

**HOPE HAVEN AREA DEVELOPMENT
CENTER CORPORATION**

***PROVIDING OPPORTUNITIES FOR PERSONS
WITH DISABILITIES***

1307 Broadway
West Burlington, IA 52655

**OUTCOMES MANAGEMENT REPORT
2010-2011**

Hope Haven Area Development Center

2010-2011 Outcome Management Report

Submitted By:

2010-2011 Quality Assurance Committee

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- Hope Haven Area Development Center Corporation was accredited by CARF for a period of three years December 9, 2008. Accreditation was to extend through December 31, 2011. Accreditation has been further extended.
- Woodlake ICF/MR (Brueck and Ertz Group Homes) was surveyed on the following dates: 9/24/09 with 9 deficiencies noted and corrected, 1/8/10 follow up with no deficiencies, 7/8/10 with 3 deficiencies noted and corrected, 9/3/10 follow up with 1 deficiency noted and corrected.
- Having been destroyed by fire on 12/24/10, Hopefully Yours moved to a new building downtown, allowing all of the store to be on one floor. A community fundraiser, Band Together for Hope, raised over \$30,000.00 for the replacement of Hopefully Yours.
- All flooring in Walton Group Home was replaced
- Two Lake View apartments were fully renovated
- Vehicle replacements include: maintenance truck, Vocational Services truck (for which we received a DNR swap grant), Brueck Home Lift van, and Alternative Services van
- Remodeled the kitchen at Northwood Group Home
- Purchased Casper software program for electronic documentation and records compliance
- Purchased property at 2100 Douglas Avenue
- Removed mobile units from Douglas Avenue
- Insulated all building roofs
- Selected to provide Medicaid technical assistance and HCBS Waiver training throughout the state of Iowa
- Acquired 256 new donors
- Formed Hope Haven Girl Scout Troop

Vision

Hope Haven Area Development Center, through its commitment to excellence in care and services, will set the standard for support to persons with disabilities.

Mission:

To assist persons with disabilities to live a life of opportunity and well-being.

Guiding Principles

Hope Haven Area Development Center commits to provide services, employment, and advocacy in a manner that is consistent at all times with the following principles:

THE WORTH AND DIGNITY OF ALL INDIVIDUALS

Hope Haven recognizes that best practices demand compassion, empathy, honesty, fairness, civility, and respect individual rights and choices. We will adhere to “best practices” in all operations.

ENCOURAGEMENT AND ADVOCACY FOR INDIVIDUAL CHOICE

Hope Haven will strive to promote a positive environment in which individuals served and employed will be encouraged, supported, and guided throughout their association with the agency.

HONESTY AND INTEGRITY

Hope Haven will strive for the highest standards of honesty, truth, fairness, and consistency in all operations and practices.

EFFECTIVE USE OF TIME, TALENTS, AND RESOURCES

Hope Haven recognizes the array of knowledge and skills inherent in the organization and commits to utilizing such diversity for the benefit of the client, agency, and community. We will use our resources to focus on the well-being of the client and will seek to be financially responsible. We will continuously assess quality and take an active role in determining the changing needs of society and our ability and responsibility to meet those needs.

QUALITY TEAMWORK THROUGH THE PURSUIT OF EXCELLENCE

Hope Haven recognizes the benefits of seeking excellence for those served and the reciprocal effect upon the agency when successful. We recognize the power of committed teamwork and strive to recruit and retain employees who recognize and foster a team approach.

Hope Haven Area Development Center

July 1, 2010 – June 30, 2011

Outcome Management Report

PURPOSE:

The purpose of the Outcome Management Report is to define the services provided by each department, measure the growth or decline of the service, measure the effectiveness of the services, determine areas needing improvement, and determine processes and actions that are most effective.

The above will be measured by supplemental data, by implementation and documentation of corrective actions, by summaries of quality assurance procedures, by summaries of customer satisfaction surveys, by summary data of service availability, and by summaries of case file reviews.

The Quality Assurance Committee is comprised of the Quality Assurance Manager, Director of Residential Services, Vocational Services Program Supervisor, ICF/ID Assistant Administrator, Vocational Services Nurse, Vocational Services Intake Coordinator, and Community Living Services Coordinator. The Outcomes Management Report is compiled by the QA Committee with assistance from the Program Managers, Residential Administrators, ICF/ID, ICF/ID QMRP, and ICF/ID RN and is edited by the Quality Assurance Manager. The Agency Management Team oversees activities, summaries, and recommendations and the Hope Haven Board of Directors reviews the final report.

The Outcomes Management Report is distributed to a variety of stakeholders. In addition, a copy of the report is kept in the lobby of the Administration Office for visitors to review. Copies of the report are available upon request. Limited agency data is made available through the Hope Haven website.

DEPARTMENT REPORTS

Department goals are identified and tracked on various internal documents, such as the Quality Improvement Plan, Strategic Plan, Business Improvement Plan, Corporate Compliance Plan, Technology Plan, Risk Management Plan, and Accessibility Plan.

Total Number of Persons Served

The total number of individuals served throughout the year was 340. Of those people, 189 were served in more than one program/service. 79 of those individuals used the Drop in Center.

Total Number Served Comparison

2006	2007	2008	2009-2010	2010-2011
348	333	323	314	340

Descriptions of Programs of Services

VOCATIONAL SERVICES

This department offers the following services:

WORK SERVICES:

SHELTERED WORK PROGRAM

The purpose of the Sheltered Workshop Program is to provide the needed training, supervision, and supports to develop and maintain employability skills, abilities, and attitudes to assist the client toward community employment. Services include: pre-vocational through the HCBS ID Waiver, county funding, private pay, and Habilitation services and employment related services. A variety of paid work, classes, activities, counseling, and individualized training are utilized.

EVALUATION

The purpose of Evaluation is to gather information about the client's work place capabilities, learning methods, employability skills, job interests, job preferences, needs, and other referral objectives. Various assessment tools, direct observations, paid work and formalized testing take place. The information, data, and recommendations are utilized to assist the client toward needed services, supports, resources, and referral.

WORK ADJUSTMENT

The purpose of the Work Adjustment Program is to provide systematic training and assessment to assist the individual toward their optimal level of vocational development. The Work Adjustment Plan identifies specific areas to be evaluated and adjusted. A variety of strategies including paid work opportunities in an industrial setting within the organization or in a community employment setting are utilized to assist the client toward their employment choices. Training is available to develop or redevelop the attitudes, skills, personal characteristics, work tolerance, coping skills, social skills, self-esteem, initiative, co-worker/employer relations, and related skills and behaviors needed to enter or re-enter competitive employment.

COMMUNITY EMPLOYMENT SERVICES

The purpose of the Community Employment Services Program is to assist individuals in obtaining and maintaining community employment. Community Employment Services include Job Development, Follow Along, Enclave, and CBA (Community Based Assessment). An individualized placement plan or assessment plan is implemented to identify job goal, strengths, skills, supports, and accommodations needed. One-on-one community assessment or training may be provided in such areas as job interests, work skills, transportation, social skills, co-worker relationships, etc., to assist the individual to obtain and learn their job. Both long and short-term support services are offered depending on the person's plan and needs. It is designed as a specialized employment service to assist businesses with their labor needs. All staff are certified as Employment Consultants or Job Coaches. Another opportunity for employment offered within

Community Employment Services is Enclave. An enclave offers a community employment opportunity that involves a few workers performing different aspects of the same job in a community setting with one job coach overseeing the work.

ALTERNATIVE SERVICES

The purpose of the Alternative Services Program is to provide individualized services to adults of all ages. Services include: TEACCH training, day habilitation, pre-vocational, employment-related services, and day program services. This is a closely supervised program that includes group activities, community integration, and paid work. The Alternative Services Program has exceptional expertise in working with individuals with communication deficits and related behavior problems.

FLEXIBLE SERVICES

Flexible Services is located in Mt. Pleasant serving adults of all ages. Services included: pre-vocational and day habilitation through the HCBS ID Waiver and Habilitation services, employment related services, and day program services. Flexible Services offers assistance with life skills in areas of self-esteem, self-awareness, decision making, and self-confidence. There are activities to establish new friendships and participate in community outings. Opportunities are offered for paid assembly work and assistance is available for individuals interested in community employment.

MOTT'S PROGRAM

Opened in March 2010, the Mott's program is located in Wapello and serves adults of all ages. Services are primarily Day Habilitation funded through the ID Waiver and Habilitation. The Mott's program offers assistance with life skills in areas of self-esteem, self-awareness, decision making, and self-confidence, social interaction, and community integration. There are activities to establish new friendships and participate in community outings.

ADULT DEVELOPMENT PROGRAM (ADP)

The ADP program offers vocational skill training including pre-vocational and day habilitation services to adults who require a high level of supervision and support. The staff to client ratio allows for each individual to experience one-to-one or one-to-two training at some point during the day. Contract work and vocational tasks are broken down into small steps so each individual can experience learning and success as the steps are completed. The purpose and principles of the Adult Development Program mirror the "active treatment philosophy" of the ICF/ID.

LEE COUNTY DROP-IN CENTER

The purpose of the drop-in center is to provide a safe and supportive environment for Lee County adults with disabilities. The drop-in center primarily offers opportunities to increase social, communication, and recreational skills. The environment is very relaxed with minimal structure. A monthly calendar of events is developed that may include games, special guests or speakers, and community events. Participants assist with menu

planning and preparing the evening meal as well as keeping the center clean. The drop-in center is open Monday through Friday 12:00 – 7:00.

COMMUNITY LIVING SERVICES

This department offers community-based programs with the focus being to maintain a person in community living. Assistance is provided at differing levels of intensity, dependent upon the person's needs and the program selected.

SUPPORTED COMMUNITY LIVING (SCL)

Community Living Services provides up to 24 hour a day support to persons with disabilities who choose to live in the community. Support can be provided while the person lives in the family home, in an apartment, with roommates, as married couples or in whatever way the person chooses to live. Components of the service include individualized skill training in the areas of: daily living, personal care, domestic skills, therapies, social skills, recreational/leisure, money management, medication management, transportation, personal development, community involvement, behavior management and other areas as needed. Services are provided on an hourly or daily basis. Daily-based services are referred to as “waiver sites”. There are currently seven sites with six locations in Burlington and one in Morning Sun.

GROUP RESPITE

The Community Living Services Group Respite Program is provided in various sites throughout the community. In summer months, group activities are planned daily and are generally based out of a community park in either Des Moines or Lee County. Transportation is available as needed. Respite activities are planned for adults on at least a weekly basis.

GREAT RIVER RECREATION CLUB (Rec. Club)

The “Rec. Club” provides persons with disabilities the opportunity to get out and about on a regular basis. The members participate in choosing outings each month, and planning the cost and arrangements of the outings. Hope Haven staff provides transportation and supervision. The club is open to any person with a disability, and is not limited to those receiving other services from this department or any other Hope Haven department. The emphasis of the club is on socialization and recreation. Assistance is provided, although skill training is not. Its members, on a private pay basis, fund the club. Participants must pay a monthly membership fee, plus the cost of the activities. The monthly fee offsets the staff's wages, benefits, mileage, and transportation for participants when needed. Efforts are made to use low-cost or free activities whenever possible.

HOME BASED HABILITATION (HOURLY)

Services are provided through the HBH component of the Habilitation Service on an hourly basis. The intent is to assist persons with mental health needs to manage their daily needs in their home.

TRANSPORTATION: Transportation is available as funded and as approved through the ID Waiver or through Private Pay. Transportation is billed per mile.

RESIDENTIAL CARE FACILITIES FOR THE MENTALLY RETARDED (RCF/MR):

RCF/MR services are provided in three group homes: Walton, Gugeler, and Northwood. Each home is licensed by the Department of Inspections and Appeals (DIA) under Chapter 63 of the Iowa Administrative code and provides occupancy for 28 residents. All three homes are located in Burlington, in Des Moines County, Iowa, on a lovely lake setting. Services in all three homes are essentially the same with slightly different program emphasis within each home depending upon the needs of the individuals residing in the home. Each home offers long term and transition care and training depending upon each individual's unique needs and abilities. All efforts in the programming realm are oriented toward assuring the least restrictive environment appropriate to address the needs of the individual. Long term care involves continued training in all areas to develop and maintain skills and behaviors so the individual receiving services can live as independently as possible in the least restrictive environment. Services include training in activities of daily living skills, interpersonal and social skills, independent living skills, health services, leisure skills, recreational services, behavior therapy, support services, transitional care, community awareness and transportation services. All services are provided by trained Hope Haven staff or by utilizing consultative services from professionals in the community.

INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED (ICF/ID):

The **Woodlake ICF/ID** is licensed by the Department of Human Services and surveyed annually by the Department of Inspections and Appeals as a 16-bed facility. The facility is actually two 8-bed group homes, Ertz Home and Brueck Home. Both homes are located in Burlington, Iowa on a lake setting. By definition of the program, all individuals who receive services must have a primary diagnosis of mental retardation. Federal regulations require that: "Each client MUST receive a continuous active treatment program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services." The purpose of the ICF/ID program is to encourage all individuals to reach their individual potential regardless of diagnosis or disability. The individuals served are in a continuous cycle of skill assessment, training implementation and skill acquisition evaluation.

Through continuous interventions with those served, the staff acknowledges the individual's need for assistance while encouraging their growth and development. A fundamental principle of the ICF program is that all individuals are capable of learning and will do so given time, training and reinforcement.

COTTONWOOD RESIDENTIAL CARE FACILITY:

(RCF)

Cottonwood is a 15-bed facility licensed by the Department of Inspections and Appeals under Chapter 57 of the Iowa Administrative Code. It is located in Burlington, Iowa. Hope Haven Development Center is under contract with Des Moines County to manage the operation of the facility. Cottonwood serves individuals with mental illness and mental retardation, as well as other developmental disabilities. The program provides individualized training in all areas as stated under the RCF/MR description.

PROGRAM DATA

VOCATIONAL SERVICES

Outcome/Objective

To operate viable, quality, consumer-driven Vocational Services Programs in compliance with regulatory standards.

Number Served in Vocational Services

(Unduplicated)

	# Start of Year	Total Served	# Year End
2007	183	222	183
2008	183	221	179
Jan-June 2009	179	190	171
2009-2010	171	222	172
2010-2011	172	212	185

During this reporting period, 46% were served in more than one program or service. An additional 77 individuals were served in the drop-in center located in Fort Madison.

Community Employment Services

Community Employment Services Programs	# at beginning of year	# at end of year	Total number served	# of admissions	Total # discharges
2007	64	68	91	32	27
2008	68	78	108	40	30
Jan-June 2009	78	69	88	10	19
2009-2010	69	71	93	24	22
2010-2011	71	82	94	23	12

Supported Employment Follow-Along

PROGRAM Supported Employment	# at beginning of year	# at end of year	Total number served	# of admissions or entrances	Total # of discharges or exits	# discharged due to advancement to less intensive programming
2006	54	59	64	10	8	1
2007	59	56	73	15 (1 re-entry within the year)	19	0
2008	56	44	62	9 (3 re-entries within the year)	21	4
Jan-June 2009	44	40	47	3	6	1
2009-2010	40	33	47	5	12	0
2010-2011	33	30	39	6	9	0

Job Development

PROGRAM	# at beginning of year	# at end of year	Total number served	# of admissions or entrances	Total # of discharges or exits	# of exits due to obtaining a job
Job Development						
2007	7	6	22	16 (1 re-entry within the year)	17 (1 exited twice)	10 (2 entered Enclave services)
2008	6	13	27	21	14	10
Jan-June 2009	13	14	23	10	9	4
2009-2010	14	13	26	12	13	3
2010-2011	13	10	21	8	11	7

Short Term Job Coaching

PROGRAM	# at beginning of year	# at end of year	Total number served	# of admissions or entrances	Total # of discharges or exits
Job Training					
2007	0	0	3	3	3
2008	0	2	6	6	4
Jan-June 2009	2	0	2	0	2
2009-2010	0	0	0	0	0
2010-2011	0	0	0	0	0

Short term job coaching is funded by IVRS. Despite the lack of referrals, this service can continue to be available on as-needed basis.

CBA (Community Based Assessment)

	# at beginning of year	# at end of year	Total number served	# of admissions or entrances	Total # of discharges or exit	# of exits due to receiving further community employment services
2008	2	2	12	10	10	6
Jan-June 2009	2	1	2	0	1	0
2009-2010	1	1	1	0	0	0
2010-2011	1	0	1	0	1	1

CBA Service Utilization as of 6/30/11 (1 person)

One person was enrolled in the CBA program during the reporting period of 2010-2011. This person had been funded by Voc Rehab of Muscatine County and had been in the program for 17 months prior to discharge in February 2011. This person is 21 years old and has a diagnosis of moderate mental retardation. While enrolled in CBA, this person also received services at Mott's Day Hab and Supported Employment Enclave, both funded by the ID Waiver. Upon discharge from CBA, these services continue. No other referrals have been received for CBA. Due to the lack of utilization, this service will not be included in Hope Haven's CARF accreditation, but remains available if needed.

Enclave

	# at beginning of year	# at end of year	Total number served	# of admissions or entrances	Total # of discharges or exit	# of exits due to receiving further community employment services
2007	0	5	5	5	0	0
2008	5	20	29	24	9	4
2009 6 mo	20	19	24	4	5	0
09-10	19	32	47	28	15	1
2010-2011	32	46	55	23	9 (three people entered, exited, and entered in same year)	1

Community Employment Data

	Total # of jobs obtained	Wages	Average # of hours worked per week	Follow along units of service
2006	10	Ave. \$6.20	17.5	1,169 hrs. county, private, ARO funding 1755 hrs. waiver funding Total Hrs. 2,924
2007	19 (5 were for Enclave)	Ave. \$6.52 Enclave \$3.37	19 Enclave 21	994 hrs. county, private, funding 1894 hrs. waiver funding
2008	14 individuals, 5 enclave, 19 total	Ave. \$7.32 Enclave \$5.74	15 Enclave 21	SE: county, private, state = 467 hrs Enclave: county, private, state = 2193hrs SE Waiver, Hab = 1841 hrs Enclave Waiver, Hab= 7673 hrs
January-June 2009	1 individual 3 enclaves	Ave. \$7.89 Enclave \$5.96	Follow Along 15 Enclave 14	SE: county, private, state =184 SE: Waiver, Hab =857 Enclave: county, private, state =1250.25 Enclave: Waiver, Hab = 4498
2009-2010	1 individual 4 enclaves	Ave. \$7.86 Enclave \$6.33	Follow Along 14 Enclave 13	SE: county, private, state=240 SE: Waiver, Hab =861 Enclave: County, private, State = 2417.67 Enclave: Waiver, Hab = 11220.59
2010-2011	3 individual 4 enclaves	Ave. \$7.86 Enclave \$6.33	Follow Along 15 Enclave 17	SE: county, private, state=273 SE: Waiver, Hab =904 Enclave: County, private, State = 3674.89 Enclave: Waiver, Hab = 1295.67

Trends Identified: Enclave services continue to show growth with 13 sites operational at the end of June 2011. Wages continue to increase. The average wage for a person in Enclave is \$6.33 per hour, compared to \$3.37 per hour when enclave first began in 2007. Community Employment Services continues to develop janitorial sites, and searches for other types of work opportunities. Case Management offices still continue to be the primary funder. The 2.5% Medicaid cut has continued to affect our programs. We continued to strive to find employment for individuals in a job that matches their skills and abilities.

Employment Services referrals from IVRS continue to be very limited. Referrals for job development or supported employment are primarily from case management. The economy has impacted the ability to find jobs for people with disabilities. Hope Haven continues to be committed to assist individuals in finding employment in the community, where they want to work and where they are paid at least minimum wage. Enclave

services continue to experience growth. New enclaves are created and more clients are able to participate in existing enclaves. As some enclaves are seasonal, clients are able to use the service for a part of the year while continuing to develop prevocational skills during the off months. 72% of the clients using Enclave also used another vocational service, such as sheltered work, prevocational, job development, or day hab. One used enclave and individual follow along placement service.

Sheltered Workshop

PROGRAM	# at beginning of year	# at end of year	Total number served	# of admissions	Total # of discharges	# discharged due to advancement to less intensive programming
2007	70	66	85	16 (2 re-entries within the year)	20	6
2008	66	57	83	17 (2 re-entries)	26	9
2009 6 mos	57	63	70	13	7	0
2009-2010	63	65	87	24	22	3
2010-2011	65	66	93	28	27	9

Trends Identified: The opportunity for individuals to enter Enclave Services has impacted the number of service units for the Sheltered Workshop. The appropriateness of Pre-Vocational Services continues to be an issue. The decision of whether or not a person should receive pre-vocational services varies from county to county, case management office to case management office, and case manager to case manager. Over the past year, several individuals have been denied funding for prevocational services. Hope Haven as either filed appeals or assisted the family with filing an appeal. All outcomes have been positive, in that the client either won the appeal, or the county agreed to pay 100% for prevocational services, removing the client from the restrictions imposed by the waiver.

Flexible Services

YEAR	# at beginning of year	# at end of year	Total number served	# of admissions	Total # of discharges
2007	23	22	27	5	6
2008	22	22	24	2	2
2009 6 mo	22	23	23	1	0
2009-2010	23	20	27	4	7
2010-2011	20	16	22	2	6

The number of people discharged from Flexible Services remains higher this year than in most previous years. Some clients who had attended Flex since opening day left this year due to health and age-related issues. New admissions, at this point, seem to be plentiful enough. Flexible Services is able to offer vocational training and social integration at a

highly individualized level, making the program appropriate for the population in the community. It is a very accessible program.

Alternative Services

PROGRAM	# at beginning of year	# at end of year	Total number served	# of admissions	Total # of discharges	# discharged due to advancement to less intensive programming
2006	31	39	41	10	2	0
2007	39	38	44	5	6	1
2008	37	40	49	13 (1 re-entry)	10	1
Jan-June 2009	40	37	41	1	4	0
2009-2010	37	39	46	9	7	1
2010-2011	39	34	44	5	10	6

Trends Identified: The TEACCH System continues to be a specialty of the Alternative Services program. A number of the discharges from the program were due to the need for a higher level of care –nursing home- which negates the opportunity for a day program. This trend will continue as we see more of the individuals who have been served by Hope Haven for many years age and develop dementia or degenerative illnesses.

Alternative Services, through the Day Habilitation program, provides the training, support, and assistance to individuals so that they are able to maintain skills for as long as possible. Alternative Services continues to offer a variety of Day Hab activities to enhance community integration and skill development.

Mott's Program

YEAR	# at beginning of year	# at end of year	Total number served	# of admissions	Total # of discharges
2009-2010	0	10	11	11	1
2010-2011	10	13	14	4	1

At this time, Day Hab is the only service offered at Motts. Of the 13 people attending Mott's, 1 is also involved in Hope Haven Residential and Alternative Services, 3 are involved in enclave, 1 is in enclave and job development, 1 is in enclave, job development, and had been in CBA, 1 is in follow along, and 1 is in Pre-Voc at Work Services. 5 clients receive Hope Haven services only at Mott's.

Attendance and Time on Paid Work

	Average Daily Attendance	Total percent of time on paid work (hourly & piece-rated)
Alternative Services		
2006	72.36% 6,437.25 units	5.78%
2007	68.88% 6,478 units	6.61%
2008	57.93% 6282.75 units	3.53%
Jan-June 2009	67.66% 3354 units	2.83%
2009-2010	63.34% 6344 units	3.31%
2010-2011	6426.88 units	2.56%
Sheltered Work		
2006	71.11% 12,747.13 units	66.07%
2007	71.84% 12,243 units	69.55%
2008	65.74% 10,009.48 units	60.28%
Jan-June 2009	57.91% 4508.63 units	56.65%
2009-2010	55.09% 9103.47 units	91.38%
2010-2011	9582.10 units	96.09%
Flexible Services		
2006	70.38% 4,045.92 units	26.67%
2007	74.32% 4,125	19.99%
2008	66.17% 4,073.73 units	3.36%
Jan-June 2009	68.45% 1952.96 units	1.86%
2009-2010	57.88% 3485.63	1.82%
2010-2011	3130.94 units	1.33%
Motts		
2009-2010	31.15% 176	0
2010-2011	1155.5 units	N/A

Vocational Services Client Profile:

The following data describes the total number served in vocational programming during this reporting period:

Diagnosis of Vocational Services Clients

Primary Diagnosis	# Served	Secondary Diagnosis	# Served	Secondary Diagnosis	# Served
Mild M.R.	74	Mild M.R.	14	Noonan Syndrome	1
Moderate M.R.	45	Moderate M.R.	2	Orthopedic	1
Severe M.R.	11	Communication Deficit	1	Scoliosis	4
Major Depressive Disorder	3	Down Syndrome	15	Spastic Dysplasia	1
Anxiety Disorder	2	Adjustment Disorder	2	Speech Impairment	2
Autism	5	Anxiety Disorder	4	Organic Brain Syndrome	1
Pervasive Developmental Disorder/Autism Spectrum	1	Autism	2	Organic Personality Disorder	1
Borderline Intellectual Functioning	5	Behavior Disorder	3	Panic Disorder	1
ADHD	3	Borderline Intellectual Functioning	3	Hypertension	1
Depression	3	Cerebral Palsy	11	Impulse Control Disorder	2
Hearing Impairment	1	Chronic Mental Illness	3	Metachromatic Leukodystrophy MLD	1
Obsessive Compulsive Disorder	1	Depression	6	Mental Illness	1
Bi Polar Disorder	7	Hearing Impairment	4	Short Term Memory Loss	1
Profound MR	1	Obsessive Compulsive Disorder	5	Obesity	1
Stroke	1	Asthma	1	Organic Mood Disorder	1
Traumatic Brain Injury	1	Bi Polar Disorder	2	Williams Syndrome	1
Learning Disability	3	Hypothyroidism	1	Myotonic Dystrophy	1
Seizure Disorder	3	Seizure Disorder	11	Impulse Control Disorder	2
Oppositional Defiant Disorder	1	Learning Disability	3	Mood Disorder	1
Impulse Control Disorder	1	Intermittent Explosive Disorder	1		
Down Syndrome	1	Traumatic Brain Injury	2		
Attention Deficit Hyperactive Disorder	2	Visual Impairment	6		
Atypical Bi Polar Disorder	1	Arthritis	2		
Schizoaffective Disorder	3	Attention Deficit Disorder	2		
Schizophrenia	9	Dyslexia	1		
Mood Disorder	1	Crohn's Disease	1		
Asperger's Syndrome	1	Diabetes Mellitus	3		
Chronic Paranoid Schizophrenia	1	Encephalopathy	1		
Diabetes	2	Hyperactivity	1		
		Psychotic Disorder	1		
		Schizophrenia	5		

Trends Identified: Disabilities and diagnoses have continually changed and expanded and are often broken down into more specific disabilities. The primary and secondary diagnoses may not affect the services as much as do the third diagnoses or new, acquired diagnosis. 89 individuals have more than 2 diagnoses.

County of Legal Settlement/Funding

Des Moines 100%County	Henry 100% Co	Lee 100% Co	Louisa 100% Co	Jefferson MR Waiver	Keokuk MR Waiver	Van Buren MR Waiver
22	5	16	1	2	1	1
Des Moines MR Waiver	Henry MR Waiver	Lee MR Waiver	Louisa MR Waiver	Wapello MR Waiver	State Des Moines	IVRS
77	21	33	8	2	5	11
Des Moines Habilitation	Henry Habilitation	Lee Habilitation	Louisa Habilitation	State Henry	State Lee	
9	2	4	0	1	2	
Private Pay	School	Muscatine Habilitation				
1	8	1				

Many clients now use a mix of funding sources. For instance, some are funded by the county for prevocational and through the waiver for day hab or enclave. A very few clients are able to access ID Waiver and Habilitation funding in order to meet their unique needs.

Age Range of Clients

16-17	18-21	22-29	30-39	40-49	50-59	60-64	65 +
0	17	42	37	51	40	10	15

Lee County Drop In Center

The utilization of the Drop-In Center continued to increase during the year. A total of 79 individuals were served, with 40 attending on at least a weekly basis at year-end.

COMMUNITY LIVING SERVICES

Outcome Objective:

To provide a quality, consumer-driven program of supported living services to persons with disabilities.

Individuals served will receive the appropriate amount of support in order to maintain their living situation within the community.

Hourly Community Living Services Data:

Number of Intakes

Program	2006	2007	2008	January- June 2009	2009- 2010	2010- 2011
SCL Hrly	3	4	3	8	6	7
Group Respite	6	10	3	8	6	5
Transportation	2	5	4	7	5	4
Home Based Hab	n/a	n/a	n/a	6	0	2

Number Discharged

Program	2006	2007	2008	January- June 2009	2009- 2010	2010- 2011
SCL Hrly	4	4	5	3	10	6
Group Respite	7	6	8	2	8	9
Transportation	2	2	3	3	1	6
Home Based Hab	n/a	n/a	n/a	3	1	0

Number Served

Program	2006	2007	2008	January- June 2009	2009- 2010	2010- 2011
SCL Hrly	28	28	27	30	33	30
Group Respite	34	37	32	34	38	35
Transportation	9	12	14	18	23	24
Home Based Hab	n/a	n/a	n/a	6	3	3

Number at Year End

Program	2006	2007	2008	January- June 2009	2009- 2010	2010- 2011
SCL Hrly	25	24	22	27	23	24
Group Respite	28	31	26	32	30	26
Transportation	7	10	11	18	20	18
Home Based Hab	n/a	n/a	n/a	3	2	3

Total Individuals Served
(Non-Duplicated excluding the Recreation Club)

2006 with sites	2007 without sites	2008 without sites	January- June 2009	2009- 2010	2010- 2011
47	51	46	57	61	79

Trends Identified: 128 programs of service were provided to 79 individuals. The number of people who use more than one service in this department demonstrates the availability of a range of services and the ease of access for persons served.

Community Living Hourly Services Number of Units Provided

Program	# of Units Provided 2007	# of Units Provided 2008	# of Units Jan-June 2009	# of Units Provided 2009-2010	# of Units Provided 2010-2011
SCL Hourly	3645 hrs.	4580	2271	4461	5112
Group Respite	6335 hrs.	5668	1668	4744	4677
Transportation	7511 miles	11104	7185	18548	9226
Home based Hab	X	X	167	301	366

Trends Identified: The number of units provided remains comparable to the last reporting period. Respite hours increase significantly during the months of June, July, and August, because of the summer program offered to children through group respite. Transportation miles decreased dramatically, as more of the children using respite live in Lee County rather than Des Moines County, and this year the summer respite program was provided in Lee County.

**Community Living Hourly Services Client Profile:
County of Legal Settlement**

	Des Moines	Lee	Henry	State
SCL Hourly	27	2	1	1
Group Respite	24	10	0	0
Transportation	14	10	0	0
Home Based Habilitation	3	0	0	0

Primary Diagnosis

Primary Diagnosis	Mild MR	Moderate MR	Severe MR	Profound MR	Mental Illness	Brain Injury
Unduplicated numbers (excludes Rec. Club)	49	21	3	1	4	1

Other Diagnoses

Down Syndrome	6	Scoliosis	1
Attention Deficit Disorder	8	Hearing Impairment	2
Seizure Disorder	12	Cleft Palate	1
Visual Impairment	10	Sleep Apnea	1
Fetal Alcohol Syndrome	1	Impulse Control Disorder	1
William's Syndrome	1	Short Term Memory Loss	1
Autism/PDD	1	Obesity	4
Cerebral Palsy	3	Behavior Disorder	5
Soto's Syndrome	1	Oppositional Defiant Disorder	2
Noonan syndrome	1	Schizophrenia	1
Spina Bifida	1	Speech Impairment	5
Obsessive Compulsive Disorder	2	Fragile X Syndrome	1
Diabetes Mellitus	4	Prader-Willis Syndrome	1
Panic Disorder	1	Generalized Anxiety Disorder	1
Major Depressive Disorder	3	Growth Hormone Deficiency	1
Hearing Loss	1	Noonan's Syndrome	1

Age Range of Clients

Age Ranges	0-10	11-20	21-29	30-39	40-49	50-59	60+
	1	14	19	16	13	14	2

Trends Identified: 20% of people served are in their 50s and 28 percent are teenagers. The number of persons served who have a mental illness diagnosis increased from previous years.

Waiver Sites Program Data:

Intake and Discharge Data

Site	Number of Intakes						Number Discharged					
	2006	2007	2008	6 mo. 09	09-10	10-11	2006	2007	2008	6 mo. 09	09-10	10-11
Racine (formerly Mt. Pleasant)	0	0	1	0	0	0	3	0	0	0	0	0
Morning Sun	3	0	0	0	1	0	0	0	0	1	1	0
6 th St.	3	0	0	1	0	1	n/a	0	0	1	0	1
Market St.	n/a	n/a	n/a	3	0	1	n/a	n/a	n/a	0	1	0
Krogmeier Site	n/a	n/a	n/a	n/a	n/a	5	n/a	n/a	n/a	n/a	n/a	1
Witte Site	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a	0
Norrgard Site	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a	0

Site	Number Served						Number at Year End					
	2006	2007	2008	6 mo. 09	09-10	10-11	2006	2007	2008	6 mo. 09	09-10	10-11
Racine (formerly Mt. Pleasant)	6	3	4	4	4	4	3	3	4	4	4	4
Morning Sun	3	3	3	3	3	2	3	3	3	2	2	2
6 th St.	3	3	3	4	3	4	3	3	3	3	3	3
Market St.	n/a	n/a	n/a	3	3	3	n/a	n/a	n/a	3	2	3
Krogmeier Site	n/a	n/a	n/a	n/a	n/a	5	n/a	n/a	n/a	n/a	n/a	4
Witte Site	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a	4
Norrgard Site	n/a	n/a	n/a	n/a	n/a	4	n/a	n/a	n/a	n/a	n/a	4

County of Legal Settlement

As of 6/30/11

Des Moines	Lee	Louisa	Jefferson	Henry	Van Buren
12	6	2	1	2	1

Primary Diagnosis

As of 6/30/11

Mild MR	Moderate MR	Severe MR	Profound MR	Mental Illness
11	8	3	1	1

Secondary Diagnosis

As of 6/30/11

Seizure Disorder	2	Anxiety Disorder	1
Autism (and forms of)	3	Metachromatic Leukodystrophy	1
Diabetes Mollitus	1	Cerebral Palsy	1
Chronic Mental Illness	2	Depression	2
Depression	1	Adjustment Disorder	3
Language/Communication Disorder	2	Schizophrenia (and forms of)	1
Impulse Control Disorder	1	Intermittent Explosive Disorder	1

Age Range of Clients

As of 6/30/11

Age Ranges	21-29	30-39	40-49	50-59	60+
	5	10	5	2	2

At the end of June 2011, there were 24 people being served in 7 waiver sites compared to 11 people in 4 sites at the end of June 2010. A total of 26 people were served throughout this reporting period. In August 2010, Hope Haven opened 2 duplexes, each housing 2 four bed waiver sites. One site was occupied by the persons living at the Mt. Pleasant St. Site. That site became the Racine Site. 12 other people moved into the remaining three homes. One person moved out in February (from Krogmeier), and another moved in in April.

Trends Identified: This year, no one moved from a waiver site in order to access CCO. The one person who left the site did so when a move to a nursing home became necessary and funding for the site was discontinued.

The people receiving services in the Morning Sun site, and being referred to that site, have greater health needs which has impacted their opportunity to receive the service.

**Residential Care Facilities for the Mentally Retarded (RCF/MR)
WALTON, GUGELER AND NORTHWOOD GROUP HOMES**

Outcome Objective:

To operate viable, quality, client driven facilities in compliance with regulatory standards.

Individuals maintain living situation when appropriate or move to a more independent living situation when appropriate.

Intake and Discharge Data:

Program	Number of Intakes						Number of Discharges					
	2006	2007	2008	6 mo. 09	09-10	10-11	2006	2007	2008	6 mo. 09	09-10	10-11
Walton	0	0	0	1	0	3	0	0	0	1	0	3
Northwood	0	0	1	0	0	1	0	0	1	1	1	4
Gugeler	0	1	1	0	1	1	0	1	1	1	0	4

Program	Number Served						Number at Year End					
	2006	2007	2008	6 mo. 09	09-10	10-11	2006	2007	2008	6 mo. 09	09-10	10-11
Walton	12	12	12	13	12	15	12	12	12	12	12	12
Northwood	12	12	12	12	11	11	12	12	12	11	10	7
Gugeler	12	12	12	11	11	12	12	11	11	10	11	8

5 people left the RCF/MRs this year in order to move into the new duplexes built by Hope Haven. Each duplex is a 4 bed waiver site. 4 people left the RCF/MRs this year for a higher level of care. These are people who had long been served by Hope Haven, and who had reached an age and level of medical care which is outside the scope of a licensed RCF/MR. 1 person left the RCF/MR after one month because of an inability to adjust to living outside of the parent's home. That person continued to receive services on an hourly basis through the Community Living Services program, then later moved into another Hope Haven RCF/MR and was then able to handle the adjustment. Two other people moved into the RCF/MR. Both moved into Walton Group Home. Walton remains a 12 bed home, while Northwood and Gugeler downsized to 8 beds each, allowing each resident a private bedroom.

Resident Profile:

Age Range of Residents

Gender

Age Range	Walton	Gugeler	Northwood	Gender	
				Male	Female
20-29	2				
30 -39	6	2	1	Walton 7	8
40 - 49	3	3	2	Gugeler 6	6
50 - 59	3	6	6	Northwood 4	6
60 - 69	1	2	1		

County of Legal Settlement

	Walton	Gugeler	Northwood	Total
Des Moines	7	7	7	21
Henry	3	2	1	6
Lee	2	2	1	5
Louisa	0	1	1	2
Jefferson	1	0	0	1
Van Buren	1	0	0	1
Wapello	1	0	0	1
State Case	0	0	0	0

Primary Diagnosis

	Walton	Gugeler	Northwood
Mild M.R.	9	1	2
Moderate M.R.	3	10	7
Severe M.R.	0	0	1
Mental Illness	3	0	0
Seizure Disorder	0	1	0

Secondary Diagnosis

	Walton	Gugeler	Northwood		Walton	Gugeler	Northwood
Mild M.R.	2	0	0	Behavior Disorder	0	0	1
Moderate M.R.	1	0	0	Down Syndrome	3	4	3
Seizure Disorder	1	2	0	Developmental Disability	1	0	0
Cerebral Palsy	2	0	1	Anxiety Disorder	1	0	2
Hearing Impairment	1	1	3	Adjustment Disorder	1	0	0
Myotonic dystrophy	1	0	0	Depression	1	0	0
Hypertension	0	1	0	Diabetes	0	2	1
Legally Blind	0	0	1	Borderline Intellectual Functioning	0	1	0
PKU	1	0	0	Bipolar	0	2	0
Anxiety	2	0	1	Communication Deficit	0	0	1
Myotonic Dystrophy	1	0	0	Penta x Syndrome	0	0	1
Intermittent Explosive Dis	0	0	1	Dementia	0	1	0
Obsessive Compulsive Disorder	1	1	1	Speech impairment	0	0	1

Trends Identified: 78% of the residents are now over age 40 and as we have seen in the past, these individuals will most likely be leaving RCF/MR services due to a need for a higher level of care. In fact, six have left for this reason over the past three and one half years. 94% of the residents have a secondary diagnosis, which impacts service needs and medical needs. 60% have three or more diagnoses.

WOODLAKE

INTERMEDIATE CARE FACILITY FOR INTELLECTUALLY DISABLED (ICF/ID)

Outcome Objective:

To provide viable, quality ICF/MR level of care services to persons with disabilities in compliance with federal and state regulatory standards as evidenced by:
Individuals will receive the appropriate amount and type of service to maximize integration in their community.

Resident Profile:

Number Served

Total number served in the ICF program was:	17
# of individuals receiving services at Ertz Home	9
# of individuals receiving services at Brueck Home	8
# of individuals receiving services at ADP who reside in the community or other residential.	8
Total number served by the Adult Development Program	25

Adult Development Program Comparison

	2006	2007	2008	Jan- June 2009	2009- 2010	2010- 2011
# Served	26	26	25	26	26	25

Trends Identified: The population in the ICF program appears to remain stable. Individuals receiving services, although achieving objectives and increasing independence, continue to require 24-hour supervision due to the severity of their mental and physical disabilities. The ADP continues to offer the opportunity to do paid work and the opportunity to develop a variety of skills for individuals with severe needs. In addition, ADP continues to be a referral site for students in the local schools

Medical Appointments

	2006	2007	2008	Jan- June 2009	2009- 2010	2010- 2011
Total #	273	178	279	148	245	267
Ave. per month	23	15	23	25	21	22

Trends Identified: The number of medical appointments is a reflection of the needs of the 16 individuals living in the ICF/ID group homes.

Age Range of Clients

18 - 21 years	1
22 - 29 years	8
30 - 39 years	7
40 - 49 years	8
50-59 years	1

County of Legal Settlement

Des Moines	12
Henry	1
Lee	10
Louisa	1
Jefferson	1

All the individuals living in the ICF/ID group homes and attending the Adult Development Program have a primary diagnosis of mental retardation with classifications as follows:

Primary Diagnosis

Mild Mental Retardation	1
Moderate Mental Retardation	5
Severe Mental Retardation	10
Profound Mental Retardation	9

The individuals living in the ICF/MR group homes and attending the Adult Development program have multiple disabilities with secondary diagnoses including: cerebral palsy, seizure disorder, Rett Syndrome, Scoliosis, Quadriplegia, Blindness, Parkinsons, ADHD, Cri du chat Syndrome, Autism, Bipolar disorder and Meningomyelocele. These multiple disabilities create a variety of barriers to independence for these individuals. Due to these multiple disabilities many of the ICF/ID consumers have mobility issues, which affect the level of service needed.

Mobility Issues

Mobile/Ambulatory - Moves about independently, walks under own power.	13
Mobile/Non-Ambulatory - Moves about independently by propelling a wheelchair.	2
Ambulatory/Non-Mobile - Moves about with assistance from staff, cannot walk independently.	4
Non-Ambulatory/Non-Mobile - Moves about with assistance from staff, cannot walk and cannot propel wheelchair.	6

Trends Identified: Due to the multiple disabilities many of the residents require physical assistance to perform most tasks. Those individuals who are more mobile require repeated prompting due to cognitive or communication deficits. The need for constant supervision for training, safety and care is evident.

COTTONWOOD RESIDENTIAL CARE FACILITY

Outcome Objective:

To operate viable, quality, client driven facilities in compliance with regulatory standards.

Individuals maintain their living situation when appropriate or move to a more independent living situation when appropriate.

Intake and Discharge Data:

	2007	2008	January- June 2009	2009- 2010	2010- 2011
Intake	5	2	2	1	3
Discharge	3	3	1	3	1
Total Served	18	17	16	16	16
# at year end	15	14	15	13	15

Reasons for Discharge One person was discharged from Cottonwood in order to move to Hope Haven's new Waiver site duplexes.

Resident Profile:

Age Range		Gender		County		Primary Diagnosis	
18-21	0	Male	9	Des Moines	10	Mild Mental Retardation	2
22-29	0	Female	7	Lee	3	Moderate Mental Retardation	4
30-39	1			Davis	1	Mental Illness	9
40-49	4			State	2	Traumatic Brain Injury	1
50-59	8						
60-69	1						
70-79	1						
80-89	1						

Secondary Diagnosis

Mild M.R.	2
Seizure Disorder	2
Cerebral Palsy	1
Depression	1
Borderline Intellectual Functioning	2
Bi-Polar Disorder	1
Diabetes	1
Dementia	1
Down's Syndrome	1
Borderline Personality Disorder	1
Behavior Disorder	1

Trends Identified: 61% of the individuals living in the Cottonwood Care Facility at the end of June 2010 have a mental health diagnosis as a primary disability, and 30% as secondary. 77% are over the age of 50.

QUALITY ASSURANCE INCIDENT REPORT TRACKING AND REVIEW

In accordance with the purpose of the Quality Assurance Committee and quality assurance activities, and in compliance with regulatory guidelines, incident reports were collected throughout the agency and maintained in a centralized location for the period of 7/1/10 through 6/30/11. Incident reports were used for the review of identified activities conducted throughout each Hope Haven program to ensure that services provided meet the needs of the individual.

Incident reports may have been considered “major”, or “minor”, as defined by Chapter 77 of the Iowa Administrative Code. A major incident, according to standard 77.37(8) means an occurrence involving a consumer of services that:

1. Results in a physical injury to or by the consumer that requires a physician’s treatment or admission to a hospital,
2. Results in someone’s death,
3. Requires emergency mental health treatment for the consumer,
4. Requires the intervention of law enforcement,
5. Requires a report of child abuse or dependent adult abuse,
6. Constitutes a prescription medication error or a pattern of medication errors that could lead to the outcome in circumstances 1, 2, or 3 above,
7. Involves the location of the consumer being unknown.

Major incidents involving clients of HCBS were reported to the case manager and to the Bureau of Long Term Care. With the advent of the Iowa Medicaid Provider Access website, reporting is done on line. Major reports involving clients of the DIA licensed facilities are reported on line through the DIA website. ICF/MR major reports are included in the database, though not reported on line. Major reports from the Lee County Drop in Center are also included in the database, though not reported on line unless we are aware of HCBS services received in another setting. Copies are maintained in the individual client file, on the website, and in the central location.

A minor incident, according to the same standard, is defined as an occurrence involving a consumer of a service that is not a major incident and that:

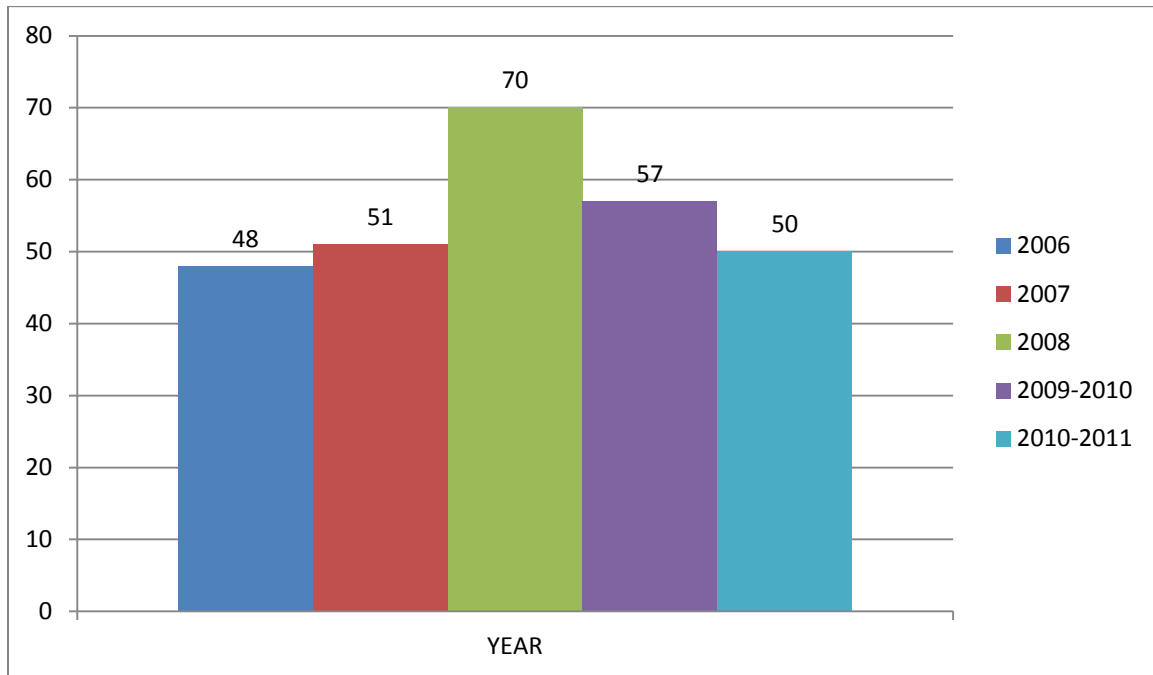
1. Results in the application of basic first aid,
2. Results in bruising,
3. Seizure activity
4. Injury to self, others, or property,
5. Constitutes a prescription medication error,
6. Behavioral in nature.

Both major and minor incident reports are maintained in the Quality Assurance Manager’s office in the Cullen Center and are available for review according to the guidelines in the policy addressing Access to Client Case Files. A summary and code are assigned to each report and entered in the database for purposes of tracking, identification of trends, continuity of data collection from year to year, and protection of confidentiality

for the client. The database is available for review according to the same guidelines in the previously mentioned policy.

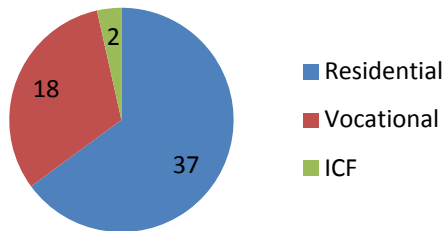
Major Incident Reports

During this reporting period, there were 57 major incidents.

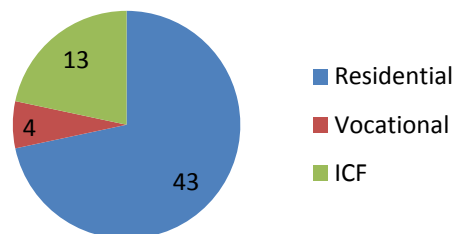


Distribution of reports per department is as follows. Comparison is presented from the last 5 year reporting period. Detailed analysis and distribution per program is summarized in Quality Improvement Plan (QIP). The QIP is maintained by the Quality Assurance Manager and can be accessed through appropriate request.

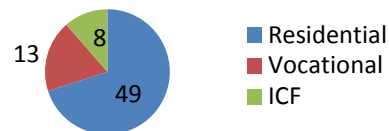
2010-2011



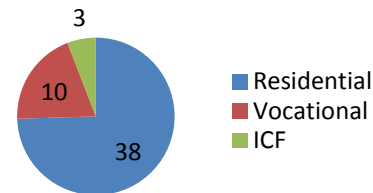
2009-2010



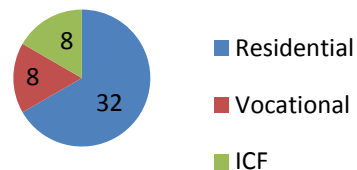
2008 Major Incidents



2007 Major Incidents



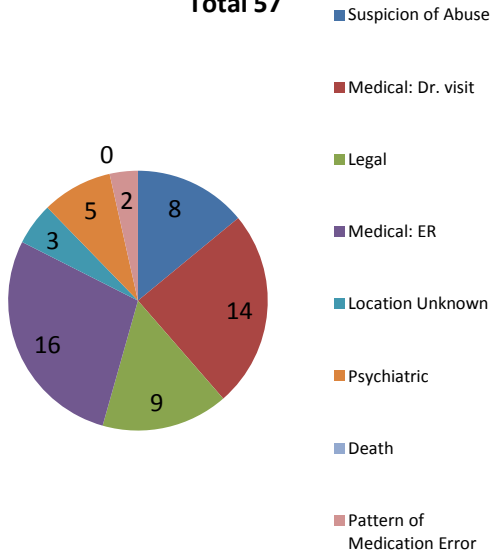
2006 Major Incidents Total 48



Distribution of reports by category is as follows. Comparison is presented from the last 5 year reporting period. This reporting year saw the first report of a pattern of medication errors that required a physician visit. There were two.

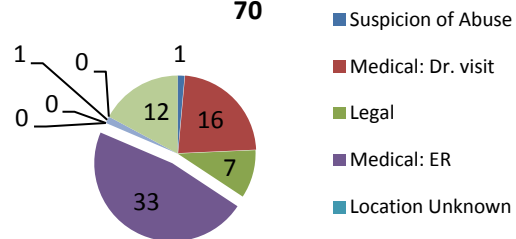
2010-2011 Major Incident Categories

Total 57



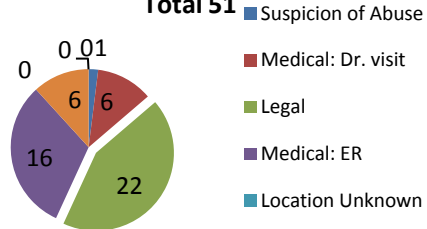
2008 Major Incident Categories Total

70



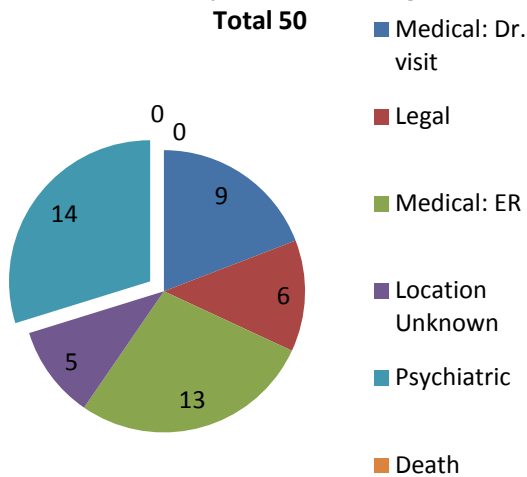
2007 Major Incident Categories

Total 51



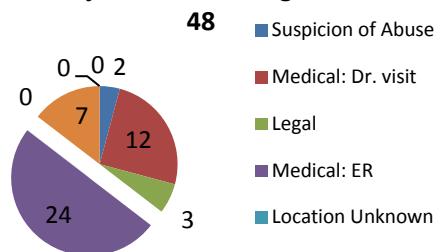
2009-2010 Major Incident Categories

Total 50



2006 Major Incident Categories Total

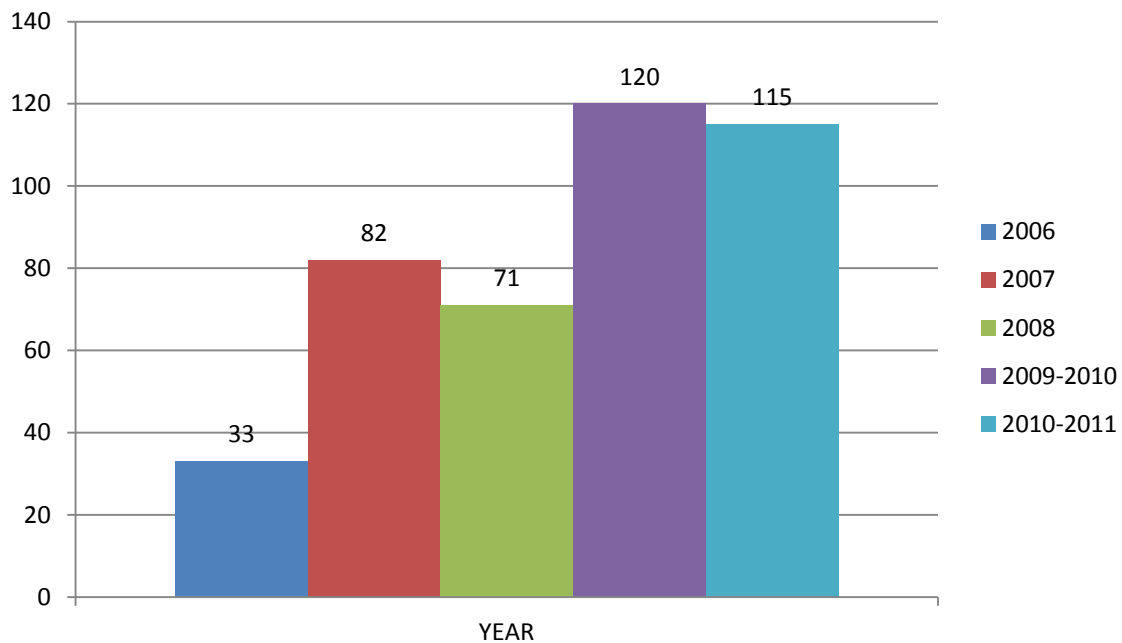
48



Over the past 5 years, the most common category of major reports has been that of incidents requiring medical assistance through the emergency room. Of the 16 such reports filed this year, 13 occurred while the client was not receiving services. In those cases, the client, family, or case manager informed Hope Haven staff, who were then obligated to file a major incident report (for clients receiving Home and Community Based funded services). Of those 16 reports, none were classified by DIA as major. 14 incidents were classified as major due to the intervention of a physician other than on an emergency basis. 6 of those occurred away from Hope Haven services. 8 reports involved the suspicion of abuse or neglect. All but 1 involved a person not affiliated with Hope Haven as the alleged perpetrator. One report was filed involving a person employed by Hope Haven. That report was investigated and concluded unfounded.

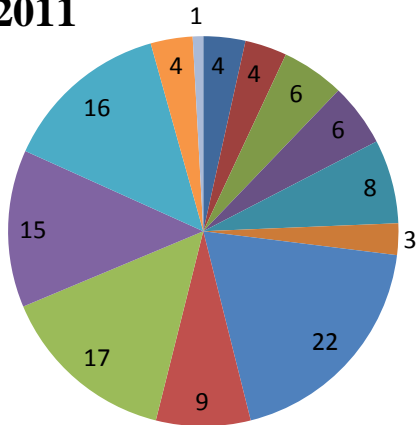
A medication error is defined as a missed dose, late dose, incorrect dose, incorrect documentation, incorrect route, wrong person, or wrong medication. During this reporting period, there were 115 reported medication errors. 14 of those errors occurred while the client was away from the care of Hope Haven, meeting the criteria of “not our responsibility”, but still reportable.

Our goal had been to decrease the number of medication errors by 50%. That goal has not been met, and as errors are still high, medication errors will continue to be an area for remediation. Overall, the decrease this year has been 20%. Hope Haven’s RN, also the Health Services Coordinator, has begun tracking and following up on medication errors, providing re-training to the staff involved. Our goal remains to decrease medication errors by 50% over the next reporting period.



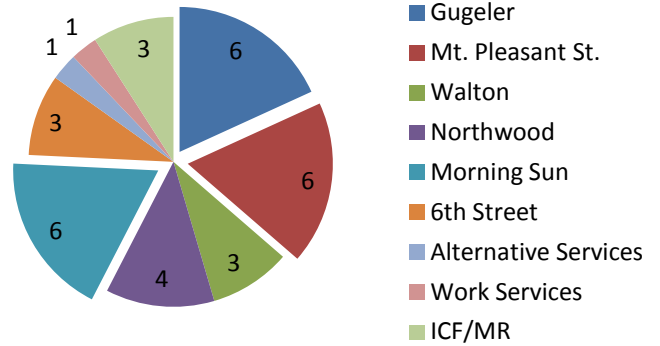
Distribution of reports by program is as follows. Comparison is presented from the last 5 year reporting period.

2010-2011

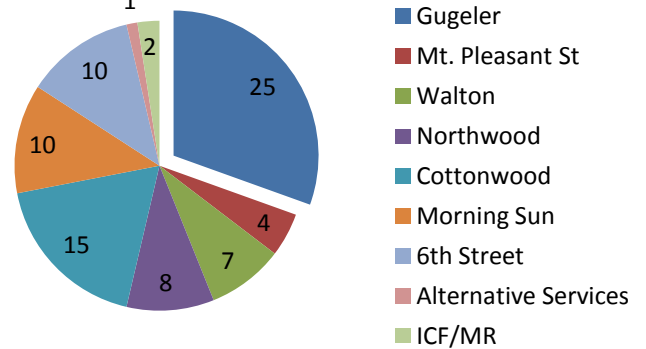


- Gugeler
- Cottonwood
- Market St
- Krogmeier
- Witte
- Northwood
- Alternative Services
- Walton
- 6th Street
- Work Services
- Norrgard
- Mt. Pleasant/Racine
- Morning Sun

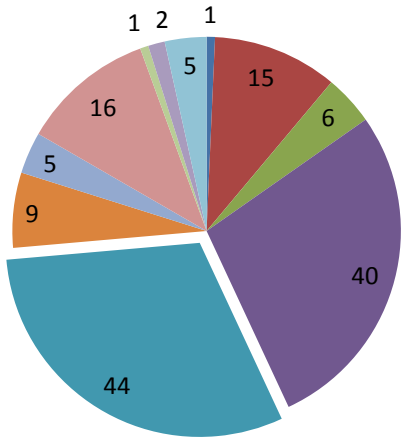
2006 Med Errors Total 33



2007 Med Errors Total 82

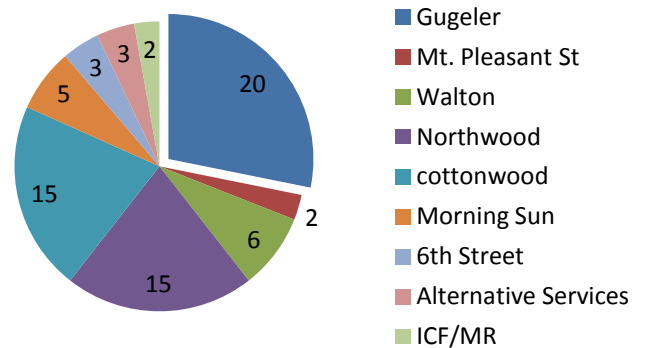


2009-2010 Med Errors Total 144



- Gugeler
- Walton
- Cottonwood
- 6th Street
- Alternative Services
- ICF/MR
- Mt. Pleasant St
- Northwood
- Morning Sun
- Market Street
- Work Services

2008 Med Errors Total 71



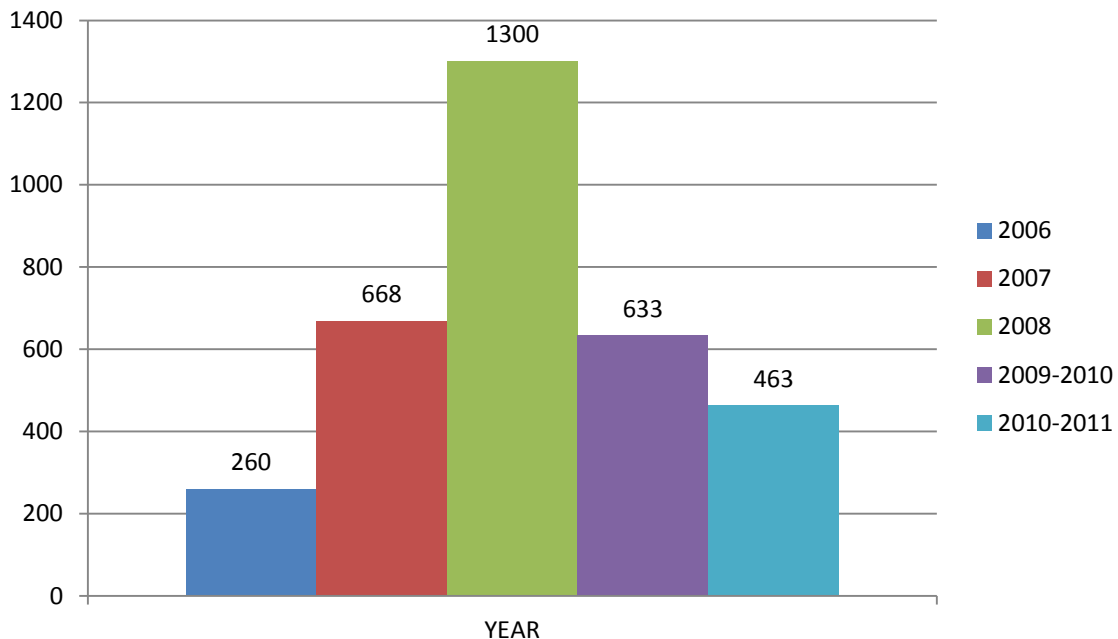
Seizure Reports

Program	# 2006	# 2007	# 2008	2009-2010	2010-2011
ICF/MR	236	107	109	246	469
Work Services	12	7	3	3	8
Gugeler Group Home	27	27	2	10	3
Alternative Services	5	37	53	0	0
Walton Group Home	0	5	3	66	81
Northwood Group Home	37	41	31	0	0
Flexible Services	0	0	2	8	5
Cottonwood	0	0	0	0	2
Morning Sun	0	0	0	1	0
Total	317	224	203	334	568

The number of seizures is higher this year at ICF. This is primarily due to a person moving into one of the group homes, taking the place of a person who did not have seizures. The other major factor is that in the fall of 2010, a person who typically has many seizures underwent a procedure installing a VNS (Vagal Nerve Stimulator). This person went through a period of adjustment during which it was not uncommon to have 20-30 seizures per day. Reports at Walton are also somewhat higher. These reports primarily involve the same person who moved in in 2009, who typically experiences a high number of seizures.

Behavioral Reports

The number of behavioral reports continues to decrease, with 463 reported in 2010-2011.



Behavioral reports fall into the following categories: general agitation, self-injury, property destruction, theft, lying, non-compliance, pica, elopement, confusion, breaking shop rules, threatening others, verbal abuse, inappropriate physical contact, aggression to others, and other. The category of “other” is generally used for a behavior that is individually identified in a client’s behavior plan.

Distribution of reports per department is as follows. Comparison is presented from the last 5 year reporting period.

BEHAVIORAL REPORTS

Program	2006	2007	2008	2009-2010	2010-2011
Northwood	30	37	63	129	65
Gugeler	0	25	27	22	15
Walton	2	7	2	2	2
Alternative Services	52	76	96	75	48
ICF (incl ADP)	42	12	307	127	156
Work Services	12	24	53	20	11
Employment Services	0	0	4	5	6
SCL	20	5	21	0	3
Respite	0	0	0	11	4
Morning Sun	61	76	101	70	28
Market	0	0	0	5	2
6 th Street	7	8	4	7	1
Krogmeier	X	X	X	X	34
Norrgard	X	X	X	X	2
Witte	X	X	X	X	10
Mt. Pleasant/Racine	24	346	374	113	66
Flex	10	6	1	6	1
Motts	X	X	X	0	0
Cottonwood	X	45	247	41	9

The behavioral reports at Mt. Pleasant/Racine Site, though high compared to the rest of the agency, have decreased dramatically. We attribute this largely to the implementation of a behavior plan for one individual that is designed to decrease self injurious behavior. (This is the same individual involved in most of the behavioral reports at ICF also). Morning Sun reports a lower number of behavioral incidents this year, as the individuals there have been working with Iowa City Adult Psychiatry and have been through some medication changes in attempts to lessen the acting out associated with their diagnoses of depression. Behavioral incident reports decreased dramatically at Cottonwood with the discharge of an individual who really did not want to live there. Incidents at Northwood decreased due to behavioral programming and the separation of two individuals who were involved in nearly all reports.

Injury and Safety Reports

Distribution of reports per program is as follows. Comparison is presented from the last 18 month reporting period. Each report is reviewed by a manager and a nurse. Follow up is done in 24 hours on all injuries and documented on each report. The cause of an injury is investigated, and a remediation plan (corrective actions), if any, are documented on each report form.

Program	2006	2007	2008	2009-2010	2010-2011
Northwood	31	37	27	55	41
Gugeler	6	10	26	21	35
Walton	7	4	7	17	14
Alternative Services	12	46	54	39	18
ICF (Incl ADP)	230	230	175	185	174
Work Services	32	33	50	28	20
Employment Services	2	7	10	11	9
SCL	5	8	19	9	5
Respite	0	0	0	22	11
Morning Sun	22	29	31	17	3
Market Street	X	0	0	2	5
6 th Street	0	10	3	11	6
Krogmeier	X	X	X	0	11
Norrgard	X	X	X	0	10
Witte	X	X	X	0	3
Mt. Pleasant/Racine	3	2	0	5	9
Flex	10	0	14	16	9
Motts	X	X	X	0	2
Cottonwood	X	10	22	19	1

Injury and Safety reports are tracked by program, by known or unknown origin, whether or not self injury was involved, injury by another client, contributing environmental factors, corrective actions needed, and staff involved. Injury and Safety reports are categorized as: scrapes, cuts, swelling, pain, skin breakdown, bites, burns, pica, redness, blister, bruise, burn, fall, splinter, sunburn, welts, and “other”.

Stakeholder Input:

It is the practice of Hope Haven to actively solicit input from those receiving services as to the direction of their programs. This is practiced on a regular basis through the day-to-day process of providing services. Formal satisfaction surveys are conducted periodically. Surveys are sent to various groups of stakeholders on an alternative schedule (clients, family member/advocate, funders, community employers, and employees). During this combined reporting period, surveys were sent to employees with a focus on job satisfaction and fulfillment of Hope Haven’s mission. In addition, face to face interviews were conducted with a representative sample of clients. These interviews were conducted by a volunteer familiar with, but not affiliated with, Hope Haven. The focus of the client interviews was achievement and support of personal outcomes. Surveys are briefly summarized below. For further detail regarding the client survey, appropriate request may be made to the Quality Assurance Manager.

Employee surveys were distributed to all employees with 90 returned. Responses were summarized, reviewed by the Executive Director and management team, and incorporated into agency goals within strategic planning.

16 client surveys were completed in all programs. Questions were designed to encourage open comment on the 19 outcomes identified in the HCBS Framework. The interviewer inspected the physical environment and observed interactions between staff and clients. In all home settings, the décor reflected the personal tastes of the clients. All environments were clean and well maintained. Controls were in place to protect the client’s privacy. The staff interactions were positive and demonstrated respect for the client in 100% of observations. Interviews with staff confirmed an emphasis on client preferences, abilities, and needs. Assessments had been completed on 100% of the clients surveyed prior to job matching and residential services. As was true last year, nearly half of the clients surveyed indicated that they did not know what their rights are. These people all have legally appointed guardians to help protect their rights. In all cases, the staff believed that the concept of “rights” was too abstract for meaningful understanding through these surveys, and that the clients’ rights are protected in daily operations. It is of note that the staff review the Rights and Responsibilities in pictorial format on a regular basis with the clients who do not read. In addition, satisfaction surveys were sent to clients and families. 139 were sent, with the following response:

Client Response 2010

	YES	NO
1. I do things I enjoy.	133/139 95%	6/139 5%
2. I get along with the people I live with.	128/139 92%	11/139 8%
3. People who work for H H listen to me.	132/139 95%	7/139 5%

4. HH staff do what they promise to do.	132/139	7/139
	95%	5%

5. I get to do things that are important to me.	135/139	4/139
	97%	3%

6. HH staff treat me like an adult	132/139	7/139
	95%	5%

7. If I don't like something, HH staff will help me	135/139	4/139
	97%	3%

8. HH staff make me feel important	135/139	4/139
	97%	3%

9. I like my day/work program or job	125/131	6/131
	95%	5%

10. I am happy with Hope Haven	134/139	5/139
	96%	4%

Clients are overwhelmingly satisfied and pleased with the services they receive from Hope Haven.

Comments: 13 referred to a desire for more paid work. 5 referred to a desire for more outings and to be outside more often. 1 asked for client paychecks on time. 1 stated does not make enough money. Several were client specific, i.e, mentioned the name and that he or she wanted a community job or wanted to mow the lawn. 1 comment expressing pleasure that the summer program is now located in Ft. Madison. 1 person suggested we use a wind turbine. 1 parent wrote requesting that we make sure the clothes fit properly. 1 client asked that we pay the HCBS staff enough so that they stay on the job and don't leave.

13 comments reflected that HH does a good job. (One person said we were GRAND) A parent of an ICF client stated that ICF staff are doing a great job and strive to meet the needs of (resident). One parent wrote on the clients survey specifically praising the SCL staff (Gina) and Respite staff (Rachel and Jimmy).

1 client would like us to clean the tables better and another requested better food. One client stated that Hope Haven staff make him feel like a man. One client expressed overall dissatisfaction. That situation has been addressed and resolved through the process of daily contact with the client and changing of the treatment plan. One client would like us to build a new can barn.

Family Response 2010

	A	B	C	D	F	
1. Keep you informed	33	10	6	2	0	
	51	65%	20%	12%	4%	0%
52						
2. Listen to your suggestions	35	9	5	2	1	
	67%	17%	10%	4%	2%	
52						
3. Follow through with responsibilities and commitments	34	9	4	2	1	
	68%	18%	8%	4%	2%	
50						
4. Staff communication skills	31	15	4	1	0	
	61%	29%	8%	2%	0%	
51						
5. Professionalism	31	15	3	2	1	
	52	60%	29%	6%	4%	2%
52						
6. Cooperation	36	13	1	0	1	
	51	71%	25%	2%	0%	2%
51						
7. Knowledge of your ward/family member	32	13	3	1	1	
	64%	26%	6%	2%	2%	
50						
8. Progress in skill development	34	8	6	3	0	
	67%	16%	12%	6%	0%	
51						
9. Satisfaction expressed by your ward/family member	30	12	6	1	1	
	60%	24%	12%	2%	2%	
50						
10. Services provided/offered	32	13	3	1	1	
	64%	26%	6%	2%	2%	
50						
11. Responsiveness to your concerns	32	10	4	1	2	
	65%	20%	8%	2%	4%	

12. Overall	32	10	5	1	1
performance	65%	20%	10%	2%	2%
	49				

“Triple A all the way- they have been very thoughtful to both (client) and I through all his health problems. Thank you very much”.

“We are thrilled with our son’s care at Alternative Services and supervision he receives on the city bus ride to and from Hope Haven. Staff is so friendly, respectful, and competent. We feel that he receives EXCELLENT care, Thanks! Kelly, Jody, Monica, Lori, Jennifer, and Cherilyn are all SO awesome! They improve the quality of our son’s life...everyday! Stephanie on the bus is the brightest spot in our morning. She is so friendly and does an excellent job with our son.”

Survey responses were shared with the Quality Assurance Committee, mid-management group, and individual program managers. The program managers followed up with individual responses as seemed prudent.

Case File Review:

During this reporting period, all case files were reviewed. We are in the process of converting from paper documentation and files to electronic. Throughout that process, files are continually updated and current information is entered into the electronic system (CASPer). Any deficiencies were corrected as found. It is anticipated that this process will continue over the next 16-18 months as we complete the conversion.

It was during this process that we discovered some Release of Information forms had been completed incorrectly and some funding authorizations had not been filed. Corrections were made promptly. The two topics identified for targeted training in 2011 remain an issue. (Behavior management plans and release of information). We have been unable to address the topics in group training but have done so on an individual basis as the need arose. It remains our goal to develop and present training curricula for each. The agency provided and continues to provide documentation training to employees responsible for record entries.

Internal audits were conducted to determine the support of documentation to the units billed. Those audits are summarized and available for examination through proper request to the Quality Assurance Manager at 319-237-1324. All discrepancies were promptly corrected and training provided to staff involved.

The Intra-Agency Admission Committee
Summary

The Intra-Agency Admission Committee oversees and reviews all admissions and discharges from each program and authorizes recommendations of acceptance or denial of applicants after initial review or acceptance by subcommittees from each program area. The function of this committee is to:

- Serve as a resource for those subcommittees upon request.
- Review applicant information of those persons denied ensuring policy compliance, and proper notification of decision.

- Maintain a central record of persons entering each service, persons denied and reasons, number of re-entries, and persons discharged and reasons.
- Identify trends, report in year-end Outcome Report.
- Review and revise as necessary all agency policies for admissions and discharge procedures and criteria. Approve and make recommendations to procedures and criteria developed and used by subcommittees.
- Make referral recommendations for persons denied or discharged.
- Serve as review board for applicants denied who appeal the denial.
- Be knowledgeable of criteria for admission into each program area.

**Number Reviewed Through
Intra-Agency Admissions Committee**

	2006	2007	2008	Jan- June 2009	2009- 2010	2010- 2011
Accepted for Services	70	80	67	41	63	70
Deferred Decisions	4	4	6	5	7	7
Denied Services	4	10	13	2	7	6
Discharged from Services	84	58	55	30	50	44

Persons Accepted for Services: Three waiver sites opened, creating housing for more individuals.

Reasons for deferred decisions included: More information was needed for the referrals that were deferred. Upon receipt of the information, 6 were accepted and 1 were withdrew application.

Reasons for denied services included: Applicants were denied services to the following programs: 3 for Vocational Services, 1 for ICF, and 3 for Residential Services. Two of the applicants for Residential Services had an extensive history of aggression. The applicant for ICF had aggressive behaviors which would have endangered the persons currently living there. The three denied for vocational were had all previously recieved services many times and had been non-compliant with shop rules and had poor attendance. The committee recommended re-applying after some time if the interest remains. They have not re-applied as of this writing.

Reasons for discharge:

Reason	Number
Voluntary, no longer interested	13
No funding	4
Death	3
Moved	3
Did not participate	4
Chose another service provider	6
Required higher level of care for behavioral needs	1
Required higher level of care for medical needs	6
Required higher level of care for psychiatric needs	3
Successful discharge, no longer needed support	1

Disability of those discharged:

	Mental Retardation	Mental Illness	Dual Diagnosis MR/MI	Dual Diagnosis MR and Autism	Developmental Disability & Borderline Intellectual Functioning	Hearing Impairment	Other	Brain Injury
2006	40	20	8	0	1	1	13	
2007	39	10	4	1	1	1	4	
2008	33	12	0	3	0	0	5	2
Jan 2009 - June 2010	53	21	4	0	0	0	1	1
2010 - 2011	38	1	4	0	0	0	0	1

A review of the follow-up reports of those discharged indicated the following:

Follow-up reports are only done when the individual has indicated, through a release, that they agree or want a follow-up conducted. Again this year, no clients authorized follow up contact.

Trends Identified: Discharges to a higher level of care continue to increase as people age and develop greater medical needs.

With the increase in Habilitation Services, Hope Haven has served more people with a mental illness diagnosis.

CCO did not impact our services this year, as it had last year. A day program in Henry County has become a direct competitor

Over the last two years, persons with Brain Injury had been discharged. We had decided to track this, should we need to increase our services for that population. This year, one person with a brain injury was discharged from our vocational program as that person had switched from MR funding to BI, and the desired day program is not available through BI funding. However, that person later left the BI Waiver and is in the process of moving into our ICF/ID homes. In addition, a person with a brain injury was able to move home to Burlington this year (from Texas) as we were able to provide support to that person and the family through our BI certified services.

Remediation Activities

Hope Haven addresses improvement activities on an on-going basis. Information is obtained through various discovery methods. Remediation is achieved promptly on an individual and systemic basis, and improvement is noted. Documentation of activities, summary information, and action steps are maintained in various reports and plans, such as the Quality Improvement Plan, Risk Management Plan, Accessibility Plan, and Strategic Long Range Plan.