

# Friedman Place 2017 Profile Report



~ 1940



~ 1970



2017



2017



*A Community for Adults Who Are Blind or Visually Impaired*

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Chicago, IL 60625

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[www.friedmanplace.org](http://www.friedmanplace.org)

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 2017, although most of the resident demographics are taken from the month of December 2017 and the financial data for our fiscal year, which ended June 30, 2017.

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 2017 was our eighty-second 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. 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.

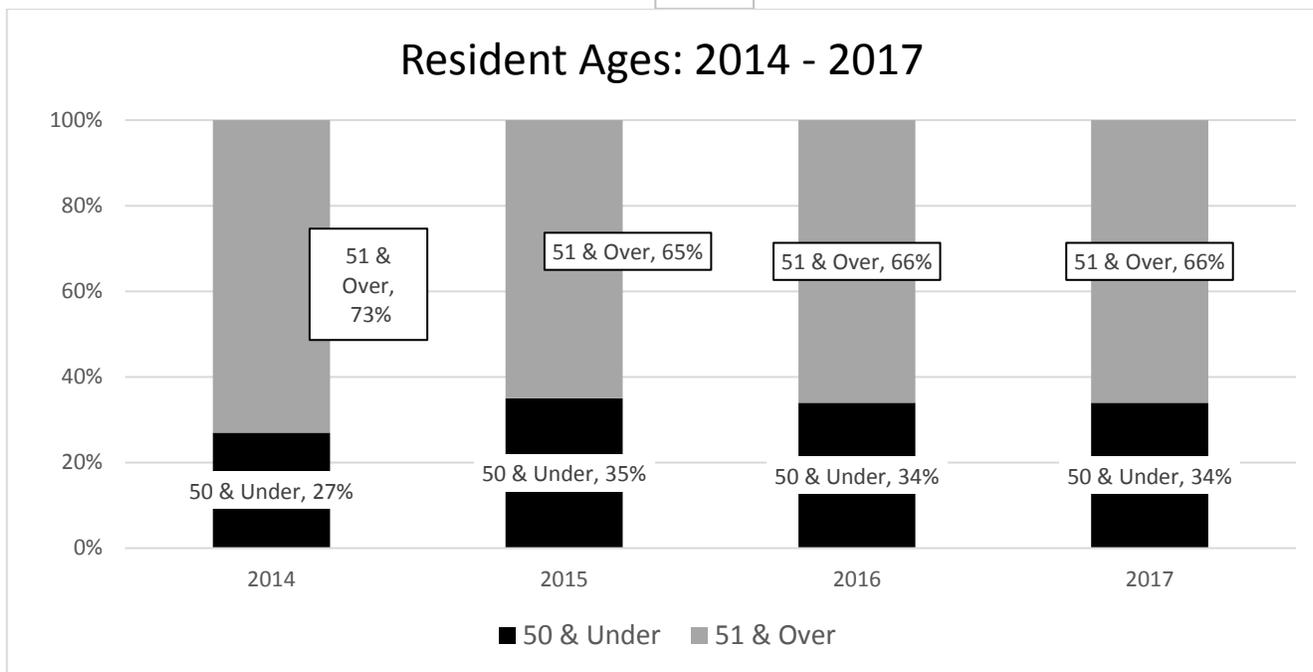
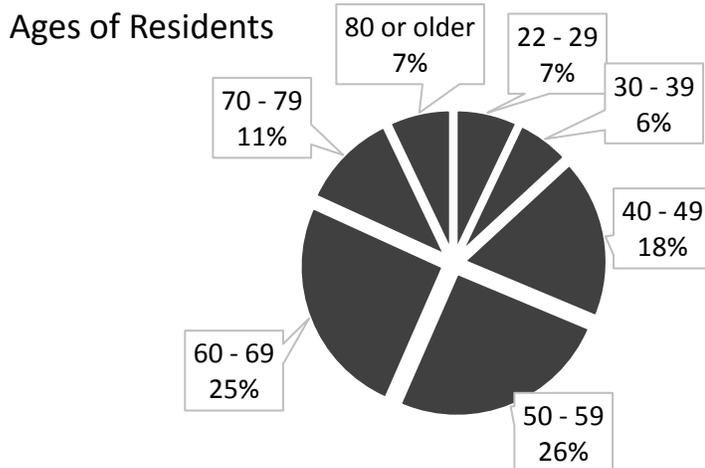
Friedman Place has grown in recent years and now has 70 employees, who are diverse in terms of ethnicity, age, and gender. Fifty-two percent of employees have worked for the agency continuously for at least three years and 18% for more than 10 years. The vast majority of Friedman Place employees are extremely engaged and a recent survey indicated levels of satisfaction higher than those found nationally in every area considered. Of all the individual answers given, 83% were positive, 13% neutral and only 4% were negative.

One hundred and five residents were served in 2017 and they range in age from 22 to 99 years old! Approximately one-half are totally blind and one-half have significant visual impairments, nearly all have very low incomes. Additionally, approximately 50 professionals not from Friedman Place (i.e., not staff) received training on a wide range of issues related to blindness, aging, mental health, etc.

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### RESIDENT DEMOGRAPHICS

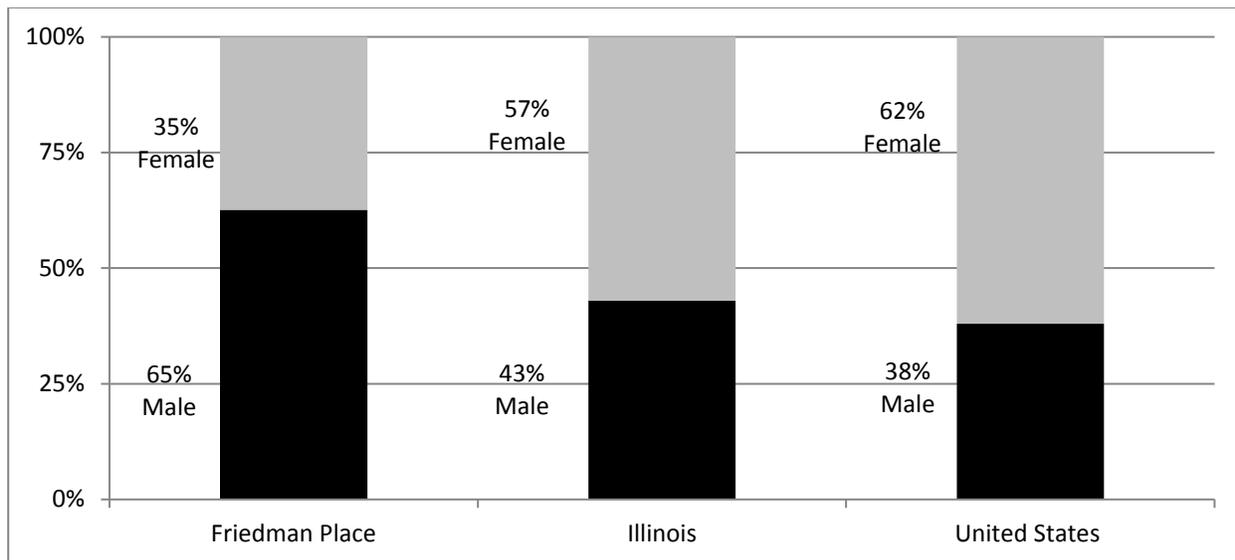
- **FRIEDMAN PLACE RESIDENTS ARE ADULTS OF ALL AGES, ALTHOUGH MOST – 70% - ARE OVER AGE FIFTY.**
  - Our youngest resident was 22 years old and the oldest 99
  - 17% of residents are 71 or older (approximately the same as last year)
  - 51% of residents are between ages 51 and 70 (approximately the same as last year )
  - 2% of residents are age 60 or older
  - 18% of residents are between ages 41 and 50 (approximately the same as last year )
  - 11% of residents are between ages 22 and 40 (approximately the same as last year)The average age of residents is 56, the same as last year



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

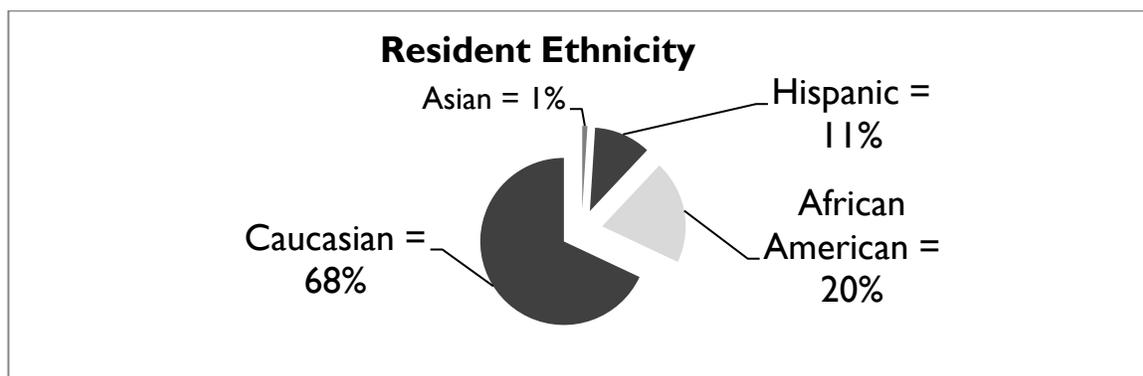
- One-third of Friedman’s residents are female and two-thirds male, nearly the same as last year and several previous years.
- This ratio differs from what is found in Illinois and the United States, where there are more women than men who are blind or have vision loss. While 35% of Friedman Place residents 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 A WIDE AND DIVERSE GROUP OF PEOPLE ARE SERVED.**

- Asian - 1%
- Hispanic - 11%
- African American - 20%
- Caucasian - 68%
- Since the previous year the percentage of residents who are ethnic minorities has remained about the same at 32%, but in the last three years has increased by 6%.



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 68%.

- **ALL RESIDENTS ARE LEGALLY BLIND**

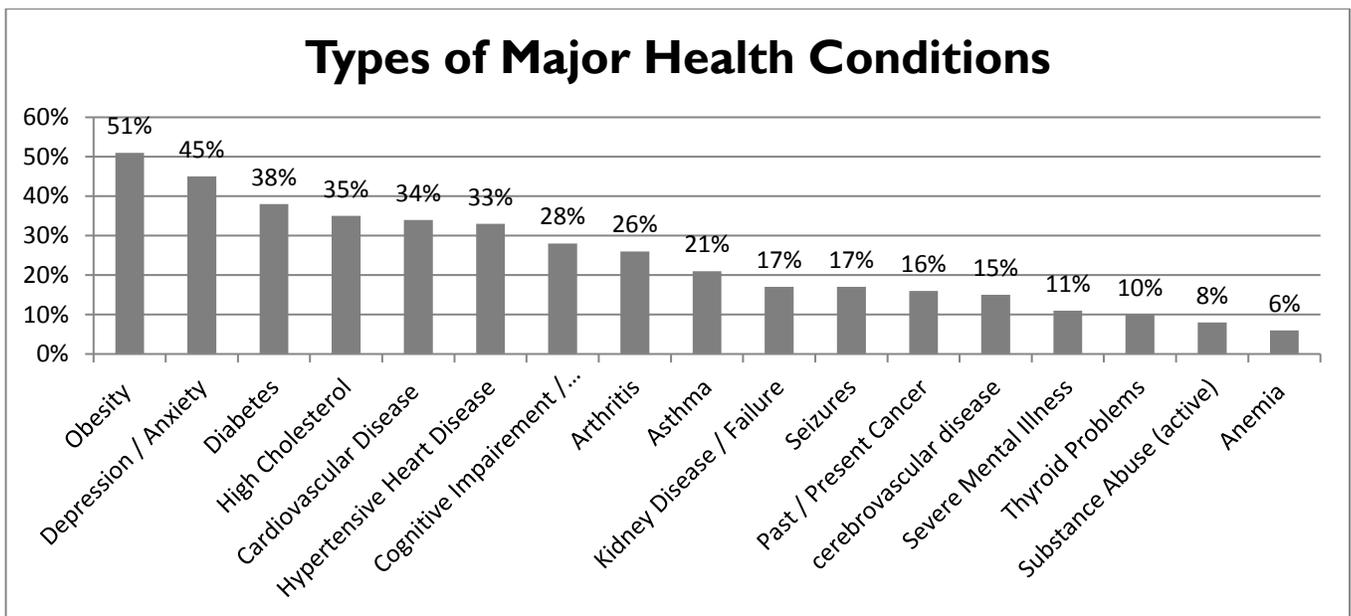
- Approximately one-half of our residents experience total blindness and one-half have significant visual impairments. All are legally blind.
- There is a higher percentage of people who are blind as opposed to visually impaired at Friedman Place when compared to the overall United States, where approximately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

**• ONE-THIRD OF 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!

**• MOST RESIDENTS HAVE MULTIPLE SIGNIFICANT HEALTH ISSUES**

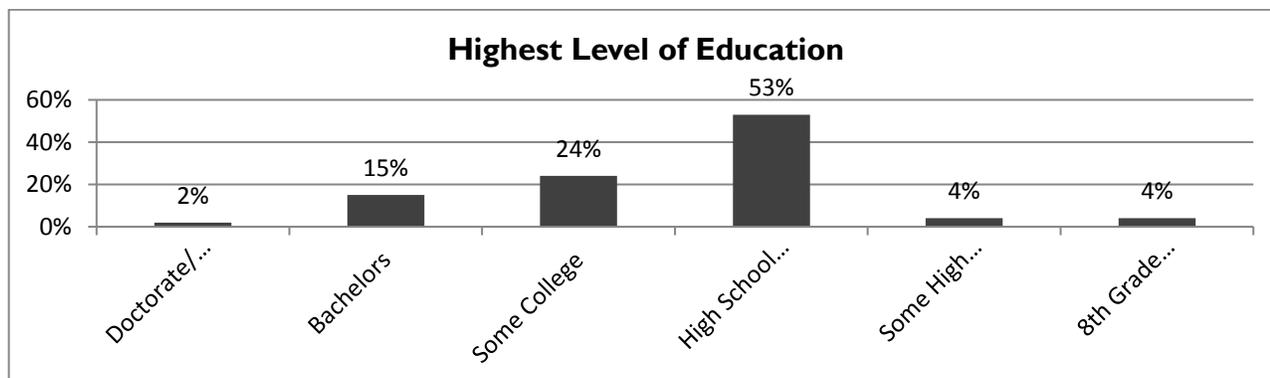
- 90% of residents have another major health condition not including blindness.
- On average, each resident has 5 (4.8) major health conditions, not including blindness or vision loss.



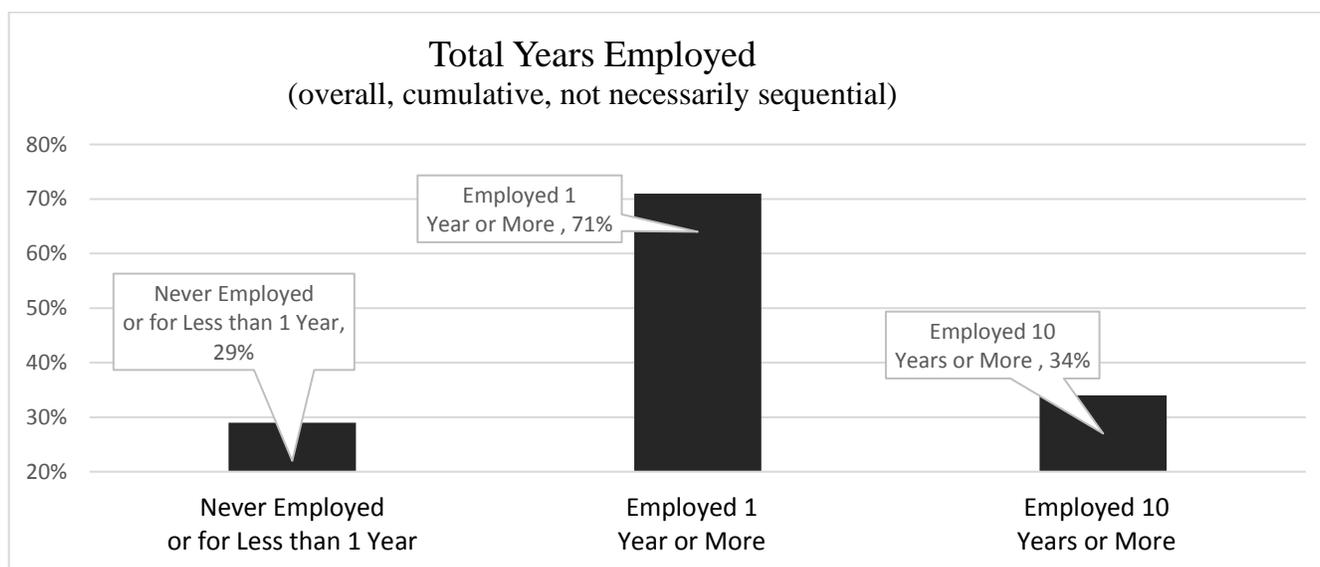
**• RESIDENTS HAVE A WIDE RANGE OF EDUCATION BACKGROUNDS**

- 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 educational backgrounds of Friedman Place residents are comparable to that of people who are blind or visually impaired throughout the United States.



- **MOST RESIDENTS HAVE BEEN EMPLOYED FOR AT LEAST 1 YEAR IN THEIR LIFETIME, WITH ONE-THIRD FOR AT LEAST 10 YEARS.**
- **ALMOST A THIRD OF RESIDENTS HAVE NEVER BEEN EMPLOYED IN THEIR LIFETIME OR HAVE BEEN FOR LESS THAN 1 YEAR.**



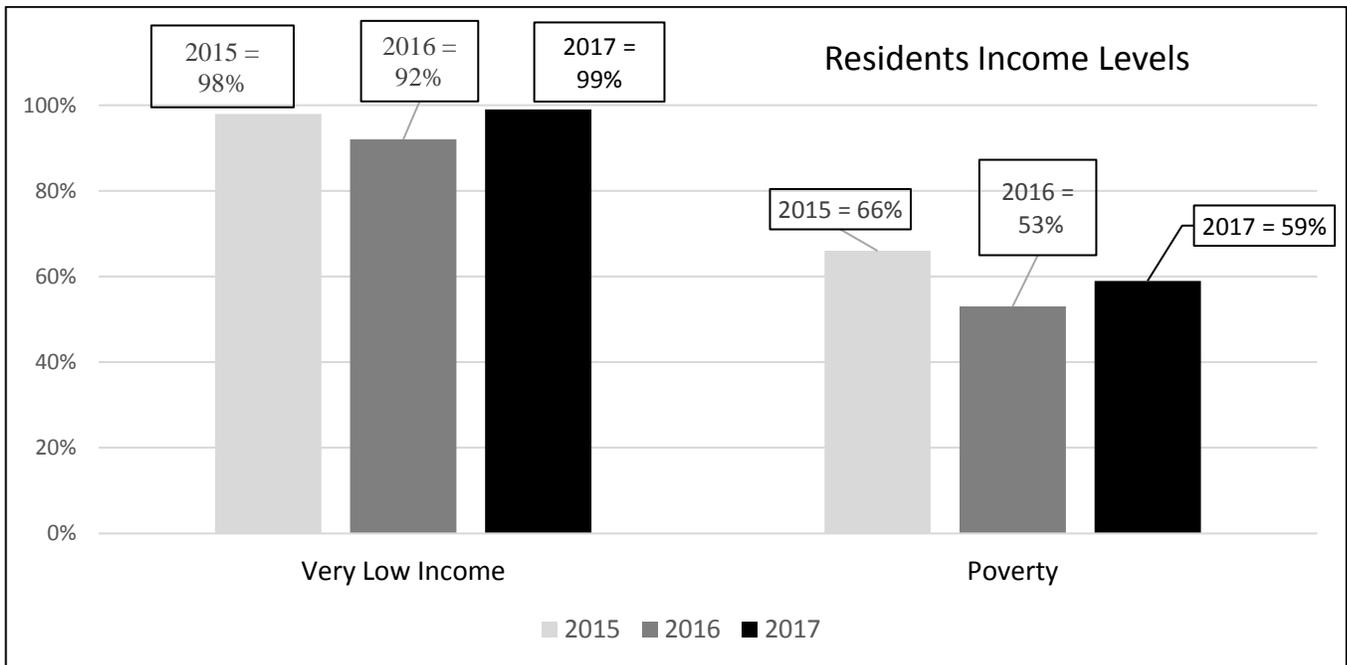
Only 6% of residents are currently employed but we believe that another 5% - 10% could work if provided the sufficient vocational training and job placement services. Three years ago no residents were working.

- **THE AGENCY PROVIDES RESIDENTIAL SERVICES TO APPROXIMATELY 100 PEOPLE PER YEAR. AN ADDITIONAL 50 PROFESSIONALS (NOT INCLUDING OUR OWN STAFF) RECEIVE A WIDE RANGE OF PROFESSIONAL TRAINING.**

- One hundred three people (including three in the new Transitional Living Program) were served in 2017, approximately the same as the previous 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.
- 259 separate individuals have been served between 2010 and 2017.

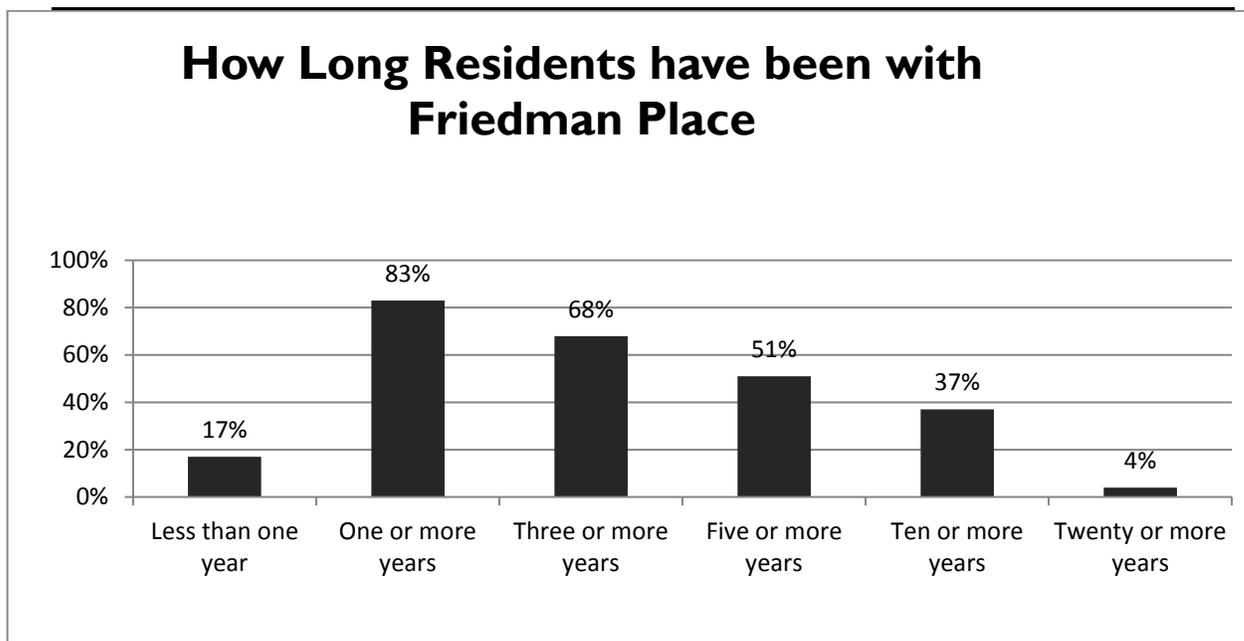
- **NEARLY ALL RESIDENTS HAVE VERY LOW INCOMES**

- 99% of Friedman Place’s residents have annual incomes at or below the Federal definition of Very Low Income
- 59% 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.
- 99% of residents have annual incomes at or below \$25,950.
- 59% of residents have annual incomes at or below \$12,060
- 40% of residents have annual incomes more than \$12,060 and less than \$25, 950.



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

- Our longest-term resident has been with the agency for 25 years
- The average length of stay is approximately six and one-half years
- 17 residents left in 2017, which is two more than the previous year and much higher the several years previous.
- Of those that left: 50% required a higher level of care than Friedman Place could provide, and most of these people moved to a nursing home; 13% died while in the building; and 37% moved successfully into the community, usually with family (this is a higher percentage than is typical)



**FRIEDMAN PLACE**

**2017 RESIDENT SATISFACTION SURVEY SUMMARY**

In the spring of 2017, sixty-two percent of the residents participated in a satisfaction survey. Several interns met individually with each resident to best assure openness and anonymity. The results below are compared to previous surveys going back to 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 in recent years so some data are not available with which to compare.

## **HIGHLIGHTS**

In 2017 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 in most cases improved over time.

### Physical Environment

Residents are overall extremely satisfied with their apartments, common areas, and quality of housekeeping, with almost all of the ratings being at the highest possible level. This level of satisfaction has been maintained relatively unchanged for the past several years.

### Activities

Residents are overall very satisfied with both the available activities – with all giving the highest ratings to the question of being generally satisfied and nearly all indicating that they are satisfied or very satisfied with their opportunities to give input into activities and outings.

### Food Services

Residents are overall very satisfied with the meals but there are areas where the scores are not as high as desired. Nearly all of the residents say that the quality of meals is good or very good, that the portions are appropriate sizes, and that the servers are courteous and helpful. But, only about three-quarters are satisfied with the flavor of the food, how long it takes to be served, and whether the locations of food on the plate is adequately described by the servers (which is important for someone who cannot see).

### Healthcare and Social Services

Residents are extremely satisfied with the services provided by nurses, certified nursing assistants, social workers, and others, with almost all of the ratings being at the highest possible level. While fluctuating somewhat, this level of satisfaction has remained relatively unchanged for the past several years.

### General Input and Awareness

The majority of residents agree strongly that policies and procedures are clear and that they are comfortable asking staff when they have questions and that they have the opportunity to

express concerns. But, there are areas where the scores are not as high as the Agency would like, such as only about three-quarters of the residents giving the highest ratings to having opportunities to give input into policies and procedures and whether they are applied in a fair, firm, and consistent manner.

#### Staff Relations

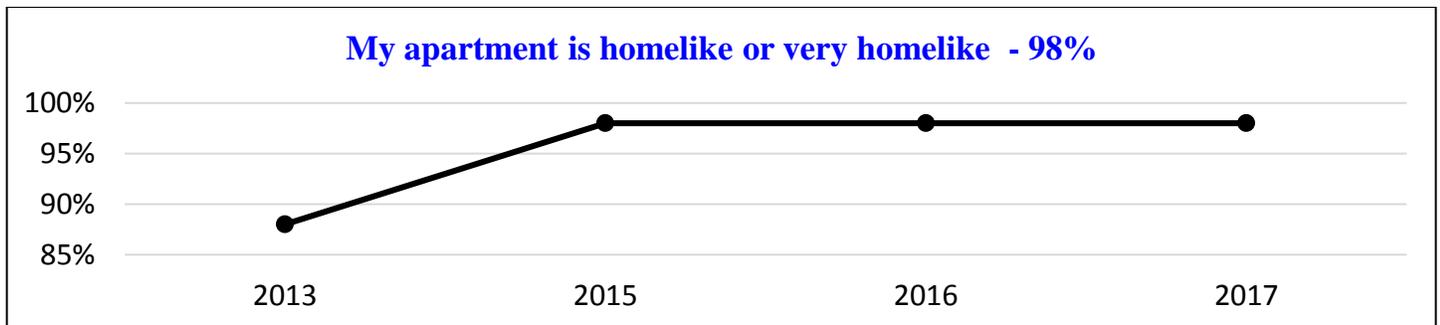
Residents feel that relationships with staff are extremely positive, with nearly all indicating a very high level of trust in staff and that staff are courteous and helpful. While fluctuating somewhat, this level of satisfaction has remained relatively unchanged for the past several years.

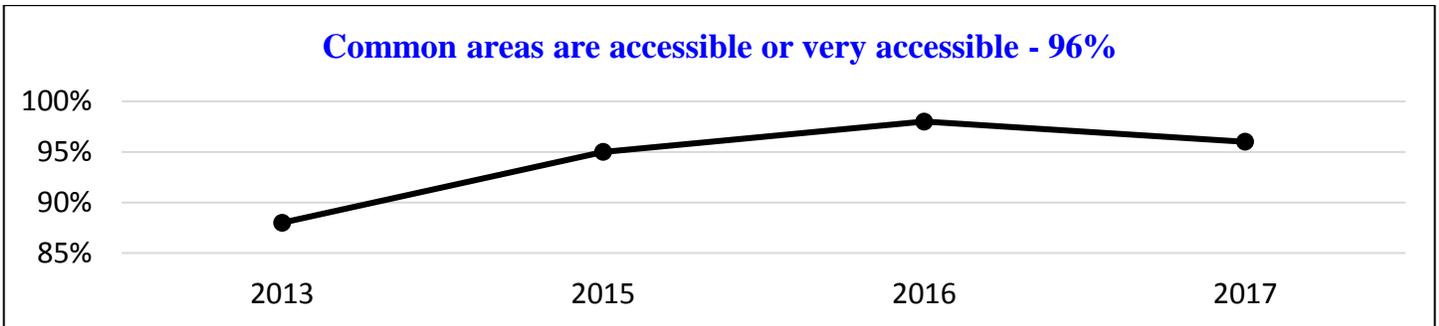
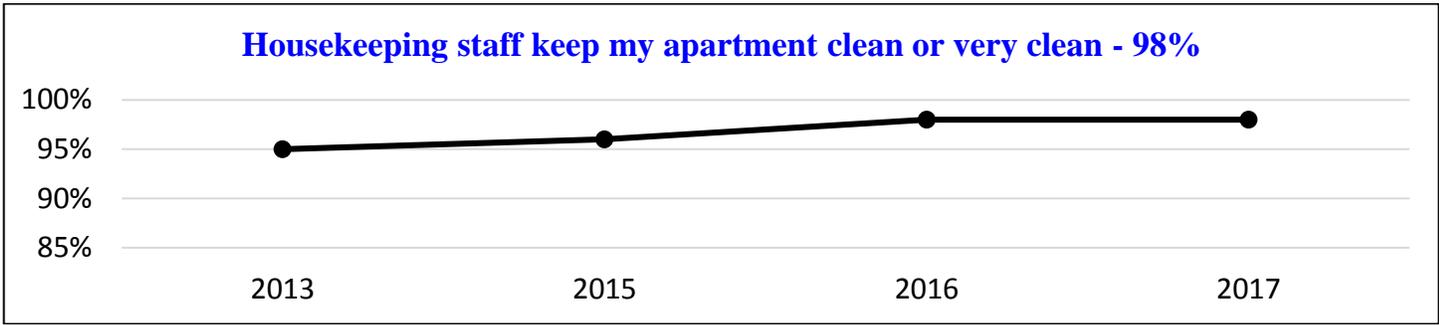
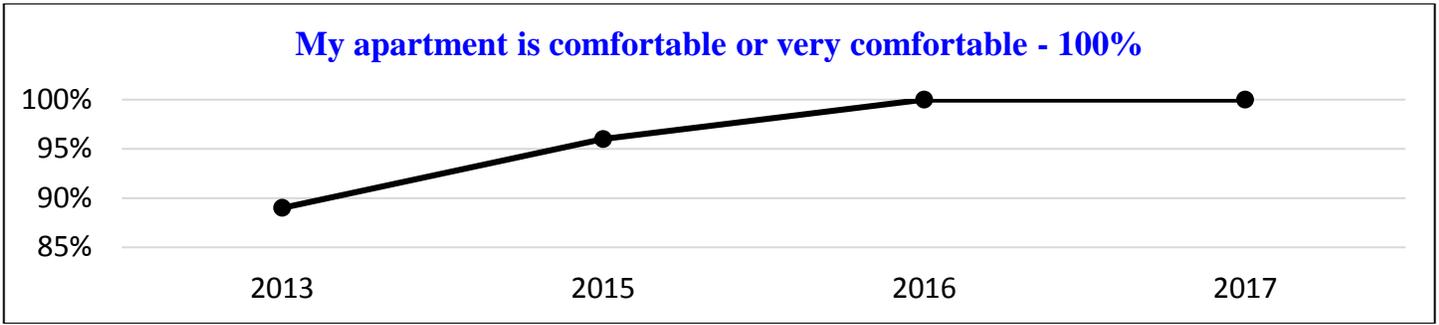
#### Quality and Goals

Residents are extremely satisfied with issues of quality and goal-achievement, with nearly all giving the highest ratings possible to questions regarding the agency improving their lives, achieving personal goals, the freedom to make their own decisions, feeling safe, and whether they would recommend Friedman Place to other people who are blind or visually impaired. While fluctuating somewhat, this level of satisfaction has remained relatively unchanged for the past several years.

### **PHYSICAL ENVIRONMENT**

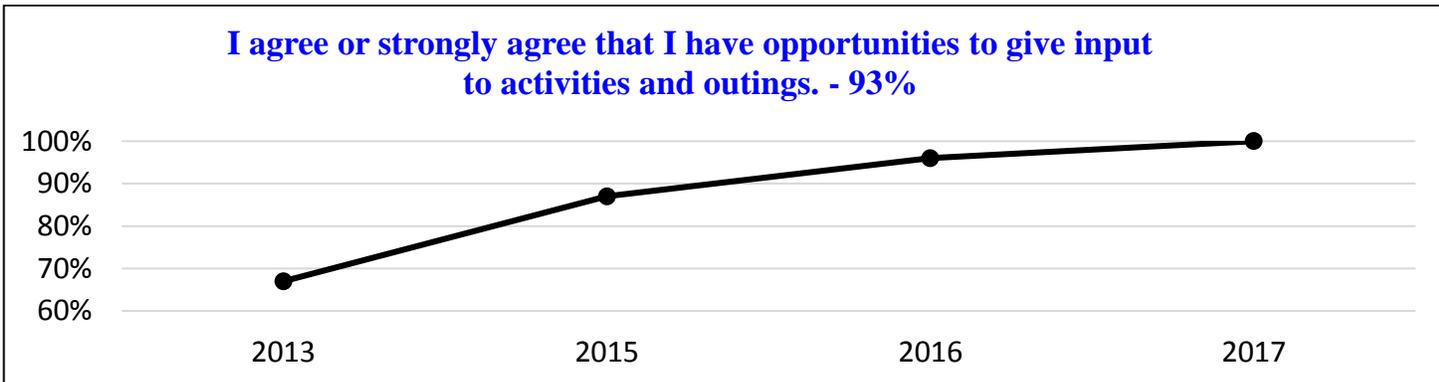
Each resident lives in an individual studio or one-bedroom apartment (one-bedrooms are usually for couples), which includes a kitchenette and a full bathroom. There are a variety of Activity Rooms and Exercise Rooms throughout the building, along with a main Dining Room, Computer Lab, Weaving Studio, and outside terraces and patios.



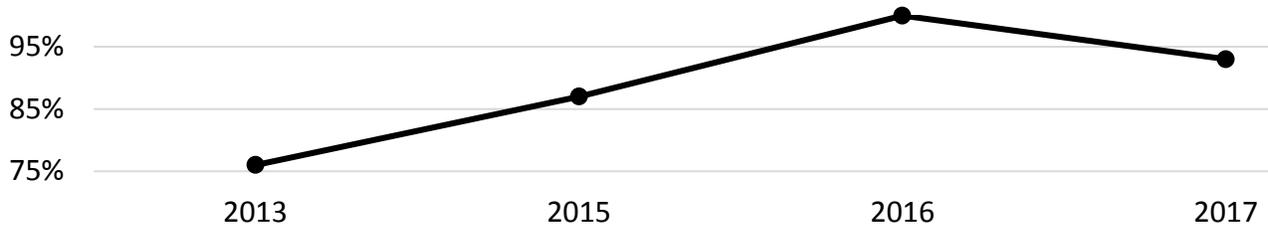


**ACTIVITIES**

A wide range of activities are provided inside and outside of the building, including weaving, music, theater, shopping, Uno, Bingo, bowling, exercise, religious services, advocacy group, movies, musical history, etc.



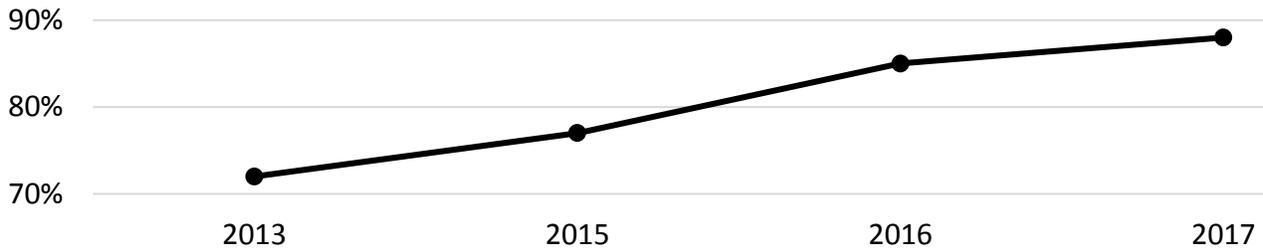
**The activities and group outings are good or very good - 93%**



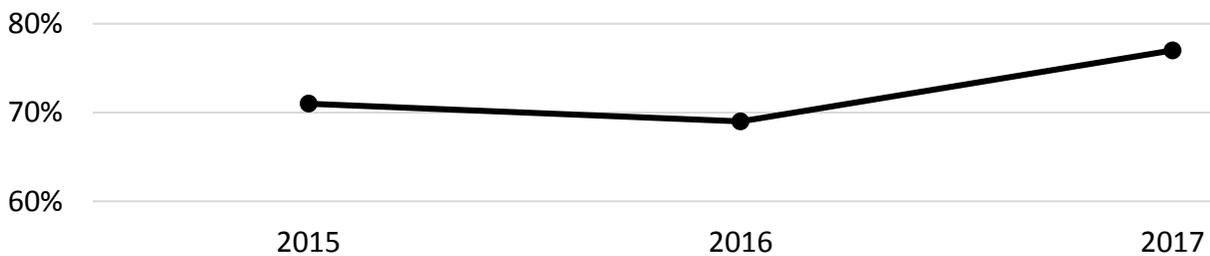
**FOOD SERVICES**

Three meals plus an evening snack are served daily. Most meals are eaten in the main dining room but residents are welcome to bring them back to their own apartments and to get “to-go” meals when they are planning to be out of the building. A main entrée and wide selection of alternative choices are available at each meal.

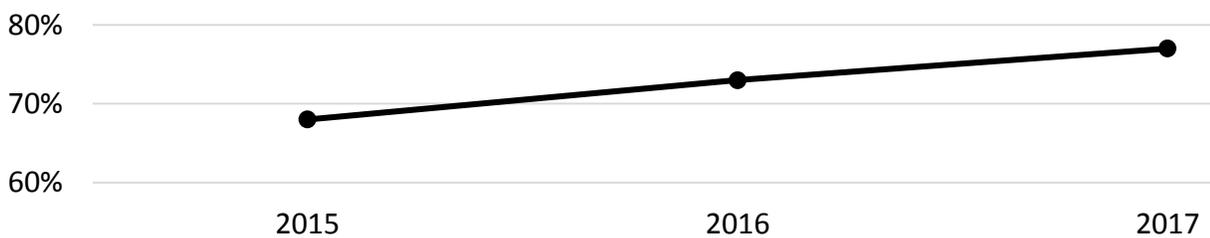
**The quality of meals here is good or very good - 88%**



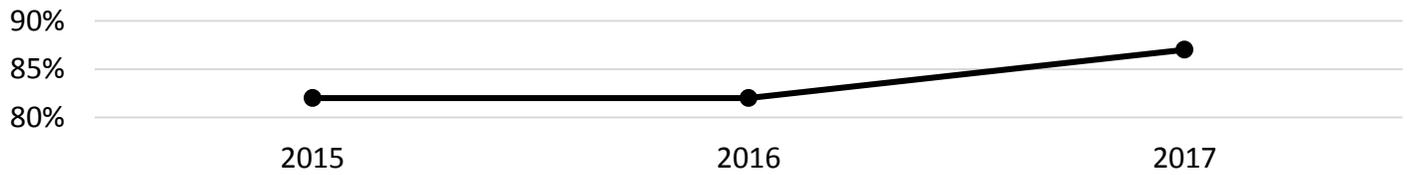
**I am satisfied or very satisfied with the flavor of the food - 77%**



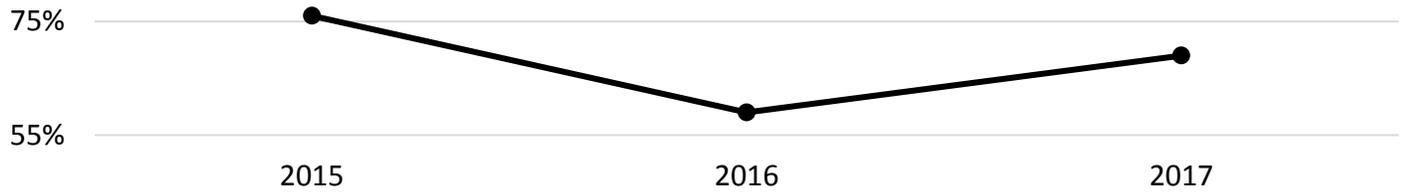
**I am satisfied or very satisfied with the time it takes to be served - 77%**



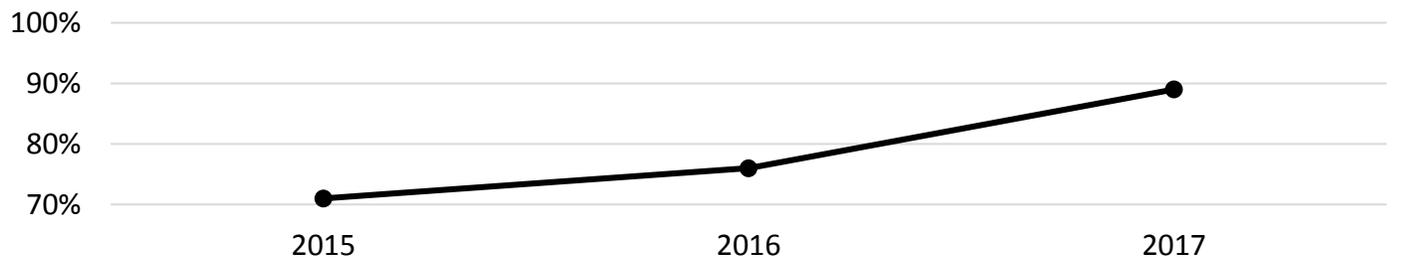
**I agree or strongly agree that the servers are courteous, informative, and responsive to requests for assistance - 87%**



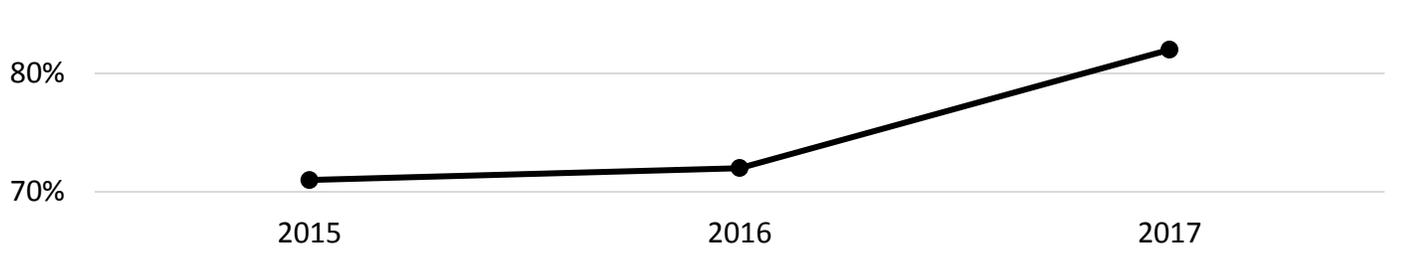
**I agree or strongly agree that the meals are presented in a manner that lets me know where the different foods are located on the plate and where the drinks and utensils are located - 69%**



**I agree or strongly agree that the meal portion sizes are appropriate (i.e., neither too large nor small) - 89%**

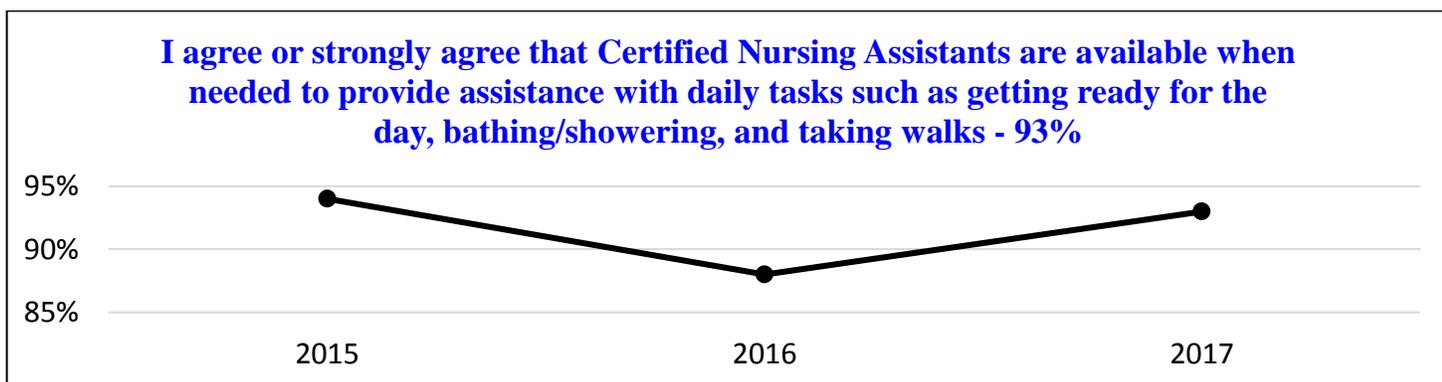
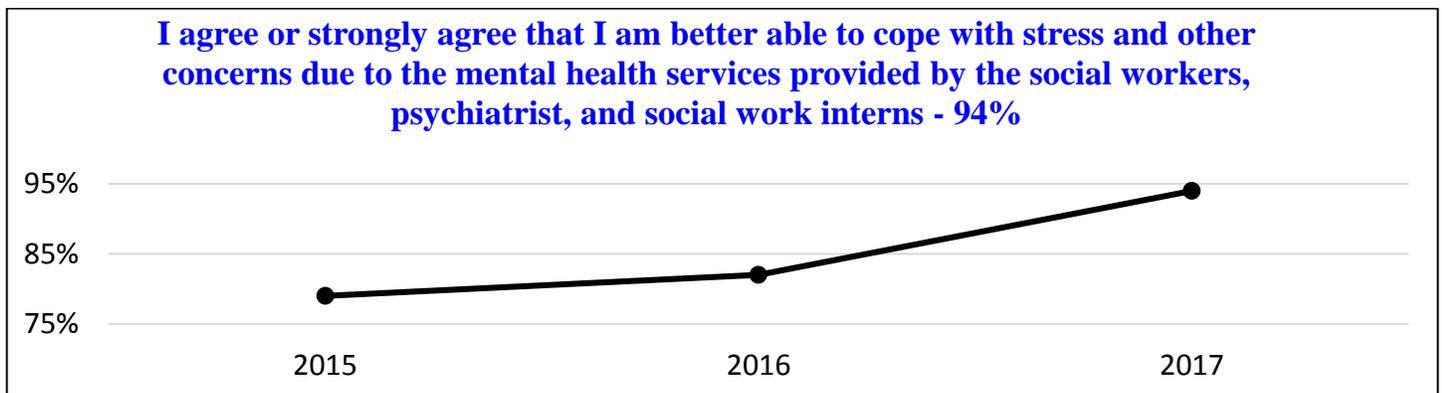
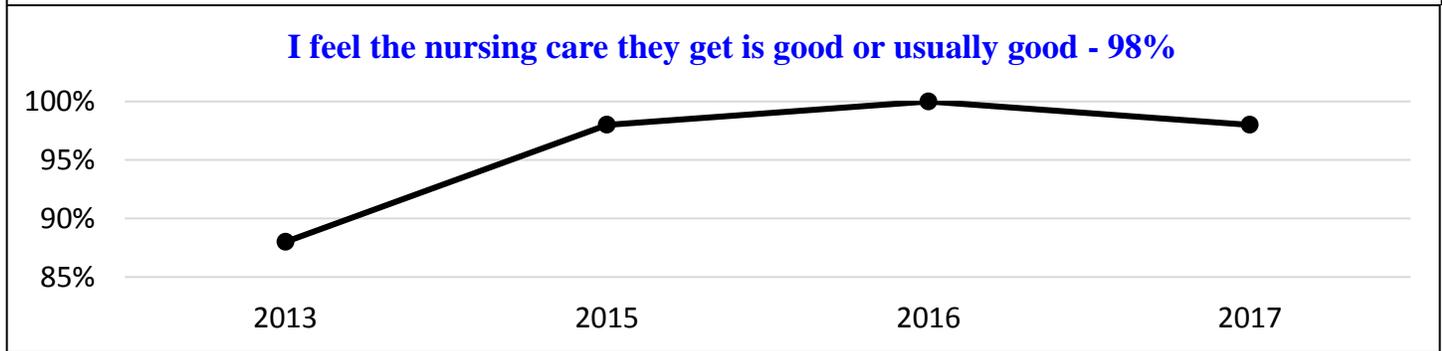
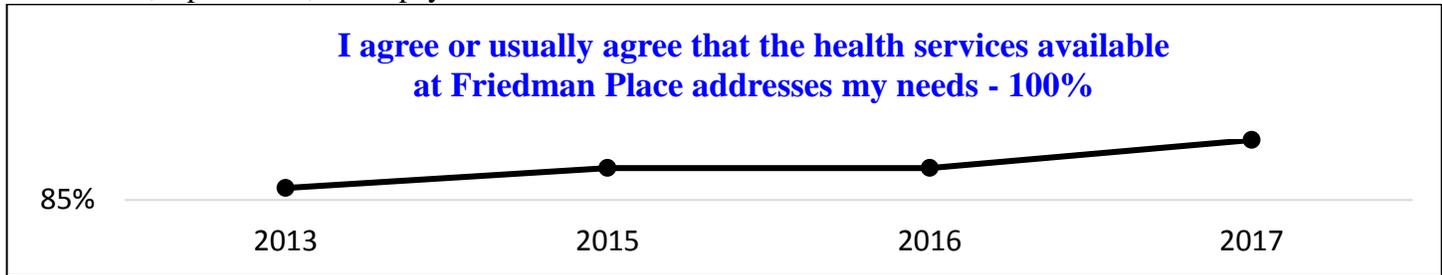


**I agree or strongly agree that the food is properly cooked (i.e., neither overcooked nor undercooked) - 82%**



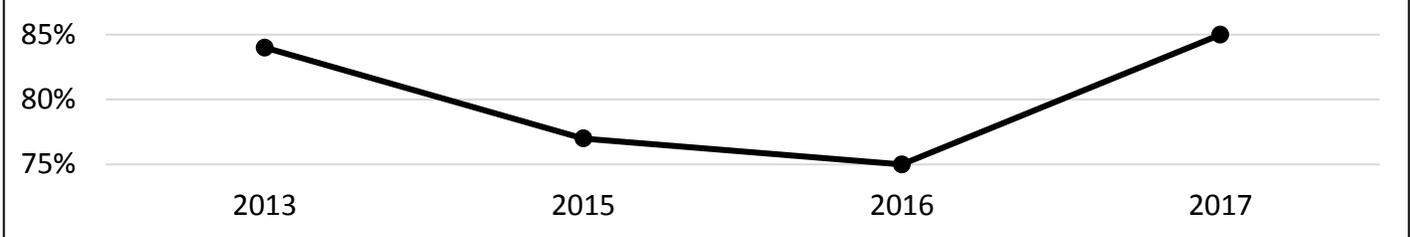
**HEALTHCARE & SOCIAL SERVICES**

A wide range of healthcare and social services are provided in the building by our own nurses, certified nursing assistants, and social workers as well as outside providers including dentists, ophthalmologists, an internist, a podiatrist, and a psychiatrist.

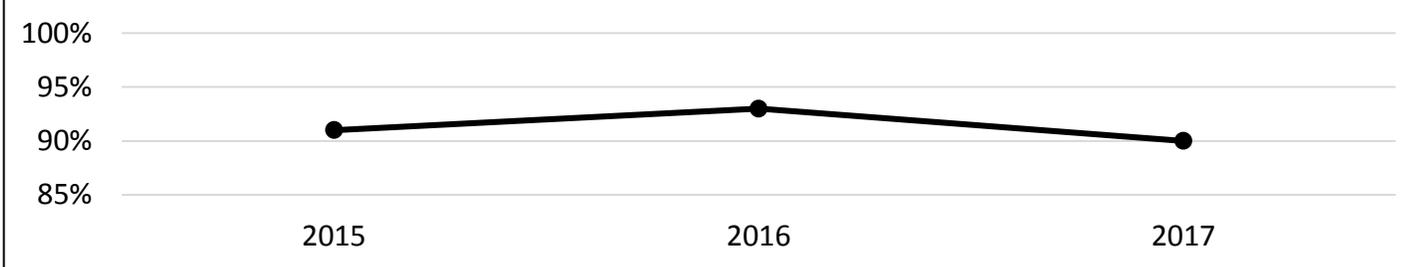


**GENERAL INPUT AND AWARENESS**

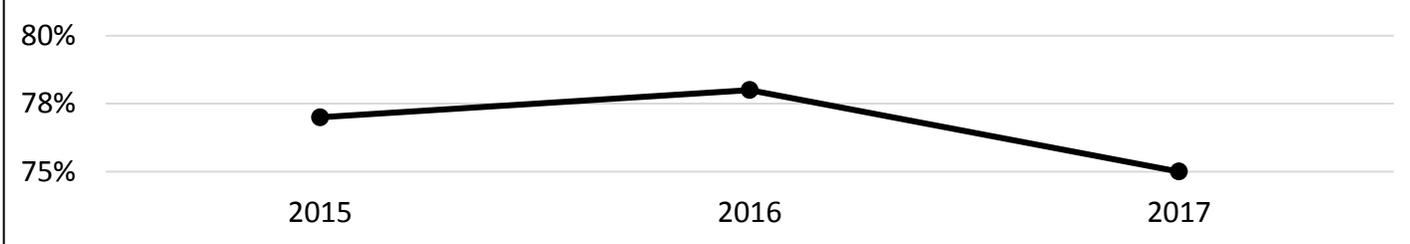
**The agency policies and procedures are clear or very clear to me - 85%**



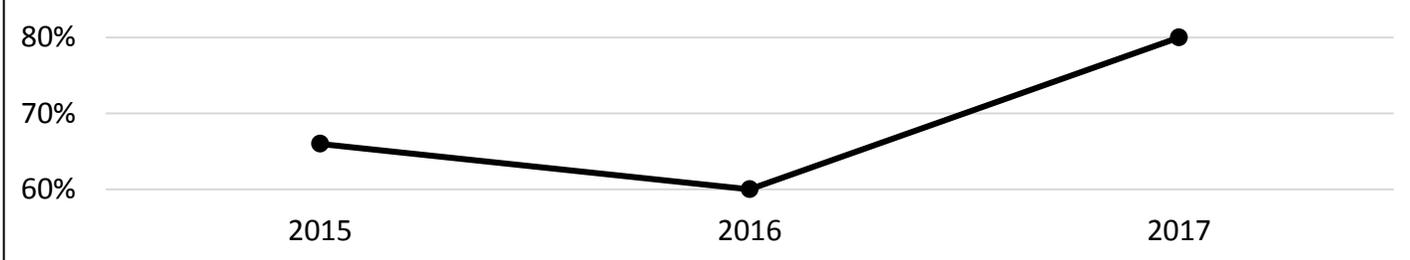
**I am comfortable or very comfortable asking staff about a policy or procedure when I have a question. - 90%**



**I agree or strongly agree that I have opportunities to give input into agency policies and procedures - 75%**



**I agree or strongly agree that the policies and procedures are applied in a fair, firm, and consistent manner - 80%**

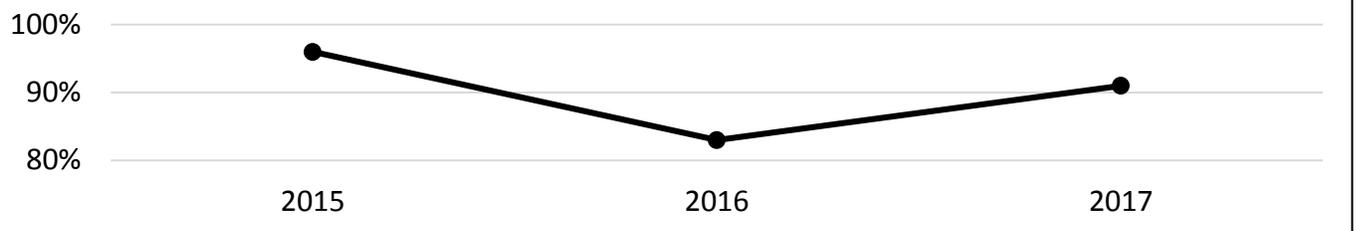


**I agree or strongly agree that I have an opportunity to express concerns - 91%**

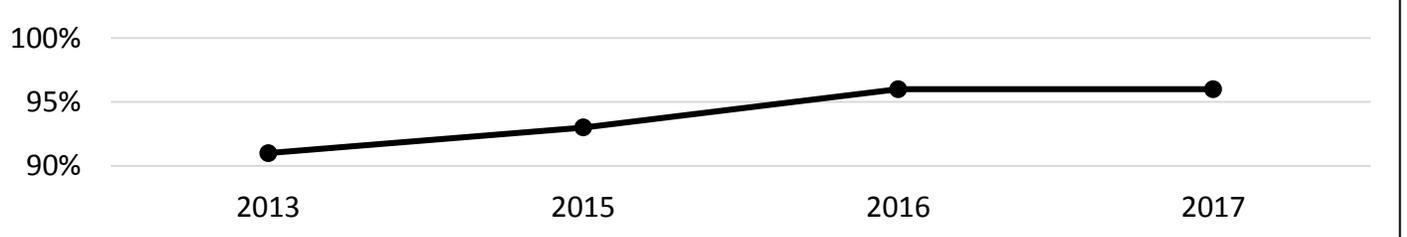


**STAFF RELATIONS**

**I agree or strongly agree that I feel a sense of trust in staff - 91%**



**I agree or strongly agree that the staff are courteous and helpful - 96%**



**QUALITY AND GOALS**

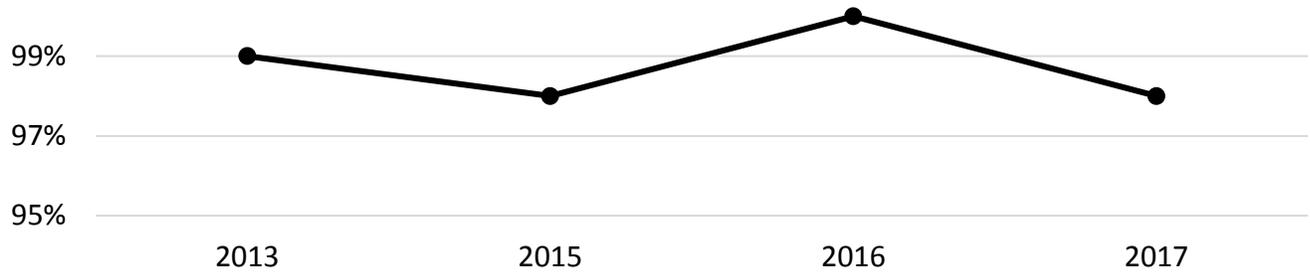
**I agree or agree or strongly agree that Friedman Place connected me to services not offered in the building but offered in the community - 76%**



**I agree or strongly agree that Friedman Place has helped me meet my personal goals - 92%**



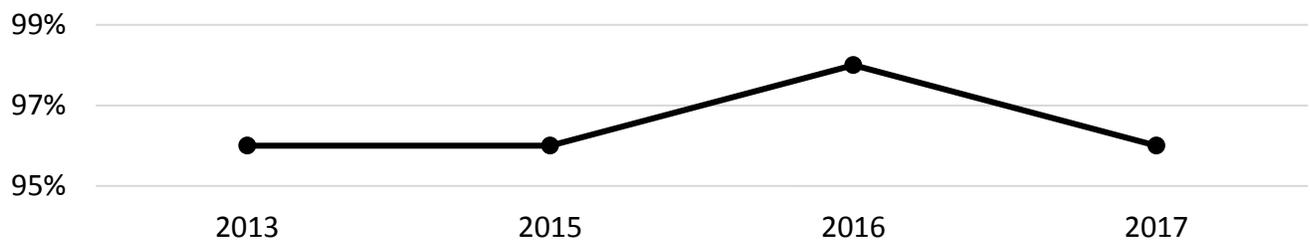
**I agree or strongly agree that I make my own lifestyle decisions - 98%**



**I agree or strongly agree the agency improved my quality of life - 93%**



**I agree or strongly agree that I feel safe here - 96%**



**I agree or strongly agree that I would recommend  
Friedman Place to other adults with visual impairments - 96%**



**COMMENTS FROM THE SATISFACTION SURVEY**

1. I would like the kitchen to prepare more "Latino" oriented dishes, such as rice, beans, etc.
2. I would like a general announcement about music and noise after a certain time in the building.
3. I feel very satisfied and happy living here at Friedman Place.
4. Next month it will be 6 years living here, and I plan to stay here permanently.
5. The food needs more flavor, and more variety in the meals.
6. We need mental health services such as therapy.
7. I like the maintenance service a lot.
8. There should be more activities catered to the younger residents, like activities with opportunities to get up and moving and just have more fun in a youthful way.
9. I'm just happy here. I never thought I could be in a place like this. It is very comfortable and everyone is friendly. I think it's a great place, no problems.
10. Food could be improved, cooking vegetables better. Vegetables would be better. Vegetables would be better crunchy than too soft.
11. I like it here. The people are nice, the staff involved with me are very nice. My counselor is extremely nice.
12. More night nurses. Fireplace or fire pit outside for staff to operate. More museum outings in summer. More cheese options like sharp cheddar and Gouda. More healthy foods (multi-grain options). More bread varieties. More snack varieties and healthier vending machine options.
13. I wish Friedman Place had better support providers for technological equipment and electric appliances. I wish there were more social work interns with less busy schedules. I am not happy with the roof structure that blocks radio stations that I like. I have to be in a particular location in order to get reception. I would also like more immediate assistance and help with replacing Bluetooth equipment. I would like better sound equipment for musical performances. I would also like kitchen services to be considerate of any personal conflicts. I would like residents to be considerate of my disabilities and for them to not be judgmental. I would like to be able to sit with different residents during meal time especially conversational residents. I would like for there to be less gossip and better transportation services when going to the clinic. I would like advance notice from doctors and nurses regarding appointments.
14. Since the new person running the kitchen came, she is making appropriate positive changes. The kitchen turnover makes it run sometimes well and sometimes poorly. The new people should be retrained so that they know how to deal with us. A great deal of improvement can be done on the time residents wait for food. Sometimes food is good but it's often horrible. Constantly running out of something- never enough dessert for everyone.
15. A couple of the staff and volunteers treat us like children. They are too strict when they don't have to be. They are too demanding and sometimes more pushy too. Sometimes they include

me in something or a situation that I am not involved in. If they could lighten up it would be better for the residents.

16. Food is over-cooked and bland
17. The food is very good most of the time. Food service- we should see the food director more often. When you call some staff they don't return your calls, even if it's necessary that they respond. To promote independence let me set my own appointment, not have front desk set it. Let me send out my own mail, like have a box for me to put it in. Staff shouldn't be sending out my mail for me. Hard to find people to help me read (people often prefer this over using machines). Helps with social skills as well. Makes it feel like family here. Some staff make you feel like children rather than treating you like an adult.
18. I reported an incident a couple of years ago. I feel that is important for the staff to believe and take serious any concerns the residents have. I am scared to share my concerns since the last time I did the staff ignored it.
19. Better security, many people feel unsafe here because people can easily come in and out throughout the day and night. Also have services and support for those fighting addiction (smoking, alcohol, etc.). Also have psychiatrist come in and talk to patients for longer periods of time. And hire more servers.
20. I am happy with the ways things are. I am very excited for the new volunteer to take me out on walks.
21. The staff are really encouraging us to be as independent as we possibly can. I feel comfortable talking to the staff about my issues. I feel that I can talk to the staff if I have problems with other staff or other residents. There is only a couple residents I don't get along with, I get along with majority of the residents. I feel that I can choose whatever I want to eat. If there is something I don't like on the menu, I can eat something else. Sometimes I don't always agree with the 30 days policy (note: residents may only be out of the building overnight only 30 days per year), because I like to go on vacation to go visit my family once in a while. I don't agree with the 90 dollars in spending money, because 90 dollars is not enough to live on, especially if you are trying to save money (note: It is a State of Illinois regulation that residents on Medicaid must pay all of their income except \$90 per month as rent).
22. I think that the staff should listen more. It seems that they are doing what they want and not what we want. It is more about money rather than residents. I would like if they had short recipes and we could do a cooking class.
23. Kitchen- okay. Staff - learn how to treat people, i.e., how you talk to them, and how you receive their concerns.
24. Staff should provide job and volunteer opportunities.
25. I think Friedman Place is something that should be recommended to those with visual impairments.
26. Have another CNA in the 2nd floor activity room to make it safe and comfortable for all residents. Have activities available on Sundays.
27. Sleeping residents give the lobby a bad sense. Loud music from residents who keep room doors open are poor neighborly habits

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## 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 **7,600 hours of nursing care** in the last year 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 **24,800 hours of services in the last year by Certified Nursing Assistants**. 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 **4,500 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 **1,200 hours of training from a 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 **100,000 hours of service by all 70 of our employees.**
- Provided approximately **50 hours of dental services** in the last year. 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 **2,418 hours of activities in the last year.** The most popular activities were weaving, outside activities (e.g., concerts, theater, etc.), music, shopping, Uno, Bingo, and social hour. Other activities included bowling, reminiscing, religious services, creative writing, advocacy group, movies, musical history, etc.
  - 90% of residents took part in at least one activity per week
  - 65% of residents took part in at least two activities per week
  - 55% of residents took part in at least three activities per week
- Provided nearly **2,090 hours of Therapeutic Weaving** to a total of 28 residents (34%)
- Had an **occupancy rate in the last year of 98%** (i.e., all apartments 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 6 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 moved out of Friedman Place per year, but in the last two years that number has been much higher. In 2017, 17 people moved in and out
  - A total of 70 people applied for services. Of those, approximately 25% were placed on the Waiting List and as of December 2017 all but three had moved in (with three still on the waiting list). The rest withdrew their applications or were declined.
  - The application process can vary between 2 – 10 months, usually depending on how long it takes for all the medical records to be received and an opening becomes available.

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

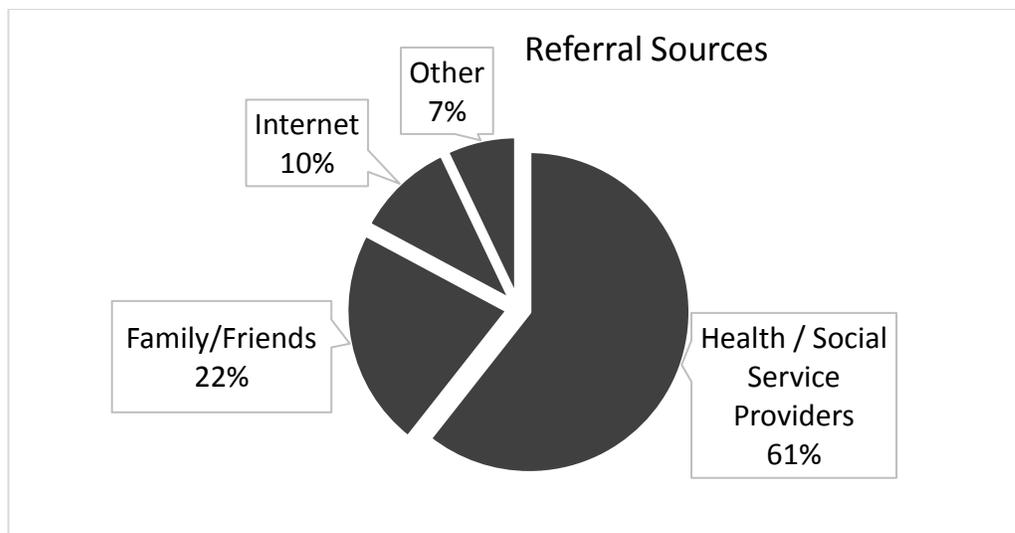
- Applications were closed most commonly because the individual required a higher level of care (40%) or staff were unable to contact them to complete the process (24%). Of those with whom we lost contact, we believe that many of these applicants needed services much more quickly than could be provided and moved to a less suitable location such as with family, a nursing home, or possibly homelessness.

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

- The average age of applicants was about 50 years old, with 35% between 55 – 65.
- Sixty-four percent of applicants were men and 36% women, which is comparable to last year and very similar to our current resident mix.

- **APPLICANTS HEAR ABOUT FRIEDMAN PLACE MOSTLY FROM OTHER PROVIDERS**

- Approximately 60% 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 20% 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 10% of applicants (or their family/friends) heard about Friedman Place from the internet.



- **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. Note: the SLP data below is from 2015, which is the most recent available.

<b>Characteristic</b>	<b>Average among all SLPs</b>	<b>Friedman Place</b>	<b>Interpretation</b>
Average Size	81 apartments	81 apartments	Friedman place is the same size as the average SLP.
Residents on Medicaid	60%	93%	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%	8%	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.
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**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

**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

## **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

## **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.

## **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. Additionally, many professionals not associated with Friedman Place received training on a wide variety of issues.

#### 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

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.

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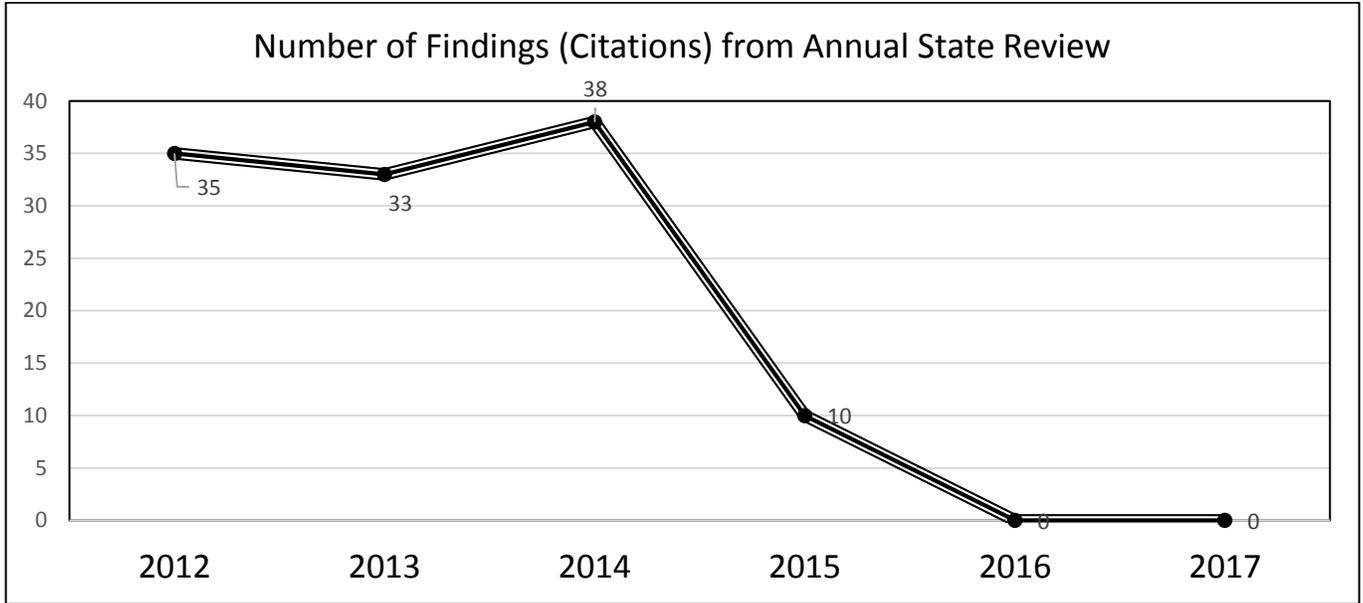
## **QUALITY MEASURES**

- **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.

<b>YEAR</b>	<b>RESULTS</b>
<b>2017</b>	<ul style="list-style-type: none"><li>• No findings by the state reviewers – a perfect 100% score</li></ul>
<b>2016</b>	<ul style="list-style-type: none"><li>• No findings by the state reviewers – a perfect 100% score</li></ul>
<b>2015</b>	<ul style="list-style-type: none"><li>• 10 findings by the state reviewers</li><li>• 45% for employee background checks not having been completed on time</li><li>• 26% for medications not being properly documented</li><li>• 3% for TB testing of employee not having been completed on time</li><li>• 13% for assessments not being properly completed on time</li><li>• 13% for service plans not having been completed on time</li></ul>
<b>2014</b>	<ul style="list-style-type: none"><li>• 38 findings by the state reviewers</li><li>• 70% for employee background checks not having been completed on time</li><li>• 30% for TB testing of employee not having been completed on time</li></ul>
<b>2013</b>	<ul style="list-style-type: none"><li>• 33 findings by the state reviewers</li><li>• 15% for lack of the state’s pre-certifying assessment of residents</li><li>• 18% for employee and resident background checks not having been completed on time</li><li>• 24% for assessments not being properly completed on time</li><li>• 9% for service plans not having been completed on time</li><li>• 33% for incomplete quality assurance and emergency contingency plans</li></ul>
<b>2012</b>	<ul style="list-style-type: none"><li>• 35 findings by the state reviewers</li><li>• 9% for TB testing of employees not having been completed on time</li><li>• 80% for service plans not having been completed on time</li><li>• 9% for assessments not being properly completed on time</li></ul>

- 3% for not having emergency drills documented properly

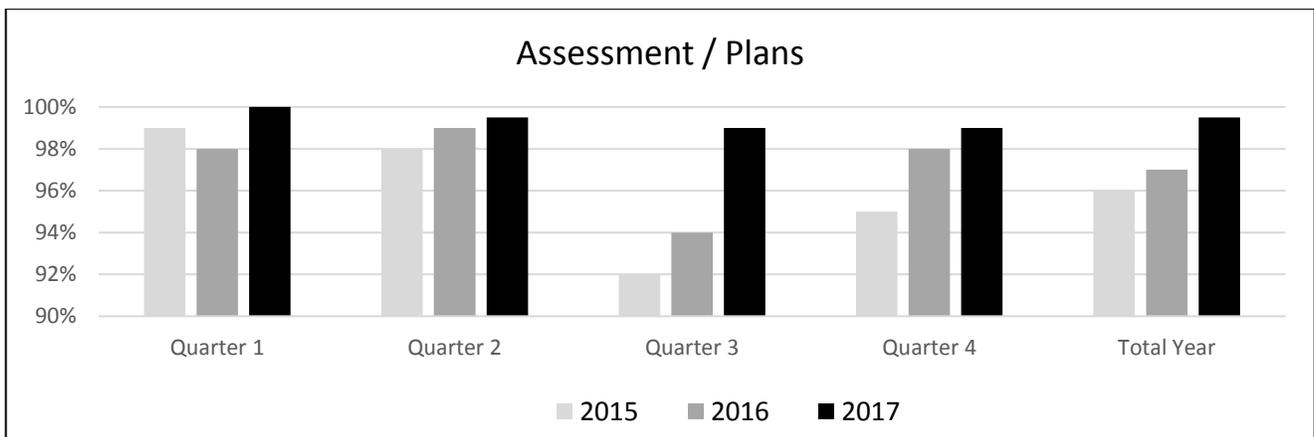


**• THE AGENCY HAS A ROBUST AND COMPREHENSIVE QUALITY ASSURANCE PROGRAM IN ORDER TO SUPPORT AND MAINTAIN VERY HIGH QUALITY SERVICES.**

- A sample of resident files are reviewed on a monthly basis and all are reviewed at least once annually.

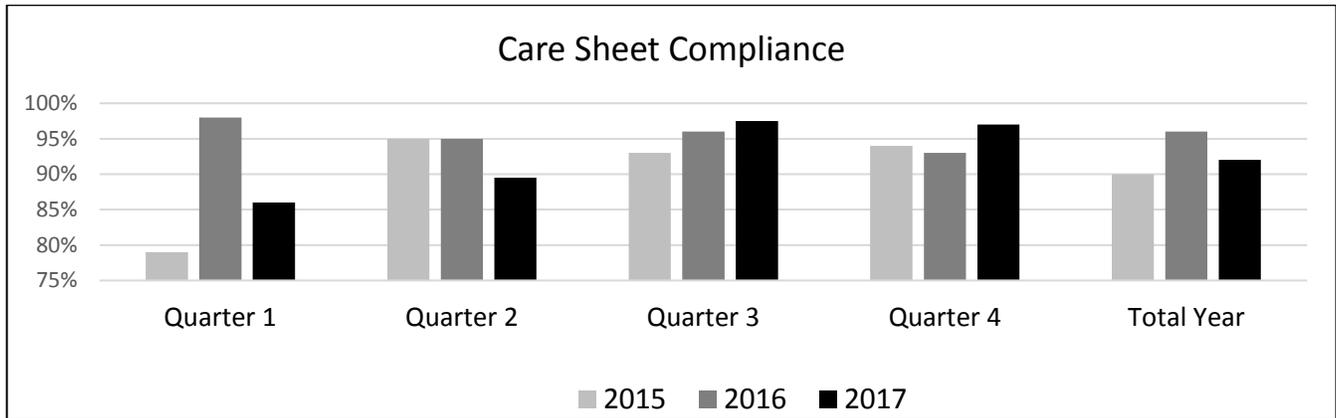
**Assessments & Service Plans:** Nurses complete Resident Assessments/Service Plans Quarterly. Assessments are comprehensive instruments that consider a broad range of physical and psychological health and functioning, including health conditions; cognition; vision; communication; mood and behavior; 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.



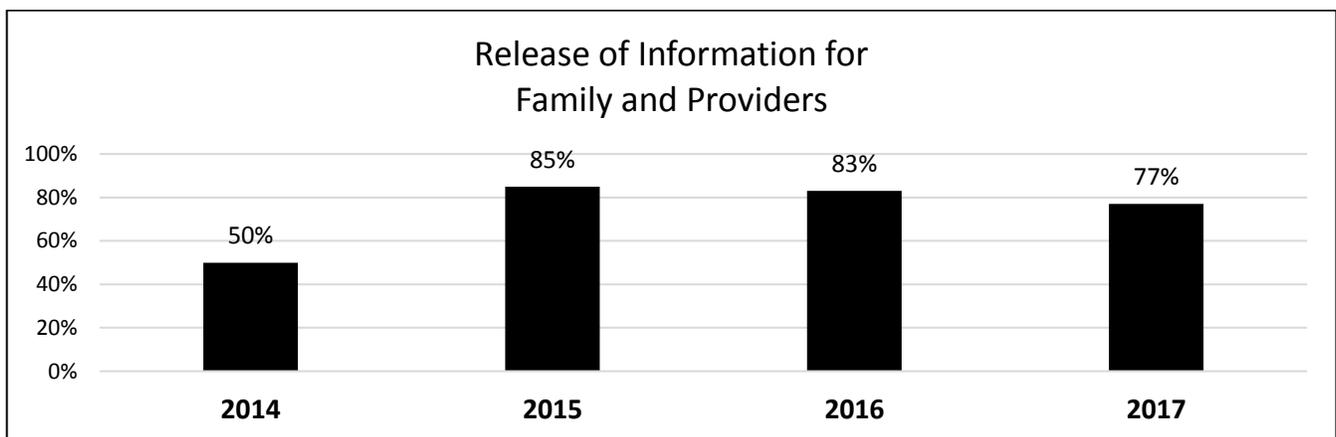
For 2017, assessments and plans were completed on time 99.5% of the time, which was an increase from 97% the prior year and 96% the year before.

**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.



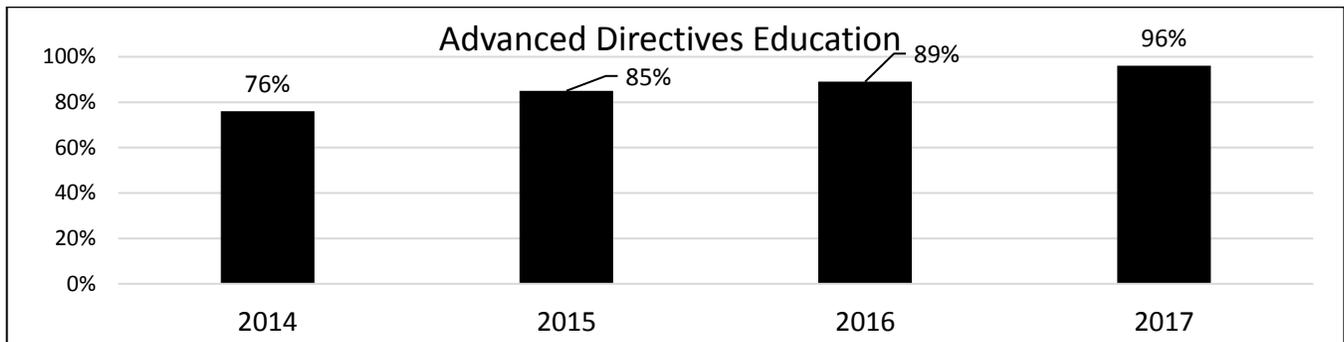
For 2017, Care Sheets were completed on time 92% of the time, down from 96% the year before and up from 90% the year before that.

**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.



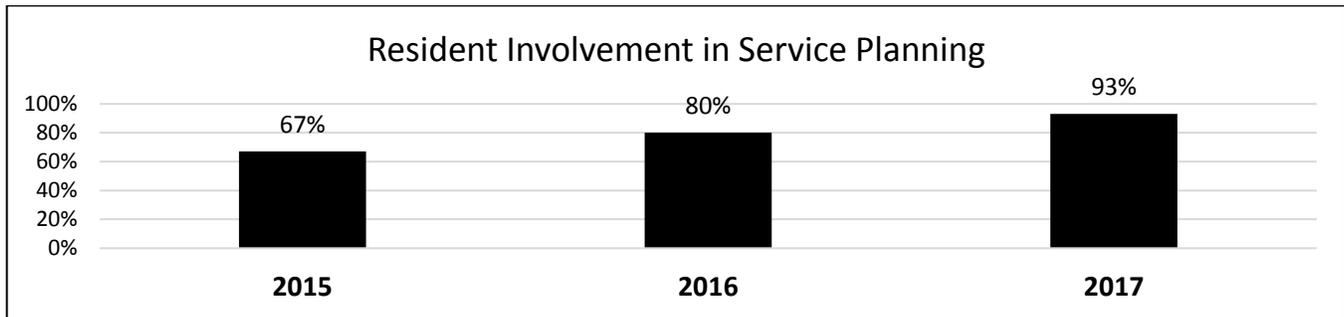
For 2017, Release Forms were completed 77% on time (down from 83% in the prior year).

**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 Directive.



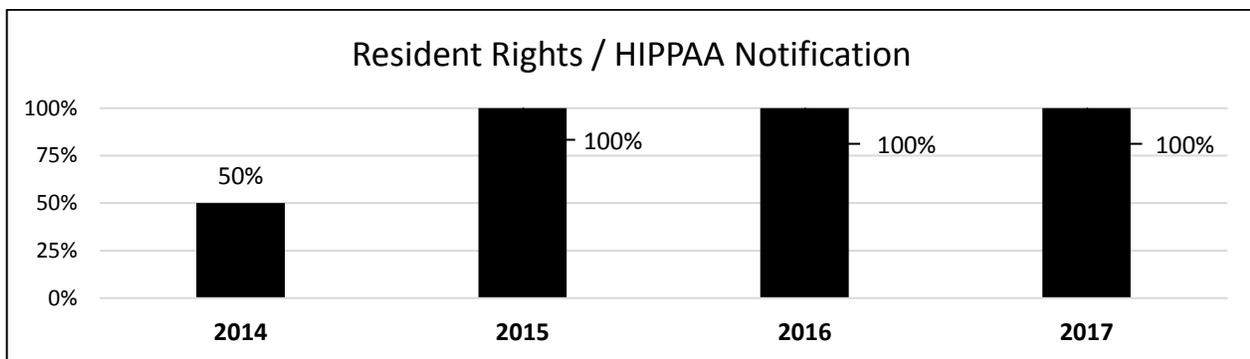
For 2017, Advanced Directives Education was provided on time 96% (up from 89% in the prior year).

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



For 2017, resident involvement in planning conducted 93% of the time (up from 80% the prior 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. Additional training provided in 2017 included:

- Substance Abuse in Older Adults
  - Sexuality and Aging
  - How to Address Dementia Related Communication and Behavioral Challenges
  - Cultural Considerations at End of Life
  - Competency and Consent in Real World Practice
  - Sexual Harassment in the Workplace
  - HIPAA Privacy Rule
  - Promoting Interdependence
  - Tuberculosis Basics
  - Person Centered Planning
  - Individual Support Plans
  - Resident Rights
  - Abuse & Neglect
  - Emergency Contingency Plan
  - Crisis and Behavioral Interventions
  - Employee Wellness: Emotional Awareness
  - Accident Prevention and Management
  - Empowering Residents through ADLs
  - Activities - That's What's Happening
  - Conflict Resolution
  - Got Bugs? Dealing with pests
  - Customer Service
  - Leadership Styles and Team Building
  - Assistive Technology
  - Sighted Guide: Orientation and Mobility
  - Infection Control
- 
- **48% OF OUR STAFF IS TRAINED IN CPR & FIRST AID, INCLUDING ALL NURSES AND CERTIFIED NURSING ASSISTANTS**
- 
- **THROUGH THE DAVID HERMAN LEARNING CENTER AN ADDITIONAL 50 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 / Outcome	Result	Percentage Of Goal Achieved
30 hours of group training will be provided on topics...	Accomplished and exceeded: 40.5	135%
400 hours of training received by professionals from Friedman Place	Accomplished and exceeded: 1,264	316%
200 hours of training professionals from other organizations	Accomplished and exceeded: 846	423%
Staff (from both Friedman Place and other orgs.) learning and proficiency will demonstrate at least an 85% increase	Partially Accomplished: 56% **	66% **
A nurse and masters-degree social worker will together assess 30 older adults...	Accomplished and exceeded: 31	103%
A nurse and masters-degree social worker will develop a service plan...	Accomplished: all	100%
600 hours of services by a Certified Vision Rehabilitation Therapist.	Accomplished and exceeded: 646	108%
2,500 hours of services to by nurses	Accomplished and exceeded: 2,871	115%
7,500 hours of services by Certified Nursing Assistants	Accomplished and exceeded: 8,942	119%
1,200 hours of services will be provided by social workers	Accomplished and exceeded: 1,562	130%
50 older adults will participate in group activities	Accomplished: 59	118%
11,000 hours of direct services received	Accomplished and exceeded: 14,075	128%
85% of service plan goals will be fully or partially accomplished.	Accomplished: 98%	115%
90% of residents will give one of the two highest scores on the Annual Satisfaction Survey to the item "Health services available at Friedman Place address my needs".	Accomplished: 100%	111%

90% of residents will give one of the two highest scores on the Satisfaction Survey to the item “Nursing Care is good”.	Accomplished: 98%	108%
75% of residents will give one of the two highest scores on the Annual Satisfaction Survey to the item “I am better able to cope with stress and other concerns due to the mental health services provided”.	Accomplished: 94%	125%

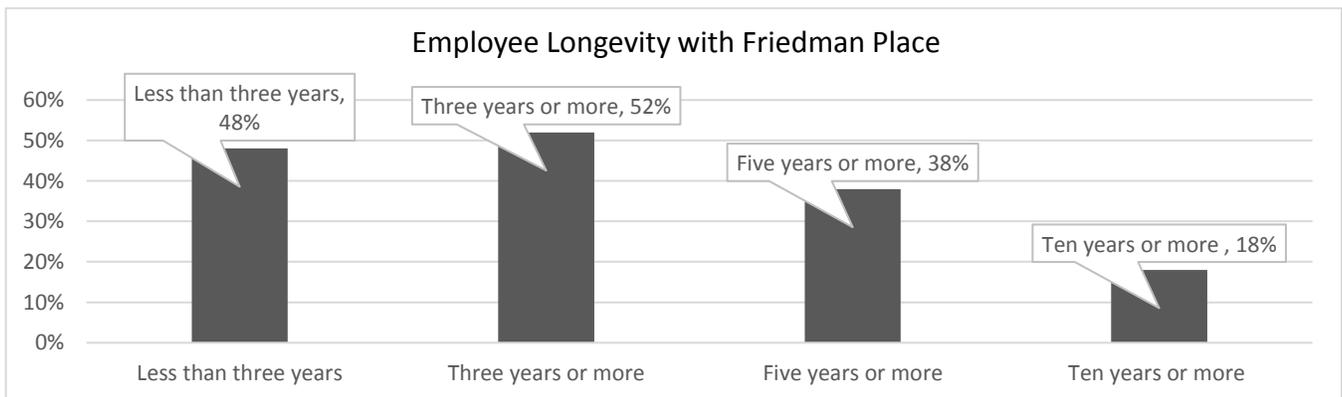
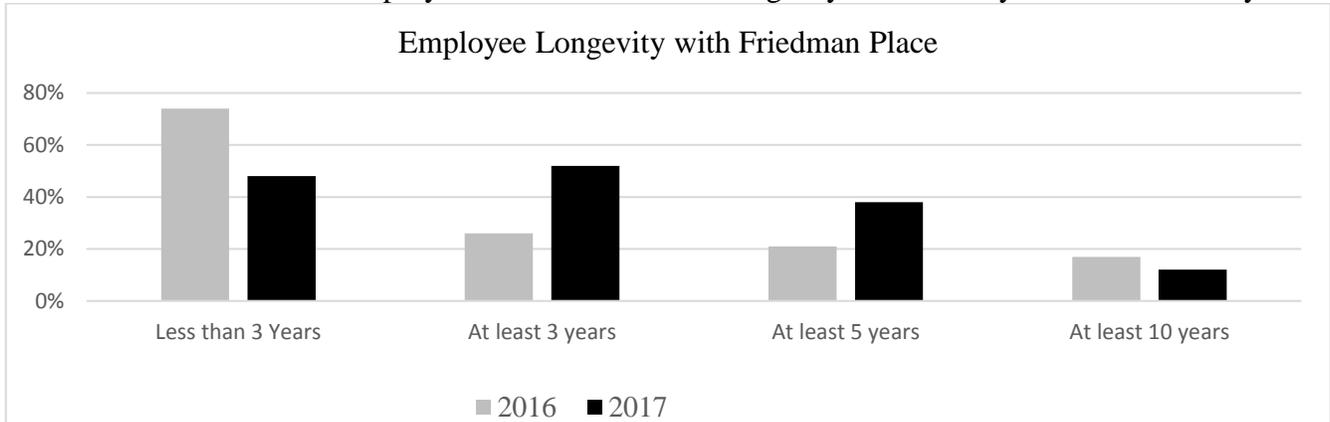
**1. How did you fulfill the goals set by your organization in the grant application?**

- Outcome: 150 individuals will be served: **Accomplished** - 160 people were served
- Outcome: 5,800 hours of services will be provided. **ACCOMPLISHED and Exceeded** ( this includes the 200 hours of training below)
- Outcome: 85% of resident service plan goals (aggregate) will be fully or partially accomplished over the course of each year: **Accomplished and exceeded** at 98%
- Outcome: At least 90% of residents will give one of the two highest scores on the Annual Satisfaction Survey to the item "Health services available at Friedman Place address my needs". **Accomplished and exceeded** at 100%
- Outcome: At least 50% of the residents will receive adaptive technology training **Accomplished and exceeded** at 52%
- Outcome: At least 700 hours of adaptive technology training will be provided. **Accomplished and exceeded** 781 hours were provided
- Outcome: 100% of new residents will receive a comprehensive rehabilitation assessment within two weeks of arrival at Friedman Place. **Fully achieved** at 100%
- Outcome: 100% of new residents will receive a minimum of 4 hours of rehabilitation services within three weeks of admission. **Fully Achieved** at 100%
- Outcome: 100% of residents who need assistance in mastering activities of daily living, orientation and mobility skills, use of adaptive technology, etc. will have an individualized Service Plan objective addressing that area or areas. **Fully Achieved** 100%
- Outcome: 100% of Friedman Place residents will be able to negotiate their apartments without assistance. . **Fully Achieved 100%**
- Outcome: 80% of residents will demonstrate the ability to navigate the facility without assistance. **Fully Achieved and exceeded at 96%**
- Outcome: Provide all staff with at least 200 hours of training on principles and practices of rehabilitation of people who are blind or visually impaired. **Achieved** – also included in hours of service
- Outcome: 90% of staff will report increased knowledge of strategies to address residents' mobility challenges following training. – ‘learning to increase 85%’ -**Fully Achieved and exceeded at 92%**

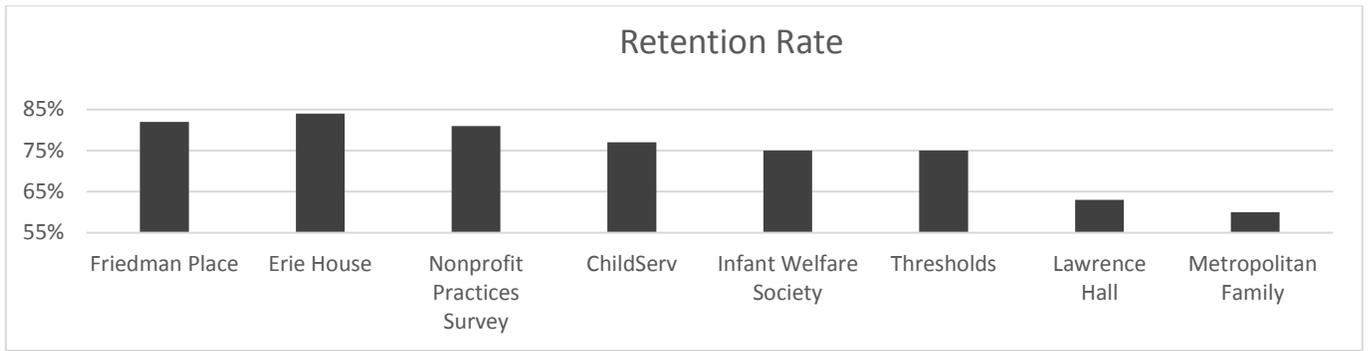
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## EMPLOYEES & VOLUNTEERS

- **FRIEDMAN PLACE'S 70 EMPLOYEES REMAIN WITH THE AGENCY, PROVIDING A SKILLED AND STABLE WORKFORCE**
  - 52% of the employees have worked for the agency for at least 3 years.
  - 38% of the employees have worked for the agency continuously for at least 5 years
  - 18% of the employees have worked for the agency continuously for more than 10 years

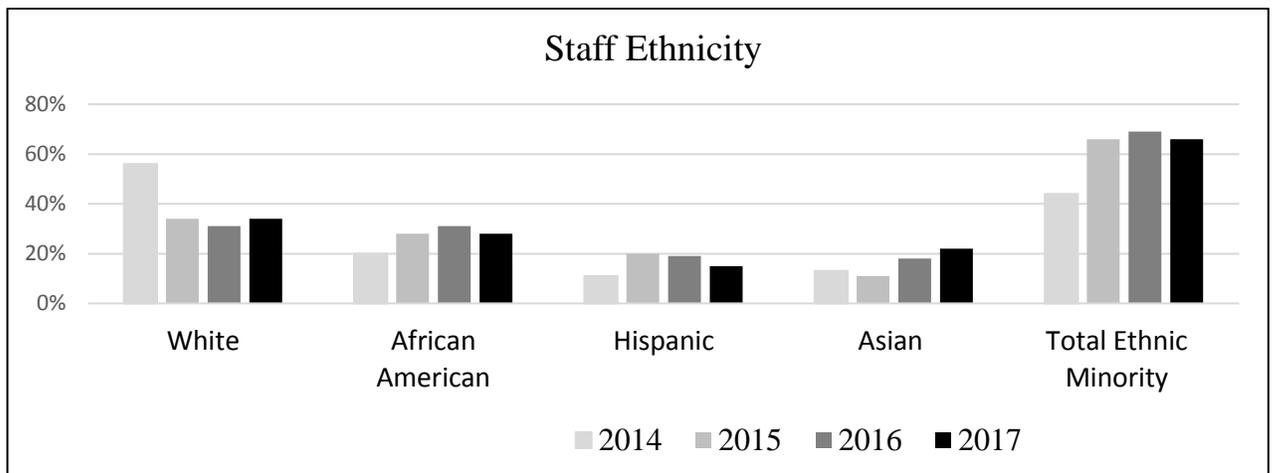


- **VERY FEW EMPLOYEES LEFT THE AGENCY THIS YEAR AND FAR LESS THAN MANY OTHER LOCAL NONPROFITS**
  - The Retention Rate measures the percentage of employees who remained with the agency (did not leave, for any reason) in the last year. Eighty-two percent of employees remained with the agency, which is much higher than commonly found in the nonprofit sector. The comparisons below are from Chicagoland nonprofits in 2016, which was the last available.



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

- 22% Asian
- 15% Hispanic
- 28% Black
- 34% White
- The percent of staff who are ethnic minorities has risen significantly in recent years. Rising from 44% in 2014 to 66% in 2017

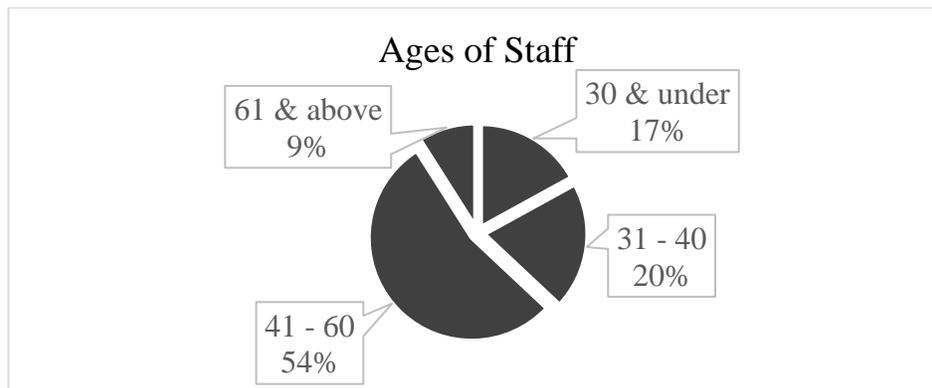


• **MOST EMPLOYEES ARE FEMALE**

- 72% Female
- 28% 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**

- 9% ages 61 or over
- 54% ages 41 – 60
- 20% ages 31- 40
- 17% ages 30 or under
- The age range of employees has remained essentially the same as in the previous year.



## **Friedman Place 2017 Employee Satisfaction Survey**

In the fall of 2017, a survey was sent to all employees and 75% responded, anonymously. Of the eight questions asked, the first six were compared to the results of a Society for Human Resource Management 2017 national survey of employees in all industries and were those that were identified by them as most important to employees. The remaining two questions, *feeling respected by residents* and *satisfaction with the physical environment* were not included in the national survey and are unique to Friedman Place. All questions offered five possible answers from best to worst on a Likert scale. For example: Very satisfied, Satisfied, Neither satisfied nor dissatisfied, Dissatisfied, or Very dissatisfied.

- ***STAFF ARE EXTREMELY SATISFIED OVERALL***

- The following questions had best scores of at least 80%
  - Respectful treatment of all employees
  - Trust between employees and senior management
  - Satisfaction with benefits
  - Good relationship with supervisor
  - Satisfaction with physical environment and equipment
  - Respected by residents
- The following questions had best scores of at least 90%
  - Respectful treatment of all employees
  - Satisfaction with physical environment and equipment
- Eighty-three percent the individual answers were given the best scores, 13% neutral scores, and only 4% negative scores

- ***STAFF ARE EVEN MORE SATISFIED THAN LAST YEAR***

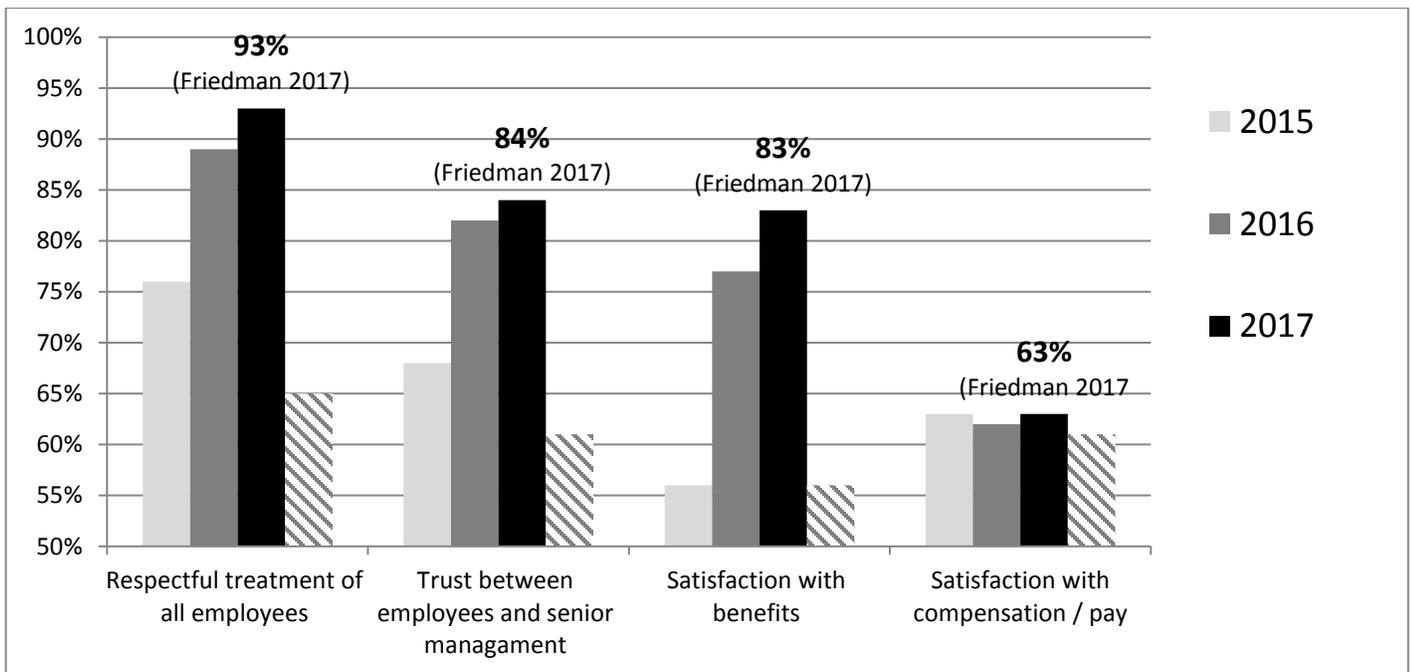
- Last year's already high scores improved in all but one question.

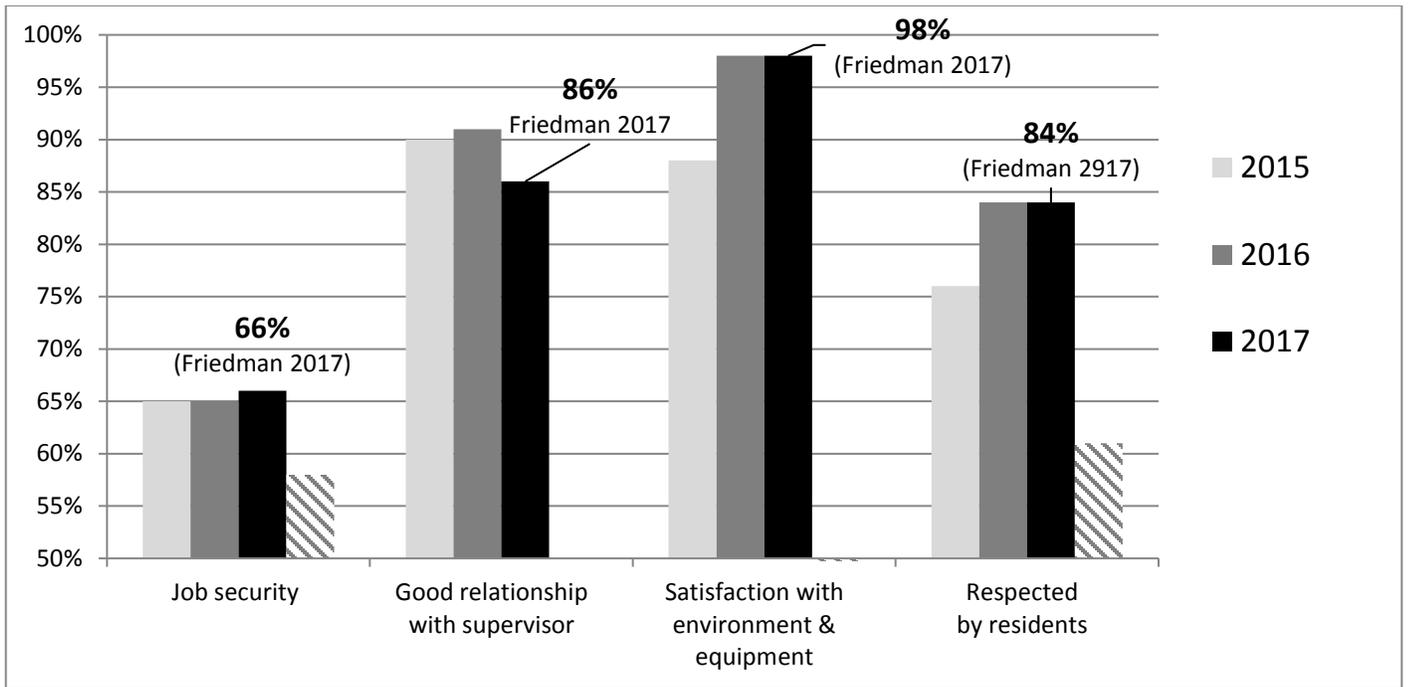
- The number of employees giving a best score for the question “How good is your relationship with your immediate supervisor?” dropped by 4% from last year but remained very high at 86%.
- The following questions showed significant increases
  - *Satisfaction with benefits* increased by 8% to 83%.
  - *Satisfaction with the physical work environment and equipment* increased by 10% to a total of 98%.
  - *Feel respected by residents* increased by 9% to 84%.
- Of all the individual answers given, eighty-three percent were the best (an increase of 3 points from last year)

• **STAFF ARE MORE SATISFIED THAN NATIONAL AVERAGES**

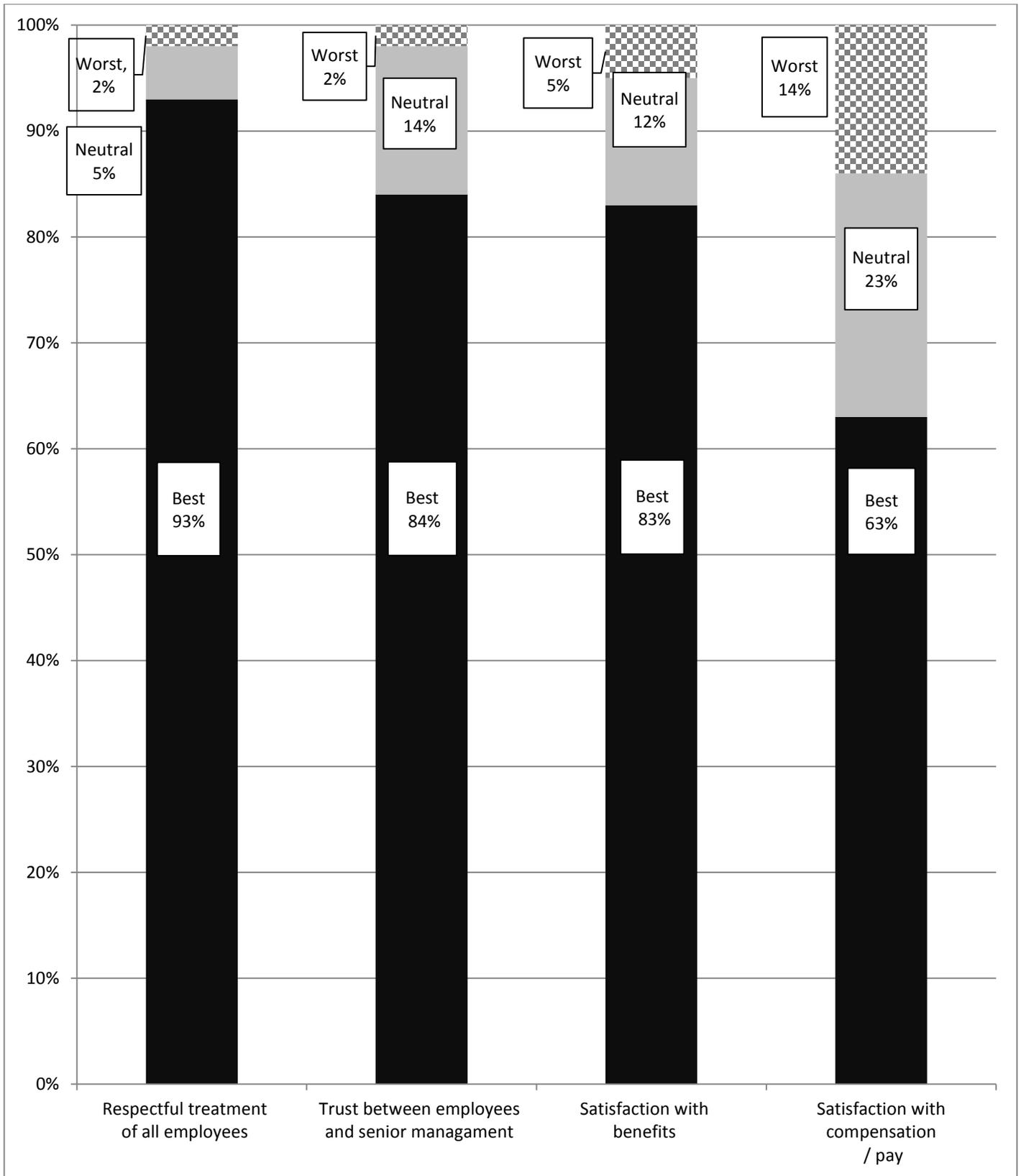
- Friedman Place scores of the questions that can be compared were all higher than the national scores, and by an average of twenty-two percent.
- Friedman Place’s total score of the questions that can be compared was thirty-seven percent higher than the national score.

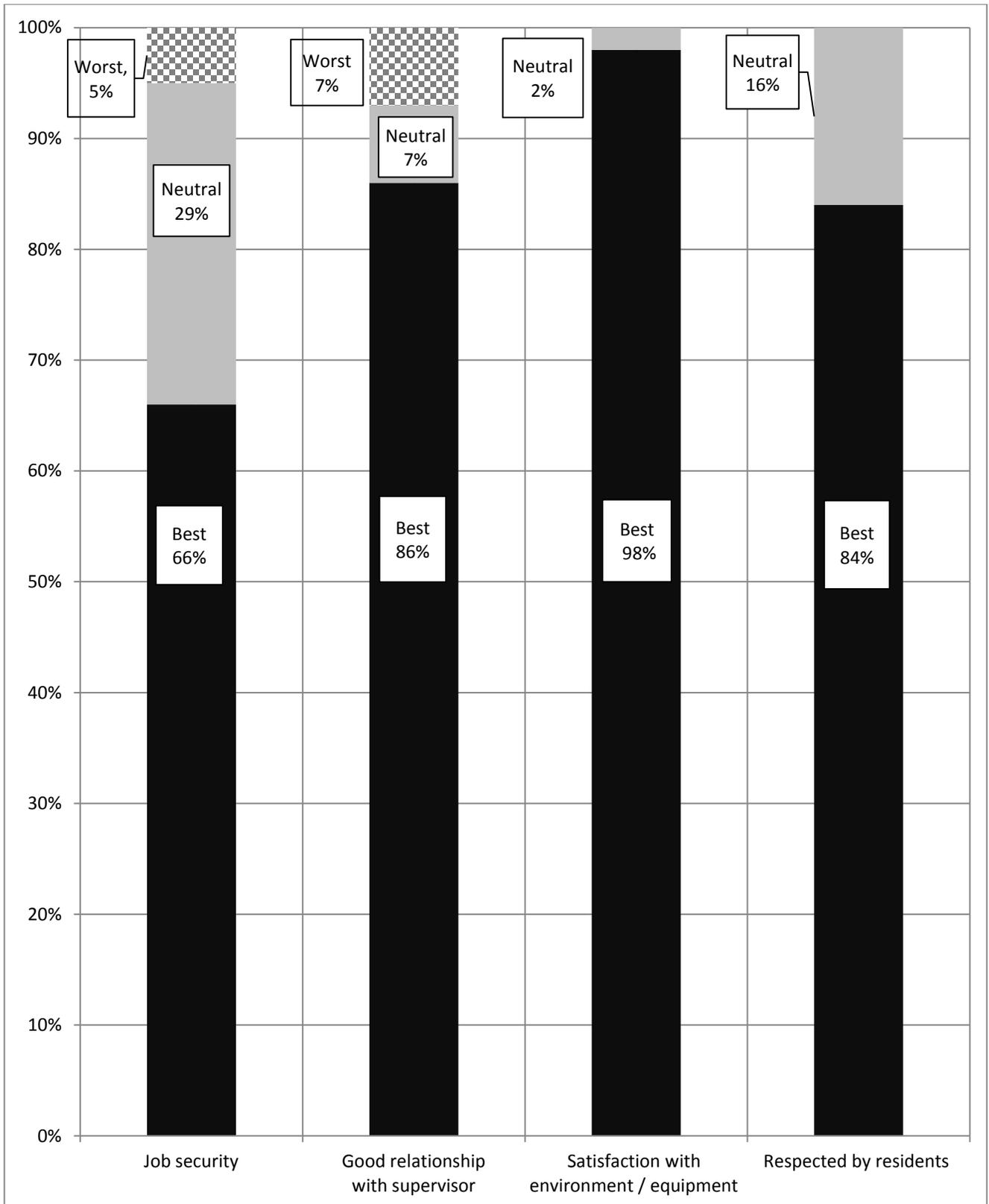
The charts below show the percent of staff that gave one the two best answers, compared with the results from previous years and from a survey of employees nationwide.





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





## STAFF SURVEY COMMENTS

- (Senior management) has been shown to be disrespectful to coworkers in and out of the department.
- I trust the decisions and plans of senior administration.
- I feel secure in my job as it pertains to decisions made within Friedman Place. I am less secure in the face of federal and state policy decisions threatening Medicaid, Medicare and the services we have come to know as a safety net for people with disabilities and the elderly in general.
- No trust (in my immediate supervisor)
- (My immediate supervisor) does not engage with staff and lacks team work.
- I feel I am given autonomy to perform my duties without being micromanaged and that I can access help as needed.
- Manager lacks communication with staff and residents and has a negative attitude towards staff.
- I have always felt that residents and staff treat one another with consideration.
- I continue to be frustrated at the inaccessibility of the electronic records system, as I use screen reading software which limits my ease of access to vital info on residents and hampers my ability to input that system.
- For the most part the residents are very respectful.
- I feel very respected by residents whose approach is respectful and I do not feel singled out by residents whose approach to others regardless of role is disrespectful.
- I see staff coming in sick a lot because they don't want to use precious PTO (Paid Time Off). I have done it myself. I think it would be better to have a separate number of sick days, even unpaid sick days, since we are exposed to a lot of colds/flu and we don't want to expose residents and others.
- We need a new office manager because front desk people are too busy and stressed out to help anybody now.
- Keep providing this vital service to the community
- We should be making more money and our yearly raise should be more what we get
- Friedman has very good policies in place, but the procedures are not always clear. Resulting in trying to figure out who does what and when.
- It is difficult not having a dedicated Human resource person, even part time. Why can't we hire someone?
- I wish we were able to give or transfer Paid Time Off (PTO) to other employees if needed.
- Pay people more.
- Solicit staff input when environmental decisions are made. Specifically, lighting, the staff sign in/sign out keypad (which is totally inaccessible without the bump dots, which, at times are cumbersome and/or fall off) and the phones themselves, which I find ergonomically awful. I think that, as careful as administration is regarding accessibility for residents, perhaps this sensitivity does not always extend to considering the needs of visually impaired staff. In all, I feel that 90% of the physical environment is considerably planned and implemented.
- Residents have told me that over this last year they feel food & personal relationships with senior management is much better "they know my name"

## STUDENTS AND INTERNS

For many years Friedman Place has partnered with and hosted interns from social work schools like DePaul University, Loyola University, the University of Illinois, and the City Colleges of Chicago. This year we added Resurrection University's School of Nursing to our group of partners and hosted three groups of nursing students for five weeks each. Below is feedback given by the year's last group of nursing students:

1. My clinical rotation at Friedman Place has been an experience that I will never forget! The staff at Friedman Place were so welcoming and kind throughout my clinical rotation. During orientation, they taught us about guide dogs and the activities they have daily to enrich the resident's lives. The residents were so open and welcoming as well! Learning about their life stories and being able to connect with them help me to grow as a student nurse. I am so grateful for this opportunity and hope future students from Resurrection University will be able to experience Friedman Place during their rotations. Thank you so much for giving me the opportunity to work with the residents and staff and to be a part of the Friedman Community!
2. I was a part of the recent clinical group of nursing student from Resurrection University. The time I spent at Friedman Place, getting to know the residents, the staff, and the volunteers, was an invaluable and enriching experience, sincerely. Thank you for giving me that opportunity. The residents of Friedman Place are so open and welcoming, ready to share their life experience, insights, and talents. The staff and volunteers are knowledgeable and caring. They work they do each day to make the residents time at Friedman Place rewarding and enjoyable, from the weaving studio to the sing-a-longs and music history, to the exercise programs and support groups, is an inspiration. I had such a positive experience at Friedman Place that I decided to become a volunteer. Thank you again to all the residents, staff, and volunteers.
3. My clinical rotation at Friedman Place was the most rewarding rotation that I experienced during nursing school. Since the first day my classmates and I arrived to Friedman Place we were greeted with amazing hospitality by both the residents and the staff members from the dining service, CNA's, and Nurses all the way up to management. This rotation was so unique compared to others because of the level of connection we had with the staff and residents. The experience I had impacted me so much that even after my rotation was over I still wanted to be involved with Friedman Place, which compelled me to sign up and volunteer outside of school. I hope that this is the start of a great relationship with Friedman Place for both myself and future Resurrection students.
4. I have really learned a lot of things on how to care for the blind. Friedman place makes life so easy for people with visual impairment. They train and coach them to be independent and perform basic activities of daily living by themselves with little or no assistance. The residents and staff are very warm and friendly. It is like a community with a special kind of bond where the residents look out for each other's wellbeing even though they cannot see each other. I also love the fact that there are a lot of physical, social and learning activities organized to engage the residents. In addition, I also love the fact that Alexa (amazon echo) is everywhere to keep residents updated on what is happening in the external world and environment. I would

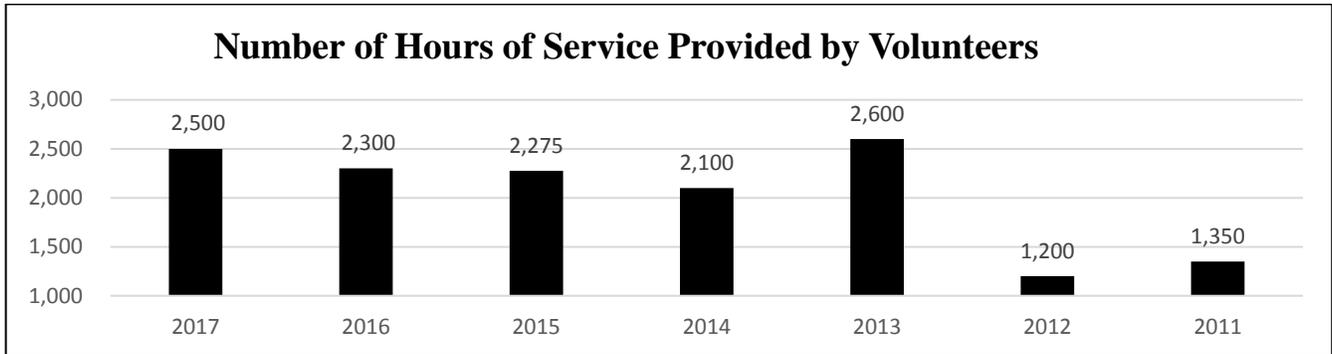
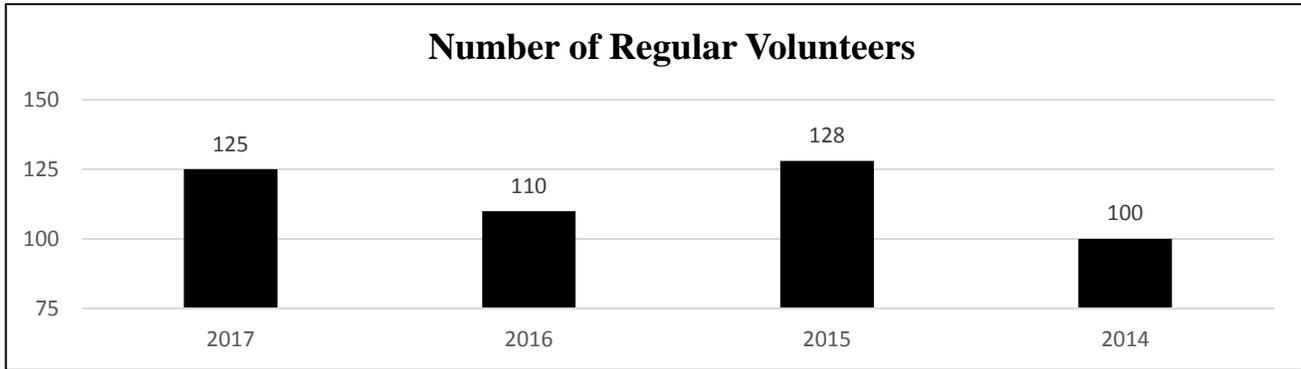
recommend this place to everyone to volunteer and also donate to them because they are doing a wonderful job.

5. Where do I begin? From the first day of orientation as a student nurse, I have never been greeted with such hospitality from the staff and residents at Friedman Place. The staff took time out of their busy schedules to teach us about the facility, how to help guide the visually impaired, the different types of blindness, and even how to read brail! The residents were a joy to talk with and over the six weeks, they knew every person from my clinical group by the sound of our voices. It was a great experience working with the staff and learning how to care for the visually impaired. I must say that I will miss the facility mainly because of how welcoming everyone was and the smiles on the residents as we joined them for lunch and daily activities. Thank you for allowing us to be a part of your healthcare staff.
6. When I first heard about Friedman Place, I was very excited that I would get involved with the mission to meet the needs of the visually impaired residents. I had never cared for anyone with this disability before, so having this experience was a huge eye opener. The first day I came to Friedman Place I was very impressed by the friendliness of the staff and residents. I felt as though I was in a community of people who really cared about each other. I was also impressed by how our clinical group was warmly welcomed and accommodated by everyone. Orientation day was very informative and interesting that by the time the sessions ended, I could not wait to come back and start working with the residents.

The next day came and I had the opportunity to work with the CNAs. They helped me feel well adjusted to the ins and outs of the floors and was good to show me how to assist and interact with the residents. As I became more involved with the residents, I felt as though they could not be at a better place than Friedman to meet their needs. They were also very open and honest about their conditions, but despite it all, seemed very grateful to be where they were now. Their positive attitudes about life and their willingness to overcome their limitations was very inspiring. Not only did it give me more awareness of the visually impaired community, but the exposure also taught me a valuable lesson to never take anything for granted and to stay positive and be grateful for what I have. Though I was sorry that the residents were visually impaired, I felt hopeful that, at Friedman Place, they would have the support to adjust and live a good quality life despite their limitations.

Overall, I am grateful for the experience that I had at Friedman Place. It opened my eyes to how to care for the visually impaired and the kinds of needs that they have. I also enjoyed spending time with them and learned a lot from them in conversation. I will never forget the experience I had at Friedman Place and hope to use what I have learned as a future nurse.

- 
- **THE AGENCY BENEFITTED FROM THE USE OF THE SERVICES OF 125 VOLUNTEERS IN THE LAST YEAR.**



## Friedman Place Strategic Plan for Fiscal Years 16 -18

(July 1, 2015 – June 30, 2018)

**Following a lengthy development process, the board of directors adopted a Strategic Plan in July 2015. All of the goals and objectives have been accomplished.**

### 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
- TF decides whether consultant is recommended for governance issues
- If needed, define scope of work to engage Consultant
- Issue RFP for governance consultant
- Approve revised by-laws for Friedman Place
- 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

### **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.
- Develop descriptions that are clear, accurate, detailed, and offer insight into connections between board members, other volunteers, and senior executive
- Present final drafts of descriptions to board
- Bi-annual review process is developed for ongoing review and update of job descriptions
- Current volunteers are identified and critical data is collected on each volunteer; volunteer profile/opportunities are developed

### **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 activities will follow governance guidelines (goals #1 and #2) – minutes, agenda, decision making models, etc.
- Governance processes will be reviewed and updated as needed on a regular basis (e.g., by-laws, board orientation, etc.)

### **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.

- Search for Executive Director begins; Executive Director is hired
- Orientation process for Executive Director is drafted and executed
- ED and Board will determine respective roles and responsibilities
- Support ED in continuing to develop senior team (e.g., identifying board/staff activities; additional professional development; resources, etc.

**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
- Discuss current funding streams and potential opportunities
- Create Resource Development Committee
- Appoint Chair of Committee and staff liaison
- Develop a 2-year Resource Development Plan that is formally adopted by the Board

**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
- Develop measurement criteria for each program and service; tie criteria directly to mission/vision
- Measurement criteria is presented to board for discussion and approval
- Gather data
- Analyze data – identify gaps and opportunities for improvement
- Identify critical opportunities and feed this information into next goal

**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
- Develop framework for needs assessment – What is needed? What can we do best – either alone or with others?
- Data is collected and analyzed
- Develop new program/services staffing and resource plan

### **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
- ED will work with senior staff to identify 1-2 “pilot” programs/services

## **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 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.
- 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.

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

### **Implementation Steps**

- Maintain current list of partners (partners defined in very broad sense).
- Identify the criteria by which FP will select and evaluate these partnerships?

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

### **Implementation Steps**

- Continue current level of participation in external forums

## **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.

## **TRANSITIONAL LIVING PROGRAM**

The Transitional Living Program provides affordable housing and various case management services intended to assist Residents 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.

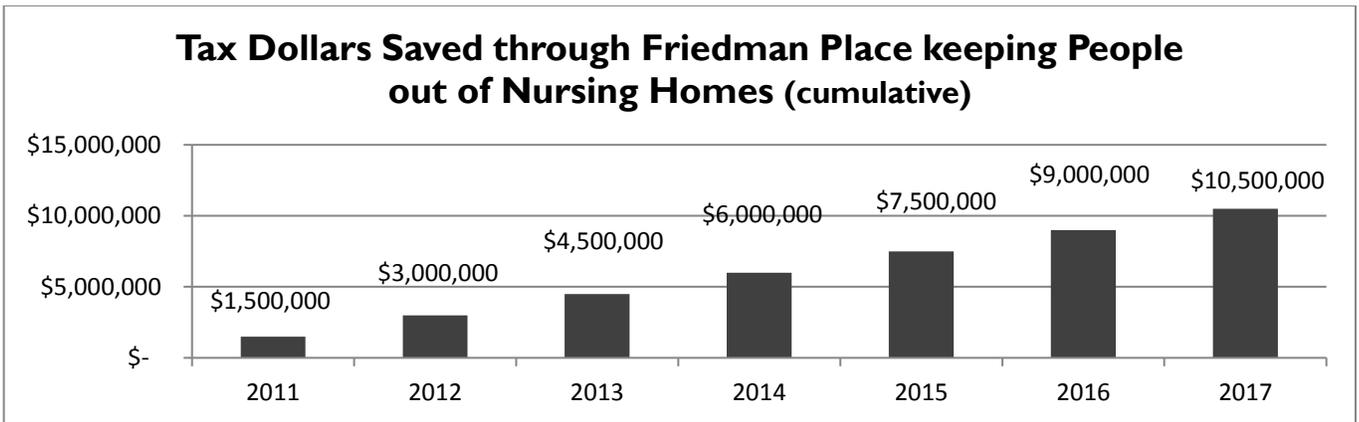
Five residents were served in 2017, with one moving back home with family after determining that it was not the right time to make such a transition and the other into a market-rate apartment in the community after receiving financial support from family. One of the major common obstacles to moving out of the program is the lack of affordable housing. Of the remaining three residents in December, 2017, one was a student, one employed full-time, and one employed part-time.

## **FINANCES**

(This information is from fiscal year FY17: July 1, 2016 – June 30, 2017)

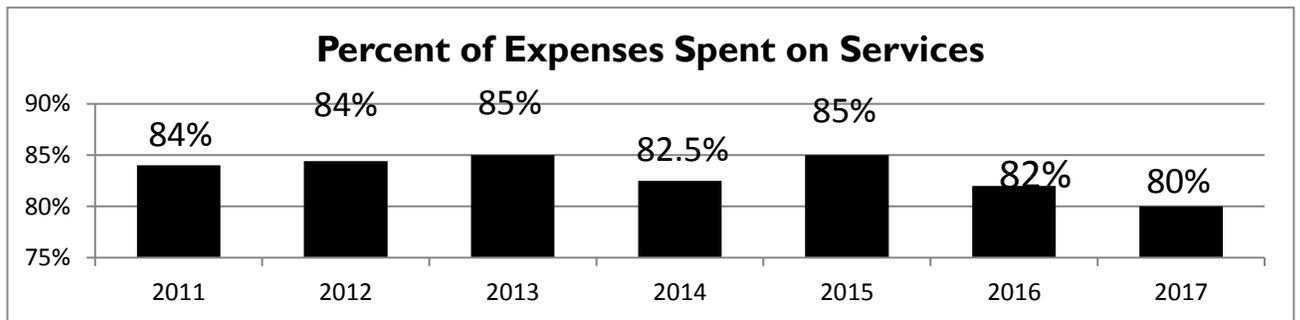
### **• FRIEDMAN PLACE SAVES TAXPAYERS MONEY AND KEEPS PEOPLE OUT OF NURSING HOMES**

- 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 17% 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.**

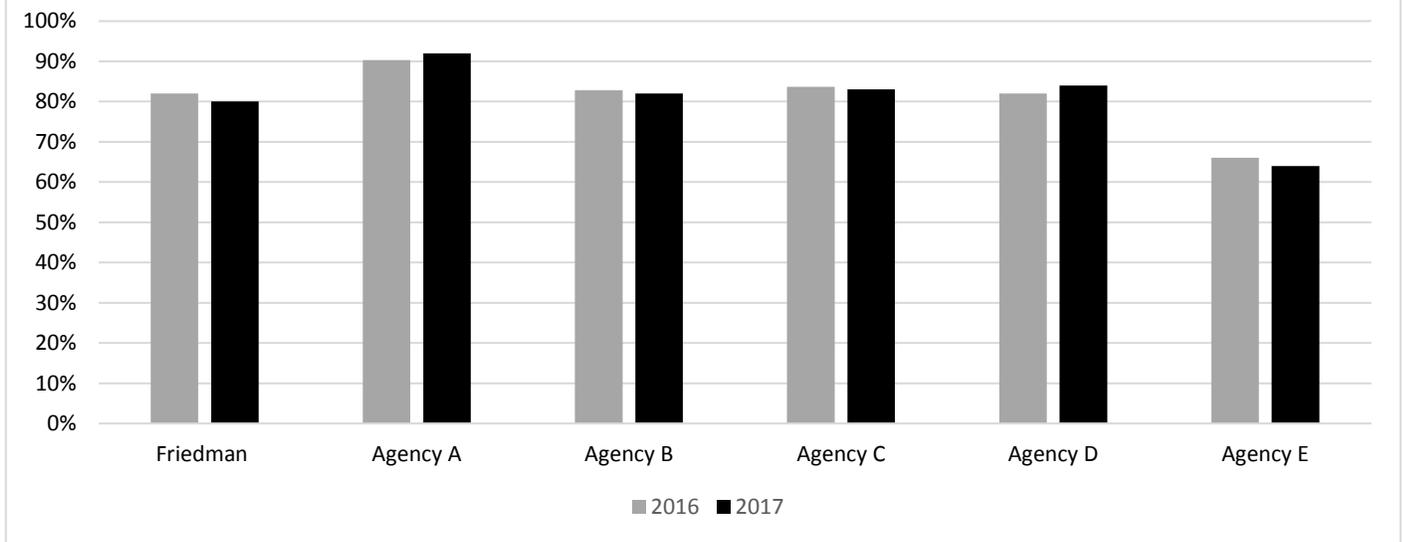
- Nearly all of the agency’s expenses go directly towards programs and services. Eighty percent (80%) of expenses went directly to programs and services, which is much higher than the minimum 65% recommended by the Better Business Bureau’s Standards for Charitable Accountability and 60% by the American Institute for Philanthropy.
  - Friedman Place spends 80 cents of every dollar on resident services and programs and only just 20 cents on administration costs.



- THE PERCENTAGE OF EXPENSES FRIEDMAN PLACE SPENDS ON SERVICES AND PROGRAMS IS COMPARABLE TO 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.

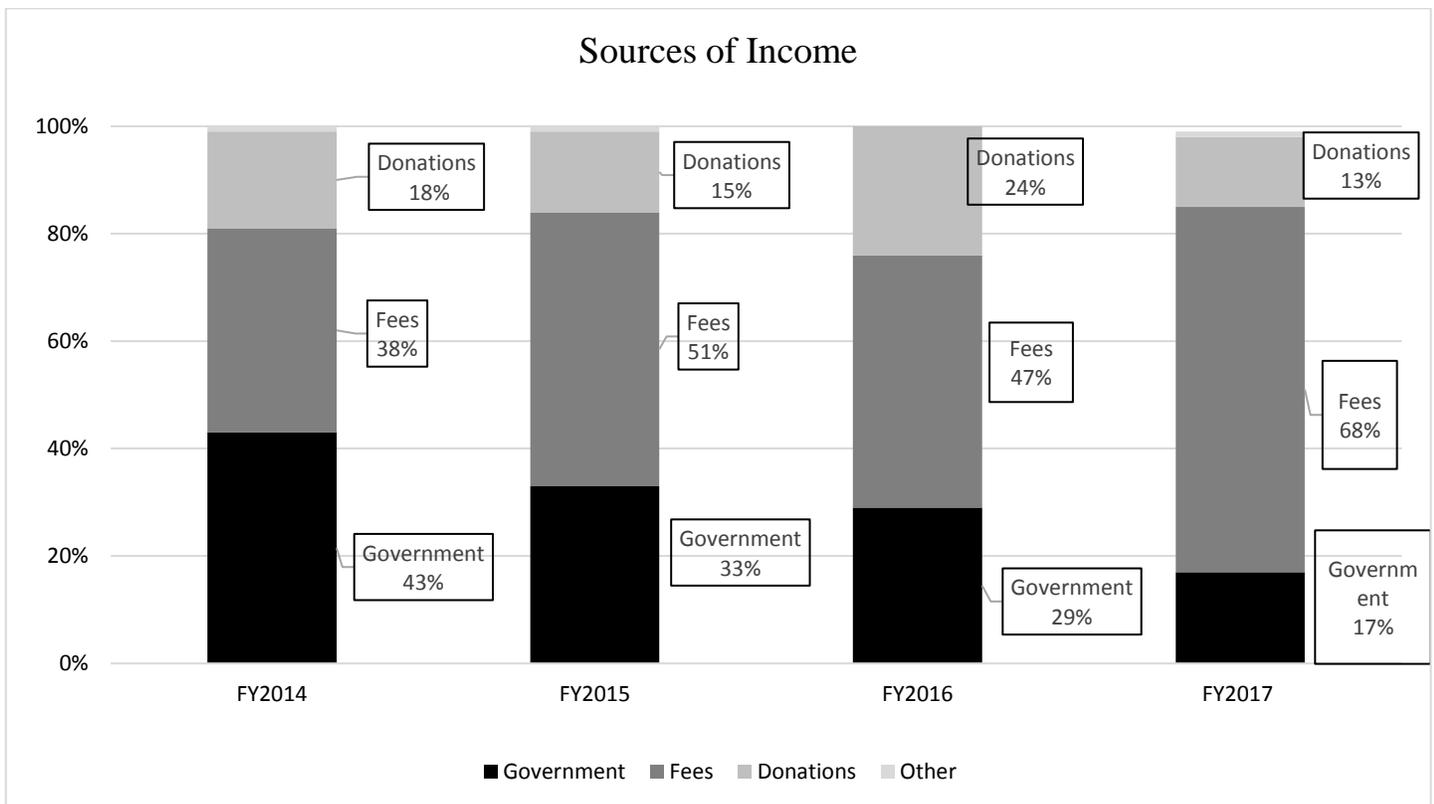
## Friedman's Program Expenses vs. Similar Nonprofits



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

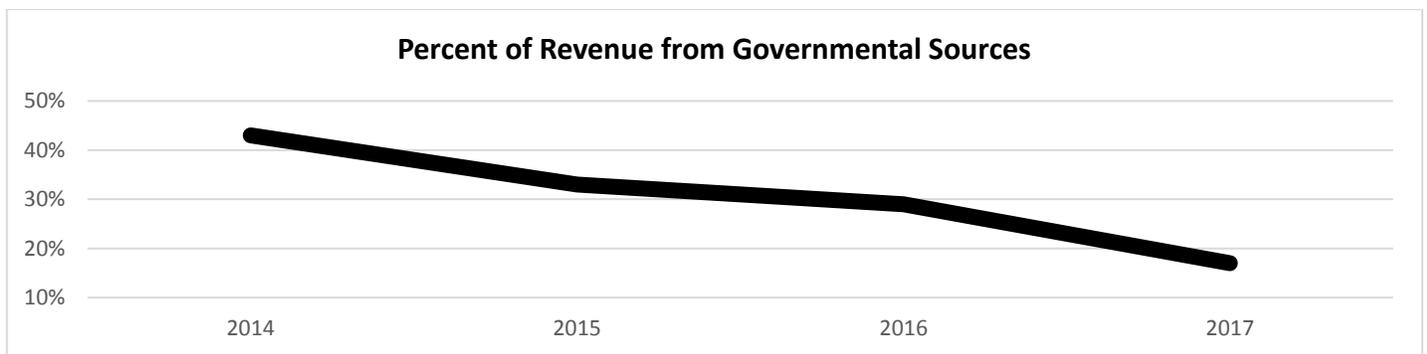
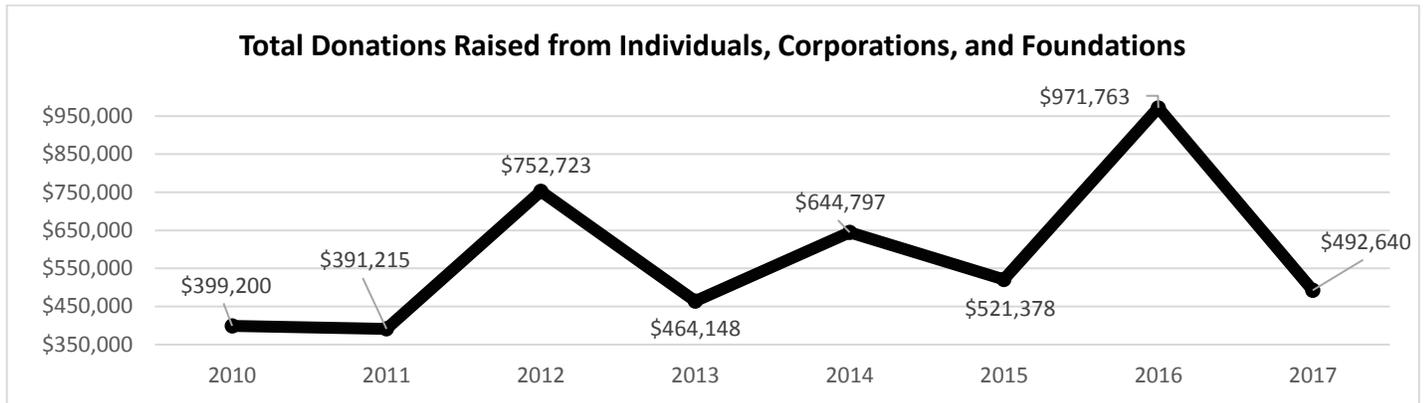
- Last year, just 17% of our funding came from the government (which is a much lower percentage than many nonprofits of our size. Nearly 70% came from program fees and the remainder from fundraising and other sources.

## Sources of Income



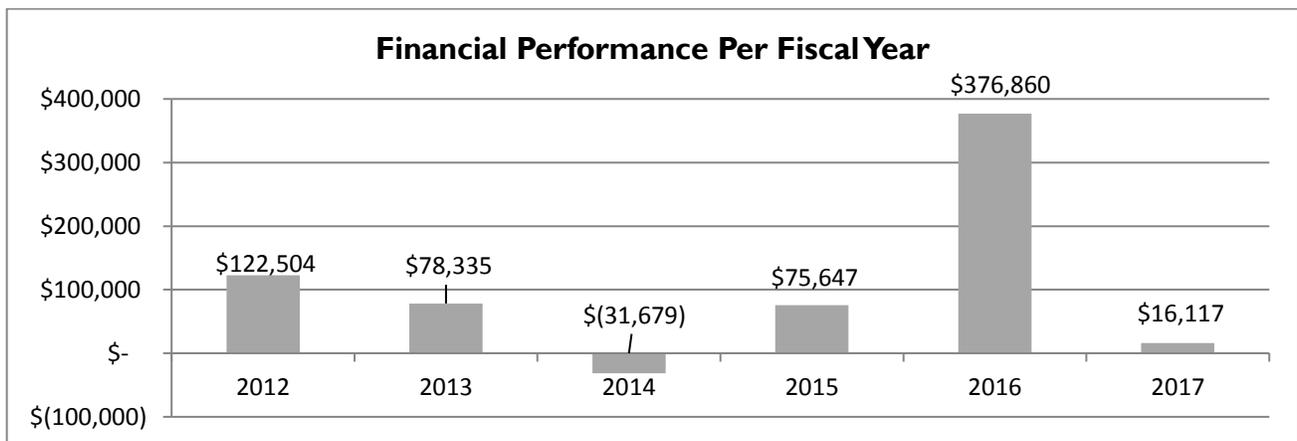
- WE ARE SUCCESSFUL IN ATTRACTING DONATIONS AND GRANTS**

In the last seven years, Friedman Place has obtained 5 million dollars in donations from private sources, such as individuals, corporations, and foundations. In 2017, Friedman Place raised almost \$500,000 from private sources.



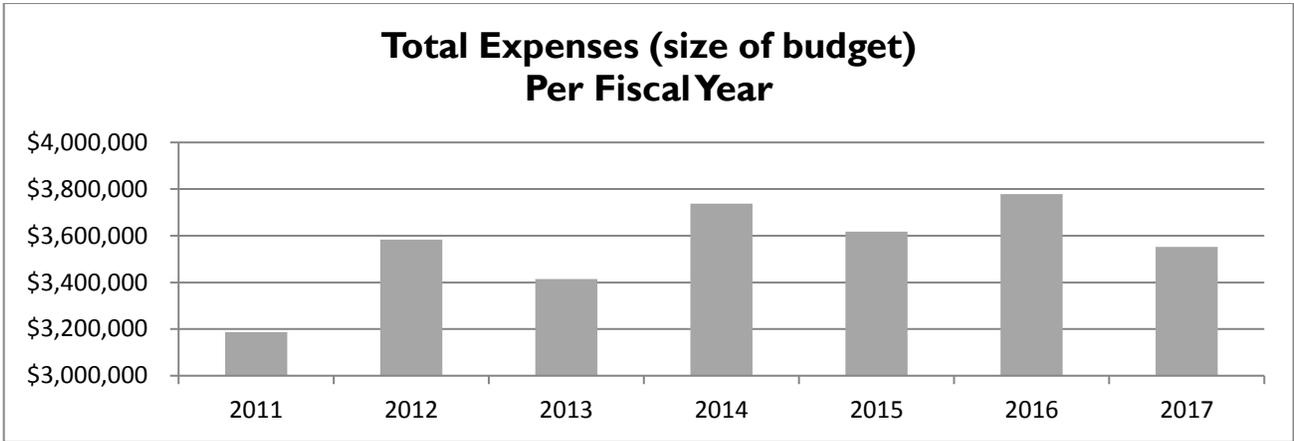
- **THE AGENCY STICKS TO ITS BUDGET AND IS EFFICIENT IN HOW IT SPENDS MONEY.**

- Over the previous six years, the agency ended four years with surpluses and one with a small deficit. Over the entire period, the agency raised over \$600,000 more than it spent, which is approximately 2 ½ percent of the total expenses over the years. This “rainy day fund” can then be available for urgent needs such as building repairs, etc.



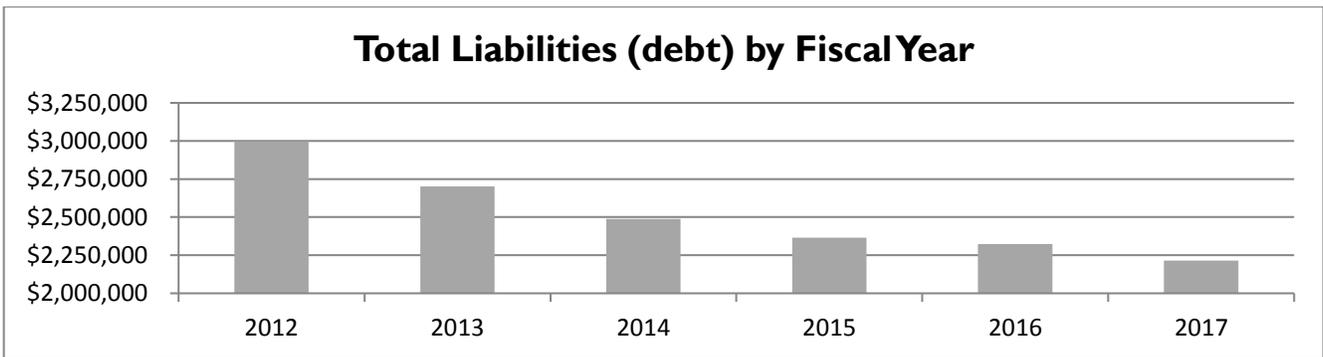
- **THE AGENCY’S BUDGET HAS GROWN IN RECENT YEARS.**

- Between 2011 and 2017 total expenses increased by 10%.



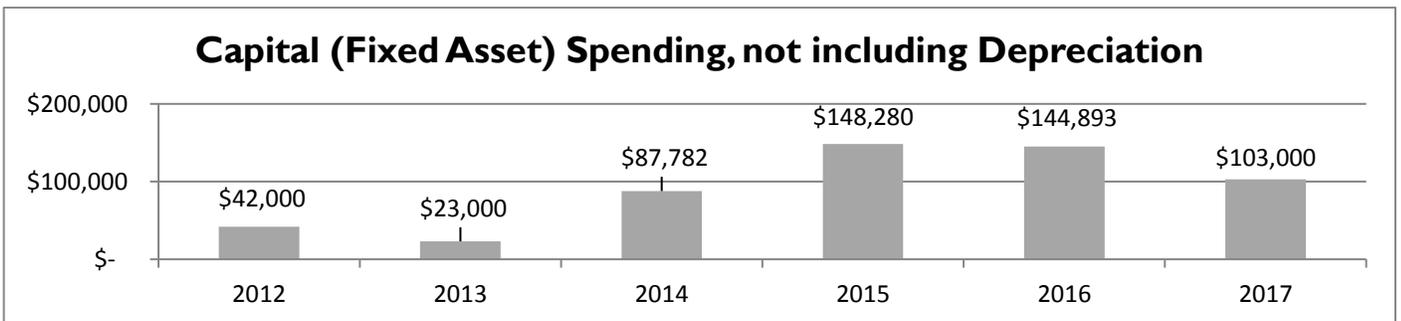
- **THE AGENCY HAS REDUCED ITS DEBT**

- In recent years, the agency has reduced the total amount of money owed to others by almost \$785,000, or 26%.



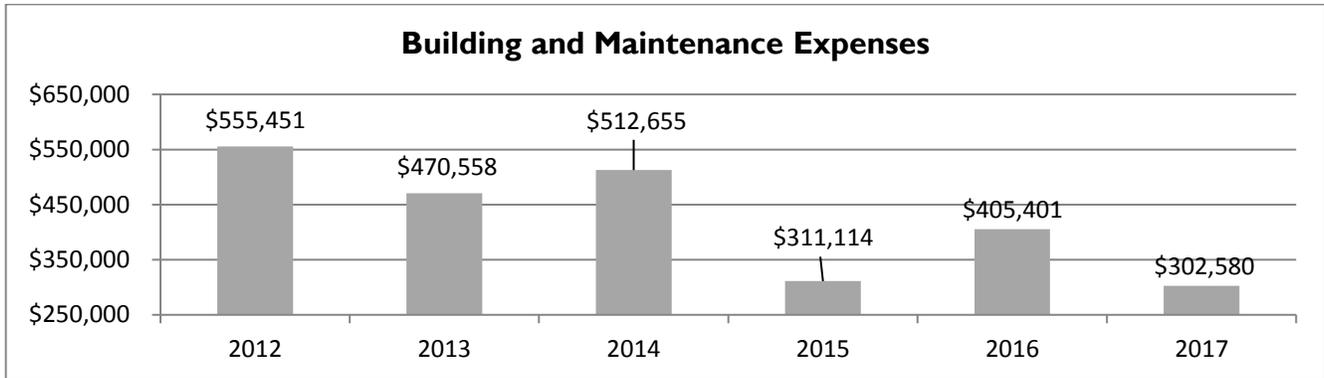
- **THE AGENCY SPENDS A LOT ON BIG-TICKET ITEMS TO MAINTAIN THE BUILDINGS.**

- The agency spent over \$100,000 on Capital (Fixed) Assets, which are items of significant value that will be useful beyond a single year. For example, \$80,000 was spent on final renovations to our new (at the time) Annex building, \$4,000 for new equipment, \$10,000 on elevator upgrades, and \$5,000 for computer equipment.



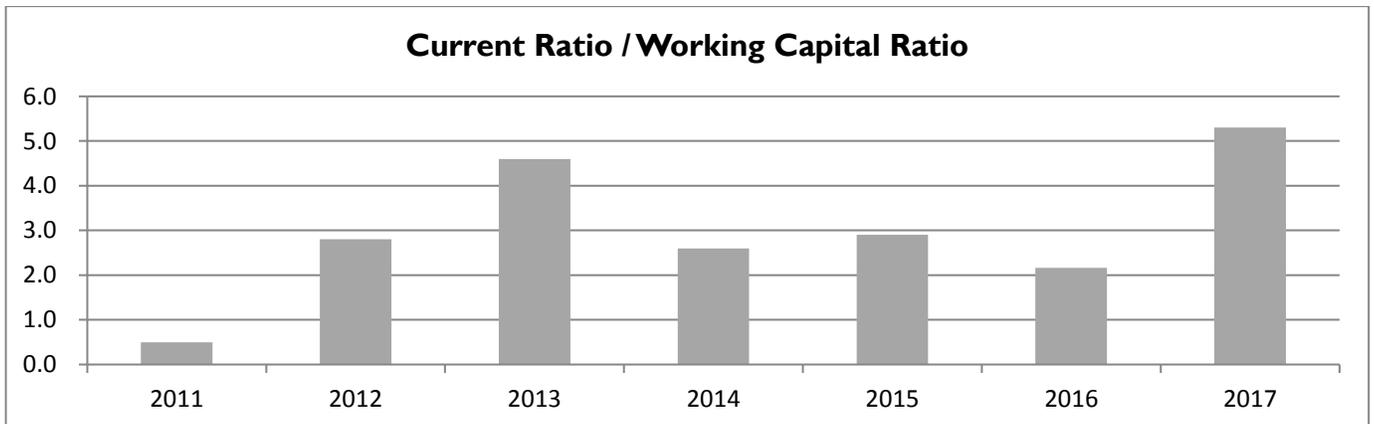
- **THE AGENCY SPENDS A LOT TO MAINTAIN THE BUILDINGS.**

- Friedman Place typically spends on average \$450,000 each year to maintain the buildings' excellent condition. In 2017, we spent \$300,000.



- **THE AGENCY IS CAREFUL AND CONSERVATIVE IN ITS FINANCIAL APPROACH AND HAS SAVINGS TO MEET ITS OBLIGATIONS.**

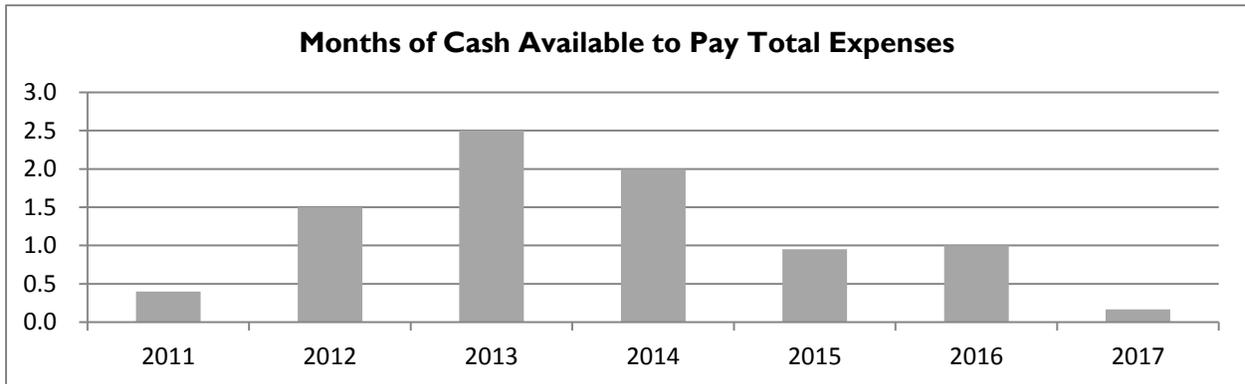
- The Current or Working Capital Ratio measures the ability to pay debts owed in the next year with cash that is now or will shortly be available. It helps answer the questions “Do you have enough money to pay your debt?” A score of at least one means that there is enough money available to meet the next year’s debts. A score of less than one is generally considered a problem. Friedman Place ended its most recent year with a score of 5.3, which is an extremely positive indicator.



- **THE AGENCY IS FISCALLY CAREFUL AND CONSERVATIVE AND HAS ENOUGH SAVINGS TO MEET ITS OBLIGATIONS.**

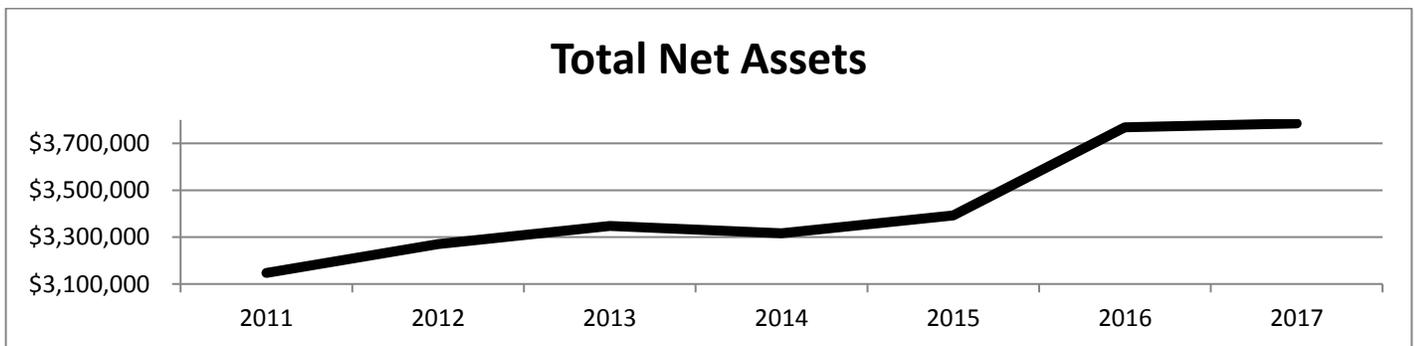
- Cash available is a measure of how long an organization could continue operating normally and still pay its bills if all income stopped. It helps answer the questions “Do you have enough money to pay your debt?” The number of months of cash available varies from one organization to another, but three months is a common goal of many nonprofits. At the end of FY 2017 Friedman Place had very little cash on hand because

of problems in (managed Medicaid) insurance billing and reimbursement procedures which severely slowed payments owed to the agency. At June 30, 2017 the agency was owed almost \$700,000, but by December 2017 almost all of that money had been collected and we had just under two months of cash on hand.



- **THE AGENCY IS WORTH MORE THAN IT WAS SIX 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 \$640,000 or about 20%, in the last six years.



*A Community for Adults Who Are Blind or Visually Impaired*

5527 North Maplewood Avenue  
Chicago, IL 60625

773.989.9800

[www.friedmanplace.org](http://www.friedmanplace.org)