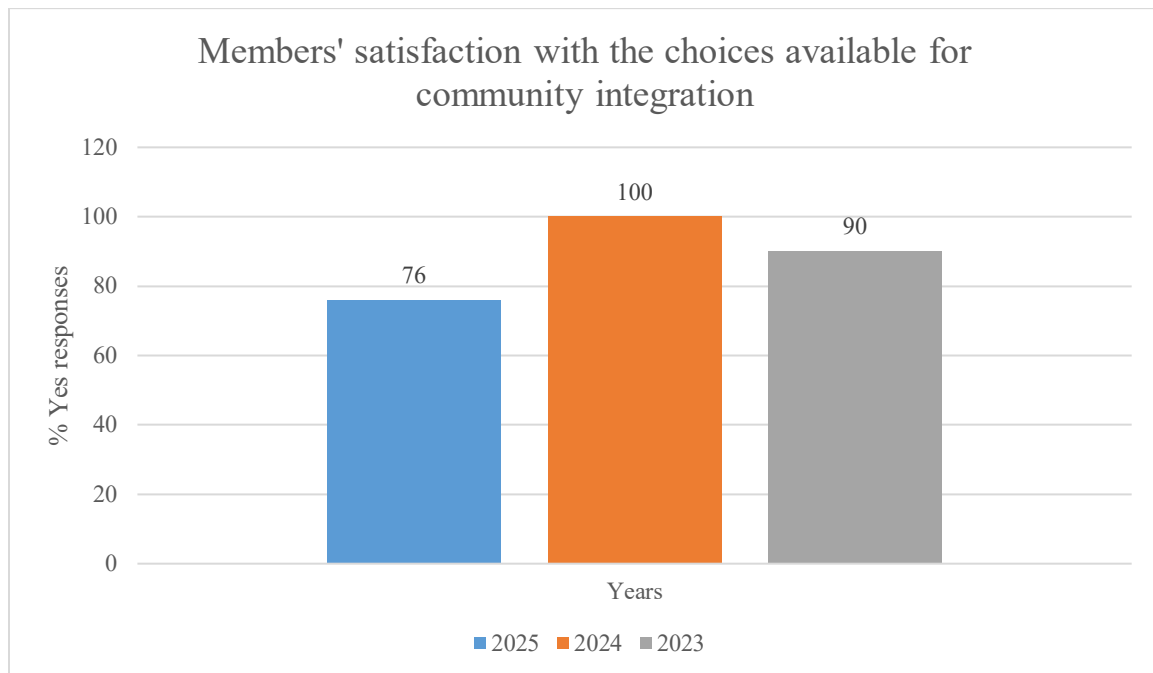
RFYP is committed to performance improvement through proactive and ongoing review, analysis, reflection, and transparency on goals and objectives for both service delivery and business functions. The results of the performance analysis for the Day Habilitation program are used to identify and implement 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*
- 2025 Performance Outcome | 76% Satisfaction with the choices available for community integration

Comparative Analysis:



The performance target for this objective was not met. This data was collected via the 2025 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: While members remain actively engaged in current activities, there is an emerging trend suggesting they may be ready for new or different options. Coffee shops and community outings with food and beverages options are typically very popular choices.

Causes: The addition of a new program director and the increase in members present an opportunity to evaluate and explore new options for scheduling activities. 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 fluctuations, transportation, seasonal changes, and the current status of the availability of approved drivers impacts outings.

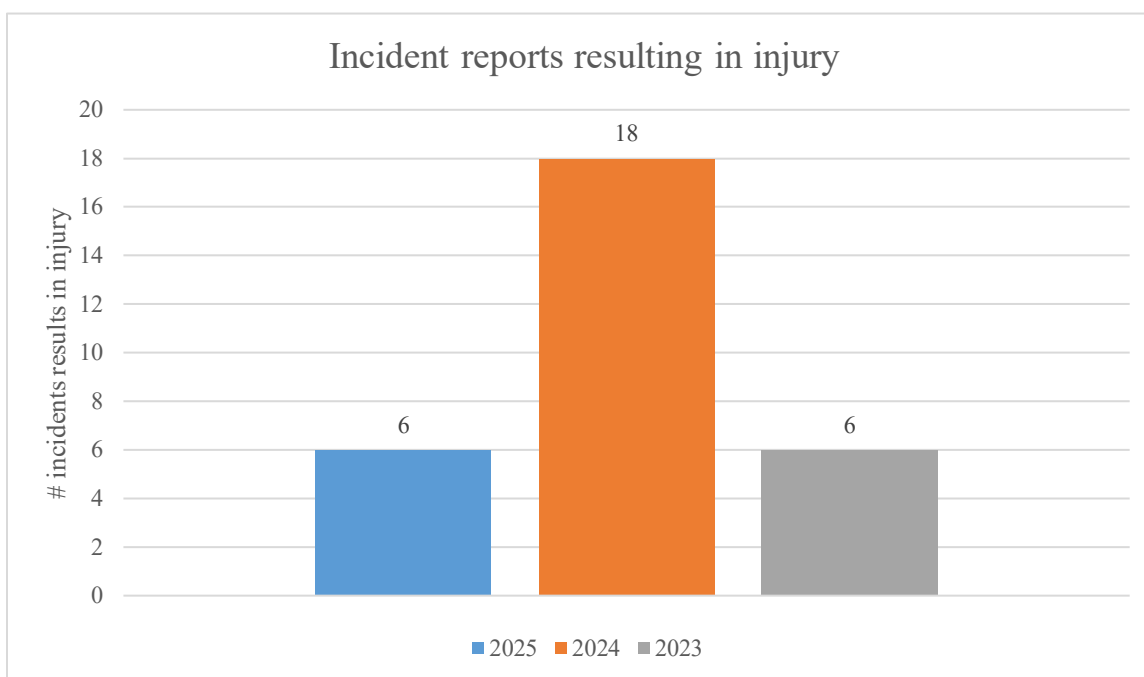
Action Plan for Improvement: RFYP DH will pilot new activities or adjust scheduling, while clearly communicating changes and encouraging participation in the updated options.

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*
- *2025 Performance Outcome | 6 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: Most incidents resulting in injury are due to accidents and were unavoidable. The rise in incident reports can be attributed to the increasing number of members attending the day habilitation program daily.

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 2025.

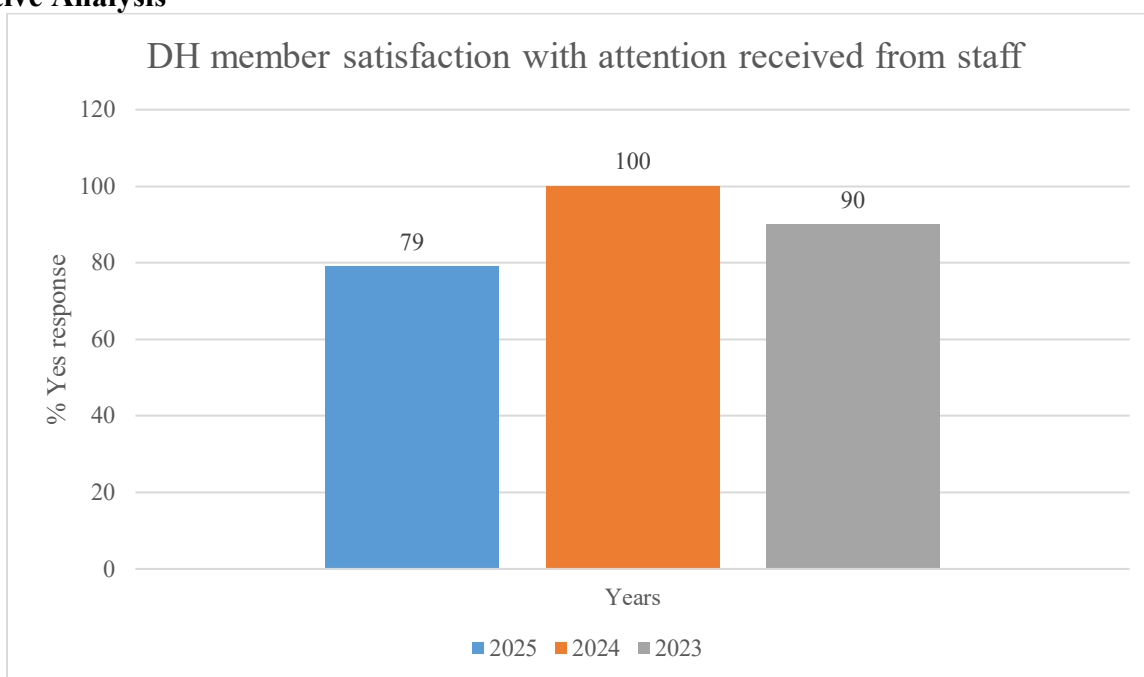
Domain 2: Experience of Services Received and Other Feedback from Persons Served

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*
- 2025 Performance Outcome | 79% Day Habilitation Member Satisfaction reported on the Day Program Satisfaction Survey

RFYP did not meet 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: While staff are providing individual attention, it may not align with the type of support or engagement participants are seeking.

Causes: Staff may not have a clear understanding of participants' specific needs or preferences, leading to attention that is well-intentioned but not fully aligned with what members want.

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

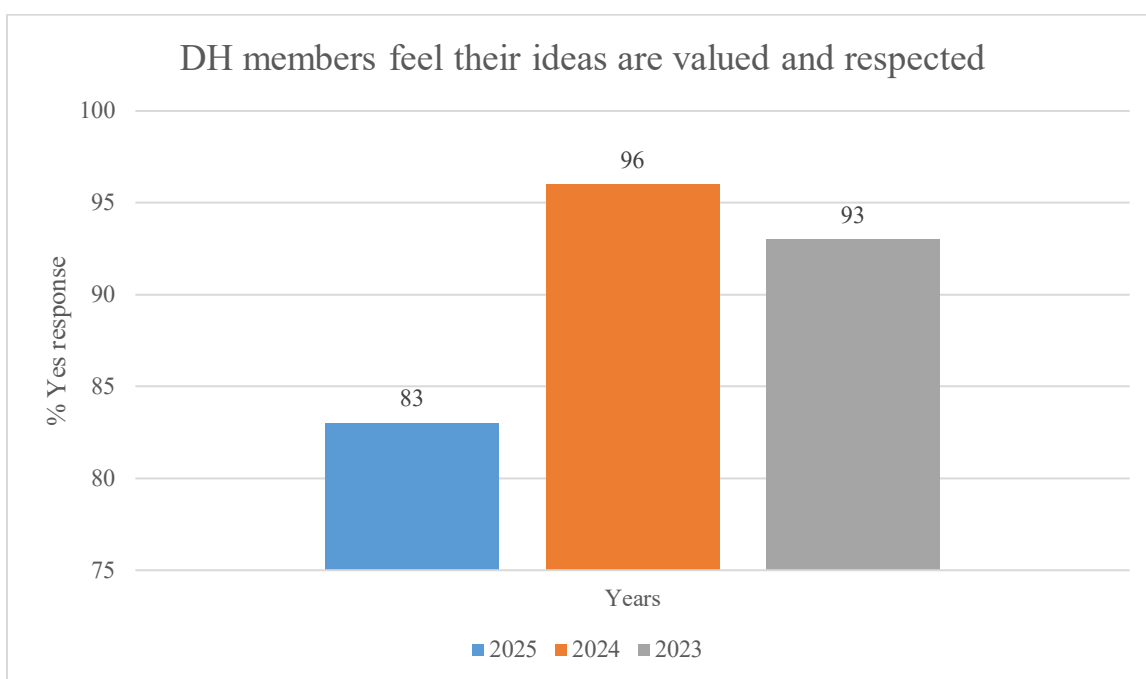
Action Plan for Improvement: RFYP will add a text box to the satisfaction survey for qualitative feedback and conduct real-time check-ins with participants to capture immediate concerns and preferences.

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*
- 2025 Performance Outcome | 83% of members in the Day Habilitation program feel their ideas are valued and respected

RFYP did not meet 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: Staff are gathering members ideas, but it may not reflect the type of engagement participants actually want.

Causes: Staff may not have a clear understanding of participants' communication preferences, leading to plans that are well-intentioned but not fully aligned with what members want.

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

Action Plan for Improvement: With new staff and a fresh program approach, we are exploring new ways to gather member input, as current feedback may not fully reflect the engagement participants seek.

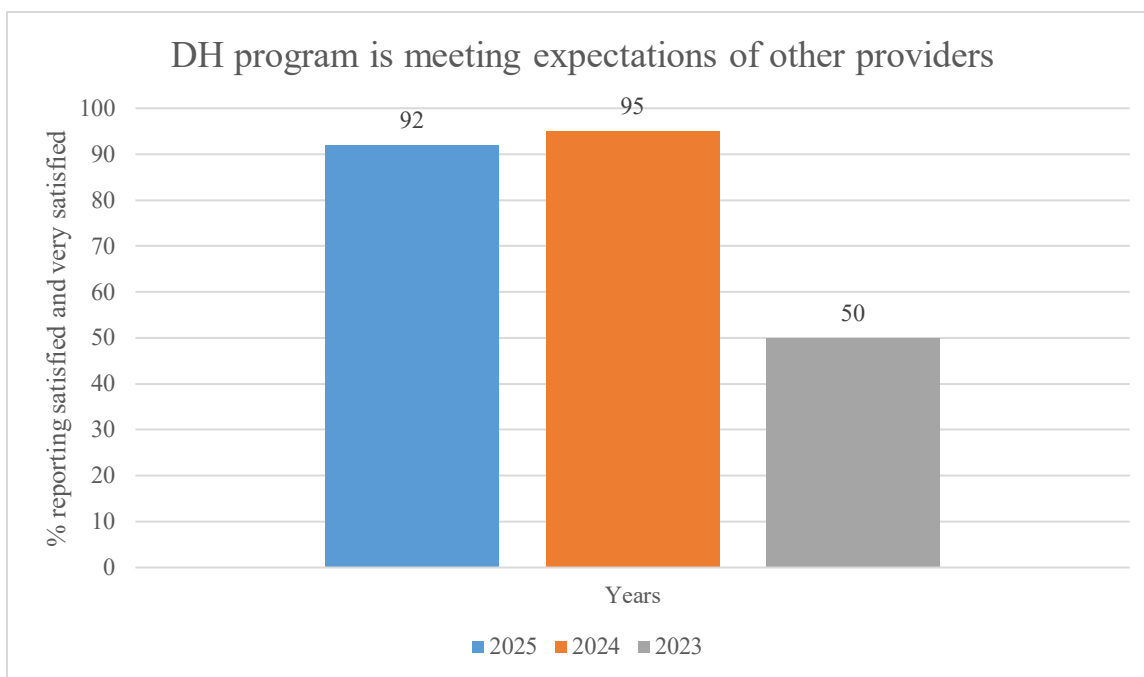
Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders

Objective #1 - Other Stakeholders are satisfied with the attention members receive at the Day Program

- *Annual Performance Target* | 85% of stakeholders report the day program services are meeting their expectations
- *2025 Performance Outcome* | 92% 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.

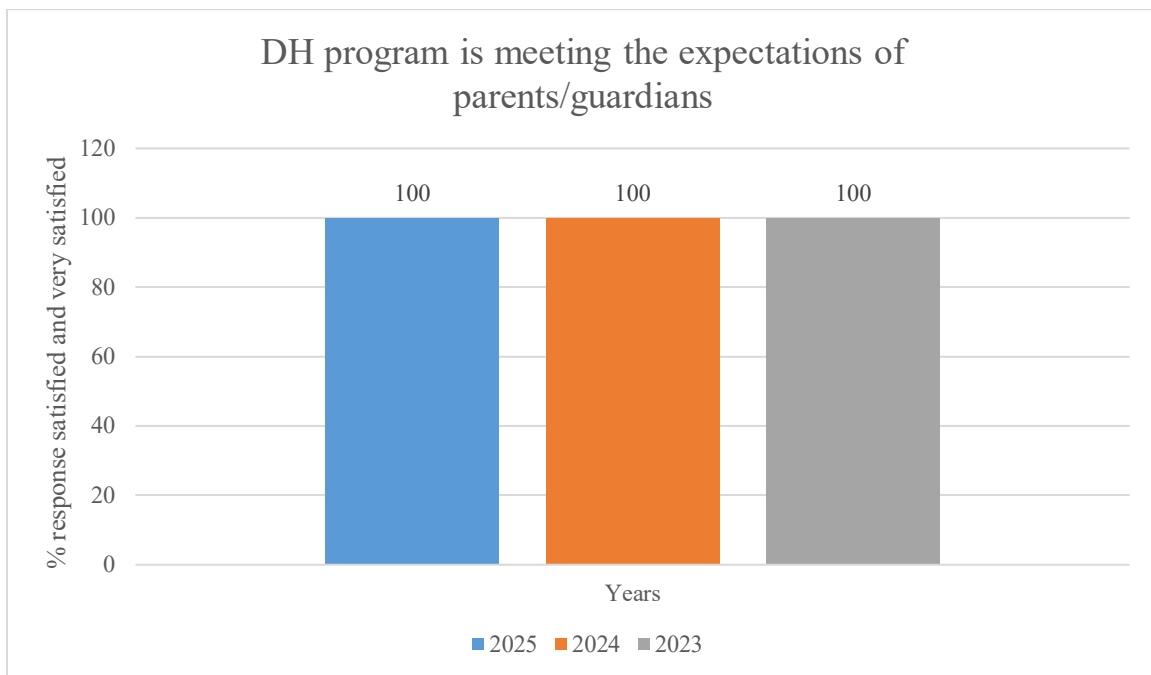
Impact of Extenuating Factors: Increase in responses from medical providers. Hiring staff for the Day Habilitation program is more challenging because staff need to be comfortable with assisting with personal cares, approved to drive RFYP vehicles, and available during day shift hours.

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*
- *2025 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

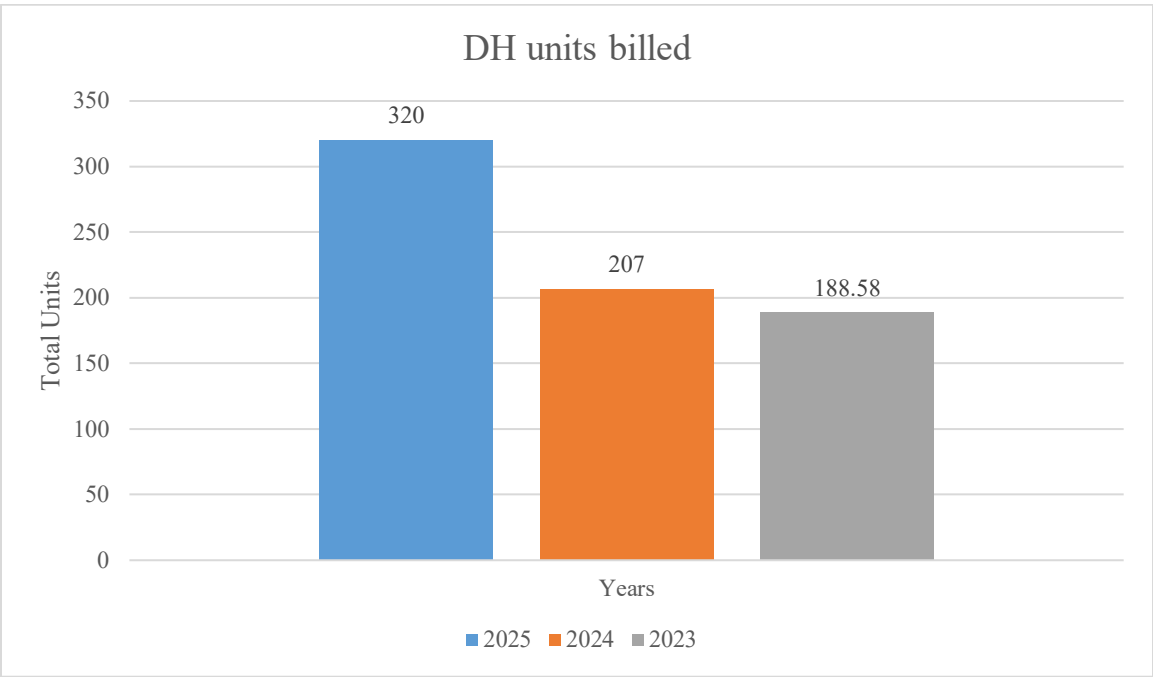
Objective #1 – The Day Habilitation billing units are monitored monthly to maintain fiscal health

- *Annual Performance Target | 180 units billed per month on average*
- *2025 Performance Outcome | 320 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, 2025 – December 31, 2025.

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 increased compared to previous years.

Causes: The RFYP DH enrolled more members in 2025.

Impact of Extenuating Factors: The Day Habilitation roster is at capacity. Although new members may not be enrolled, there is flexibility for current members to adjust their weekly schedule.

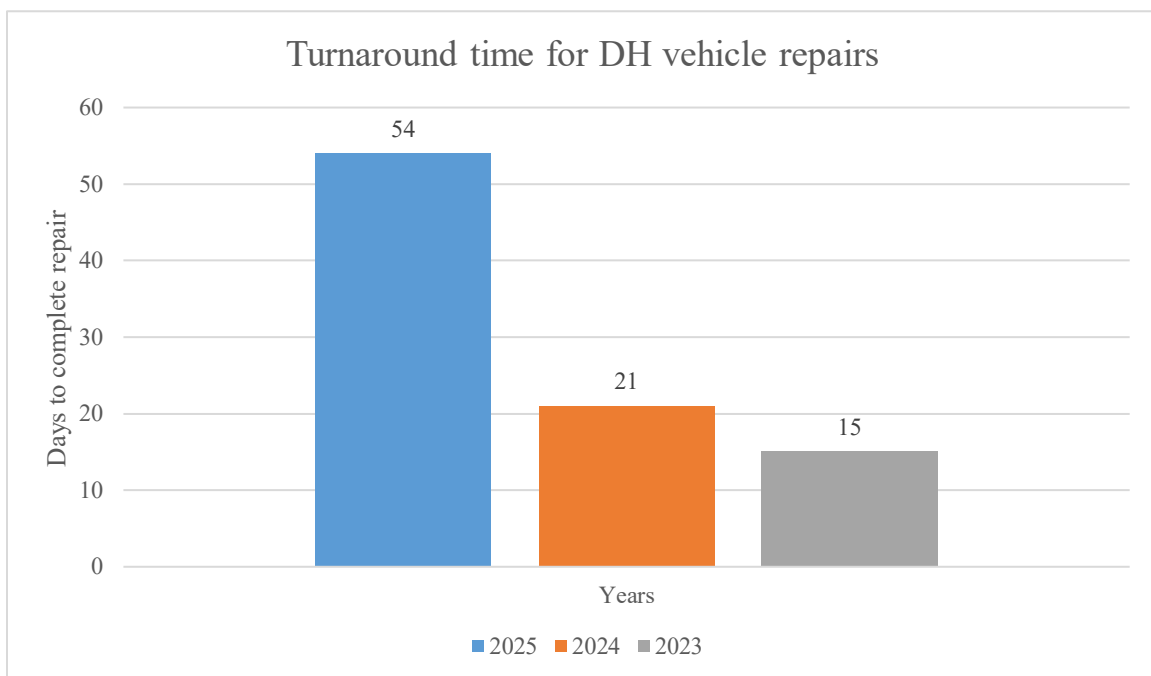
Domain 5: Service Access Measures

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*
- 2025 Performance Outcome | 54 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: Work orders for RFYP vehicles are mostly for routine maintenance and minor repairs.

Causes: This number was higher due to delays in completing oil changes for a few vehicles, as RFYP has one maintenance staff member responsible for both home and vehicle upkeep.

Impact of Extenuating Factors: The delay in the oil changes did not affect members' ability to access community resources or participate in activities.

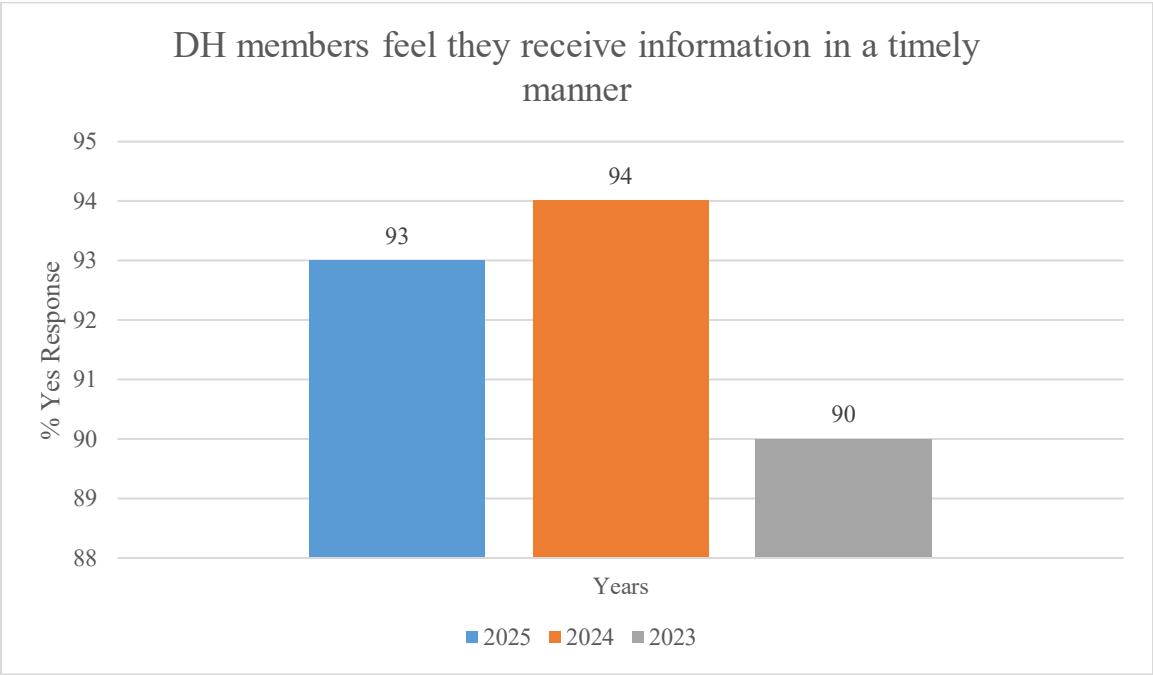
Action Plan for Improvement: We will improve the work order system by reevaluating how tasks are tracked, clearly identifying whether each is routine maintenance or repair.

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*
- *2025 Performance Outcome | 93% 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: Staff are focused on collaboratively planning outings and parties with members, which may delay or limit the immediate communication of details about upcoming events to the entire group.

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

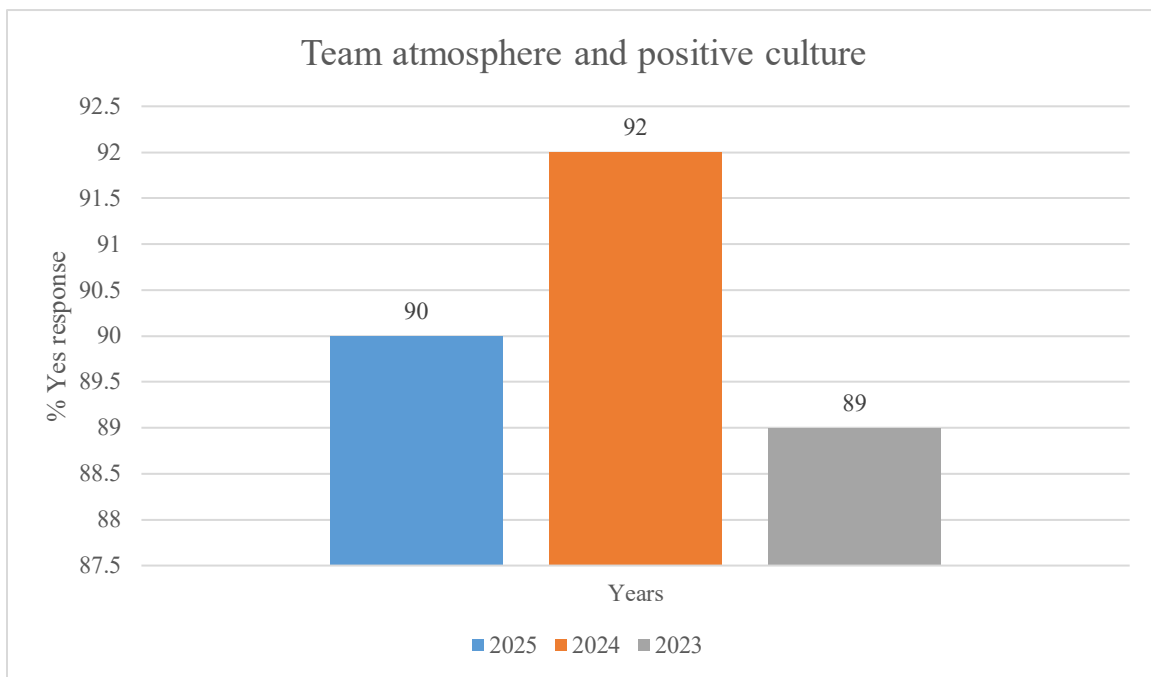
Domain 6: Business Function Measurement

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
- *2025 Performance Outcome* | 90% 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 on how to provide positive feedback to their staff.

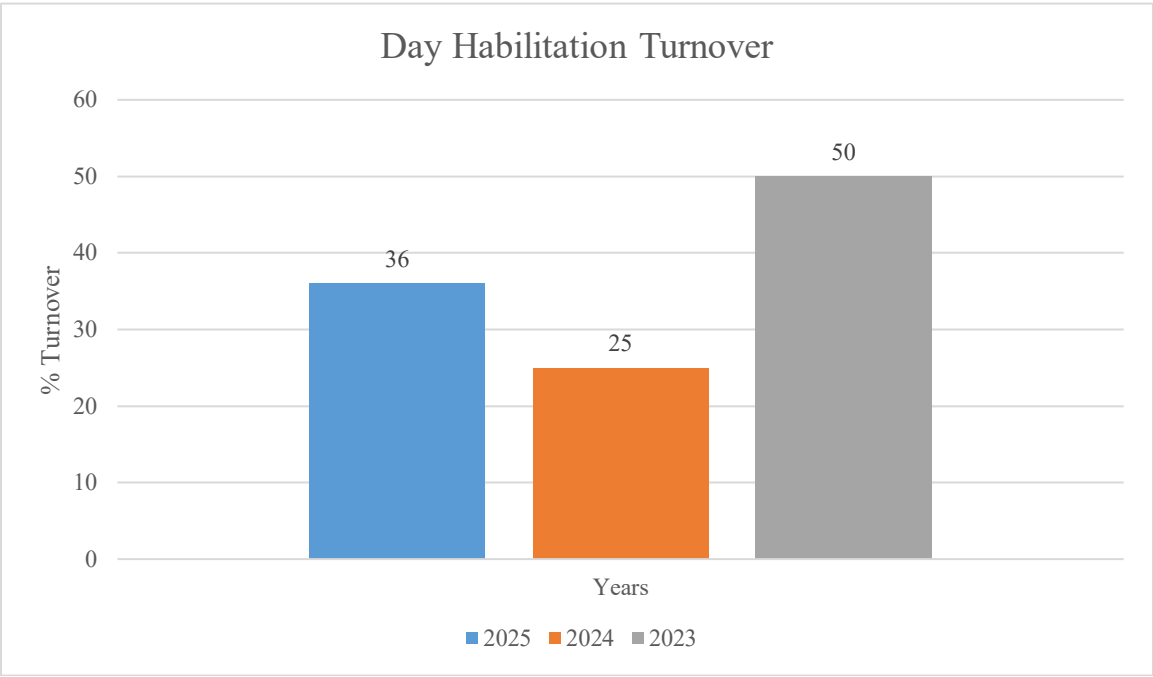
Impact of Extenuating Factors: HR is seeking to hire additional service coordinators.

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*
- *2025 Performance Outcome | 36% 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 terminations.

Causes: Human Resources and supervisors are committed to taking a retraining approach instead of a disciplinary approach to retain staff. This approach supports their professional development.

Impact of Extenuating Factors: The agency hired a second Day Hab Facilitator and new Program Director to provide additional support and leadership to the Day Hab program.

Day Habilitation Performance Indicators

Day Habilitation: 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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous 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 Responses	76%	No	100%	Member health conditions, medical appointments, or temporary illness limiting participation in community outings.	Nov 2025 - Dec 2025	Spring 2026	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	Direct Care Staff, Facilitators	Max 28 incident reports for basic first aid and incidents resulting in injury per year	6	Yes	18	Effective staff supervision and adherence to member safety plans reduce opportunities for injury.	Nov 2025 - Dec 2025		2
Domain 2: Experience of Services Received and Other Feedback from <u>Persons Served</u> : 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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous 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	79%	No	100%	Staff attention may be influenced by staffing levels, staff turnover, competing member support needs, emergency responses, and required administrative duties that temporarily reduce direct interaction time.	Nov 2025 - Dec 2025	Spring 2026	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	83%	No	96%	Staffing, time, and support demands may temporarily limit members' personalized interactions and sense of being valued.	Nov 2025 - Dec 2025		1

Domain 3: Experience of Services Received and Other Feedback from <u>Other Stakeholders</u> : 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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous Results Achieved	Describe Extenuating Factors: Demographics, barriers, challenges	Timeframe for Data Analysis	Timeframe to Communicate Information	Priority
Internal Focus Area	1. Other Stakeholders are satisfied with the attention members receive at the Day Program	% of yes 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	92%	Yes	95%	As a responsive and collaborative partner, the agency works to gather stakeholder input, while timing and capacity constraints may sometimes limit implementing the feedback.	Nov 2025 - Dec 2025	Spring 2026	1
Internal Focus Area	2. Day Program services are meeting the needs of members	% 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	QA Department, SC, and Program Director	85% reporting Very Satisfied or Satisfied	100%	Yes	100%	As a responsive and collaborative partner, the agency works to gather stakeholder input, while timing and capacity constraints may sometimes limit engagement.	Nov 2025 - Dec 2025		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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous 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 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	320	Yes	207	The Day Habilitation roster increased and is at capacity. The performance target will increase to 320 for 2026.	1/1/2026-1/30/2026	Spring 2026	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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous 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	54 days	No	21 days	The oil changes and interior cleaning were delayed due to other time sensitive repairs. If excluding the two oil changes that took 2-3 months to complete, the average turnaround time is 17 days. Most work orders are for oil changes and not major repairs that limit transportation.	1/1/2026-1/30/2026	Spring 2026	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	QA Department and Program Director	85% YES Responses	93%	Yes	94%	Supportive environments and long term staff impact members high satisfaction with communication.	Nov 2025 - Dec 2025		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	Actual Results Achieved	Perf. Target Met (yes/no)	Previous 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 and long-term staffing has a beneficial effect on the payroll. Training new workers has a high cost. RFYP	Program Directors and Human Resources Director	85% reporting Agree or Strongly Agree	90%	Yes	92%	RFYP supports staff in a variety of ways to improve agency culture including staff pariet, bonuses, stay interview, and referral/retention bonuses.	Nov 2025 - Dec 2025	Spring 2026	1
RFYP Internal Focus	2. Decreasing day habilitation personnel turnover rates.	Day Habilitation Turnover Rate	Human Resources Dept.	Annually	QuickBooks		Human Resources Director	75%	36%	Yes	25%	New Program Director for the Day Habilitation program starting January 2026.	1/1/2026-1/30/2026		2

2025 Annual Performance Outcomes Summary: Supported Community Living

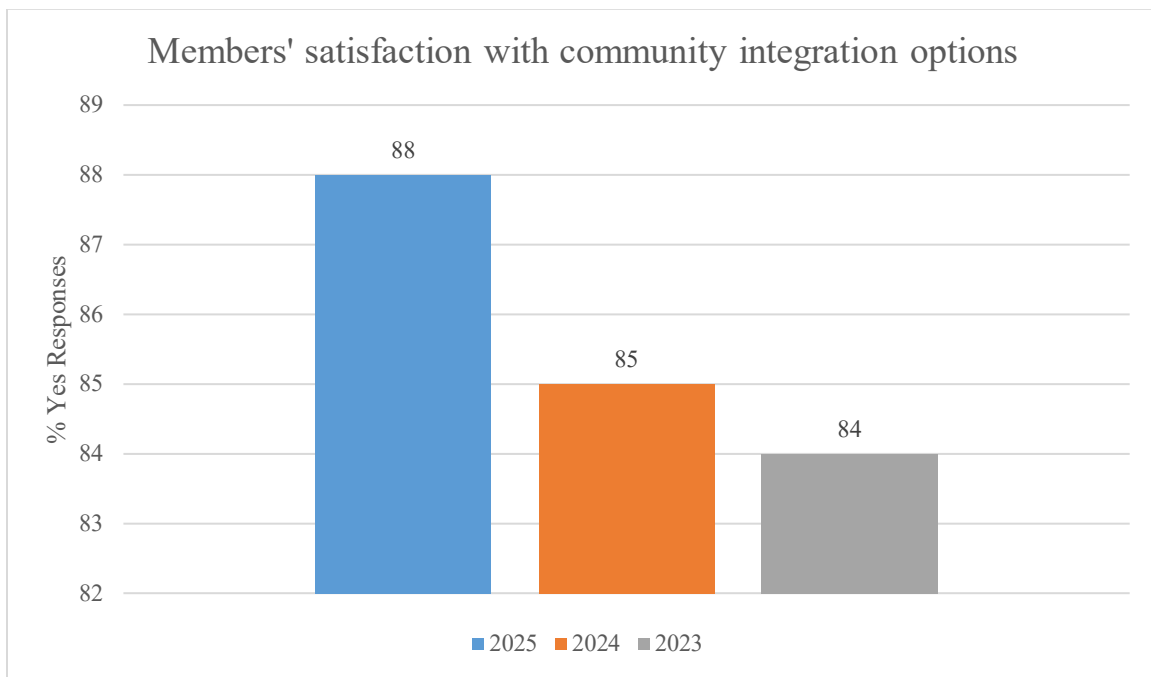
RFYP is committed to performance improvement through proactive and ongoing review, analysis, reflection, and transparency on goals and objectives for both service delivery and business functions. The results of performance analysis for Supported Community Living are used to identify and implement data-driven 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*
- *2025 Performance Outcome | 88% 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.

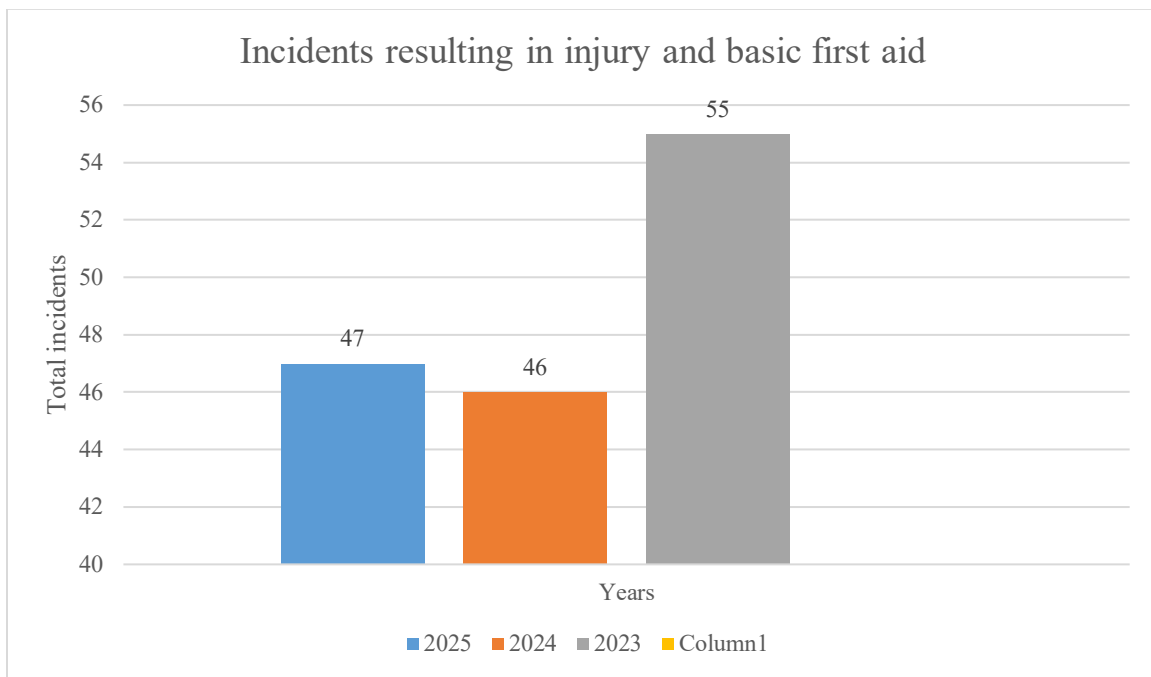
Causes: RFYP follows through with the Community Integration Policy. The agency tracks weekly engagement to ensure all members are engaged in their community and with their peers.

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*
- 2025 Performance Outcome | 47 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.

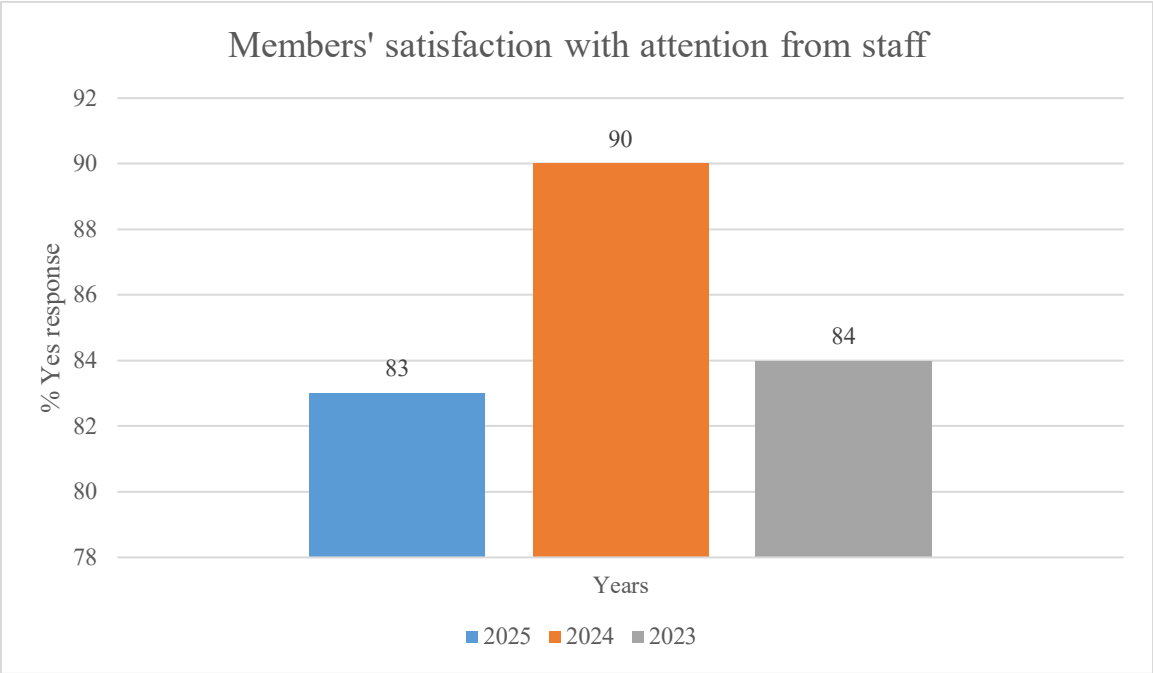
Domain 2: Experience of Services Received and Other Feedback from Persons Served

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*
- *2025 Performance Outcome | 83% of members are satisfied with the level of attention they receive from staff*

RFYP did not meet 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: Staffing shortages limited the amount of individualized time staff were able to spend with members, as resources were directed toward maintaining essential program operations and coverage.

Causes: Staffing shortages were influenced by challenges in recruiting and retaining qualified employees in a competitive labor market, the demanding nature of the work, and RFYP’s high expectations for quality member care.

Impact of Extenuating Factors: RFYP missed the target by only 2%.

Action Plan for Improvement: Service Coordinators may provide refresher training for staff on respectful, person-centered support during house meetings and 1:1 meeting with direct care. Supervisors can also offer regular feedback and recognize positive staff interactions to reinforce consistent practice.

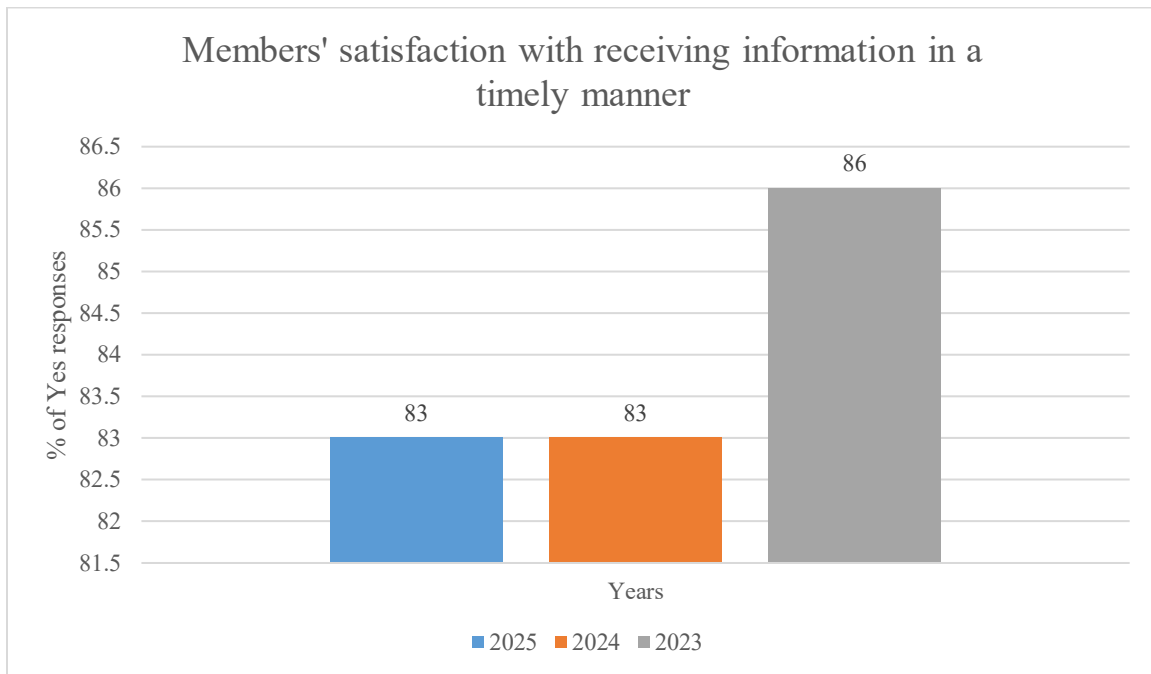
Objective #3: Members receive answers to their questions in a timely manner to make informed personal choices

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

- 2025 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: RFYP strives to provide information to the members in real time. Staffing shortages affected communication, as employees had to balance competing priorities and focus on immediate service needs, leaving less time for consistent information sharing and follow-up.

Causes: Staffing shortages were influenced by challenges in recruiting and retaining qualified employees in a competitive labor market, the demanding nature of the work, and RFYP's high expectations for quality member care.

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 will hire additional Service Coordinator Assistants to help manage and maintain timely communication with members.

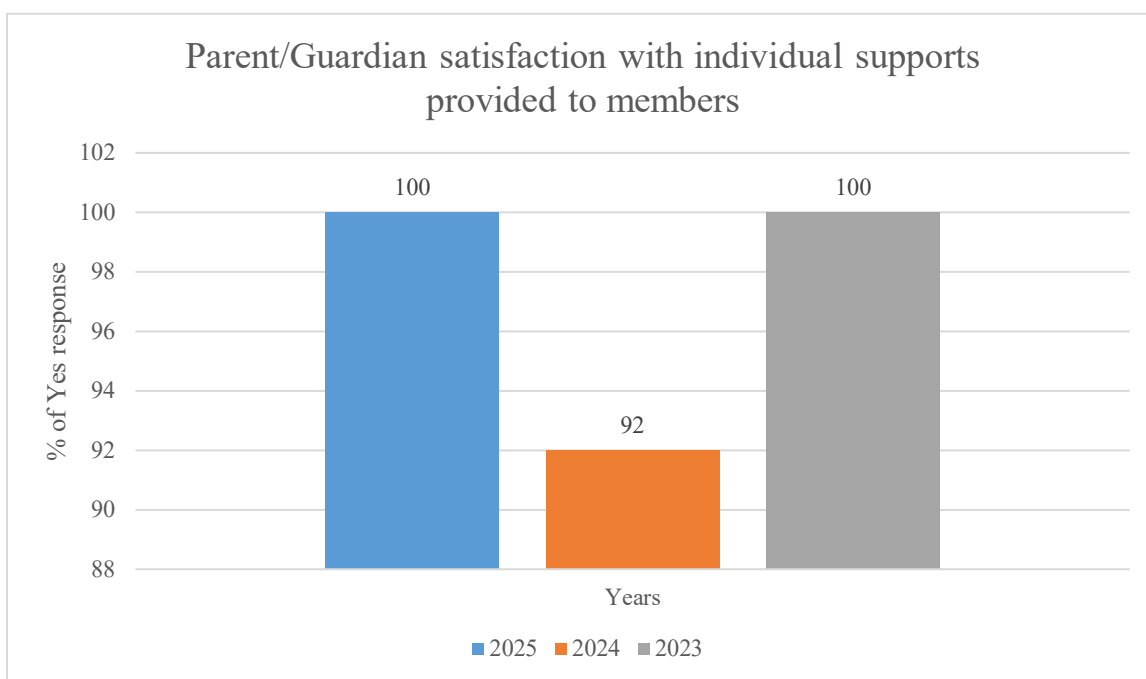
Domain 3: Experience of Services Received and Other Feedback from Other Stakeholders

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*
- 2025 Performance Outcome | 100% 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.

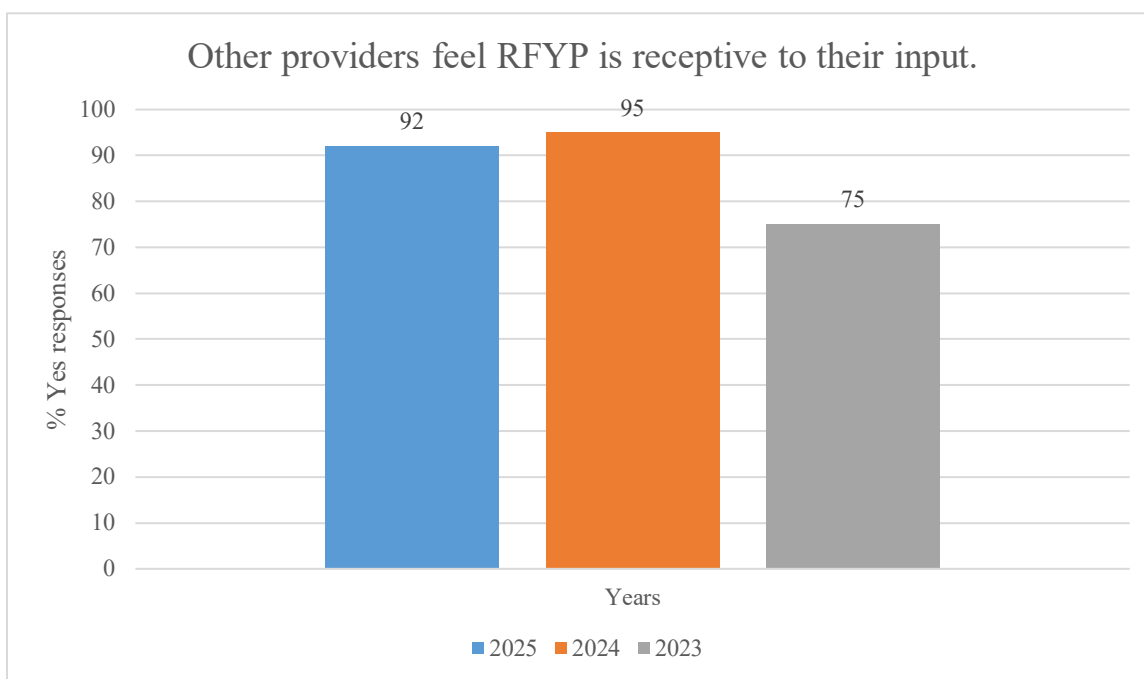
Impact of Extenuating Factors: Service Coordinators are in close communication with guardians and parents via phone, text, and email.

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*
- *2025 Performance Outcome | 92% 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.

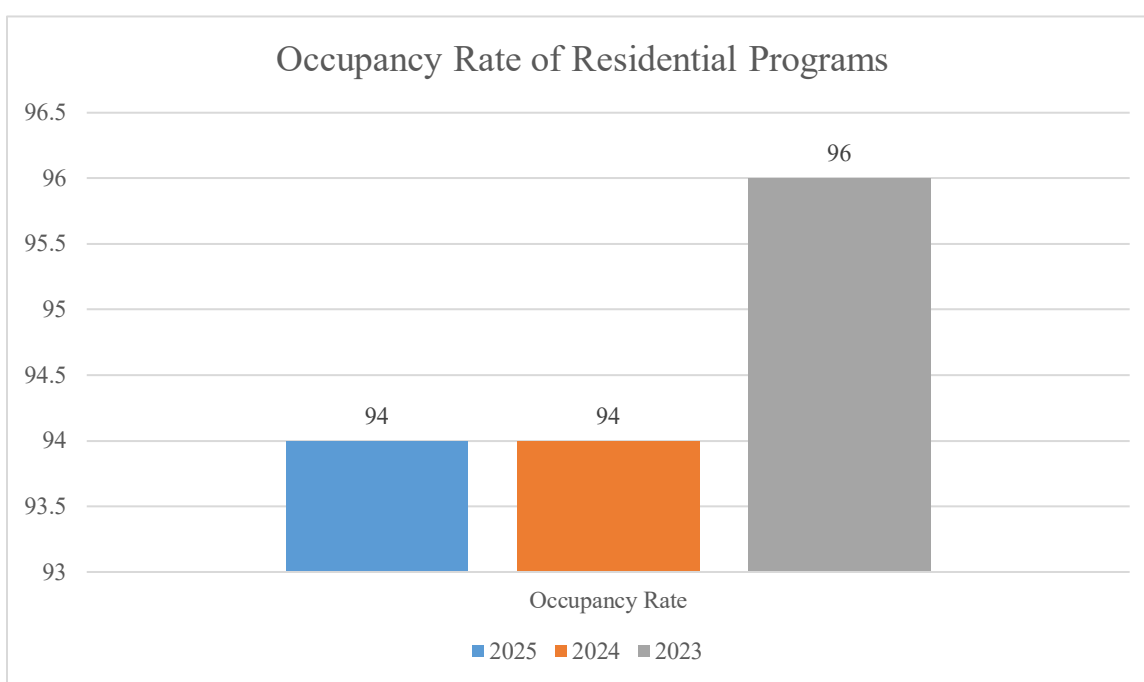
Domain 4: Resources Used To Achieve Results for the Persons Served

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*
- *2025 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 remain in RFYP residential locations because of the organization's strong commitment to providing individualized supports to the best of its ability, along with meaningful activity options, community integration opportunities, and a focus on wellness.

Causes: RFYP closely adheres to its assessment process to ensure that the scope of services aligns with each member's needs and goals, supporting the delivery of high-quality care.

Impact of Extenuating Factors: As the needs and preferences of the members change, they have the option to move within the agency to a setting that better fits their level of support.

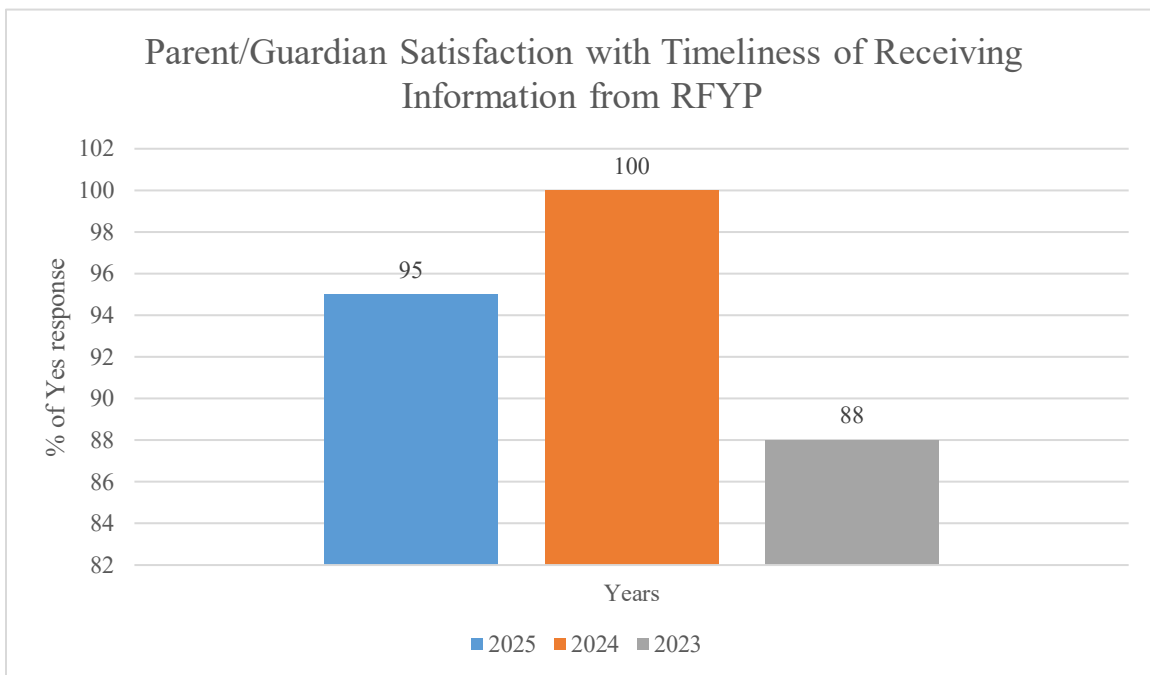
Domain 5: Service Access Measures

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.*
- **2025 Performance Outcome | 95% 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.

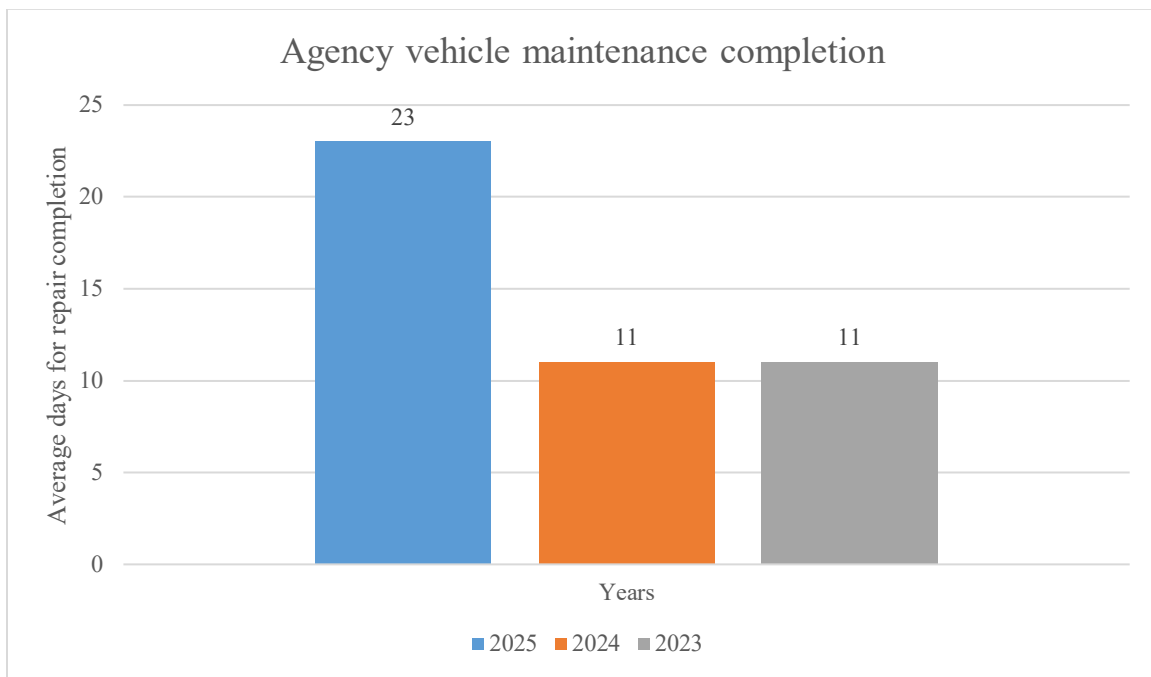
Impact of Extenuating Factors: Service Coordinators are in close communication with parents and guardians via phone and text.

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.*
- 2026 Performance Outcome | 23 days average wait time from received date to completion date for Day Habilitation vehicle maintenance requests.

RFYP did not meet 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: Work orders for RFYP vehicles are mostly for routine maintenance and minor repairs.

Causes: This number was higher due to delays in completing oil changes for a few vehicles, as RFYP has one maintenance staff member responsible for both home and vehicle upkeep.

Impact of Extenuating Factors: The delay in the oil changes did not affect members' ability to access community resources or participate in activities.

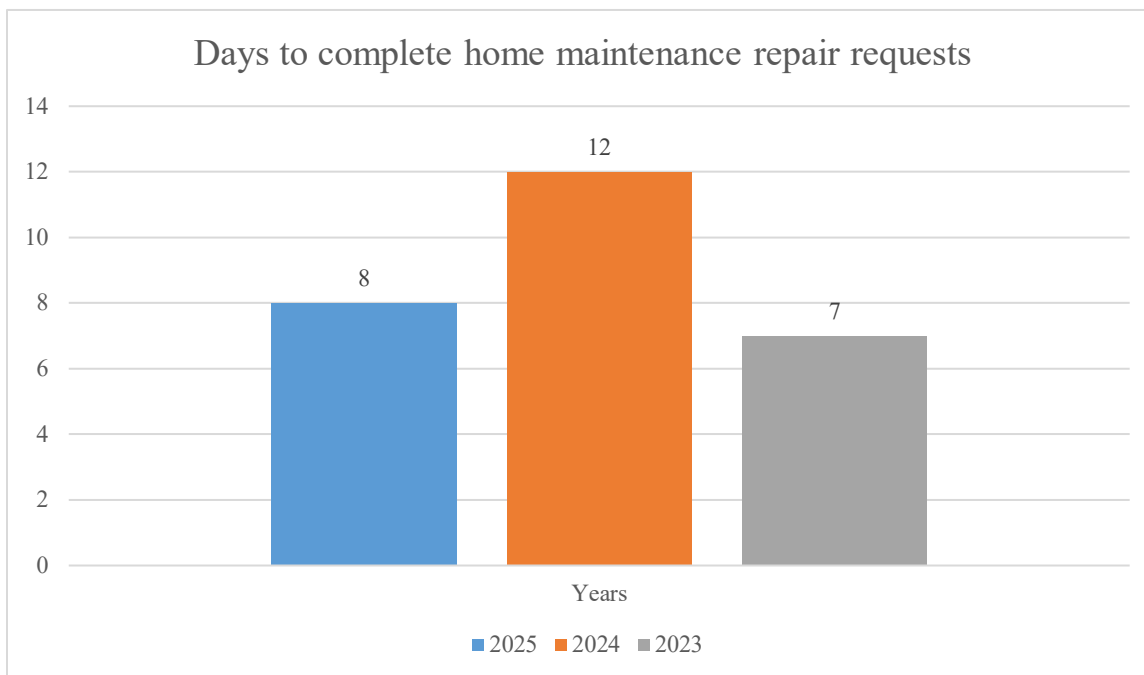
Action Plan for Improvement: We will improve the work order system by reevaluating how tasks are tracked, clearly identifying whether each is routine maintenance or repair.

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.*
- *2025 Performance Outcome | 8 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.

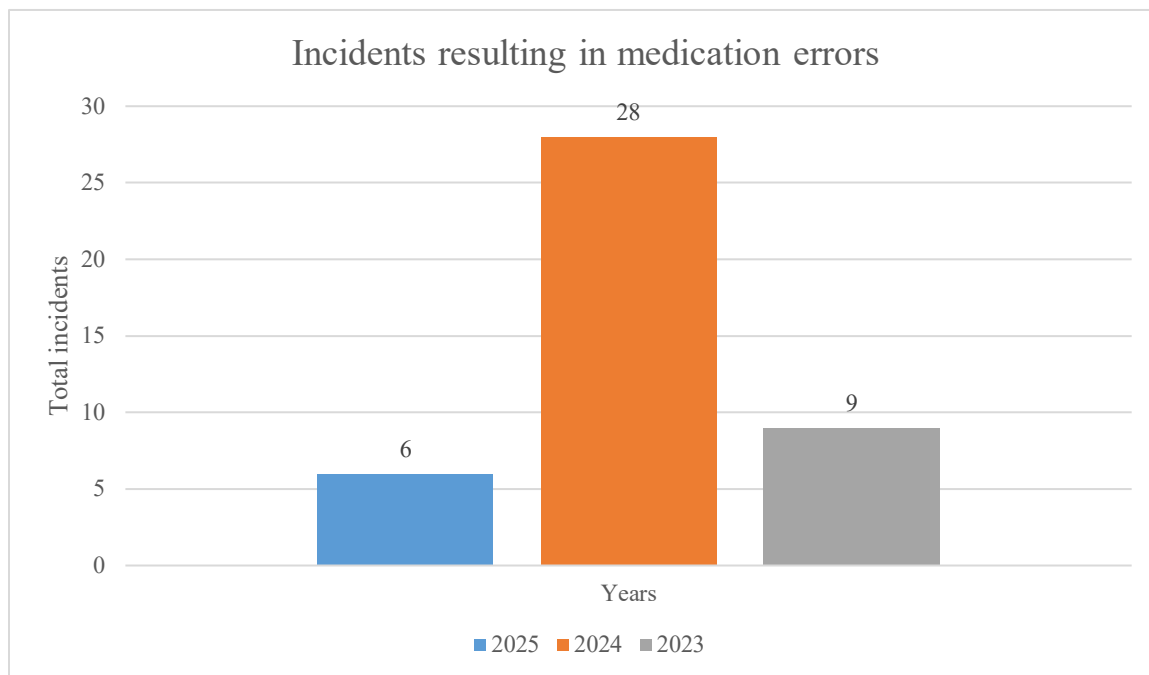
Domain 6: Business Function Measurement

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

- *Annual Performance Target | 36 or less medication error incidents annually*
- **2025 Performance Outcome | 6 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: of the documented incidents were due to medication not being administered due to staff error.

Causes: The staff not following medication protocols and agency medication policies.

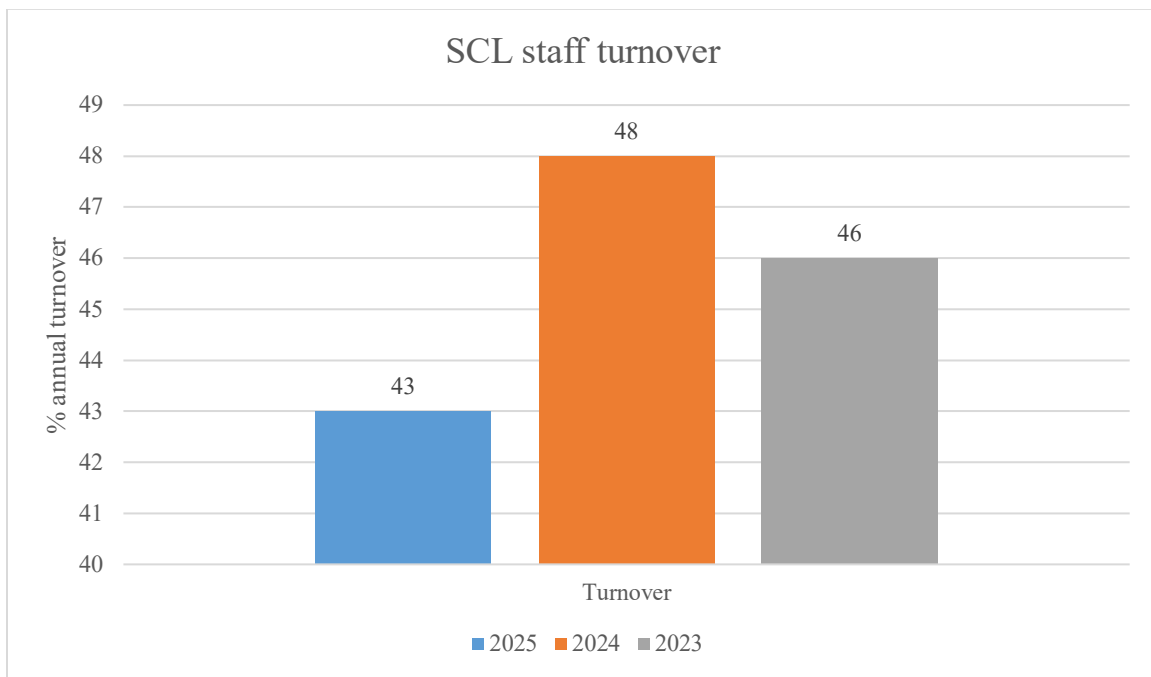
Impact of Extenuating Factors: Inconsistent member schedules may increase the risk of medication administration errors.

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

- *Annual Performance Target* | 60% turnover rate for direct care
- *2025 Performance Outcome* | 43% 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: Turnover decreased this period as RFYP strengthened staff appreciation efforts.

Causes: Lower turnover was driven by RFYP’s investment in a staff appreciation strategy contributing to higher morale, engagement, and retention.

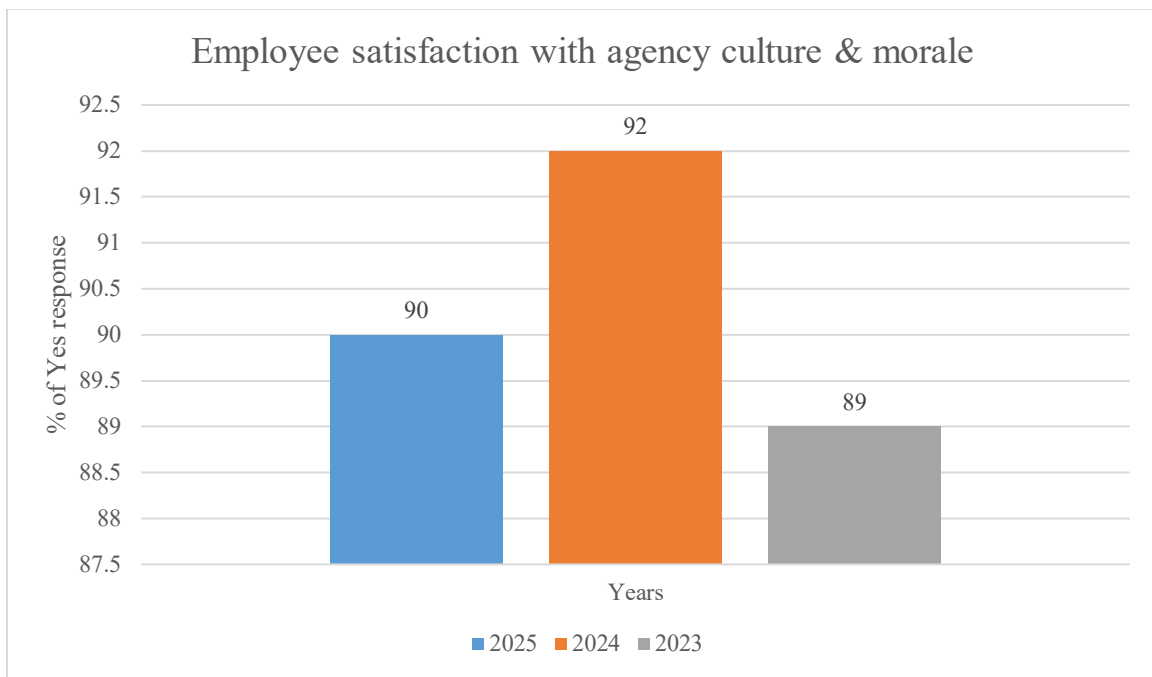
Extenuating Factors: Changes in personal circumstances of the staff impact turnover.

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.
- *2025 Performance Outcome* | 90% 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: 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	88%	Yes	85%	Unpredictable weather, fluctuating number of approved agency drivers, turnover and members' health impact participation.	Nov 2025 - Dec 2025	Spring 2026	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	47	Yes	46	Safety inspections and member specific trainings prevent incidents resulting in injuries.	Nov 2025 - Dec 2025		2
Domain 2: Experience of Services Received and Other Feedback from <u>Persons Served</u> : 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	83%	No	90%	Some residents desire additional staff interaction, which may be impacted by staff balancing individualized attention with group supervision and care responsibilities	Nov 2025 - Dec 2025	Spring 2026	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	83%	Missed the target by 1%. Ensuring members receive correct and individualized information may require additional time for staff to research or coordinate responses.	Nov 2025 - Dec 2025		1
Domain 3: Experience of Services Received and Other Feedback from <u>Other Stakeholders</u> : 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	100%	Yes	92%	Service coordinators put forth great efforts to remain in constant communication with guardians.	Nov 2025 - Dec 2025	Spring 2026	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	92%	Yes	85%	RFYP seeks input and implements suggestions that are within the scope of the services.	Nov 2025 - Dec 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	80% Monthly Occupancy Rate	94%	Yes	94%	Increased staffing, hours of operation, and the daily roster.	1/1/26-1/30/26	Spring 2026	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	95%	Yes	100%	Service coordinators put forth great efforts to remain in constant communication with guardians.	Nov 2025 - Dec 2025		2

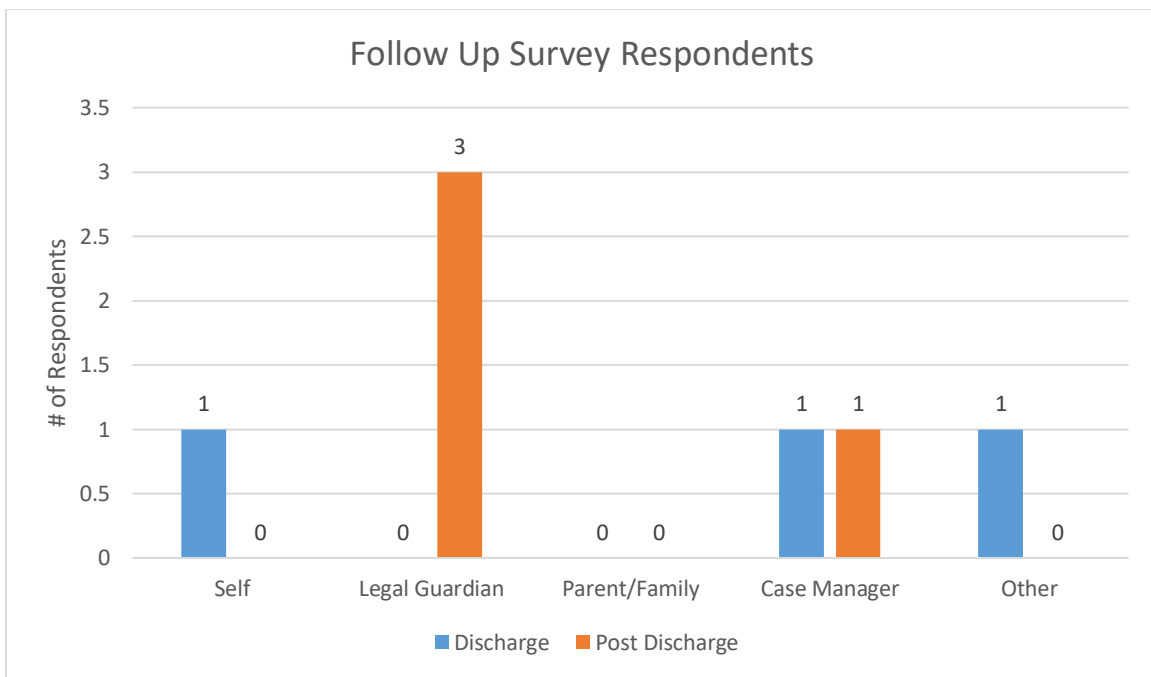
SDOH: Social & Community Context	2. Wait time on agency vehicle maintenance requests completion	Maintenance work order received date vs. Complete date on Work Order Tracking	Maintenance Department	Daily	Maintenance Work Order Form Tracking Spreadsheet	Access to community and civic participation	Program Director	15 business days	23 days	No	11 days	Shortages in labor and parts at behavior repair shops impacting turnaround time for vehicle repairs. Oil changes may be delayed however that does not impact the members' access to transportation for community outings.	1/1/26-1/30/26	Spring 2026	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	8 days	Yes	12 days	Some repairs require specialized services or external vendors, which can extend completion timelines.	1/1/26-1/30/26		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	14	Yes	28	Use of electronic medication records and medication reconciliation processes contributes to improved accuracy and reduced risk.	1/1/26-1/30/26	Spring 2026	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%	43%	Yes	48%	Maintaining consistent staffing is supported through orientation, supervision, and employee engagement initiatives	1/1/26-1/30/27		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	90%	Yes	92%	Opportunities to recognize staff contributions are influenced by scheduling demands, workload distribution, and timing of organizational events.	Nov 2025 - Dec 2025		1

Discharge and Post-Discharge Follow-Up Summary Report

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 2025 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 2026 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

		2025	2024
Total Residential Discharges	January 1, 2025 to December 31, 2025	8	4
Years Participating in Residential Services	0 to 1 year	1	0
	2 to 5 years	1	2
	6 to 10 years	1	2
	10+ years	5	0
Sex	Male	5	1
	Female	3	3
Age	18 to 40	2	0
	41 to 63	1	4
	64 to 86	5	0
Funding	BI Hourly	0	0
	BI Daily	2	1
	Home Based Habilitation	0	0
	ID Hourly	0	3
	ID Daily	6	0
	Disability Access Point	0	0
	Asian Pacific	0	0

Ethnicity	Hispanic	0	0
	Caucasian	8	4
	Black	0	0
	Other	0	0
Reason for Discharge	Family Home	0	1
	New Provider	4	1
	Passed Away	3	1
	Independent Living	1	1
	Other	0	0

1. Trends: A notable trend in discharges involved members transitioning to a higher level of care, followed by passing away shortly thereafter. Additionally, there were some who passed while under RFYP care.
2. Causes: This trend was primarily driven by members aging and developing increased medical needs, requiring hospice support and/or transition to higher levels of care to ensure the best possible quality of end-of-life care.
3. Discharge Survey: There were three responses received. Two of three (total) respondents felt uninformed in discharge, concerns about staff communication and responsiveness, and issues with quality of medical/personal care support.
4. Post Discharge Follow Up: The 30-day follow-up shows strong satisfaction with the discharge process itself and generally positive post-discharge outcomes, with most individuals successfully accessing healthcare, housing, and managing financially.
5. Barriers to Satisfaction: The main barriers to satisfaction identified on the discharge survey were inadequate assistance with personal care needs (shopping, cleaning, hygiene), staff not listening to concerns, and poor medical condition management with insufficient use of the interdisciplinary team process. The primary barrier to satisfaction in the 30-day post-discharge survey was financial challenges, reported by 25% of respondents, while barriers related to healthcare access and housing were minimal.
6. What Did We Learn: The discharge survey provides valuable feedback identifying specific opportunities for improvement: enhancing staff communication and active listening during transitions, strengthening support for daily living activities, and better utilizing the interdisciplinary team process for medical condition management. The 30 Day Follow Up Survey shows strong satisfaction with the discharge process itself and generally positive post-discharge outcomes, with most individuals successfully accessing healthcare, housing, and managing financially.

The two surveys captured feedback from different respondent groups at different stages—with friends, members, and case managers responding during the initial discharge versus parents and family members responding 30 days later—which may explain why immediate discharge concerns about communication differed significantly from the more positive post-discharge assessments.

7. What Are We Doing Well: RFYP successfully maintained continuity of care for one member who continues receiving residential and medical services, and at least one respondent felt involved in the discharge process and treated with dignity and respect throughout.
8. Areas of Concern: An area for improvement is enhancing communication throughout the discharge process.
9. Proposed Improvements: Establish feedback loops where concerns raised during the process are acknowledged and addressed in real-time.
10. Extenuating Factors: Although Discharge and Post Discharge Follow Up surveys were sent to all of the individuals and interdisciplinary teams, they are optional to complete. The 3 responses received may not be representative of all discharged members, families, and teams.

Day Habilitation

		2025	2024
Total Day Habilitation Discharges	January 1, 2025 – December 31, 2025	3	3
Years Participating in Day Habilitation Services	0 to 1 year	1	0
	2 to 5 years	1	1
	6 to 10 years	1	1
	10+ years	0	1
Sex	Male	0	1
	Female	3	2
Ages	18 to 40	0	1
	41 to 63	3	2
	64 to 86	0	0
Funding	BI Hourly	0	0
	BI Daily	0	0
	Home Based Habilitation	0	0
	ID Hourly	0	0
	ID Daily	3	3
	Disability Access Point	0	0
Ethnicity	Asian	0	0
	Hispanic	0	0
	Caucasian	3	3
	Black	0	0
	Other	0	0
Reason for Discharge	Family Home	0	0

	New Provider	1	1
	Passed Away	1	0
	Independent Living	0	0
	Other	1	2

1. Trends: The members chose to discharge from the Day Habilitation for three different reasons. There is not an established pattern.
2. Causes: RFYP respects the members' right to choose who provides services to them. RFYP provides support throughout the discharge process.
3. Discharge: There were three responses received. Two of three (total) respondents felt uninvolved in discharge, concerns about staff communication and responsiveness, and issues with quality of medical/personal care support. One person is only discharging from Day Hab while continuing residential and medical services.
4. Post Discharge Follow Up: There were four responses received. The 30-day follow-up shows strong satisfaction with the discharge process itself and generally positive post
5. Barriers to Satisfaction: The main barriers to satisfaction identified on the discharge survey were inadequate assistance with personal care needs (shopping, cleaning, hygiene), staff not listening to concerns, and poor medical condition management with insufficient use of the interdisciplinary team process. The primary barrier to satisfaction in the 30-day post-discharge survey was financial challenges, reported by 25% of respondents, while barriers related to healthcare access and housing were minimal.
6. What Did We Learn: The discharge survey provides valuable feedback identifying specific opportunities for improvement: enhancing staff communication and active listening during transitions, strengthening support for daily living activities, and better utilizing the interdisciplinary team process for medical condition management. The 30 Day Follow Up Survey shows strong satisfaction with the discharge process itself and generally positive post-discharge outcomes, with most individuals successfully accessing healthcare, housing, and managing financially.

The two surveys captured feedback from different respondent groups at different stages—with friends, members, and case managers responding during the initial discharge versus parents and family members responding 30 days later—which may explain why immediate discharge concerns about communication differed significantly from the more positive post-discharge assessments.

7. What Are We Doing Well: RFYP successfully maintained continuity of care for one member who continues receiving residential and medical services, and at least one respondent felt involved in the discharge process and treated with dignity and respect throughout.
8. Areas of Concern: An area for improvement is enhancing communication throughout the discharge process.

9. Proposed Improvements: Establish feedback loops where concerns raised during the process are acknowledged and addressed in real-time.
10. 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 3 responses received may not be representative of all discharged members, families, and teams.

The proposed improvements will be implemented in January 2026, or as deemed appropriate by the RFYP administration. Progress on the proposed improvements will be reviewed and documented in July 2026.
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