

Friedman Place

2016 Profile Report



~ 1940



~ 1980



2016



A Community for Adults Who Are Blind or Visually Impaired

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This report is a “snapshot” of Friedman Place and provides information about our residents, staff, volunteers, and finances. Much of the information is for the calendar year 2016, although most of the resident demographics are from December 2016 and the financial data for our fiscal year, which ended June 30, 2016.

Located on the northwest side of Chicago, Friedman Place is a nonprofit residential supportive living community – essentially an assisted living organization - that serves adults aged 22 and up who are blind or visually impaired. The agency’s beginnings go back to 1935; the year 2016 was our eighty-first of serving low income adults who are blind or visually impaired. The agency’s services are provided in a larger building that was purchased and renovated in 2004 and a smaller one next door that was purchased in 2015 and opened in 2016. Each resident lives in his or her own apartment - there are 81 in the building – each with a full bathroom and kitchenette. Seventy-four of the apartments are (one-person) studios and seven (one- or two-person) one-bedrooms, so at full capacity the building could hold eighty-eight residents.

The building is specially designed for people with visual impairments such as special lighting; changes in floor textures; high-contrast paint colors; handrails; and "talking" elevators so residents may move about safely and freely while at home.

Staff, specially trained to work with adults with visual impairments, provides social work and nursing services; housekeeping; meals; and a variety of programs and activities fitting resident needs and interests. The organization is led by a volunteer board of directors.

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Executive Summary

Friedman Place provides Affordable Assisted Living to adults who are blind or visually impaired. Affordable housing and a wide range of services are provided by nurses, certified nursing assistants, social workers, activity staff, dietary staff, and others. Most residents live at Friedman Place not because they are blind, but because on average each one has 5 chronic health conditions and they require additional support and assistance. It is their health conditions that result in the need for services; it is their blindness or visual impairments that cause them to select Friedman Place.

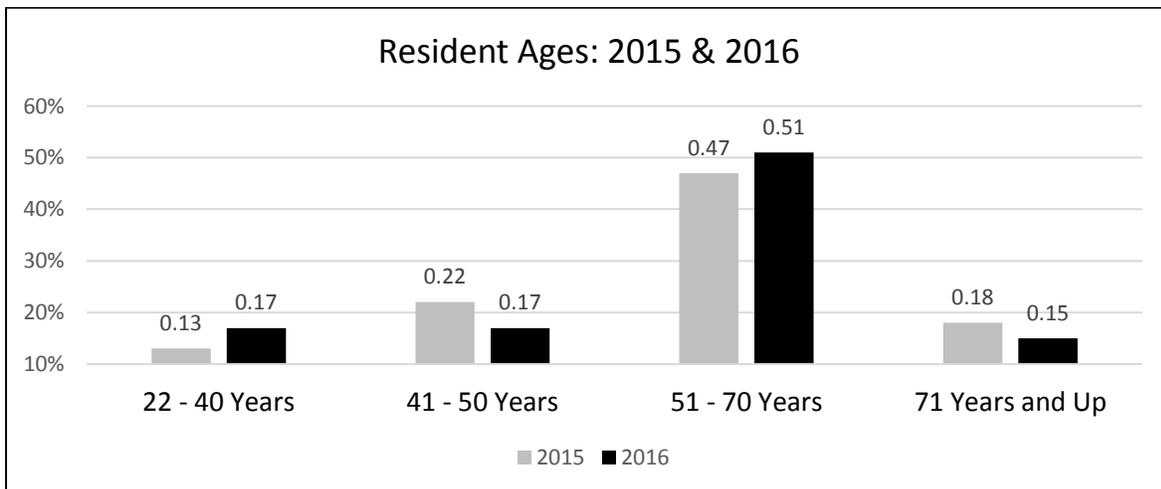
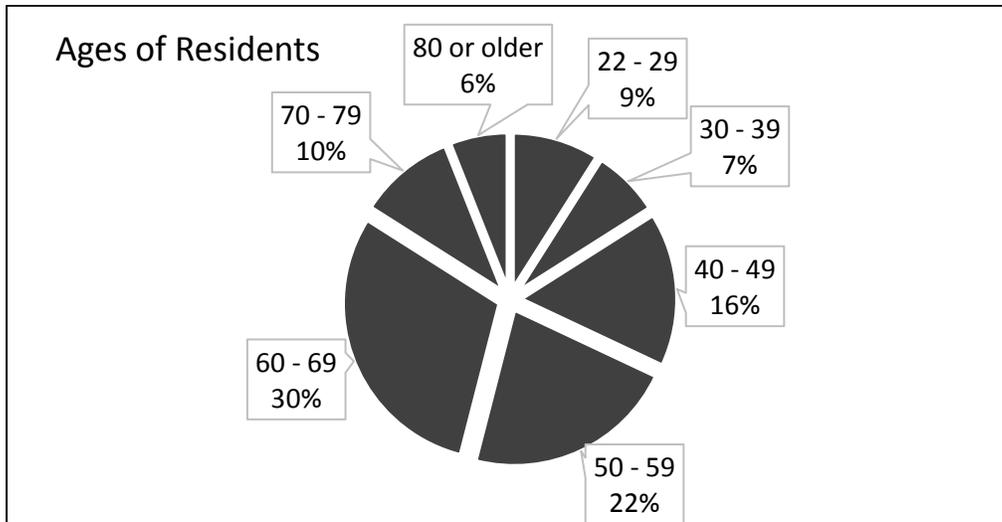
Friedman Place has grown in recent years and now has 70 employees, who are diverse in terms of ethnicity, age, and gender. Twenty-six percent of employees have worked for the agency continuously for at least three years and 17% for more than 10 years. The vast majority of Friedman Place employees are extremely engaged and a recent survey indicated levels of satisfaction more than double than those found nationally in every area considered. When employees did not give one of the best responses to the individual questions they almost always gave a neutral response (e.g., “neither satisfied nor dissatisfied”). Of all the individual answers given, 80% were positive, 17% were neutral and only 3% were negative (and regarding negative answers, only 0.6% of the total questions answered were answered “very” negative).

One hundred residents were served in 2016 and they range in age from 22 to mid-nineties. Approximately one-half are totally blind and one-half have significant visual impairments, nearly all have very low incomes. Additionally, approximately 100 professionals not from Friedman Place (i.e., not staff) received training on a wide range of issues related to blindness, aging, mental health issues, etc.

A major highlight of 2016 was the opening of a new building. The “Annex” was purchased in 2015 and following renovations, was opened in 2016 to provide space for a much larger Therapeutic Weaving Studio, additional office space, and a Transitional Living Program to provide additional training and support so that its residents who are also blind can “graduate” into fully independent community settings.

RESIDENT DEMOGRAPHICS

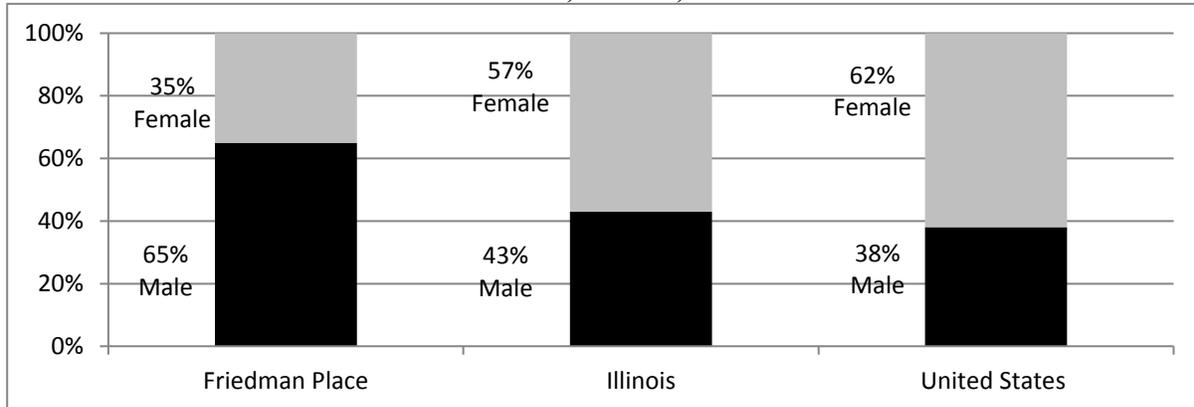
- **RESIDENTS ARE ADULTS OF ALL AGES, ALTHOUGH MOST – 65% - ARE OVER AGE FIFTY.**
 - Our youngest resident was 22 years old and the oldest 93
 - 15% of residents are 71 or older (slightly less than last year)
 - 51% of residents are between ages 51 and 70 (slightly higher than last year)
 - 46% of residents are age 60 or older
 - 17% of residents are between ages 41 and 50 (slightly lower than last year)
 - 17% of residents are between ages 22 and 40
 - The ages of residents has generally stayed the same since last year, although the number of younger (40 and under) has increased slightly and oldest (71 or older) has increased slightly.
 - The average age of residents is 56 (1 year lower than last year)



- **TWO-THIRDS OF THE RESIDENTS ARE MALE AND ONE-THIRD FEMALE**

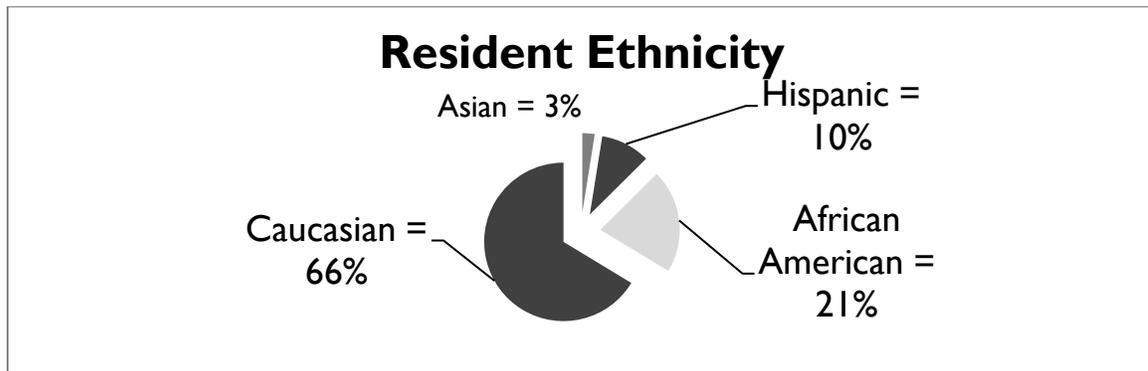
- 35% of Friedman’s residents are female and 65% male, identical to last year.
- This ratio differs from what is found in Illinois and the United States, where there are more women than men who are blind or have vision loss. While 35% of Friedman Place residents are women, approximately 60% of people who are blind or visually impaired overall are women. It is unclear why Friedman Place’s gender demographic is different than the general population.

**The Percentage of Men & Women who are Blind or have Vision Loss:
Friedman Place, Illinois, and the U.S.**



- **THE MAJORITY OF RESIDENTS ARE CAUCASIAN, BUT OTHER RACES AND ETHNICITIES ARE REPRESENTED.**

- Asian - 3%
- Hispanic - 10%
- African American - 21%
- Caucasian - 66%
- Since the previous year the percentage of residents who are ethnic minorities has increased slightly – by 1% - but in the last two years it has increased by 8%.



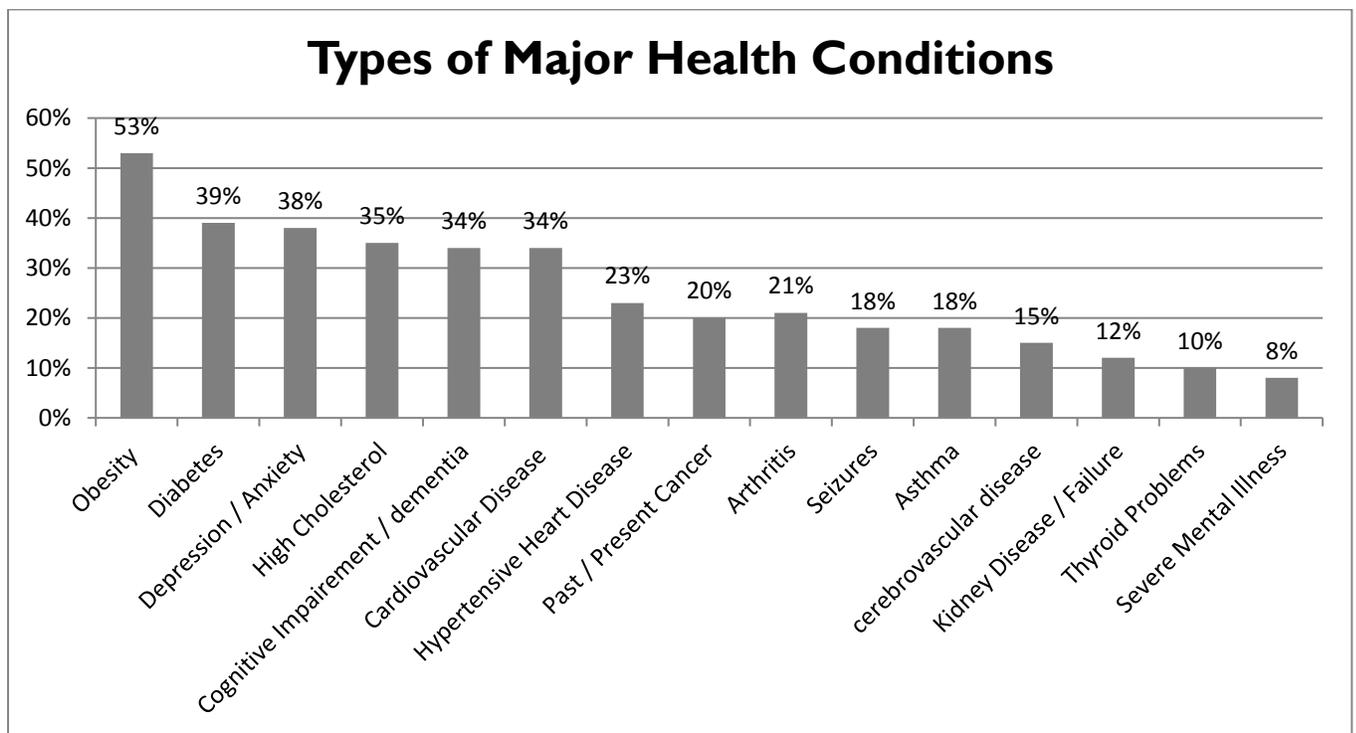
While the statistics describing ethnicity do not reflect the general (visually impaired and non-visually impaired) populations of Chicago or even Cook County, they do generally reflect the population of those with visual impairments across the country. Approximately 79% of persons who are visually impaired or blind are Caucasian, which is higher than Friedman Place’s 66%.

- **ALL OF OUR RESIDENTS HAVE SIGNIFICANT VISUAL IMPAIRMENTS**

- Approximately one-half of our residents experience total blindness and one-half have significant visual impairments. All are legally blind.
- There is a higher percentage of people who are blind as opposed to visually impaired at Friedman Place when compared to the overall United States, where approximately 31% experience total blindness and 69% visual impairment.

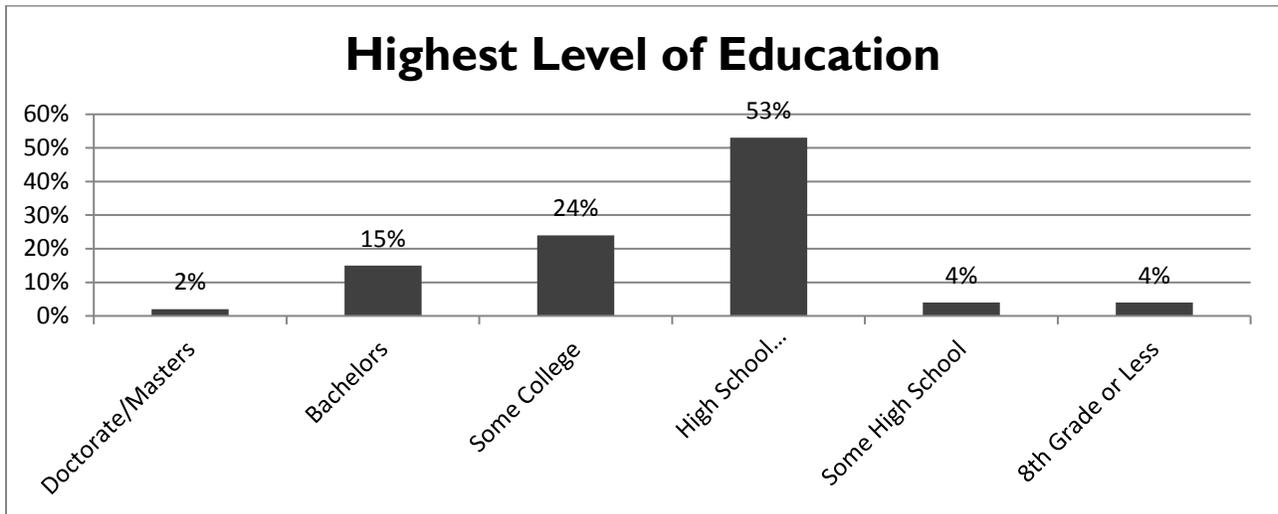
- **MOST RESIDENTS HAVE SIGNIFICANT CHRONIC HEALTH ISSUES**

- 90% of residents have another major health outside of blindness, such as diabetes, heart disease, asthma, etc.
- On average, each resident has 5 (4.7) chronic health conditions, not including blindness or vision loss.

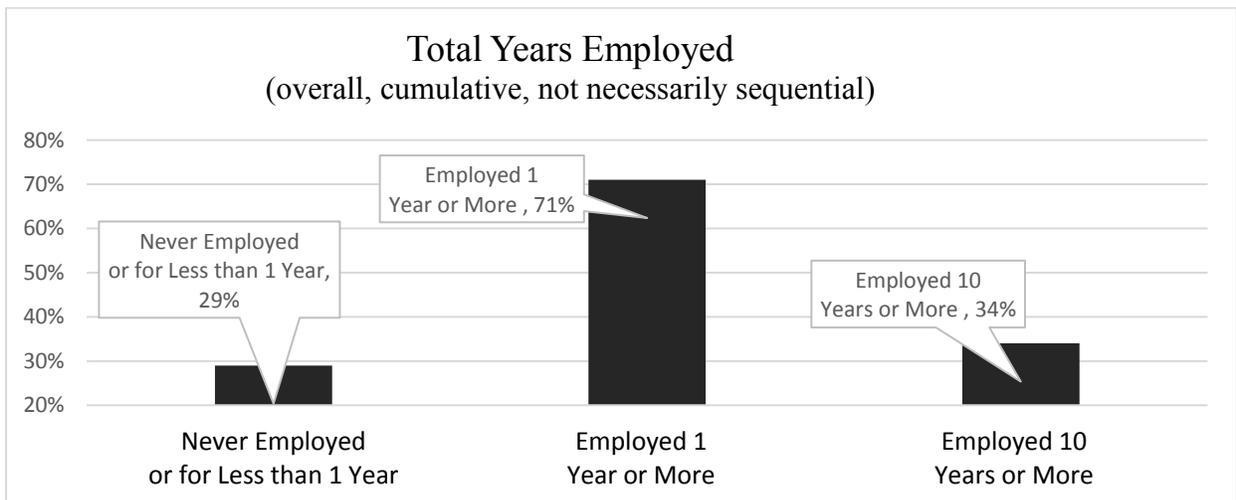


- **RESIDENTS HAVE A WIDE RANGE OF EDUCATIONAL BACKGROUNDS, COMPARABLE TO THE OVERALL U.S. POPULATION OF PEOPLE WITH VISUAL IMPAIRMENTS**

- Fifteen percent of residents have a bachelor’s degree, which is about 10% less than the broader blind / visually impaired population.
- Just over one-half of residents have a high school degree or GED, compared to nearly one-third of the broader blind / visually impaired population.
- Eight percent of residents have less than a high school degree, compared to nineteen percent of the broader blind / visually impaired population.



- **THE MAJORITY OF RESIDENTS HAVE BEEN EMPLOYED FOR AT LEAST ONE YEAR IN THEIR LIFETIME, WITH ONE-THIRD FOR AT LEAST TEN YEARS.**
- **ALMOST A THIRD OF RESIDENTS HAVE NEVER BEEN EMPLOYED IN THEIR LIFETIME OR HAVE BEEN EMPLOYED FOR LESS THAN ONE YEAR.**



Only 6% of residents are currently employed – and only one of them full-time – but it is believed that another 5% - 10% could work if provided the sufficient vocational training and job placement services. Two years ago no residents were working.

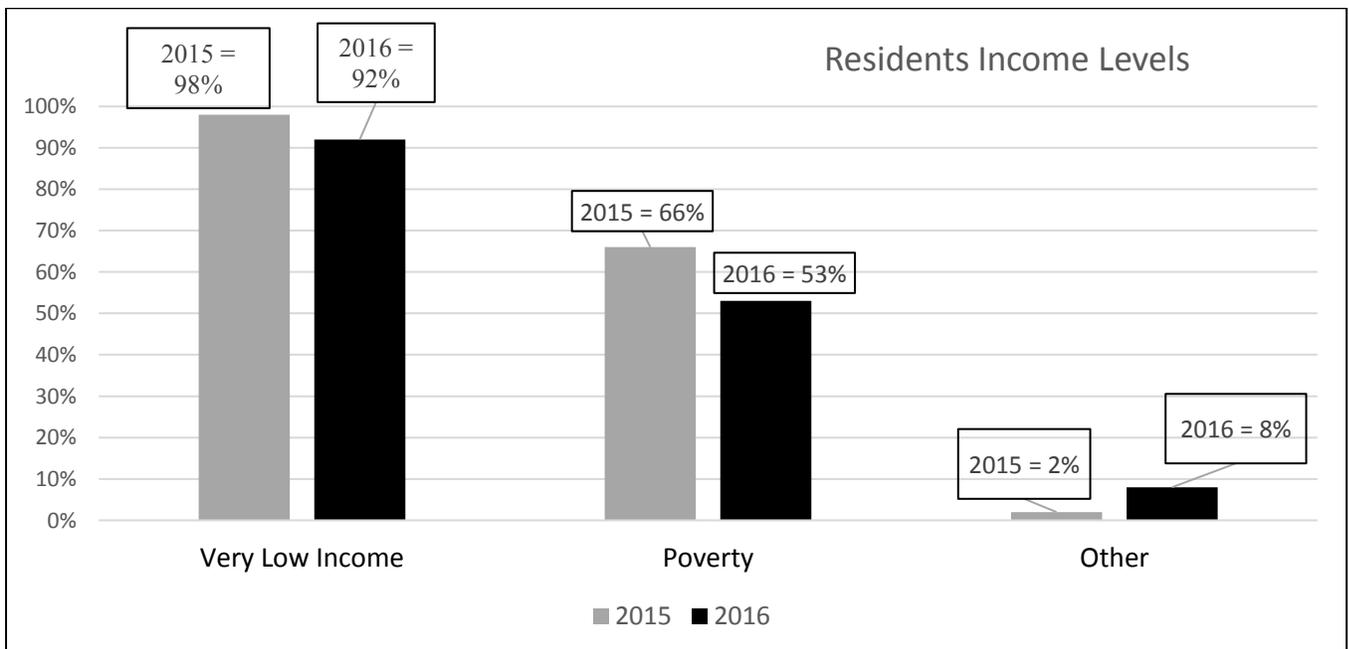
- **APPROXIMATELY ONE-THIRD OF THE RESIDENTS ARE OR HAVE BEEN MARRIED.**
 - Twenty-seven percent are or have been married. Three couples are currently married including two couples who met and married in the building!

- **THE AGENCY PROVIDES RESIDENTIAL SERVICES APPROXIMATELY 90 PEOPLE PER YEAR, ALTHOUGH THIS YEAR THERE WERE 100. AN ADDITIONAL 100 PROFESSIONALS (NOT INCLUDING FRIEDMAN PLACE STAFF) RECEIVED A WIDE RANGE OF PROFESSIONAL TRAINING.**

- One hundred people (three in the new Transitional Living Program) were served in 2016, five more than in the previous year. The number served typically varies between 88 – 96 people per year.
- Our number served is more than our capacity since several residents move out of Friedman Place each year and are replaced by new residents.
- The vast majority of residents who move into Friedman Place do so due to their need of a higher level of medical care and support. Most residents who move out move into a nursing home.
- On average, 84 individuals reside at Friedman Place at any one time.
- 241 separate individuals have been served between 2010 and 2016.

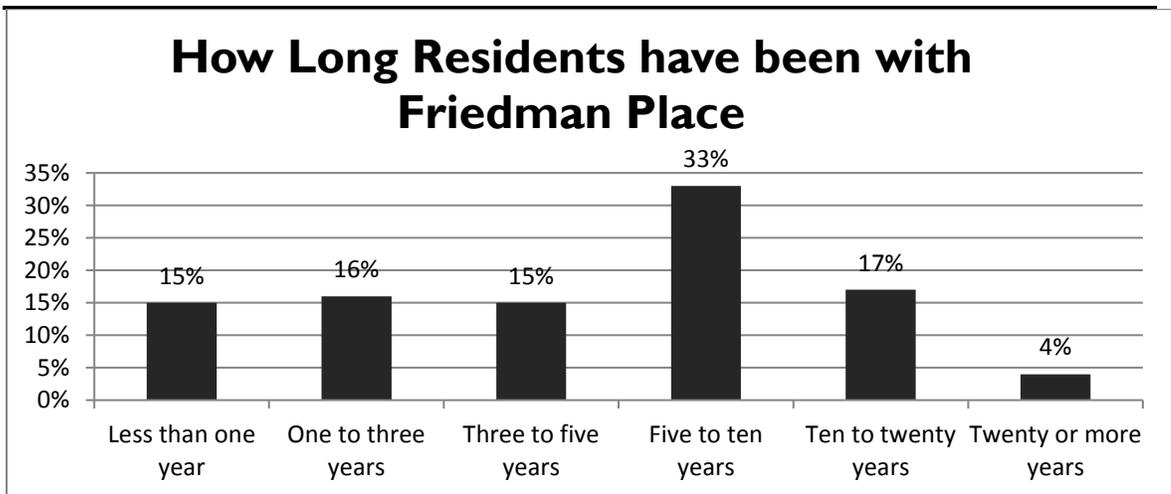
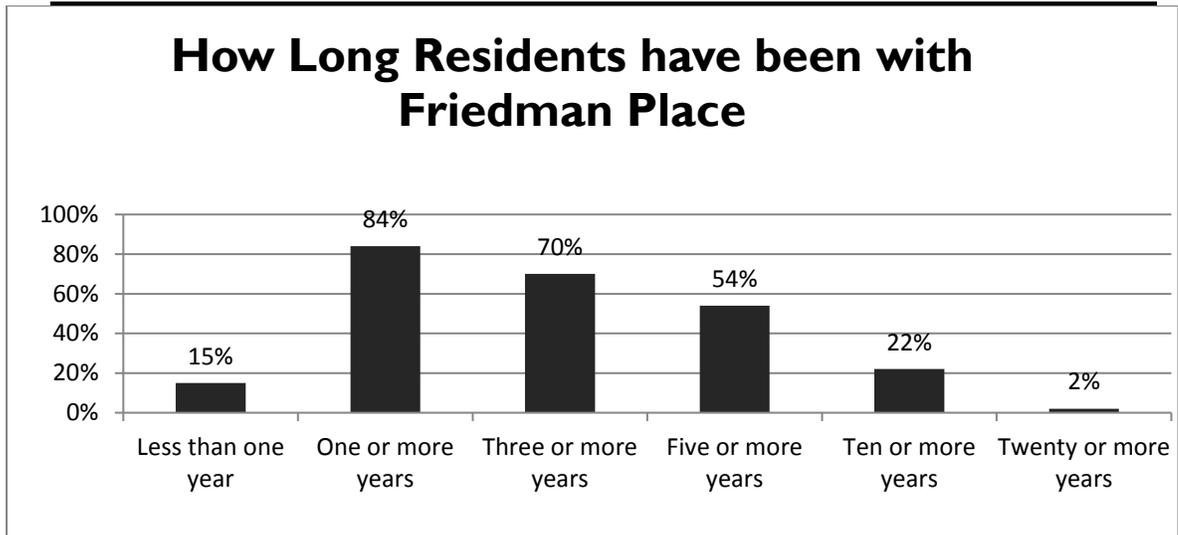
- **NEARLY ALL OF OUR RESIDENTS HAVE VERY LOW INCOMES**

- 92% of Friedman Place’s residents have annual incomes at or below the Federal definition of Very Low Income
- 53% of residents have annual incomes at the Poverty Level. This is much higher than the 31% of people in the United States with a visual disability who live below the poverty line.
- 92% of residents have annual incomes at or below \$25,000.
- 53% of residents have annual incomes at or below \$11,880
- 39% of residents have annual incomes more than \$11,880 and less than \$25, 000.
- 92% of Friedman Place residents have annual incomes below \$25,000 and 100% below \$40,000



- **OVER TWO-THIRDS OF RESIDENTS HAVE LIVED AT FRIEDMAN PLACE FOR AT LEAST THREE YEARS AND HALF AT LEAST FIVE YEARS.**

- Our longest term resident has been with the agency for 29 years
- The average length of stay is six and one-half years, which is one year lower than the previous year
- Fourteen residents left Friedman Place in 2016, which is much higher than usual.
- 43% moved to a nursing home as a higher level of care was needed
- 29% died while in the building
- 29% moved into the community, usually with family (this is a much higher percentage than is typical)
- Not including those who died, 60% went to a nursing home



FRIEDMAN PLACE
2016 RESIDENT SURVEY SUMMARY

A survey of residents was conducted in the spring of 2016. Several volunteers and interns met individually with each resident to best assure openness and anonymity. Sixty-eight percent of the residents agreed to participate, and most answered all of the questions. The results below are compared to the last Annual Survey, which was completed in the spring of 2015, and one conducted in the fall of 2013, just prior to the Agency undertaking a major organizational reorganization. Many new questions were added to the survey so some results are listed as “n/a”, which indicates there is not data available with which to compare.

Executive Summary

In 2016 the residents of Friedman Place reported that they were generally very satisfied with their home and the services that they receive and that their overall levels of satisfaction have improved over time. Of all the questions that were asked in 2015 and again in 2016, 80% of them showed increases in satisfaction (65%) or stayed the same (15%) and 20% went down. Although one-fifth of the items were rated lower than last year, when the scores are combined, the overall total remained the same from last year. Of all the questions that were asked in 2013 and again in 2016, 90% of them showed increases in satisfaction, 5% went down, and 5% remained the same. When the scores are combined, the overall total increased 14% from three years ago. The dramatic increase in overall satisfaction that occurred between 2013 and 2015 remained the same between 2015 and 2016; while a significant number of items dropped in satisfaction in the last year, other areas experienced large increases, which result in an overall unchanged condition.

Nearly all residents who completed this survey gave the highest ratings possible to their physical environment, including their apartment and common areas. Satisfaction with the activities offered is very high, with the lowest score being a 75% “good” or “very good” being given to the statement regarding activities and group outings. While a significant number of residents are not satisfied with specific aspects of the food services, 85% said that the quality of meals is good or very good. Satisfaction with healthcare and social services is extremely high; with nearly all giving these areas the highest scores possible.

Similarly high levels of satisfaction are found with questions about the resident’s level of trust with staff and that the staff is courteous and helpful. Questions regarding quality and personal goals indicate that residents feel that the agency has helped them meet their goals and that they make their own lifestyle decisions, nearly all feel safe at Friedman Place.

There are several areas that the survey results indicate that Friedman Place can improve, particularly in the areas of meal services, understanding of agency policies and procedures, and assuring that policies and procedures are applied in a fair, firm, and consistent manner.

At least 90% of residents gave the following statements the highest (best) scores:

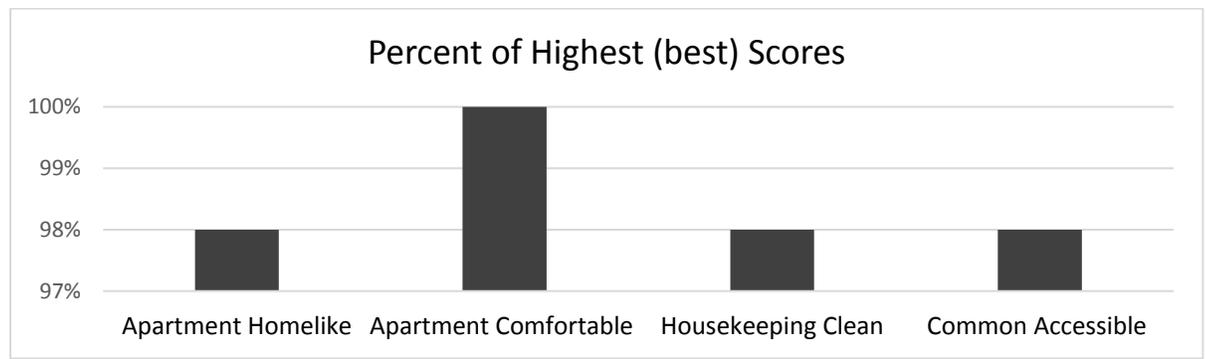
- My apartment is homelike or very homelike.
- My apartment is comfortable or very comfortable.
- The housekeeping staff keep my apartment clean or very clean.
- Common areas accessible or very accessible.
- I agree or strongly agree that I have opportunities to give input to activities and outings.

- I find the activities and group outings good or very good.
- I feel the nursing care they get is good or usually good.
- I agree or usually agree that the health services available at Friedman Place addresses my needs.
- I agree or strongly agree that I have an opportunity to express concerns.
- I am comfortable or very comfortable asking staff about a policy or procedure when I have a question.
- I agree or strongly agree that the staff are courteous and helpful.
- I agree or strongly agree that I make my own lifestyle decisions.
- I agree or strongly agree that the agency has improved my quality of life.
- I agree or strongly agree that I feel safe here.
- I agree or strongly agree that I would recommend Friedman Place to other adults with visual impairments.

PHYSICAL ENVIRONMENT

Residents are extremely satisfied with their physical surroundings, with nearly all of them giving the highest (i.e., most positive) scores to questions related to their apartment being homelike, clean, and comfortable; and common areas being accessible. **Overall, scores related to the physical environment increased 3% from last year and 8.5% from three years ago.**

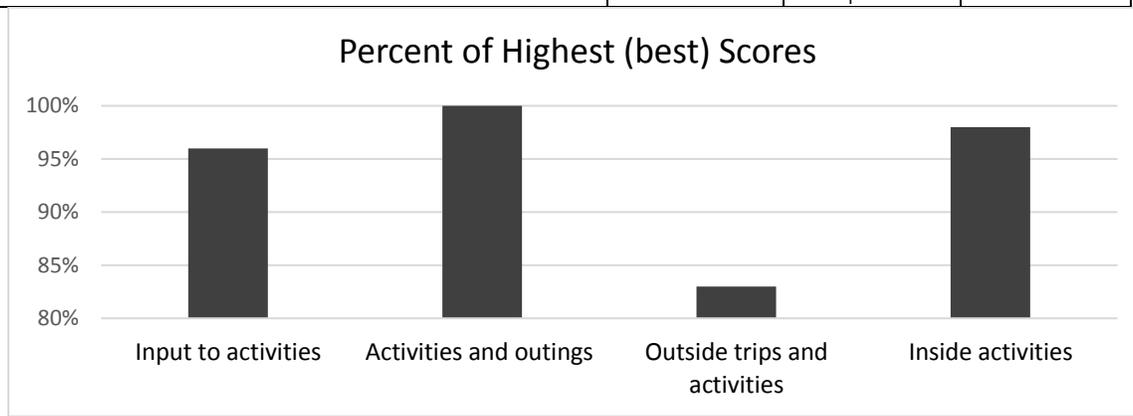
Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
My apartment is homelike or very homelike.	98%	0%	↑10%
My apartment is comfortable or very comfortable.	100%	↑4%	↑11%
The housekeeping staff keep my apartment clean or very clean.	98%	↑2%	↑3%
Common areas accessible or very accessible.	98%	↑3%	↑10%



ACTIVITIES

Residents are generally very satisfied with the activities and feel that they can give input into what is offered. There was a significant decrease – of 12% - in positive ratings given to the statement regarding activities provided outside of the building. **Overall, scores related to activities dropped slightly – less than one percent – in the last year and increased 19% from three years ago.**

Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
I agree or strongly agree that I have opportunities to give input to activities and outings.	96%	↑9%	↑29%
I find the activities and group outings good or very good.	100%	↑13%	↑24%
I agree or strongly agree that I am satisfied with the variety of trips and activities offered outside Friedman Place	83%	0%	n/a
I agree or strongly agree that I am satisfied with the variety of activities offered inside Friedman Place.	85%	↑2%	n/a

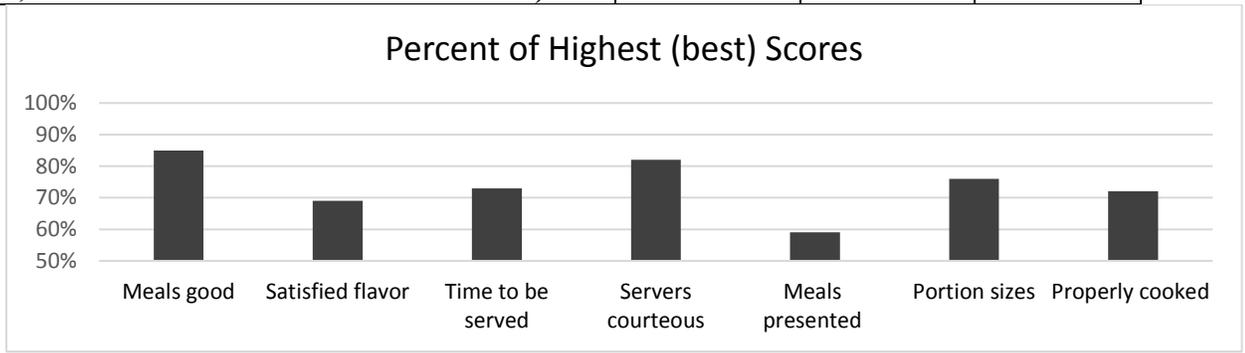


FOOD SERVICES

Most residents are satisfied with the quality of the meals, with nearly all – 85% - giving the highest scores to the statement about overall quality and nearly three-quarters overall satisfaction with its flavor. Nevertheless, 31% indicated that they were unsatisfied or very unsatisfied with the flavor of the food, 24% with the meal portions, and 28% with whether the food was properly cooked. Forty-one percent indicated that they disagreed or strongly disagreed with the statement that meals are presented in a manner that lets them know where each item is located. **Overall, these scores remained the same from last year and the single item that can be compared to 2013 increased by 13%.**

Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
I think the quality of meals here is good or very good	85%	↑8%	↑13%
I am satisfied or very satisfied with the flavor of the food.	69%	↓2%	n/a
I am satisfied or very satisfied with the time it takes to be served.	73%	↑5%	n/a
I agree or strongly agree that the servers are courteous, informative, and responsive to requests for assistance.	82%	0%	n/a
I agree or strongly agree that the meals are presented in a manner that lets them know where the different foods are located on the plate and where the drinks	59%	↓16%	n/a

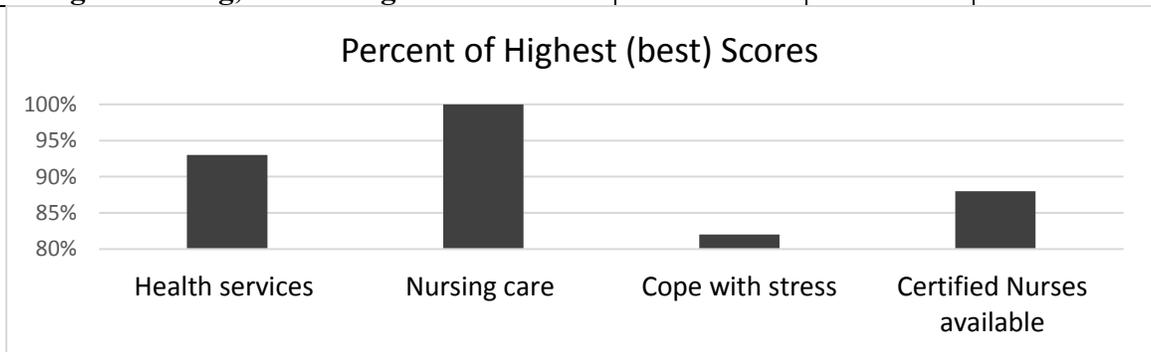
and utensils are located.			
I agree or strongly agree that the meal portion sizes are appropriate (i.e., neither too large nor small).	76%	↑5	n/a
I agree or strongly agree that the food is properly cooked (i.e., neither overcooked nor undercooked).	72%	↑1	n/a



HEALTHCARE & SOCIAL SERVICES

Residents are very satisfied with the quality of healthcare that they receive, with nearly all giving the highest scores to questions related to the quality of nursing care and the availability of appropriate healthcare services at the agency. Although the score dropped slightly from last year, nearly 90% of residents agree or strongly agree that Certified Nursing Assistants are available when needed. **Overall, these scores remained the same as last year and increased 8.5% from three years ago.**

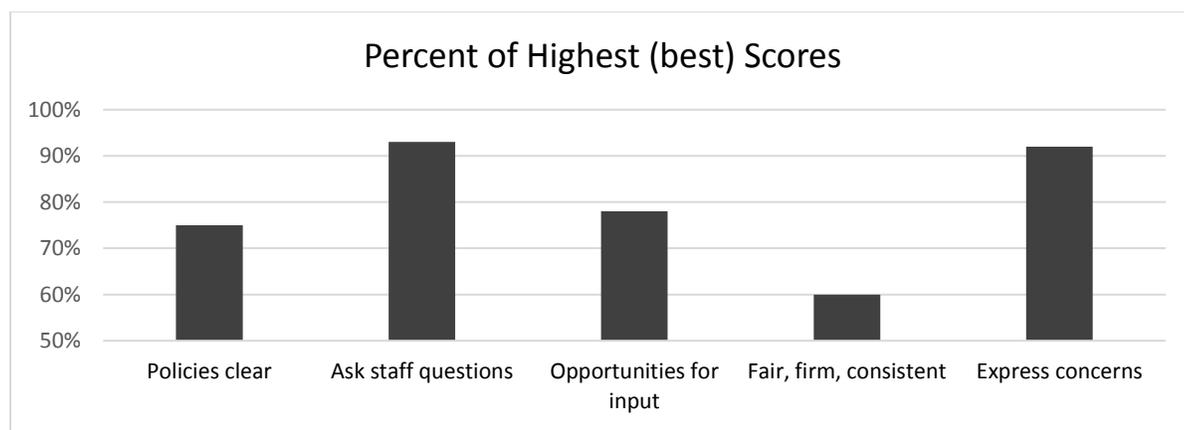
Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
I agree or usually agree that the health services available at Friedman Place addresses my needs.	93%	0%	↑ 5%
I feel the nursing care they get is good or usually good.	100%	↑ 2%	↑ 12%
I agree or strongly agree that I am better able to cope with stress and other concerns due to the mental health services provided by the social workers, psychiatrist, and social work interns.	82%	↑3%	n/a
I agree or strongly agree that Certified Nursing Assistants are available when needed to provide assistance with daily tasks such as getting ready for the day, bathing/showering, and taking walks.	88%	↓6%	n/a



GENERAL INPUT AND AWARENESS

Most residents feel that they are given opportunities to provide input to and are aware of agency policies and procedures and to express general concerns. These questions had total scores 2% - 18% higher than what was reported one year earlier. Only a small percentage – between 4 – 6% of the residents – gave the questions about expressing concerns and being made aware of policies and procedures the lowest scores, but a significant number (15%) gave the question about giving input into policies and procedures the lowest scores. Additionally, 25% disagree and 10% strongly disagree with the statement that policies and procedures are applied in a fair, firm and consistent manner. **Overall, these scores remained the same as last year and increased 2.5% from three years ago.**

Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
The agency policies and procedures are clear or very clear to me.	75%	↓ 2%	↓ 9%
I am comfortable or very comfortable asking staff about a policy or procedure when I have a question.	93%	↑ 2%	n/a
I agree or strongly agree that I have opportunities to give input into agency policies and procedures.	78%	↑ 1%	n/a
I agree or strongly agree that the policies and procedures are applied in a fair, firm, and consistent manner.	60%	↓ 6%	n/a
I agree or strongly agree that I have an opportunity to express concerns.	92%	↑ 1%	↑ 14%

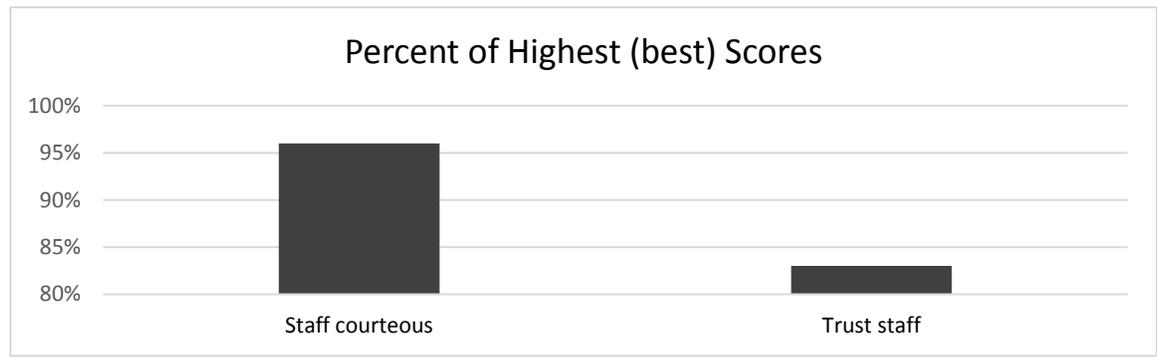


STAFF RELATIONS

Most residents feel a strong sense of trust in the staff and that they are courteous and helpful. **Overall, these scores decreased 10% from last year and increased 5% from three years ago.**

Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
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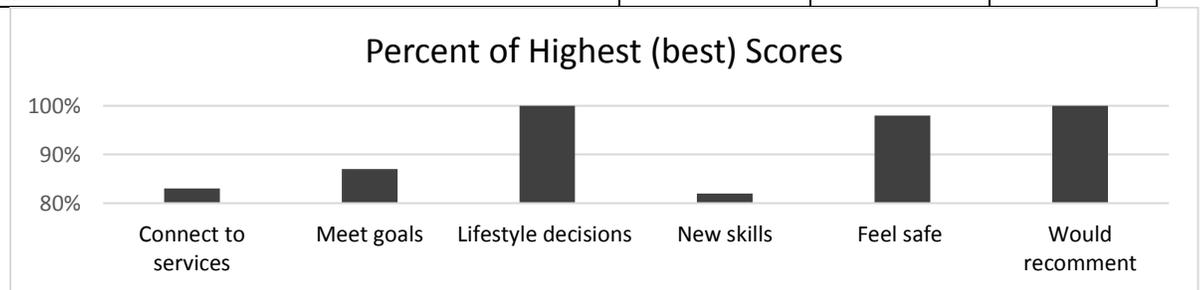
I agree or strongly agree that the staff are courteous and helpful.	96%	↑ 3	↑5
I agree or strongly agree that I feel a sense of trust in staff.	83%	↓13	0%



QUALITY AND GOALS

One-hundred percent of residents feel that Friedman Place has improved their quality of their life, that they make their own lifestyle decisions, and that they would recommend Friedman Place to other adults with visual impairments. **Overall, scores related to quality and goals have increased 4.5% since last year and 15% from three years ago.**

Question / Statement	2016 Score	Change from 2015 to 2016	Change from 2013 to 2016
I agree or agree or strongly agree that Friedman Place has connected me to services not offered in the building but offered in the community.	83%	↑ 13%	↑ 15%
I agree or strongly agree that Friedman Place has helped me meet my personal goals.	87%	↓4%	↑ 19%
I agree or strongly agree that I make my own lifestyle decisions.	100%	↑2%	↑1%
I agree or strongly agree that the agency has improved my quality of life.	100%	↑10%	↑ 18%
I agree or strongly agree that staff have encouraged me to learn new skills and become more independent.	82%	0%	↑ 31%
I agree or strongly agree that I feel safe here.	98%	↑2%	↑2%
I agree or strongly agree that I would recommend Friedman Place to other adults with visual impairments.	100%	↑9%	↑22%



PROGRAMS & SERVICES

- Provided over **30,000 days and nights of affordable supportive housing** in the last year and 24/7 assistance and services from nurses, Certified Nursing Assistants, activity staff, social workers, and others.
- Provided approximately **80,000 individual balanced, nutritious meals** in the last year, prepared in our own professional commercial kitchen. Breakfast is served from 6:15am – 9:30am, lunch from 11:00am - 1:30pm, and dinner 4:00pm – 6:15pm. Recent breakfast offerings included pork, chicken, and turkey bacon; eggs; hot and cold cereals; pastries; toast; fruit; yogurt; pancakes; French toast etc. Recent lunch offerings included curried egg salad; fiesta salad; potato crunch fish filet; chicken salad; vegetable, spinach leak and white bean, creamy roast eggplant, and tomato soup; Montecristo sandwich; Italian beef sandwich, etc. Recent dinner offerings included chicken tamale casserole; goulash; broccoli shrimp Alfredo, pork fried rice; beef pot pie; and chicken tamale casserole, etc. A wide array of salads, sandwiches, pastas, and pizzas are also available at lunch and dinner.
- Provided over **8,740 hours of nursing care** in the last year (a 9% increase) by both Registered and Licensed Practical Nurses. The majority of nursing care is related to medication administration, monitoring, and instruction and the coordination of healthcare services. The nurses provide services to 100% of residents and provide direct medication administration daily to approximately one-third of them. Nurses fill medication “trays” for most others, about one-half of whom then manage them independently while the others receive daily reminders from the Certified Nursing Assistants.
- Provided over **26,300 hours of services in the last year by Certified Nursing Assistants** (a 15% increase). These services include assistance with and training on bathing, grooming, dressing, health and wellness activities, medication reminders, supervision, coordination of healthcare services, etc. The Certified Nursing Assistants (CNAs) are the “front line” staff and have the most contact with most residents. In addition to their direct professional “hands-on” services, the CNAs provide social and emotional support and socialization that is often greatly needed and appreciated.
- Provided over **4,300 hours of services in the last year by social workers**. These services are provided Licensed Clinical Social Workers and between two and three Social Work Interns. Services include a wide range of mental health assessments; individual therapy and counseling sessions; case management; and crisis intervention.
- Provided approximately **40 hours of direct psychiatric care** in the last year. These services are provided by a psychiatrist who meets with residents here in the building and included psychiatric assessments, prescription of medications, and medication monitoring, etc. Approximately one-third of the residents are seen by our own psychiatrist and most are seen once every 1-3 months. The initial appointment and assessment are primarily to determine the need for medication and follow-up appointment’s to monitor their effectiveness. The psychiatrist is also available to staff for consultation on issues related to resident’s medication or mental health needs as needed. Social Workers also provide ongoing counseling and crisis intervention, when needed.
- Provided over **55 hours of direct podiatric care** in the last year, mostly to residents with diabetes. These services are provided by a podiatrist who meets with residents here in the building.

Given the very high incidence of diabetes among Friedman Place residents – which can result in significant and even life-threatening problems in the extremities – regular podiatric care is extremely important. Diabetic residents are at extremely high risk of infections to the feet which can worsen to the point of requiring amputation. The podiatrist trims nails, performs minor surgery, addresses foot infections, prescribes therapeutic shoes, etc.

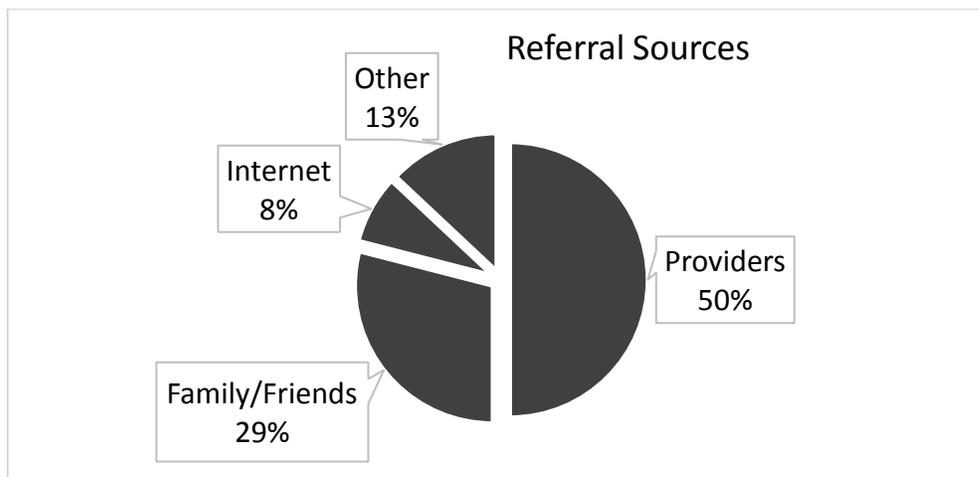
- Provided over **100 hours of services from an internist** in the last year. These services are provided by a physician who meets with residents here in the building. The internist – who has admitting privileges at a local hospital – provides services as varied as performing physical examinations, treating minor ailments, to overseeing complex chronic and acute medical disorders.
- Provided over **335 hours of training from an Orientation and Mobility Specialist and Certified Vision Rehabilitation Therapist** in the last year. These services are provided to residents so they can better and more independently navigate both the building and neighborhood.
- Provided almost **105,000 hours of service by all 70 of our employees.**
- Provided approximately **50 hours of dental services** in the last year. These services are provided by a dentist who meets with residents here in the building and services include examinations and treatment.
- Provided over **25 hours of ophthalmological services** in the last year. These services are provided by an ophthalmologist who meets with residents here in the building.
- Provided nearly **4,200 hours of activities** in the last year, a 13% increase from the previous year and 30% increase from the year before. The most popular activities were weaving, outside activities (e.g., concerts, theater, etc.), music, shopping, Uno, Bingo, bowling, reminiscing, along with religious services, creative writing, advocacy group, movies, musical history, etc.
 - 90% of residents took part in at least one activity per week
 - 70% of residents took part in at least two activities per week
 - 60% of residents took part in at least three activities per week
- Provided nearly **1,600 hours of Therapeutic Weaving** to a total of 28 residents (34%)
- Had an **occupancy rate in the last year of 98%** (i.e., all of our apartments were occupied 98% of the time).
 - According to the National Investment Center for the Senior Housing & Care Industry, the occupancy rate for independent living properties and assisted living properties averaged 90.5% and 89.0%. Friedman Place's higher occupancy rate is a sign of the tremendous need that exists for the specialized services that we provide.
- **THERE IS A NEED FOR THE AGENCY'S SERVICES**
 - Approximately 7 people apply each month and several more request information without actually applying. Of those who apply, approximately 25% ended up on the waiting list and 20% actually moved in. People are put on the Waiting List only when their applications are fully processed and they are deemed eligible.
 - Historically, between 6-8 residents move out of Friedman Place per year.
 - A total of 85 people applied for services (a 35% increase from last year and 45% increase from the year before), and of those, approximately 20% were placed on the

Waiting List and 9% were able to move in. The rest withdrew their applications or were declined.

- The Waiting List is closed and re-opened based on expected openings. People waited on the Waiting List between 1 – 6 months for an apartment to become available.
- The application process can vary between 2 – 10 months, usually depending on how long it takes for all the medical records to be received.

APPLICANTS HEAR ABOUT FRIEDMAN PLACE MOSTLY FROM OTHER PROVIDERS

- Approximately 50% of applicants (or their family/friends) first heard about Friedman Place from other social service or healthcare providers. These include mostly social service agencies that do not specialize in serving people with vision impairments, medical/rehabilitation providers, and shelters.
- Approximately 29% of applicants (or their family/friends) first heard about Friedman Place from family or friends (many of whom in the community of persons who are blind)
- Approximately 8% of applicants (or their family/friends) heard about Friedman Place from the internet.



- **APPLICANTS TEND TO BE SOMEWHAT YOUNGER THAN THE CURRENT POPULATION OF AGENCY RESIDENTS**

- The average age of applicants was about 50 years old, while the average age of current residents is 56.

- **MORE MEN APPLY THAN WOMEN, WHICH REFLECTS THE CURRENT MIX OF RESIDENTS**

- Sixty-one percent of applicants were men and 39% women, which is comparable to last year and very similar to our current resident mix of 65% male and 35% female.

- **APPLICATIONS ARE “CLOSED” FOR A WIDE VARIETY OF REASONS.**

- Applications were closed most commonly because the individual required a higher level of medical or psychiatric care (28%), staff were unable to contact them to complete the process (14%), and that the applicant withdrew the application because of the cost to live at Friedman Place (10%). Of those with

whom we lost contact, we believe that many of these applicants needed services much more quickly than could be provided and moved to a less suitable location such as with family, a nursing home, or possibly homelessness. This percentage (14%) is lower than the previous year (19%) and much lower than the year before that (47%) and we believe that this is due to significant improvements in our process which results in applicants getting processed much more quickly and efficiently.

- Main reasons applications were closed
 - Required a higher level of medical/psychiatric care – 28%
 - Unable to make contact – 14%
 - Financial cost of Friedman Place – 10%
 - Not Blind / Low Vision – 7%
 - Background check ineligibility – 7%
 - Did not provide records – 5%
 - Withdrew application (no reason) – 5%

● **FRIEDMAN PLACE IS A SUPPORTED LIVING PROGRAM (SLP) AND IS DIFFERENT FROM MOST OTHERS IN SEVERAL WAYS.**

- Supported Living is a generic term used for a wide variety of housing for older adults, people with disabilities, people who were homeless, people with substance abuse problems, etc. that combine some type of housing plus social, psychological, and/or health-related services. The Illinois Supported Living Program (SLP) includes only the 143 programs currently licensed as such by the Illinois Department of Healthcare and Family Services, including Friedman Place. Of the 143 programs, more than 90% are restricted to adults age 65 and above.

Characteristic	Average among all SLPs	Friedman Place	Interpretation
Average Size	81 apartments	81 apartments	Friedman place is the same size as the average SLP.
Residents on Medicaid	60%	91%	Friedman Place serves many more residents who are on Medicaid (and therefore, probably more that have lower incomes) than most SLPs.
Occupancy (percent of apartments full)	90%	99%	Friedman Place is fully occupied or nearly fully occupied much more often than most SLPs.
Residents who move in from a private home	55%	95%	Friedman Place residents move in from a private home (either with family/friends or on their own) as opposed to a nursing home much more often than most SLPs. This may in part be a related to Friedman Place serving a significant number of younger people and most SLPs serve only serve people age 65 and older.

Residents who move in from a nursing home	27%	5%	Far more residents of other SLPs come from nursing homes. This may be due to Friedman Place serving a significant number of younger people and most SLPs serve only age 65 & older.
Discharged to a group care facility	60%	43%	When discharged, Friedman Place residents go to a “Group facility”, such as a hospital or nursing home at a lower rate than average, again, probably because many Friedman Place residents are younger than 65, which is the minimum age of most SLPs.
Average length of stay	2.26 years	6.5 years	Friedman Place residents on average remain with us about three times longer than those in most SLPs. This may in part be a related to our serving a significant number of younger people and that most SLPs serve only age 65 and older.
Private pay residents who convert to Medicaid in 12 months or less.	62%	10%	Private pay residents at Friedman Place residents spend down their assets and become eligible for Medicaid much more slowly than those in other SLPs. Friedman Place also serves many more residents who are on Medicaid (and therefore, probably more that have lower incomes) than most SLPs.

FRIEDMAN PLACE PROGRAM DESCRIPTIONS AND GOALS

NURSING

Description: The Nursing Program consists of the work of licensed practical and registered nurses. Primary services include: Medication administration and management; Initial, annual, and quarterly assessments and service plans; Coordination with the pharmacy and physicians; Health monitoring & education; and serving as key contacts for in-house podiatrist, psychiatrist, optometrist, and primary care physician. Since Nursing works very closely with the Certified Nursing Assistants these programs are sometimes combined for easier discussion and consideration.

Overall Outcomes:

- Optimal health, wellness, and safety
- Opportunity for learning and increased independence

Measurement Tools:

- Documentation (Medication Administration Record (MAR), Physician Order Sheet (POS), etc.)
- Assessments on time and service plans appropriately personalized and updated.

- Facility link and physician sign-in sheets
- Service plans
- Satisfaction Surveys
- File reviews

GOAL	RESULT	RESULT
100% of medication and physician orders provided accurately	<u>Fully Accomplished</u>	<u>100%</u>
100% Assessments are on time and plans updated		
100% of physician appointments are coordinated with no delay (i.e., no delay based on staff action – delays, when present, due to physician office schedule, insurance issues, etc.)	<u>Fully Accomplished</u>	<u>100%</u>
100% of services plans include all needed services	<u>Fully Accomplished</u>	<u>100%</u>
92% of residents will rate the overall quality of nursing care as "good" in FY16 (92% in FY17)	<u>Fully Accomplished</u>	<u>100%</u>
92% of residents will feel that they are better able to cope with stress and other concerns due to the mental health services at Friedman Place in FY16 (95% in FY17).	<u>Not Accomplished</u>	<u>82%</u>
85% of residents will display low levels of emotional distress in FY16 (90% in FY17).	<u>Fully Accomplished</u>	<u>92%</u>
92% of residents will report that Friedman Place has improved their overall life in FY16 (95% in FY17)	<u>Fully Accomplished</u>	<u>100%</u>
5% of residents will score lower on their RAI than the previous year (which would indicate an increase in independence and functioning)	<u>Fully Accomplished</u>	<u>25%</u>
80% of residents will maintain or increase their levels of medication independence.	<u>Fully Accomplished</u>	<u>95%</u>

CERTIFIED NURSING ASSISTANTS (CNAs)

CNAs provide a wide range of personal care. There are typically 2-4 CNAs on duty and they work 24/7. Primary services include: Assistance with Activities of Daily Living (ADLs) such as bathing, dressing, grooming, laundry; Reminding resident to take medications; Coordination of medical appointments and arranging/providing transportation, as needed; Light housekeeping; and general monitoring of residents. Since the Certified Nursing Assistants work very closely with Nursing, these programs are sometimes combined for easier discussion and consideration.

Overall Outcomes:

- Optimal health, wellness, and safety
- Opportunity for learning and increased independence

Measurement Tools:

- Care sheets

- Appointment calendar in the electronic health records system
- Census (the tool used to document when a resident is and is not in the building each day)
- Service Plans

GOAL	RESULT	RESULT
90% of Activity of Daily Living (ADL) assistance provided and documented on care sheets if identified as a need on Resident Assistant Instrument (RAI)	<u>Fully Accomplished</u>	<u>90%</u>
90% of med reminders provided and documented on care sheets if identified as a need on RAI	<u>Fully Accomplished</u>	<u>96%</u>
90% of appropriate transportation provided if unable to travel alone safely.	<u>Fully Accomplished</u>	<u>100%</u>
90% of light housekeeping provided and documented on care sheets if identified as a need on RAI	<u>Fully Accomplished</u>	<u>100%</u>
100% of residents will be monitored and properly reported through the daily census	<u>Fully Accomplished</u>	<u>100%</u>
80% of residents will maintain or increase their independence with ADL's and decrease CNA assistance.	<u>Fully Accomplished</u>	<u>95%</u>

SOCIAL WORK

Social Workers provide a wide range of clinical and case management services. Primary services include: Case management (e.g., assistance with obtaining and maintaining public entitlements, finding social/recreational/educational, vocational resources in the community, etc.); Individual and group counseling (e.g., issues related to relationships, adjustment to blindness, goal-setting, emotional issues, etc.); Managing the admission process from responding to inquiries, providing tours, completing assessments, etc.

Overall Outcomes:

- Decrease in symptoms from mental health and/or emotional challenges
- Opportunity for learning and increased independence
- Increased participation in counseling and psychiatric services when needed
- Engagement with the broader community, including educational, social, vocational, and recreational activities
- Obtain and maintain public entitlements
- Process comprehensive applications in a timely manner and maintain a Waiting List

Measurement Tools:

- Service plan
- File review
- Maintain waitlist and quick turnover when residents leave Friedman Place
- Satisfaction Survey
- RAI assessment,

- Satisfaction Survey

GOAL	RESULT	RESULT
100% of residents that need case management as identified on their RAI have it on their service plan	Fully Accomplished	100%
100% of residents that have mental health concerns as identified on their RAI are provided either in-house or referred out counseling and have it on their service plans	Fully Accomplished	100% (note: 35% of all residents are in this group)
10% of residents will participate in social worker groups ¹ 75% of these people will finish the whole group ¹ 10% will have an increase on functioning and/or 10% decrease of undesirable symptoms ¹	Fully Accomplished Not Accomplished Fully Accomplished	56% 19% 44%
No less than 3 people on the waiting list at all times.	Not Accomplished	68% (note: higher number of people that moved out plus higher number of applicants deemed not eligible)
When there is a vacancy, it will be filled with a new resident within 30 days.	Not Accomplished	64% (note: higher number of move-outs, intra-building moves, and wait time for new residents to be ready to move in)
100% of new residents receive 2 hours of Orientation and Mobility assessment and training.	Nearly Accomplished	98%
92% feel they are better able to cope with stress and other concerns due to the mental health services provided by Friedman in FY16 (95% FY17)	Not Accomplished	82%
85% will show low levels of emotional distress in FY16 (90% in FY17)	Fully Accomplished	92%
92% will report that Friedman has improved their overall quality of life in FY16 (95% in FY17)	Fully Accomplished	100%

¹ The Agency’s Program Services Committee concluded that these results suggest that the relatively small number of people who complete the group but the high number of those who show positive results (i.e., increased functioning or decrease symptoms) that people are “getting what they need” or at minimum “benefitting significantly” without having to participate in the full number of sessions, which in many cases is a number chosen somewhat arbitrarily.

TRANSITIONAL LIVING PROGRAM

Located in a 3-bedroom apartment in the Annex building, the Transitional Living Program provides affordable housing and various case management services intended to assist Residents who live there to learn independent living skills. The primary program goal is for the Resident to move out of the Program and to a higher level of independence within two years. All residents are blind or visually impaired and have a low income.

The first residents moved into the Program in September, 2016 and three residents have been served (one moved out, leaving two remaining at the end of 2016).

DAVID HERMAN LEARNING CENTER

The David Herman Learning Center (DHLC) is based at Friedman Place but its activities extend to multiple locations, and formats, both inside and outside of the Agency. The three DHLC areas of focus include: Technology and Adaptive Devices; Education and the Therapeutic Arts; and Entrepreneurial and Vocational Accomplishments.

Overall Outcomes:

- empower residents and others who are blind or visually impaired to develop their learning and technology skills to their greatest desire and capacity
- Provide learning opportunities to increase engagement with the world and decrease feelings of isolation among residents

Measurement Tools:

- Pre-and post-assessments
- File reviews

GOAL	RESULT	RESULT
50% of technology training participants will show at least one level of improvement in FY16 and 60% in FY17.	Fully Accomplished	53%
50% of Therapeutic Weaving participants will demonstrate at least one level of improvement in FY16 and 60% in FY17. ¹	Not Accomplished	5%
50 residents will be served by the DHLC in FY16 and 60 in FY17	Fully Accomplished	73
1,550 hours residents will be directly engaged in class or learning in the DHLC in FY16 and	Fully Accomplished	1,946

1,600 in FY17		
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Additionally, 100 professionals not associated with Friedman Place received training on a wide variety of issues.

¹ The Agency’s Program Services Committee concluded that these results (i.e., very low increases in improvement this year but significantly high increases in the previous year – which was the first where measurements were taken) suggest that people “plateau” in learning to weave much as most people “plateau” when learning a complex skill such as playing the piano.

The following programs have a variety of goals and outcomes that typically change more frequently and thus are not listed here. Many of the goals are related to resident satisfaction, number of activities provided, quality and consistency, etc.

ACTIVITIES

The Activities Department provides a range of activities both within and outside of the building. Friedman Place provides much more activities than are required by the State regulations and nearly all residents take part in some activities over the course of a year. Primary services include: In -building activities like exercise classes, music events, arts & crafts, crosswords, reading of the newspaper, poetry, computer training, adaptive technology, etc.; Out-of –building activities like bowling, concerts, plays, etc.; Recruiting, orienting, and managing volunteers; Managing the “independent outing” activities which allow residents to go on activities outside the building on their own, with \$25 of the cost paid by the agency; Weaving activities; Coordination of Braille and large-print menus and activity calendars and the phone “activities hotline”

KITCHEN / DINING SERVICES

The kitchen serves three meals per day plus an evening snack. Menus are posted in advance and orders are taken a day in advance. Last year the kitchen served over 75,000 individual meals. State regulations require that the meals be prepared on-site by agency employees. Primary services include: 3 meals per day plus evening snack; Meals & snacks for special events (e.g., board meetings, resident dinners/parties with family, various in-building activities, etc.).

HOUSEKEEPING / MAINTENANCE

Housekeepers and maintenance staff work very closely with one another, including maintenance staff doing cleaning when needed or a Housekeeper is on vacation. Primary services include: Cleaning each apartment weekly; Cleaning common areas several times per week; General maintenance and repairs (including preparing apartments prior to move-in)

ADMINISTRATION

While administrative staff often supports activities of other departments, primary services include: Financial management; Human resources; Front desk staffing; Billing to the state &

insurers; Quality assurance (both clinical and non-clinical); Resident lease management; Staff training; etc.

DEVELOPMENT

Development & Communications encompasses the preparation of foundation and corporation grant proposals and progress reports, individual appeals, newsletters, special events, and related activities that affect the “face” or brand of the agency. Primary services include: Preparation of foundation & corporate grants & reports; Individual appeals; Newsletters/publications; Major gifts; Events; etc.

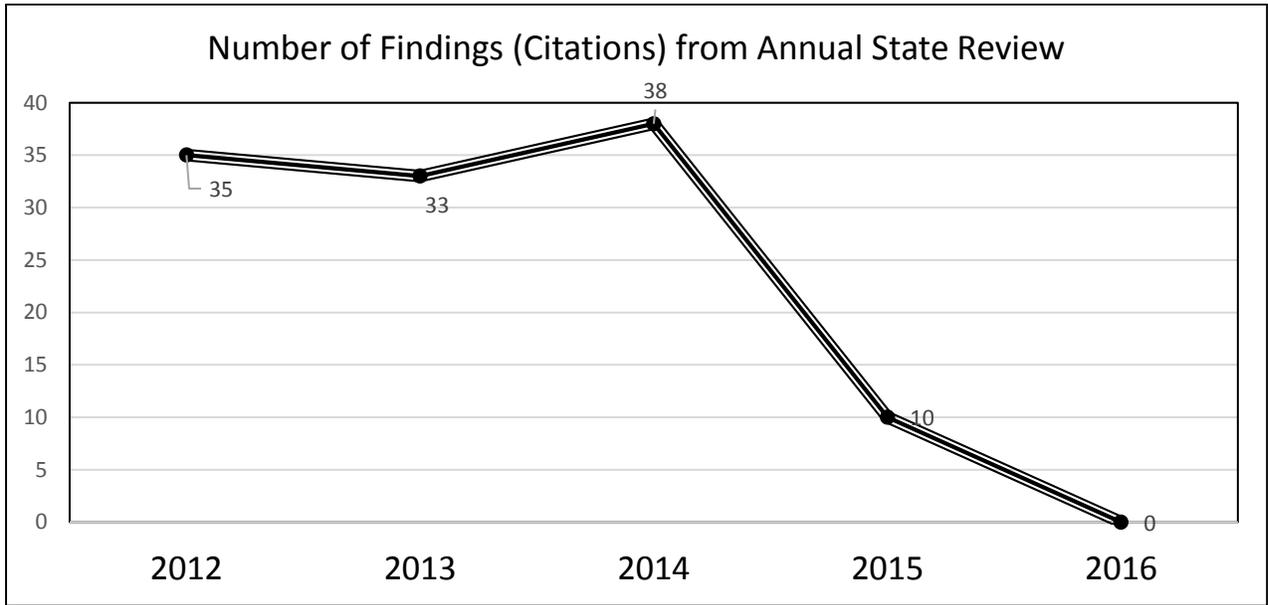
QUALITY MEASURES

- **THE ANNUAL REVIEW CONDUCTED BY THE STATE OF ILLINOIS RESULTED IN A PERFECT 100% SCORE.**

Friedman Place is licensed as a Supportive Living Program by the State of Illinois and must adhere to wide range of policies and procedures. An annual review conducted by the State involves 3-5 nurses performing an on-site review of records and interviews with staff and residents.

YEAR	Results
2016	<ul style="list-style-type: none"> • No findings by the state reviewers – a perfect 100% score
2015	<ul style="list-style-type: none"> • 10 findings by the state reviewers • 45% for employee background checks not having been completed on time • 26% for medications not being properly documented • 3% for TB testing of employee not having been completed on time • 13% for assessments not being properly completed on time • 13% for service plans not having been completed on time
2014	<ul style="list-style-type: none"> • 38 findings by the state reviewers • 70% for employee background checks not having been completed on time • 30% for TB testing of employee not having been completed on time
2013	<ul style="list-style-type: none"> • 33 findings by the state reviewers • 15% for lack of the state’s pre-certifying assessment of residents • 18% for employee and resident background checks not having been completed on time • 24% for assessments not being properly completed on time • 9% for service plans not having been completed on time • 33% for incomplete quality assurance and emergency contingency plans
2012	<ul style="list-style-type: none"> • 35 findings by the state reviewers • 9% for TB testing of employees not having been completed on time • 80% for service plans not having been completed on time

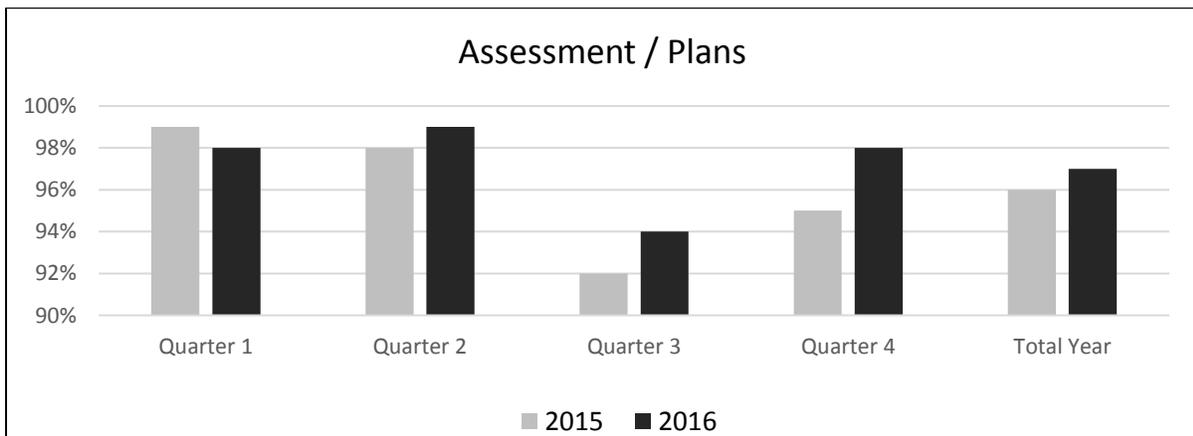
- 9% for assessments not being properly completed on time
- 3% for not having emergency drills documented properly



- **THE AGENCY HAS A ROBUST AND COMPREHENSIVE QUALITY ASSURANCE PROGRAM IN ORDER TO SUPPORT AND MAINTAIN VERY HIGH QUALITY SERVICES.**
 - A sample of resident files are reviewed on a monthly basis and all are reviewed at least once annually.

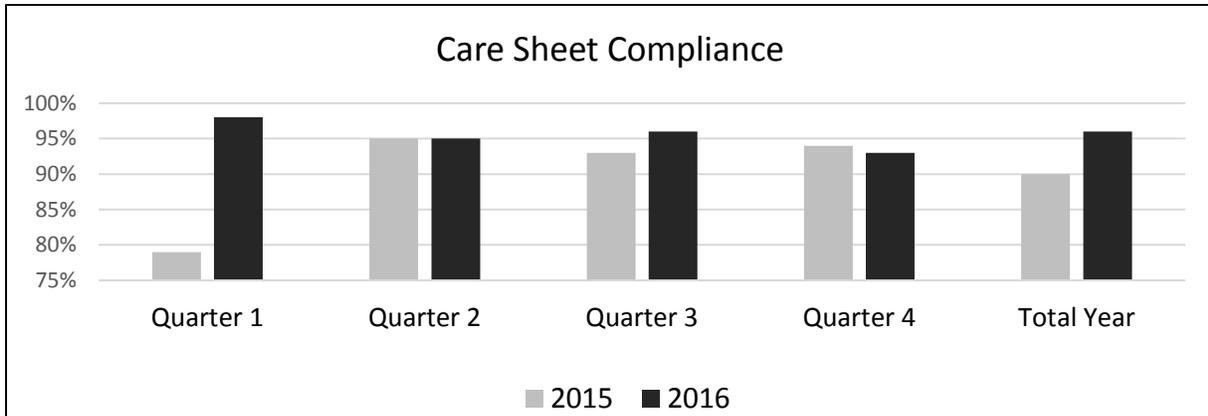
Assessments & Service Plans: Nurses complete Resident Assessments/Service Plans Quarterly. Assessments are comprehensive instruments that consider a broad range of physical and psychological health and functioning, including health conditions; cognition; vision; communication; mood and behavior; physical functioning; nutrition; activities; treatments, etc. Service Plans detail needs, interventions, and goals.

Note that the agency’s own expectations are higher than those of the State of Illinois, so while not being on time is a problem in the agency’s view, it may not be by the State of Illinois.



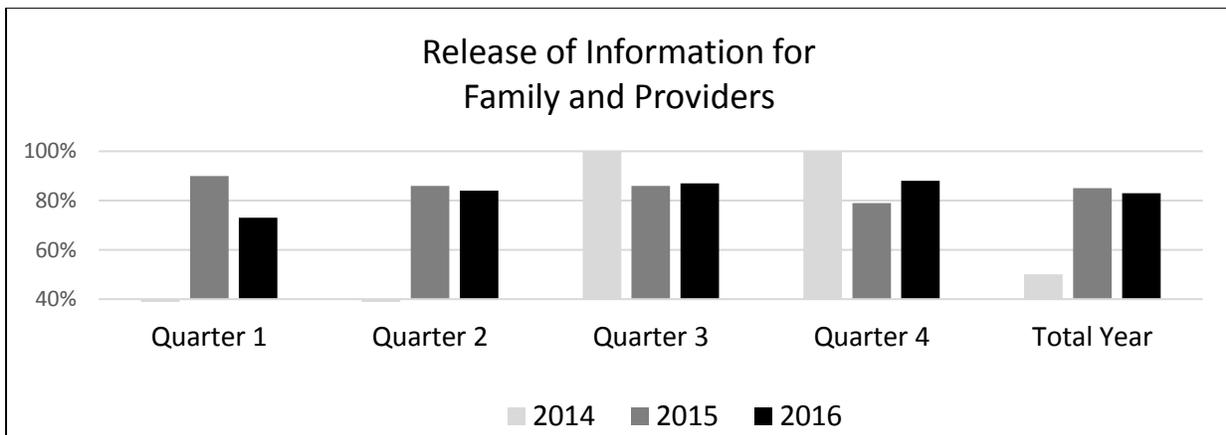
For 2016, assessments and plans were completed on time 97% (up from 96% last year).

Care Sheets: Certified Nursing Assistants provide a wide range of services to residents that are identified in the Assessments and outlined in the Service Plans. Services such as medication reminders, laundry and hygiene assistance, taking of vital signs, etc. are documented on “Care Sheets” to assure completion.



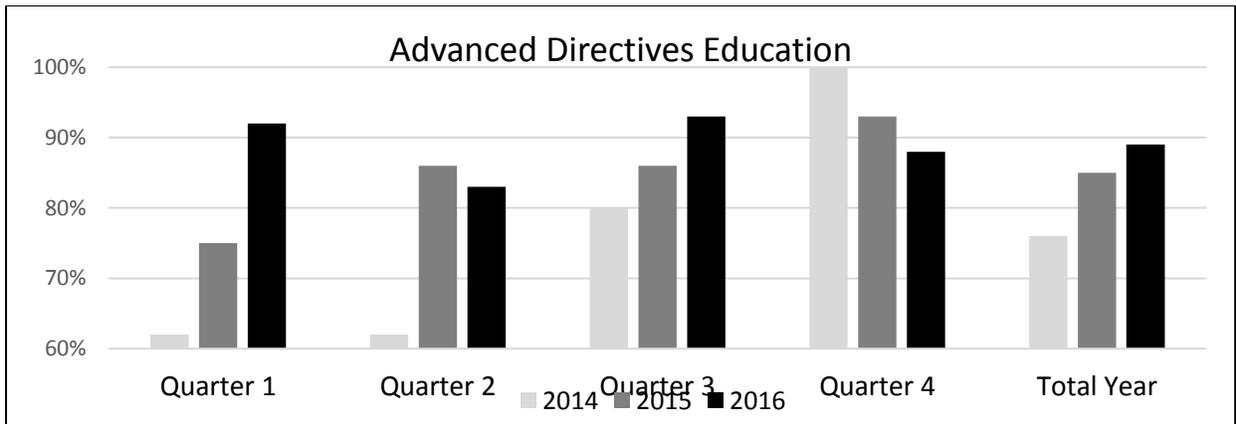
For 2016, Care Sheets were completed on time 96% of the time (up from 90% last year).

Authorization for Release of Information: In order to support the autonomy and independence of Nurses and Social Workers complete Release of Information forms annually with residents so we can coordinate care with doctors, family and other providers. The lack of a release does *not* indicate that any information was properly released, only that the Agency did not proactively get the release forms signed well in advance in order to improve efficiency.



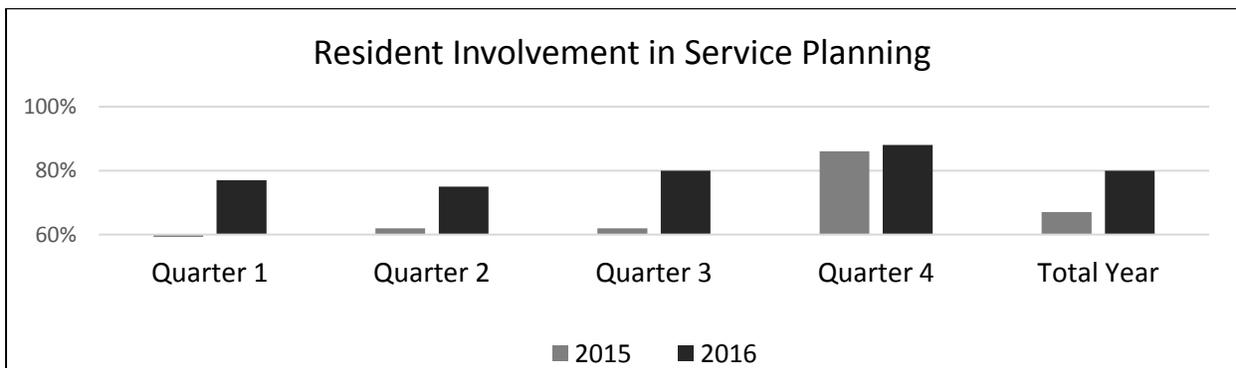
For 2016, Release Forms were completed 83% on time (down from 85% last year).

Advanced Directives: Nurses and Social Workers provide annual education on advance directives, including the Durable Power of Attorney for Health Care, Statement of Illinois Law on Advance Directives, Living Will, Declaration for Mental Health Treatment, and Do Not Resuscitate Advance Directive.



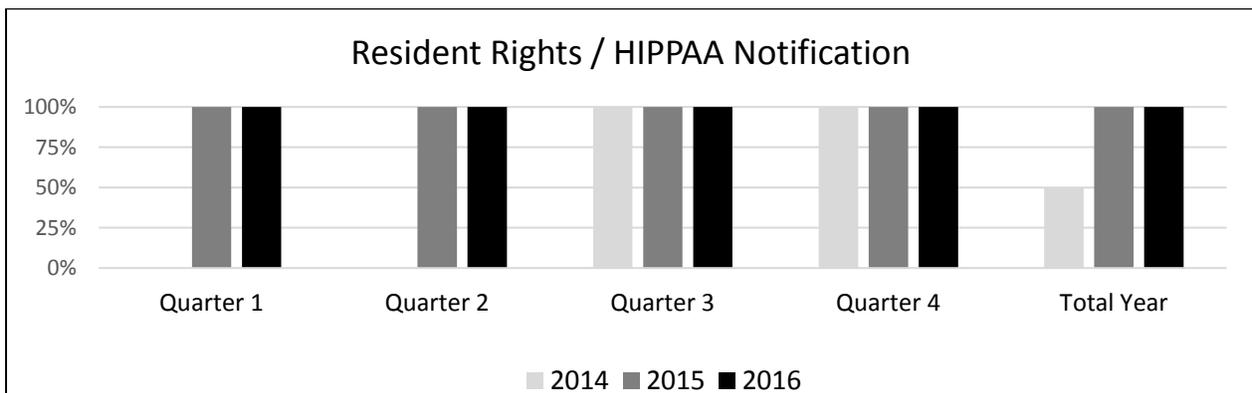
For 2016, Advanced Directives Education was provided on time 89% (up from 85% last year).

Resident Involvement in Service Planning: Residents and Nurses review Service Plans on a quarterly basis. Nurses document resident involvement in service planning in their Quarterly Evaluations.



For 2016, resident involvement in planning conducted 80% of the time (up from 67% last year).

Rights Notifications: There are a variety of notifications provided to residents annually. These include Health Insurance Portability and Accountability Act (HIPAA) and Privacy Policy and Resident Rights. 100% of residents were informed of HIPAA and Resident Rights in 2016.



For 2016, Resident Rights / HIPAA Notification was provided 100% of the time (as it was last year, although in the prior year of 2014 it was only provided 50% of the time). Note: in the first two quarters of 2014, Rights/HIPAA Notifications were not provided at all.

Professional Training

At minimum, staff are required to complete orientation and annual training that covers resident rights; infection control; crisis intervention; prevention and notification of abuse, neglect and financial exploitation; behavioral intervention; tuberculosis identification, prevention, control and reporting; and encouraging independence.

- Mindfulness in the Workplace
 - Suicide Assessment and Intervention
 - Adjustment Process: Rebuilding Self Esteem after Vision Loss
 - Supporting People with Dementia
 - Anxiety and Acting Out In Older Adults
 - Walking in their Shoes: Understanding Resistance
 - Understanding Compassion Fatigue and Burnout
 - Back Injury Prevention
 - Preventing Harassment in the Workplace
 - HIPAA Security Rule
 - Tuberculosis-Prevention, Identification and Reporting
 - Resident Rights
 - Orientation & Mobility 102
 - Preventing, Recognizing an Reporting Resident Abuse
 - Emergency Contingency Training and Drills
 - Crisis and Behavioral Intervention
 - Infection Control
 - Promoting Interdependence
 - Assistive Technology Device Training
-
- **49% OF OUR STAFF IS TRAINED IN CPR & FIRST AID, INCLUDING ALL NURSES AND CERTIFIED NURSING ASSISTANTS**

 - **THROUGH THE DAVID HERMAN LEARNING CENTER AN ADDITIONAL 100 PROFESSIONALS NOT FROM FRIEDMAN PLACE RECEIVED TRAINING ON A WIDE ARRAY OF TOPICS.**

GOALS AND OUTCOMES

- **THE AGENCY HAS ACCOMPLISHED A WIDE RANGE OF GOALS AND OBJECTIVES**

- Note: Some of these objectives were done as part of grants that covered a portion of the prior year, but all included all or a portion of 2016. The language and formatting varies depending on funder requirements.

Goal: Increase the number of resident-selected activities both in and out of Friedman Place.

Expected Outcomes	FY16 Actual	Result
At least 75% of activities are approved by the Resident Activity Committee.	100%	ACHIEVED AND EXCEEDED

Goal: to increase the number of residents that participate in Friedman Place activities.

Expected Outcomes	FY16 Actual	Result
At least 2,200 hours of activities will be provided.	2,300 hours	ACHIEVED AND EXCEEDED
100% of residents will attend at least one activity.	97%	PARTIALLY ACHIEVED
At least 90% of residents will rate their ability to give input to activities and outings with one of the two highest scores.	96%	ACHIEVED AND EXCEEDED

Goal: to increase the number of residents that receives adaptive technology training and support at Friedman Place.

Expected Outcomes	FY16 Actual	Result
At least 35% of the residents will receive adaptive technology training	52%	ACHIEVED AND EXCEEDED
At least 700 hours of adaptive technology training will be provided.	781 Hours	ACHIEVED AND EXCEEDED

Goal: Improve resident satisfaction with activities.

Expected Outcomes	FY16 Actual	Result
At least 85% of residents will rate satisfaction with activities and outings with one of the two highest scores.	100%	ACHIEVED AND EXCEEDED

- **Goals 1: Increase and sustain the mobility skills of Friedman Place residents.**

Objective	Outcome
Provide mobility assessment for each resident upon arrival at Friedman Place.	Fully Achieved
Provide each new resident with a minimum of 2 hours of individual rehabilitation with a Certified Orientation and Mobility Specialist.	Full Achieved
Provide at least 100 hours of services from a Certified Orientation and Mobility Specialist.	Fully Achieved

Upon arrival, each new resident meets with a Certified Orientation and Mobility Specialist. They work together for at least two hours so that all residents learn to navigate their apartments without assistance, as well as the building and surrounding neighborhood, depending on the individual's abilities. The Specialist provides a one-page report detailing the resident's orientation and mobility skills. This report is used, along with coordination from our social work, nursing, and certified nursing assistant teams, to create a comprehensive health assessment for each resident. This in-depth assessment considers a broad range of factors including physical health, mental wellbeing, mobility levels, life skills, and social interests. The assessments are reviewed annually to track what changes and progress the resident has made. Last year a total of over 100 hours of Orientation and Mobility training was provided by a Certified Orientation and Mobility Specialist.

- **Goal 2: Increase and sustain the independence, participation, and safety of Friedman Place residents.**

Objective	Outcome
Develop individualized Service Plans for all residents who need assistance in mastering activities of daily living.	Fully Achieved
Provide activities of daily living training and support.	Fully Achieved

The comprehensive health assessments completed for each resident upon arrival to Friedman Place are used to create Resident Service Plans, a blueprint of care individualized for each resident. The plans note the residents' ability to perform activities of daily living such as grooming, dressing, laundry, and housekeeping; and details goals and steps that can be taken to reach the goals. Nurses and Certified Nursing Assistants (CNAs) meet with each resident to discuss, negotiate, and map out potential problems and agree upon goals for their service plan on an, at least, quarterly basis with an annual goals review session. CNAs are on staff 24/7 to assist residents when needed. To ensure that residents are as independent as possible with their activities of daily living and, when possible, to increase their level of independence, nurses and CNAs provide education and training to residents, such as having a resident observe a task that is typically completed entirely by staff. In our most recent resident satisfaction survey 82% of residents reported that staff encourages them to learn new skills and become more independent.

- **Goal 3: Reinforce organizational capacity to support residents' mobility skills and independence.**

Objective	Outcome
Set mobility goals and integrate them into individualized treatment plans developed upon admission for each resident	Fully Achieved

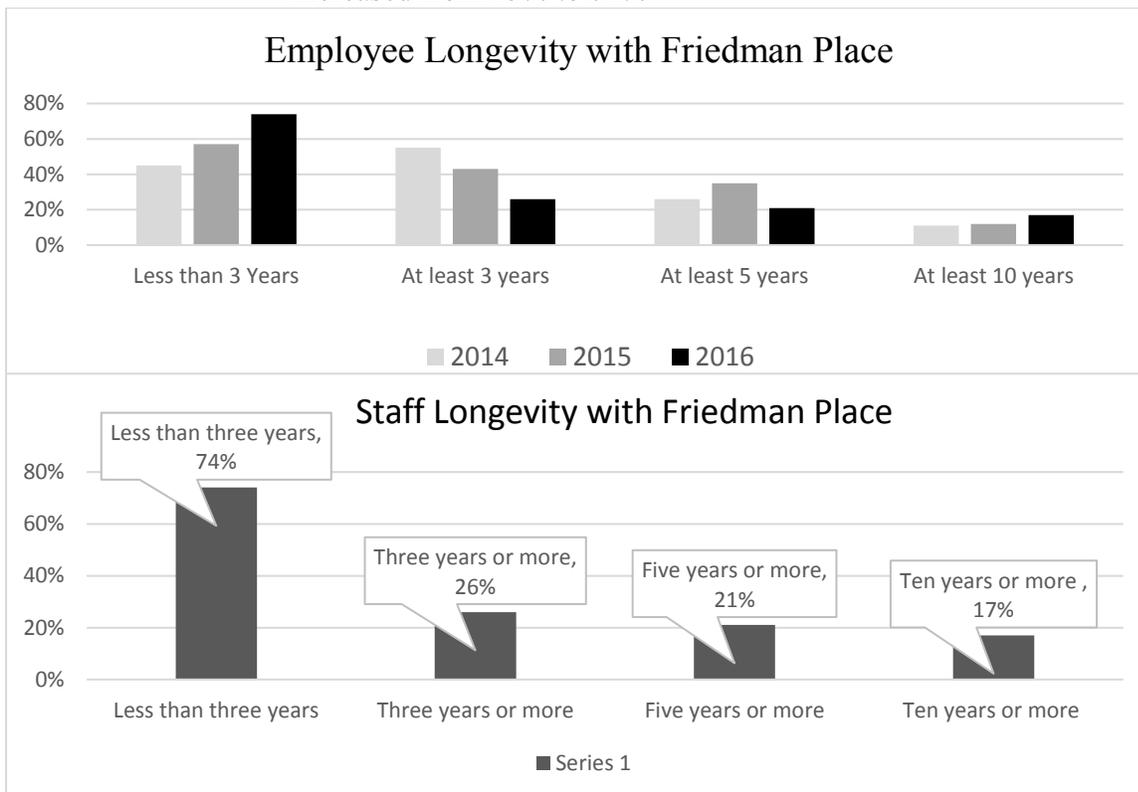
Provide all staff with training on principles and practices of O&M training at least one time per year	Fully Achieved
Provide at least 30 staff with 2 hours of training.	Fully Achieved and Exceeded

Progress towards our goals is on track to be met or exceeded.

- a) maintain a 98% occupancy rate (current performance is 98%)
- b) 90% of residents express contentment (current performance is 90%) and exceeded goals
- c) 90% of residents follow medical recommendations (current performance is 93%)
- d) 87% of residents display low signs of emotional distress (current performance is 92%).

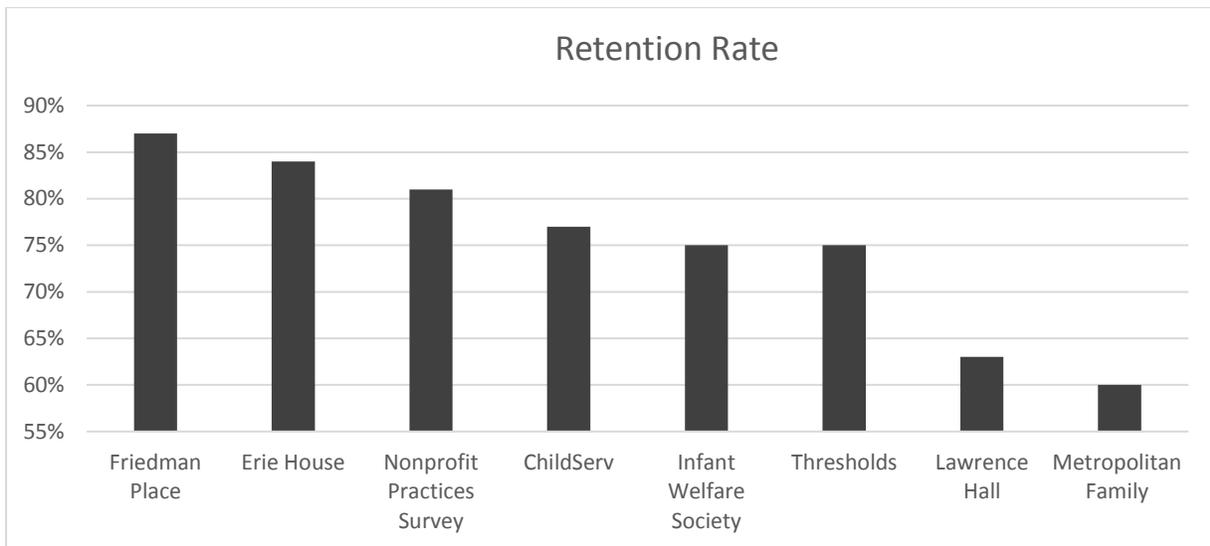
EMPLOYEES & VOLUNTEERS

- **FRIEDMAN PLACE'S 70 EMPLOYEES REMAIN WITH THE AGENCY, PROVIDING A SKILLED AND STABLE WORKFORCE**
 - 26% of the employees have worked for the agency for at least 3 years.
 - 21% of Friedman Place employees have worked for the agency continuously for at least 5 years
 - 17% of Friedman Place employees have worked for the agency continuously for more than 10 years
 - There were many more newer employees in 2016 than two years earlier, most likely due to the major reorganization that occurred beginning in early 2014
 - Since 2014, the number of employees working more than three years has increased from 45% to 74%



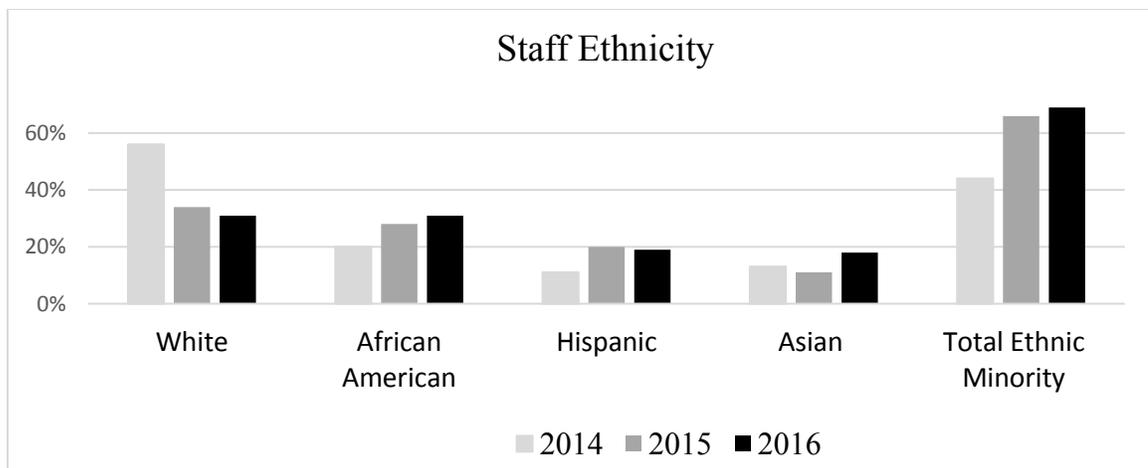
- **VERY FEW EMPLOYEES LEFT THE AGENCY THIS YEAR AND FAR LESS THAN MANY OTHER LOCAL NONPROFITS**

- The Retention Rate is a measure of the percentage of employees who remained with the agency (did not leave, for any reason) in the last year. Eighty-seven percent of employees remained with the agency, which is a much higher number than commonly found in the nonprofit sector. The comparisons below are all from Chicagoland nonprofits.

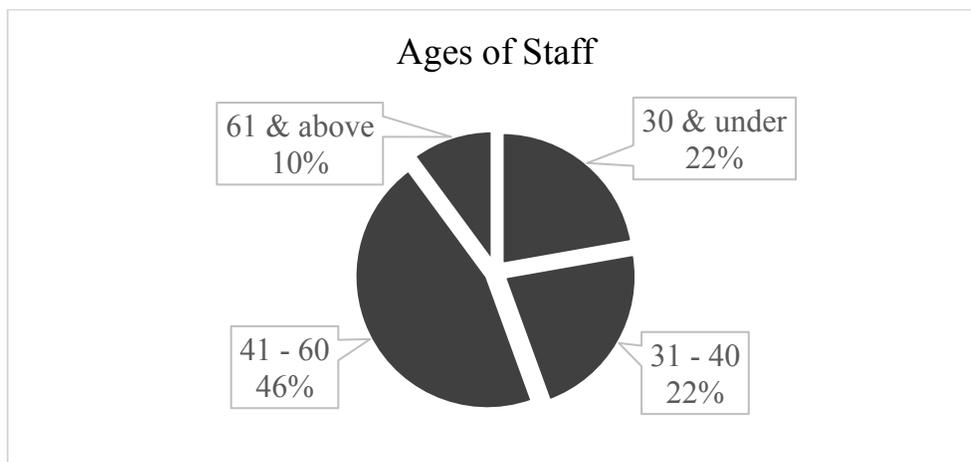


- **FRIEDMAN PLACE'S 70 EMPLOYEES ARE ETHNICALLY DIVERSE**

- 18% Asian
- 19% Hispanic
- 23% Black
- 31% White
- The percent of staff who are ethnic minorities has risen significantly in recent years. Rising from 44% in 2014 to 69% in 2016



- **MOST EMPLOYEES ARE FEMALE**
 - 71% Female
 - 29% Male
 - The ratio of male and female employees has remained essentially the same as in the previous year.
- **FRIEDMAN PLACE'S 70 EMPLOYEES SPAN A WIDE AGE RANGE**
 - 10% ages 61 or over
 - 45% ages 41 – 60
 - 22% ages 31- 40
 - 22% ages 30 or under
 - The age range of employees has remained essentially the same as in the previous year.



2016 Friedman Place Employee Survey

In the fall of 2016, an electronic survey was sent to all employees; the responses were anonymous.

Of the eight questions asked, the first six were compared to the results of a 2016 national survey of employees in all industries. That survey was conducted by the Society for Human Resource Management. The remaining two questions, *feeling respected by residents* and *satisfaction with the physical environment* were not included in the national survey.

All questions offered five possible answers from best to worst on a Likert scale. For example with the question “How satisfied are you with your compensation / pay?” the options were: 1. Very satisfied; 2. Satisfied; 3. Neither satisfied nor dissatisfied; 4. Dissatisfied; 5. Very dissatisfied

SUMMARY & CONCLUSIONS

- **STAFF ARE EXTREMELY SATISFIED OVERALL**
 - Of all the individual answers given, 80% were the best (e.g., satisfied or very satisfied) 17% were neutral, and only 3% were negative. Regarding the small number of negative answers, only 0.6% were answered “very” negative.

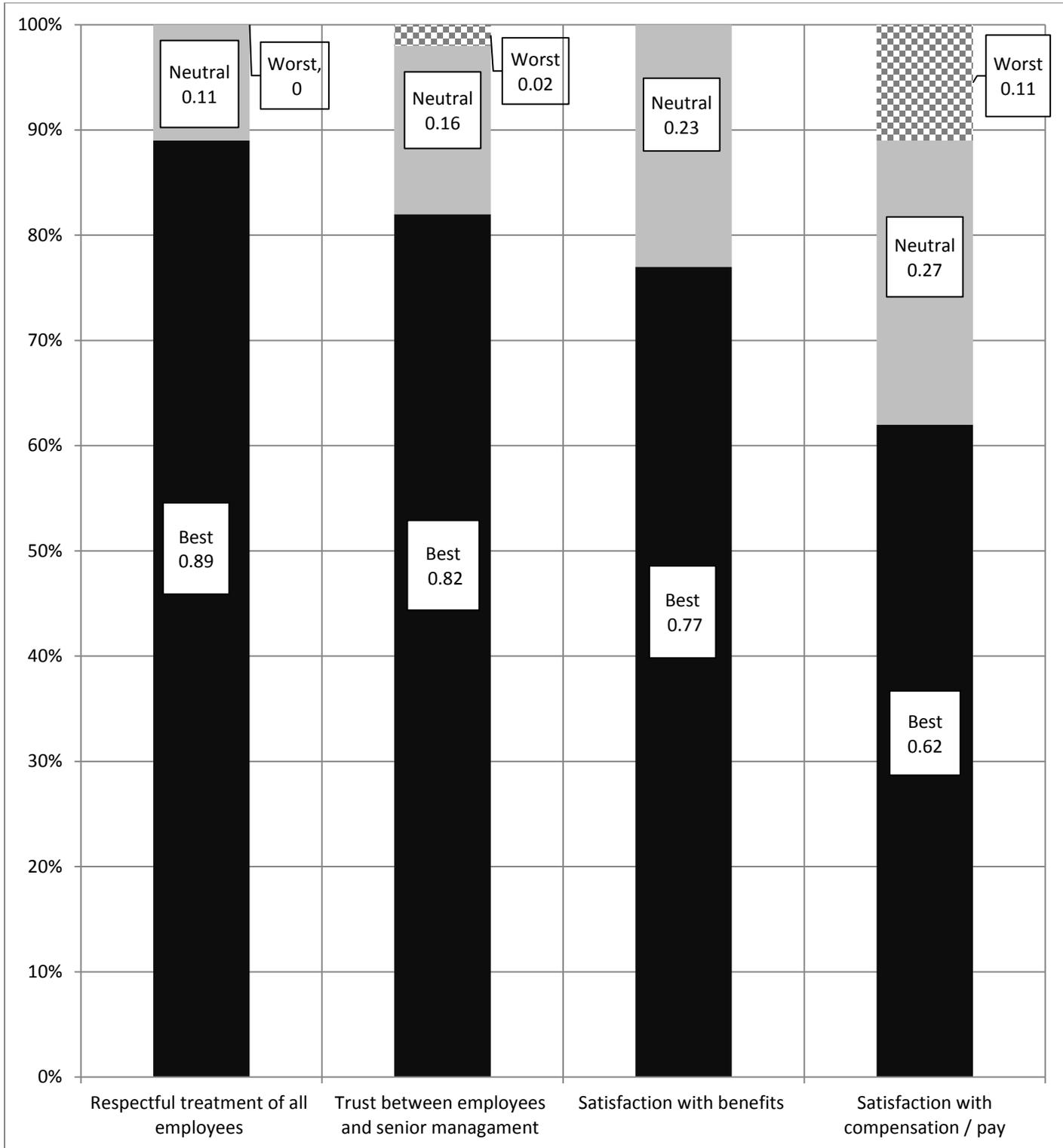
- **STAFF ARE MORE SATISFIED THAN LAST YEAR OVERALL**
 - Last year’s already high scores improved in all but one question (satisfaction with pay / compensation, which went from 63% last year to 62% this year, and job security).
 - Those questions that had better scores than last year showed an average increase of 10%, while the single question that showed a decrease went down by only 1%.
 - Of all the individual answers given, 80% were positive (an increase of 7 points from last year), 17% were neutral (a decrease of 3 points from last year) and only 3% were negative (a decrease of 4 points from last year - and regarding negative answers, only 0.6% were answered “very” negative, a reduction of 0.4 points from last year).

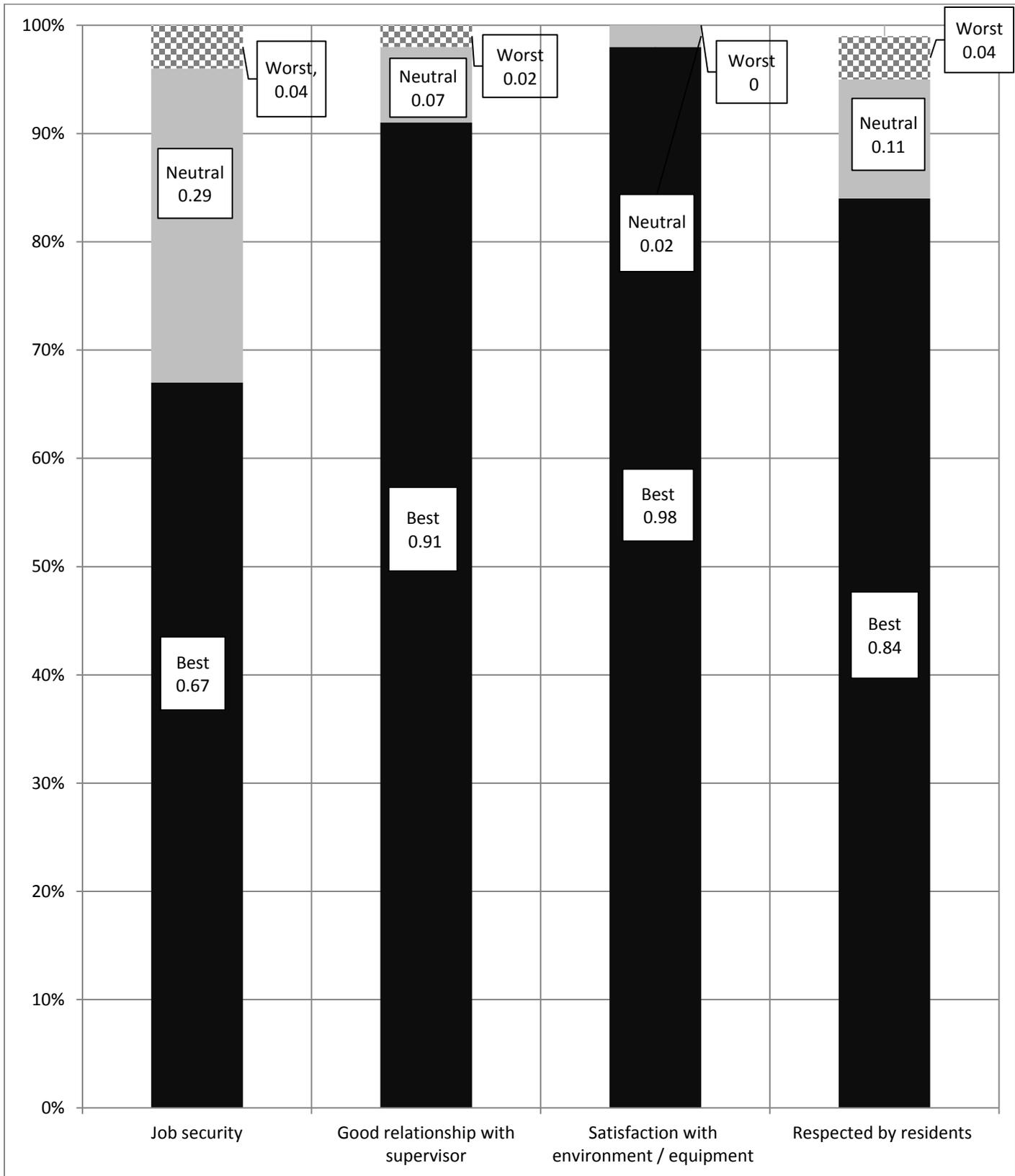
- **STAFF ARE MORE SATISFIED THAN THE AVERAGE EMPLOYEE IN THE NATION**
 - Of the six questions that can be compared, the ratings of four were higher than the national scores, and by an average of 12%. The two that had lower ratings – satisfaction with pay / compensation and job security - were lower by an average of only 4%.
 - When Friedman Place and National total scores are compared (i.e., overall satisfaction), Friedman Place scores 9% higher than National.

- **FRIEDMAN PLACE ACHIEVED THE STAFF SATISFACTION GOALS THAT WERE SET LAST YEAR**
 - All three goals were achieved or exceeded 1) Seventy-five percent of the staff took part in the survey 2) four of the questions received scores of at least 75% (in fact, 6 questions met this level), and 3) changes were made to the paid time-off benefit to be at least above-average when compared to comparable nonprofits.

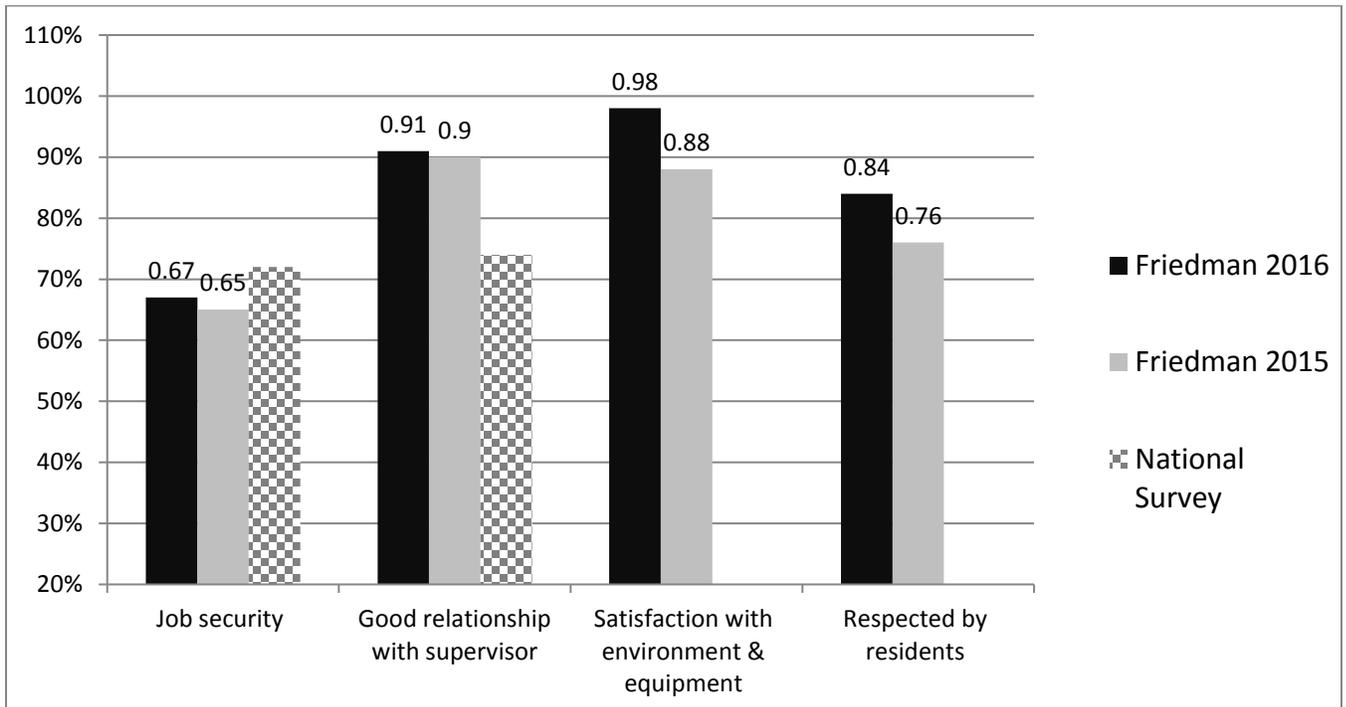
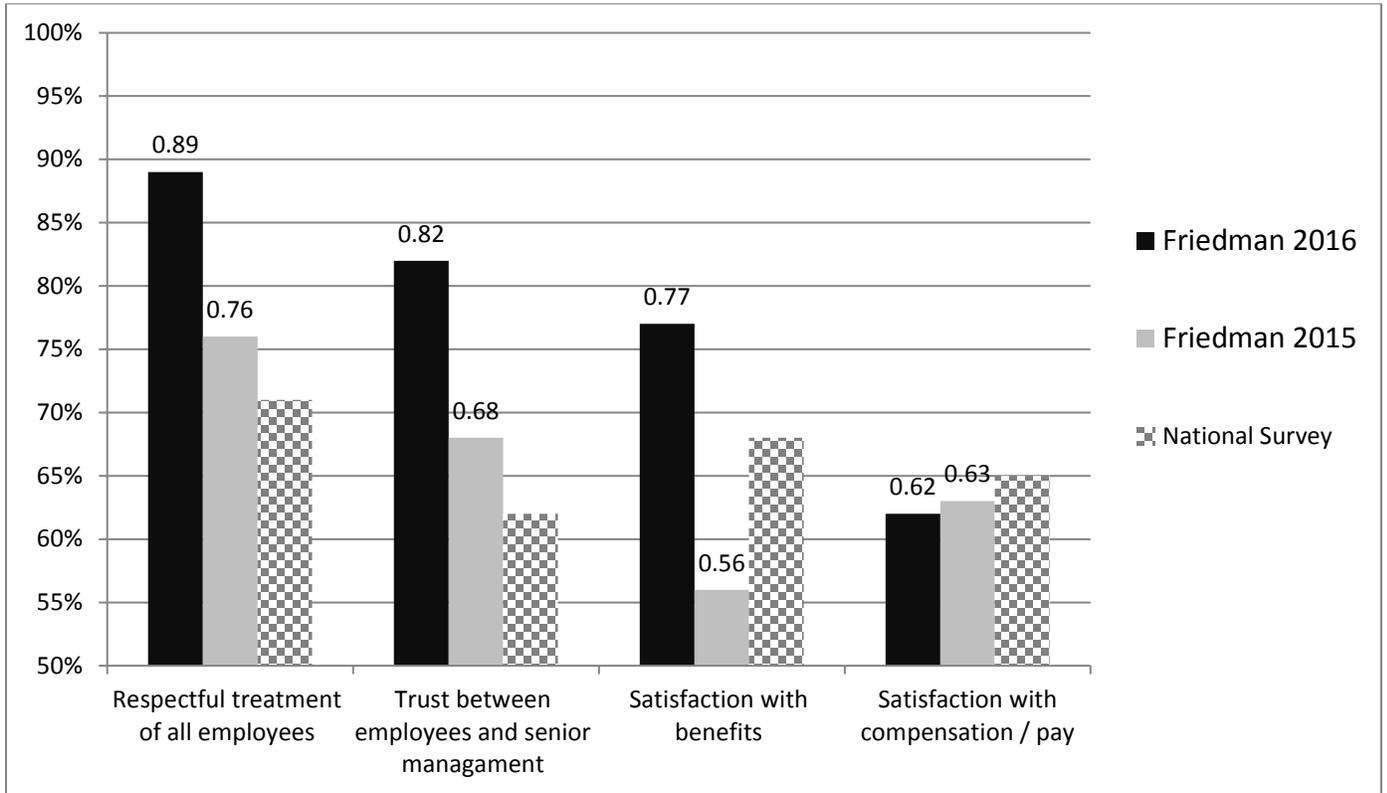
RESULTS

The charts below shows the percentage of two “best”, “neutral”, and two “worst” scores, given as percentages.





The charts below show the percent of staff that gave one the two best answers, compared with the results from last year and from a survey of employees nationwide. All of the questions except those regarding “feeling respected by residents” and “satisfaction with the physical environment” were those that the national survey indicated were most important to employees.



COMMENTS

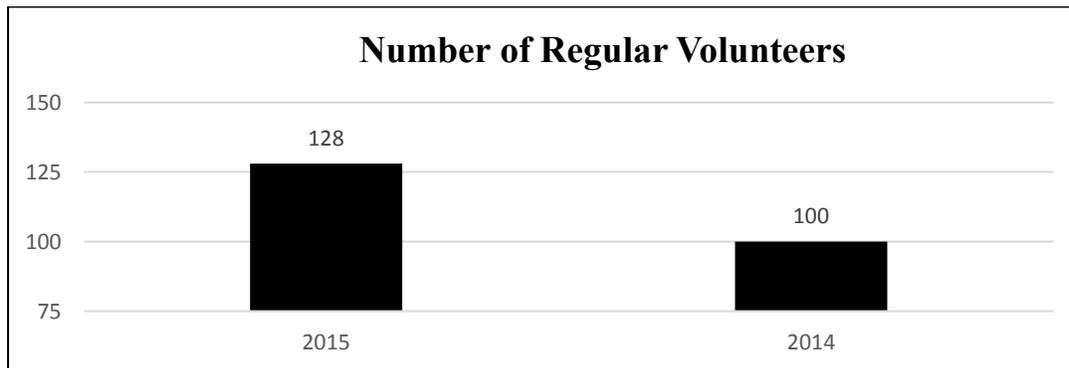
- I think Friedman has a great benefit package set up for their employees - life insurance, health insurance, IRA and other things as well.
- I am very satisfied with the benefits and work environment. I feel that many substantial improvements have taken place in the past three years.
- I feel my immediate supervisor provides the right balance of guidance and trust that I can complete my job duties competently and effectively.
- Our supervisor has an open door policy we are welcome to email call or come into the office to talk about anything at any given time.
- I love my job and would love to retire from there but with so many budget cuts the government has been doing I just pray that they continue to help Friedman doors remain open.
- I appreciate the changes in the past year to include me in the network computer system and to recognize and provide an extra level of privacy in my work environment in which I can conduct private conversations with applicants/residents.
- Blue Cross Blue Shield was the best! :((note: the agency switched from Blue Cross to Aetna in the spring of 2016)
- I feel respected by the residents for the most part but there's always some residents who are rude, very demanding or want things done immediately
- You guys should listen to the residents sometime you don't listen to them enough.
- I feel very much respected by residents (at least to my face/in public settings). I have no reason/evidence to believe this respect does not extend into residents' private conversations. Residents are usually quick to assist when I ask, for example, to serve as tour guides/resident hosts for visiting applicants/guests.
- It would be nice if work was distributed evenly. It seems like in every department there are employees who work more than others. But that might be just up to the employee and not to the supervisor
- The practice of creating an environment where residents are provided with too much help doesn't allow them to understand and appreciate or respect the services and programs available, let alone the staff that provides them. A sense of entitlement doesn't allow the residents to understand how to be respectful.
- I love love love working at Friedman Place.

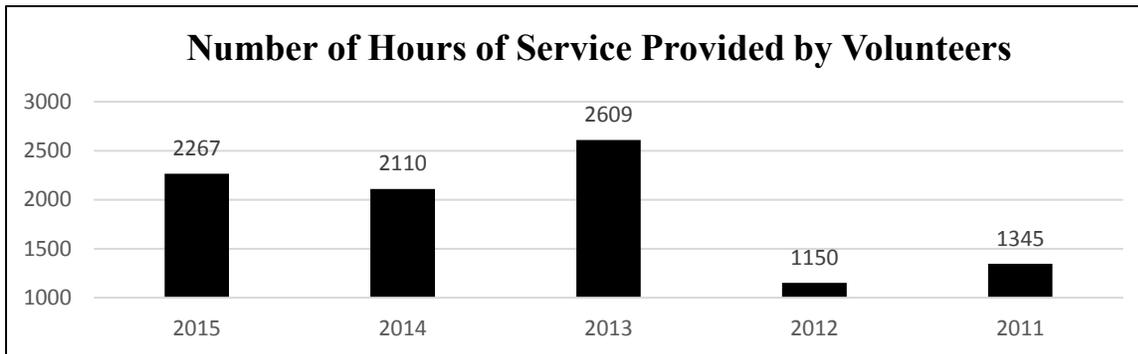
ANNUAL GOALS

In response to last year’s Staff Survey and feedback from staff on what they felt was most important, the following goals were set.

Goal	Result
Staff will rate at least four of the eight questions with at least a 75% “best” score.	ACCOMPLISHED & EXCEEDED Six of the eight questions resulted in scores of at least 75% “best”. Only “satisfaction with compensation / pay (62%) and “job security (67%) scored lower than 75%.
At least 75% of staff will complete the Annual Staff Satisfaction Survey.	ACCOMPLISHED 75% of employees completed the survey.
Paid time-off benefit will be at least above-average when compared to comparable nonprofits.	ACCOMPLISHED Data from eight comparable not-for-profits in the Chicagoland area was obtained and the following adjustments were made in the spring of 2016 so that Friedman Place would provide above-average time-off: <ul style="list-style-type: none"> • Increased PTO for newer employees (0 – 4 years) from 18 days per year to 20. • Increased the number of PTO hours that can be carried over from the end of one fiscal year (June 30) into the next from 48 (6 days) to 80 (10 days). • Increased the Leave benefit to below the government-mandated FMLA threshold so that part-time and newer employees can benefit by lowering the eligibility from 1,250 hours worked in the last year to 1,000.

- **THE AGENCY BENEFITTED FROM THE USE OF THE SERVICES OF 128 VOLUNTEERS IN THE LAST YEAR, AN INCREASE OF ALMOST 30% FROM THE PREVIOUS YEAR.**





Friedman Place Strategic Plan for Fiscal Years 16 -18
(July 1, 2015 – June 30, 2018)

PROGRESS REPORT AS OF NOVEMBER 2016

Note: Strategic Plan goals have all been accomplished and the process is now in a monitoring and adjustment phase.

Mission

The mission of Friedman Place is to provide housing and supportive services to adults who are blind or visually impaired.

Friedman Place emphasizes resident self-determination, independence, and interaction within the community.

Friedman Place strives to be a primary force among professional organizations serving adults who are blind or visually impaired.

Vision

We value an open, vibrant, and accessible community for our residents. We also engage other stakeholders and adult non-residents who are blind or visually impaired, and seek to enrich our programs and services utilizing community partners for the greatest benefit.

We support a self-directed person-centric model of care that provides for choice, engagement, and possibility.

STRATEGIC DIRECTION I

Friedman Place board and staff will build a governance infrastructure that is nimble, responsive, and prepares for the future needs of its residents, members of the community who are blind or visually impaired, and its diverse set of stakeholders.

Goal # 1: Build a governance model that reflects the current needs of the organization as well as the future needs of Friedman Place effectively transitioning to the new model by September, 2016.

Implementation Steps

- Establish Task Force (TF) on Governance
 - Alexander Brown & Barry Newman
- TF decides whether consultant is recommended for governance issues
 - Not needed
- If needed, define scope of work to engage Consultant
- Issue RFP for governance consultant
- Approve revised by-laws for Friedman Place & AJB
- If needed, engage consultant through orientation and kick-off of project
- Determine short-term priorities
- ED will be oriented as part of TF upon hiring
- Conduct research into best practices; identify possible models based on current and future needs of organization
- Present interim report to Board of Directors
- Board discusses recommendations and gives further direction to TF and Consultant
- Board discusses possibility of interim steps (e.g., implementation of new meeting agendas; recruitment of 1-2 board members, etc.
- Present final recommendations for new governance model to board
- Develop transitional implementation strategy (moving into new model)
- Add new board members prior to May 2016
 - Mary Haley appointed in September**Accomplished**

By When / Status

- September 15, 2015
 - **Fully Accomplished**
- October 15, 2015
 - N/A
- October 15, 2015
 - N/A
- **Fully Accomplished**
- November 15, 2015
 - N/A
- December 15, 2015
 - **Fully Accomplished**
- January 15, 2016
 - Fully Accomplished**
- January 15, 2016
 - Fully Accomplished**
- January 15, 2016
 - Fully Accomplished**
- March 1, 2016
 - Fully Accomplished**
- March 31, 2016
 - Fully Accomplished**
- Ongoing
 - **Fully**

Goal # 2: Develop clear job profiles for board, senior executive, and other volunteers identified in the governance model.

Implementation Steps

- Collect descriptions for board, committees (charters), and senior executive; review for accuracy; best practices; overlap of duties, etc.
 - Committees created by the Board in September

By When / Status

- November 1, 2015
 - Fully Accomplished**

- Board responsibilities adopted 12/2015
- ED job description needs review & revision
- Develop descriptions that are clear, accurate, detailed, and offer insight into connections between board members, other volunteers, and senior executive
 - November 15, 2015
- **Fully Accomplished**
- Present final drafts of descriptions to board
 - November 30, 2015
- **Fully Accomplished**
- Bi-annual review process is developed for ongoing review and update of job descriptions
 - 6-month review –
March, 2016
- Current volunteers are identified and critical data is collected on each volunteer; volunteer profile/opportunities are developed
 - November 1, 2015
- **Fully Accomplished**
- Adopted by the Board at December Meeting

Goal # 3: Create tools and processes for board development, performance criteria, succession planning, etc.

Implementation Steps

- Create development plan for board using best practices, articles, tools, and other resources
 - Board Book provided September 2015
 - Plan presented at January 2016 Board Meeting
- Board activities will follow governance guidelines (goals #1 and #2) – minutes, agenda, decision making models, etc.
 - November 30, 2015
- **Fully Accomplished**
- Governance processes will be reviewed and updated as needed on a regular basis (e.g., by-laws, board orientation, etc.)
 - January 1, 2016
- **Fully Accomplished**

By When / Status

Goal # 4: Hire and orient a permanent Executive Director. Support ongoing development of senior team.

Implementation Steps

- Develop search process for Executive Director; create timelines, detailed activities, etc.
 - April 20, 2015
- **Fully Accomplished**
- Search for Executive Director begins; Executive Director is hired
 - September 1, 2015
- **Fully Accomplished**
- Orientation process for Executive Director is drafted and executed
 - November 1, 2015
- **Fully Accomplished**
- ED and Board will determine respective roles and responsibilities
 - November 1, 2015
- **Fully Accomplished**
- Support ED in continuing to develop senior team (e.g., identifying board/staff activities; additional professional development; resources, etc.)
 - December 1, 2015
- **Fully Accomplished**

By When

Goal # 5: Develop a short– and long– term resource development strategy with a focus on providing continued organizational stability and the ability to expand sustainable services and programs in response to community need.

Implementation Steps (What)

- Meet with the Board of Directors to discuss current giving patterns; current donors, supporters, and sponsors
 - July 2015 Board Meeting
- Discuss current funding streams and potential opportunities
 - July 2015 Board Meeting
- Create Resource Development Committee
- Appoint Chair of Committee and staff liaison
 - Committee created at September board meeting. Chairs assigned
- Develop a 2-year Resource Development Plan that is formally adopted by the Board
 - Adopted at December 2015 Board Meeting

By When

- July 31, 2015
- **Fully Accomplished**
- July 31, 2015
- **Fully Accomplished**
- November 1, 2015
- **Fully Accomplished**
- November 1, 2015
- **Fully Accomplished**
- December 15, 2015
- **Fully Accomplished**

STRATEGIC DIRECTION II

Friedman Place will provide accessible, relevant, and high-quality programs and services to its residents and others in the community of blind and visually impaired people.

Goal #1: Friedman Place will evaluate all current programs and services and develop metrics based on the mission and vision of the organization.

Implementation Steps

- Create Program & Services Committee
- Appoint Chair of Committee (board member) and staff liaison
 - Done at the September Board Meeting
- Develop measurement criteria for each program and service; tie criteria directly to mission/vision
- Measurement criteria is presented to board for discussion and approval
 - Adopted at December 2015 Board Meeting
- Gather data

By When

- November 1, 2015
- **Fully Accomplished**
- November 1, 2015
- **Fully Accomplished**
- November 1, 2015 and ongoing
- **Fully Accomplished**
- November 15, 2015
- **Fully Accomplished**
- January 15, 2016 and ongoing
- **Fully Accomplished**

- Analyze data – identify gaps and opportunities for improvement • March 15, 2016
-Fully
Accomplished
- Identify critical opportunities and feed this information into next goal • April 15, 2016
-Fully
Accomplished

Goal #2: Friedman Place and/or its partners will develop and deliver new programs and services to meet the needs of adults who are blind or visually impaired.

Implementation Steps

- Survey board members, volunteers, stakeholders, donors, etc. to determine possible clients for programs and services **By When**
• April 1, 2016
-Fully Accomplished
- Develop framework for needs assessment – What is needed? What can we do best – either alone or with others? • June 1, 2016
-Fully Accomplished
- Data is collected and analyzed • October 1, 2016
-Fully Accomplished
- Develop new program/services staffing and resource plan • October 15, 2016
-Fully Accomplished

Goal #3: Develop activities and experiences within the David Herman Learning Center that drive the strategic directions of Friedman Place.

Implementation Steps

- Project plan will be developed for David Herman Learning Center (DHLC) that will focus on technology, education, and vocation **By When**
• November 1, 2015
- Fully Accomplished
 - Should be presented at January 2016 Board Meeting
- ED will work with senior staff to identify 1-2 “pilot” programs/services • December 31, 2015
-Fully
Accomplished
 - Done as part of major grant proposal

STRATEGIC DIRECTION III

To strengthen and enhance relationships within our residential community, the external community we serve, and the broader community of persons with disabilities.

Goal #1: Enhance engagement of residents, employees and volunteers.

Implementation Steps

- Identify and set metrics and goals for resident engagement (including use of Satisfaction Survey) and develop multi-year plan **By When**
• November 1, 2015
- Fully Accomplished

to meet goals that will be adopted by the Board.

- Identify and set metrics and goals for employee engagement (e.g., satisfaction, retention, etc.) and develop multi-year plan to meet goals that will be adopted by the Board. • December 1, 2015
- **Fully Accomplished**
- Identify and set metrics and goals for volunteer engagement (including use of Satisfaction Survey) and develop 1-year plan to meet goals adopted by the Board. • January 1, 2016
- **Fully Accomplished**
 - Adopted at the December 2015 Board Meeting

Goal # 2: Engage external partners in strategic and systemic way.

Implementation Steps

- Maintain current list of partners (partners defined in very broad sense). **By When**
• September 1, 2015
- **Fully accomplished**
- Identify the criteria by which FP will select and evaluate these partnerships? • October 1, 2015
- **Fully accomplished**

Goal # 3: Identify opportunities to participate in the larger disability community.

Implementation Steps

- Continue current level of participation in external forums **By When**
Ongoing
- **Fully Accomplished**

This Strategic Plan was adopted by Adopted by the Board of Directors on July 21, 2015

THE ANNEX

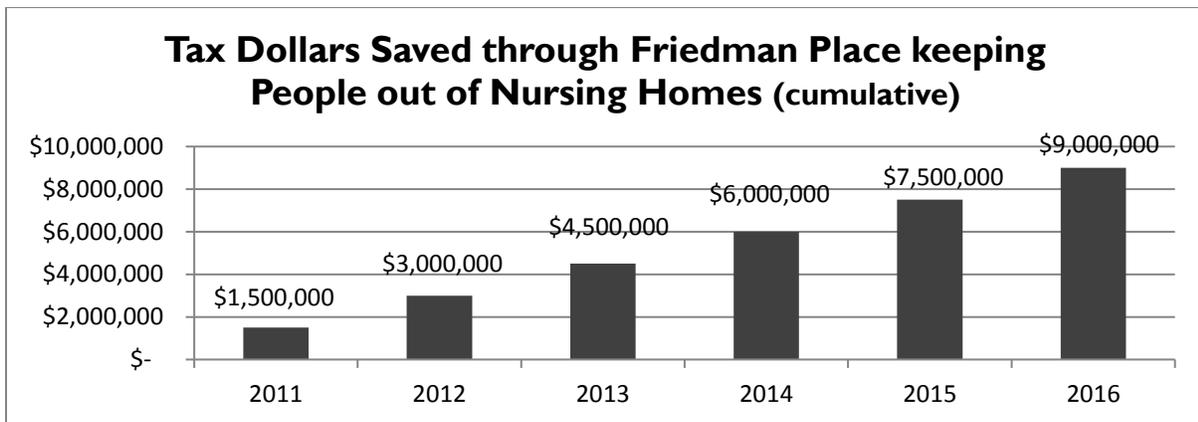
In August of 2015 the Agency purchased the building immediately next door to our main building and for the time being is calling it the “Annex”. It is a two-story building with approximately 3,500 square feet of useable space. The entire building was thoroughly renovated and opened for use in the spring of 2016. A breezeway was constructed to provide protection from the weather when crossing the short distance between the two buildings.

The first floor consists of a very large open space which is used for our Weaving Studio and two offices. The second floor consists of a three-bedroom apartment is used as a Transitional Housing Program.

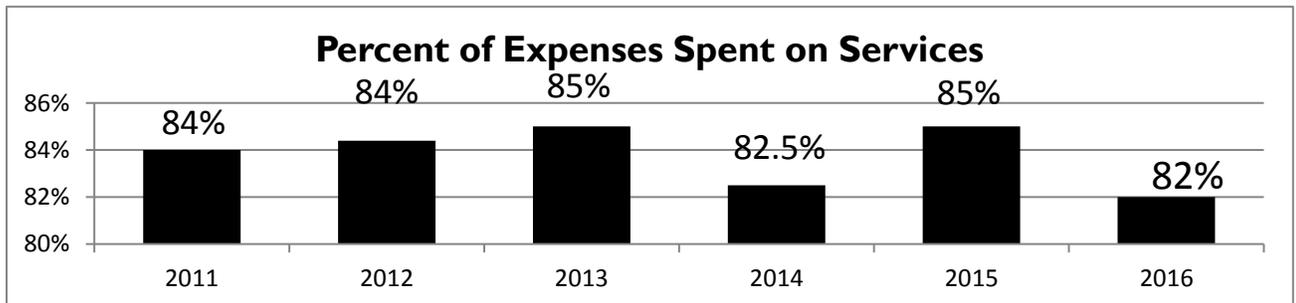
FINANCES

(This information is from fiscal year FY15: July 1, 2015 – June 30, 2016)

- **FRIEDMAN PLACE SAVES TAXPAYERS MONEY AND KEEPS PEOPLE OUT OF NURSING HOMES**
 - The State of Illinois pays Friedman Place less than 50% of what it pays to the average Nursing Home in Illinois for each resident.
 - Since without Friedman Place, most residents would end up in nursing homes, the agency saves the State of Illinois and its taxpayers approximately \$20,000 per resident per year.
 - Since without Friedman Place, most residents would end up in nursing homes, the agency saves the State of Illinois and its taxpayers approximately \$1,500,000 per year.
 - Friedman Place receives 29% of our income directly from government sources, which is much lower than most nonprofit organizations of our size.



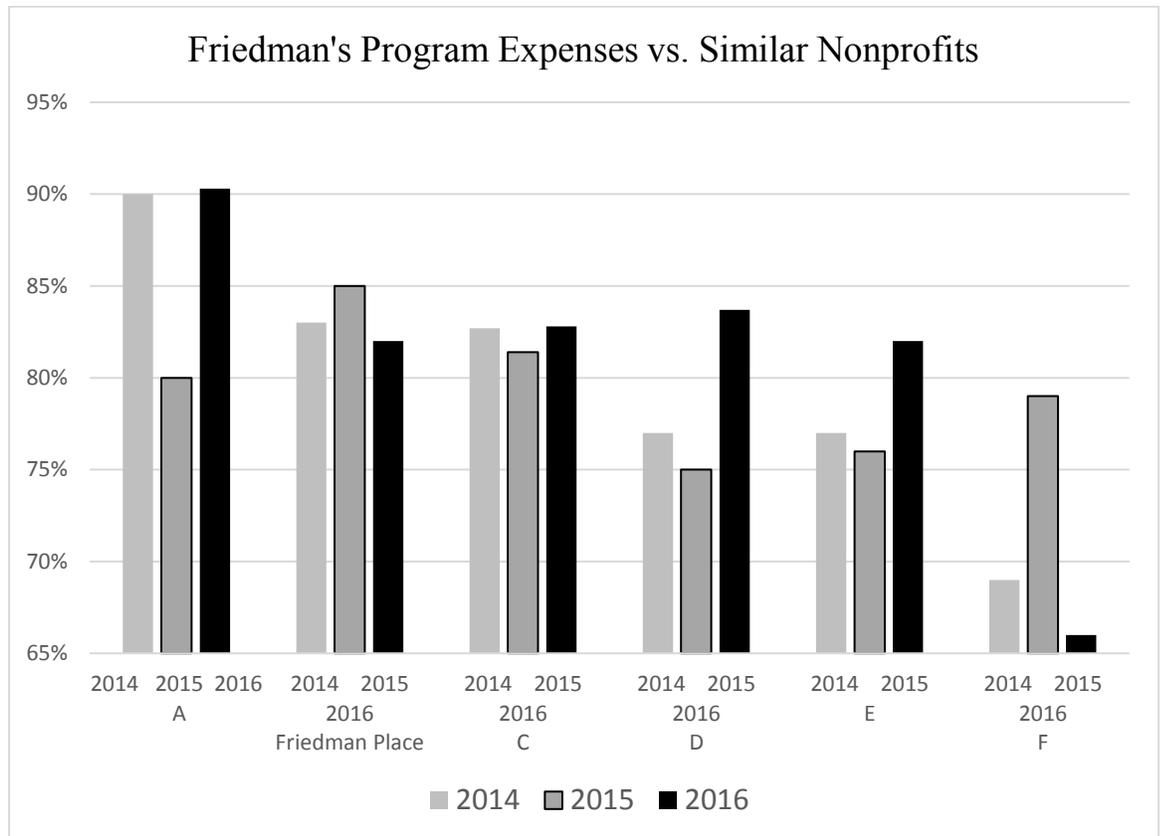
- **THE AGENCY IS EFFICIENT IN HOW IT SPENDS MONEY, ASSURING THAT AS MUCH AS POSSIBLE GOES TO DIRECTLY BENEFIT THE RESIDENTS.**
 - Nearly all of the agency's expenses go directly towards programs and services. Eighty-two percent (80%) of expenses went directly to programs and services, which is much higher than the minimum 65% recommended by the Better Business Bureau's Standards for Charitable Accountability and 60% by the American Institute for Philanthropy.
 - Friedman Place spends 82 cents of every dollar on resident services and programs and only just 18 cents on administration costs.



- **THE PERCENTAGE OF EXPENSES FRIEDMAN PLACE SPENDS ON SERVICES AND PROGRAMS IS BETTER THAN MOST SIMILAR AGENCIES.**

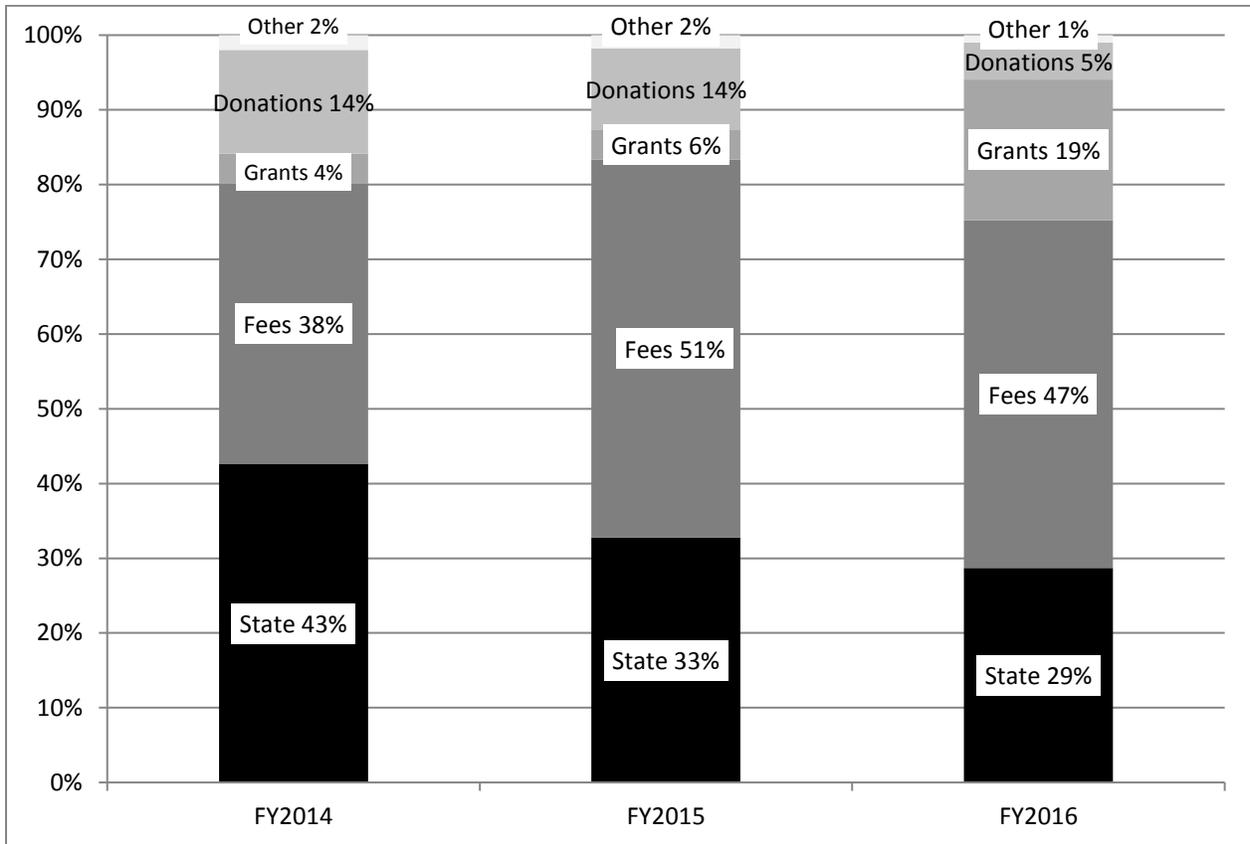
- One of the ways Friedman Place compares itself to similar organizations is by the amount of money we spend on programs and services as compared to administration and fundraising.
- Friedman Pace has chosen 5 nonprofit organizations in Illinois that provide similar services – affordable housing and support services - against whom to benchmark. Most of the other agencies are based in Metropolitan Chicago, provide similar services, and have budgets roughly the same size as Friedman Place.

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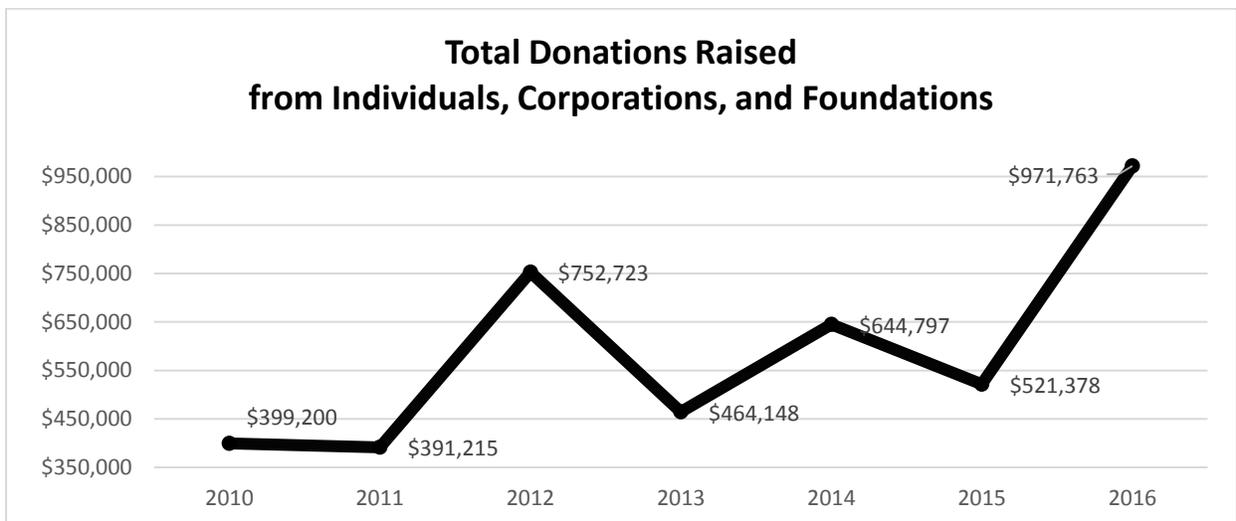


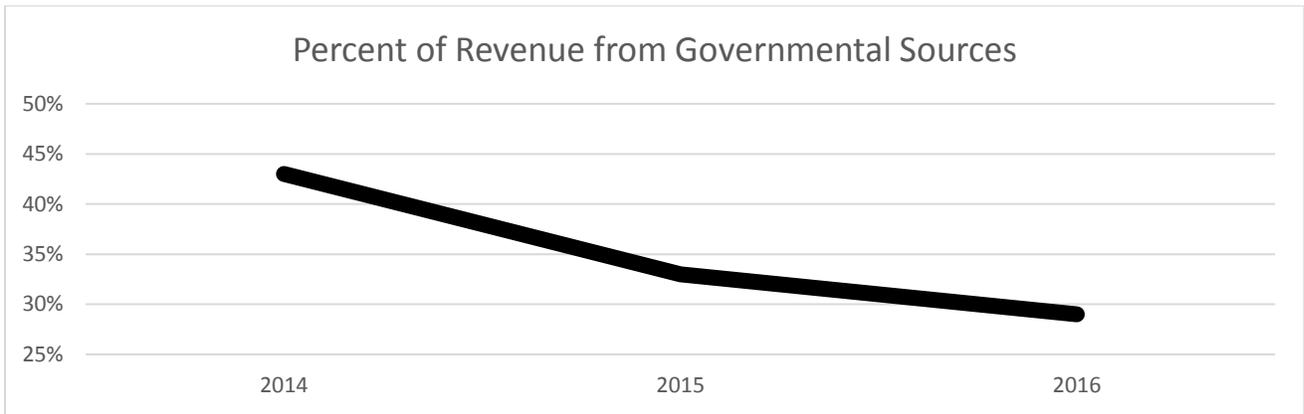
- **THE AGENCY HAS A DIVERSIFIED STREAM OF FUNDING, WHICH IMPROVES STABILITY.**

- Last year, a little under 30% of our funding came from the government (which is a much lower percentage than many nonprofits of our size) and was 10% less as a percentage than the previous year. Just under 50% came from program fees and the remainder from fundraising and other sources.



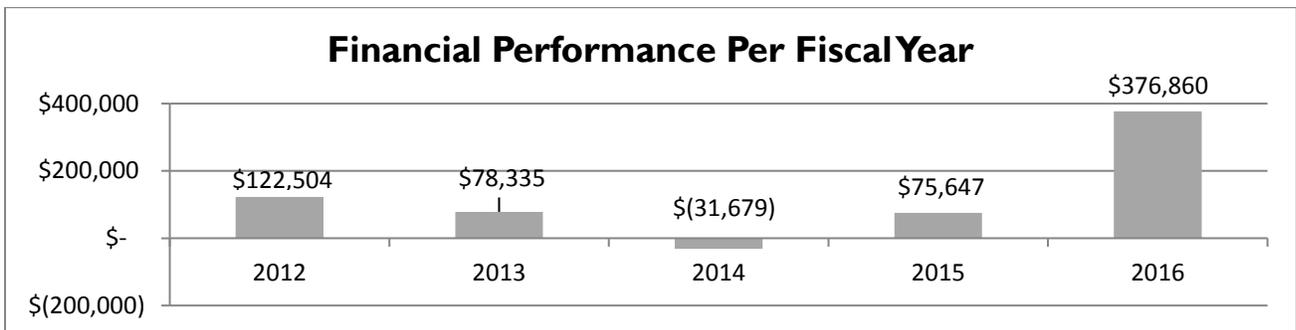
In the last seven years, Friedman Place has obtained 4.5 million dollars in donations from private sources, such as individuals, corporations, and foundations. In 2016, Friedman Place raised 240% more from private sources than it did seven years prior in 2010.





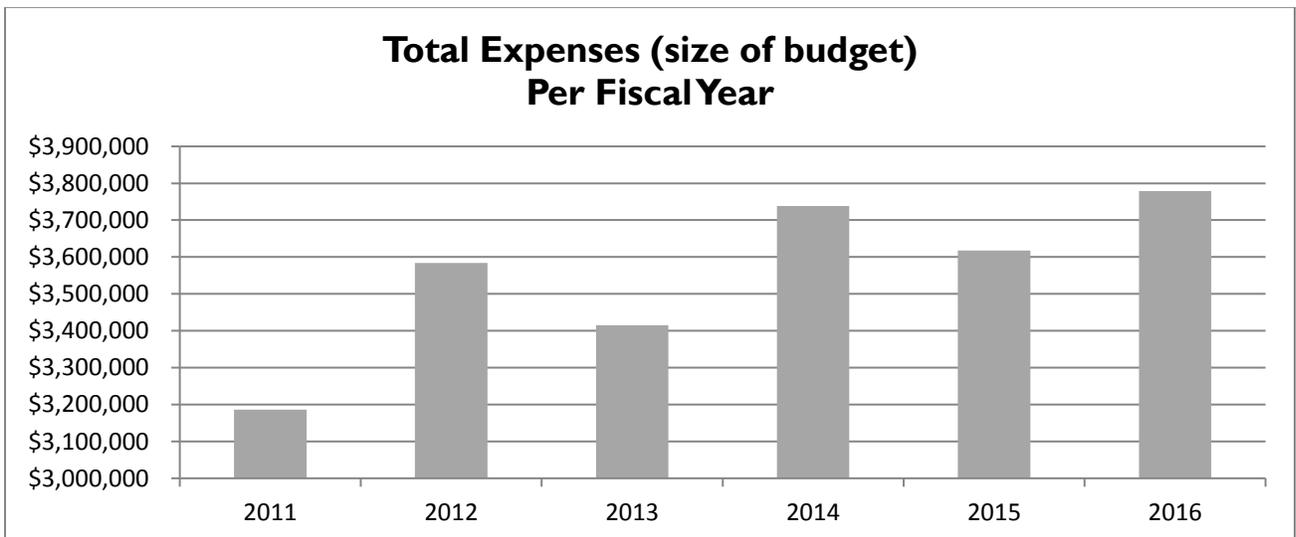
- THE AGENCY ADHERES TO ITS BUDGET AND IS EFFICIENT IN HOW IT SPENDS MONEY.**

- Over the previous five years, the agency ended three years with surpluses and one with a small deficit. Over the entire four year period, the agency raised \$621,667 more than it spent, which is approximately 2 percent of the total expenses over the four years. This “rainy day fund” can then be available for urgent needs such as building repairs, etc.



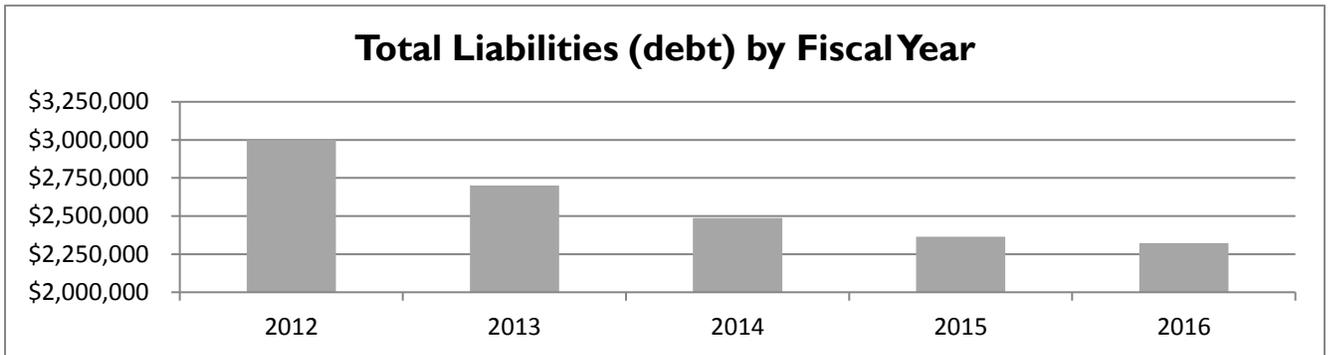
- THE AGENCY’S BUDGET HAS GROWN IN RECENT YEARS.**

- Between 2011 and 2015 total expenses increased by almost \$600,000, or 14%.



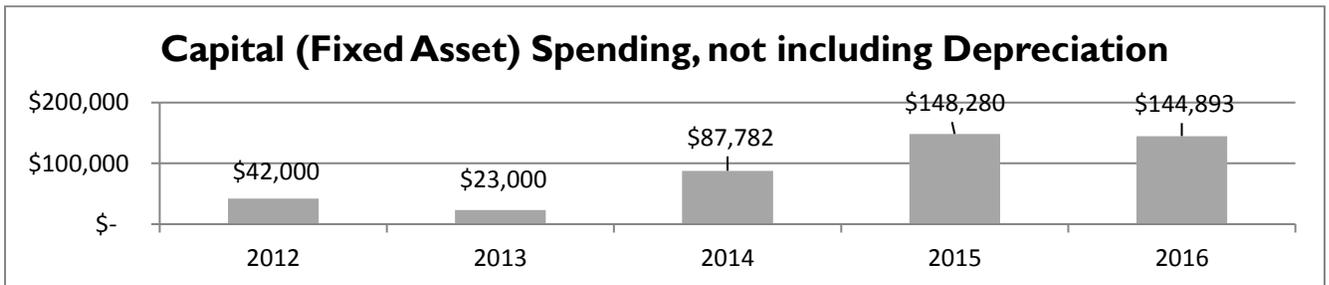
- **THE AGENCY HAS REDUCED ITS DEBT**

- In recent years, the agency has reduced the total amount of money owed to others by \$675,000, or 23%.



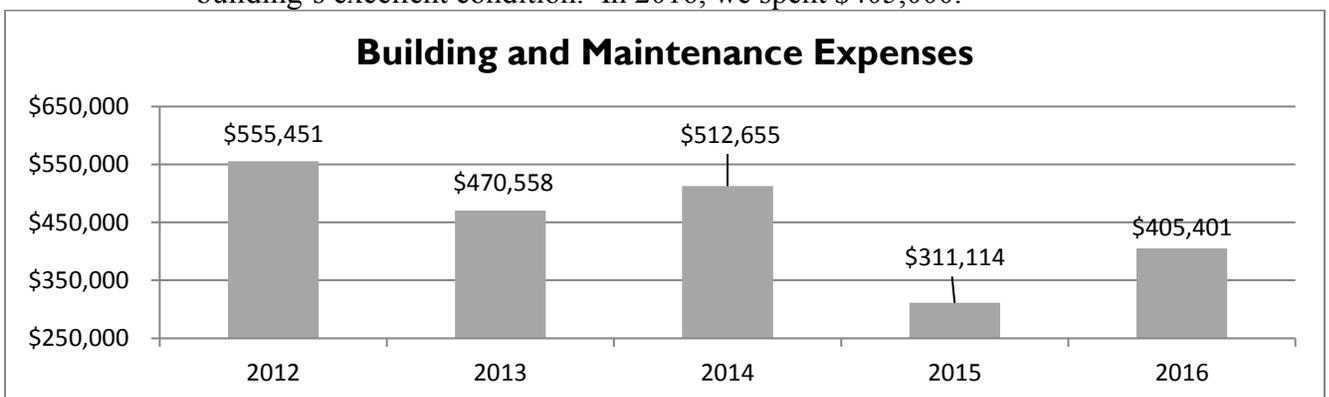
- **THE AGENCY SPENDS A LOT ON BIG-TICKET ITEMS TO MAINTAIN THE MAIN BUILDING.**

- The agency spent almost \$150,000 on Capital (Fixed) Assets, which are items of significant value that will be useful beyond a single year. For example, \$90,000 was spent on a new air conditioning system, \$17,000 for new kitchen stoves and ovens, \$17,000 on a new phone system, and \$4,000 for upgrades to our emergency alert system. Note: This item does not include new “Annex” expenses related to the purchase and renovation.

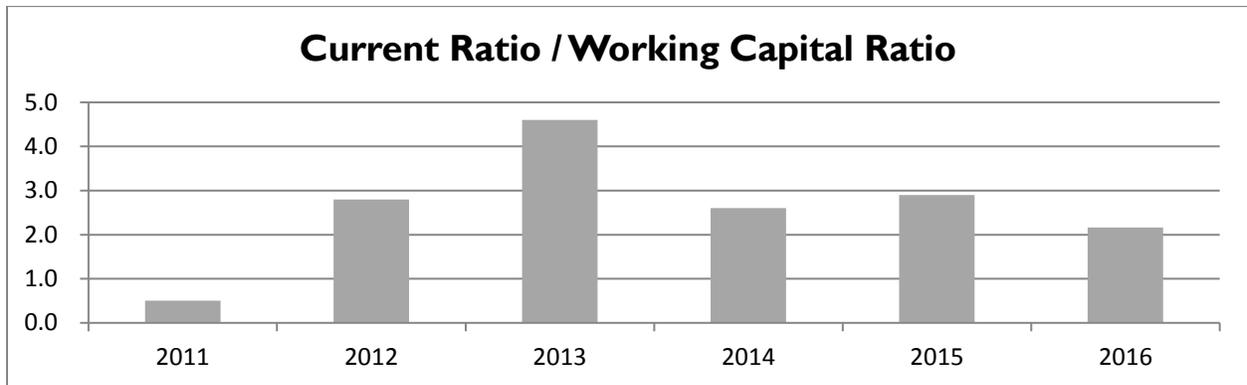


- **THE AGENCY SPENDS A LOT TO MAINTAIN THE BUILDINGS.**

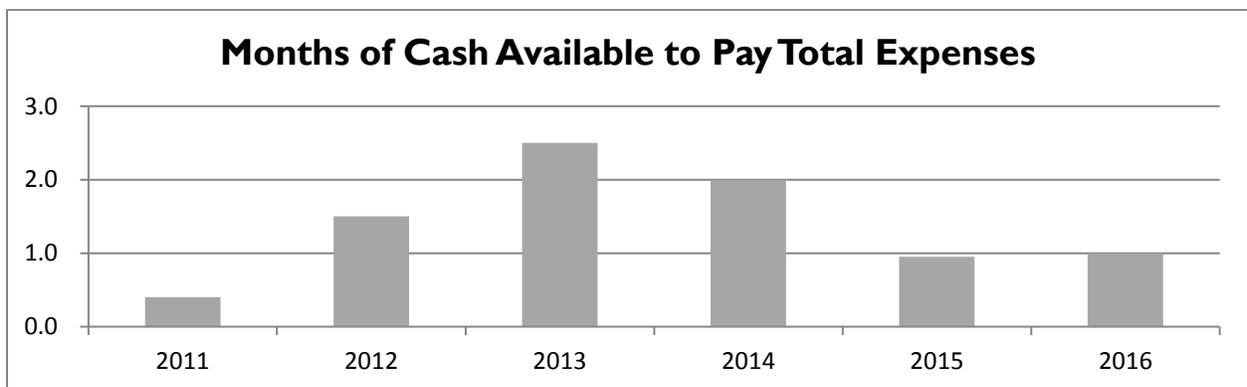
- Friedman Place typically spends on average \$450,000 each year to maintain the building’s excellent condition. In 2016, we spent \$405,000.



- THE AGENCY IS CAREFUL AND CONSERVATIVE IN ITS FINANCIAL APPROACH AND HAS ENOUGH SAVINGS TO MEET ITS OBLIGATIONS.**
 - The Current or Working Capital Ratio measures the ability to pay debts owed in the next year with cash that is now or will shortly be available. It helps answer the questions “Do you have enough money to pay your debt?” A score of at least one means that there is enough money available to meet the next year’s debts. A score less than one is generally considered a problem. Friedman Place ended its most recent year with a score of 2.2, which is a very positive indicator.

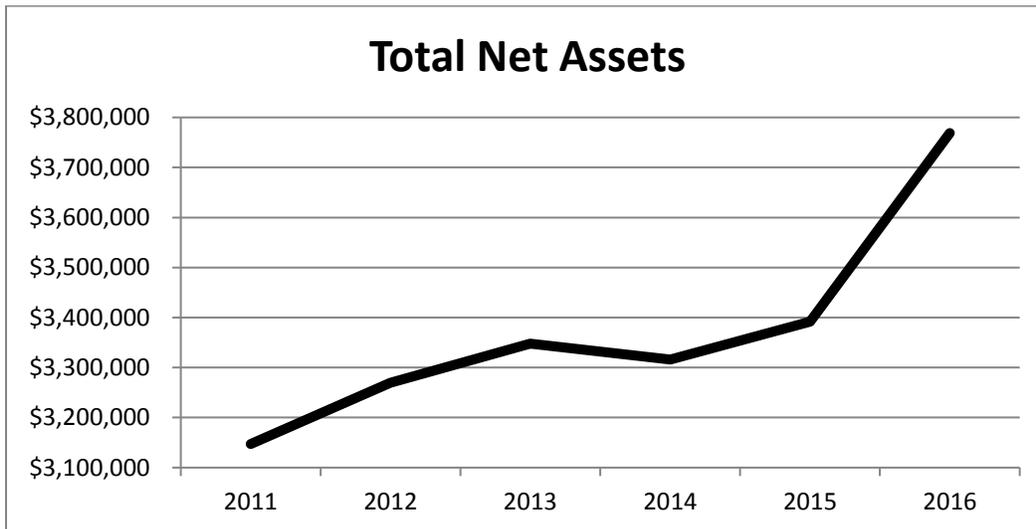


- THE AGENCY IS CAREFUL AND CONSERVATIVE IN ITS FINANCIAL APPROACH AND HAS ENOUGH SAVINGS TO MEET ITS OBLIGATIONS.**
 - Cash available is a measure of how long an organization could continue operating normally and still pay its bills if all income/revenue stopped. It helps answer the questions “Do you have enough money to pay your debt?” The number of months of cash available varies from one organization to another, but three months is a common goal of many nonprofits. While at the end of Fiscal Year 2015 Friedman Place had just over one month cash on hand, at the end of December 2015 we had just over two months of cash on hand.



- **THE AGENCY IS WORTH MORE THAN IT WAS FIVE YEARS AGO; THE AMOUNT OF NET ASSETS HAS INCREASED.**

- Assets are the value of everything that the organization owns: money, investments, property, equipment, vehicles, etc. Net assets are the value of everything the agency owns (the assets) minus all the liabilities and debt that the agency owes. Net assets are often thought of the “worth” of the organization.
- The net assets of the agency have increased by approximately \$625,000 or about 20%, in the last five years.



A Community for Adults Who Are Blind or Visually Impaired

5527 North Maplewood Avenue
Chicago, IL 60625

773.989.9800

www.friedmanplace.org