



**Performance Quality Indicators
Annual Report**

2008-2009

Report to the Community



Performance Quality Indicators Report FY09

Overview

Eggleston Services is committed to providing quality services to individuals with disabilities in the greater Hampton Roads area. Louise W. Eggleston Center t/a Eggleston Services has been in operation since 1955. Since 1955, the organization has grown to consist of 20 different locations and 27 distinct programs providing employment, education and training services. In Fiscal Year 2009, Eggleston Served 486 individuals with disabilities which is an increase from fiscal year 2008 of 57 individuals or an 11% increase. This number is exclusive of individuals that received leisure services via Camp Civitan (154 campers in year 2009-an increase of 5 campers <+3.3%>) and individuals that received Supported Employment services (121 individuals FY09-an increase of 81 individuals from FY08). Total # served in FY 09 inclusive of all programs is 761. The organization continues to predominantly serve individuals with intellectual disabilities or other developmental disabilities which account for 65% of persons who were supported in FY09.

The attached provides the demographics data for persons receiving services, summary outcomes of the strategic program initiative for fiscal year 2009 and an overview of the annual outcome management reports.

The quality measures are structured in the following manner. Quality indicators are established based on input of employees, associates staff and other stakeholders. The outcomes are established in the following categories: Efficiency (Relationship between resources used and results or outcomes attained), Effectiveness (Results achieved, outcomes observed for individuals receiving services), Service Access (capacity to provide services) and satisfaction. Data is collected by the operations and submitted for review monthly.



FY 09 Demographics Persons Receiving Services

African American/Black	263	+10
Asian	5	+1
White	170	+4
Hispanic/Latino (Ethnicity)	6	+1
Native (American or Alaskan)	1	0
Native Hawaiian or Other Pacific Islander	0	0
Other(s),	0	0

Gender	Number of Persons Served	
Female	175	(+14)
Male	270	(+2)

Age	Number of Persons Served	
06-17 (Adolescent)	0	0
18-40 (Adult)	316	+12
41-65 (Adult)	127	+4
66-85 (Adult)	2	0
86+ (Adult)	0	0

Other Characteristics of Persons Served	Number of Persons Served	
Acquired Brain Injury	5	0
Alcohol and/or Other Addictions	37	0
Developmental Disabilities	291	+16
Dual Diagnosis - AOD/DD	0	0
Dual Diagnosis - AOD/MH	13	0
Dual Diagnosis - MH/DD	40	0
Hearing Impairments	13	0
HIV positive/AIDS	0	0
Homeless Individuals	0	0
Mental Disorders	24	0
New Immigrants	0	0
Other Addictions	0	0
Physical Disabilities	17	0
Unemployed/Underemployed	0	0
Visual Impairments	5	0
Other Characteristic	0	0
Dementia	0	0
Unknown Characteristics		



Strategic Initiatives FY09<abridged>:

1. *Purchase of property at Civitan*-The property was gifted to Eggleston Services by the Civitan Acres Board of Trustees in July of 2009.
2. *Implementation of renovation of the home at Civitan*-Due to the delay in the ownership of the property and the utility issues, this initiative will be reevaluated for FY 2010.
3. *Differentiating our Senior Services.*
4. *Hire Vice President at Sarah Bonwell campus*-This position was filled in March 2009 and has assisted in strategic development of Peninsula operations.
5. *Opening of Apartment at SBHC*
6. *Exploration of alternative living arrangements near the SBHC campus, Norfolk or Colonial CSB area.*
7. *Implementation of New Virginia Person Centered Process*-successfully implemented in FY 2009
8. *Implementation of "robust" community employment*-Due to economic conditions and funding restrictions, the community employment workforce was reduced; however the organization feels that this is a viable part of the service array. An upturn is expected in FY 2010

Note: Some strategic initiatives were altered or removed due as proprietary information.



Civitan Acres--Leisure Services

Outcomes Measurement Report

Time period reported: June-August 2009

Note: Leisure services operate during a three month window that bridges the corporate fiscal year but in order for outcomes to be relevant they are tracked via a calendar year.

Program Description	To provide age appropriate vacation opportunities to adults with developmental and intellectual disabilities, while increasing their leisure skills, social interaction, community awareness, and cultural diversity.
Effectiveness Measure	Increase the number of participants each year
Goal	x > 149 campers
Results	154 campers
Summary/Recommendations	This summer season had 154 campers. The number of participants is up from 2008. There were 20 individuals who were new to Civitan, or had not come over the past 4-years. This can be partially attributed to the Camp Jaycee's closing its doors very early in the camp season.
Efficiency Measure	Maintain the average cost per person for leisure services provided
Goal	\$780.00 pp
Results	*unknown at this time*
Summary/Recommendations	to be updated when data available

Satisfaction Measure	Increase the overall satisfaction of campers experiences at camp
Goal	75%
Results	82.4%
Summary/Recommendations	There were 49 surveys returned by the date requested (9/10/09). The average rating given was 4.12 out of 5.0. Overall satisfaction was good, 82%, for campers who returned the survey. Some of the suggestions related to timeliness of when individuals received their applications and to increase the number of days per session.
Service Access	
	Increase amount of money raised thru special events and/or golf tournaments each year
Goal	100% (when comparing to previous years)
Results	55%
Summary/Recommendations	[2008 brought in about \$20,000 after expenses] For 2009, golf tournament brought in about \$11,000. Could be related to poor economy. Also, the Cinco de Mayo party did not take place. Primarily due to the septic system issues at Civitan, therefore, the auction was moved to the Tanner's Creek's Spring Fling. Did not have the target audience for auction. Car did not sell and was deferred to next scheduled EAC auction.
Strategic Initiatives FY10	
	<ul style="list-style-type: none"> -Continue to recruit qualified medical staff -Hire Development Director to assist with fundraisers and donor events to increase our \$\$ for scholarships and services -Explore possibility of changing the date of golf tournament & not attaching a theme.



Civitan Acres Wellness Program

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	26	# Persons Served June 30, 2009	25
Total # Persons Served FY09	29	Total # Persons Discharged FY09	3

Program Description	<p>The Wellness Program is designed for individuals who desire a year round day program based on improving the quality of life for individuals with disabilities. This is achieved by helping them develop and balance emotional, intellectual, physical, social, and spiritual dimensions of their lives. By assisting people in the development of their skills, abilities and interests through onsite and community-based training's, the goal of enhancing these individuals' lives is continually pursued.</p> <p><i>*Note*--* to indicate that some measures were changed during the middle of fiscal year 08-09. The months the outcomes were measured are also indicated.</i></p>
Effectiveness Measure	To maximize achievement of goals/objectives of those associates who had quarterly reports submitted each month
Goal	60% goal achievement for quarter
Results	<i>*60% (March 09-June 09)*</i>
Summary/Recommendations	This outcome is more specific than previous year. The intent is to look closer at associates goals and their progress more frequently than before. Civitan had several associates reach their expected outcomes over the four months. Staff have been providing more 1:1 time with associates in order to help with progress. This way also allows the team to look at the appropriateness of each persons goal.

Effectiveness Measure	To increase the average number of hours associates spend in community providing or engaging in a service
Goal	25% of the total number of community hours (service + socialization + training)
Results	*20%--data taken from Oct '08 to June'09*
Summary/Recommendations	Civitan has recently increased its associate participation in community services. Most often, associates deliver meals to senior citizens via the Meals on Wheels program of Chesapeake. We have started committing to doing 3 or 4 trips each month. Other activities associates have been involved in cleaning up a local park for Adopt a Spot. The intent of this outcome is to get associates more involved in the local community. It's recommended that Civitan continue with Meals on Wheels but also seek additional opportunities to give back to the community.
Efficiency Measure	To maximize the utilization of available funded units
Goal	85% of units billed divided by units authorized
Results	*87.6% for the months of March-June*
Summary/Recommendations	In March, Civitan raised its goal from 80% expectancy to 85%. Upon doing so, Civitan has been able to maintain a minimum of 87% for all four months. High utilization can be attributed to transportation and our efforts to continue providing a consistent, on-time arrival/departure for associates. Staff members have also been diligent in calling those associates who do not show on their scheduled days. Being proactive when communicating with our associates, family/residential providers, also has increased monthly utilization. Recommendations are continue being proactive in communication regarding associates and transportation services. Could break down outcome further by looking at utilization per week, in addition to monthly.

Efficiency Measure	To increase program profitability by measuring our montly revenue over expenses
Goal	100%
Results	100%
Summary/Recommendations	<p>This outcome remained unchanged during this fiscal year. Civitan Wellness Program ended this fiscal year in the positive, making \$76,934.62. Civitan had a positive revenue over expenses each month during FY09. This is directly related to maintaining transportation services (where individuals receive 3-units) for 11 or 12 associates five days per week. Also, leadership kept watchful eye on spending done by staff members in the areas of educational/training materials and community activity funds. Recommendations are to continue to watch spending in "high traffic" areas and utilize current resources to their fullest extent.</p>
Satisfaction Measure	To maximize associates satisfaction with services provided.
Goal	100% of those asked during montly reviews and annual meetings.
Results	100%
Summary/Recommendations	<p>All associates and relevant guardians/families identified being satisfied with services provided at Civitan Acres. Many of the individuals who are non-verbal responded when asked with smiles or gestures familiar to them. If the individual has a guardian or involved family member, their input was included. It is difficult to gain true assessment of satisfaction of those with severe communication barriers. Civitan would like to implement use of picture scale to better assess satisfaction.</p> <p>One associate has expressed interest in leaving program because he feels he wants something different. He says that he still likes Civitan, but needs to do other stuff. Staff asks often what he wants to do in place of coming to Civitan, he says he doesn't know. Currently exploring work opportunities as he would be a good candidate.</p>

Service Access	To increase capacity for associates funded through Medicaid Waiver and Chesapeake Vendor programs.
Goal	100% of slots based on budget worksheet= 28 associates
Results	25--Associates being served at Civitan Acres
Summary/Recommendations	<p>Civitan maintained its capacity based on budget worksheet for 7-months (July 08-Jan 09). At the end of January and February, Civitan discharged two associates. One was because her funding source was no longer able to provide her services. The other was discharged because Civitan was no longer able to meet his support needs.</p> <p>At the end of June 2009, Civitan was serving 25 associates. The budget worksheet says we should be serving 28. We do have 3-vendor choice individuals on a waiting list. These three folks are high intensity and utilize manual wheelchairs and they would require on-going high support. Civitan is unable to meet their needs at this time.</p> <p>Eggleston's Disability Services Manager is aware of slots available in program (only for those not utilizing a wheelchair).</p>
Service Access Measure	To provide quality transportation to 45% of program's available slots.
Goal	45% of projected number of individuals served (based on budget worksheet)=12 associates
Results	11 associates (40%)
Summary/Recommendations	Due to the discharges that occurred in Jan/Feb, our transportation group decreased. Civitan has two routes, one serving 5, the other 6 associates. This is a very manageable number at this time. If Civitan adds more individuals to transportation, a third route would need to be created. This is a strategic initiative for FY 10.

Summary of Outcomes July '08- February '09	<p>There are two program indicators no longer being tracked. One, to maximize the achievement of associates goals/objectives. Outcome was measured at the end of each quarter with the expected being 60%. Results for this measure were not good. For the first two quarters (July-Dec), there were no associates who achieved goals. During the third quarter, Civitan's outcome was 33%, with one associate achieving their goals. Changes were made to when this outcome would be measured. It is now looked at monthly.</p> <p>The second program indicator no longer being tracked is to provide 9-associates quality transportation. By January '09, Civitan had been providing 12 individual's transportation on a regular basis. This outcome is now being tracked in a different way. We now look at providing transportation to 45% of our available slots, as indicated on the budget worksheet.</p>
	Strategic Initiatives FY10 <ul style="list-style-type: none"> -Initiate 3rd transportation route targeting individuals in wheelchairs that are currently being served. -Hire an "aide" on part-time basis to assist with the high level of personal care. Assist DSPs with ADLs and allow regular staff to focus on individuals wants/needs of program.



Eggleston Automotive Center
Outcomes Measurement Report
2008-2009

# Persons Served July 1, 2008	10	# Persons Served June 30, 2009	13
Total # Persons Served FY09	23	Total # Persons Discharged FY09	10

Program Description	The Eggleston Automotive Center focused on employment of people with disabilities to better align the EAC's operations with the corporate mission of providing education, training and employment opportunities. The purpose of our program is to meet the needs of an underemployed segment of our community and the corporate need for cleaner vehicles by offering skill development and a unique work experience in an integrated worksite. The supported employment program operates primarily from a preparatory site located less than 500 feet from the EAC offices. At this prep site vehicles are cleaned by program participants and evaluated & repaired by mechanics on staff. We also maintain the corporate fleet.
Effectiveness Measure	Success rates on ISP objectives
Goal	Objective: Associates will obtain a minimum 75% achievement rating on all objectives listed in Individual Service Plans.
Results	Quarter one: 76% Quarter two: 81% Quarter three: 87% Quarter four: 78.64% 08-09: 80.7%
Summary/Recommendations	The success rates on ISP objectives have remained above the target percentage each quarter. This may be attributed to our

	assessment process and goal development strategies. We do not currently have recommendations for improvement because the criteria was met. As the EAC sets production standards we expect ISP objectives to address substandard productivity rates for individuals interested in making a higher wage.
Efficiency Measure	Days attended
Goal	Objective: All individuals receiving funded services will maintain an average 80% attendance rate.
Results	<p>Quarter one: 87%</p> <p>Quarter two: 80%</p> <p>Quarter three: 89%</p> <p>Quarter four: 81.26%</p> <p>08-09: 84.32%</p>
Summary/Recommendations	Our attendance rate has remained above 80% each quarter. This may be attributed to appropriate job placement and a high rate of job satisfaction. The motivation for employees to attend work regularly is a paycheck and a strong contribution to the EAC team. We stress these two factors when faced with attendance issues. Most absenteeism is the result of illness.

Satisfaction Measure	Employee satisfaction
Goal	Objective: Obtain feedback from Associates on a monthly basis on likes/dislikes of their job. A semiannual comprehensive survey will be taken with an 80% positive job satisfaction rating obtained from Associates.
Results	Quarter one: 100% Quarter two: 100% Quarter three: 100% Quarter four: 100% 08-09: 100%
Summary/Recommendations	Our employee satisfaction rates have remained at 100%. This may be attributed to the sense of teamwork we cultivate at the EAC. Despite discharging ten employees during the fiscal year satisfaction with services was consistent.
Service Access	
Service Access	Employment outcomes
Goal	Add one employee every six months Objective: Expand services by adding one funded position, (Associate served), every six months.
Results	08-09: A net increase of three employees was seen during this fiscal year.
Summary/Recommendations	We have added new employees this fiscal year. This can be attributed to recruitment by the disability services manager. A focus on skill development and diversification will allow for additional employees to be added in FY09-10.
Strategic Initiatives FY10	
Strategic Initiatives FY10	Expand employment opportunities and business lines by developing mobile work crews.



Army Corps of Engineers Mailroom

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	3	# Persons Served June 30, 2009	3
Total # Persons Served FY09	3	Total # Persons Discharged FY09	0

Program Description	Provide employment services in the Mail Distribution industry for persons with significant disabilities at the Army Corps of Engineers' Mailroom. Specific responsibilities include: receiving/sorting/distributing mail, log/distribute packages, meter outgoing mail, deliver/pick-up mail from other locations, and providing excellent customer service.
Effectiveness Measure	Maintain required Ability One ratio.
Goal	≥ 75% of all employees will be significantly disabled (N) and ≥ 75% of total hours worked will be attributed to those with a disability (H).
Results	(N) Overall 100% (H) Overall 100% (N) Q1: 100% (H) Q1: 100% (N) Q2: 100% (H) Q2: 100% (N) Q3: 100% (H) Q3: 100% (N) Q4: 100% (H) Q4: 100%
Summary/Recommendations	All three positions are filled by someone with a disability. Recommend keeping this goal although any replacements or additions should be persons with a disability or both ratios would decrease.
Efficiency Measure	Ensure expenses remain below budgeted amount (B).
Goal	Expenses < (B)
Results	Goal was achieved with expenses remaining 7.84% < (B).

Summary/Recommendations	Once the vehicle cost is transferred to the current owner this will slightly lower overall expenses resulting in a modest increase in Net Assets; however, with such a small operating budget, only one source of revenue, and predominantly fixed expenses, there's very little room for error. Site Manager will have to closely monitor direct labor hours in an effort to control expenses and prevent overtime situations from occurring.
Satisfaction Measure	Employee satisfaction
Goal	85% employee satisfaction based on responses to quarterly surveys.
Results	Q4: 96.3%
Summary/Recommendations	<p>Only Q4 surveys were available for review and of all the questions, there was only one negative response by one respondent that indicated he/she hadn't learned anything new lately. Ensure satisfaction surveys are handed out AND collected from all employees on a quarterly basis. Surveys will be summarized by the VP of Govt. Contracts and any action items will be returned to the Site Manager for immediate resolution.</p> <p>Site Manager should continue to engage employees early enough to identify potential issues and, if possible, work to remedy the situation to the employee's satisfaction.</p>
Service Access	Maximize employment opportunities for persons with significant disabilities.
Goal	Conduct a minimum of one monthly contact with the ACOE representative to determine possibility of expanding employment opportunities.
Results	No opportunities are present
Summary/Recommendations	Continue efforts as an opportunity could present itself at any time.

**Strategic Initiatives
FY10**

1. Build upon existing customer relationships. Add a customer suggestion box to strengthen services provided.
2. Closely monitor direct labor hours. With such a relatively small operating budget, overtime must be kept to a minimum.
3. Develop and distribute customer satisfaction surveys to be distributed quarterly with a goal of achieving 100% customer satisfaction.



Camp Allen

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	12	# Persons Served June 30, 2009	14
Total # Persons Served FY09	17	Total # Persons Discharged FY09	3

Program Description	Provide employment services in the Food Service industry for persons with significant disabilities at the Camp Allen Marine Corps base galley. Specific employment opportunities are in the following positions: Food Service Worker/Cashier, Stockroom, Scullery, and Cook.
Effectiveness Measure	Maintain required Ability One ratio
Goal	≥ 75% of all employees will be disabled (N) and ≥ 75% of total hours worked will be attributed to those with a significant disability (H).
Results	(N) Overall 68.77% (H) Overall 66.88% (N) Q1: 71.11% (H) Q1: 69.86% (N) Q2: 65.20% (H) Q2: 63.73% (N) Q3: 65.93% (H) Q3: 63.33% (N) Q4: 72.98% (H) Q4: 70.58%
Summary/Recommendations	Very few of the available positions received applications from persons with a disability. Forced with having to meet contractual obligations, the site manager had to resort to hiring two non-disabled applicants. Future openings will be filled by a qualified person with a disability provided an application is received. Renovations are scheduled to commence Jan 2010 and will result in a temporary disruption of services for approximately 4-6 weeks. This is a good opportunity to replace one of the four non-disabled employees with a disabled employee. This action, combined with filling the vacant cook's position with a disabled employee will return both ratios above 75%. More attention needs to be paid toward ensuring disabled

	employees work 20-25 hrs per week. This will also help ensure we meet the Ability One ratio.
Efficiency Measure	Maximize utilization of available funding (daily and hourly) for eligible employees.
Goal	<p>1. All employees that receive daily funding will work an average $\geq 85\%$ of the available days during each month as indicated below:</p> <p>JUL: 21 AUG: 23 SEP: 21 OCT: 23 NOV: 19 DEC: 21 JAN: 21 FEB: 20 MAR: 21 APR: 22 MAY: 22 JUN: 21</p> <p>2. Total funding for all employees that receive hourly funding will be $\geq 85\%$ of maximum allowable funding which is based on 4 hours of intervention per month.</p>
Results	<p>1. Q1: Jul 98.48% Aug 95.45% Sep 95.24% Q1 total: 96.39% Q2: Oct 100% Nov 96.83% Dec 95.24% Q2 total: 98.37% Q3: Jan 90.00% Feb 97.37% Mar 93.18% Q3 total: 93.52% Q4: Apr 90.91% May 100% Jun 90.91% Q4 total: 93.94% 2009 Annual Utilization for Daily funding: 95.56%</p> <p>2. N/A for the year. All funded employees were at the daily rate.</p>
Summary/Recommendations	<p>1. Goal was met throughout the year.</p> <p>2. We anticipate adding one person to the hourly funded list in October. When that occurs, intervention training will occur on an as needed basis with a target of 4 hours per month.</p>
Satisfaction Measure	Employee Satisfaction
Goal	85% employee satisfaction based on responses to quarterly surveys.
Results	73%
Summary/Recommendations	<p>1. Only Q4 surveys were available for review with 70% indicating dissatisfaction with pay and three respondents indicating they were not being listened to or treated with respect. Ensure satisfaction surveys are handed out AND collected from all employees on a quarterly basis. Surveys will be summarized by the VP of Govt Contracts and any action</p>

	<p>items will be returned to the Site Manager for immediate resolution.</p> <p>2. Site Manager should continue to engage employees early enough to identify potential issues and, if possible, work to remedy the situation to the employee's satisfaction.</p>
Service Access	Maximize employment opportunities for persons with significant disabilities
Goal	Conduct a minimum of one monthly contact with USMC representative to determine possibility of expanding employment opportunities.
Results	Renovations are scheduled to commence Jan 2010 and will result in a temporary disruption of services for approximately 4-6 weeks. This is a good opportunity to replace one of the four non-disabled employees with a disabled employee.
Summary/Recommendations	Start advertising for the cook's position.
Strategic Initiatives FY10	<ol style="list-style-type: none"> 1. Focus on achieving 3-4 hour monthly average for utilization of hourly funding for the one person when his funding period begins next year. 2. Improve the quality of admin submitted for review. 3. Improve on timeliness of responses. 4. Develop and distribute customer satisfaction surveys to be distributed quarterly with a goal of achieving 100% customer satisfaction. 5. Work with the Training Coordinator to develop an annual employee training plan. 6. Fill the vacant cook position and replace the non-disabled cook...both positions need to be filled by persons with a significant disability. 7. Improve inventory procedures in an effort to accurately report plate costs with the end goal of \$3 plate cost average.



EGGLESTON LAUNDRY SERVICE

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	46	# Persons Served June 30, 2009	47
Total # Persons Served FY09	49	Total # Persons Discharged FY09	2

Program Description	Employment program for a wide array of people with disabilities including intellectual disabilities, mental illness, hearing impaired and substance abuse.
Effectiveness Measure	To improve safety in the laundry
Goal	The goal is to remain accident free in all laundry operations
Results	There was one minor accident pulling a muscle while untangling sheets for the folder.
Summary/Recommendations	Purchase of new more reliable ironer is recommended
Efficiency Measure	To increase pounds per of clean laundry for every standard manhour paid to direct labor workers.
Goal	72
Results	QTR #1 = 56.4 QTR #2= 54,8 QTR #3 = 52,9 QTR #4= 54.8 ANNUAL AVERAGE = 54.7 LBS PER MANHOUR
Summary/Recommendations	Continued process improvements required. The creation of more workspace is clearly a must to improve station clutter and material handling. Goal is not met.

Satisfaction Measure	To improve employee job satisfaction as measured by confidential survey
Goal	85% positive responses to all questions answered
Results	83.5% (Goal not met: short by 1.5 %)
Summary/Recommendations	Chronic problems with low pay in the laundry are an age old problem. Cashout of excess Health & Welfare funds should improve the overall income of all laundry workers.
Service Access	
	To fill any and all laundry vacancies with 30 days of official posting.
Goal	<30 days
Results	1 ST QTR= 19 2 ND QTR= 20 3 RD QTR = N/A 4 TH QTR = 47 ANNUAL AVERAGE 29 DAYS LEAD TIME
Summary/Recommendations	Although single placements have been effective, the multiple vacancies sometimes needed seem to be much slower. However the goal is met for mFY 08-09.
Strategic Initiatives FY10	
	-Reduce overtime to less than 1% of payroll. -Increase productivity toward 72 pounds per manhour -Generate 100% customer satisfaction.



**Little Creek Custodial
Outcomes Measurement Report
2008-2009**

# Persons Served July 1, 2008	4	# Persons Served June 30, 2009	4
Total # Persons Served FY09	5	Total # Persons Discharged FY09	1

Program Description	Provide employment services in the Custodial industry for persons with significant disabilities in assigned buildings located on Little Creek Naval Amphibious Base. Examples of responsibilities include: floor care (sweeping, mopping, stripping/waxing, buffing, vacuuming & shampooing carpets), trash removal, clean/sanitize and restocking paper products in restrooms, dusting, and providing outstanding customer service.										
Effectiveness Measure	Maintain required Ability One ratio										
Goal	≥ 75% of all employees will be disabled (N) and ≥ 75% of total hours worked will be attributed to those with a disability (H).										
Results	<table style="width: 100%; border: none;"> <tr> <td>(N) Overall 78.35%</td> <td>(H) Overall 78.04%</td> </tr> <tr> <td>(N) Q1: 75%</td> <td>(H) Q1: 75.04%</td> </tr> <tr> <td>(N) Q2: 78.4%</td> <td>(H) Q2: 79.03%</td> </tr> <tr> <td>(N) Q3: 80%</td> <td>(H) Q3: 79.34%</td> </tr> <tr> <td>(N) Q4: 80%</td> <td>(H) Q4: 78.75%</td> </tr> </table>	(N) Overall 78.35%	(H) Overall 78.04%	(N) Q1: 75%	(H) Q1: 75.04%	(N) Q2: 78.4%	(H) Q2: 79.03%	(N) Q3: 80%	(H) Q3: 79.34%	(N) Q4: 80%	(H) Q4: 78.75%
(N) Overall 78.35%	(H) Overall 78.04%										
(N) Q1: 75%	(H) Q1: 75.04%										
(N) Q2: 78.4%	(H) Q2: 79.03%										
(N) Q3: 80%	(H) Q3: 79.34%										
(N) Q4: 80%	(H) Q4: 78.75%										
Summary/Recommendations	Of the 5 positions available, 4 are filled by persons with a disability with that 4 th person hired 37% of the way through Q2. With the anticipated addition of Fort Story to the overall Little Creek contract, additional staff will be required for the estimated four buildings that will be allocated to Eggleston Services. Recommend only hiring people that have a disability as these and other opportunities arise; otherwise both of these ratios could be in jeopardy.										

Efficiency Measure	Minimize controllable expenses
Goal	Not to exceed budgeted supplies expense
Results	Overspent by 40.48% for the year.
Summary/Recommendations	This is slightly misleading because two buildings, two small gyms, and nine bathrooms were added during the fiscal year, without a corresponding change in amount budgeted for supplies. Ensure any additions are also captured in the budget to allocate for increased expenses. Monitor on a monthly basis. Only purchase supplies as needed and try to avoid stockpiling. Also, need to speak to the facilities manager and try to standardize the type of paper product dispensers throughout all buildings to control costs. Employees should not stock or clean any items/areas that are added on by building tenants UNTIL the increased level of effort is adequately captured in writing and becomes part of the official contract.
Satisfaction Measure	Employee Satisfaction
Goal	85% employee satisfaction based on responses to quarterly surveys.
Results	Q4: 75.56%
Summary/Recommendations	<p>1. Only Q4 surveys were available for review with 60% indicating dissatisfaction with pay and two respondents indicating they were not treated with respect. Ensure satisfaction surveys are handed out AND collected from all employees on a quarterly basis. Surveys will be summarized by the VP of Govt. Contracts and any action items will be returned to the Site Manager for immediate resolution.</p> <p>2. Site Manager should continue to engage employees early enough to identify potential issues and, if possible, work to remedy the situation to the employee's satisfaction.</p>

Service Access	Maximize employment opportunities for persons with significant disabilities.
Goal	Conduct a minimum of one monthly meeting with the Didlake Operations Manager/Quality Control representative to determine possibility of expanding employment opportunities.
Results	With the anticipated addition of Fort Story to the overall Little Creek contract, additional staff will be required for the estimated four buildings that will be allocated to Eggleston Services.
Summary/Recommendations	Recommend only hiring people that have a disability as these and other opportunities arise; otherwise both of these ratios could be in jeopardy.
Strategic Initiatives FY10	
	<ol style="list-style-type: none"> 1. Keep working with Didlake to finalize addition of Fort Story buildings. 2. Minimize the amount of "extra" work performed until captured in the contract. Some give and take is expected and helps to foster good relationships, but there needs to be a limit. This will modestly help reduce expenses and should translate into meager payroll savings as the custodial crew is direct labor. 3. Develop spreadsheets to closely track expenditures on supplies. 4. Work closely with Didlake Quality Control to document every required task and frequency for completion in all buildings we're responsible for. This information will be used to refine the square footage price structure used in future contracts.



Naval Station Galley
Outcomes Measurement Report
2008-2009

# Persons Served July 1, 2008	22	# Persons Served June 30, 2009	22
Total # Persons Served FY09	36	Total # Persons Discharged FY09	14

Program Description	Provide employment services in the Food Service industry for persons with significant disabilities at the Norfolk Naval Station galley. Specific employment opportunities are for positions in the Scullery Room and as a Food Service Worker.
Effectiveness Measure	Maintain required Ability One ratio
Goal	≥ 75% of all employees will be disabled (N) and ≥ 75% of total hours worked will be attributed to those with a significant disability (H).
Results	(N) Overall 88.83% (H) Overall 86.81% (N) Q1: 87.64% (H) Q1: 85.90% (N) Q2: 88.40% (H) Q2: 86.79% (N) Q3: 89.44% (H) Q3: 87.14% (N) Q4: 89.80% (H) Q4: 87.37%
Summary/Recommendations	Both ratios were met. With only 3 non-disabled employees, these ratios should remain above 75%. More attention needs to be paid toward ensuring disabled employees work 20-25 hrs per week. This will help ensure we meet the Ability One ratio.
Efficiency Measure	Maximize utilization of available funding (daily and hourly) for eligible employees.
Goal	1. All employees that receive daily funding will work an average ≥85% of the available days during each month as indicated below: JUL: 21 AUG: 23 SEP: 21 OCT: 23 NOV: 19 DEC: 21

	<p>JAN: 21 FEB: 20 MAR: 21 APR: 22 MAY: 22 JUN: 21</p> <p>2. Total funding for all employees that receive hourly funding will be $\geq 85\%$ of maximum allowable funding which is based on 4 hours of intervention per month.</p>
Results	<p>1. Q1: Jul 81.06% Aug 88.89% Sep 88.89% Q1 total: 86.28% Q2: Oct 96.38% Nov 106.48% Dec 95.24% Q2 total: 99.37% Q3: Jan 99.17% Feb 96.49% Mar 92.86% Q3 total: 96.17% Q4: Apr 90.91% May 91.43% Jun 92.21% Q4 total: 91.52% 2009 Annual Utilization for Daily funding: 93.34%</p> <p>2. Q1: Jul 83.33% Aug 77.50% Sep 63.75% Q1 total: 74.86% Q2: Oct 68.75% Nov 80.00% Dec 87.50% Q2 total: 78.75% Q3: Jan 90.00% Feb 63.75% Mar 77.08% Q3 total: 76.94% Q4: Apr 77.08% May 71.88% Jun 81.25% Q4 total: 76.74% 2009 Annual Utilization for Hourly funding: 76.82%</p>
Summary/Recommendations	<p>1. Q1 came in just below target due in part to the fact that one employee only worked a total of 5 days for the entire month of July.</p> <p>2. Only 2 months (Jan & Dec) were above 85% for hourly utilization. All of the hourly funded employees have been at the site long enough that they may not need an average of 4 hours of intervention per month, which is what the numbers seem to indicate. Recommend revising this goal to reflect a lower need for intervention, perhaps 3.5 hours is more in line with what's required.</p> <p>The site manager must pay closer scrutiny to monthly numbers and work schedules to get an early indication of where the overall percentages will likely fall. If a disabled employee is terminated or quits, one way to cover this unplanned shortage in hours could be to increase the hours for remaining disabled employees, if there's legitimate work to justify the increase in hours.</p>

Satisfaction Measure	Employee Satisfaction
Goal	85% employee satisfaction based on responses to quarterly surveys.
Results	85.80%
Summary/Recommendations	<p>1. Only Q4 surveys were available for review with a total of 169 out of 171 questions answered. Six people indicated they were not satisfied with their pay or benefits, three didn't feel they were being listened to, and two people didn't like the way they were treated and felt they weren't treated with respect. Another four people indicated they hadn't learned anything new lately. One person indicated they didn't like the way they were being treated while two others said they hadn't learned anything new lately and were unsatisfied with his/her pay. Neither person provided any clarification. Ensure satisfaction surveys are handed out AND collected from ALL employees on a quarterly basis. Surveys will be summarized by the VP of Govt Contracts and any action items will be returned to the Site Manager for immediate resolution.</p> <p>2. Site Manager should continue to engage employees early enough to identify potential issues and, if possible, work to remedy the situation to the employee's satisfaction.</p>
Service Access	Maximize employment opportunities for persons with significant disabilities.
Goal	Conduct a minimum of one monthly contact with NSG Food Service Officer to determine possibility of expanding employment opportunities for persons with significant disabilities.
Results	No opportunities are present
Summary/Recommendations	Continue efforts as an opportunity could present itself at any time.

**Strategic Initiatives
FY10**

1. Focus on increasing utilization of hourly funding for employees that need intervention training.
2. Improve the quality of admin submitted for review.
3. Develop and distribute customer satisfaction surveys to be distributed quarterly with a goal of achieving 100% customer satisfaction.
4. Work with the Training Coordinator to develop an annual employee training plan.



Portsmouth Naval Hospital Galley

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	11	# Persons Served June 30, 2009	12
Total # Persons Served FY09	16	Total # Persons Discharged FY09	4

Program Description	Provide employment services in the Food Service industry for persons with severe disabilities at the Portsmouth Naval Hospital galley. Specific employment opportunities are in the following positions: Food Service Worker, Porter, Cook, Diet Clerk, General Clerk, and Scullery.										
Effectiveness Measure	Maintain required Ability One ratio										
Goal	≥ 75% of all employees will be disabled (N) and ≥ 75% of total hours worked will be attributed to those with a disability (H).										
Results	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(N) Overall 74.53%</td> <td style="width: 50%;">(H) Overall 72.78%</td> </tr> <tr> <td>(N) Q1: 75.43%</td> <td>(H) Q1: 73.75%</td> </tr> <tr> <td>(N) Q2: 73.46%</td> <td>(H) Q2: 72.71%</td> </tr> <tr> <td>(N) Q3: 74.34%</td> <td>(H) Q3: 72.19%</td> </tr> <tr> <td>(N) Q4: 74.90%</td> <td>(H) Q4: 72.47%</td> </tr> </table>	(N) Overall 74.53%	(H) Overall 72.78%	(N) Q1: 75.43%	(H) Q1: 73.75%	(N) Q2: 73.46%	(H) Q2: 72.71%	(N) Q3: 74.34%	(H) Q3: 72.19%	(N) Q4: 74.90%	(H) Q4: 72.47%
(N) Overall 74.53%	(H) Overall 72.78%										
(N) Q1: 75.43%	(H) Q1: 73.75%										
(N) Q2: 73.46%	(H) Q2: 72.71%										
(N) Q3: 74.34%	(H) Q3: 72.19%										
(N) Q4: 74.90%	(H) Q4: 72.47%										
Summary/Recommendations	<p>Both the number of disabled employees and hours they worked fell just shy of the 75% target. Although both categories remained near the goal throughout the entire year, only the number of disabled employees in Q1 actually met the goal, albeit just barely. A better balance needs to be struck between disabled and non-disabled hours as the average hours for non-disabled employees was higher for all four quarters.</p> <p>More attention needs to be paid toward ensuring disabled employees hours reach 20-25 hrs per week. This will also help ensure we meet the Ability One ratio.</p>										

Efficiency Measure	Maximize utilization of available funding (daily and hourly) for eligible employees.
Goal	<p>1. All employees that receive daily funding will work an average $\geq 85\%$ of the available days during each month as indicated below:</p> <p>JUL: 21 AUG: 23 SEP: 21 OCT: 23 NOV: 19 DEC: 21 JAN: 21 FEB: 20 MAR: 21 APR: 22 MAY: 22 JUN: 21</p> <p>2. Total funding for all employees that receive hourly funding will be $\geq 85\%$ of maximum allowable funding which is based on 4 hours of intervention per month.</p>
Results	<p>1. Q1: Jul 88.64% Aug 102.38% Sep 95.24% Q1 total: 95.42% Q2: Oct 95.65% Nov 94.44% Dec 109.52% Q2 total: 99.87% Q3: Jan 106.67% Feb 87.72% Mar 75.76% Q3 total: 90.05% Q4: Apr 90.91% May 105% Jun 83.33% Q4 total: 93.08% 2009 Annual Utilization for Daily funding: 94.61%</p> <p>2. Q1: Jul 64.06% Aug 56.56% Sep 55.31% Q1 total: 58.64% Q2: Oct 59.06% Nov 57.19% Dec 68.13% Q2 total: 61.46% Q3: Jan 60.63% Feb 58.75% Mar 57.81% Q3 total: 59.06% Q4: Apr 93.13% May 92.50% Jun 88.89% Q4 total: 91.51% 2009 Annual Utilization for Hourly funding: 67.67%</p>
Summary/Recommendations	<p>1. Daily Utilization goal was met for the entire year. Although two months were below target, the remainder were far enough above 85% to offset, this included four months above 100% utilization.</p> <p>2. Only Q4 met this goal. The remaining quarters, and each month within those quarters, never cleared 70%. All of the hourly funded employees have been at the site long enough that they may not need an average of 4 hours of intervention per month, which is what the numbers seem to indicate. Recommend revising this goal to reflect a lower need for intervention, perhaps 3.5 hours is more in line with what's required.</p> <p>The site manager must pay closer scrutiny to monthly numbers and work schedules to get an early indication of where the overall percentages will likely fall. If a disabled employee is terminated or quits, one way to cover this unplanned shortage in hours could be to increase the hours for remaining disabled employees, if there's legitimate work to justify the increase in</p>

	hours.
Satisfaction Measure	85% employee satisfaction based on responses to quarterly surveys.
Goal	100%
Results	85% employee satisfaction based on responses to quarterly surveys.
Summary/Recommendations	<p>1. Only Q4 surveys were available for review with a total of 95 out of 103 questions answered. One person indicated they didn't like the way they were being treated while two others said they hadn't learned anything new lately and were unsatisfied with his/her pay. Neither person provided any clarification. Ensure satisfaction surveys are handed out AND collected from ALL employees on a quarterly basis. Surveys will be summarized by the VP of Govt. Contracts and any action items will be returned to the Site Manager for immediate resolution.</p> <p>2. Site Manager should continue to engage employees early enough to identify potential issues and, if possible, work to remedy the situation to the employee's satisfaction.</p>
Service Access	Maximize employment opportunities for persons with significant disabilities.
Goal	Conduct a minimum of one monthly contact with Hospital Navy Staff to determine possibility of expanding employment opportunities.
Results	1. Four Diet Clerks will be added to the wards. Two will be added in Q1 next year with the remaining two to follow at a later date.
Summary/Recommendations	Keep working with the Contracting Officer to finalize the addition of the two remaining diet clerks.

**Strategic Initiatives
FY10**

1. Focus on increasing utilization of hourly funding for employees that need intervention training.
2. Improve the quality of admin submitted for review.
3. Develop and distribute customer satisfaction surveys to be distributed quarterly with a goal of achieving 100% customer satisfaction.
4. Work with the Training Coordinator to develop an annual employee training plan.



Sarah Bonwell Hudgins Center - Business Services

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	35	# Persons Served June 30, 2009	53
Total # Persons Served FY09	61	Total # Persons Discharged FY09	8

Program Description	The Business Services Division offers the opportunity to work in a supervised environment while achieving the financial and personal rewards that only employment can equal. Vocational assessments, vocational training, employment, and other support services are provided to adults with disabilities. Work takes place at the Sarah Bonwell Hudgins campus as well as two Canon sites. Opportunities exist in document destruction, landscaping, custodial, as well as equipment dismantling and assembly work.
Effectiveness Measure	Maximize utilization of waiver funding available per associate
Goal	90%
Results	Achieved 89.5% for year. Main challenge to attaining this goal is the associates and their supports do not view attendance as a necessary part of the associate's livelihood. Daily tardiness and overall absences remain a concern
Summary/Recommendations	Continue to monitor maximizing utilization hours. Begin process to focus in on associates who have the highest tardiness and absence issues.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	60%
Results	Achieved 56.3% for year. Met the goal for three of the four quarters. One quarter the success rate was very low (29%) and there is question to the validity of the data provided.

Summary/Recommendations	Transition to looking at success of associates in attaining yearly goals, as established and reviewed on ISP. Goal will be 90% of associates will attain all of their yearly goals.
Efficiency Measure	Maximize utilization of funds available through funding sources other than waiver
Goal	86%
Results	Year average was 88.25%, which met established goal.
Summary/Recommendations	Increase overall goal to 90%. Also establish product line output measures for monitoring during year.
Satisfaction Measure	Associate/family satisfaction of services
Goal	100% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Strategic Initiatives FY10	<ol style="list-style-type: none"> 1. Re-establish a ceramics product line with production on board by February 1, 2010. 2. Establish 3 year strategic plan for document destruction, with implementation of first year goals by June, 2010.



Sarah Bonwell Hudgins Center - Day Support

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	35	# Persons Served June 30, 2009	38
Total # Persons Served FY09	40	Total # Persons Discharged FY09	2

Program Description	The Specialized Services Day Support Program at SBHC is designed to offer functional and meaningful training to adults with intellectual disabilities and other related developmental disabilities. All activities provided focus on growth in independence and self-actualization. This is achieved by training in the areas of task learning, socialization, communication, behavior development, personal care, environmental awareness and community access.
Effectiveness Measure	Maximize utilization of waiver funding available per associate
Goal	76%
Results	Achieved 85% for year. A monitoring system has been developed to see what are factors regarding attendance and tardiness. Staff education was provided to assure accuracy of documentation for time and timeout of associates.
Summary/Recommendations	Continue to monitor maximizing utilization hours with a new goal of 90%. Begin process to focus in on issues causing associates who have the highest tardiness and absences.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	65%
Results	Achieved 67% for year. Met the goal on a consistent basis throughout the year. Success was achieved through the stabilization of staff and consistency in the program.

Summary/Recommendations	Transition to looking at success of associates in attaining yearly goals, as established and reviewed in person centered planning. Goal will be for 90% of the associates to attain all of their yearly goals. Will also focus on establishing goal lists for each associate so to challenge associates to move into higher level programming on campus as well as community integration.
Satisfaction Measure	Associate/family satisfaction of services
Goal	95% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Service Access	Retain qualified staff to meet needs of program
Goal	90% retention rate
Results	Achieved 77% overall year retention rate. High turnover stabilized in third quarter due to changes in administration and establishing staff expectations. Retention for the last two quarters were above the 90% goal.
Summary/Recommendations	With a stable staff, the goal will be to have 90% of the associates participate in community activities once per week.
Strategic Initiatives FY10	<ol style="list-style-type: none"> 1. Establish a geriatric program in the SBHF building 2. Increase the number of associates by 5% 3. Build a more comprehensive program to meet the needs of specialty populations as the autistic associates. Programming will include a structured behavior modification component and an emphasis on skills to be successful in the community and work environment.



Sarah Bonwell Hudgins Center - Residential

Carlson House

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	8	# Persons Served June 30, 2009	8
Total # Persons Served FY09	9	Total # Persons Discharged FY09	1

Program Description	The Carlson House provides a home setting for 8 individuals who have moderate intellectual disabilities with some having communication deficits, a need for medication management and health monitoring. Residential Support Services consist of training, assistance and/or specialized supervision provided in a licensed/certified residence. Emphasis is placed on a person-centered approach that empowers and supports each individual in developing his or her own lifestyle within the community.
Effectiveness Measure	Maximize Utilization for individuals funded through waiver services as targeted on budget
Goal	100%
Results	Achieved 85%. Associates are often gone on leave from house, making it impossible to utilize all units of service. The temporary displacement of associates due to a burst pipe also hindered full utilization of units.
Summary/Recommendations	Continue to monitor maximizing utilization hours. Begin to monitor staff hours per associate.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	85%
Results	Achieved 50% for year. Associates being displaced due to flooding, and associates having family leave time hindered the achievement of associate goals. Lack of staff

	documentation also was a consideration when evaluating associate success rates. Staff were inserviced regarding the importance of documentation, and improvement was noted.
Summary/Recommendations	Transition to looking at success of associates in attaining yearly goals, as established and reviewed on ISP. Goal will be 90% of associates will attain all of their yearly goals. Explore carry over to home settings when associates are visiting.
Satisfaction Measure	Associate/family satisfaction of services
Goal	100% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Service Access	Maximize associate integration into the community
Goal	200 hours per month
Results	Achieved 100% for year. Associate community activities exceeded the goal set for the year. Though the flooding of the house caused managerial issues, it did facilitate a high level of interaction with the community.
Summary/Recommendations	The focus is for the associates to participate in community activities. In the coming year, goal will be to have 90% of the associates participate in a community outing on a weekly basis for a cumulation of 200 hours per month.
Strategic Initiatives FY10	1. Working with the other residential homes, hold a fundraiser which would provide additional funds for associate activities2. Working with the other residential homes, develop a formal communication system with associate day programming to improve continuity of service3. Working with the Associate VP of Residential Services to complete a strategic plan for expansion of residential services



Sarah Bonwell Hudgins Center - Residential

Howland House

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	5	# Persons Served June 30, 2009	5
Total # Persons Served FY09	5	Total # Persons Discharged FY09	0

Program Description	The Howland House provides a home setting for 5 individuals who have moderate to profound intellectual disabilities to include autism and down syndrome, with some having communication deficits, behavioral issues as well as a need for medication management and health monitoring. Residential Support Services consist of training, assistance and/or specialized supervision provided in a licensed/certified residence. Emphasis is placed on a person-centered approach that empowers and supports each individual in developing his or her own lifestyle within the community.
Effectiveness Measure	Maximize Utilization for individuals funded through waiver services as targeted on budget
Goal	100%
Results	Achieved 100%. High level needs of certain associates have caused maximizing units of service.
Summary/Recommendations	Continue to monitor maximizing utilization hours. Begin to monitor staff hours per associate.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	50%
Results	Achieved 75% for year. Exceeded goal set. Staff's focus on associates needs has enhanced meeting objectives set.

Summary/Recommendations	Transition to looking at success of associates in attaining yearly person focused goals, as established and reviewed on ISP. Goal will be for 90% of associates attain all of their yearly goals.
Satisfaction Measure	Associate/family satisfaction of services
Goal	100% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Service Access	Maximize associate integration into the community
Goal	100 hours per month
Results	Achieved 100% for year. Though the overall yearly goal was met, there were associate home visits, and staffing issues which hindered a consistent community activity program.
Summary/Recommendations	The focus is for the associates to participate in community activities. In the coming year, goal will be to have 90% of the associates participate in a community outing on a weekly basis with an accumulation of 130 hours per month.
Strategic Initiatives FY10	<ol style="list-style-type: none"> 1. With the other residential houses, hold a fundraiser which would provide additional funds for associate activities 2. Develop a formal communication system with associate day programming to improve continuity of service 3. Complete a strategic plan for expansion of residential services



Sarah Bonwell Hudgins Center - Residential

Leifer House

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	5	# Persons Served June 30, 2009	5
Total # Persons Served FY09	5	Total # Persons Discharged FY09	0

Program Description	The Leifer House provides a home setting for 5 individuals who have moderate intellectual disabilities, with some having communication deficits, a need for medication management and health monitoring. Residential Support Services consist of training, assistance and/or specialized supervision provided in a licensed/certified residence. Emphasis is placed on a person-centered approach that empowers and supports each individual in developing his or her own lifestyle within the community.
Effectiveness Measure	Maximize Utilization for individuals funded through waiver services as targeted on budget
Goal	100%
Results	Achieved 100%. Programming has centered on the associate issues as money matters, maintaining work affiliations, and successful community experiences.
Summary/Recommendations	Continue to monitor maximizing utilization hours. Begin to monitor staff hours per associate.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	75%
Results	Achieved 73% for year. Goals was not met due to changes in objectives and goals for associates. Goals setting is a dynamic process with associates and adjustments are made as needed.

Summary/Recommendations	Transition to looking at success of associates in attaining yearly goals, as established and reviewed on ISP. Goal will be 90% of associates will attain all of their yearly goals.
Satisfaction Measure	
Associate/family satisfaction of services	
Goal	100% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Service Access	
Maximize associate integration into the community	
Goal	160 hours per month
Results	Achieved 100% for year. Associates are very active in determining community outings. Activities have included basketball games, bowling, visiting museums and several individual outings.
Summary/Recommendations	The focus is for the associates to participate in community activities. In the coming year, goal will be to have associates in the community 200 hours per month.
Strategic Initiatives FY10	
	<ol style="list-style-type: none"> 1. With the other residential homes, hold a fundraiser which would provide additional funds for associate activities 2. Develop a formal communication system with associate day programming to improve continuity of service 3. Working with the Associate VP of Residential Services, complete a strategic plan for expansion of residential services, including the addition of one more associate to house. 4. Increase associates to 6.



Sarah Bonwell Hudgins Center - Residential

Sawyer House

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	8	# Persons Served June 30, 2009	8
Total # Persons Served FY09	9	Total # Persons Discharged FY09	1

Program Description	Sawyer House provides a home setting for 8 individuals who have moderate intellectual disabilities, with some having communication deficits, physician handicaps, a need for medication management and health monitoring. Residential Support Services consist of training, assistance and/or specialized supervision provided in a licensed/certified residence. Emphasis is placed on a person-centered approach that empowers and supports each individual in developing his or her own lifestyle within the community.
Effectiveness Measure	Maximize Utilization for individuals funded through waiver services as targeted on budget
Goal	100%
Results	Achieved 96%. Met goal for first two quarters of year. In the last two quarters of the year, associates were gone for home visits during the holidays.
Summary/Recommendations	Continue to monitor maximizing utilization hours. Begin to monitor staff hours per associate.
Efficiency Measure	Maximize achievements of goals and objectives per associate
Goal	50%
Results	Achieved 58% for year. Results exceeded target goal, as a result of staff working to assure associates were provided

	structure for successful attainment of goals.
Summary/Recommendations	Transition to looking at success of associates in attaining yearly goals, as established in the person focused yearly review. Goal will be 90% of associates will attain all yearly goals.
Satisfaction Measure	Associate/family satisfaction of services
Goal	100% of responses will be good or better
Results	Achieved 100% as evaluated by the questionnaire provided in yearly ISP meeting
Summary/Recommendations	Transition to a program where associates and families/guardians provide feedback on services provided.
Service Access	Maximize associate integration into the community
Goal	200 hours per month
Results	Achieved 97% for year. Associate home visits and associates not interested in activities planned, hindered achieving goal.
Summary/Recommendations	The focus is for the associates to participate in community activities. In the coming year, goal will be to have 90% of the associates participate in a community outing on a weekly basis with an overall accumulation of 200 hours per month.
Strategic Initiatives FY10	<ol style="list-style-type: none"> 1. Work with other residential homes to hold a fundraiser which would provide additional funds for associate activities 2. Develop a formal communication system with associate day programming to improve continuity of service 3. Complete a strategic plan for expansion of residential services



**Tanner's Creek Day Support
The H.A.N.D.S. Program (Helping Adults Navigate Daily Skills)**

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	25	# Persons Served June 30, 2009	30
Total # Persons Served FY09	31	Total # Persons Discharged FY09	1

Program Description	<p>(Tanner's Creek Day Support Program)The H.A.N.D.S. Program is designed to support individuals with developmental and other disabilities who desire to participate in an energetic and creative learning atmosphere. Individuals develop life skills, build relationships, and the have the opportunity to engage in meaningful activities in diverse settings throughout the community. Each participant has the opportunity to build independence and expand their personal interests through communication, behavior development, personal care, aerobic exercise and community access. Community outings promote functional activities such as shopping, dining, recreation. The Day Program also enables individuals to better their lives through volunteerism and community partnerships. Individuals may choose to participate in community service projects such as Adopt-A-Street, Zoo Recycling, and volunteering at the local food banks. Through on-site and community based programs, we promote and assist people in the development of their skills, abilities and interests. The H.A.N.D.S. Program enables the associates to better their lives through exciting adventures.</p>
Effectiveness Measure	To maximize achievement of goals/ objectives
Goal	60% of the objectives would be achieved
Results	74% of objectives were achieved

Summary/Recommendations	Tanner's Creek has added more time in the daily schedule to review individual goals. The staff reviews personal goals to each individual each day. This has increased goal achieve, awareness, and involvement for those individuals served. This has also made an impact on ISP meetings and the movement toward person centered practices. When individuals are in better understanding of their plans, this increases choice and independence in everyday life. However, goal percentages tend to be lower with those individuals that have barriers in communication.
Efficiency Measure/ Service Access	To maximize capacity for the individuals funded through waiver services as targeted on the budget worksheet
Goal	100%
Results	96%
Summary/Recommendations	Our goal was to serve 30 individuals in April thru June. We did meet that goal. However, Tanner's Creek was budgeted for different numbers throughout the year. Overall for the year, we averaged 96% of what was outlined for the budget year. 1 st quarter-93%, 2 nd quarter- 93%, 3 rd quarter- 97%, and the 4 th quarter-100%. We continually gave tours throughout the year and reached our target in April (thru June). We discharged one individual during the 2008/ 2009 year.
Efficiency Measure	To maximize utilization for individuals funded through wavier services as targeted on the budget worksheet
Goal	83%
Results	87%
Summary/Recommendations	Our goal was to encourage a high rate of utilization of available units of those we served. This goal was set at 83%. We achieved this goal @ 87% (which was higher than the previous year). Tanner's Creek staff encourages attendance and utilization on a daily basis, by targeting the wants and needs of the associates. Our percentages changed throughout the year- 1 st quarter-88%; 2 nd quarter-85%; 3 rd quarter-86%; and the 4 th quarter-88%. Factors that affected utilization during the 2008/ 2009 year would be: summer camp, vacations (summer and

	winter), medical appointments, and two individuals were out for almost two months due to surgical procedures.
Efficiency Measure	To maximize Tanner's Creek transportation services for individuals as targeted on the budget worksheet
Goal	To transport 7 individuals (goal average 100%)
Results	We transported an average of 7.8 individuals (Overall average 112%)
Summary/Recommendations	Our goal was to transport 7 individuals to and from the Tanner's Creek day program. We met and surpassed that goal all year, transporting between 7-8 individuals consistently. Our average for the 2008/2009 year was 7.8 individuals / 112%. This year we expanded our services to other cities. Last year (2007/2008), we only offered transportation for those associates living in Virginia Beach. This year we provide transportation services in Virginia Beach, Norfolk, and Chesapeake. Tanner's Creek is currently in the process of hiring two additional part time staff and creating a second transportation route. This will enable Tanner's Creek expand and to meet the growing need for transportation services.
Satisfaction Measure	
	To maximize associate satisfaction
Goal	90% satisfaction (based on data from 28 individuals once per month= 336 monthly satisfaction statements)
Results	99% satisfaction of individuals served
Summary/Recommendations	Our goal was to reach 90% satisfaction rate/average. We met this goal. We had one individual that stated he was not happy. Data based on satisfaction taken once per month, as outlined on monthly summary reports for each associate. Also staff continually asks for suggestions from those served on what Tanner's Creek can offer them to help enhance services. We had an overall average of 99% for the 2008/ 2009 year.
Service Access	
	To maximize the time spent in the community (community inclusion)
Goal	50% of the programming time (average= 27.5 hours per week)

Results	50% programming/hours were spent in the community
Summary/Recommendations	<p>Our goal was to maximize the time spent in the community. We set a goal of 50% of the programming time would be spent on different community outings. We achieved our goal this year. We averaged 46%-1st quarter, 46% 2nd quarter, 53% 3rd quarter, and 54% in the 4th quarter. We changed our schedule to better meet and increase community inclusion. We were able to utilize the two vehicles that we have, as well as utilize the surrounding community (local businesses and the park are all in walking distance) on a daily basis.</p>
Strategic Initiatives FY10	<p>Future initiatives planned for the program would be continual expansion of the transportation services currently offered by adding an additional route (to be able to meet the growing need for transportation for those we serve). This is also an opportunity to transition people into a community based program, which we are hoping to pilot this upcoming fiscal year. We plan to finish the sensory room that we had begun to create. We are continuing our mission to offer art recreation as a vehicle of expression, for those attending Tanner’s Creek. We would also like to create a technology lab.</p>



Tanners Creek Garden Center
Outcomes Measurement Report
2008-2009

# Persons Served July 1, 2008	1	# Persons Served June 30, 2009	2
Total # Persons Served FY09	2	Total # Persons Discharged FY09	0

Program Description	Tanner's Creek Garden Center is dedicated to providing education, training and employment opportunities in a retail environment. We offer associates the chance to earn a living, and lead productive and independent lives.
Efficiency Measure	Maximize available units utilized by individuals funded through waiver services as targeted on budget worksheet
Goal	90%
Results	95%
Summary/Recommendations	Attendance can't get much better. The way we will increase is to have our eligible employee add days to the work schedule. At this point the idea has been met w/ resistance. This goal should be replaced w/ something else and revisited if attendance becomes an issue in the future.
Efficiency Measure	Maximize the number of individuals served through waiver services
Goal	100 %
Results	125 %
Summary/Recommendations	A second part time associate was added in the 4 th quarter. At this point there is no plan to add another associate but to increase the number of days worked by eligible associates. This goal should be replaced w/ something else.

Efficiency Measure	Maximize the percentage of objectives achieved by individuals funded through DRS, NCSB, & or VABCSB
Goal	100 %
Results	100 %
Summary/Recommendations	This goal will stay intact as is. The goals were not set soft but were achieved by hardwork and diligence on the part of the associates and the staff to a lesser degree.
Satisfaction Measure	
	Maximize the # of associates satisfied w/ the program vs. the # enrolled(2)
Goal	100 %
Results	100 %
Summary/Recommendations	This goal is not difficult to reach if associates feel they are being treated w/ dignity & respect. It can also be severely skewed if there is a limited # of associates in the program. We need to develop a new way to measure employee satisfaction. Possibly use goals reached that associate set for themselves in combination w/ a questionnaire and attendance records (a happy employee likes coming to work). This goal should stay intact but w/ new forms of measure.
Retail Operations	
	Maintain inventory shrinkage to less than 5% per qtr
Goal	95 %
Results	99%
Summary/Recommendations	This goal was too easy to attain once a base inventory had been established. The goal will be left in place but changed to less than 3% shrink. The numbers do not reflect 1 st or 2 nd qtr shrink which are typically the worst (winter & excess x-mas inv.)A full year is needed to get an accurate study of inventory management.

Retail Operations	Exceed quarterly net sales vs. same quarter previous year
Goal	110 %
Results	95%
Summary/Recommendations	Although some progress was made in a down economy we still need to do better. We were not able to beat monthly sales from the previous year with any consistency (1 month up/2 months down- 2 months up/1 month down). The focus this year was to increase plant and hard goods sales. Now we need to do a better job w/ indoor plants & gifts in order to carry us through slow plant sales periods. We need to purchase smart and market smarter to compensate for the winter and summer slumps that hit a seasonal business.
Strategic Initiatives FY 10	<ol style="list-style-type: none"> 1) Develop an in depth ad campaign to increase exposure in the surrounding communities as well as the local community. Other profit centers are seeing results through advertising help from the marketing department. We need to take advantage of the 'brand'. The community we are located in is mature (limited growth). 2) Move the Landscape crew to the GC. The move should not only increase sales for 212 & the GC but will give each program another perspective of how their operation is; or could be running.



TANNERS CREEK NURSERY

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	12	# Persons Served June 30, 2009	15
Total # Persons Served FY09	17	Total # Persons Discharged FY09	2

Program Description	We provide education, training, and employment opportunities in the horticulture industry.
Effectiveness Measure	To maximize achievement of goals/objective
Goal	To achieve 60% of the total number of associate goals and objectives indicated on the ISP and Performance Appraisal
Results	74% of the written goals were achieved
Summary/Recommendations	We were able to meet our goal but there are gaps in data collection because goals were not being changed every month. If we changed the goals to Person Centered Planning, data collection would be more relevant. With PCP, goals are broken into steps which are easier to achieve.
Efficiency Measure	To maximize utilization for individuals funded through waiver services
Goal	To utilize 92% of the number of service units authorized by DMAS.
Results	84% of the authorized unites were utilized
Summary/Recommendations	We did not meet our goal because of inconsistent attendance and 4 associate had long periods of illness. A new reward attendance program was put into place which has helped associates to understand what good attendance is, because of this new program attendance has been increasing.

Efficiency Measure	To maximize utilization for individuals funded through Extended Employment Services.
Goal	To utilize 92% of the number of service units authorized by the funding authority.
Results	95% of the authorized units were utilized.
Summary/Recommendations	We were able to meet the goal because of good attendance, which is the direct result of the new attendance program that was implemented.
Service Access	To maximize capacity for individuals through waiver services
Goal	To achieve 100% capacity for program slots
Results	100% of the slots available were filled
Summary/Recommendations	The Disability Service Manager ensures proper placement in filling waiver slots as they become available.
Service Access	To maximize capacity for individuals through Extended Employment Services.
Goal	To achieve 100% capacity for program slots
Results	100% of the slots available were filled
Summary/Recommendations	The Disability Service Manager ensures proper placement in filling slots as they become available
Satisfaction Measure	To maximize associate satisfaction with their program

	and services provided.
Goal	To achieve 100% positive response from all associates if they are satisfied with Eggleston Services and the services provided during the quarterly ISP review
Results	100% of the associates interviewed indicated that they were satisfied with Eggleston and all services provided.
Summary/Recommendations	A better way to measure associate and stakeholder satisfaction is needed.
Strategic Initiatives FY10	To provide a new service to the company of interiorscaping the lobbies of all the corporate buildings, and to extend that service to other local businesses. To reestablish a meaningful program at the zoo promoting integration, with the development and management of a garden site.



**Tanners Creek Landscaping
Outcomes Measurement Report
2008-2009**

# Persons Served July 1, 2008	7	# Persons Served June 30, 2009	8
Total # Persons Served FY09	11	Total # Persons Discharged FY09	3

Program Description	The landscape division provides education, training and employment opportunities in grounds maintenance, landscaping and exposure to the daily operations of a retail garden center.
Efficiency Measure	To maximize capacity for individuals funded through waiver services as targeted on the budget worksheet
Goal	100 %
Results	90.50%
Summary/Recommendations	Move certain associates from part-time to full-time status and bring additional associates into the program that can & will work all available hours. Develop a strategy w/ HR to get more interest in associates working on the landscape crew.
Effectiveness Measure	To maximize achievement of goals
Goal	75%
Results	72.7%
Summary/Recommendations	Continue to work towards associates successfully reaching their goals which will include reviewing goals with associates on a monthly basis.

Efficiency Measure	To maximize utilization for individuals funded through waiver services as targeted on the budget worksheet
Goal	85%
Results	77.86%
Summary/Recommendations	Prior years' goal was unattainable. New goal will be adjusted to 80%. The goal was not achieved due to associates wanting to work less along w/ behavioral plans which cut back hours. There is also an issue w/ transportation; every time drivers are changed they show up at a time that fits their schedule not the work schedule.
Satisfaction Measure	
	To maximize the associate satisfaction with our services
Goal	90%
Results	93%
Summary/Recommendations	The goal was reached through team atmosphere and how everyone's roll is just as important as everyone else's. This measure should be changed to customer satisfaction. We should send a questionnaire to a different customer each month to judge our performance and their satisfaction
Effectiveness Measure	
	To minimize the amount of equipment repairs vs. budget
Goal	< 105 %
Results	69 %
Summary/Recommendations	Although this goal was achieved there are still many avoidable repairs. When expensive equipment breaks down it will be replaced with less expensive equipment. A new program has been put in place to do more in-house repairs as well as training procedures in the proper use of equipment. The measure should be left in place. The budget for repairs was cut this year and our goal will be not to exceed the budgeted amount for repairs at all.

Effectiveness Measure	To minimize the amount of work related accidents
Goal	100%
Results	97.75%
Summary/Recommendations	Statistically this goal was not reached; however there were no accidents involving misuse of equipment. The job injuries sustained included twisted ankles from stepping wrong, or small cuts, and aching muscles. Continue ongoing education regarding work related accidents and how to minimize their occurrence. This goal should be replaced w/ a measure aimed @ lowering incident rates relating to behavioral issues.
Strategic Initiatives FY10	
	<p>1) Move operations to the garden center from its current location at the greenhouse. The move will give us an avenue to increase visibility by the public.</p> <p>2) Expand landscape services to include a second crew dedicated to the installation of new landscapes. Add a supervisor to run existing maintenance crew</p> <p>3) develop web page & marketing strategy to increase business</p>



Tidewater Drive Business Services

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	45	# Persons Served June 30, 2009	32
Total # Persons Served FY09	45	Total # Persons Discharged FY09	13

Program Description	Tidewater Drive's business services division is an extended employment program focused on training and developing the skills and abilities needed for people with significant disabilities to be paid for work. Many of the skills taught are pre-vocational in nature and target the building of the basic behaviors needed in any work environment. Much of the training is focused on reporting to work as scheduled, remaining on task and maintaining appropriate hygiene and behavior expected in a work setting. All paid work is contracted from both internal and external customers and is primarily focused on assembly, packageing and bulk mail projects.
Effectiveness Measure	Maximize achievement of associate ISP goals.
Goal	Associates will achieve 65% of ISP goals attempted in FY 08/09.
Results	Associates achieved 58% of ISP goals attempted in FY 08/09.
Summary/Recommendations	There was a sharp decrease in paid employment opportunities which resulted in fewer achieved goals. New management plans to prioritize acquisition of work opportunities for FY 09/10.
Efficiency Measure	Meet or exceed the level of revenue budgeted to be received from funding sources in FY 08/09.
Goal	Business services will collect 90% of the revenue budgeted from funding sources in FY 08/09.

Results	Business Services collected 90.5% of budgeted funding in FY 08/09.
Summary/Recommendations	Despite the discharge of 13 associates from BSD, the program was still able to meet its goal because of the strong performance in the first half of the fiscal year.
Satisfaction Measure	To randomly survey associate and care giver satisfaction with delivery of programmed services.
Goal	90% of respondents will indicate their satisfaction with the programmed services they receive.
Results	98%
Summary/Recommendations	Although a new survey tool was not developed 97% of associates indicated their satisfaction with the services delivered when polled on their individual ISP's.
Service Access	To identify associates receiving services in BSD who's needs would be better met in another program.
Goal	80% of associates identified as needing another level of services will be successfully placed in an appropriate setting.
Results	86% of the individuals identified were moved to more appropriate settings either inside Eggleston or with another provider.
Summary/Recommendations	The two individuals left in the BSD program that were identified as needing another service did not have the appropriate funding to receive the appropriate services. These two individuals remain in the BSD program.
Strategic Initiatives FY10	In this fiscal year the primary focus will be on building and establishing embroidery as a separate line of business and securing large scale public and private contracts to fuel the new business line. Another initiative will be to increase the volume of packaging and bulk mailing work so there is a more consistent daily work experience available for the associates in the program.



TWD Life Enhancement Day Support

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	38	# Persons Served June 30, 2009	39
Total # Persons Served FY09	45	Total # Persons Discharged FY09	6

Program Description	<p>The Specialized Services Day Support Program is designed to offer functional and meaningful training to adults with developmental disabilities.</p> <p>The hours of program operation are offered at 8:00am to 1:30pm or 10:00am to 3:30pm, Monday through Friday. All activities provided through the Specialized Services focus on growth in independence and self- actualization.</p>
Effectiveness Measure	To maximize achievement of associate ISP Goals. All associate education and training goals will be tracked using the monthly data sheet and an achievement percentage will be calculated by comparing the number of goals meeting the expected criteria divided by the total number of goals attempted.
Goal	The number of goals achieved divided by the total number of goals attempted-fiscal year goal is: 65%
Results	68.50%
Summary/Recommendations	Associates continue to achieve their ISP objectives. This upcoming year the objectives will be changed to be Person Centered. This new approach a greater emphasis on what's important to the associate instead of the team deciding everything for them.

Efficiency Measure	"Meet or exceed the level of funding authorized form all reimbursement sources in FY 08/09.
Goal	The total number of funding units billed divided by the total number of funding units authorized-Fiscal year goal is: 85%
Results	86.25%
Summary/Recommendations	We achieved our objective this fiscal year but we have lost 3 associates due to residential programs starting their own day support this year. We continue to be provide tours and attend different fairs in order to get new associates to enroll in our day support programs. Staff will work much harder in the coming fiscal year to maximize utilization of already authoized funding while continuing to seek new program participants.
Satisfaction Measure	To use a random survey instrument to collect scaled data about associate and caregiver satisfaction with the program
Goal	Surveys will be mailed to 35% of associates one time each quarter. Data returned will be summarized with a goal to receive an acceptable or better rating
Results	100%
Summary/Recommendations	Although a new survey tool was not developed, 100% of associates indicated their satisfaction with the services delivered on their individual ISP's.

Service Access	To maximize access to activities in the community. Day Support Staff will design and implement community based activities. Each associate's non-centered based activity level will be calculated as a percentage of their scheduled program hours and recorded on the comment section of the daily tracking sheet. At the end of each month all percentages will be added together and divided by the total number of associates in the program to arrive at an overall percentage of time spent in the community.
Goal	In the average month there are 80 hours /4 hrs a day available for community based activity. The Life Enhancement program will seek to utilize 20% of that time in community based activities
Results	38.75%
Summary/Recommendations	This fiscal year my main objective will be to purchase a wheelchair van to utilize for the center based associates. Presently our wheelchair bound associates do not attend any community outings due our OBRA program in which we were borrowing a vechile no longer have a van themselves.
Strategic Initiatives FY10	For this upcoming fiscal year the following items I would like to accomplished for Tidewater building: hand rails placed in the hallways, completion of renovation started indoors and outdoors, purchase of new wheelchair that's available year around for Tidewater day program. Purchase new equipment that will be more target for the associate with severe sensory impairments in which will improve their quality of life.



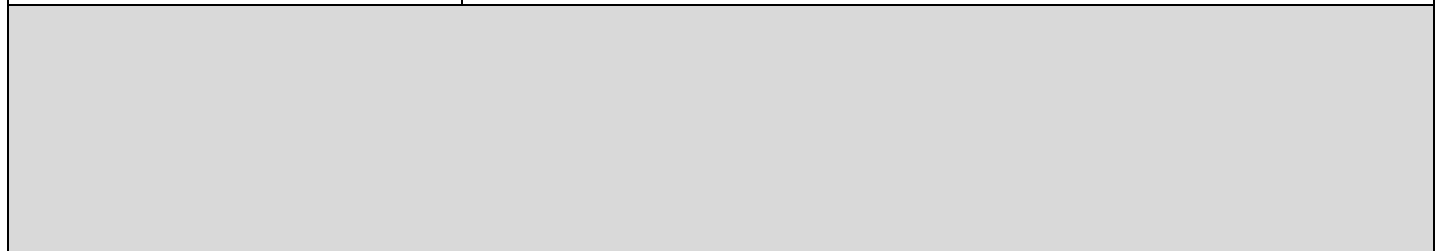
Tidewater Drive OBRA Program

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	10	# Persons Served June 30, 2009	12
Total # Persons Served FY09	12	Total # Persons Discharged FY09	1

Program Description	The OBRA program addresses the needs of individuals with development disabilities that are living in nursing homes and assisted living facilities. The program is designed to target the social and developmental needs of each individual both inside and outside the nursing facility. The primary focus is on getting each individual out into the community for activities or providing specific skill development activities inside the nursing home for those unable to access their community. In many cases individuals go to an Eggleston community based facility for social and work opportunities.
Effectiveness Measure	Maximize achievement of associate ISP goals for FY 08/09.
Goal	OBRA associates will achieve 65% of ISP goals attempted in FY 08/09.
Results	OBRA associates achieved 62% of the ISP goals attempted in FY 08/09.
Summary/Recommendations	A fourth quarter health related quarantine of two nursing facilities housing 3 individuals resulted in those individuals not achieving their goals, which drew down the total for the year. A new type of effectiveness measure will be tracked in FY 09/10.



Efficiency Measure	To deliver 85% of the maximum service hours authorized by the NCSB contract.
Goal	To deliver an average of 31 hours of service to each associate served per quarter..
Results	Associates received an average of 28.38 hours of service per quarter in FY 08/09.
Summary/Recommendations	Two health related closings, one of four weeks and one of six weeks prevented delivery of services to 3 associates, skewing the hours provided in a negative direction.
Satisfaction Measure	
Satisfaction Measure	To survey each associates satisfaction eith the programmed services delivered in FY 08/09.
Goal	90% of associates surveyed will indicate their satisfaction with the programmed services delivered.
Results	100%
Summary/Recommendations	Although a new satisfaction tool was not developed 100% of the associates indicated they were satisfied with Eggleston Services and the services offered on their individual ISP's.
Service Access	
Service Access	To increase the number of hours associates spend away from their Adult Living Facility (ALF) during OBRA program hours.
Goal	Associates will spend 60% of program hours away from their adult living facility.
Results	Associates spent 54% of their available program hours away from their adult living facility.
Summary/Recommendations	There was significant downtime of the wheelchair lift van which decreased the number of hours associates could be brought out in the community. A new van will be sought in FY 09/10.

Strategic Initiatives
FY10

1. This program is in need of a better wheelchair vehicle that can facilitate the safe and efficient transportation of associates into the community on a regular basis.
2. The program is also focused on increasing the number of individuals in the OBRA program through actively referring eligible individuals to the funding agencies for inclusion.



Tidewater Drive Senior Day Program

Outcomes Measurement Report

2008-2009

# Persons Served July 1, 2008	16	# Persons Served June 30, 2009	14
Total # Persons Served FY09	16	Total # Persons Discharged FY09	2

Program Description	The Senior Day Program is designed to meet the needs of individuals with developmental disabilities that are also being affected by the aging process. Participants are age 50 or older and/or affected by a degenerative condition normally associated with aging, such as Alzheimer's, dementia or Parkinson's disease. The primary focus is to improve the physical and social conditions of each participant's life through an active and healthy lifestyle.
Effectiveness Measure	Maximize achievement of associate ISP goals
Goal	Associates will achieve 65% of the ISP goals attempted.
Results	Associates achieved 85% of the ISP objectives attempted in FY 08/09.
Summary/Recommendations	Although this goal was achieved, such a high percentage of achievement may indicate that goals are not providing enough challenge and/or continued to run despite being achieved. Staff will be asked to develop a more challenging inventory of person centered goals for each associate in the new fiscal year.

Efficiency Measure	Meet or exceed the level of funding established for waiver reimbursement in FY 08/09.
Goal	To collect 90% of waiver funds budgeted in FY 08/09.
Results	92.7% of the projected waiver funds were collected in FY 08/09
Summary/Recommendations	Staff converted a few individuals to three units which helped make up for the loss of two individuals from the program.
Satisfaction Measure	
	To randomly survey associate and care-giver satisfaction throughout the fiscal year.
Goal	90% of respondents will indicate they are satisfied with their program and services offered.
Results	100%
Summary/Recommendations	Although a new survey tool was not developed, 100% of associates indicated their satisfaction with Eggleston Services and the services they received when asked on the individual ISP.
Service Access	
	To maximize access to non-center based activities. (Increase time in the community)
Goal	Senior associates will spend at least 10% of available program time in the community on programed activities.
Results	Senior associates spent 7% of available program time in the community.
Summary/Recommendations	There were a number of outings cancelled because one or two associates were either physically unable to go on an outing or did not wish to go on an outing. Senior staff need to concentrate on smaller group outings and go out more frequently to bring the percentage of time up.
Strategic Initiatives FY10	
	1. Development of a transportation program to provide an alternative to the current Medicaid transportation program. 2. Hiring of an aging expert with specific experience in developmental disabilities and senior program design and implementation.



Strategic Initiatives FY10:

This page has been left intentionally blank due to the proprietary nature of Eggleston Services initiatives.